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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	01 July 2021	Agenda Item	2.1
Report Title	Health & Safety Risk Register (HBRR) Report		
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Report Sponsor	Pam Wenger, Director of Corporate Governance		
Presented by	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
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; and to report the underpinning operational health & safety risks and actions being taken to minimise them.		
Key Issues	<ul style="list-style-type: none"> • The Health & Safety Committee last considered the HBRR in April 2021. • Since then the Register has been revised, updated and considered by the Audit Committee and Management Board in May 2021. • At the request of the Chief Executive, Executive Directors are reviewing and refreshing register entries further, with a particular focus on actions and timescales assigned to address risks. This work is ongoing – the register attached reflects revisions made to date. • Arrangements have been made for the Director of Nursing & Patient Experience, supported by the Director of Corporate Governance, to meet individually with Executive Director colleagues to discuss the Health Board risks and action being taken to mitigate them. The Management Board will review the register again in July to consider any risks for which actions are not considered sufficient. • The HBRR contains three risks assigned to the Health & Safety Committee. An extract of the HBRR appended to this paper includes these risks: <ul style="list-style-type: none"> ○ 13 – Environment of Premises ○ 41 – Fire Safety Compliance ○ 64 – Health & Safety infrastructure, Additionally, the extract includes one risk assigned to another Committee for oversight, presented to this Committee for information following its discussion at the last meeting (risk reference 36: Storage of Paper Records). • The Covid-19 register presented here was reviewed by the Covid 19 Gold Command Group on the 24th May 2021. There are twenty-three risks on the Covid-19 Gold Risk Register. Seven of these are closed and eight have been transferred to other registers, eight risks remain overseen by Gold Command, including one (nosocomial transmission) which has 		

	<p>been included in both the Covid-19 Gold Risk Register and the Health Board Risk Register.</p> <ul style="list-style-type: none"> • The risk management framework was subject to an Internal Audit assessment at the end 2020/21. The final report, issued in May 2021, identified a reasonable assurance rating and three actions to be taken forward. Progress will be monitored at the Risk Management Group. • The next quarterly update on the HBRR will be presented to the Health Board in July 2021. 			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the updates to the Health Board Risk Register risks assigned to the Committee, and Covid-19 Gold Command risk register; • DISCUSS the risks assigned to the Health & Safety Committee and endorse the action being taken to manage the risks. 			

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; and to report the underpinning operational health & safety risks and actions being taken to minimise the risks.

2. BACKGROUND

2.1 Health Board Risk Register (HBRR)

The Health Board Risk Register (HBRR) is intended to summarise the key 'live' extreme 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.

While the Audit Committee has the overarching responsibility for overseeing risk management, risks have been assigned to other Board Committees. It is intended that committee work programmes are aligned so that progress made with actions to mitigate key risks is reviewed. Regular HBRR update reports are submitted to the Health Board and the Committees of the Board.

2.2 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. Risks on this register are overseen by Gold Command and reviewed weekly. The Covid-19 Risk Register is also included in reports to the Board and Committees.

3. MANAGEMENT OF HEALTH & SAFETY RISKS

3.1 HBRR Health & Safety Risks

There are three risks from the HBRR that are assigned to the Health & Safety Committee for oversight. An extract of the HBRR containing risks assigned to the Health & Safety Committee for oversight, and those for information, is presented at **Appendix 1**.

Executive Directors have been asked to review and refresh their risk register entries. This process is ongoing, but some amendments have already been received and reflected in the register attached – they may be subject to further review and amendment.

Arrangements have been made for the Director of Nursing & Patient Experience, supported by the Director of Corporate Governance, to meet individually with Executive Director colleagues to discuss the Health Board risks and action being taken to mitigate them. The Management Board is meeting in July to review the register and mitigating actions, and to consider any risks for which action are not considered sufficient. Any further revisions made to register entries following that process, will be brought back to the Committee in due course.

Table 1 below highlights key changes made following the last meeting:

Table 1 – HBRR Risks Assigned to the Health & Safety Committee

Risk	Exec Lead	Current Rating	Target Rating	Change
<u>13 - Environment of Premises</u> Failure to meet statutory health and safety requirements. (841)	Chief Operating Officer/Director of Strategy	12	12	→
Update This risk register entry has been reviewed and refreshed by the Chief Operating Officer. Further work is being undertaken within the corporate Risk & Assurance team at the Chief Operating Officer's request to support further review and re-assessment of the risk.				

Risk	Exec Lead	Current Rating	Target Rating	Change
<u>41 - Fire Safety Regulation Compliance</u> Fire Safety notice received from the Fire Authority – MH&LD Unit. 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.re safety regulations. (1567)	Director of Nursing and Patient Experience	16	9	↓
Update 14.05.21: The health & safety team have secured temporary resources to assist with reducing the number of overdue fire risk assessments, this includes those on the Singleton site to ensure all fire risk assessments are up to date and as of 10th May all risk assessments are up to date. In addition a survey of fire compartmentation lines has been completed for the west block, with the next phase being the development of fire compartmentation drawings. Due to the extent of the works and given current resources, this will have an impact on the support being able to be provided. The Assistant Director of Health & Safety is currently based at Singleton one day per week to assist the service group with fire safety enquiries/ challenges. The risk register entries describing the rationales for the current and target risk scores have been refreshed. The current risk score has reduced from 20 to 16.				

Risk	Exec Lead	Current Rating	Target Rating	Change
64 - Health and Safety Infrastructure 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	→
Update 05.05.21: As noted above, the health & safety team has been allocated temporary resource to assist in addressing the overdue fire risk assessments, with a plan in place to reduce the number of overdue fire risk assessments. Current actions include completion of the health & safety team resource business case to address resource issues within the health & safety team to enable the health board to address its legal obligations. The additional resources required have been included in the health board annual plan. Resources when approved will be phased in over 2021/22 and 2022/23 financial years, this will enable the risk level to be reduced when implemented. The register entries describing the rationales for the current and target risk scores have been refreshed.				

Additionally, at the last meeting the Committee asked that the potential fire risk presented by the storage of paper records be reflected within the text of HBRR *Risk 36: Paper Record Storage*. This risk has been reviewed by the Director of Digital, and consequently further detail has been added to the risk description within the register, and the current risk score revised from 12 to 16.

The Committee is requested to 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.

3.2 Operational Health & Safety Risks

Each Service Group and Directorate hold risk registers that outline their operational risks. Any operational risks relating to health & safety are monitored by the health & safety team, and any health & safety related risks that may need to be escalated for inclusion on the HBRR are brought to the attention of the Risk Management Group and the Health & Safety Committee for consideration.

Figure 1 and Table 2 below summarise the operational risks by Service Group / Directorate and risk category.

Figure 1 – Operational Risks by Service Group/Directorate and Risk Category

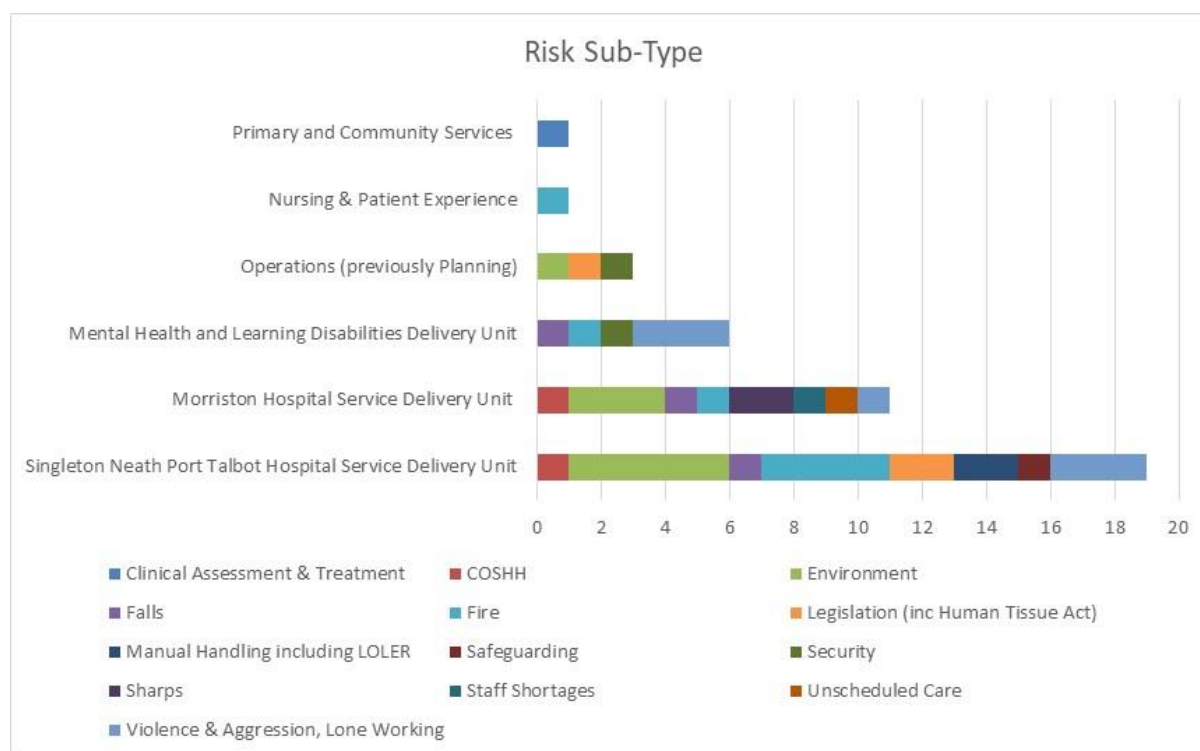


Table 2 - Operational Risks by Service Group/Directorate and Risk Category

Delivery Units	Clinical Assessment & Treatment	COSHH	Environment	Falls	Fire	Legislation (inc Human Tissue Act)	Manual Handling including LOLER	Safeguarding	Security	Sharps	Staff Shortages	Unscheduled Care	Violence & Aggression	Grand Total
Singleton Neath Port Talbot Hospital Service Delivery Unit		1	5	1	4	2	2	1					3	19
Morriston Hospital Service Delivery Unit		1	3	1	1					2	1	1	1	11
Mental Health and Learning Disabilities Delivery Unit				1	1			1					3	6
Operations (previously Planning)			1			1		1						3
Nursing & Patient Experience					1									1
Primary and Community Services		1												1
Grand Total		1	9	3	7	3	2	1	2	2	1	1	7	41

All risks are required to be entered on the Risk Register module of the Datix system to allow linking of operational risks to HBRR entries.

As at May 2021, the largest number of operational risks were recorded for the Singleton/NPT Service Group. The top 4 health & safety risk reporting categories across all service groups and directorates are listed in Table 3 below:

Table 3 – Top 4 Health & Safety Risk Categories

H&S Risk Category	Number of Risks
Environment	9
Fire	7
Violence & Aggression	7
Falls	3

3.3 Covid-19 Gold Risk Register

As part of the health board's response to Covid-19, a separate risk register was developed to log and manage the risks directly associated with the pandemic via the Gold Command. The risks are reviewed and updated on a weekly basis. The full Covid-19 Risk Register is presented at **Appendix 2** for information.

The register presented is the version reviewed by the Covid 19 Gold Command group on the 24th May 2021. There are currently twenty-three risks on the Covid-19 Risk Register, seven of which are closed. Of the remaining sixteen open risks:

- Two have been moved to Medicines Management Group;
- Two have been moved to the Operational Silver Group Risk Log;
- One has been moved to the Test Track & Trace Cell; and
- Three have been moved to the (full) Health Board Risk Register.

Eight risks remain with Gold Command for oversight (including one relating to the nosocomial transmission risk which appears on both registers).

4. GOVERNANCE & RISK

4.1 Risk Appetite & Tolerance Levels

Risk appetite and tolerance act as a guidance as to the risk boundaries that are acceptable and how risk and reward are to be balanced, as well as providing clarification on the level of risk the Board is prepared to accept.

Previously, the Board's risk appetite was that risks of 16 and above were considered high risks for which the Board required that actions be taken as a priority to mitigate them. In particular, 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, would increase to 20 and above for an initial period of 3 months. The risk appetite 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.

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, and Covid-19 Gold Command risk register;
- **DISCUSS** the risks assigned to the Health & Safety Committee and endorse the action being taken to manage the risks.

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	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	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"/>
Health and Care Standards		
(please choose)	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"/>
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 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.		
Report History	N/A	
Appendices	<ul style="list-style-type: none"> Appendix 1 – Health Board Risk Register extract; and Appendix 2 - Covid-19 High Level Risk Register. 	