



## **HEALTH BOARD RISK REGISTER (HBRR)**

### **RISKS ASSIGNED TO THE HEALTH & SAFETY COMMITTEE (Meeting 5<sup>th</sup> October 2021)**

<b>Datix ID Number: 841</b> <b>Health &amp; Care Standard: Safe Care 2.1 Managing Risk &amp; Promoting Health &amp; Safety</b>		<b>HBR Ref Number: 13</b> <b>Target Date: 31<sup>st</sup> March 2022</b>		<b>Current Risk Rating</b> <b>4 x 3 = 12</b>																																									
<b>Objective:</b> Best Value Outcomes		<b>Director Lead:</b> Rab McEwan, Chief Operating Officer Janet Williams, Interim Chief Operating Officer; Sian Harrop-Griffiths, Director of Strategy <b>Assuring Committee:</b> Health and Safety Committee																																											
<b>Risk: Health &amp; Safety Compliance</b> – Environment of Premises. Risk relates to compliance in terms of appropriate accommodation in line with Health and Safety Regulations.		<b>Date last reviewed:</b> Management Board July 2021; Revised to reflect management updates provided in Sept 2021.																																											
<b>Risk Rating</b> (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>Sep-20</td><td>12</td><td>12</td></tr> <tr><td>Oct-20</td><td>12</td><td>12</td></tr> <tr><td>Nov-20</td><td>12</td><td>12</td></tr> <tr><td>Dec-20</td><td>12</td><td>12</td></tr> <tr><td>Jan-21</td><td>12</td><td>12</td></tr> <tr><td>Feb-21</td><td>12</td><td>12</td></tr> <tr><td>Mar-21</td><td>12</td><td>12</td></tr> <tr><td>Apr-21</td><td>12</td><td>12</td></tr> <tr><td>May-21</td><td>12</td><td>12</td></tr> <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> </tbody> </table>		Month	Risk Score	Target Score	Sep-20	12	12	Oct-20	12	12	Nov-20	12	12	Dec-20	12	12	Jan-21	12	12	Feb-21	12	12	Mar-21	12	12	Apr-21	12	12	May-21	12	12	Jun-21	12	12	Jul-21	12	12	Aug-21	12	12	<b>Rationale for current score:</b> HSE issued ten improvement notices in 2012 relating to accommodations not meeting statutory/health and safety requirements. This could have an adverse impact on citizens, staff, financial and operational performance.		<b>Rationale for target score:</b> Risk assessments of premises.
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<b>Level of Control</b> = 90%																																													
<b>Date added to the HB risk register</b> April 2012																																													
<b>Controls (What are we currently doing about the risk?)</b>			<b>Mitigating actions (What more should we do?)</b>																																										
<ul style="list-style-type: none"> <li>Key areas where performance linked to health &amp; safety/fire issues. Health &amp; Safety and Quality &amp; Safety Committees and agreed actions to mitigate impacts.</li> <li>Actions addressed through site meetings trade improvements on the 2 acute hospital sites.</li> <li>Primary Care premises, audits commissioned and delayed due to covid.</li> </ul>			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Develop a strategy to improve primary &amp; community services estate.</td> <td>Service Group Director P&amp;C</td> <td>31<sup>st</sup> July 2021</td> </tr> <tr> <td>Develop BJC's to improve the infrastructure of the 2 acute hospital sites (not including NPTH).</td> <td>Assistant Director - Strategy</td> <td>31<sup>st</sup> July 2021 <b>Complete</b></td> </tr> </tbody> </table>			Action	Lead	Deadline	Develop a strategy to improve primary & community services estate.	Service Group Director P&C	31 <sup>st</sup> July 2021	Develop BJC's to improve the infrastructure of the 2 acute hospital sites (not including NPTH).	Assistant Director - Strategy	31 <sup>st</sup> July 2021 <b>Complete</b>																															
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<b>Additional Comments</b>																																													
Planned interviews to take on board a SCP 1 <sup>ST</sup> / 2 <sup>ND</sup> Week of November 20. 3 months to undertake verification of our design by the SCP then submit to the WG for approval and funding. Action completed 17.08.21 – This is an ongoing 10 year programme. Paper presented to Health & Safety committee 1st April 2021, the committee were asked to note: <ul style="list-style-type: none"> <li>Capital Bids had been submitted to WG for backlog maintenance</li> <li>The requirement for funding for 6 facet survey</li> <li>The identified backlog maintenance works highlighted in the report &amp; resources section of admin control.</li> </ul> Following departure of the former Chief Operating Officer, the risk has been shared with the Interim Chief Operating Officer – further information is being forwarded to support re-assessment of the risk for future iterations of the register.																																													

<b>Datix ID Number: 1043</b> <b>Health &amp; Care Standard: Effective Care 3.1 Clinically Effective Care</b>		<b>HBR Ref Number: 36</b> <b>Target Date: 31<sup>st</sup> March 2022</b>		<b>Current Risk Rating</b> <b>4 x 4 = 16</b>																																								
<b>Objective:</b> Digitally enabled care		<b>Director Lead:</b> Matt John, Director of Digital <b>Assuring Committee:</b> Audit Committee		<b>Date last reviewed:</b> Management Board July 2021; Revised to reflect management updates provided in Sept 2021.																																								
<b>Risk: Paper Record Storage:</b> Lack of a single electronic record means there is greater reliance on the provision of the paper record. If we fail to provide adequate storage facilities for paper records, then this will impact on the availability of patient records at the point of care. Quality of the paper record may also be reduced if there is poor records management in some wards. There is an increased fire risk where medical records are stored outside of the medical record libraries.		<b>Rationale for current score:</b> 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		<b>Rationale for target score:</b> 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.																																								
<b>Risk Rating</b> (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>Sep-20</td><td>9</td><td>12</td></tr> <tr><td>Oct-20</td><td>9</td><td>12</td></tr> <tr><td>Nov-20</td><td>9</td><td>12</td></tr> <tr><td>Dec-20</td><td>9</td><td>12</td></tr> <tr><td>Jan-21</td><td>9</td><td>12</td></tr> <tr><td>Feb-21</td><td>9</td><td>12</td></tr> <tr><td>Mar-21</td><td>9</td><td>12</td></tr> <tr><td>Apr-21</td><td>9</td><td>16</td></tr> <tr><td>May-21</td><td>9</td><td>16</td></tr> <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> </tbody> </table>		Month	Target Score	Risk Score	Sep-20	9	12	Oct-20	9	12	Nov-20	9	12	Dec-20	9	12	Jan-21	9	12	Feb-21	9	12	Mar-21	9	12	Apr-21	9	16	May-21	9	16	Jun-21	9	16	Jul-21	9	16	Aug-21	9	16			
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<b>Controls (What are we currently doing about the risk?)</b>			<b>Mitigating actions (What more should we do?)</b>																																									
<ul style="list-style-type: none"> <li>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)</li> <li>Records managed by the Medical Records libraries are RFID tagged and location tracked</li> <li>Medical Record libraries are regularly risk assessed for fire by health and safety</li> <li>Alternative offsite storage arrangements have been identified.</li> <li>All records must be documented on the Information Asset Register (IAR)</li> </ul>			<b>Action</b>	<b>Lead</b>	<b>Deadline</b>																																							
			Develop Business Case for improved storage solution for both paper and digital records.	Head of Health Records & Clinical Coding	31 <sup>st</sup> March 2022																																							
			Complete convergence with WCP (replace ABMU Clinical Portal with Welsh Clinical Portal at all inpatient locations)	Director of Digital	29 <sup>th</sup> October 2021																																							
<b>Assurances (How do we know if the things we are doing are having an impact?)</b> <ul style="list-style-type: none"> <li>RFID has been implemented for the acute record improving the management and storage of records</li> <li>Health Records performance reports developed in line with RFID technology</li> <li>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</li> <li>Monitoring complaints and incident reporting.</li> <li>Electronic record is being implemented in accordance with the plan eg implementation of WNCR, ETR, HEPMA etc.</li> </ul>			<b>Gaps in assurance (What additional assurances should we seek?)</b> 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. 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.																																									

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.

**Action - All SDU and corporate leads**

Health Records Department are working with HB colleagues to develop a case for improved storage solution both for paper record are now as follows:

A scoping exercise has been undertaken across the Health Board to quantify the storage issues for All types of records as it has been evident for some time that the current capacity available to store records both within the main hospitals and off site storage areas is insufficient, and that current practices cannot continue, and a Health Board wide solution is required.

The outcome of the scoping exercise will be shared with the Health Board Space Management Work Stream. Once completed, a Business Case will be written, to document the scale of the issues that the Health Board is facing in storing all types of records on an indefinite basis. These updates are also being provided as part of the Health records papers that are submitted to IGG.

Within the Acute Health Records Service and across numerous Health board services that manage and store their records separately from the acute record thousands of records continue to be moved off site to a third party storage supplier called the Maltings at a significant cost to the Health Board due to a lack of capacity on-site to store the records.

Investigations have identified that other Health Boards are destroying records where appropriate digital solutions are in place. This will therefore be taken forward in the options appraisal of the business case. (See action above).

Action complete 31.05.21 - Establish the legalities around the scanning and destruction of paper records in relation to the Blood Enquiry.

Action complete 14.07.21 – Implementation of WNCR completed at NPTH.

15.09.21 – No Updates for this month's submission.

<b>Datix ID Number: 1567</b> <b>Health &amp; Care Standard: Safe Care 2.1 Managing Risk &amp; Promoting Health &amp; Safety</b>		<b>HBR Ref Number: 41</b> <b>Target Date: <del>31<sup>st</sup> March 2022</del></b> <b>30<sup>th</sup> November 2023</b>		<b>Current Risk Rating</b> <b>4 x 4 = 16</b>																																								
<b>Objective:</b> Best Value Outcomes		<b>Director Lead:</b> Christine Williams, Interim Director of Nursing and Patient Experience <b>Assuring Committee:</b> Health and Safety Committee																																										
<b>Risk: Fire Regulation Compliance</b> – one improvement notice received relating to 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 with fire safety regulations.		<b>Date last reviewed:</b> Management Board July 2021; Revised to reflect management updates provided in Sept 2021.																																										
<b>Risk Rating</b> (consequence x likelihood): Initial: 5 x 3 = 15 Current: 4 x 4 = 16 Target: 3 x 3 = 9		<table border="1"> <caption>Risk Score History</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Sep-20</td><td>9</td><td>12</td></tr> <tr><td>Oct-20</td><td>9</td><td>12</td></tr> <tr><td>Nov-20</td><td>9</td><td>12</td></tr> <tr><td>Dec-20</td><td>9</td><td>12</td></tr> <tr><td>Jan-21</td><td>9</td><td>12</td></tr> <tr><td>Feb-21</td><td>9</td><td>12</td></tr> <tr><td>Mar-21</td><td>9</td><td>20</td></tr> <tr><td>Apr-21</td><td>9</td><td>20</td></tr> <tr><td>May-21</td><td>9</td><td>16</td></tr> <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> </tbody> </table>		Month	Target Score	Risk Score	Sep-20	9	12	Oct-20	9	12	Nov-20	9	12	Dec-20	9	12	Jan-21	9	12	Feb-21	9	12	Mar-21	9	20	Apr-21	9	20	May-21	9	16	Jun-21	9	16	Jul-21	9	16	Aug-21	9	16	<b>Rationale for current score:</b> Improvement notice in relation to MH&LD Unit. Cladding applied to Singleton Hospital front flank is not compliant with fire regulations. General compliance with fire regulations and WHTM/WHBN requirements. Risk reduced from 20 to 16.	
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<b>Level of Control</b> = 50%		<b>Rationale for target score:</b> 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.																																										
<b>Date added to the HB risk register</b> 31/05/2018																																												
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"> <li>• Fire risk assessments.</li> <li>• Evacuation plans (vertical and horizontal).</li> <li>• Fire safety training.</li> <li>• Professional advice sought on compliance of panels.</li> <li>• East flank panels removed</li> <li>• Business case being developed for south panel removal and updating.</li> </ul>		<b>Mitigating actions (What more should we do?)</b> <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 &amp; Safety</td> <td><del>31<sup>st</sup> October 2021</del> 30<sup>th</sup> November 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><del>31<sup>st</sup> October 2021</del> 30<sup>th</sup> November 2023</td> </tr> </tbody> </table>				Action	Lead	Deadline	Change in fire evacuation plans and alarm and detection cause and effect	Head of Health & Safety	<del>31<sup>st</sup> October 2021</del> 30 <sup>th</sup> November 2023	Replacing the existing cladding and insulation with alternative specifications and inserting 30 minute fire cavity barriers where appropriate	Service Improvement Manager	<del>31<sup>st</sup> October 2021</del> 30 <sup>th</sup> November 2023																														
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<b>Assurances (How do we know if the things we are doing are having an impact?)</b> <ul style="list-style-type: none"> <li>• Monitoring through the H&amp;S committee to receive assurance and or identify gaps for key compliance and adherence to applicable legislation.</li> <li>• NWSSP internal audits</li> <li>• Site visits/tours to identify compliance and gaps in compliances.</li> <li>• Completion of FRA's within targeted schedule</li> </ul>		<b>Gaps in assurance (What additional assurances should we seek?)</b> 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 place.																																										
<b>Additional Comments</b> Cladding removal has commenced and will be a 2-3 year project. Working closely with NWSSP-SES (Authorised Engineer for Fire). Regular contact with MWWFRS. Reviewing fire warden numbers and training. Reviewing all fire risk assessment actions. Funding agreed for 2021-22 for updating automated fire system; fire door replacement; fire compartmentation works; lift call control. Potential of MWWFRS to inspect site, with a risk of enforcement action due to non-compliance to fire regulations. 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 AD H7s is currently based at Singleton one day per week to assist the service group with fire safety enquiries/ challenges.

Update 28.06.21 - The flank walls were completed in 2019, it is the main façade of the tower block that is being replaced and is programmed to be completed in October 2023. There are no additional risks identified. Regular site and project updates taking place.

Update 01/07/21 - The main façade (cladding) to the tower block will be replaced with fully compliant cladding on a phased programme. The scaffolding for phase 1 & 2 was completed in March 2021, with actual removal works commenced in April 2021. The target programme completion date is November 2023. The risk will be managed throughout the programme with regular site visits and project meetings.

<b>Datix ID Number:</b> 2159 <b>Health &amp; Care Standard:</b> Safe Care 2.1 Managing Risk & Promoting Health & Safety	<b>HBR Ref Number:</b> 64 <b>Target Date:</b> 31 <sup>st</sup> March 2022 <b>31<sup>st</sup> August 2023</b>	<b>Current Risk Rating</b> 5 X 5 = 25
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<b>Objective:</b> Best Value Outcomes	<b>Director Lead:</b> Christine Williams, Interim Director of Nursing and Patient Experience <b>Assuring Committee:</b> Health and Safety Committee
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<b>Risk:</b> 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. .	<b>Date last reviewed:</b> Management Board July 2021; Revised to reflect management updates provided in Sept 2021.
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**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

**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.

<b>Controls (What are we currently doing about the risk?)</b>	<b>Mitigating actions (What more should we do?)</b>
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- 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

Action	Lead	Deadline
Health and safety department structure to be reviewed and produce proposals, business case.	Assistant Director of H&S	31 <sup>st</sup> December 2021
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 <sup>th</sup> Oct 2021

- Assurances (How do we know if the things we are doing are having an impact?)**
- 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**

The health and 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 assessment. Actions include completion of the health & safety team resource business case to address resource issues within the H&S team to enable the HB to address its legal obligations. The additional resources required have been included in the HB 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 potentially to a score of 20. A further reduction may be possible at the end of 2023 when infrastructure work has been completed.

Update 28/06/2021: Business case has been submitted and awaiting confirmation on resource allocation as outlined in the business case. 15/07/2021: There is no change to the current risk score as a decision on funding has not been agreed yet.  
23/09/2021: Agreement to advertise 2 fire safety officer posts in September 2021. There is no change to the current risk score as resources remain a challenge and await decision for funding in line with the business case resources submission.



## 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