



<b>Meeting Date</b>	<b>01 September 2020</b>	<b>Agenda Item</b>	<b>2.2</b>
<b>Report Title</b>	<b>Health &amp; Safety Risk Register Report</b>		
<b>Report Author</b>	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
<b>Report Sponsor</b>	Pam Wenger, Director of Corporate Governance Chris Williams, Interim Director of Nursing & Patient Experience		
<b>Presented by</b>	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	<p>The purpose of this report is to:</p> <ul style="list-style-type: none"> <li>• inform the Health &amp; Safety Committee of the risks from the Health Board Risk Register (HBRR) assigned to the Committee and;</li> <li>• Report the underpinning operational health &amp; safety risks and actions being taken to minimise the risks.</li> </ul>		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• HBRR was presented to the Audit Committee and Board in July 2020.</li> <li>• Executive Directors have updated their risk entries and discussed the full HBRR. The register contains three risks assigned to the Health &amp; Safety Committee.</li> <li>• The risks assigned to the Health &amp; Safety Committee: <ul style="list-style-type: none"> <li>➢ Health and Safety Infrastructure (64) Risk Rated 20 (Page 56 of the HBRR)</li> <li>➢ Fire Safety Compliance (41) Risk Rated 15 (Page 22 of the HBRR)</li> <li>➢ Environment of Premises (13) Risk Rated 12 (Page 15 of the HBRR)</li> </ul> </li> <li>• Consider whether any operational Health &amp; Safety risks covered in agenda item 2.3 should be considered for inclusion onto the HBRR or whether any existing HBRR entries require updating.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Covid has been recognised as an issue and as such has a separate risk register.</li> </ul>			
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>The Health &amp; Safety Committee are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the updated Health Board Risk Register relating to risks assigned to the Committee.</li> <li>• <b>DISCUSS</b> the risks assigned to the Committee and agree, subject to amendments, the risks for the Committee to oversee.</li> </ul>			

# Health & Safety Risk Register Report

## 1. INTRODUCTION

This report aims to inform the Health & Safety Committee of the risks from the Health Board Risk Register (HBRR) assigned to the Committee and report the underpinning operational health & safety risks and actions being taken to minimise the risks.

## 2. BACKGROUND

The Health Board Risk Register (HBRR) is intended to summarise the key 'live' extreme risks facing the Health Board and the actions being taken to mitigate them. It is also important to note that the Executives, as risk owners, are appropriately sighted and involved in the development of the health board risk register, providing updates, including reports on mitigating actions.

All organisational risks will have a lead Executive Director and the risk assigned to either the Board, or as appropriate, a Committee of the Board to ensure appropriate review, scrutiny and where relevant updating. Each Director is responsible for the ownership of the risk(s) and the reporting of the actions in place to manage/control and/or mitigate the risks.

## 3. GOVERNANCE AND RISK ISSUES

### 3.1 Progress in developing the Refreshed HBRR

There are three risks assigned to the Health & Safety Committee of which one (highlighted in bold) relate to one of the highest risks facing the Health Board:

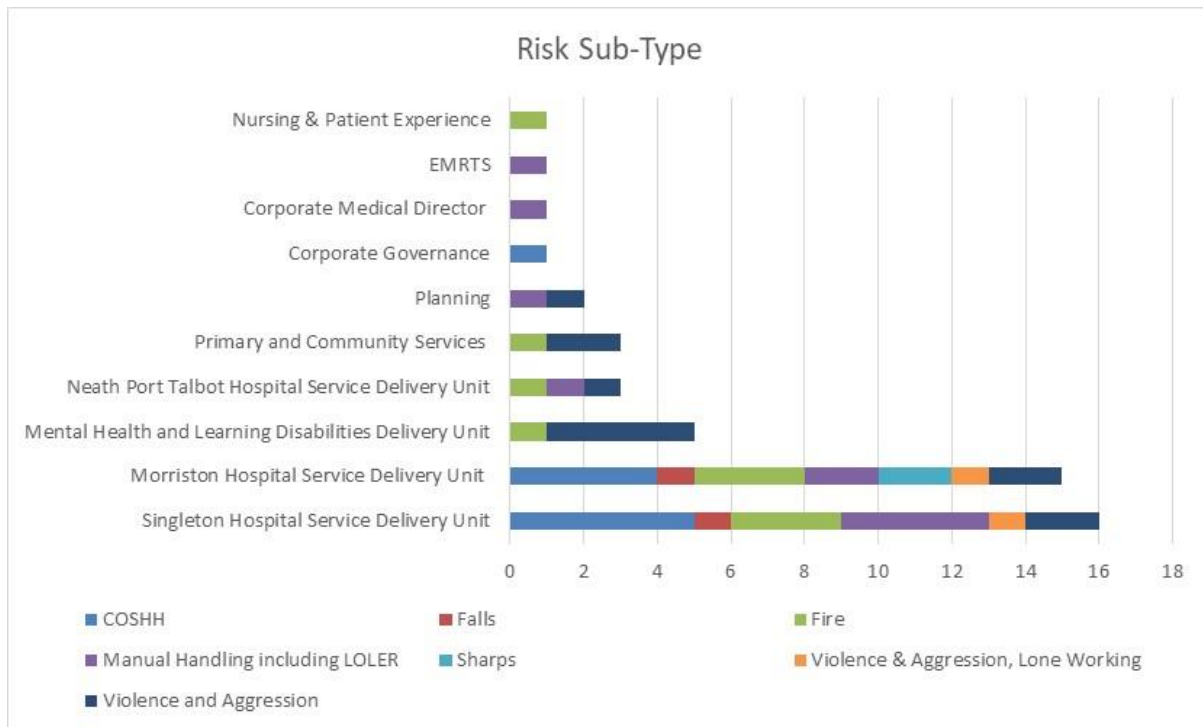
- Health and Safety Infrastructure (64) Risk Rated 20 (Page 57 of the HBRR);
- Fire Safety Compliance (41) Risk Rated 15 (Page 22 of the HBRR);
- Environment of Premises (13) Risk Rated 12 (Page 15 of the HBRR).

### 3.2 Operational Health & Safety Risks

Members will note the operational risks contained within Appendix 3 and will need to consider whether the HBRR entries require updating or whether any of the operational risks should be included on the HBRR as new entries.

The graph below sets out the operational risks by Unit and type. The largest number of operational risks are records for Singleton Unit and the top 4 highest report type of H&S risks relate to:

- Violence & Aggression – 12
- Manual Handling – 10
- Controls of Substance Hazardous to Health (COSHH) – 10 and;
- Fire – 10



	COSHH	Falls	Fire	Manual Handling including LOLER	Sharps	Violence & Aggression, Lone Working	Violence and Aggression	Total
Singleton Hospital Service Delivery Unit	5	1	3	4	0	1	2	16
Morrison Hospital Service Delivery Unit	4	1	3	2	2	1	2	15
Mental Health and Learning Disabilities Delivery Unit	0	0	1	0	0	0	4	5
Neath Port Talbot Hospital Service Delivery Unit	0	0	1	1	0	0	1	3
Primary and Community Services	0	0	1	0	0	0	2	3
Planning	0	0	0	1	0	0	1	2
Corporate Governance	1	0	0	0	0	0	0	1
Corporate Medical Director	0	0	0	1	0	0	0	1
EMRTS	0	0	0	1	0	0	0	1
Nursing & Patient Experience	0	0	1	0	0	0	0	1
<b>Total</b>	<b>10</b>	<b>2</b>	<b>10</b>	<b>10</b>	<b>2</b>	<b>2</b>	<b>12</b>	<b>48</b>

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

### 3.3 HBRR Risks Assigned to the Health & Safety Committee

The Committee is asked to accept the three HBRR entry risks, subject to any changes, to oversee, scrutinise and challenge in terms of actions being taken to minimise the risks and ensure the agenda is set to cover these areas of risks to enable reporting to the Board.

## 4. FINANCIAL IMPLICATIONS

There are financial implications to minimising the three risks entered on the HBRR in relation to significant revenue implication around strengthening resources in the Health & Safety team, Units and in Departments such as Estates. Capital monies will also be

required in relation to supporting the improvements required to improve fire safety and the estate.

## 5. RECOMMENDATIONS

The Health & Safety Committee is asked to:

- **NOTE** the updated Health Board Risk Register relating to risks assigned to the Committee.
- **DISCUSS** the risks assigned to the Committee and agree, subject to amendments, the risks for the Committee to oversee.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	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 type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
<b>Health and Care Standards</b>		
<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"/>
<b>Quality, Safety and Patient Experience</b>		
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.		
<b>Financial Implications</b>		
Revenue and capital.		
<b>Legal Implications (including equality and diversity assessment)</b>		
Health and safety law compliance, avoidance or mitigation of claims, effective use of staff and training resources etc.		
<b>Staffing Implications</b>		
Further work required to assess impact.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
<ul style="list-style-type: none"> <li>○ <b>Long Term</b> - The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.</li> <li>○ <b>Prevention</b> - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.</li> <li>○ <b>Integration</b> - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.</li> </ul>		

<ul style="list-style-type: none"> <li>○ <b>Collaboration</b> - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.</li> <li>○ <b>Involvement</b> - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.</li> </ul>	
<b>Report History</b>	Committee has received reports on the Health & Safety risk register previously.
<b>Appendices</b>	Appendix 1 - HBRR. Appendix 2 – Covid Risk Register Appendix 3 - Operational H&S Risk Register