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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	05 July 2022	Agenda Item	3.1
Report Title	Health & Safety Risk Register (HBRR) Report		
Report Author	Neil Thomas, Assistant Head of Risk & Assurance		
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	<ul style="list-style-type: none"> • The Health Board Risk Register extract was last presented to the Committee in March 2022. • Since then risks have been subject to Executive review and update, and revised Register received by the Management Board in June 2022. • The Register extract attached reflects revisions made during the May 2022 cycle of review largely (some additional updates are also reflected for the highest scoring risks). • The HBRR currently contains 40 risks, of which three have been 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 <p>The extract also includes two risks that are assigned to other Committees for oversight, but which are presented to this Committee for information:</p> <ul style="list-style-type: none"> ○ 36 – Storage of Paper Records ○ 76 – Partnership Working 		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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; • 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. 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 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 June 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 May 2022.

2.2 Risk Appetite

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

Following the onset of the Covid-19 pandemic, members of the Board agreed that the risk appetite threshold would be raised. This was agreed for an initial period of 3 months, but has remained raised throughout the pandemic to date, though additional narrative explanation has been provided to supplement the numeric threshold. The current risk appetite, as endorsed by the Board in March 2022 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. The final meeting of the Covid-19 Gold Command took place in April 2022. At that meeting, arrangements for the ongoing oversight of the remaining risks on the Covid-19 Gold risk log were agreed. Proposals for the capture and management of risk information in Datix have been circulated.

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. In addition to the above, following discussion at the last Management Board meeting, a Risk Scrutiny Panel meeting in April was attended by the Executive Medical Director. It was the first to review Health Board Risk Register risks scored 20 and above. Advisory notes were shared with Executive leads following the meeting for consideration during the update process in April. Notes were circulated again in May so that changes not actioned during the April cycle due to annual leave could be considered. As noted, this was the first Panel to review and feed back to risk owners on Health Board register entries relating to high scoring risks. Amendments have been made to a number of risk entries – the process will be repeated to drive further improvements over coming meetings.

The most recent changes made in the May cycle of revisions are highlighted within the register extract itself in red.

3.2 HBRR Health & Safety Risks

The HBRR currently contains 40 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 13 (Datix ref 841)	Exec Lead	Current Rating	Target Rating	Change
<u>Environment of Premises</u> Failure to meet statutory health and safety requirements.	Chief Operating Officer / Director of Strategy	12	12	→
Update The current risk score is at its target level. Action target dates were refreshed within the period.				

Risk 41 (Datix ref 1567)	Exec Lead	Current Rating	Target Rating	Change
<u>Fire Safety Regulation Compliance</u> 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 Action target dates were refreshed in the period. The risk remains unchanged currently.				

Risk 64 (Datix ref 2159)	Exec Lead	Current Rating	Target Rating	Change
<u>Health and Safety Infrastructure</u> 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	25	12	→

Update

It has been agreed by the health board to recruit one Health & Safety (H&S) Advisor and one Manual Handling (MH) Trainer/Advisor. Given that the posts will take time to have any impact on training and audit, it is possible that the risk score can be reduced slightly in six months' time after successful recruitment with a targeted reduction in Q4. The H&S advisor and MH adviser/trainer posts will be uploaded to Trac (electronic recruitment system) in June, interview dates arranged for July with targeted commencement in Aug/Sept 2022.

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	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
76	Partnership Working *risk re-articulated* There are some remaining 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.	Reduced to 10	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.

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

Service Group / Directorate	COSHH	Environment	Falls	Fire	Legislation (inc Human Tissue Act)	Manual Handling including LOLER	Safeguarding	Security	Sharps	Staff Shortages	Violence & Aggression, Lone	Violence and Aggression	Grand Total
Mental Health and Learning Disabilities			1	1				1				3	6
Morrison Hospital Service	4	2	1	1		1			2	1	1	4	17
Neath Port Talbot & Singleton	2	4	1	4	1	5	1				1	2	21
Primary and Community Services				1					1			2	4
EMRTS						1							1
Nursing & Patient Experience				1									1
Operations (previously Planning)		1		1	1			1				1	5
Strategy				1									1
Grand Total	6	7	3	10	2	7	1	2	3	1	2	12	56

There is a small reduction in the numbers of risks open since the previous report (60 were reported in March 2022).

The top 5 health & safety risk themes are as follows:

Figure 2 – Top 5 Health & Safety Risk Categories¹

H&S Risk Category	Number of Risks
Violence & Aggression	14
Fire	10
Environment	7
Manual Handling	7
COSHH	6

3.3 Risk Management Training Workshops

Delivery of Risk Management Workshops has been completed within Neath Port Talbot & Singleton and Primary Care & Therapies service groups.

Workshops have started in Morrison and Mental Health & Learning Disabilities.

Corporate directorates will follow.

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.

Following discussion at Board, further work is being done to develop a more nuanced approach to risk appetite.

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.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	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		
<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"/>
Quality, Safety and Patient Experience		
<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 & 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>		
Financial Implications		
<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>		
Legal Implications (including equality and diversity assessment)		
<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>		
Staffing Implications		
<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>		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<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>		
Report History	N/A	
Appendices	Appendix 1 – Health Board Risk Register extract	



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HEALTH BOARD RISK REGISTER

May 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 Target Date: TBC		Current Risk Rating 4 x 3 = 12																																								
Objective: Best Value Outcomes		Director Lead: Inese Robotham, Chief Operating Officer / Sian Harrop-Griffiths, Director of Strategy 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: May 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>Jun-21</td><td>12</td><td>12</td></tr> <tr><td>Jul-21</td><td>12</td><td>12</td></tr> <tr><td>Aug-21</td><td>12</td><td>12</td></tr> <tr><td>Sep-21</td><td>12</td><td>12</td></tr> <tr><td>Oct-21</td><td>12</td><td>12</td></tr> <tr><td>Nov-21</td><td>12</td><td>12</td></tr> <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> </tbody> </table>		Month	Risk Score	Target Score	Jun-21	12	12	Jul-21	12	12	Aug-21	12	12	Sep-21	12	12	Oct-21	12	12	Nov-21	12	12	Dec-21	12	12	Jan-22	12	12	Feb-22	12	12	Mar-22	12	12	Apr-22	12	12	May-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.	
Month	Risk Score	Target Score																																										
Jun-21	12	12																																										
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Mar-22	12	12																																										
Apr-22	12	12																																										
May-22	12	12																																										
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?)		Mitigating actions (What more should we do?)																																										
<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. 		Action		Lead	Deadline																																							
		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		Assistant Director of Operations (Est) & Assistant Director of Strategy (Capital)	31/05/2022																																							
		There is a 6 facet survey scheduled to be completed by 31/03/22 covering the occupancy and utilisation of the various sites		Assistant Director of Operations (Est)	31/05/2022																																							
		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 31/12/21		Service Group Director (PCT) & Assistant Director of Health & Safety	31/05/2022																																							
		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		Service Group Director (PCT) supported by ADoOperations (Est), ADoStrategy (Capital) and ADoH&S	31/05/2022																																							
Assurances (How do we know if the things we are doing are having an impact?)		Gaps in assurance (What additional assurances should we seek?)																																										
Additional Comments / Progress Notes																																												
Update 18.03.22 – Update on 'Change for the Future' and '6 Facet survey' actions – The Health Board has commissioned a six facet review with equality access assessment included within the specification. Work has commenced and is due to be completed by the end of March 2022.																																												

Datix ID Number: 1043 Health & Care Standard: Effective Care 3.1 Clinically Effective Care		HBR Ref Number: 36 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: May 2022																																										
Risk Rating (consequence x likelihood): Initial: 4 x 5 = 20 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>Jun-21</td><td>9</td><td>16</td></tr> <tr><td>Jul-21</td><td>9</td><td>16</td></tr> <tr><td>Aug-21</td><td>9</td><td>16</td></tr> <tr><td>Sep-21</td><td>9</td><td>16</td></tr> <tr><td>Oct-21</td><td>9</td><td>16</td></tr> <tr><td>Nov-21</td><td>9</td><td>16</td></tr> <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> </tbody> </table>		Month	Target Score	Risk Score	Jun-21	9	16	Jul-21	9	16	Aug-21	9	16	Sep-21	9	16	Oct-21	9	16	Nov-21	9	16	Dec-21	9	16	Jan-22	9	16	Feb-22	9	16	Mar-22	9	16	Apr-22	9	16	May-22	9	16	Rationale for current score: C - Inability to find records for patients could delay care/increase length of stay over 15 days. Could also mean patients receive incorrect treatment. Increased risk of fire where records are stored outside of the medical record libraries. L - we know this happens from incidents raised	
Month	Target Score	Risk Score																																										
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May-22	9	16																																										
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>30th September 2022</td> </tr> <tr> <td>Once Business Case is approved, relocate Health records to the new site. Business Case being presented to Management Board – 18/05/2022</td> <td>Head of Health Records & Clinical Coding</td> <td>TBC</td> </tr> </tbody> </table>	Action	Lead	Deadline	Develop Business Case for the scanning of patients records.	Head of Health Records & Clinical Coding	30 th September 2022	Once Business Case is approved, relocate Health records to the new site. Business Case being presented to Management Board – 18/05/2022	Head of Health Records & Clinical Coding	TBC																																
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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 NWIS 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>16.02.22 – No further update for February 2022</p> <p>Update 14.04.2022 – Business Case approved at BCAG for centralised storage Unit for Health Records pending funding. Going to Management Board on the 19th April 2022.</p> <p>Two Actions completed: Reviewing different off site options for a centralised storage facility for all active acute records to include a centralised scanning model and Develop Business Case/paper for improved offsite storage solution for the acute paper records.</p>	

Datix ID Number: 1567 Health & Care Standard: Safe Care 2.1 Managing Risk & Promoting Health & Safety		HBR Ref Number: 41 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: May 2022																																										
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Mar-22	9	16																																										
Apr-22	9	16																																										
May-22	9	16																																										
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>31/05/2022</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	31/05/2022	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 17.01.22: Cladding project board met on 14.01.22 for an update on the progress of the cladding project, due to a number of reasons (Asbestos removal - Expert witness investigations). The latest expected completion date is March 2024. The cladding replacement works (fire integrity) is not now expected to be completed until March 2024, therefore, this will impact on the ability to reduce the risk rating at present and will be continually reviewed. 15.06.22: Currently there is no change and nothing to add.																																												

Datix ID Number: 2159 Health & Care Standard: Safe Care 2.1 Managing Risk & Promoting Health & Safety		HBR Ref Number: 64 Target Date: 31st October 2022		Current Risk Rating 5 X 5 = 25																																								
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: May 2022																																										
Risk Rating (consequence x likelihood): Initial: 5 x 4 = 20 Current: 5 x 5 = 25 Target: 4 x 3 = 12		<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Jun-21</td><td>12</td><td>25</td></tr> <tr><td>Jul-21</td><td>12</td><td>25</td></tr> <tr><td>Aug-21</td><td>12</td><td>25</td></tr> <tr><td>Sep-21</td><td>12</td><td>25</td></tr> <tr><td>Oct-21</td><td>12</td><td>25</td></tr> <tr><td>Nov-21</td><td>12</td><td>25</td></tr> <tr><td>Dec-21</td><td>12</td><td>25</td></tr> <tr><td>Jan-22</td><td>12</td><td>25</td></tr> <tr><td>Feb-22</td><td>12</td><td>25</td></tr> <tr><td>Mar-22</td><td>12</td><td>25</td></tr> <tr><td>Apr-22</td><td>12</td><td>25</td></tr> <tr><td>May-22</td><td>12</td><td>25</td></tr> </tbody> </table>		Month	Target Score	Risk Score	Jun-21	12	25	Jul-21	12	25	Aug-21	12	25	Sep-21	12	25	Oct-21	12	25	Nov-21	12	25	Dec-21	12	25	Jan-22	12	25	Feb-22	12	25	Mar-22	12	25	Apr-22	12	25	May-22	12	25	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.	
Month	Target Score	Risk Score																																										
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May-22	12	25																																										
Level of Control = 70%		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.																																										
Date added to the HB risk register September 2019																																												
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>Health and safety structure review to be presented to the H&S Committee when funding has been agreed. The Target date has been adjusted to reflect this.</td> <td>Assistant Director of H&S</td> <td>30/09/2022</td> </tr> </tbody> </table>		Action	Lead	Deadline	Health and safety structure review to be presented to the H&S Committee when funding has been agreed. The Target date has been adjusted to reflect this.	Assistant Director of H&S	30/09/2022																																		
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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 appropriate group/committees (H&S committee) to receive assurance and or identify gaps for key compliance and adherence to applicable legislation. Site visits/tours to identify compliance and gaps in compliances. 			Gaps in assurance (What additional assurances should we seek?) Agreement of funding for resources identified in business case to implement structure in business case by Q2/3 2022/23 financial year.																																									
Additional Comments / Progress Notes																																												
04.05.22 - It has been agreed by the health board to recruit one H&S Advisor and one Manual Handling Trainer/Advisor. Verifications form completed and post will be advertised in Q1 2022/23, with an end Q1 or beginning of Q2 for successful candidates to commence. Given that the posts will take time to have any impact on training and audit, it is possible that the risk score can be reduced slightly in 6 months' time after successful recruitment with a targeted reduction in Q4. 15.06.22 - H&S advisor and MH adviser/trainer will be uploaded to Trac in June, interview dates in July with targeted commencement in Aug/Sept 2022.																																												

Datix ID Number: 2377 Health & Care Standard: Staff & Resources 7.1 Workforce		HBR Ref Number: 76 Target Date: 30th September 2022		Current Risk Rating 5 x 2 = 10																																								
Objective: Partnerships for Care		Director Lead: Debbie Eytayo, Director of Workforce & OD Assuring Committee: Workforce & OD Committee, Health & Safety Committee Date last reviewed: May 2022																																										
Risk: Partnership Working There are some remaining 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.		Rationale for current score: From the beginning of the Covid outbreak staff side including the BMA have been extremely critical of the HB position and demanded that the HB operate outside of national guidance, demanding widespread use of higher levels of PPE than the all Wales position allows. They engaged with external media and voiced their concerns in very direct and critical terms, threatening to involve the Minister. Whilst the degree to which these interjections continue to be raised in the health board Partnership Forum and Local Negotiating Committee has reduced, their position has not fundamentally changed. As Wales learns to manage in a post Pandemic environment this risk is expected to reduce further. There had been a local campaign actively encouraging union members to raise retrospective Datix incident for any staff who had a positive Covid test. This has generated circa 1600 Datix entries. LPF meetings had increased in frequency during the height of the pandemic and as of March 2022 are reducing to normal bi-monthly arrangements. This risk will be reviewed in a month's time to take account of the new revised risk assessment which is to be published imminently as well as plans to manage Covid as an endemic.																																										
Risk Rating (consequence x likelihood): Initial: 5 x 5 = 25 Current: 5 x 2 = 10 Target: 5 x 1 = 5		<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>Jun-21</td><td>5</td><td>15</td></tr> <tr><td>Jul-21</td><td>5</td><td>15</td></tr> <tr><td>Aug-21</td><td>5</td><td>15</td></tr> <tr><td>Sep-21</td><td>5</td><td>15</td></tr> <tr><td>Oct-21</td><td>5</td><td>15</td></tr> <tr><td>Nov-21</td><td>5</td><td>15</td></tr> <tr><td>Dec-21</td><td>5</td><td>15</td></tr> <tr><td>Jan-22</td><td>5</td><td>15</td></tr> <tr><td>Feb-22</td><td>5</td><td>15</td></tr> <tr><td>Mar-22</td><td>5</td><td>10</td></tr> <tr><td>Apr-22</td><td>5</td><td>10</td></tr> <tr><td>May-22</td><td>5</td><td>10</td></tr> </tbody> </table>		Month	Target Score	Risk Score	Jun-21	5	15	Jul-21	5	15	Aug-21	5	15	Sep-21	5	15	Oct-21	5	15	Nov-21	5	15	Dec-21	5	15	Jan-22	5	15	Feb-22	5	15	Mar-22	5	10	Apr-22	5	10	May-22	5	10	Rationale for target score: Ideally staff side would support the HB position re PPE in line with PHW guidance. In doing so they would reassure staff and reduce their levels of general concern and anxiety regarding Covid Protection.	
Month	Target Score	Risk Score																																										
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Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																										
<ul style="list-style-type: none"> After a near two years of fortnightly and then monthly meetings the frequency of PF has recently reverted to normal bimonthly arrangements as the Covid related content has now reduced 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Develop an effective working relationship</td> <td>Assistant Director of Workforce & OD</td> <td>31/05/2022</td> </tr> </tbody> </table>		Action	Lead	Deadline	Develop an effective working relationship	Assistant Director of Workforce & OD	31/05/2022																																			
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<p>significantly. Sub group meeting frequency is unchanged and will service to fill any gap or need to provide more frequent contact between staff side and HB management.</p> <ul style="list-style-type: none"> • Employees continue to will be encouraged to raise concerns via existing mechanisms. • HB will continue to utilise the briefings process to be transparent about issues such as PPE to improve confidence in the supply and availability. • Chief Executive and other Executive Directors will attend HB Partnership Forum on a regular basis. Partnership principles and ways of working will be emphasised as the most effective approach to secure progress. • The Health Board will continue to develop an effective working relationship with all trade union partners and collectively via the agreed HB Partnership Forum. Frequent meetings will continue to take place, supplemented by local discussions when required. 			
<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <ul style="list-style-type: none"> • Monitored through range of contact points with staff side organisation mainly LPF and other routine meetings interaction with staff side. Reduction in direct action by staff side and the issue of PPE not being consistently raised through formal channels media etc. 	<p>Gaps in assurance (What additional assurances should we seek?) N/A</p>		
<p style="text-align: center;">Additional Comments / Progress Notes.</p> <p>01.04.22 – Two actions completed - The Health Board will continue to develop an effective working relationship with all trade union partners and collectively via the agreed HB Partnership Forum. Commission IPA services to provide a series of Partnership workshops for senior managers and Reps to explore the relationship and develop plan for improvement.</p> <p>20.04.22 - Staff side sub-group action complete - Two facilitated sessions took place in October 2021 with Staff side Colleagues, HR colleagues, Executives and Service Groups reps, on what partnership working in SBU looks like and any improvements that are required. An action plan was derived on the back of the sessions which has been agreed and signed off by the Director of Workforce and OD and the Staff Side Chair. The action plan has been taken through Health Board Partnership Forum and will be overseen through that forum. Further work has also been undertaken on the Health Board Partnership Forum with clear escalation framework produced for agenda items.</p> <p>17.05.2022 - As the HB moves to manage Covid as endemic we have still seen some concerns raised at PF by staff side covering PPE issues in this transitional period. However these concerns have not been on the same scale or intensity as previously seen at the height of the pandemic. The risk score has not been adjusted but over the coming months the score is expected to reduce and the risk as framed reviewed with a view to closure.</p>			

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