

## PWYLLGOR IECHYD A DIOGELWCH HEALTH & SAFETY COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	09 January 2023
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Corporate Risks Assigned to Health and Safety Committee (HSC)
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Director of Operations Mandy Rayani, Director of Nursing, Quality and Patient Experience Alison Shakeshaft, Director of Therapies and Health Sciences
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Joanne Wilson, Board Secretary Rachel Williams, Head of Assurance and Risk

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

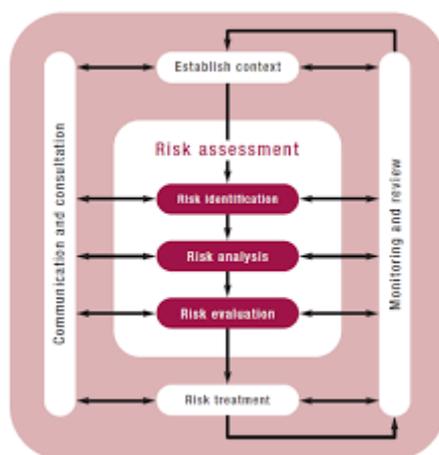
### ADRODDIAD SCAA SBAR REPORT

#### 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 18 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 (→)		
MODERATE 3				1328 (→)	
MINOR 2					
NEGLIGIBLE 1					

Below is a summary of changes since the previous report to HSC (12<sup>th</sup> September 2022):

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

See note 1

**Note 1 - 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 ((Lxl)	Risk Score Aug-22 (Lxl)	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 →	09/12/22	In addition to completing all actions following an internal governance review initiated by the CEO, the Health Board (HB) has now embedded a fully resourced fire safety management team, with appropriate reporting arrangements for fire safety and addressing the backlog

				<p>of out of date fire risk assessments across the HB. There are still some significant challenges faced by the HB 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 HB in the form of expertise and technical knowledge, the HB 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 Mid and West Wales Fire and Rescue Service (MWWFRS) letters. All programme dates have been agreed with the HB, 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>
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Risk 1328 - Security Management	Director of Nursing, Quality and Patient Experience	4x3=12	4x3=12 →	22/11/22	Risk to be discussed in HSC In-Committee meeting.
<u>Risk</u> 1433 - Inability to maintain routine and emergency services in the event of a severe pandemic event	Director of Therapies & Health Science	3x4=12	3x4=12 →	25/11/22	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 HB being unable to respond to the scale and severity of the pandemic - not the likelihood of the pandemic actually occurring.

### 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 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

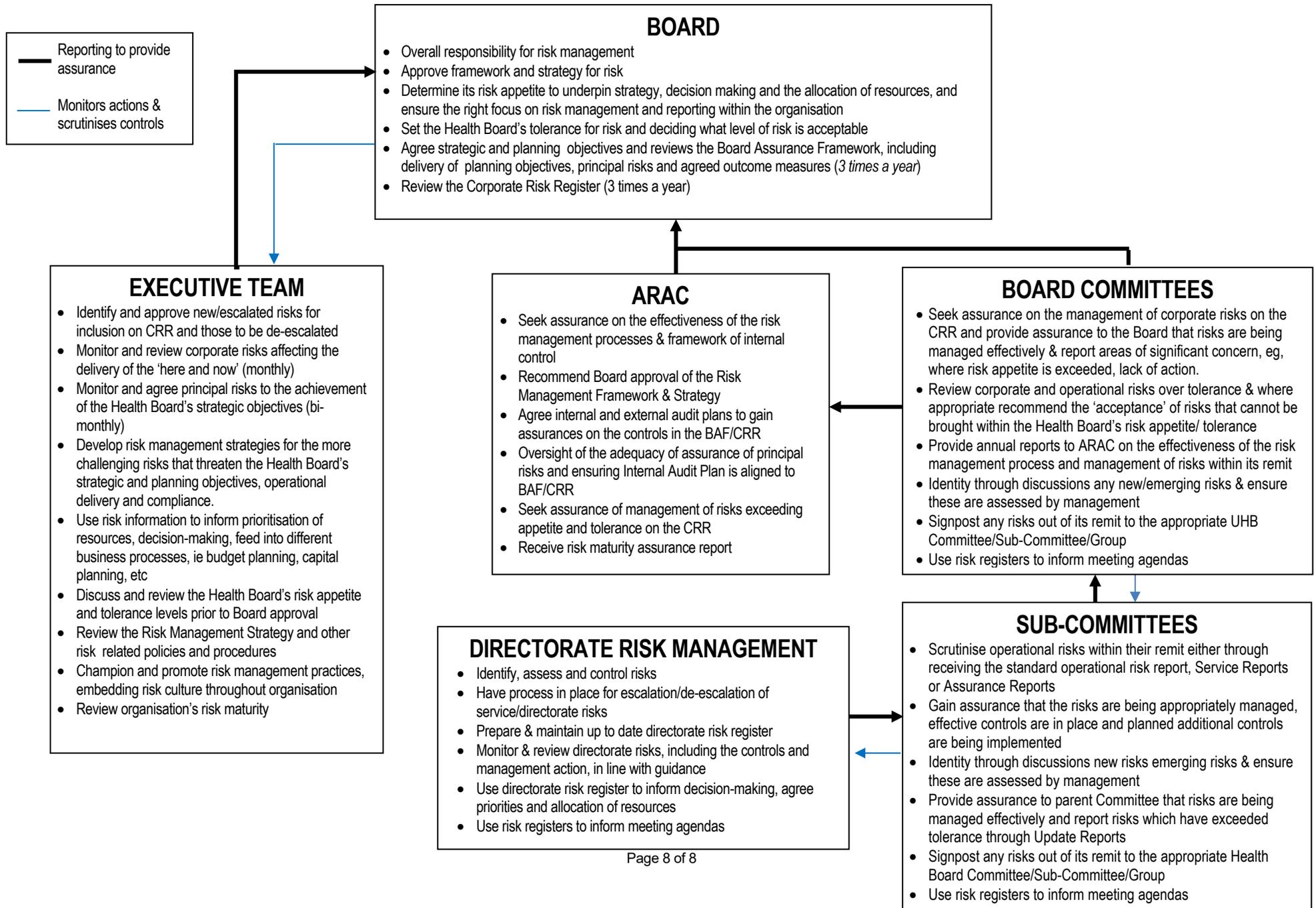
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	All Quality Improvement Goals Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
<a href="#">Amcanion Cynllunio Planning Objectives</a>	<a href="#">All Planning Objectives Apply</a>
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
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 – <a href="#">Risk Appetite Statement</a> .
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Not applicable.

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No direct impacts from report, however, impacts of each risk are outlined in risk description.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	No direct impacts from report, however, impacts of each risk are outlined in risk description.
<b>Gweithlu: Workforce:</b>	No direct impacts from report, however, impacts of each risk are outlined in risk description.
<b>Risg: Risk:</b>	No direct impacts from report, however, organisations are expected to have effective risk management systems in place.
<b>Cyfreithiol: Legal:</b>	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.

<b>Enw Da:</b> <b>Reputational:</b>	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.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	No direct impacts.
<b>Cydraddoldeb:</b> <b>Equality:</b>	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No

## Appendix 1 – Committee Reporting Structure



## CORPORATE RISK REGISTER SUMMARY DECEMBER 2022

Risk Ref	Risk (for more detail see individual risk entries)	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Nov-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	13
1433	Inability to maintain routine and emergency services in the event of a severe pandemic event	Shakeshaft, Alison	Service/Business interruption/disruption	6	3×4=12	3×4=12	→	2×4=8	18

**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	
<b>LOW</b>	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
<b>MEDIUM</b>	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
<b>HIGH</b>	Controls in place assessed as adequate/effective and in proportion to the risk
<b>INSUFFICIENT</b>	Insufficient information at present to judge the adequacy/effectiveness of the controls

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

<b>Executive Director Owner:</b>	Carruthers, Andrew	<b>Date of Review:</b>	Nov-22
<b>Lead Committee:</b>	Health and Safety Committee	<b>Date of Next Review:</b>	Dec-22

<b>Risk ID:</b>	<b>813</b>	<b>Principal Risk Description:</b>	<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>
<b>Does this risk link to any Directorate (operational) risks?</b>			

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

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

**Rationale for CURRENT Risk Score:**

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.

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.

Also successfully embed an improved fire safety management culture and management ownership for fire safety.

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.

**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>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 &amp; 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>

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>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 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>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>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>Evans, Paul</p> <p>Evans, Paul</p>	<p>Completed</p> <p>Completed</p> <p>31/03/2023</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>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	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.
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.	Evans, Paul	Completed	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.
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.	Evans, Paul	31/03/2023	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>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	<del>30/09/2022</del> <del>30/11/22</del> 31/01/2023	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. Update, Level 4 training sessions (face to face at the moment) are being delivered in Oct/Nov by an external training company (we aim to transfer this to teams at a later date). Level 3 teams training sessions are being established and will be on teams commencing in Nov 22. The team are still completing the content on this. This will be on teams before the end of Jan 23.
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			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
Maintain a zero or as low as possible number of outstanding fire risk assessments.	Bimonthly review of outstanding actions from fire risk assessments	1st	█
	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	█

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

Latest Papers (Committee & date)
IA Fire Precautions Report - ARAC Jun18
SBAR submitted to each HSAC meeting, which includes themes of all fire safety risks.

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
General site management checks/walkarounds on all sites	Further action necessary to address the gaps			

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

<b>Executive Director Owner:</b>	Shakeshaft, Alison	<b>Date of Review:</b>	Nov-22
<b>Lead Committee:</b>	Health and Safety Committee	<b>Date of Next Review:</b>	Jan-23

<b>Risk ID:</b>	<b>1433</b>	<b>Principal Risk Description:</b>	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.
<b>Does this risk link to any Directorate (operational) risks?</b>			

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

Month	Current Risk Score	Target Risk Score	Tolerance Level
Aug-22	12	8	6
Nov-23	12	8	6

**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"> <li># Major Incident Plan</li> <li># Well established command and control structures for managing pandemic response both nationally and locally</li> <li># Continuation of current COVID-19 national vaccination programme until at least March 2023</li> <li># Future service model for contact tracing and testing in place until March 2023</li> <li># Extensive knowledge across Health Board in managing a pandemic event</li> <li># COVID-19 response measures which can be adapted to respond to any future pandemic event</li> <li># Local Resilience Forum (LRF) multi-agency plans for managing pandemic influenza (approved by Strategic LRF 14/11/18 now under review)</li> <li># 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.</li> <li># Health Board Pandemic Influenza Response Framework and associated plan(currently outdated awaiting review)</li> <li># Quality assurance process via national &amp; local exercise programmes.</li> <li># Access to national counter measures stockpile</li> <li># Surge Plans in place to enable HB to respond to future spikes/waves of infection requiring recommencement of contact tracing, testing &amp; vaccination</li> <li># Continuous learning from COVID-19</li> </ul>

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
<ul style="list-style-type: none"> <li># 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.</li> <li># 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.</li> </ul>	Reinstatement 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	<del>31/12/2022</del> 31/02/2023	Awaiting publication.

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.				