



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe

Swansea Bay University
Health Board

HEALTH BOARD RISK REGISTER

November 2022

RISKS ASSIGNED TO THE HEALTH & SAFETY COMMITTEE

Datix ID Number: 841 Health & Care Standard: Safe Care 2.1 Managing Risk & Promoting Health & Safety		HBR Ref Number: 13 Risk Target Date: TBC	Current Risk Rating 4 x 3 = 12																																							
Objective: Best Value Outcomes		Director Lead: Darren Griffiths, Director of Finance Assuring Committee: Health and Safety Committee																																								
Risk: Health & Safety Compliance – Environment of Premises. Risk relates to compliance in terms of appropriate accommodation in line with Health and Safety Regulations.		Date last reviewed: November 2022																																								
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 4 x 3 = 12 Target: 4 x 3 = 12	<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>12</td><td>12</td></tr> <tr><td>Jan-22</td><td>12</td><td>12</td></tr> <tr><td>Feb-22</td><td>12</td><td>12</td></tr> <tr><td>Mar-22</td><td>12</td><td>12</td></tr> <tr><td>Apr-22</td><td>12</td><td>12</td></tr> <tr><td>May-22</td><td>12</td><td>12</td></tr> <tr><td>Jun-22</td><td>12</td><td>12</td></tr> <tr><td>Jul-22</td><td>12</td><td>12</td></tr> <tr><td>Aug-22</td><td>12</td><td>12</td></tr> <tr><td>Sep-22</td><td>12</td><td>12</td></tr> <tr><td>Oct-22</td><td>12</td><td>12</td></tr> <tr><td>Nov-22</td><td>12</td><td>12</td></tr> </tbody> </table>	Month	Risk Score	Target Score	Dec-21	12	12	Jan-22	12	12	Feb-22	12	12	Mar-22	12	12	Apr-22	12	12	May-22	12	12	Jun-22	12	12	Jul-22	12	12	Aug-22	12	12	Sep-22	12	12	Oct-22	12	12	Nov-22	12	12	Rationale for current score: The accommodation is varied in age, tired and in need of upgrading/refurbishment to enable improved condition and compliance to regulations and WHBN/WHTMs.	
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Level of Control = 90%	Rationale for target score: Risk assessments of premises.																																									
Date added to the HB risk register April 2012	Controls (What are we currently doing about the risk?)																																									
<ul style="list-style-type: none"> Key areas where performance linked to health & safety/fire issues. Health & Safety and Quality & Safety Committees and agreed actions to mitigate impacts. Actions addressed through site meetings trade improvements on the 2 acute hospital sites. Primary Care premises, audits commissioned and delayed due to covid. 	Mitigating actions (What more should we do?) <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>A review is currently taking place of current PCST structures and governance arrangements for estates and H&S to cover key compliances and escalation processes, with a draft report targeted for 30/12/2022</td> <td>Service Group Director (PCT) & Assistant Director of Health & Safety</td> <td>30/12/2022</td> </tr> <tr> <td>Estates strategy has been developed and a draft will be received at the estates utilisation group on 15/11/22</td> <td>Assistant Director of Operations (Est)</td> <td>30/11/2022</td> </tr> </tbody> </table>			Action	Lead	Deadline	A review is currently taking place of current PCST structures and governance arrangements for estates and H&S to cover key compliances and escalation processes, with a draft report targeted for 30/12/2022	Service Group Director (PCT) & Assistant Director of Health & Safety	30/12/2022	Estates strategy has been developed and a draft will be received at the estates utilisation group on 15/11/22	Assistant Director of Operations (Est)	30/11/2022																														
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Updated 24.10.22 - Due to the 6 FACET survey analysis and the DCP the aim is to present a draft estates strategy to the estates utilisation group on 15/11/22. After this, the risk score will be reviewed to ensure it reflects the information obtained from 6 facet survey and identified mitigations going forward. 22.11.22 – Estates strategy and DCP final draft to be submitted for approval by end December 2022, no change in current risk score.																																										

Datix ID Number: 1043 Health & Care Standard: Effective Care 3.1 Clinically Effective Care		HBR Ref Number: 36 Risk Target Date: 31st March 2023		Current Risk Rating 4 x 4 = 16																																								
Objective: Digitally enabled care		Director Lead: Matt John, Director of Digital Assuring Committee: Audit Committee For information: Health & Safety Committee																																										
Risk: Paper Record Storage: 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.		Date last reviewed: November 2022																																										
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Level of Control = 70%		Rationale for target score: C - The increased development and adoption of the digital record will reduce the need for the paper health record being available at the point of care. L - The increased development and adoption of the digital record, the introduction of RFID and the approach to management of the paper record identified in the Business case process should reduce the amount of paper required to be stored and managed.																																										
Date added to the HB risk register June 2016																																												
Controls (What are we currently doing about the risk?)			Mitigating actions (What more should we do?)																																									
<ul style="list-style-type: none"> There is a plan in place to increase the functionality of the electronic record to document patient care. The delivery of the plan is overseen by the Digital Leadership Group and progress provided to Management Board. (Supported by individual project boards as appropriate) Records managed by the Medical Records libraries are RFID tagged and location tracked Medical Record libraries are regularly risk assessed for fire by health and safety Alternative offsite storage arrangements have been identified. All records must be documented on the Information Asset Register (IAR) 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Develop Business Case for the scanning of patients records.</td> <td>Head of Health Records & Clinical Coding</td> <td>New Timescale TBC – Please see updated additional notes below</td> </tr> <tr> <td>Relocate Health records to the new site.</td> <td>Head of Health Records & Clinical Coding</td> <td>30th September 2023</td> </tr> </tbody> </table>			Action	Lead	Deadline	Develop Business Case for the scanning of patients records.	Head of Health Records & Clinical Coding	New Timescale TBC – Please see updated additional notes below	Relocate Health records to the new site.	Head of Health Records & Clinical Coding	30 th September 2023																														
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Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> RFID has been implemented for the acute record improving the management and storage of records Health Records performance reports developed in line with RFID technology Attainment of the Tier 1 Health Board target for clinical coding completeness which relies on the timely availability and quality of the Paper record and electronic sources Monitoring complaints and incident reporting. Electronic record is being implemented in accordance with the plan eg implementation of WNCR, ETR, HEPMA etc. 			Gaps in assurance (What additional assurances should we seek?) Investment required supporting the delivery and operational costs of the Digital strategy. Reliance on DHCW for delivery of the solution for a fully electronic patient record. Impact of the Infected Blood Enquiry on the Health Boards ability to destroy notes.																																									

	<p>Process for ensuring clinical adoption of electronic ways of working and cessation of adding information to the paper record that is already available electronically needs to be agreed and enforced by the Health Board.</p> <p>Impact of the infected Blood Inquiry on the health boards ability to destroy notes has considerably increased the pressure on storage capacity and negating some of the mitigating actions that are in place.</p>
<p>Additional Notes</p> <p>20/09/2022 – Risk reviewed and no update for this month's submission.</p> <p>07/11/2022 – A draft scanning paper was shared with the CEO and colleagues in October and a workshop is scheduled in December to explore business model options to support the development of a business case.</p>	

Datix ID Number: 1567 Health & Care Standard: Safe Care 2.1 Managing Risk & Promoting Health & Safety		HBR Ref Number: 41 Risk Target Date: February 2024		Current Risk Rating 4 x 4 = 16																																								
Objective: Best Value Outcomes		Director Lead: Darren Griffiths, Director of Finance & Performance Assuring Committee: Health and Safety Committee																																										
Risk: Fire Regulation Compliance 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.		Date last reviewed: November 2022																																										
Risk Rating (consequence x likelihood): Initial: 5 x 3 = 15 Current: 4 x 4 = 16 Target: 3 x 3 = 9		<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>9</td><td>16</td></tr> <tr><td>Jan-22</td><td>9</td><td>16</td></tr> <tr><td>Feb-22</td><td>9</td><td>16</td></tr> <tr><td>Mar-22</td><td>9</td><td>16</td></tr> <tr><td>Apr-22</td><td>9</td><td>16</td></tr> <tr><td>May-22</td><td>9</td><td>16</td></tr> <tr><td>Jun-22</td><td>9</td><td>16</td></tr> <tr><td>Jul-22</td><td>9</td><td>16</td></tr> <tr><td>Aug-22</td><td>9</td><td>16</td></tr> <tr><td>Sep-22</td><td>9</td><td>16</td></tr> <tr><td>Oct-22</td><td>9</td><td>16</td></tr> <tr><td>Nov-22</td><td>9</td><td>16</td></tr> </tbody> </table>		Month	Target Score	Risk Score	Dec-21	9	16	Jan-22	9	16	Feb-22	9	16	Mar-22	9	16	Apr-22	9	16	May-22	9	16	Jun-22	9	16	Jul-22	9	16	Aug-22	9	16	Sep-22	9	16	Oct-22	9	16	Nov-22	9	16	Rationale for current score: Cladding applied to Singleton Hospital front flank is not compliant with fire regulations. General compliance with fire regulations and WHTM/WHBN requirements.	
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Level of Control = 50%		Rationale for target score: Once sufficient resources and the cladding is replaced the risk score will reduce significantly. This will be reduced in stages as resources are implemented and cladding replaced.																																										
Date added to the HB risk register 31/05/2018																																												
Controls (What are we currently doing about the risk?)			Mitigating actions (What more should we do?)																																									
<ul style="list-style-type: none"> Fire risk assessments. Evacuation plans (vertical and horizontal). Fire safety training. Professional advice sought on compliance of panels. East flank panels removed Business case being developed for south panel removal and updating. 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Change in fire evacuation plans and alarm and detection cause and effect</td> <td>Head of Health & Safety</td> <td>01/11/2023</td> </tr> <tr> <td>Replacing the existing cladding and insulation with alternative specifications and inserting 30 minute fire cavity barriers where appropriate</td> <td>Service Improvement Manager</td> <td>28/02/2024</td> </tr> </tbody> </table>			Action	Lead	Deadline	Change in fire evacuation plans and alarm and detection cause and effect	Head of Health & Safety	01/11/2023	Replacing the existing cladding and insulation with alternative specifications and inserting 30 minute fire cavity barriers where appropriate	Service Improvement Manager	28/02/2024																														
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Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> Monitoring through the H&S committee to receive assurance and or identify gaps for key compliance and adherence to applicable legislation. NWSSP internal audits Site visits/tours to identify compliance and gaps in compliances. Completion of FRA's within targeted schedule 			Gaps in assurance (What additional assurances should we seek?) Suitable resources to be in place, all fire risk assessments and actions from them completed. Fire safety audits carried out internally. Fire compartmentation surveyed to provide assurance of fire stopping. Fire schematics updated and fire evacuation drawings updated in in place.																																									
Additional Comments / Progress Notes 12.09.22: Works continue in line with updated programmes, with no change in completion date or risk level. 24.10.22: Works continue in line with updated programme issued by Kier Construction indicating projected completion of March 2024, with no change in current risk level. 22.11.22: There is no change in the cladding programme, projected completion March 2024. Fire compartmentation surveys now completed on main hospital, with compliance works identified, so no change in current risk score based on information received.																																												

Datix ID Number: 2159 Health & Care Standard: Safe Care 2.1 Managing Risk & Promoting Health & Safety		HBR Ref Number: 64 Risk Target Date: 31st March 2023		Current Risk Rating 4 X 5 = 20																																								
Objective: Best Value Outcomes		Director Lead: Darren Griffiths, Director of Finance & Performance Assuring Committee: Health and Safety Committee																																										
Risk: Insufficient resource and capacity of the health, safety and fire function within SBUHB to maintain legislative and regulatory compliance for the workforce and for the sites across SBUHB. .		Date last reviewed: November 2022																																										
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Level of Control = 70%		Rationale for current score: The Health Board received 12 Health & Safety Executive (HSE) improvement notices during 2019-20 covering various Health & Safety legislative breaches covering a range of areas. There is the potential for future multiple notices for not meeting legislative requirements. Possible reduction in score once two new posts are filled.																																										
Date added to the HB risk register September 2019		Rationale for target score: Compliance with the notices and to have sufficient resources to implement a sustainable health and safety provision to support the legal requirements of the Health Board and demonstrate that suitable resources are in place to undertake the roles and responsibilities of the department, and to undertake suitable and sufficient training, provide corporate overview/audit to ensure practices are being employed in the workplace.																																										
Controls (What are we currently doing about the risk?)			Mitigating actions (What more should we do?)																																									
<ul style="list-style-type: none"> Assistant Director of Health and Safety in post to support strengthening and develop the H&S function to support the organisation. Business case submitted for additional resources. Health and Safety Operational Group and the Health and Safety Committee monitor compliance. Refreshed the Fire Safety Group with additional controls in place. Fire risk assessments are being prioritised with temporary additional resources put in place in March 2021 to reduce the number of FRA overdue. Fire training in place and fire wardens in place Fire risk assessment schedule in place for the next 12 months to maintain 100% compliance of completion and is regularly reviewed 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>It has been agreed to identify posts to progress recruitment on a phased approach over the next 12/24 months. This will be dependent upon availability of funding.</td> <td>Assistant Director of H&S</td> <td>31/01/2023</td> </tr> </tbody> </table>		Action	Lead	Deadline	It has been agreed to identify posts to progress recruitment on a phased approach over the next 12/24 months. This will be dependent upon availability of funding.	Assistant Director of H&S	31/01/2023																																		
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Additional Comments / Progress Notes 12.09.22 – Advisors for H&S and MH going the TRAC appointment process, with appointees expected to commence in Q3/4 dependant on notice period. 24.10.22 – Recruitment process through Trac in final stages with commencement dates expected in Q4 2022/23, once staff members are embedded (anticipated March 2023), risk scores will be reviewed with the aim of being able to reduce the risk from 25 to 20 initially. 22.11.22 – Some additional resources recruited and at various stages, particularly fire, with H&S and MH to commence in Q4, therefore the score can be reduced to reflect partial implementation of structure and recommend L5 x C4 = 20.																																												

Risk Score Calculation

For each risk identified, the LIKELIHOOD & CONSEQUENCE mechanism will be utilised. Essentially this examines each of the risks and attempts to assess the likelihood of the event occurring (PROBABILITY) and the effect it could have on the Health Board (IMPACT). This process ensures that the Health Board will be focusing on those risks which require immediate attention rather than spending time on areas which are, relatively, a lower priority.

Risk Matrix	LIKELIHOOD (*)				
	1 - Rare	2 - Unlikely	3 - Possible	4 - Probable	5 - Expected
1 - Negligible	1	2	3	4	5
2 - Minor	2	4	6	8	10
3 - Moderate	3	6	9	12	15
4 - Major	4	8	12	16	20
5 - Catastrophic	5	10	15	20	25