

PWYLLGOR IECHYD A DIOGELWCH HEALTH & SAFETY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	12 September 2022
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 Alison Shakeshaft, Director of Therapies and Health Sciences
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Board Secretary Claire Bird, Head of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

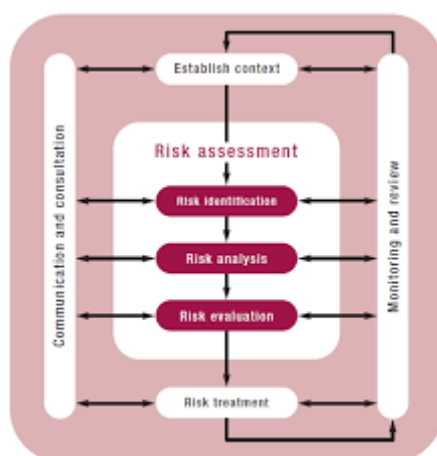
ADRODDIAD SCAA SBAR REPORT

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 principal 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.
- Providing annual reports to Audit and Risk Assurance Committee (ARAC) on the effectiveness of the risk management process and management of risks within their remit.
- 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.

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 3 corporate risks aligned to HSC (out of the 16 that are currently on the CRR), as the potential impacts of these risks relate to the health and safety of patients, staff and visitors.

A summary of these 3 corporate risks can be found at Appendix 2. Each risk has 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.

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 (→)		
MAJOR 4			1433 (NEW)		
MODERATE 3				1328 (→)	
MINOR 2					
NEGLIGIBLE 1					

Below is a summary of changes since the previous report to HSC (9th May 2022):

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

Note 1 - New risk

Since the previous report, one new risk has been added to the Corporate Risk Register.

Risk Ref & Title	Lead Director	New/ Escalated	Date	Reason
1433 - Inability to maintain routine and emergency services in the event of a severe pandemic event	Director of Therapies & Health Science	New	05/08/22	This risk was approved by the Executive Risk Group on 3 rd August 2022, to reflect the ongoing risk of 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. Currently Pandemic Flu is the highest risk on the UK National

				Risk and Threat Register. This is due to be reviewed imminently when the definition is likely to be expanded to cover any infection rather than just influenza that could cause a pandemic.
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Note 2 - Closed/De-escalated risks

One risk has been closed since the previous report.

Risk Ref & Title	Lead Director	Closed/ De-escalated	Date	Reason
Risk 1016 - Increased COVID-19 infections from poor adherence to Social Distancing	Director of Nursing, Quality and Patient Experience	Closed	01/06/22	The Executive Team agreed to close this risk as social distancing requirements have been removed within the Health Board. Risk 1433 (see above section) reflects that the previous COVID-19 response measures would need to be adapted to respond to any future pandemic.

Note 3 - No change in risk score

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

Risk Ref & Title	Lead Director	Previous Risk Score ((LxI)	Risk Score Aug-22 (LxI)	Date of Review	Update
Risk 813 - Failure to fully comply with the requirements of the Regulatory Reform Order (Fire Safety) 2005 (RRO)	Director of Operations	3x5=15	3x5=15 →	28/07/22	In addition to completing all actions following an internal governance review initiated by the CEO, the UHB 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. 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

					<p>organisation and the need to address these findings within the timescales expected.</p> <p>Whilst the fire safety team are able 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.</p> <p>Also successfully embed an improved fire safety management culture and management ownership for fire safety.</p> <p>Phased fire safety improvement works are ongoing across our sites, with significant investments being made to address the recommendations in the MWWFRS letters. 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.</p>
Risk 1328 - Security Management	Director of Nursing, Quality and Patient Experience	4x3=12	4x3=12 →	12/08/22	Risk to be discussed in HSC In-Committee meeting.

Argymhelliad / Recommendation

The HSC 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 HSC to provide the necessary assurance to the Board, through its Committee Update Report, that HDdUHB is managing these risks effectively.

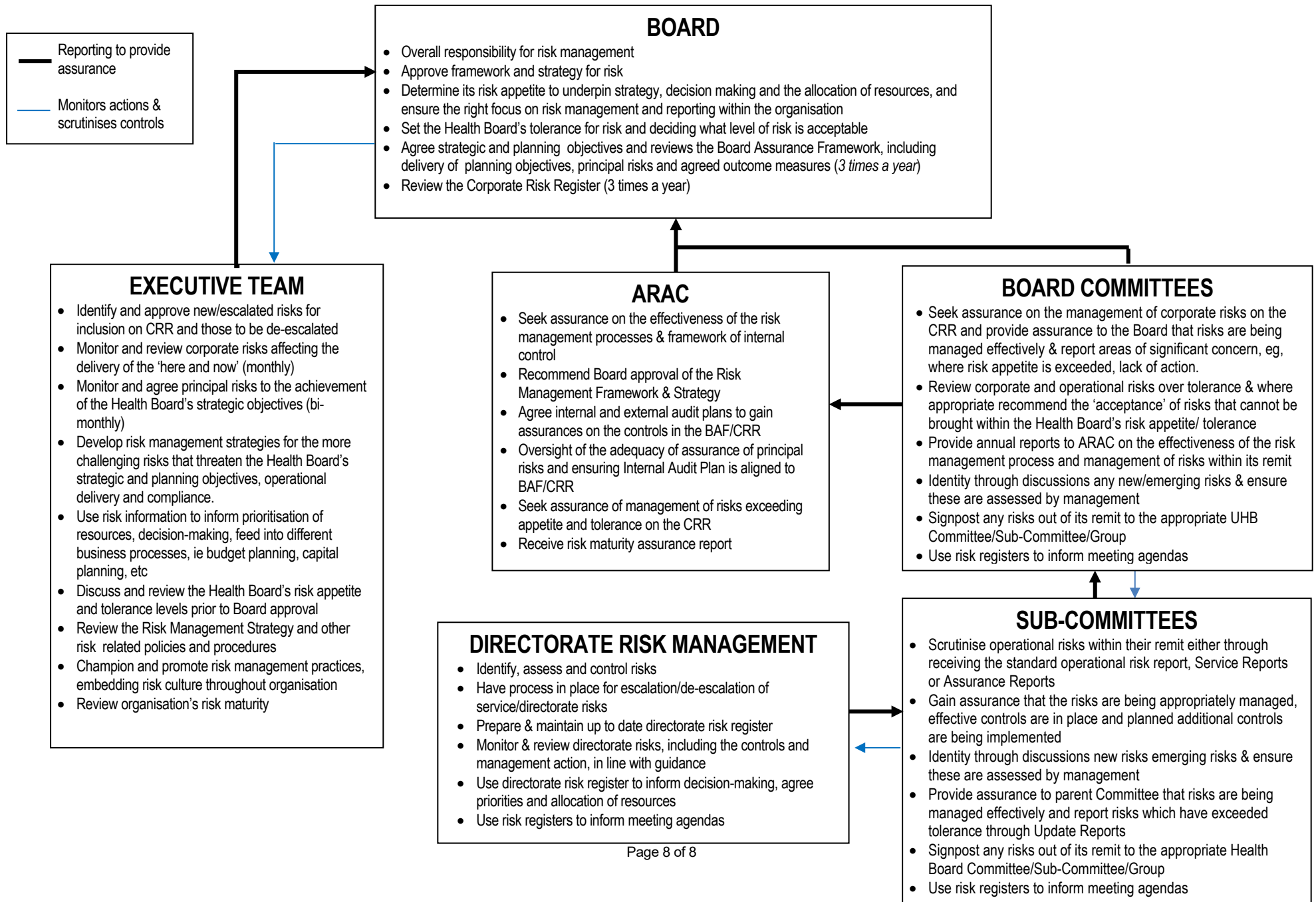
Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.15 Provide assurance that risks relating to health, safety, security, fire and service/ business interruption/ disruption are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate) and provide assurance that effective risk assessments are undertaken and addressed.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained within the body of the report
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	All Quality Improvement Goals Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	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 Termiau: 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 Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	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



CORPORATE RISK REGISTER SUMMARY AUGUST 2022

Risk Ref	Risk (for more detail see individual risk entries)	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Aug-22	Trend	Target Risk Score	Risk on page no...
813	Failure to fully comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005 (RRO)	Carruthers, Andrew	Statutory duty/inspections	8	3×5=15	3×5=15	→	1×5=5	6
1433	Inability to maintain routine and emergency services in the event of a severe pandemic event	Shakeshaft, Alison	Service/Business interruption/disruption	6	N/A	3×4=12	New risk	2×4=8	11
1328	Security Management (Risk assessment has been included in HSC In-Committee papers)	Rayani, Mandy	Safety - Patient, Staff or Public	6	4×3=12	4×3=12	→	3×2=6	14

Assurance Key:

3 Lines of Defence (Assurance)		
1st Line	Business Ma	Tends to be detailed
2nd Line	Corporate O	Less detailed but slightly
3rd Line	Independent	Often less detail but truly
Key - Assurance Required		<i>NB</i>
	Detailed review of relevant in	<i>Assurance</i>
	Medium level review	<i>Map will</i>
	Cursory or narrow scope of re	<i>tell you if you have</i>
Control RAG rating		
	LOW	Significant concerns over
	MEDIUM	Some areas of concern o
	HIGH	Controls in place assessec
	INSUFFICIENT	Insufficient information a

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.*
* time-framed descriptors of frequency					
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%*)
*used to assign a probability score for risks related to time-limited or one off projects or business objectives.					
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.	Minor injury or illness, requiring minor intervention.	Moderate injury requiring professional intervention.	Major injury leading to long-term incapacity/disability.	Incident leading to death.
	No time off work.	Requiring time off work for >3 days	Requiring time off work for 4-14 days.	Requiring time off work for >14 days.	Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.
		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.	
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.	Formal complaint -	Multiple complaints/ independent review.	Gross failure of patient safety if findings not acted on.
		Local resolution.	Escalation.	Low achievement of performance/delivery requirements.	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.	Prosecution.
				Improvement notices.	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

	LIKELIHOOD →				
IMPACT ↓	RARE	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN
	1	2	3	4	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.

Date Risk Identified:	Oct-19	Executive Director Owner:	Carruthers, Andrew	Date of Review:	Jul-22
Strategic Objective:	3. Striving to deliver and develop excellent services	Lead Committee:	Health and Safety Assurance Committee	Date of Next Review:	Aug-22

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 Witybush</p>	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				
Does this risk link to any Directorate (operational) risks?			Trend:			
Rationale for CURRENT Risk Score:			Rationale for TARGET Risk Score:			
<p>In addition to completing all actions following an internal governance review initiated by the CEO. 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>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.</p> <p>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.</p> <p>Also successfully embed an improved fire safety management culture and management ownership for fire safety.</p> <p>Phased fire safety improvement works are ongoing across our sites, with significant investments being made to address the recommendations in the MWWFRS letters. 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.</p>			<p>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.</p> <p>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.</p> <p>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.</p>			

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	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	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
<p>1. Pre Planned Maintenance (PPM) checks are carried out across the UHB on fire safety components.</p> <p>2. 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>3. Individual Fire Risk Assessments (FRA's) in place for all sites across the UHB identifying fire related risks.</p> <p>4. Training Needs Analysis (TNA) for fire safety training in place, as defined in Fire Policy.</p> <p>5. UHB has implemented a governance structure for fire safety reporting.</p> <p>6. Estate plans with fire zones, fire doors, fire compartmentation, fire infrastructure items (alarm and detection system).</p> <p>7. 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>8. Annual prioritisation of investment against high risk backlog.</p> <p>9. 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.</p>	<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>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>Inability to manage and control recommendations within the HB's own Fire Risk Assessments.</p> <p>Staff fire training attendance figures are below targeted figures set by the HB at 85% for all levels - inability to undertake face to face</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>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>Evans, Paul</p>	<p>Completed</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>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. System now being tested on site, fully operational by Jan (now Feb) 2022</p>

<p>training has impacted (Covid).</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>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>	Evans, Paul	31/03/2023	<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>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>	Evans, Paul	31/03/2023	<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>	Evans, Paul	Completed	<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>
	<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>	Evans, Paul	31/03/2023	<p>System now live in the HB and staff training is planned for end of June 22, from this point all fire risk assessment actions will be closely monitored using this system.</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>Ensure that management cascade the need for staff to attend fire safety training, appreciating the service pressures and availability of staff. The Fire team have adequate capacity (and flexible training platforms) for staff to attend all levels of training.</p> <p>The fire team will also look to implement a regular training global e-mail as a reminder for staff on when and how to book a session.</p>	Evans, Paul	30/09/2022	We have already implemented teams sessions for L1 and L2 training, the fire team wish to extend this to cover both level 3 and level 4. Level 5 is already implemented.
	WBH - Completion of Phase 1 works - For all remaining horizontal escape routes.	Elliott, Rob	31/01/2023	January 2023, remains the currently approved programme for these works.
	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	The current forecast completion date is April 2023, 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	Phase 2 remains on programme to be completed by April 2024 (subject to the full due diligence work needed as part of the Business Case development)

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance <u>Current Level</u>			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
Maintain a zero or as low as possible number of outstanding fire risk assessments.	Bimonthly review of outstanding actions from fire risk assessments	1st			IA Fire Precautions Report - ARAC Jun18 SBAR submitted to each HSAC meeting, which includes themes of all fire safety risks.	General site management checks/walkarounds on all sites				
	Site Fire wardens reporting fire safety issues	1st								
	Annual Online Fire Audit Self-Assessment submitted to NWSSP	1st								
	Review of compliance through fire safety groups	2nd								
	SBAR reports regularly issued to HSEPSC	2nd								
	Fire inspections by Fire Service & Fire Improvement Notices	3rd								
	NWSSP fire advisor inspections	3rd								
	NWSSP IA Fire Precautions Follow Up May-18 - Reasonable Assurance	3rd								

Date Risk Identified:	May-22	Executive Director Owner:	Shakeshaft, Alison	Date of	Aug-22
Strategic Objective:	4. The best health and wellbeing for our individuals and families and our communities	Lead Committee:	Health and Safety Assurance Committee	Date of	Oct-22

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.	Risk Rating:(Likelihood x Impact)	No trend information available.
			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	
Does this risk link to any Directorate (operational) risks?			Trend:	New risk	
Rationale for CURRENT Risk Score:			Rationale for TARGET Risk Score:		
Currently Pandemic Flu is the highest risk on the UK National Risk and Threat Register. This is due to be reviewed imminently when the definition is likely to be expanded to cover any infection rather than just influenza that could cause a pandemic. 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.			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)	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	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
<p># Major Incident Plan</p> <p># Well established command and control structures for managing pandemic response both nationally and locally</p> <p># Continuation of current COVID-19 national vaccination programme until at least March 2023</p> <p># Future service model for contact tracing and testing in place until March 2023</p> <p># Extensive knowledge across Health Board in managing a pandemic event</p> <p># COVID-19 response measures which can be adapted to respond to any future pandemic event</p> <p># Local Resilience Forum (LRF) multi-agency plans for managing pandemic influenza (approved by Strategic LRF 14/11/18 now under review)</p> <p># 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.</p> <p># Health Board Pandemic Influenza Response Framework and associated plan(currently outdated awaiting review)</p> <p># Quality assurance process via national & local exercise programmes.</p> <p># Access to national counter measures stockpile</p> <p># Surge Plans in place to enable HB to respond to future spikes/waves of infection requiring recommencement of contact tracing, testing & vaccination</p> <p># Continuous learning from COVID-19</p>	<p># 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.</p> <p># 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.</p>	Reinstate Health Board Pan Flu Group with a wider remit to consider future pandemic response arrangements within the HB and to enact Cabinet Office Influenza Review implications when publicised.	Hussell, Sam	31/12/2022	Awaiting publication.
		A review of external door security to be undertaken.	Harrison, Tim	Completed	External door review completed in Mar22 however capital bid was unable to be submitted in time for financial year end due to equipment
		Undertake a review of security arrangements within Hywel Dda (linked to new PO agreed by Board in Jan22)	Harrison, Tim	Completed	Internal review completed and will be discussed at Task and finish Group on 19/05/22. Police have undertaken a review of security of
		Additional electronic lock doors to be fitted at BGH.	Harrison, Tim	Completed	Additional priority doors fitted with access control
		Develop a risk based proposal which identifies the schedule of works and investment required to address any deficits and/or enhancements required by the security review (this links PO 3L)	Harrison, Tim	30/09/2022	Task and finish Group established with first meeting on 19/05/22. Next step will be to set up workstreams for each element listed under PO 3L (eg

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	Planning via Emergency Preparedness, Resilience & Response (EPRR) inc LRF workstream reports to Health & Safety Assurance Committee	1st			TTP Updates to Board on a regular basis. Vaccination Delivery Programme Update - Board (Jul22) Major Incident Plan - Board (Jul22)	None identified.	Establish Health Board Security Management Group	Harrison, Tim	Completed	Terms of reference produced and first meeting arranged for May 22.	
	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									