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Health Board



<b>Meeting Date</b>	<b>20 January 2022</b>	<b>Agenda Item</b>	<b>2.1</b>
<b>Report Title</b>	<b>Health &amp; Safety Risk Register (HBRR) Report</b>		
<b>Report Author</b>	Neil Thomas, Assistant Head of Risk & Assurance		
<b>Report Sponsor</b>	Hazel Lloyd, Interim Director of Corporate Governance		
<b>Presented by</b>	Neil Thomas, Assistant Head of Risk & Assurance		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to inform the Health & Safety Committee of the risks within the Health Board Risk Register (HBRR) assigned to the Health & Safety Committee. The report also includes an analysis of the operational risks associated with the Health & Safety Committee as recorded within service group & directorate risk registers.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• The Health Board Risk Register was last presented to the Board in November 2021. The Board endorsed continuation of the risk appetite score level of 20.</li> <li>• Since then, the Management Board received an update report from the Risk Management Group in December, incorporating the summary of risk exceptions considered up to November by the Risk Scrutiny Panel and actions taken.</li> <li>• Risk entries have been shared with Executive Directors and where updates have been received these have been reflected. The Register attached reflects revisions made up to the end of December 2021.</li> <li>• The HBRR currently contains 39 risks, of which three have been assigned to the Health &amp; Safety Committee. An extract of the HBRR appended to this paper includes these risks:             <ul style="list-style-type: none"> <li>○ 13 – Environment of Premises</li> <li>○ 41 – Fire Safety Compliance</li> <li>○ 64 – Health &amp; Safety infrastructure</li> </ul>             The extract also includes two risks that are assigned to other Committees for oversight, but which are presented to this Committee for information:             <ul style="list-style-type: none"> <li>○ 36 – Storage of Paper Records</li> <li>○ 76 – Partnership Working</li> </ul> </li> </ul>		
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>NOTE</b> the updates to the Health Board Risk Register risks assigned to the Committee;</li> </ul>		

	<ul style="list-style-type: none"><li>• <b>DISCUSS</b> the risks assigned to the Health &amp; Safety Committee and endorse the action being taken to manage the risks.</li></ul>
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# HEALTH & SAFETY RISK REGISTER (HBRR) REPORT

## 1. INTRODUCTION

The purpose of this report is to inform the Health & Safety Committee of the risks from the Health Board Risk Register (HBRR) assigned to the Health & Safety Committee. The report also includes an analysis of the operational risks associated with the Health & Safety Committee recorded within service group & directorate risk registers.

## 2. BACKGROUND

### 2.1 Risk Management Framework

The Audit Committee is responsible for overseeing the overall operation of the risk management framework and providing assurance to the Board in that respect. While this is the case, individual risks have been assigned to other Board committees for more detailed scrutiny and assurance. The intention is that committee work programmes are aligned so that progress made to address key risks is reviewed in depth. Regular HBRR update reports are submitted to the Board and the committees of the Board to support this.

Executive Directors are responsible for managing risk within their area of responsibility.

Risk Register management is supported by a Risk Management Group (RMG) which meets quarterly and is responsible for overseeing the operational management of risk, ensuring local systems and processes are in place and are operating effectively to ensure appropriate reporting and escalation. The Group last met in December 2021.

Additionally, a Risk Scrutiny Panel is responsible for ensuring there is an appropriate and robust risk management system in place and working throughout the organisation. It is responsible for moderating new risks and risks escalated to the Health Board Risk Register (HBRR) and Board Assurance Framework (BAF) and recommending and advising the Management Board on the escalation and de-escalation of risks. The Panel last met in November 2021.

### 2.2 Risk Appetite

Risk appetite and tolerance provide clarification on the level of risk the Board is prepared to accept.

The current risk appetite, as endorsed by the Board in November 2021 indicates that risks assessed at a threshold score of 20 or above should be addressed as a priority, and there is a low tolerance to risks with a high impact on the quality and safety of staff and patient care.

These arrangements are reviewed regularly by the Executive Team, Audit Committee and the Board.

## 2.3 Health Board Risk Register (HBRR)

The Health Board Risk Register (HBRR) is intended to summarise the greatest organisational risks facing the Health Board and the actions being taken to mitigate them.

Each Health Board risk has a lead Executive Director who is responsible for ensuring there are mechanisms in place for identifying, managing and alerting the Board to significant risks within their areas of responsibility through regular, timely and accurate reports to the Management Board/Executive Team, relevant Board Committees and the Board.

## 2.4 Covid-19 Risk Register

In recognition that Covid-19 is an issue which the Health Board is managing, a separate risk register was established to capture the key risks associated with managing the response to the Pandemic. Several of the longer term risks associated with Covid recovery have been transferred previously into the overall Health Board Risk Register. Risks remaining on the Covid-19 register are overseen by Gold Command and reviewed weekly. In recent months, the scores for a number of risks have increased to reach the risk appetite threshold. These risks have been highlighted in summary to the Management Board.

# 3. MANAGEMENT OF HEALTH & SAFETY RISKS

## 3.1 Action to Update the HBRR

Since the last meeting, the Risk Scrutiny Panel (RSP) has considered risks escalated by service groups and corporate directorates rated 20 and above (reflecting the Health Board's raised risk appetite of 20), and directed them towards appropriate Executive Directors for consideration. A summary of actions taken in respect of risk exceptions following the last RSP was presented to the Risk Management Group (RMG) in December and included in the subsequent RMG updated report to the Management Board that month.

Existing risk entries were circulated to lead Executive Directors during December for review and update where required. Where revisions have been received from Directors or their senior management leads on their behalf these have been reflected. Additionally, the *Additional Notes* section of the register has been cleansed to remove most of the historic notes, leaving those of relevance made in recent months. The revised register will be presented to the Management Board for endorsement in January 2022.

## 3.2 HBRR Health & Safety Risks

The HBRR currently contains 39 risks, of which three have been assigned to the Health & Safety Committee. Additionally, there are two risks that are assigned to other Committees for oversight, but which are presented to this Committee for information

An extract of the HBRR containing risks assigned to the Health & Safety Committee for oversight, and those for information, is presented at **Appendix 1**. Key changes made since the Board report are highlighted in red font.

The tables below highlight updates made to these risks following the last meeting:

Risk	Exec Lead	Current Rating	Target Rating	Change
<b><u>13 - Environment of Premises</u></b> Failure to meet statutory health and safety requirements. (841)	Chief Operating Officer/Director of Strategy	12	12	→
<b>Update</b> Following the last HSC meeting, the actions to address this risk have been refreshed by the Assistant Director of Health & Safety: <ul style="list-style-type: none"> <li>• The Health Boards 'Change for the Future' which is about improving access to services, will include a review of the whole estate and its suitability (31/03/2022).</li> <li>• There is a 6 facet survey scheduled to be completed by 31/03/22 covering the occupancy and utilisation of the various sites.</li> <li>• A review is currently taking place of current PCST structures and governance arrangements for estates and H&amp;S to cover key compliances and escalation processes, with a draft report targeted for 31/12/21.</li> <li>• Work is being progressed to understand the detail in each of the leased properties to ensure appropriate levels of responsibility are identified for the landlord and the tenant/occupier (31/03/2022).</li> </ul>				

Risk	Exec Lead	Current Rating	Target Rating	Change
<b><u>41 - Fire Safety Regulation Compliance</u></b> Uncertain position in regard to the appropriateness of the cladding applied to Singleton Hospital in particular (as a high rise block) in respect of its compliance with fire safety regulations. (1567)	Director of Nursing and Patient Experience	16	9	→
<b>Update</b> The main façade (cladding) to the tower block will be replaced with fully compliant cladding on a phased programme. The scaffolding for phase1 & 2 was completed in March 2021, with actual removal works commenced in April 2021. The target programme completion date is November 2023. The risk will be managed throughout the programme with regular site visits and project meetings.				
Due to ongoing expert investigations and the additional asbestos removal, plus adverse weather conditions the overall program has had to be reviewed, with a new completion date of February 2024. It is possible this may slip further if the expert investigations are required throughout all phases. As the fire integrity of the building will not be completed until 2024 or later, this will impact on the ability to reduce the risk rating at present and will be continually reviewed.				
Historical risk relating to an improvement notice in MH&LD service had been addressed previously, so the risk description has been refreshed accordingly.				

Actions targeted for the end of February 2022:

- Change in fire evacuation plans and alarm and detection cause and effect.
- Replacing the existing cladding and insulation with alternative specifications and inserting 30-minute fire cavity barriers where appropriate.

Risk	Exec Lead	Current Rating	Target Rating	Change
<b>64 - Health and Safety Infrastructure</b> Insufficient resource and capacity of the health, safety and fire function to maintain legislative and regulatory compliance. (2159)	Director of Nursing and Patient Experience	25	12	→
<b>Update</b> Advertisements and interviews for two fire safety officer posts were planned for November and December respectively, with the posts anticipated as being filled between January - March 2022. This is only one discipline within the H&S team and awaiting confirmation of funding for the remainder of the posts in the business case. There will be no reduction in the risk rating initially, but there may be potential to reduce the risk rating by 31 July 2022.  Actions in progress/planned: <ul style="list-style-type: none"> <li>• Health and safety department structure reviewed and proposals &amp; business case produced. Discussion ongoing to determine funding (31/12/2021).</li> <li>• The two fire safety posts to be advertised W/C 15/11/21, with interviews scheduled for December 21, with posts being filled between January - March 2022.</li> <li>• Health and safety structure review to be presented to the H&amp;S Committee when funding has been agreed.</li> </ul>				

The Committee should ensure that its agenda enables the scrutiny and challenge of actions being taken to address the risks, and supports the reporting of assurance to the Board accordingly.

Additionally, there are two risks allocated for scrutiny to other Committees, but included within the risk register extract for information of the Health & Safety Committee due to the relevance of elements of the risks:

HBRR Ref	Risk Detail	Current Risk Score	Assuring Committee
36	<b>Paper Record Storage</b> Lack of a single electronic record means there is greater reliance on the provision of the paper record. If we fail to provide adequate storage facilities for paper records, then this will impact on the availability of patient records at the point of care. Quality of the paper record may also be reduced if there is poor records management in some wards. There is an increased fire risk where medical records are stored outside of the medical record libraries.	16	Audit

HBRR Ref	Risk Detail	Current Risk Score	Assuring Committee
76	<p><b>Partnership Working</b></p> <p>There are growing tensions between the Health Board and some trade union partners within SBUHB particularly in response to the supply of PPE which has the potential to create unrest in the workforce and hamper an effective response to COVID-19.</p>	15	W&OD

### 3.2 Operational Health & Safety Risks

Operational risks relating to health & safety within Service Groups and Directorates should be recorded within their operational risk registers. Services can escalate health & safety risks for consideration for inclusion on the HBRR via the Risk Scrutiny Panel, Risk Management Group or directly via discussion with Executive Directors.

The tables below summarise the operational risks by Service Group / Directorate and risk category. They reflect all risks aligned to the Health & Safety Committee within the Datix risk register.

Figure 1 - Operational H&S Risks by Service Group/Directorate and Risk Category

	Clinical Assessment & Treatment	COSHH	Environment	Falls	Fire	Legislation (inc Human Tissue Act)	Manual Handling including LOLER	Safeguarding	Security	Sharps	Staff Shortages	Violence & Aggression, Lone Working	Violence and Aggression	Grand Total
Mental Health and Learning Disabilities Service Group			1	1				1					2	5
Morrison Hospital Service Group		1	2	1	1					2	1	1		9
Neath Port Talbot & Singleton Service Group		1	4	1	4	1	2	1				1	2	17
Primary Community & Therapies Service Group	1													1
Nursing & Patient Experience				1										1
Operations (previously Planning)			1		1			1						3
<b>Grand Total</b>	<b>1</b>	<b>2</b>	<b>7</b>	<b>3</b>	<b>7</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>36</b>

Figure 2 – Top 4 Health & Safety Risk Categories

H&S Risk Category	Number of Risks
Environment	7
Fire	7
Violence & Aggression	6
Falls	3

### 3.3 Risk Management Training Workshops

The corporate Risk & Assurance team have concluded the delivery of risk training workshops to groups of clinical and management leads within Neath Port Talbot & Singleton Service Group. The workshops shared good practice on risk articulation and documentation, and presented an opportunity for participants to scrutinise current entries against good practice criteria. Additional support has been provided to service leads following the sessions to assist improve arrangements.

An initial meeting has been scheduled for early January with the Service Group Director for Primary Community & Therapies Service Group to agree the approach to delivering the same training there. We are in discussion with Morrison to arrange a

first date to begin training there also – this is likely to be late January/Early February, subject to service pressures.

## 4. GOVERNANCE & RISK

### 4.1 Risk Appetite & Tolerance Levels

As noted earlier, the current risk appetite, as endorsed by the Board in November 2021 indicates that risks assessed at a threshold score of 20 or above should be addressed as a priority, and there is a low tolerance to risks with a high impact on the quality and safety of staff and patient care.

## 5. FINANCIAL IMPLICATIONS

There are financial implications to minimising the risks entered on the HBRR in relation to significant revenue implication around strengthening resources in the Health Board, Service Groups and Departments. Capital monies may also be required in relation to supporting the improvements required to improve and where this is the case further detail is provided in the individual entries on the HBRR.

## 6. RECOMMENDATION

Members are asked to:

- **NOTE** the updates to the Health Board Risk Register relating to the Health & safety Committee.
- **DISCUSS** the risks assigned to the Health & Safety Committee and endorse the action being taken to manage the risks.



<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
<p>Ensuring the organisation has robust risk management arrangements in place that ensure organisational risks are captured, assessed and mitigating actions are taken, is a key requisite to ensuring the quality, safety &amp; experience of patients receiving care and staff working in the UHB. Patients are potentially exposed to health and safety risks. Systems to manage those risks must be patient centred; as an example understanding each patients trigger for violence and aggression will protect both staff and patients.</p>		
<b>Financial Implications</b>		
<p>The risks outlined within this report have resource implications which are being addressed by the respective Executive Director leads and taken into consideration as part of the Board's risk management processes.</p>		
<b>Legal Implications (including equality and diversity assessment)</b>		
<p>It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks faced by the organisation, as failure to do so could have legal implications for the UHB. Health and safety law compliance, avoidance or mitigation of claims, effective use of staff and training resources etc.</p>		
<b>Staffing Implications</b>		
<p>All staff have a responsibility for promoting risk management, adhering to SBUHB policies and have a personal responsibility for patients' safety as well as their own and colleague's health and safety. Executive Directors/Unit Directors are requested to review their existing operational risks on Datix Risk Module to ensure SBUHB has an accurate and up to date risk profile.</p>		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
<p>The HBRR and the Covid 19 risk register sets out the framework for how SBUHB will make an assessment of existing and future emerging risks, and how it will plan to manage and prepare for those risks.</p>		
<b>Report History</b>	N/A	
<b>Appendices</b>	Appendix 1 – Health Board Risk Register extract	