



**PWYLLGOR IECHYD A DIOGELWCH
HEALTH & SAFETY COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 September 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Corporate Risks Assigned to Health and Safety Committee (HSC)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations Mandy Rayani, Director of Nursing, Quality and Patient Experience Ardiana Gjini, Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Director of Corporate Governance / Board Secretary Charlotte Wilmshurst, Assistant Director of Assurance and Risk

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

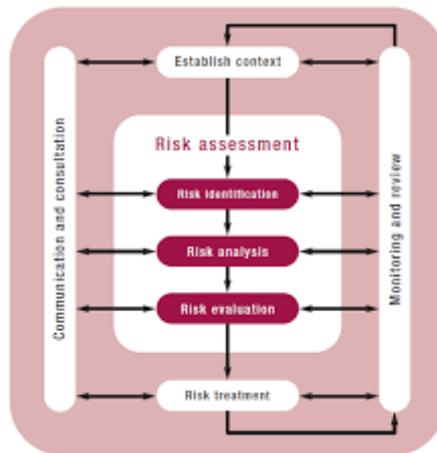
**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Health and Safety Committee (HSC) is asked to request assurance from Executive Directors that the corporate risks in the attached report are being managed effectively.

Cefndir / Background

Effective risk management requires a ‘monitoring and review’ structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.



(Risk Management Process, ISO 31000)

The Board’s Committees are responsible for the monitoring and scrutiny of corporate level risks within their remit. As such, they are responsible for:

- Seeking assurance on the management of risks included in the Corporate Risk Register (CRR) and providing assurance to the Board that risks are being managed effectively, reporting areas of significant concern - for example, where risk appetite is exceeded, lack of action, etc.
- Reviewing operational risks over tolerance and, where appropriate, recommending the 'acceptance' of risks that cannot be brought within Hywel Dda University Health Board's (HDdUHB's) risk appetite/ tolerance to the Board.
- Identifying through discussions any new/ emerging risks and ensuring that these are assessed by management.
- Signposting any risks outside their remit to the appropriate UHB Committee.
- Using risk registers to inform meeting agendas.

These risks have been identified by individual Directors via a top-down and bottom-up approach, and are either:

- Associated with the delivery of HDdUHB's objectives; or
- Significant escalated operational risks that are of significant concern and require corporate oversight and management.

Each risk on the CRR has been mapped to a Board level Committee to ensure that these risks are being managed appropriately, taking into account the gaps, planned actions and agreed tolerances, and to provide assurance to the Board through Committee Update Reports regarding the management of these risks.

The Board has delegated a proportion of its role of scrutiny of assurances to its Committees in order to make the most appropriate and efficient use of expertise. Therefore, Committees should also ensure that assurance reports relating to the principal risks are received and scrutinised, and an assessment made as to the level of assurance they provide, taking into account the validity and reliability (i.e. source, timeliness and methodology) behind their generation and their compatibility with other assurances. Robust scrutiny by its Committees will enable the Board to place greater reliance on assurances, and provide it with greater confidence regarding the likely achievement of strategic objectives, as well as providing a sound basis for decision-making. It is the role of Committees to challenge where assurances in respect of any component are missing or inadequate. Any gaps should be escalated to the Board.

The process for risk reporting and monitoring within HDdUHB is outlined at Appendix 1 at the bottom of this report.

Asesiad / Assessment

The HSC Terms of Reference reflect the Committee's role in providing assurance to the Board that principal risks are being managed effectively by the risk owners (Executive Leads).

The Terms of Reference state that the Committee will:

- 3.15 Provide assurance that risks relating to health, safety, security, fire and service/ business interruption/ disruption are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate), and provide assurance that effective risk assessments are undertaken and addressed.

There are 4 corporate risks aligned to HSC from the 21 risks currently identified on the CRR, as the potential impacts of these risks relate to the health and safety of patients, staff and visitors.

The 4 corporate risks have been entered onto a 'risk on a page' template, which includes information relating to the strategic objective, controls, assurances, performance indicators, and action plans to address any gaps in controls and assurances. Due to the sensitive nature of risk 1328 – *Risk of compromised security arrangements due to current resource availability*, the detail is being reported to in-committee to provide discussion and assurance. Details on the 3 remaining corporate risks assigned to HSC are included in Appendix 2.

The heat map below includes the risks currently aligned to HSC:

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5			813 (→)	1382 (NEW)	
MAJOR 4			1433 (→)	1328 (↑)	
MODERATE 3					
MINOR 2					
NEGLIGIBLE 1					

Below is a summary of changes since the previous report to HSC (9 May 2023):

Total number of risks	4	
New/ escalated risks	1	See note 1
De-escalated/Closed risks	0	
Increase in risk score ↑	1	See note 2
Reduction in risk score ↓	0	
No change in risk score →	2	See note 3

Note 1 – New / escalated risk

Since the previous report, one risk has been escalated from Directorate to Corporate level:

Risk Reference & Title	Date risk identified	Lead Director	Current Risk Score	Update	Target Risk Score
1382 - Risk to patients and staff due to a lack of assurance of safe estate as a consequence of reinforced autoclaved	19/04/19	Director of Operations	4x5=20 (Reviewed 16/08/23)	The Health Board has engaged specialist structural engineers Curtins to undertake plank by plank visual surveys across WGH which has uncovered a small number of planks that pose a significant risk to safety in 2 wards at WGH.	1x5=5

aerated concrete (RAAC), Withybush General Hospital (WGH)				Surveys are continuing across the site and based on findings so far, it is reasonable to assume that further critical/high risk (P1) planks will be found in areas not yet surveyed. A score of 20 has been based on the specialist structural engineers' assessment that critical P1 planks pose a significant risk to safety and they can provide no assurance until propping has been put in place to make areas safe following a visual survey.	
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Note 2 – Increase in risk score

Since the previous report, one risk has increased in score:

Risk Reference & Title	Date risk identified	Lead Director	Previous risk score	Current risk score	Update	Target Risk Score
1328 - Risk of harm to staff, patients and critical assets due to insufficient physical security measures	22/12/21	Director of Nursing, Quality and Patient Experience	4x3=12	4x4=16 (Reviewed 14/08/23)	Detail provided to HSC In-Committee	3x2=6

Note 3 - No change in risk score

Since the previous report, there has been no change in the following risk scores:

Risk Reference & Title	Date risk identified	Lead Director	Current Risk Score	Update	Target Risk Score
813 - Risk of non-compliance with the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure	01/10/19	Director of Operations	3x5=15 (reviewed 21/07/23)	Phased fire safety improvement works are ongoing across our sites, with significant investments being made to address the recommendations in the Mid and West Wales Fire and Rescue Service (MWWFRS) letters and Enforcement Notices. All programme dates have been agreed with the	1x5=5

				<p>Health Board, Welsh Government (WG) and MWWFRS senior inspecting officers. We intend to review the progress of our completed actions to determine the risk score as we progress with these works.</p> <p>MWWFRS letter dated 20/01/2023 confirms the presentation that the Estates service delivered to them on 08/12/2022 was extremely well laid out and provided MWWFRS with an accurate account of the health boards current position and the agreed timeframes for completion. MWWFRS confirmed they are comfortable with the current position.</p> <p>Extensions of time particularly for Withybush General Hospital (WGH) Phase 1 (Aug 2023 to Oct 2023) and Glangwili General Hospital (GGH) Phase 1 (Aug 2023 to Jan 2024) have been fully agreed by MWWFRS.</p> <p>As of July 2023, the risk is felt to still be extreme until further progress is made on the above fire safety improvement works. This will be reviewed regularly.</p> <p>There are still some significant challenges faced by the Health Board to fully comply with the fire safety order, as a result of further fire brigade inspections across the organisation and the need to address these findings within the timescales expected.</p>	
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				Whilst the fire safety team are in a position to provide support now to the Health Board in the form of expertise and technical knowledge. The Health Board still needs to manage and address the physical backlog of fire safety across its estate.	
1433 - Risk to the ability to maintain routine and emergency services in the event of a severe pandemic	01/05/22	Executive Director of Public Health	4x3=12 (reviewed 21/06/23)	The national security and risk assessment was reviewed and re-published in November 2022. The previous pandemic influenza risk has been changed into 2 new risks, one generic pandemic event and 2 emerging infectious diseases. The current likelihood is scored at a 3 to reflect the risk of the Health Board being unable to respond to the scale and severity of the pandemic - not the likelihood of the pandemic actually occurring.	2x4=8

A risk relating to the condition of the estates infrastructure to address current accommodation challenges is currently being drafted, and will be ratified by the Executive Risk Group prior to the next HSC meeting.

Argymhelliad / Recommendation

The Health & Safety Committee is requested to seek assurance that:

- All identified controls are in place and working effectively.
- All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises.
- Challenge where assurances are inadequate.

This in turn will enable the Committee to provide the necessary assurance to the Board, through its Committee Update Report, that HDdUHB is managing these risks effectively.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

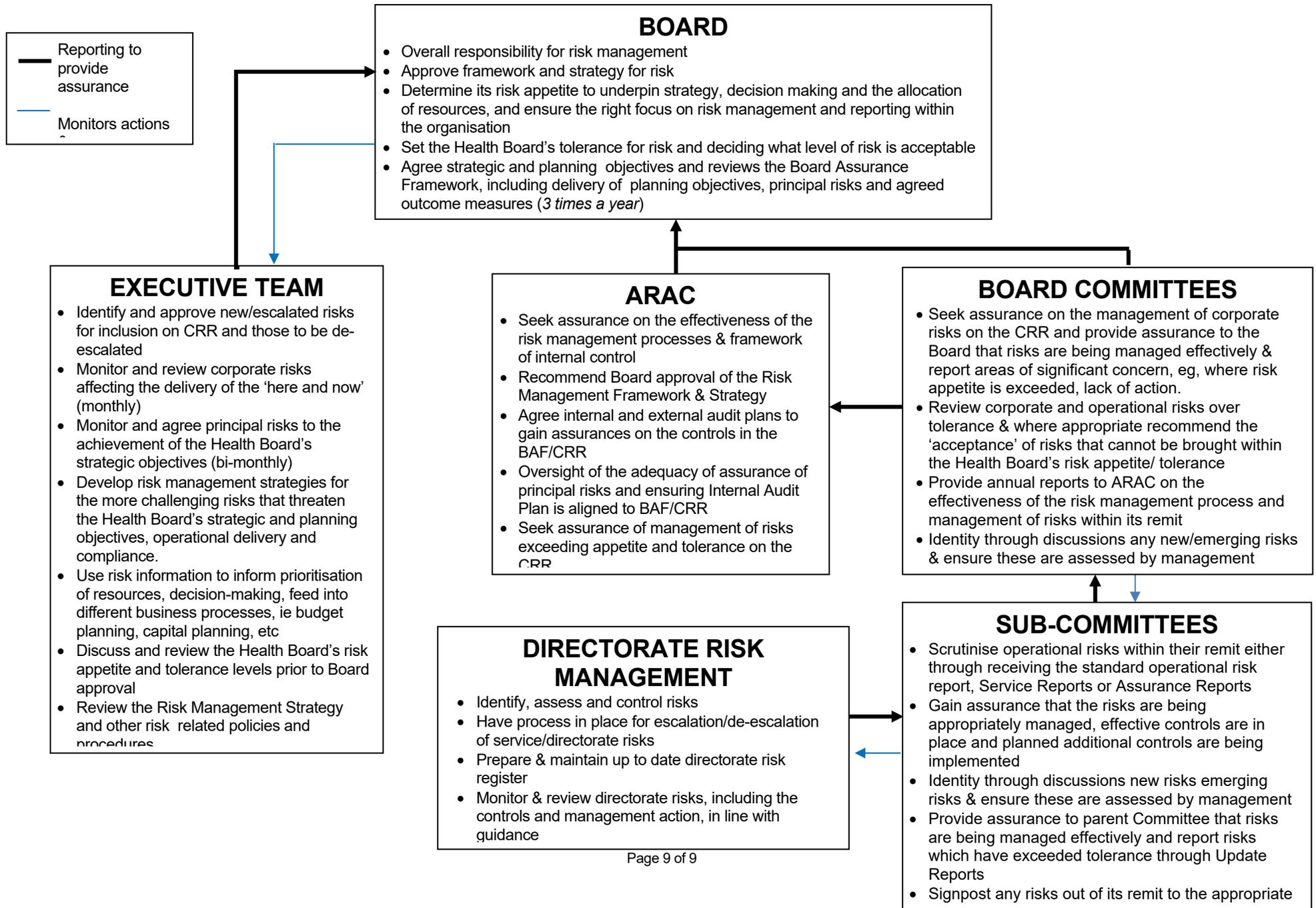
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.15 Provide assurance that risks relating to health, safety, security, fire and service/ business interruption/ disruption are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate) and provide assurance that
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	effective risk assessments are undertaken and addressed.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained within the report
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services reviewed by risk leads/owners.
Rhestr Termau: Glossary of Terms:	Current Risk Score - Existing level of risk taking into account controls in place. Target Risk Score - The ultimate level of risk that is desired by the organisation when <u>planned</u> controls (or actions) have been implemented. Tolerable risk – this is the level of risk that the Board agreed for each domain in September 2018 – Risk Appetite Statement .
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not applicable.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Gweithlu: Workforce:	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Risg: Risk:	No direct impacts from report, however, organisations are expected to have effective risk management systems in place.
Cyfreithiol: Legal:	No direct impacts from report, however, proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: Reputational:	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks.
Gyfrinachedd: Privacy:	No direct impacts.
Cydraddoldeb: Equality:	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No

Appendix 1 – Committee Reporting Structure



Risk Ref	Risk (for more detail see individual risk entries)	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Aug-23	Trend	Target Risk Score	Risk on page no...
1382	Risk of harm to patients and staff at WGH due to remedial work relating to RAAC	Carruthers, Andrew	Safety - Patient, Staff or Public	6	N/A	4x5=20	New risk	1x5=5	6
813	Risk of non-compliance with the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure	Carruthers, Andrew	Statutory duty/inspections	8	3x5=15	3x5=15	→	1x5=5	9
1433	Risk to the ability to maintain routine and emergency services in the event of a severe pandemic	Gjini, Ardiana	Service/Business interruption/disruption	6	3x4=12	3x4=12	→	2x4=8	15

RISK SCORING MATRIX

Likelihood x Impact = Risk Score

Likelihood	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Frequency - How often might it/does it happen? <small>(how many times will the adverse consequence being assessed actually be realised?)</small>	This will probably never happen/recur (except in very exceptional circumstances). Not expected to occur for years.*	Do not expect it to happen/recur but it is possible that it may do so. Expected to occur at least annually.*	It might happen or recur occasionally. Expected to occur at least monthly.*	It might happen or recur occasionally. Expected to occur at least weekly.*	It will undoubtedly happen/recur, possibly frequently. Expected to occur at least daily.*
<small>* time-framed descriptors of frequency</small>					
Probability - Will it happen or not? <small>(what is the chance the adverse consequence will occur in a given reference period?)</small>	(0-5%*)	(5-25%*)	(25-75%*)	(75-95%*)	(>95%*)
<small>*used to assign a probability score for risks related to time-limited or one off projects or business objectives.</small>					
Risk Impact Domains	Negligible - 1	Minor - 2	Moderate - 3	Major - 4	Catastrophic - 5
Safety of Patients, Staff or Public	Minimal injury requiring no/minimal intervention or treatment. No time off work.	Minor injury or illness, requiring minor intervention. Requiring time off work for >3 days.	Moderate injury requiring professional intervention. Requiring time off work for 4-14 days.	Major injury leading to long-term incapacity/disability. Requiring time off work for >14 days.	Incident leading to death. Multiple permanent injuries or irreversible health effects.
		Increase in length of hospital stay by 1-3 days.	Increase in length of hospital stay by 4-15 days. Agency reportable incident. An event which impacts on a small number of patients.	Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects.	An event which impacts on a large number of patients.
Quality, Complaints or Audit	Peripheral element of treatment or service suboptimal.	Overall treatment or service suboptimal.	Treatment or service has significantly reduced effectiveness.	Non-compliance with national standards with significant risk to patients if unresolved.	Totally unacceptable level or quality of treatment/service.
	Informal complaint/inquiry.	Formal complaint. Local resolution.	Formal complaint - Escalation.	Multiple complaints/ independent review. Low achievement of performance/delivery requirements.	Gross failure of patient safety if findings not acted on. Inquest/ombudsman inquiry.
		Single failure to meet internal standards. Minor implications for patient safety if unresolved. Reduced performance if unresolved.	Repeated failure to meet internal standards. Major patient safety implications if findings are not acted on.	Critical report.	Gross failure to meet national standards/performance requirements.
Workforce & OD	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff.	Uncertain delivery of key objective/service due to lack of staff.	Non-delivery of key objective/service due to lack of staff.
			Unsafe staffing level or competence (>1 day). Low staff morale.	Unsafe staffing level or competence (>5 days). Loss of key staff.	Ongoing unsafe staffing levels or competence. Loss of several key staff.
			Poor staff attendance for mandatory/key training.	Very low staff morale. No staff attending mandatory/ key training.	No staff attending mandatory training /key training on an ongoing basis.
Statutory Duty or Inspections	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation.	Single breach in statutory duty.	Enforcement action	Multiple breaches in statutory duty.
		Reduced performance levels if unresolved.	Challenging external recommendations/ improvement notice.	Multiple breaches in statutory duty. Improvement notices.	Prosecution. Complete systems change required.
				Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.
				Critical report.	Severely critical report.

Adverse Publicity or Reputation	Rumours.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met.	Local media coverage – long-term reduction in public confidence.	National media coverage with <3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. AMs concerned (questions in the Assembly).
	Potential for public concern.				Total loss of public confidence.
Business Objectives or Projects	Insignificant cost increase/schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national 10–25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
Finance including Claims	Small loss.	Loss of 0.1–0.25 per cent of budget.	Loss of 0.25–0.5 per cent of budget.	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget.	Non-delivery of key objective/ Loss of >1 per cent of budget.
	Risk of claim remote.	Claim less than £10,000.	Claim(s) between £10,000 and £100,000.	Claim(s) between £100,000 and £1 million.	Failure to meet specification/ slippage Claim(s) >£1 million.
Service or Business interruption or disruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours.	Loss/interruption of >1 day.	Loss/interruption of >1 week.	Permanent loss of service or facility.
		Some disruption manageable by altered operational routine.	Disruption to a number of operational areas within a location and possible flow onto other locations.	All operational areas of a location compromised. Other locations may be affected.	Total shutdown of operations.
Environmental	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on environment.
Health Inequalities/ Equity	Minimal or no impact on our attempts to reduce health inequalities/improve health equity	Minor impact on our attempts to reduce health inequalities or lack of clarity on the impact we are having on health equity	Moderate impact on our attempts to reduce health inequalities or lack of sufficient information that would demonstrate that we are not widening the gap. Indications that we are having no positive impact on health improvement or health equity	Major impact on our attempts to reduce health inequalities. Validated data suggesting we are not improving the health of the most disadvantaged in our population whilst clearly supporting the least disadvantaged. Validated data suggesting we are having no impact on health improvement or health equity.	Validated data clearly demonstrating a disproportionate widening of health inequalities or a negative impact on health improvement and/or health equity

RISK MATRIX

IMPACT ↓	LIKELIHOOD →				
	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5	5	10	15	20	25
MAJOR 4	4	8	12	16	20
MODERATE 3	3	6	9	12	15
MINOR 2	2	4	6	8	10
NEGLIGIBLE 1	1	2	3	4	5

RISK ASSESSMENT - FREQUENCY OF REVIEW

RISK SCORED	DEFINITION	ACTION REQUIRED (GUIDE ONLY)	MINIMUM REVIEW FREQUENCY
15-25	Extreme	Unacceptable. Immediate action must be taken to manage the risk. Control measures should be put into place which will have an effect of reducing the impact of an event or the likelihood of an event occurring. A number of control measures may be required.	This type of risk is considered extreme and should be reviewed and progress on actions updated, at least monthly.
8-12	High	Very unlikely to be acceptable. Significant resources may have to be allocated to reduce the risk. Urgent action should be taken. A number of control measures may be required.	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	Not normally acceptable. Efforts should be made to reduce risk, providing this is not disproportionate. Establish more precisely the likelihood & harm as a basis for determining the need for improved measures.	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	Risks at this level may be acceptable. If not acceptable, existing controls should be monitored & reviewed. No further action or additional controls are required.	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

Assurance Key:

3 Lines of Defence (Assurance)		
1st Line	Business Management	Tends to be detailed assurance but lack independence
2nd Line	Corporate Oversight	Less detailed but slightly more independent
3rd Line	Independent Assurance	Often less detail but truly independent

Key - Assurance Required		<i>NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you</i>
	Detailed review of relevant information	
	Medium level review	
	Cursory or narrow scope of review	

Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective and in proportion to the risk
INSUFFICIENT	Insufficient information at present to judge the adequacy/effectiveness of the controls

Date Risk Identified:	Apr-19
Strategic Objective:	

Executive Director Owner:	Carruthers, Andrew	Date of Review:	Aug-23
Lead Committee:	Health and Safety Committee	Date of Next Review:	Sep-23

Risk ID:	1382	Principal Risk Description:	<p>There is a risk of harm to patients and staff at WGH. This is caused by that the reinforced autoclaved aerated concrete (RAAC) planks that were used during the construction of WGH becoming insecure with the potential for large pieces to break off and/or planks collapsing into corridors and ward areas.</p> <p>This could lead to an impact/affect on a potential injury or possible death if a sudden collapse of planks were to occur within an occupied area of the hospital. Other impacts include closure of large areas of the hospital to undertake visual inspections and/or remedial works, breaches in statutory duties, negative media coverage, and lose of confidence from stakeholders.</p>
Does this risk link to any Directorate (operational) risks?			1699, 1707

Risk Rating:(Likelihood x Impact)	
Domain:	Safety - Patient, staff or public
Inherent Risk Score (L x I):	5x5=25
Current Risk Score (L x I):	4x5=20
Target Risk Score (L x I):	1x5=5
Tolerable Risk:	6
Trend:	

Rationale for CURRENT Risk Score:
<p>The Health Board has engaged specialist structural engineers Curtins to undertake plank by plank visual surveys across WGH which has uncovered a small number of planks that pose a significant risk to safety in 2 wards at WGH. Surveys are continuing across the site and based on findings so far, it is reasonable to assume that further critical/high risk (P1) planks will be found in areas not yet surveyed. A score of 25 has been based on the specialist structural engineers assessment that critical P1 planks pose a significant risk to safety and they can provide no assurance until propping has been put in place to make areas safe following a visual survey.</p>

Rationale for TARGET Risk Score:
<p>The target risk score is based on the level risk following visual surveys, propping and remedial works being completed on critical P1 planks identified at WGH.</p>

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
<p>Specialist structural engineers (Curtins) engaged to undertake a programme of visual inspection of planks at WGH - plank by plank surveys are underway at pace.</p> <p>Process in place to prop identified critical planks within 24 hours to make immediate area safe and to be used or to area to remain closed until safe to re-occupy</p> <p>Principal contractor appointed to provide propping and undertaking remedial works.</p> <p>Legal advice sought on corporate manslaughter and acted upon promptly.</p> <p>Business Continuity Incident declared on 15Aug23 and Command Control Structure (Gold Silver/Bronze) established to coordinate and manage Health Board response.</p> <p>A Management Plan to be established to manage the ongoing risks of RAAC, to include: A planned maintenance card is also included in the Maintenance Scheme for the Direct Labour Force to visually check at different point throughout the hospital.</p> <p>Continue to monitor any water ingress on failing roof systems and promptly take any remedial works necessary.</p> <p>During any work above ceiling tiles it has also been passed on to the craftsmen that it is requested that a visual inspection is also carried out.</p> <p>Restriction and controlled access systems in place to certain areas of the site.</p> <p>Introduced specialist RAAC plank training to provide awareness for site teams and how they should operate where RAAC Planks are identified.</p> <p>Areas have been identified to reduce to loading on the RAAC planks.</p>

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<p>The Health Board is unable to ascertain the extent of P1s (critical planks) which require propping until visual surveys have been completed.</p> <p>Combination of undertaking visual surveys, propping and remedial works are challenging our ability to deliver safe and effective patient care at WGH (risk 1699).</p> <p>Insufficient capital funding to undertake remedial works to address P1 planks (risk 1707).</p>	Detailed plank by plank surveys across WGH by Curtins (dependent on access)	Elliot, Rob	31/03/2024	Plank by plank surveys undertaken in wards 9 and 12 have been surveyed with funding agreed for remedial works. Remedial works underway in Ward 9 and have been completed in the pot wash area of kitchen. Plank by Plank to re-commence following completion of fast track visual surveys.
	Undertaking remedial works resulting from surveys (c10m)	Elliot, Rob	31/08/2023	Works to date has been funding from the Health Board's Discretionary Capital Fund. A bid will be submitted to WG wk commencing 14/08/23 for further works identified to date.
	Development of Management Plan to manage the position/access to areas/staff training until the works being remediated	Elliot, Rob	31/08/2023	Early actions established and being monitored through weekly T&F Estates group.
	Fast Track Visual Surveys being arranged to identify critical (P1 planks) requiring emergency propping or areas closed off.	Elliot, Rob	30/09/2023	Ground floor and ward 7 surveys to be completed end of w/c 21st August (apart from Gym, boarded ceilings and kitchen areas), Wards 8, 10 and 12 to commence w/c 28th August.

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
	Command Control Structure (Gold/Silver/Bronze) established	1st	█
	WGH Site RAAC meeting (fortnightly)	1st	█
	Estates T&F RAAC meeting (Weekly)	1st	█
	Reports to Health and Safety Committee (HSC) (bi-monthly)	2nd	█
	Reports to Board (bi-monthly)	2nd	█
	Specialist Structural Engineer Visual Survey findings	3rd	█

Control RAG Rating (what the assurance is telling you about your controls)
█

Latest Papers (Committee & date)
RAAC Update Report to HSC (Jul23)
Report to Executive Team (Jul23)
RAAC Report to In-Committee Board (Aug23)

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
	Further action necessary to address the gaps			

Date Risk Identified:	Oct-19
Strategic Objective:	3. Striving to deliver and develop excellent services

Executive Director Owner:	Carruthers, Andrew	Date of Review:	Jul-23
Lead Committee:	Health and Safety Committee	Date of Next Review:	Aug-23

Risk ID:	813	Principal Risk Description:	<p>There is a risk of failing to fully comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005 (RRO). This is caused by 1: The age, condition and scale of physical backlog, circa £20m (+) relating to fire safety (i.e. non compliant fire doors, compartmentation defects and general fire safety management issues) across our estate significantly affects our ability to comply with the requirements of the RRO in every respect.</p> <p>2: Difficulties managing the actions within the current fire safety risk assessment system - to enable complete transparency and ongoing management of actions assigned to responsible persons. The new Boris system will address this issue.</p> <p>3: Management responsibilities for fire safety not fully understood by all responsible managers.</p> <p>4: Fire safety training attendance figures are not reaching HB agreed targets. This could lead to an impact/affect on the safety of patients, staff and general public, HSE investigations and further fire brigade enforcement (already served on Withybush and Glangwili General Hospitals), fines and/or custodial sentences, adverse publicity/reduction in stakeholder confidence.</p>
Does this risk link to any Directorate (operational) risks?			708, 951, 503

Risk Rating: (Likelihood x Impact)	
Domain:	Statutory duty/inspections
Inherent Risk Score (L x I):	4x5=20
Current Risk Score (L x I):	3x5=15
Target Risk Score (L x I):	1x5=5
Tolerable Risk:	8
Trend:	↔

Date	Current Risk Score	Target Risk Score	Tolerance Level
Dec-19	15	15	8
Aug-20	15	15	8
Jan-21	5	5	8
May-21	5	5	8
Sep-21	5	5	8
Jan-22	5	5	8
Jul-22	5	5	8
Oct-22	5	5	8
Jan-23	5	5	8
May-23	5	5	8
Jul-23	5	5	8

Rationale for CURRENT Risk Score:

Phased fire safety improvement works are ongoing across our sites, with significant investments being made to address the recommendations in the MWWFRS letters and Enforcement Notices.

All programme dates have been agreed with the HB, WG and MWWFRS senior inspecting officers. We intend to review the progress of our completed actions to determine the risk score as we progress with these works.

MWWFRS letter dated 20/01/23 confirms the presentation that the Estates service delivered to them on 08/12/22 was extremely well laid out and provided MWWFRS with an accurate account of the health boards current position and the agreed timeframes for completion. MWWFRS confirmed they are comfortable with the current position.

Extensions of time particularly for WBH Phase 1 (Aug 23 to Oct 23) and GGH Phase 1 (Aug 23 to Jan 24) have been fully agreed by MWWFRS.

As of July 2023, the risk is felt to still be extreme until further progress is made on the above Fire safety improvement works. This will be reviewed regularly.

There are still some significant challenges faced by the UHB to fully comply with the fire safety order, as a result of further fire brigade inspections across the organisation and the need to address these findings within the timescales expected.

Whilst the fire safety team are in a position to provide support now to the UHB in the form of expertise and technical knowledge. The UHB still needs to manage and address the physical backlog of fire safety across its estate.

Rationale for TARGET Risk Score:

Further improvements in culture and ownership for fire safety. It is the scale of physical backlog for fire safety compliance (additional surveys) that will remain until appropriate measures are put in place to address the deficit.

Despite annual investment from statutory capital for fire safety components (circa £200k), the scale of current investment is clearly not adequate to address the true scale of backlog the UHB has.

It is anticipated that when training attendance levels specifically for L2 training have reached > 80% targets and are sustained at this level continuously, coupled with the completion of key fire safety investment programmes and phases across our acute sites (completing in circa April 2025), the HB will then be in an informed position to look at the reduction of risk score for risk 813. This decision will be reviewed regularly.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
<p>Pre Planned Maintenance (PPM) checks are carried out across the UHB on fire safety components.</p> <p>A detailed physical estates backlog system is in place that identifies the scale (£) and risk of backlog for UHB. Data used to manage backlog maintenance & statutory decision making also regularly reported to WG.</p> <p>Extensive fire safety improvement works are being undertaken at WBH, GGH and at BGH from WG agreed funding (EFAB bids for BGH and funding and From submitted business cases), with phased timelines fully agreed with MWWFRS. Regular communications and dialogue is taking place between HB and MWWFRS.</p> <p>Individual Fire Risk Assessments (FRA's) in place for all sites across the UHB identifying fire related risks.</p> <p>Training Needs Analysis (TNA) for fire safety training in place, as defined in Fire Policy.</p> <p>UHB has implemented a governance structure for fire safety reporting.</p> <p>Estate plans with fire zones, fire doors, fire compartmentation, fire infrastructure items (alarm and detection system).</p> <p>UHB assesses its performance in respect of operational maintenance work carried out on fire safety components and presents this information as a formal paper at all UHB wide fire safety meetings.</p> <p>Annual prioritisation of investment against high risk backlog.</p> <p>Internal governance review (2019/20) initiated by the CEO and all action implemented from review.</p> <p>The HB has now embedded a fully resourced fire safety management team, with appropriate reporting arrangements for fire safety and addressing the backlog of out of date fire risk assessments across the UHB.</p> <p>The UHB has improved fire safety management culture and management ownership for fire safety.</p> <p>The fire team will also look to implement a regular training global e-mail</p>

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<p>Despite significant investments already in place following enforcement notices and letters of fire safety matters, additional investment is required to address fire safety defects at other sites within the UHB, which are being inspected by MWWFRS. We have firm plans in place to address a range of fire safety projects over the coming years and these are all fully identified as actions within this risk with anticipated timelines.</p>	<p>Implementation of a new software system to manage the content of the HB's fire risk assessments. Boris software has now been purchased and is currently being implemented. Date agreed as part of internal fire safety governance review.</p>	<p>Evans, Paul</p>	<p>Completed</p>	<p>Boris software now purchased Dec 2020, initial implementation planned for March 2021. Implementation of risk assessments will now be planned for July 2021. System now supports the use of mobile technology therefore risk assessments can be completed live on the system.</p> <p>System now being tested on site, fully operational by Jan (now Feb) 2022</p>
<p>Inability to allocate fire risk actions to appropriate owners on current fire risk assessment system hosted by NHS Wales Specialist Estates Services (NWSSP-SES).</p>	<p>Additional fire surveys are required across various sites to obtain costs for all fire compartmentation defects, doors, fire alarm systems and other associated items.</p>	<p>Evans, Paul</p>	<p>Completed</p>	<p>fire safety team and compliance team are working with site operations to determine what the gaps are and to agree what surveys will be required.</p>
<p>Inability to manage and control recommendations within the HB's own Fire Risk Assessments.</p> <p>Despite making improvements to the culture of fire safety management and ownership, the HB does need to ensure this is organisational wide and embedded within it's workforce and cascaded by management.</p> <p>Whilst the new BORIS system is now in place, fire risk assessments are still being transferred from the old system as at July 2023.</p>	<p>Introduce new innovative ways of improving fire training attendance across the HB to increase the percentage figures agreed and set by the HB.</p> <p>As part of the next risk review the fire team intend to split this action into individual sections so we can track and close off action as and when completed.</p>	<p>Evans, Paul</p>	<p>Completed</p>	<p>The fire safety team have been trialing the use of MS teams for L2 Fire training, which has proved to be very successful. We are planning to roll this out to other areas of fire training levels, such as L5/L4 & L3. This will have a positive impact on staff being able to attend the session. We will need to improve communications on this and to ensure staff are made fully aware of the sessions taking place and the dates.</p>
	<p>To introduce ways to help improve the culture and ownership of fire safety across the HB. Although management training is taking place at the "Managers Induction Programme" and this is well received. The HB still needs to do more to avoid areas of poor practice that is sometimes identified.</p>	<p>Evans, Paul</p>	<p>Completed</p>	<p>To look at improving the current training content and programme that's currently on offer for management. Regular global communications of do's and don'ts. Having a fire safety share point system, with links to interesting info on effective fire safety management.</p>

as a reminder for staff on when and how to book a session.

Works already completed following issue of Enforcement Notices and LoFSM at various sites. For EN sites (WBH and GGH) - Advanced Works to vertical escape routes now completed. Also further improvements under LoFSM at Tregaron, Bronglais, Glangwili and Withybush Hospitals.

Level 1 & 2 Fire Safety training is delivered via Teams. Level 3 Fire Safety training is provided face to face. Level 4 training (Fire Safety Warden training) is also a face to face session, with an external trainer. Level 5 training is provided on Teams as part of the H&S Managers induction training. There is an improving performance in terms of uptake of training sessions across all levels.

Boris fire safety system implemented across the UHB, giving the ability to review all risks from fire risk assessments via a dashboard.

Fire Team issued recent Global communications to request additional Fire Safety Wardens, to seek engagement from staff and colleagues across the Health Board.

RAAC plank surveys are also being undertaken at the same time as the fire works to minimise the disruption to clinical services where at all possible.

<p>Now the new Boris fire safety system is being implemented across the HB (training planned for June 22 for staff), fire risk assessment actions from this need to be monitored by those responsible. These actions need to be communicated at all fire safety sub groups and fed to the HB wide FSG for complete transparency.</p>	<p>Evans, Paul</p>	<p>Completed</p>	<p>System now live in the HB and staff training programme in place. From this point all fire risk assessment actions will be closely monitored using this system.</p>
<p>Introduce a system to manage fire risk assessment recommendations more effectively. System to have the ability to assign risks to risk owners, to track/manage risk and to demonstrate progress on the actions.</p>	<p>Evans, Paul</p>	<p>Completed</p>	<p>The fire team are utilising the current system as best as possible. An Excel system is being introduced (completion Jun20) however a more robust automated system is needed by the HB to track the significant number of actions. Progressing this has been delayed due to COVID-19, however quotes have now been obtained and are under discussion with the Director of Facilities. Approval has now been provided to purchase a system. Completion date for system trial on site by July 2021. System now being tested on site on a few Fire Risk Assessments, we plan to go fully live in Nov/Dec 2021.</p>
<p>Establish a teams training platform to deliver the level 3 and level 4 fire safety training programmes. Although this will also be supported by face to face sessions.</p>	<p>Evans, Paul</p>	<p>Completed</p>	<p>Following a review of level 3 & 4 fire safety training programmes it has been established that these cannot be delivered via Teams. These are now delivered as follows:</p> <p>Level 3 training has been reviewed and requires a face to face practical delivery.</p> <p>Level 4 training (Fire Safety Warden training) is also a face to face session, with an external trainer.</p>

WBH - Completion of Phase 1 works - For all remaining horizontal escape routes.	Elliott, Rob	31/01/2023 31/03/2023 31/08/2023 31/10/2023	MWWFRS letter dated 20/01/23 confirms the presentation that the Estates service delivered to them on 08/12/22 was extremely well laid out and provided MWWFRS with an accurate account of the health boards current position and the agreed timeframes for completion. WGH Phase 1 works is planned to be completed by October 2023.
WBH - Completion of Phase 2 works - For all departments, ward areas and risk rooms.	Elliott, Rob	30/04/2025	Phase 2 works remain on programme to be completed by April 2025.
GGH - Completion of Phase 1 works - For all remaining horizontal escape routes.	Elliott, Rob	28/04/2023 22/01/2024	The current forecast completion date is January 2024, however this will need to be closely monitored and reviewed as the project progresses
GGH - Completion of Phase 2 works - For all departments, ward areas and risk rooms.	Elliott, Rob	30/04/2024 30/08/2024	Phase 2 remains on programme to be completed by August 2024 (subject to the full due diligence work needed as part of the Business Case development).
Develop a Fire Training information pack for distributing to agency staff across all 4 sites.	Elliott, Rob	Completed	Completed - We have supported the HoN on this recommendation and issued our current training material to all agency companies. We will continue to support the HoN with any new welcome packs they introduce.
To ensure all fire risk assessments are transferred from NWSSP-SES system to Boris	Evans, Paul	31/03/2024	To be provided at next risk review

Date Risk Identified:	May-22
Strategic Objective:	4. The best health and wellbeing for our individuals and families and our communities

Executive Director Owner:	Gjini, Ardiana	Date of Review:	Jun-23
Lead Committee:	Health and Safety Committee	Date of Next Review:	Aug-23

Risk ID:	1433	Principal Risk Description:	There is a risk the Health Board being unable to maintain routine and emergency service provision across the organisation in the event of a severe pandemic event. This is caused by a novel virus (or emerging variant or mutation of concern) causing a pandemic as declared by the World Health Organisation (WHO) and the subsequent ability of the Health Board to respond to the scale and severity of the outbreak. This could lead to an impact/affect on patients being able to access appropriate and timely treatment, the UHB being able to maintain safe and effective levels of staffing, financial loss, adverse publicity/reduction in stakeholder confidence, increased mortality and ill-health across our population.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)		
Domain:	Service/Business interruption/disruption	
Inherent Risk Score (L x I):	4x5=20	
Current Risk Score (L x I):	3x4=12	
Target Risk Score (L x I):	2x4=8	
Tolerable Risk:	6	
Trend:		↔

Rationale for CURRENT Risk Score:
 The national security and risk assessment was reviewed and re-published in November 2022. The previous pandemic influenza risk has been changed into 2 new risks, one generic pandemic event and 2 emerging infectious diseases. Current likelihood scored at a 3 to reflect the risk of the Health Board being unable to respond to the scale and severity of the pandemic - not the likelihood of the pandemic actually occurring.

Rationale for TARGET Risk Score:
 A Cabinet Review of Influenza Preparedness was due just prior to COVID-19 which delayed publication. This workstream has now recommenced and together with outcomes and learning points from COVID-19 will inform our future planning approach for pandemic response. It is hoped to reduce either the likelihood and/or impact score following consideration and implementation of these reviews/recommendations and subsequent review of internal planning arrangements.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
<ul style="list-style-type: none"> # Major Incident Plan # Well established command and control structures for managing pandemic response both nationally and locally # Continuation of current COVID-19 national vaccination programme until at least March 2023 # Future service model for contact tracing and testing in place until March 2023 # Extensive knowledge across Health Board in managing a pandemic event # COVID-19 response measures which can be adapted to respond to any future pandemic event # Local Resilience Forum (LRF) multi-agency plans for managing pandemic influenza (approved by Strategic LRF 14/11/18 now under review) # LRF Excess Deaths Plan (which supports the LRF multi-agency pandemic influenza management arrangements) developed as a recommendation from Exercise Cygnus. Plan was ratified by the LRF Strategic Group on 11/07/2018. Will be reviewed imminently via LRF Health Group. # Health Board Pandemic Influenza Response Framework and associated plan (currently outdated awaiting review) # Quality assurance process via national & local exercise programmes. # Access to national counter measures stockpile # Surge Plans in place to enable HB to respond to future spikes/waves of infection requiring recommencement of contact tracing, testing & vaccination # Continuous learning from COVID-19

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
# Current Health Board pandemic framework will need to be updated to incorporate new Cabinet Office review implications/ recommendations and broaden remit to generic pandemic response rather than be influenza specific.	Health Protection Manager tasked to lead re-establishment of HB Pandemic Planning Group and review of Pandemic Response Framework.	Hussell, Sam	30/09/2023	Progress to be provided at next risk review.
# Current response measures, especially around contact tracing, testing and vaccination are time limited and currently in the process of being stood down. Will need to be re-established to respond to future pandemic situation.				

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance █
			Current Level
	Planning via Emergency Preparedness, Resilience & Response (EPRR) inc LRF workstream reports to Health & Safety Assurance Committee	1st	█
	Operational pandemic reporting structures from HB to WG	2nd	█
	National, regional & local command & control structures	2nd	█
	National groups operational for vaccination programme planning & delivery	3rd	█
	Emergency Planning Advisory Group (EPAG) Wales meetings re Pandemic response and future planning	3rd	█

Control RAG Rating (what the assurance is telling you about your controls)
█

Latest Papers (Committee & date)
TTP Updates to Board on a regular basis. Vaccination Delivery Programme Update - Board (Jul22)
Major Incident Plan - Board (Jul22)

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
None identified.				