Meeting Date	17 January 2023	Agenda Item	3.1
Report Title	**Health & Safety Risk Register (HBRR) Report**		
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Report Sponsor	Hazel Lloyd, Interim Director of Corporate Governance		
Presented by	Neil Thomas, Assistant Head of Risk & Assurance		
Freedom of Information	Open		
Purpose of the Report	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.		
Key Issues	- The Health Board Risk Register extract was last presented to the Committee in October 2022. Since then risks have been subject to Executive review and update. - No new risks have been allocated to the HSC for oversight. Three risks are assigned to the Health & Safety Committee for oversight: 13 – Environment of Premises 41 – Fire Safety Compliance 64 – Health & Safety infrastructure - Additionally, there is one risk assigned to another Committee for oversight, but presented to this Committee for information: 36 – Storage of Paper Records (Since the last meeting workforce risk HBR76 Partnership Working, previously reported to the HSC for information, has been closed.)		

Specific Action Required *(please choose one only)*	**Information**	**Discussion**	**Assurance**	**Approval**
	☐	☐	☒	☐

Recommendations	Members are asked to: • **NOTE** the update on Health Board Risk Register (HBRR) risks assigned to the Health & Safety Committee and actions taken to mitigate them. • **CONSIDER** any additional information required to support the Committee's scrutiny of risks and mitigations, and its provision of assurance to the Board regarding the same.

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 reviewing the establishment and maintenance of an effective system of risk management 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 Health Board Risk Register (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. The Management Board, chaired by the Chief Executive, oversees the overall operation of the risk management framework and the management of risks within the health board risk register.

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 2022.

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 2022.

2.2 Risk Appetite

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

Prior to the Covid-19 Pandemic, the Board's risk appetite required that action should be taken as a priority to address risks scored at 16 and above. There is a low tolerance to taking risk where it would have a high impact on the quality and safety of care being delivered to patients.

Following the onset of the Covid-19 pandemic, members of the Board agreed that the risk appetite score would increase to 20 and above for an initial period of 3 months. The risk appetite level of 20 and above has remained in place since the start of the

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

The health board approved a risk appetite statement in November, setting out a new approach to expressing the level of risk the Board is prepared to accept in pursuit of its objectives, according to the categorization of risk. In the context of the financial challenges facing the Health Board, the risk appetite adopted for most risk categories is described as '*seeking*', indicating that risks assessed to be at or above a risk level of 20 will be overseen by the committees of the Board as a minimum on a quarterly basis. However, for the category of *compliance risks* where the risk relates to laws, regulations and standards directing the delivery of safe, high quality care, or the health and safety of the staff and public, a '*cautious*' appetite will be adopted, requiring risks scoring 15 or above to be overseen at committee level. The mechanism for reporting risk is being reviewed currently to support this for future board and committee updates.

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.

3. MANAGEMENT OF HEALTH & SAFETY RISKS

3.1 Action to Update the HBRR

Health Board risk register entries are circulated to lead Executive Directors monthly for review and updated where required. A consolidated, updated register is circulated to the Executive Team for agreement and final version issued. The final November 2022 Health Board Risk Register (HBRR) provides the data on which this report is based – the relevant risk extracts are attached at **Appendix 1**. Key changes made in the most recent monthly update are highlighted in red font. Additional updates emerging from the December Health Board Risk Register (HBRR) cycle which is closing currently have been reflected in this covering paper where appropriate.

3.2 HBRR Health & Safety Risks

Three risks have been assigned to the Health & Safety Committee for oversight. Additionally, there were two risks assigned to other Committees for oversight, but which were presented to this Committee for information. Since the last meeting one of these additional risks has been closed within the HBRR by the Director of Workforce & OD (the workforce risk HBR76 Partnership Working); one remains.

No new risks have been added and none have increased in risk level – however, one of the three Health and Safety Committee risks has reduced since the last meeting. Details follow within the

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tables below, highlighting management updates made to these risks following the last meeting:

Risk 13 (Datix ref 841)	Exec Lead	Current Rating	Target Rating	Change
Environment of Premises Risk relates to compliance in terms of appropriate accommodation in line with Health and Safety Regulations.	Director of Finance & Performance	12	12	→

Update
Actions planned are as follows:
- Estates strategy has been developed and a draft was to be received at the estates utilisation group in November 2022. See below for updated timeline.
- A review is taking place of current PCST structures and governance arrangements for estates and Health and Safety to cover key compliances and escalation processes, with a draft report previously targeted for 30/12/2022. See below for updated timeline.

Due to the 6 FACET survey analysis and the Discretionary Capital Programme the aim was to present a draft estates strategy to the estates utilisation group on 15/11/22, following which the risk score would be reviewed to ensure it reflects the information obtained from 6 facet survey and identified mitigations going forward. There has been some slippage in timescales and due to more recent strike action the presentation for approval has been moved to Jan 2023. In the meantime, there is no change to current score based on available information.

Risk 41 (Datix ref 1567)	Exec Lead	Current Rating	Target Rating	Change
Fire Safety 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.	Director of Finance & Performance	16	9	→

Update
The risk rating, actions and target remain the same:
- Change in fire evacuation plans and alarm and detection cause and effect (01/11/2023)
- Replacing the existing cladding and insulation with alternative specifications and inserting 30-minute fire cavity barriers where appropriate (28/02/2024)

There is no change in the cladding programme, with projected completion March 2024. Fire compartmentation surveys have been completed on main hospital site, with compliance works identified, so no change in current risk score based on information received.
Estates strategy developed with priorities identified and will be incorporated in future capital plans.

Risk 64 (Datix ref 2159)	Exec Lead	Current Rating	Target Rating	Change
Health and Safety Infrastructure Insufficient resource and capacity of the health, safety and fire function to maintain legislative and regulatory compliance for the workforce and for the sites across SBUHB.	Director of Finance & Performance	20 (was 25)	12	↓
Update 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. (30/01/2023). Some additional resources have been recruited and are at various stages, particularly fire, with Health & Safety and Manual Handling to commence in Quarter 4. The score has been reduced to reflect partial implementation of structure.				

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 is one risk allocated for scrutiny to another Committee, but included within the risk register extract for information of the Health & Safety Committee due to the relevance of elements of the risk:

HBRR Ref	Risk Detail	Current Risk Score	Assuring Committee
36	**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.	16	Audit

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 Health Board Risk Register (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:

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

Services \ Risk Types	COSHH	Environment	Falls	Fire	Legislation	Manual Handling	Safeguarding	Security	Sharps	Staff Shortages	Violence & Aggression	Grand Total
Mental Health and Learning Disabilities			1	2				1			4	8
Morriston Hospital Service Group	3	2	1	1		1			2	1	5	16
Neath Port Talbot Singleton Service Group	2	4	1	5	1	4	1				4	22
Primary Community & Therapies				2					1		2	5
Nursing & Patient Experience				1								1
Operations (previously Planning)		1		1	1			1			1	5
EMRTS						1						1
Grand Total	5	7	3	12	2	6	1	2	3	1	16	58

There is a small increase in the net number of risks open since the previous report (57→58).

The top 5 health & safety risk themes remain the same as follows:

Figure 2 – Top 5 Health & Safety Risk Categories1

H&S Risk Category	Number of Risks
Violence & Aggression	16
Fire	12
Environment	7
Manual Handling	6
COSHH	5

4. GOVERNANCE & RISK

4.1 Risk Appetite & Tolerance Levels

As noted earlier, the Health Board approved a risk appetite statement in November, setting out a new approach to expressing the level of risk the Board is prepared to accept in pursuit of its objectives, according to the categorization of risk. In the context of the financial challenges facing the Health Board, the risk appetite adopted for most risk categories is described as 'seeking', indicating that risks assessed to be at or above a risk level of 20 will be overseen by the committees of the Board as a minimum on a quarterly basis. However, for the category of compliance risks where the risk relates to laws, regulations and standards directing the delivery of safe, high quality care, or the health and safety of the staff and public, a 'cautious' appetite will be adopted, requiring risks scoring 15 or above to be overseen at committee level. The mechanism for reporting risk is being reviewed currently to support this for future board and committee updates.

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 update on Health Board Risk Register (HBRR) risks assigned to the Health & Safety Committee and actions taken to mitigate them.

- **CONSIDER** any additional information required to support the Committee's scrutiny of risks and mitigations, and its provision of assurance to the Board regarding the same.

Governance and Assurance			
Link to Enabling Objectives *(please choose)*	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**		
	Partnerships for Improving Health and Wellbeing		☒
	Co-Production and Health Literacy		☒
	Digitally Enabled Health and Wellbeing		☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people		
	Best Value Outcomes and High Quality Care		☒
	Partnerships for Care		☒
	Excellent Staff		☒
	Digitally Enabled Care		☒
	Outstanding Research, Innovation, Education and Learning		☒

Health and Care Standards			
(please choose)	Staying Healthy		☒
	Safe Care		☒
	Effective Care		☒
	Dignified Care		☒
	Timely Care		☒
	Individual Care		☒
	Staff and Resources		☒

Quality, Safety and Patient Experience

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 & 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.

Financial Implications

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.

Legal Implications (including equality and diversity assessment)

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.

Staffing Implications

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.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

The HBRR 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.

Report History	N/A
Appendices	Appendix 1 – Health Board Risk Register extract