



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe

Swansea Bay University
Health Board

HEALTH BOARD RISK REGISTER

July 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: Darren Griffiths, Director of Finance Assuring Committee: Health and Safety Committee																																										
Risk: Health & Safety Compliance – Environment of Premises. Risk relates to compliance in terms of appropriate accommodation in line with Health and Safety Regulations.		Date last reviewed: August 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>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> <tr><td>Jun-22</td><td>12</td><td>12</td></tr> <tr><td>Jul-22</td><td>12</td><td>12</td></tr> </tbody> </table>		Month	Risk Score	Target Score	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	Jun-22	12	12	Jul-22	12	12	Rationale for current score: The accommodation is varied in age, tired and in need of upgrading/refurbishment to enable improved condition and compliance to regulations and WHBN/WHTMs.	
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May-22	12	12																																										
Jun-22	12	12																																										
Jul-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																																							
		Members of the estates, health and safety and capital planning team will meet in September 2022 to bring together estates risks, the 6 facet survey and the strategy to develop a prioritised plan of action for the estate.		Director of Finance & Performance	31/10/2022																																							
		6 facet survey findings will present to estates utilisation group on 31/08/22.		Assistant Director of Operations (Est)	31/08/2022																																							
		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 30/12/2022		Service Group Director (PCT) & Assistant Director of Health & Safety	30/12/2022																																							
		Estates strategy has been developed and a draft will be received at the estates utilisation group on 31/08/22		Assistant Director of Operations (Est)	31/08/2022																																							
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. Update 30.08.22 - Work has commenced and a final draft has been received for scrutiny – see mitigating actions above.																																												

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: August 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 Rating Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Aug-21</td><td>16</td><td>9</td></tr> <tr><td>Sep-21</td><td>16</td><td>9</td></tr> <tr><td>Oct-21</td><td>16</td><td>9</td></tr> <tr><td>Nov-21</td><td>16</td><td>9</td></tr> <tr><td>Dec-21</td><td>16</td><td>9</td></tr> <tr><td>Jan-22</td><td>16</td><td>9</td></tr> <tr><td>Feb-22</td><td>16</td><td>9</td></tr> <tr><td>Mar-22</td><td>16</td><td>9</td></tr> <tr><td>Apr-22</td><td>16</td><td>9</td></tr> <tr><td>May-22</td><td>16</td><td>9</td></tr> <tr><td>Jun-22</td><td>16</td><td>9</td></tr> <tr><td>Jul-22</td><td>16</td><td>9</td></tr> </tbody> </table>		Month	Risk Score	Target Score	Aug-21	16	9	Sep-21	16	9	Oct-21	16	9	Nov-21	16	9	Dec-21	16	9	Jan-22	16	9	Feb-22	16	9	Mar-22	16	9	Apr-22	16	9	May-22	16	9	Jun-22	16	9	Jul-22	16	9	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	
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Jul-22	16	9																																										
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>Relocate Health records to the new site.</td> <td>Head of Health Records & Clinical Coding</td> <td>30th September 2023</td> </tr> </tbody> </table>			Action	Lead	Deadline	Develop Business Case for the scanning of patients records.	Head of Health Records & Clinical Coding	30 th September 2022	Relocate Health records to the new site.	Head of Health Records & Clinical Coding	30 th September 2023																														
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Relocate Health records to the new site.	Head of Health Records & Clinical Coding	30 th September 2023																																										
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, 			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.																																									

HEPMA etc.	<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 style="text-align: center;">Additional Notes</p> <p>Reviewed in Risk Management Meeting on 21/6/2022 and one new action has been populated. Update 24/08/2022 - Risk reviewed and no update for this month's submission.</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: August 2022																																										
Risk Rating (consequence x likelihood): Initial: 5 x 3 = 15 Current: 4 x 4 = 16 Target: 3 x 3 = 9		<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <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> <tr><td>Jun-22</td><td>9</td><td>16</td></tr> <tr><td>Jul-22</td><td>9</td><td>16</td></tr> </tbody> </table>		Month	Target Score	Risk Score	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	Jun-22	9	16	Jul-22	9	16	Rationale for current score: Cladding applied to Singleton Hospital front flank is not compliant with fire regulations. General compliance with fire regulations and WHTM/WHBN requirements.	
Month	Target Score	Risk Score																																										
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May-22	9	16																																										
Jun-22	9	16																																										
Jul-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>01/11/2023</td> </tr> <tr> <td>Replacing the existing cladding and insulation with alternative specifications and inserting 30 minute fire cavity barriers where appropriate</td> <td>Service Improvement Manager</td> <td>28/02/2024</td> </tr> </tbody> </table>			Action	Lead	Deadline	Change in fire evacuation plans and alarm and detection cause and effect	Head of Health & Safety	01/11/2023	Replacing the existing cladding and insulation with alternative specifications and inserting 30 minute fire cavity barriers where appropriate	Service Improvement Manager	28/02/2024																														
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Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> Monitoring through the H&S committee to receive assurance and or identify gaps for key compliance and adherence to applicable legislation. NWSSP internal audits Site visits/tours to identify compliance and gaps in compliances. Completion of FRA's within targeted schedule 			Gaps in assurance (What additional assurances should we seek?) Suitable resources to be in place, all fire risk assessments and actions from them completed. Fire safety audits carried out internally. Fire compartmentation surveyed to provide assurance of fire stopping. Fire schematics updated and fire evacuation drawings updated in in place.																																									
Additional Comments / Progress Notes 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: August 2022																																										
Risk Rating (consequence x likelihood): Initial: 5 x 4 = 20 Current: 5 x 5 = 25 Target: 4 x 3 = 12		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.																																										
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		<table border="1"> <caption>Target Score and Risk Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <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> <tr><td>Jun-22</td><td>12</td><td>25</td></tr> <tr><td>Jul-22</td><td>12</td><td>25</td></tr> </tbody> </table>				Month	Target Score	Risk Score	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	Jun-22	12	25	Jul-22	12	25
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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"> 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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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. 30.08.22 – interviews held and two manual handler advisors appointed as per plan on 24/08/22. As soon as appointees come in to post the risk will be adjusted.																																												

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: August 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 Rating Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Aug-21</td><td>15</td><td>5</td></tr> <tr><td>Sep-21</td><td>15</td><td>5</td></tr> <tr><td>Oct-21</td><td>15</td><td>5</td></tr> <tr><td>Nov-21</td><td>15</td><td>5</td></tr> <tr><td>Dec-21</td><td>15</td><td>5</td></tr> <tr><td>Jan-22</td><td>15</td><td>5</td></tr> <tr><td>Feb-22</td><td>15</td><td>5</td></tr> <tr><td>Mar-22</td><td>15</td><td>5</td></tr> <tr><td>Apr-22</td><td>10</td><td>5</td></tr> <tr><td>May-22</td><td>10</td><td>5</td></tr> <tr><td>Jun-22</td><td>10</td><td>5</td></tr> <tr><td>Jul-22</td><td>10</td><td>5</td></tr> </tbody> </table>		Month	Risk Score	Target Score	Aug-21	15	5	Sep-21	15	5	Oct-21	15	5	Nov-21	15	5	Dec-21	15	5	Jan-22	15	5	Feb-22	15	5	Mar-22	15	5	Apr-22	10	5	May-22	10	5	Jun-22	10	5	Jul-22	10	5	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.	
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Date added to the HB risk register May 2021																																												
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>31/09/2022</td> </tr> </tbody> </table>		Action	Lead	Deadline	Develop an effective working relationship	Assistant Director of Workforce & OD	31/09/2022																																			
Action	Lead	Deadline																																										
Develop an effective working relationship	Assistant Director of Workforce & OD	31/09/2022																																										

<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 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 Staffside 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