

PWYLLGOR IECHYD A DIOGELWCH HEALTH & SAFETY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 November 2021
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
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Board Secretary Charlotte Beare, Head of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

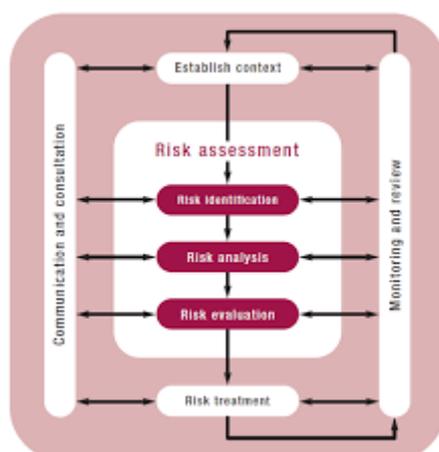
ADRODDIAD SCAA SBAR REPORT

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 the Health Board'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).

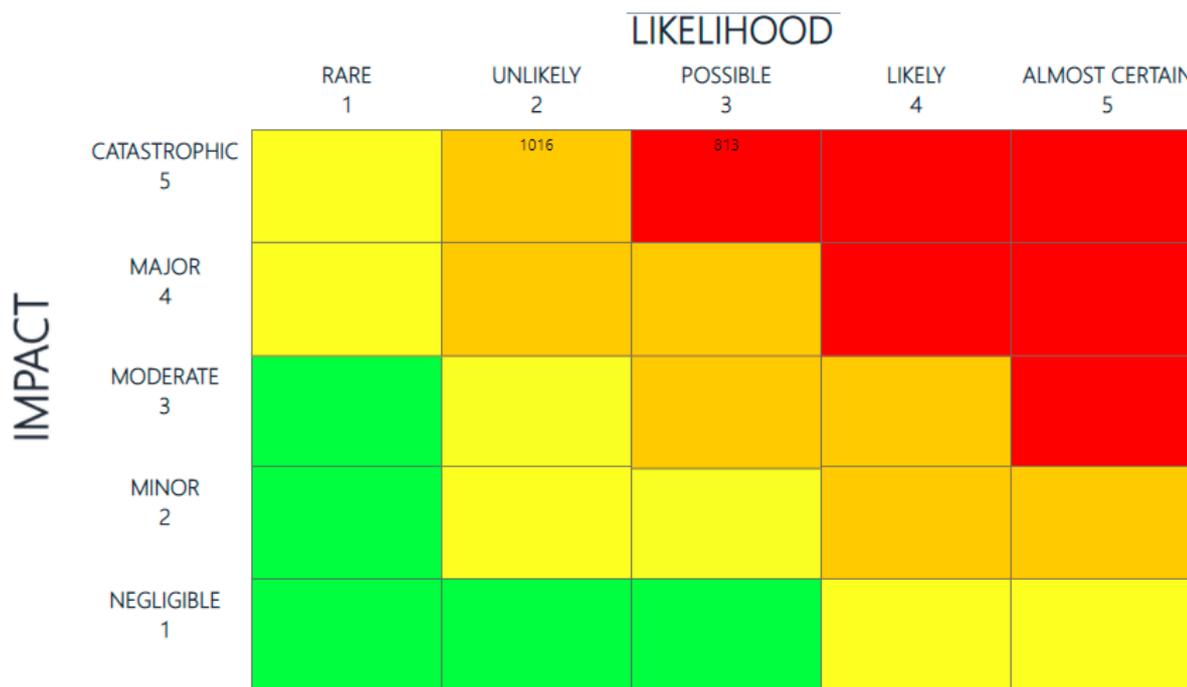
The Terms of Reference state that the Committee will:

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 2 corporate risks aligned to HSC (out of the 13 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 2 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 heatmap below includes the risks currently aligned to HSC and has been obtained from the [Risk Performance dashboard](#).



Below is a summary of changes since the previous report to HSC (6th July 2021):

Total number of risks	2	
New/ escalated risks	0	See note 1
De-escalated/Closed risks	0	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/ Escalated risks

Since the previous report, no new risks have been added to the CRR and aligned to HSC.

Note 2 – Closed/ De-escalated risks

No risks have been de-escalated from corporate level since the previous report.

Note 3 - No change in risk score

There has been no change in the following risk scores since these were reported to the previous HSC meeting.

Risk Reference & Title	Previous Risk Report to Board (LxI)	Risk Score Feb-21 (LxI)	Date of Review	Update
Risk 813 – Failure to fully comply with the requirements of the Regulatory Reform Order (Fire Safety) 2005 (RRO)	3x5=15	3x5=15	03/09/21	<p>Despite significant progress being made since the NHS Wales Shared Services Partnership (NWSSP) IA Fire Precautions Report in May 2017 with regards to the key recommendations, such as, the establishment of a fully resourced fire safety team, the embedding of appropriate reporting arrangements for fire safety and addressing the backlog of out of date fire risk assessments across HDdUHB, there are still some significant challenges faced by HDdUHB to fully comply with the fire safety order.</p> <p>Whilst the Fire Safety Team are in a position to provide support now to HDdUHB in the form of expertise and technical knowledge, HDdUHB still needs to manage and address the physical backlog of fire safety across its estate. HDdUHB also needs to successfully embed an improved fire safety management culture and management ownership for fire safety. This is evident from the recent fire safety improvement notice (FSIN) served on HDdUHB in September 2019 for Withybush General Hospital and Glangwili General Hospital on 17th April 2020.</p>
Risk 1016 - Increased COVID-19 infections from poor adherence to Social Distancing	2x5=10	2x5=10	27/10/21	Social Distance risk assessments have been undertaken that highlight ways to allow services to be re-introduced while maintaining the social distance measures, however, successful management of the risk

			depends on staff, visitors or patients adhering to the social distance guidance or using the 'Key Controls' measures in place. The current risk remains at 10 whilst the social distance measures continue to be required. There does appear to be an increase in the numbers of staff absent either because of close contact family members being off or contracting COVID-19 themselves hence the need for continued distancing within Healthcare premises.
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Argymhelliad / Recommendation

The HSC is asked 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)

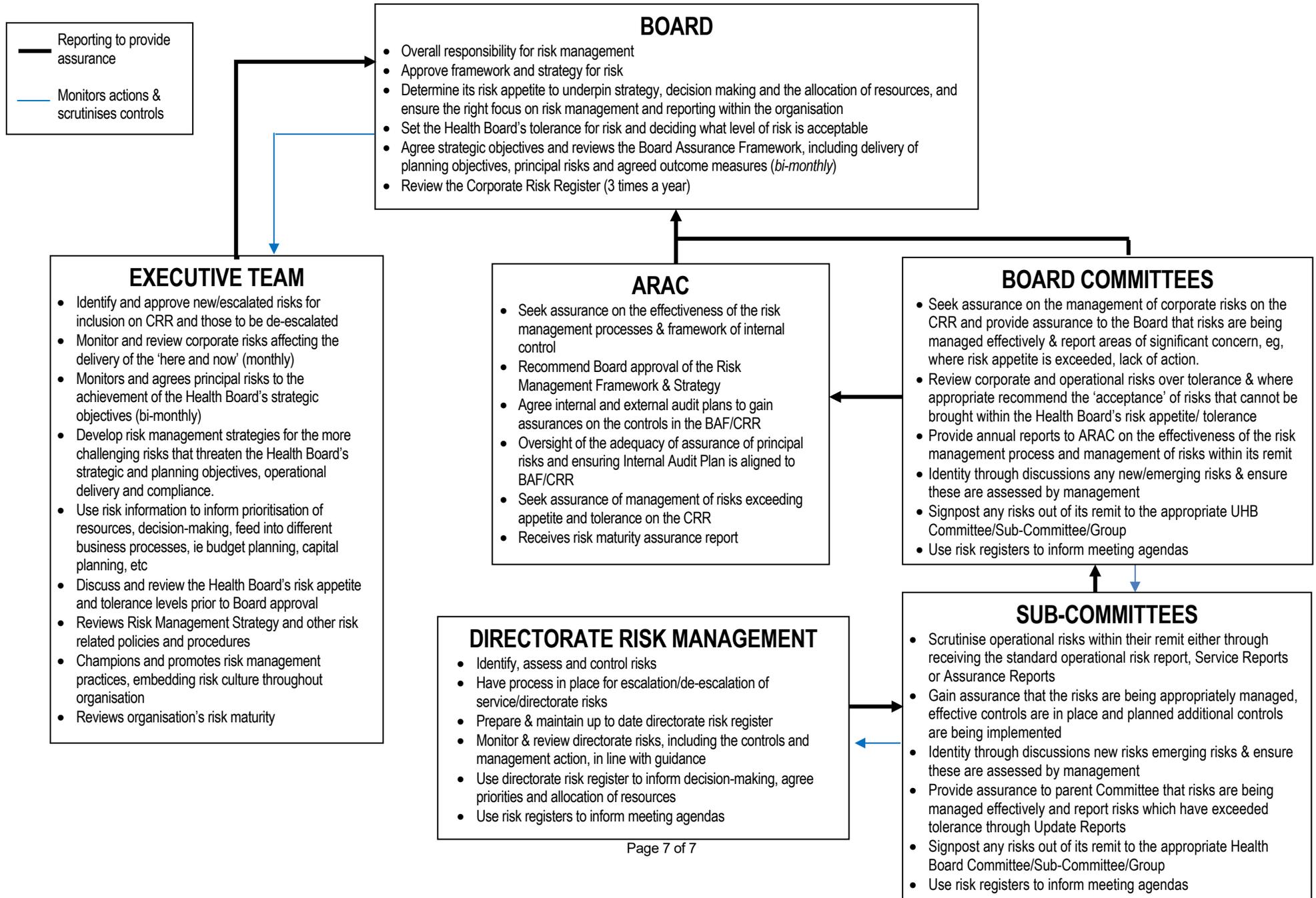
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.15 Provide assurance that risks relating to health, safety, security, fire and service/ business interruption/ disruption are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate), and provide assurance that 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
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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 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



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

CORPORATE RISK REGISTER SUMMARY OCTOBER 2021

Risk Ref	Risk (for more detail see individual risk entries)	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Oct-21	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	13
1016	Increased COVID-19 infections from poor adherence to Social Distancing	Rayani, Mandy	Safety - Patient, Staff or Public	6	2×5=10	2×5=10	→	2×5=10	18

Date Risk Identified:		Oct-19		Executive Director Owner:		Carruthers, Andrew		Date of Review:		Sep-21		
Strategic Objective:		3. Striving to deliver and develop excellent services		Lead Committee:		Health and Safety Committee		Date of Next Review:		Nov-21		
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:</p> <p>1. A lack of available resources within the current operational maintenance function, to undertake a fully health technical memoranda (HTM) compliant pre planned maintenance programme (PPM's) for all fire safety components across the entire HB's estate.</p> <p>2: The age, condition and scale of physical backlog, circa £20m relating to fire safety across our estate significantly affects our ability to comply with the requirements of the RRO in every respect.</p> <p>3: A lack of fire safety ownership and understanding of fire safety responsibilities at local hospital management level. This could lead to an impact/affect on the safety of patients, staff and general public, Health & Safety Executive (HSE) investigations and</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>Despite significant progress being made since the NHS Wales Shared Services Partnership (NWSSP) IA Fire Precautions Report in May 2017 with regards to the key recommendations, such as the establishment of a fully resourced fire safety team, the embedding of 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.</p> <p>Whilst the Fire Safety Team are now in a position to provide support to the UHB in the form of expertise and technical knowledge. The UHB is still required to manage and address the physical backlog of fire safety across its estate. Also successfully embed an improved fire safety management culture and management ownership for fire safety. This is evident from the recent fire safety improvement notice (FSIN) served on the UHB in September 2019 for Witybush General Hospital (WGH) and Glangwili General Hospital (GGH) on 17 April 2020.</p>			<p>Whilst it is likely that the UHB will address its staff shortfall issues in respect of fire safety for HTM compliance there are further improvements in culture and ownership for fire safety. It is the scale of physical backlog for fire safety compliance (circa £8m at present predicted to increase following 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>									

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>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>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>Significant staff shortfall to achieve agreed level of operational compliance (>85% target) for fire safety and other Health Technical Memorandum (HTM) engineering disciplines .</p>	<p>Secure funding for the identified staffing gap identified in the operational staff gap analysis (based on size, geography and estate of the organisation).</p>	<p>Williams, Heather</p>	<p>Completed</p>	<p>A business case for additional staff support has been approved by the executive team subject to review by NWSSP-SES to substantiate its accuracy. Job descriptions have now been created for these roles, jobs are on Trac and interviews scheduled for April 2020.</p>
	<p>Significant additional investment is required to address physical and engineering backlog shortfall for the UHB (approx circa £20m).</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 UHB's own Fire Risk Assessments.</p> <p>Shortfall in advanced fire safety training especially in bariatric evacuation.</p>	<p>Reassess remaining backlog and develop a prioritised plan that will address the high risk areas and where possible, will align to TCS modernisation programme for the UHB. A Programme business case is being developed for the remaining acute hospital sites to identify key fire safety compliance issues in order to seek for additional capital funding.</p>	<p>Elliott, Rob</p>	<p>Completed</p>	<p>Additional surveys across the estate are being scheduled to assess the scale of fire backlog. The UHB has now developed a detailed programme for both WBH and GGH to deal with all fire enforcement notices and letters of Fire Safety issued by the fire brigade (MWWFRS).</p> <p>In the case of WGH, Tripartite meetings with Welsh Government (WG),UHB and MWWFRS have taken place to agree a programme of investment and business case development.</p> <p>In the case of GGH, the UHB has submitted a detailed programme to MWWFRS which has been agreed. (Whilst verbal agreement been given by MWWFRS we await formal written confirmation).</p> <p>A meeting is planned for mid to late September on Tripartite bases to agree the same process as WGH.</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>31/03/2020 31/07/2021 30/06/2020 28/01/2021 30/06/2021 30/10/2021</p>	<p>The Fire Team are utilising the current system as best as possible. An Excel system is being introduced (completion June 2020) 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 November/December 2021.</p>
<p>Undertake a review of fire training to address identified shortfall in training provision and site fire management responsibilities.</p>	<p>Evans, Paul</p>	<p>Completed</p>	<p>A review has been undertaken and an action plan produced with the learning development teams. The UHB has reintroduced the e-learning module for all levels of training instead of the face to face method which was suspended due to COVID-19, to improve fire training compliance which has dipped over recent months. A target of 85% for advanced training has been agreed, which will be achieved by December 2020. General fire safety training currently stands at 71%, which is not considered a concern at this stage and will now improve following the e-learning implementation. This will be reviewed monthly.</p>

Clarify responsibilities and identify management ownership for fire safety to facilitate an improved fire safety management culture across all sites. Revised date agreed as part of fire safety governance review.	Evans, Paul	Completed	MS Teams training programme now set up for managers to attend.
Undertake a review of scale of work required to improve fire drawings in the UHB.	Evans, Paul	Completed	Computer Aided Design (CAD) officer now in post for West region and started his work programme. CAD officer for East commencing in February 2021.
Review the compliance report to include the gaps associated with any risks on the fire safety components and not just levels of PPM performance.	Evans, Paul	Completed	An update template has already been produced and discussed amongst the fire and operational maintenance teams. The compliance paper is tabled at all Fire Safety Group meetings. This is now being taken forward as the model for the department. Next review of this is on the 27th January 2021.

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 Current Level			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 95% high risk PPM compliance. Maintain a zero number of outstanding fire risk assessments.	Bimonthly review of outstanding actions from fire risk assessments	1st		Red	IA Fire Precautions Report - Audit & Risk Assurance Committee (ARAC June 2018)	General site management checks/walkarounds on all sites	Responsibilities of site management to undertake routine workarounds to be implemented level 5 training	Evans, Paul	Completed	Site managers training now available via MS teams	
	Site Fire wardens reporting fire safety issues	1st									
	Review of compliance through fire safety groups	2nd									

Compliance reports regularly issued to HSEPSC	2nd			Fire Action Update - H&SC - May 2020
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:		Nov-20		Executive Director Owner:		Rayani, Mandy		Date of Review:		Oct-21		
Strategic Objective:		N/A - Operational Risk		Lead Committee:		Health and Safety Committee		Date of Next Review:		Dec-21		
Risk ID:	1016	Principal Risk Description:	There is a risk of increasing COVID-19 infections across the Health Board. This is caused by staff and others not adhering to the Health Board guidance and National Social Distance legislation. This could lead to an impact/affect on increased levels of staff absence due COVID-19 infection and self isolation, some essential services being closed leading to longer waiting times and delays for treatment for patients, enforcement action/fines from HSE for non-compliance with Social Distancing legislation.		Risk Rating:(Likelihood x Impact)							
Domain:		Safety - Patient, Staff or Public		Inherent Risk Score (L x I):		4x5=20						
Current Risk Score (L x I):		2x5=10		Target Risk Score (L x I):		2x5=10						
Tolerable Risk:		6		Trend:		↔						
Does this risk link to any Directorate (operational) risks?				Rationale for CURRENT Risk Score:		Rationale for TARGET Risk Score:						
				Social Distance risk assessments have been undertaken that highlight ways to allow services to be re-introduced while maintaining the social distance measures, however successful management of the risk depends on staff, visitors or patients adhering to the social distance guidance or using the 'Key Controls' measures in place. The current risk remains at 10 whilst the social distance measures continue to be required. There does appear to be an increase in the numbers of staff absent either because of close contact family members being off or contracting COVID-19 themselves hence the need for continued distancing within Healthcare premises.		The TARGET score focuses on reducing the likelihood of an incident as the impact score would remain at 5 (as outlined under CURRENT score). By introducing effective social distancing measures such as screening in high priority areas and alternative solutions in other areas, such as personal protective equipment (PPE), staff would be able to cover more areas thus allowing services to resume as far as reasonably practicable. In terms of inpatient bed space, by reviewing all ward spaces and field hospitals against current guidelines and introducing either physical barriers or increasing spaces, as many services as possible will be able to return, however, strict adherence to the controls in place will be required to meet the target score.						
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		By Who	By When	Progress			
<ul style="list-style-type: none"> # Social distancing (SD) guidance in place for staff and is available on the intranet # Safety screen installations in hospital and ward/clinic reception areas # Instructional social distance posters, phones messages and floor signs # Hand sanitisers stations # Personal protective equipment (PPE) 			Due to the relaxation of COVID-19 rules outside of health settings, staff, visitors or patients are less likely to adhere to the social distance		Review current home working guidance for agile/homeworkers.		Harrison, Tim	30/09/2021 31/12/2021	Working from home assessment in development.			

<p># Reducing room capacities to allow for social distancing</p> <p># Use of IT systems e.g. Microsoft Teams to reduce the need for face to face meetings</p> <p># Reduction in travelling between sites</p> <p># Home working being encouraged where possible</p> <p># Accommodation facilities for medical staff have been risk assessed and alterations made in line with social distance measures.</p> <p># SD information on patient appointment letters, leaflets</p> <p># One way pedestrian walkways</p> <p># Controlled access into surgical wards and theatres</p> <p># Hospital bed screens installed in identified wards in order to maximise inpatient capacity and minimise bed losses</p> <p># Additional accommodation in Trinity St David's Campus to improve social distancing</p> <p># Patient visiting arrangements recently updated including agreed timeslots and management arrangements</p>	<p>measures in healthcare .</p> <p>Staff returning to work on sites may lead to a reduction to the availability of staff room and changing facilities as these spaces return to their original use.</p> <p>Longer term working from home/agile working will need further consideration for ensuring compliance with Display Screen Equipment (DSE) Regulations.</p> <p>Compliance with new WG government guidance in</p>	<p>Increase screens in patient waiting areas to support compliance with new WG SD guidance to provide additional protection for patients whilst maintaining capacity .</p>	<p>Chiffi, Simon</p>	<p>31/12/2021</p>	<p>Work is underway.</p>
		<p>Issue new guidance to operational & corporate management and request them to review social distancing arrangements and risk assessments in their areas in line with latest WG guidance, e.g., non-clinical areas can reduce SD to 1 metre.</p>	<p>Harrison, Tim</p>	<p>30/11/2021</p>	<p>SBAR containing latest WG guidance to be considered by Executive Team, prior to communicating across HB.</p>

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Commit tee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			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
	Oversight is provided by the Social Distancing Cell, Chaired by Director of Nursing, Quality & Patient Experience	1st				None identified.				
	Reviewing grade 4&5 incidents (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)	1st								
	Social Distancing Cell reports into Silver and Gold Groups	2nd								
	HSE visit October 2021 with no issues identified across the 2 acute and 2 community sites	3rd								