



PWYLLGOR IECHYD A DIOGELWCH HEALTH & SAFETY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 January 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Risks Assigned to Health & Safety Committee
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations Jill Paterson, Director of Primary Care, Community & Long-Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	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

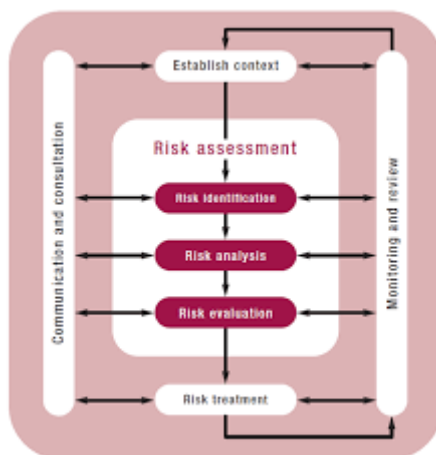
Sefyllfa / Situation

The Health & Safety Committee (HSC) is responsible for providing assurance to the Board that risks relating to health and safety are being identified, assessed and managed effectively.

The Committee is requested to seek assurance from Lead Officers/representatives of the Directorates that the operational risks identified in the attached reports 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)

Operational risks must be managed within Directorates under the ownership and leadership of individual Executive Directors, who must establish local arrangements for the review of

their Risk Registers, which includes the validation of the information and risk scores, and the prioritisation and identification of solutions to their risks. In addition to these local arrangements, formal monitoring and scrutiny processes are in place within Hywel Dda University Health Board (HDdUHB) to provide assurance to the Board that risks are being managed effectively.

All risks identified within the Datix Risk Module must be assigned to a formal Board Committee, Sub-Committee or Group, which will be responsible for securing assurance that risks within their remit are being managed effectively.

Management Leads are asked to review risk assessments and risk actions in line with the following timescales for review:

RISK SCORE	DEFINITION	MINIMUM REVIEW FREQUENCY
15-25	Extreme	This type of risk is considered extreme and should be reviewed and progress on actions updated at least monthly.
8-12	High	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

In monitoring the risks associated with their respective areas of activity, each Committee and Sub-Committee is responsible for:

- Scrutinising operational risks within their remit; either through receiving the Risk Registers or through Service Reports.
- Gaining assurance that risks are being appropriately managed, effective controls are in place, and planned additional controls are being implemented.
- Challenging pace of delivery of actions to mitigate risk.
- Identifying, through discussions, new and emerging risks and ensuring these are assessed by those with the relevant responsibility.
- Providing assurance to its parent Committee, or to the Board, that risks are being managed effectively and reporting risks which have exceeded tolerance through its Committee/ Sub-Committee/ Group Update Report.
- Using Risk Registers to inform meeting agendas.

It is therefore essential that the membership of these Committees and Sub-Committees includes appropriate representation from Directorates, and that they are in attendance to provide assurance and to respond to queries.

Relevant discussion should be reflected in the HSC Update Report to the Board to provide assurance on the management of significant risks. This will include risks that are not being managed within tolerance levels (see [Risk Appetite Statement](#)), and any other risks, as appropriate.

Asesiad / Assessment

The HSC Terms of Reference states that it will:

- 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.

The 4 risks presented in the Risk Register, attached at Appendix 1, as of 12th December 2022, have been extracted from Datix, based on the following criteria:

- The HSC has been selected by the Risk Lead as the 'Assuring Committee' on Datix.
- The current risk score exceeds the tolerance level, as discussed and agreed by the Board on 27th September 2018.
- Risks have been approved at Directorate level on Datix.
- Risks have not been escalated to the CRR.

3 risks have scored against the Safety – Patient, Staff or Public 'impact' domain and one scored against Service/Business Interruption/disruption domain (369).

Changes since the previous report presented to HSC at its meeting on 12th September 2022

Total number of risks	4
New risks being reported	1
Risks that are no longer included in the report	1
Increase in risk score ↑	0
No change in risk score →	3
Reduction in risk score ↓	0

New risks being reported

Since the previous report, one risk has been escalated from service to directorate level:

Risk Ref	Date Risk Identified	Title	Directorate	Current Risk Score	Rationale for the Current Risk Score (extracted from the Datix system)	Target Risk Score
369	01/07/14	Disruption to business continuity in the theatre complex at Prince Philip Hospital.	E&F: Operations Compliance	12	Based on external surveys by NHS Wales Shared Services Partnership Specialist Estates Services (NWSSP-SES) and local operational maintenance officers. One air handling unit is currently covering two theatres, therefore if this fails both theatres will be on stop until the unit is repaired/replaced. Risk action plan as included in the appendix details the next steps to mitigate the risk further.	3

Risks that are no longer included in the report

Since the previous report, one risk has been de-escalated to service level:

Risk Ref	Date Risk Identified	Title	Directorate	Current Risk Score	Rationale for the Current Risk Score (extracted from the Datix system)	Target Risk Score
503	06/12/17	Risks relating to the evacuation of bariatric (plus sized) patients in the event of an emergency	E&F: Fire	10	From the discussions between the manual handling team and the fire safety team, a selection improvement areas have been identified to address and minimise the risk associated with plus sized patient handling. Detailed control measures in place mitigating the risk are noted in Datix.	3

No change in risk score

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

Risk Ref	Date Risk Identified	Title	Directorate	Current Risk Score	Rationale for the Current Risk Score (extracted from the Datix system)	Target Risk Score
951	01/02/17	Improperly functioning fire alarm detection and operation (WGH).	Estates and Facilities: Pembroke-shire	12 →	Any fire will be detected but the report sent to the Panel Indication may not be correct. The Cause and Effect which is the closing of the doors, operation of sounders, shutting down of plant etc, have all been identified and are waiting for completion of Zone numbering. All information will be forwarded to the system programmer for update to system. Update of whole system is required. Update to system from verification has not yet happened so	1

					controls remain incomplete.	
222	01/02/18	Exposure to Asbestos through contact with asbestos containing materials (ACMs).	E&F: Operations Compliance	12 →	<p>Asbestos containing materials (ACMs) at Health Board sites range from a large amount of lower risk materials e.g. Asbestos floor tiles, to a lesser amount of higher risk materials e.g. Asbestos Insulating Board and lagging residues to walls of plant rooms and service ducts. The controls to manage and mitigate this risk are noted in Appendix 1. It is very unlikely that the general occupancy could be exposed to higher risk ACM's however it is possible that they could be exposed to small amounts of damaged lower risk ACM's e.g. small amounts of fibres from damaged floor tiles, ahead of reporting and remediation by estates, but that the exposure is unlikely to be significant. The likelihood of estates staff and their contractors receiving a significant exposure to higher risk materials is generally considered low, however there are instances identified which have the potential of high-risk exposure. There remains the risk of HSE intervention because of routine</p>	4

					inspection, incident, or complaint reported to them.	
708	18/03/19	Inappropriate storage solutions associated with patient files / documents affecting Ceredigion Community Sites	Ceredigion	12 →	<p>This risk is linked to corporate risk 1335 (Risk of being unable to access paper patient records at the correct time and place in order to make the right clinical decisions). A strategic steer is required to support Heads of Service use alternative storage mechanisms. Aberaeron hospital was closed on 21/09/19, and Cardigan hospital closed on 9/12/19, both of which have been used to store files. Temporary accommodation is being used close to the Cardigan Integrated Care Centre. There was a security issue on this site during May 2021 which has been escalated. A working party created an options appraisal in May 2019 to address the challenges; this paper has been escalated to Head of Information Governance. Information Governance Training has been delivered with team leaders in September 2019. Retention Guidance for Community Patient Files was published in February 2022; teams</p>	4

					are currently ensuring adherence. Off-site storage facility has been secured.	
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The Risk Register, attached at Appendix 1, details the responses to each risk, i.e. the Risk Action Plan. Below is a heatmap of the risks presented in the Risk Register.

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5					
MAJOR 4			951 (→) 222 (→) 708(→)		
MODERATE 3				369 (NEW)	
MINOR 2					
NEGLECTIBLE 1					

The table below details when the four Directorate level risks assigned to the HSC were last updated on Datix. Risks are required to be updated along the following timescales, dependant on their risk level:

- Extreme Risks – Monthly.
- High Risks – Bi-monthly.
- Moderate Risks – Six-monthly.
- Low Risks – Annually.

Risk numbers presented in red text denote those where a review of the risk is overdue, based on the data as of 12th December 2022.

	Risks updated in last month	Risks updated within last 1-2 months	Risks updated within last 3-6 months	Risks updated within last 6-12 months
Extreme				
High	951 708 369	222		
Moderate				
Low				

Appendix 2 details the 44 risks that have been identified on Datix by risk owners as having a Health & Safety theme. 'Themes' have been included on Datix to improve the 'oversight' of risks by specialist areas and functions within HDdUHB, as these are able to provide guidance

to those responsible for managing risk and can also develop/improve organisational controls, i.e. policies, procedures, systems, processes, to reduce the risk to HDdUHB.

Nominated leads receive notification of when specific risks with a 'Health & Safety' theme are entered onto the Datix Risk Module. The Committee's role in respect of these themed risks is to receive assurance in terms of the management oversight of these, i.e. that advice has been provided to the management lead, where appropriate, on the management of the risk as well as assuring that any themes/trends have been picked up and addressed (e.g. social distancing measures and guidance, local extract ventilation advice, etc.).

Argymhelliad / Recommendation

The Health and Safety Committee is requested to:

- Review and scrutinise the risks included within this report to seek assurance that all relevant controls and mitigating actions are in place.
- Discuss whether the planned action will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact, should the risk materialise.

Subsequently, the Committee will provide the necessary assurance to the Board that these risks are being managed 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 report.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards 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:	Risk Appetite - <i>the amount of risk that an organisation is willing to pursue or retain</i> (ISO Guide 73, 2009). Risk Tolerance - <i>the organisation's readiness to bear a risk after risk treatment in order to achieve its objectives</i> (ISO Guide 73, 2009).
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: 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 the report, however, impacts of each risk are outlined in the risk description.
Gweithlu: Workforce:	No direct impacts from the report, however, impacts of each risk are outlined in the risk description.
Risg: Risk:	No direct impacts from the report, however, organisations are expected to have effective risk management systems in place.
Cyfreithiol: Legal:	No direct impacts from the 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 from the report, however, impacts of each risk are outlined in risk description.
Cydraddoldeb: Equality:	Has EqlA screening been undertaken? No Has a full EqlA been undertaken? No

Risk Ref	Status of Risk	Health and Care Standards Directorate	Directorate lead	Management or service lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date	
222	Directorate Level Risk		E&F: Operations Compliance	Elliott, Rob	Smith, Robin	01-Jul-12	<p>There is a risk of avoidable harm to patients, visitors, staff and contractors due to exposure to asbestos through contact with 'Asbestos Containing Materials' (ACMs). Adverse Publicity through non compliance which may or may not be related to actual exposure risk.</p> <p>This is caused by Approximately 2700 known and recorded ACM's being present in the building fabric due to the age of some of the Health Board's (HB) estate.</p> <p>This will lead to an impact/affect on an uncontrolled release of asbestos fibres affecting staff,contractors, patients and the public. Possible enforcement action and prosecution in the event of HSE intervention in response to an incident, a complaint, or as a result of an inspection.</p> <p>Compliance with The Control of Asbestos Regulations 2012 & Asbestos Policy arrangements for Safety of Staff, Contractors, Patients and Visitors.</p> <p>Risk location, Health Board wide.</p>	<p>A comprehensive HB Asbestos Policy is in place. Asbestos Management Plans in both electronic and printed format available for each site containing Asbestos, based on Asbestos Management Surveys. Targeted Renovation and Demolition Surveys are also undertaken in advance of schemes. All samples have surveys andother investigations undertaken, with findings updated on the AMP's</p> <p>The condition of ACM's and protection where provided e.g. encapsulation is inspected annually</p> <p>Training of staff in Asbestos Awareness and cohort of estates staff at each acute site trained in Asbestos Non Licenced Work (NLW).</p> <p>Ongoing communications between Estates and other directorate managers on the reporting of building defects, and site specific asbestos issues. The control of contractors is exercised by Engaging Managers and Estates Officers.</p> <p>A holistic Health Board wide review of asbestos management has been undertaken and resulted in a new Compliance team being implemented in 2022 including a Compliance Officer leading with asbestos management.</p>	Safety - Patient, Staff or Public	6	3	4	12	<p>Implementation of an all-digital asbestos management database system.</p> <p>Improvement of compliance by the inclusion of existing asbestos data relating to leased properties, and/or by commissioning new surveys of leased properties.</p>	<p>Smith, Robin</p> <p>Smith, Robin</p>	<p>31/03/2023</p> <p>28/02/2022</p>	<p>Scoping the available systems on the market and their suitability.</p> <p>Working with the property team to determine all leasehold properties and to determine the duty holder in in case.</p>	Health and Safety Committee	1	4	4	Treat	25-Oct-22

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708	Directorate Level Risk	Standard 3.5 Record Keeping	Ceredigion	Skitt, Peter	Hawkes, Jina	18-Mar-19	<p>There is a risk staff safety from inappropriately stored records Health and Safety of staff in addition to the structure of buildings</p> <p>This is caused by inappropriate use of community buildings for the storage of patient files / documents where archived boxes are stored in inappropriate places; when a corporate solution should be in place</p> <p>This will lead to an impact/affect on inability to access patient files, documents and non-adherence to retention and destruction policies. Staff Health and safety where trying to manage and access these boxes. Non-compliance with Fire Safety Regulations and Health and Safety standards</p> <p>Risk location, Cardigan Health Care Site, Ceredigion, Tregaron Hospital.</p>	Work is underway to clear Tregaron Hospital which has structural defects with the 1st and 2nd floors being condemned by the Fire Service in May 2021.	Safety - Patient, Staff or Public	6	3	4	12	<p>Respond to Head of Information Governance requesting his opinion for how the situation may be managed.</p> <p>Head of Information Governance to communicate a way forward</p> <p>Source Interim storage arrangements</p> <p>Work with Information Governance to determine an electronic centralized storage system for community services records management</p> <p>Work with Information Governance to determine a way forward enabling the storage of non-community files to alternative sites; taking into account staffing priorities associated with COVID</p> <p>Risk to be escalated out-side of Ceredigion County level</p> <p>Explore opportunities of combining this risk with the similar risk associated with acute sites</p> <p>Develop whole system engagement</p> <p>HUHB wide Physical solution to be achieved</p> <p>Escalate the need for a HBUHB wide Physical solution to be achieved</p> <p>Plan for the removal of boxes from local sites to the centralised store</p>	<p>Hawkes, Jina</p> <p>Rees, Gareth</p> <p>Rees, Gareth</p> <p>Skitt, Peter</p> <p>Skitt, Peter</p> <p>Skitt, Peter</p> <p>Skitt, Peter</p> <p>Skitt, Peter</p> <p>Skitt, Peter</p> <p>Skitt, Peter</p> <p>Hawkes, Jina</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>Communication commenced</p> <p>Head of Information Governance has met with County Team reassured team that Service Leads are responsible for their own record management</p> <p>Temporary storage facilities were erected at Cardigan Integrated Care Centre w/c 2/12/19</p> <p>Communications are underway. The temporary storage facility has been approved by the Information Governance team.</p> <p>Ceredigion General Manager to meet with head of Information Governance</p> <p>Ceredigion General Manager to meet with head of Information Governance</p> <p>Ceredigion County Director has communicated challenges with head of Information Governance</p> <p>Ceredigion County Director to establish 3 County group</p> <p>Paper going to Information Governance Sub Committee on the 12/10/21</p> <p>Discussions with Senior decision makers is on-going. Director of Nursing, Quality and Improvement aware of the situation. The situation has been raised and escalated.</p> <p>Paper raised, awaiting response from Information and Governance. Email sent to Information and Governance; awaiting response</p>	Health and Safety Committee	1	4	4	Treat	21-Nov-22

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													In line with Information Governance processes; organise a catalogue of boxes to be removed from local sites to the centralised store	Hawkes, Jina	Completed	Information and Governance have sent through storage process requirements in April 2022; work is underway to prioritise and catalogue contents of boxes						
													In line with Information Governance processes; implement the removal of achieved boxes into long term storage	Hawkes, Jina	Completed	Addition scoring guidance is being developed						
													Awaiting additional guidance from Information Governance to enable scoring system for prioritization of storage	Hawkes, Jina	Completed	No guidance has been issued						
													Consider alternative temporary storage arrangements.	Hawkes, Jina	30/12/2022	Visit arranged to view the container in Cardigan						
369	Directorate Level Risk	E&F: Carmarthenshire East	Elliott, Rob	Rosser, Brian	01-Jul-14	<p>There is a risk avoidable disruption to business continuity in the theatre complex at Prince Philip Hospital.</p> <p>This is caused by a number of Air Handling units failing or having limited remaining life capacity which are non compliant with current HTM (Health Technical Memoranda) standards, i.e. each theatre does not have a dedicated air handling unit.</p> <p>This will lead to an impact/affect on loss of the plant, potential closure of critical patient care services and Referral to Treatment (RTT) performance.</p> <p>Risk location, Prince Philip Hospital.</p>	<p>Planned Preventative Maintenance (PPM) is in place.</p> <p>Annual NHS Wales Shared Services Partnership (NWSSP) surveys.</p> <p>Repairs and painting have been undertaken.</p> <p>Regular visual inspections of the plant.</p>	Service/Business interruption/disruption	6	4	3	12	<p>Ensure visual checks and regular PPMs continue.</p> <p>Remedial work in the form of additional filtration is currently being looked at as a priority to see if a final filtration system can be included after the Air Handling Unit system at PPH theatre's 1&2 . This would eliminate any potential issues of air quality and only be considered as a short term mitigation.</p> <p>Replace Air Handling unit for Theatres 1&2.</p> <p>Obtain clarification on the use of the theatres to determine the ventilation strategy and costs.</p>	Evans, Paul Evans, Paul Rosser, Brian Rosser, Brian	Completed Completed 31/03/2023 31/03/2023	<p>Checks continue to be carried out. Full plant replacement will be required for investment via Integrated Medium Term Plan (IMTP) funding or infrastructure funding, however, the short term investment in 2018 has improved the functionality of the system whilst awaiting funding for replacement.</p> <p>This will now be looked at immediately with a completion date of December 2017. Status Update - the theatre department were unable to release the area to undertake the planned remedial work. This is now scheduled for the end of March 2018.</p> <p>Costing received (approx. £300,000), awaiting funding via backlog maintenance. This is forming part of a Business Case for a batch of funding from Welsh Government. Meeting took place with design team on 11th Aug 2022 ,site visit due 9th Sept 2022 ,priority list to be formulated.</p> <p>New action.</p>	Health and Safety Committee	1	3	3	Treat	17-Nov-22

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951	Directorate Level Risk	Standard 2.1 Managing Risk and Promoting Health and Safety	E&F: Pembrokeshire	Elliott, Rob	Evans, Duncan	01-Feb-17	<p>There is a risk that the Fire Alarm will not report properly when the system is in Fire. Any fire will be detected but the report sent to the Panel Indication may not be correct. The Cause and Effect which is the closing of the doors, operation of sounders, shutting down of plant etc, have all been identified and are waiting for completion of Zone numbering to be completed. All information will be forwarded to the system programmer for update to system.</p> <p>This is caused by incomplete set up during the commissioning of the system at the start. All information is now available and waiting for completion of verification and transfer to new panel systems. A new numbering system of Zones is also needed to be completed before the system can be uploaded.</p> <p>This will lead to an impact/affect on the fire alarm system working as proposed in initial design. Secondary effects may not work properly as the original config is incomplete.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Currently we have Verified all detectors and identified where all interfaces are positioned. We have verified position of all power supplies for doors and Dampers and following on from zone verification this can be completed and sent for programming.</p> <p>Verification of loops and detectors are ongoing.</p>	Safety - Patient, Staff or Public	6	3	4	12	<p>Identification of loops, detectors and sectors. Creation of a new Cause and Effect Matrix and renewal of current out of specification detectors.</p> <p>Additional Staff to be trained on how to use the system.</p> <p>Residences are imminently being renewed and made compliant, cause and effect is waiting for a complete verification.</p> <p>Verification of loops and detectors are ongoing. Verification of interface operation ongoing.</p> <p>Residential Blocks are complete with only Sealyham and Springfield yet to complete. Verification of top floors complete but work required on formulation of cause and effect still remaining. Completion to L1 standard not complete</p> <p>Verification of alarms is still going on in collaboration of FSC.</p> <p>The verification of floors 3,2,1 are complete but have not been mapped out. 0 and -1 are yet to be completed. Cause and effect has been identified by zones but needs updating. Residences have been completed with detector change but are awaiting verification of cable to Telephonists.</p> <p>The Verification of loops is ongoing, only Ground Floor remaining. Cad technician services required as soon as possible.</p>	Evans, Duncan	Completed	<p>Identification of loops, detectors and sectors, and Cause and Effect Matrix to be completed by mid September 2021. Renewal of current out of specification detectors is completed.</p> <p>Training has been carried out.</p> <p>Contractors have been to site and have started on all aspects of work.</p> <p>Loops are being completed and plotted</p> <p>Verification and inputs from different officers required to be carried out.</p> <p>Verifications and tracing heads</p> <p>Progress is being achieved on all aspects of the fire alarm.</p> <p>Progress being made on drawings, verification and installation-commissioning of interfaces but am aware of need of changes. Labels and zones require updates.</p>	Health and Safety Committee	1	1	1	Treat	06-Dec-22

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													Completion of the Verification of Detectors has been completed in the Main Hospital and the second phase of work is to Verify the I/O from the interfaces to enable the Cause and Effect to work. The labelling of the detectors can now be started as the locations are all verified as well as the Zones have been completed by the Fire Officer. This task will eliminate all wrong labels/addresses being reported during an alarm status.	Evans, Duncan	Completed	We are nearing completion but require the services of a Cad Technician to complete.						
													Verification of detectors 95% Complete. Identification of I/O units complete. Zones 100% complete but require renumbering. Cause and effect not started as need identification of what doors and other plant to be activated by Zone detection. Power supplies then need to be altered and I/O reconnected to accept new control limitations. Sounders and addresses also need to be altered.	Evans, Duncan	20/10/2022	No further progress from last entry.						
													Waiting for meetings to formulate new Cause and effect	Evans, Duncan	Completed	No further progress.						
													New numerical Zones have been completed and the Audio cause and effect being started off these drawings. The detectors and the interface units will be the next item.	Evans, Duncan	23/09/2022	As identified work is in progress.						
													Zone Identification and renumbering complete, audible cause and effect complete and door controls completed. This needs to be passed to the Fire Alarm Specialists to programme into the system and test each operation. Renaming the detectors required as current is not adequate. Information passed to Contractors to engage their responsibility for dampers.	Elliott, Rob	21/11/2022	Awaiting formal instruction for Funding.						

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													Notification has been received that the Automatic Detectors are out of Support and are orders are now being placed for Retrofit units that5 will sit on the loop. These are available for short notice as there is a requirement to update to new Autroguard Units instead of Autrosafe which is obsolete.	Evans, Duncan	12-Sep-22	Orders have been put on Oracle for 15 detectors.						
													All historic information has been passed on to FSC, Autroguard specialists and awaiting costs for upgrade.	Elliott, Rob	30/12/2022	No further progress to report.						

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461	Service or Department Level Risk	E&F: Specialist Services (Catering/Laundry)	Elliott, Rob	Jones, Peter	01-Sep-13	<p>There is a risk of avoidable staff injury due to uneven and raised flooring that cannot be cleaned adequately.</p> <p>This is caused by water seeping through the flooring and tiles within the dishwashing area in the catering area.</p> <p>This will lead to an impact/affect on potential accidents, sickness, claims, slips, trips and falls.</p> <p>Risk location, Glangwili General Hospital.</p>	<p>Care to be observed when working in this area.</p> <p>Floor signs to be used whenever possible.</p> <p>Observational checks to be undertaken throughout the day.</p> <p>Spillages to be cleaned immediately.</p>	Safety - Patient, Staff or Public	6	4	3	12	<p>Options to remedy floor discussed with Estates Department.</p> <p>Develop a Capital funding 19/20.</p> <p>Further discussion taking place with Estates.</p> <p>Raise awareness with staff working in the area.</p> <p>Capital bid submitted</p> <p>Existing quote over two years old new cost requested</p> <p>New cost provided</p> <p>Obtain funding to replace flooring.</p>	<p>Peter Jones, Peter Jones, Peter Jones, Mr Tim Baines, (Inactive User) Daniel, Richard Daniel, Richard Jones, Peter Jones, Peter Jones</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>31/03/2023</p>	<p>Completed- Capital bid submitted April 2021.</p> <p>Closed- no funding received in 19/20.</p> <p>Closed- new action to be written.</p> <p>Issues raised with staff at team briefing.</p> <p>Bid submitted to Capital Manager</p> <p>Cost for total project £94,695</p> <p>Bid submitted 29.04.21</p> <p>Capital bid submitted 29/04/2021, no formal feedback as of July 2021. Review at end of financial year 22-23. Resubmit bid.</p>	Health and Safety Committee	2	3	6	Treat	15-Sep-22

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496	Service or Department Level Risk	E&F: Specialist Services (Catering/Laundry)	Elliott, Rob	Jones, Peter	01-Jul-12	<p>There is a risk avoidable harm to staff within the main kitchen and dishwashing area due to uneven and raised flooring that cannot be cleaned adequately.</p> <p>This is caused by damaged flooring around the drain area by the dishwasher area. Water seeps through the flooring and raises the covering to seep through to the lower level. Initial remedial work has not proved 100% effective.</p> <p>This will lead to an impact/affect on potential accidents, sickness, claims and possible slips, trips and falls. This may result in an enforcement notice from Environmental Health and non compliance with The Health and Safety at Work Act 1974.</p> <p>Risk location, Bronglais General Hospital.</p>	<p>Short term replacement of damaged flooring has been completed.</p> <p>Rubber mats purchased to cover the affected area to reduce further damage.</p>	Safety - Patient, Staff or Public	6	4	3	12	<p>Temporary repair of floor completed July 2016.</p> <p>Formal bid for capital funding submitted for 2017/18 funding, refreshes the bid and resubmit.</p> <p>Meet with Estates to establish costing for repairs.</p> <p>Work with Estates department to establish costs and develop a capital bid for repair work.</p> <p>Head of Specialist Services to ask catering manager to contact estates for quote to repair/replace floor</p> <p>Cost requested by catering manager</p> <p>Estates to be contacted re quote to replace flooring</p> <p>Estates to be contacted as no quote received</p> <p>cost of replacement floor provided by estates</p>	<p>Baines, Mr Tim (Inactive User)</p> <p>Jones, Peter</p> <p>Baines, Mr Tim (Inactive User)</p> <p>Peter Jones</p> <p>Jones, Peter</p> <p>Lepetit, Carole</p> <p>Lepetit, Carole</p> <p>Lepetit, Carole</p> <p>Jones, Peter</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>4749/2020-29/04/2021</p> <p>Completed</p> <p>31/08/2020</p> <p>31/08/2020</p> <p>21/08/2020</p>	<p>Despite some remedial work to flooring within dishwashing area being carried out, repair not 100% effective. A Datix incident has been recorded as an employee recently slipped and fractured her wrist.</p> <p>Action closed- old action referring to 17/18, no long applicable.</p> <p>No response from estates.</p> <p>2013 cost used plus 30% uplift = £31,980</p> <p>Requested again - Awaiting response</p> <p>Action closed- to be rewritten</p> <p>Carole Lepetit asked by Tim Baines to contact estates</p> <p>Tim Baines asked Carole Lepetit 29.7.20 to contact estates asap</p> <p>capital bid to be produced now cost provided Elfyn Jones provided cost of £5K The flooring replacement is planned as Phase 1 of Cook Freeze project, EFAB funding bid gone in to WG awaiting decision in Nov 22</p>	Health and Safety Committee	2	3	6	Treat	29-Nov-22

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1540	Service or Department Level Risk	NQPE: Health and Safety	Passey, Sian	Harrison, Tim	21-Oct-22	<p>There is a risk of new staff facing delays in receiving suitable and sufficient manual handling training upon commencing work with HDDUHB. This relates to Foundation training of clinical staff including Healthcare Support Workers (HCSW), Nurses and Midwives. There are currently over 30 day waits for training with an average wait of 37 days (Learning and Development (L&D) data June 2022). This is primarily a concern within Carmarthenshire, where demand/recruitment numbers are highest.</p> <p>This is caused by the Manual Handling Team having to move their base twice since January 2021, resulting in a smaller training room now with reduced training capacity. The team also undertake complex and specialised clinical roles in addition to their training elements and are in constant demand in providing patient assessment and clinical advice, supporting risk assessment, display screen equipment assessment and supporting Datix investigations in order to reduce future harm.</p> <p>This will lead to an impact/affect on both staff safety and patient safety. Manual Handling training serves two main purposes.</p> <p>•The protection of staff from harm in terms of work-related musculoskeletal disorders which continue to cause sickness absence in health and social care sectors. The duty to provide instruction, information, training and</p>	<p>1.The Manual Handling Team have introduced a tiered scheme to their training provision with the intention of prioritising classroom time for those that undertake patient handling, with different levels dependent on where and how they work. The two patient handling categories are below:</p> <p>•ESR3 - Minimal and Emergency Handling is a one-day course. Introduced to assist with the ever-increasing demand. It covers sit/stand/walk, push/pull, lifting /carrying falling/fallen and emergency handling. This course was created to better reflect the needs of some staff groups, diverting them to this course and appropriately prioritising staff who require ESR4.</p> <p>•ESR4 - All Wales Passport Scheme Foundation Training (FT) in People Handling consists of a two-day course covering all modules including the above, plus bed work, slide sheet, lateral transfers, hoisting etc.</p> <p>2.Due to demand, multiple new dates were added for foundation training for the remainder of the year, including accommodating all International Nurses and Apprentices.</p> <p>3.Learning & Development have introduced a new model of pre-course contact via text or telephone, which identifies any non-attenders or cancellations a week in advance in an attempt to optimise vacant spaces from the waiting list. This is likely to improve with the weekly meetings with Manual Handling team.</p> <p>4.Workplace Assessors (WPA) on the wards/departments where the new starter is to commence work can continue to carry out competency assessments reducing the need for update training.</p>	Safety - Patient, Staff or Public	6	3	4	12	<p>Creating improved training capacity in Carmarthen</p> <p>The current training facility in Glien House, Carmarthen is limited to 12 trainee places, there is a clear need to improve training capacity in Carmarthenshire with a suitable venue. A venue that could support 16-24 places would greatly increase training capacity for ESR3 and ESR4 courses.</p> <p>Additional Training Resource</p> <p>Appointing two band 4 manual handling training assistants to the Manual Handling Team to work alongside current Band 6 staff would increase training provision without compromising the team's non-training responsibility. Band 4s train only under supervision of band 6 staff. (Note: additional training venue(s) may be required unless a larger venue is found for the team).</p> <p>Reduce Frequency of Update Training</p> <p>Consideration could be given to the option of altering the frequency of update training from 1-yearly to 3-yearly (Note: the requirement for urgent refresher training indicated by a clinical concern would remain). With any additional days released by reducing routine updates, additional FT courses could be added where possible.</p>	Rayani, Mandy	30/04/2023	Progress to be provided at the next review of the risk.	Health and Safety Committee	2	3	6	Treat	18-Nov-22
													Rayani, Mandy	30/04/2023	Progress to be provided at the next review of the risk.							
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						supervision is enshrined in Health & Safety law and specifically these duties are laid out in the Manual Handling Operations Regulations, Provision and Use of Work Equipment Regulations and Lifting Operations & Lifting Equipment Regulations. •Protection of patients from physical harm due to poor practices. Risk location, Health Board wide.	5.The Manual Handling team now rigorously assess any manual handling experience/training incoming staff already possess to decide whether a manual handling update might meet their needs rather than attending the full FT course. 6.In instances where training before start dates is not possible, managers can use a newly revised risk assessment to assess the safety of that person working in their environment without having received training. While practical training places are awaited, the risk assessment would determine what the person can safely do and make clear what they cannot undertake. This is a short-term arrangement which will require regular review and does not replace training. The risk assessment allows any previously trained and experienced staff to start work while their booked HDDUHB training is awaited and helps free up 2-day places for those who need it most in the short-term e.g., inexperienced handlers.						Medical Staff Training In response to any surge in demand for additional ESR3 courses, for example at times of year when large volume of doctors are recruited, explore options of overtime for Manual Handling team running FT (ESR3) courses on weekends in large cohorts. This model would be unlikely to work for FT (ESR4) due to equipment needed.	Vaughn, Gemma	30/04/2023	Progress to be provided at the next risk review.						

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1549	Service or Department Level Risk	NQPE: Health and Safety	Passey, Sian	Harrison, Tim	21-Oct-22	<p>There is a risk violence and aggression to Health Board staff who are regularly exposed to dangerous situations.</p> <p>This is caused by the Training Team not having adequate resources to deliver the All-Wales Violence and Aggression Passport course and additional courses that focus on understanding behaviours that challenge to the wider Health Board, as highlighted by the Health and Safety Executive (HSE) review conducted in 2019.</p> <p>In addition, there is the challenge of staff not being released from their clinical duties due to staff shortages and clinical demands to undertake training.</p> <p>This will lead to an impact/affect on on both staff and patient safety, with staff not being aware of relevant skills and techniques to ensure their own safety, and also ensuring patient safety by utilising the appropriate response in a given situation.</p> <p>Potential for further HSE intervention leading to significant fines for not fulfilling the actions stated in the Health Boards evidence submitted to the HSE in 2019.</p> <p>Non compliance with Management of Health and Safety at Work Regulations</p> <p>Risk location, Health Board wide.</p>	<p>The Team offers a variety of training courses and refreshers like All-Wales Violence and Aggression Passport, Restraint reduction, Positive Behaviour Management (PBM) and Reducing Restrictive Practice Care Planning and Liberty Protection Safeguards (RRPCP & LPS).</p> <p>Training is prioritised for at risk areas.</p> <p>The team link with clinical areas through Datix reporting, provide practical advice and resources and offer training where appropriate.</p> <p>Where risks are identified then resources are deployed to provide training- usually person specific training to reduce risk to staff and patient.</p> <p>Links with V&A case manager in the identification of incidents where training may be of benefit</p> <p>The team have written a Health Board policy on Reducing Restrictive Practice- Staff who contact the team are directed to this policy for guidance. Doesn't replace the need for training but assists in guiding staff through processes.</p> <p>The team have a presence in clinical areas (when possible) - focussed on specific sites where risks are identified.</p>	Safety - Patient, Staff or Public	6	3	4	12	<p>Additional Training Resource: Appoint 3 band 4 assistant practitioners to the Team</p> <p>Creation of Practice Leaders: Practice Leaders to provide clinical support and advice, supervised by the core Reducing Restrictive practice team.</p> <p>Creation of Practice Leaders: Mental Health to up skill a member of each inpatient area to work as practice leaders.</p> <p>Creation of Practice Leaders: Practice leaders to be trained up by the team to manage many of the requests for support that currently come in from mental health areas.</p>	<p>Harrison, Tim 31/03/2023</p> <p>Wood, Rachel 31/03/2023</p> <p>Wood, Rachel 31/03/2023</p> <p>Wood, Rachel 31/03/2023</p>	<p>Progress to be provided at the next review of the risk.</p> <p>Progress to be updated at the next review of the risk.</p> <p>Progress to be updated at the next review of the risk.</p> <p>Progress to be provided at the next review of the risk.</p>	Health and Safety Committee	2	3	6	Treat	12-Dec-22	

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1234	Service or Department Level Risk	Standard 2.1 Managing Risk and Promoting Health and Safety	Scheduled Care: OPD	Hire, Stephanie	George, Helen	24-Aug-21	<p>There is a risk to patients and staff health and safety.</p> <p>This is caused by inadequate control of temperature due to lack of air flow management in the clinical areas in OPD B (old area) at WGH. These temperature breaches working conditions which has been highlighted in a recent (August 2021) internal Health & Safety audit report (regulation 7 'during working hours the temperature in all work places inside buildings should be reasonable). The rooms gets incredibly hot and due to confidentiality, dignity issues the doors have to be closed in rooms 5 and dressing room during consultations and whilst dictating afterwards.</p> <p>This will lead to an impact/affect on patients and staff safety. Doctors and health care professionals refusing to work in room 5 as not appropriate/comfortable. Patient complaints and possible claims, staff morale and wellbeing, utilisation of the department. Possible increase of infection when wounds are being redressed.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Doors opened for short periods between patients- insufficient time to relieve problem</p> <p>Access to drinking water to keep hydrated.</p> <p>Health and safety policy and Occupational Health service.</p> <p>Risk highlighted again to SNM and SDM, and has been escalated to the portfolio leads.</p>	Safety - Patient, Staff or Public	6	3	4	12	Obtain funding for ventilation unit.	Thomas, Huw	31/03/2023	Quote have been obtained (approx. £8.5k). Capital bid has been submitted, awaiting approval.	Health and Safety Committee	2	2	4	Treat	26-Apr-22
210	Service or Department Level Risk	E&F: Carmarthenshire West	Elliott, Rob	Jones, Kevin	01-Sep-13	<p>There is a risk avoidable disruption to patient care services arising from ventilation plant failure.</p> <p>This is caused by an unreliable and obsolete ventilation plant and machinery. The system has been declared as end of life in a technical report issued by NHS Wales Shared Services Partnership - Specialist Estates Services.</p> <p>This will lead to an impact/affect on disruption of patient services, closure of obstetrics theatre at Glangwili General Hospital.</p> <p>Risk location, Glangwili General Hospital.</p>	<p>Planned Maintenance is in place with an increased focus on ventilation systems.</p> <p>Regular monthly communication with Theatre staff to identify any concerns.</p> <p>A system for regular visual inspections of plant equipment.</p> <p>Mechanical spares for the ventilation plant have been purchased and can be changed over promptly to minimise downtime.</p>	Service/Business interruption/disruption	6	3	4	12	<p>Replace the system as part of the phase 2 Obstetrics and Women's services scheme which will develop new theatre services on the GGH site.</p> <p>Review the current emergency planning arrangements with theatres to minimise the disruption impact if the electricity supply were to fail in Ops and theatres.</p> <p>There are 2 new Obstetrics theatres currently being installed on the final phase of the Women and Childrens project</p>	<p>Jones, Kevin</p> <p>Evans, Paul</p> <p>Jones, Kevin</p>	<p>Completed</p> <p>Completed</p> <p>31/03/2023 New Action</p>	<p>There are now 2 new obstetrics theatres currently being installed on the final phase of the women and childrens project</p> <p>The date is now overdue with a review planned for March 2018. The desktop review is now completed. This now needs to be reviewed with theatre staff.</p> <p>These new theatres are currently being installed and will soon be commissioned</p>	Health and Safety Committee	1	4	4	Treat	28-Nov-22	

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222	Directorate Level Risk		E&F: Operations Compliance	Elliott, Rob	Smith, Robin	01-Jul-12	<p>There is a risk Avoidable harm to patients, visitors, staff and contractors due to exposure to asbestos through contact with 'Asbestos Containing Materials' (ACMs). Adverse Publicity through non compliance which may or may not be related to actual exposure risk.</p> <p>This is caused by Approximately 2700 known and recorded ACM's being present in the building fabric due to the age of some of the Health Board's (HB) estate.</p> <p>This will lead to an impact/affect on An uncontrolled release of asbestos fibres affecting staff,contractors, patients and the public. Possible enforcement action and prosecution in the event of HSE intervention in response to an incident, a complaint, or as a result of an inspection.</p> <p>Compliance with The Control of Asbestos Regulations 2012 & Asbestos Policy arrangements for Safety of Staff, Contractors, Patients and Visitors.</p> <p>Risk location, Health Board wide.</p>	<p>A comprehensive HB Asbestos Policy is in place. Asbestos Management Plans in both electronic and printed format available for each site containing Asbestos, based on Asbestos Management Surveys. Targeted Renovation and Demolition Surveys are also undertaken in advance of schemes. All samples undertaken for surveys and other investigations updated on the AMP's The condition of ACM's and protection where provided e.g. encapsulation is inspected annually</p> <p>Training of staff in Asbestos Awareness and cohort of estates staff at each acute site trained in Asbestos Non Licenced Work (NLW).</p> <p>Ongoing communications between Estates and other directorate managers on the reporting of building defects, and site specific asbestos issues. The control of contractors is exercised by Engaging Managers and Estates Officers.</p> <p>A holistic health board wide review of asbestos management has been undertaken and resulted in a new compliance team being implemented in 2022 including a compliance officer leading with asbestos management.</p>	Safety - Patient, Staff or Public	6	3	4	12	<p>Implementation of an all-digital asbestos management database system.</p> <p>Improvement of compliance by the inclusion of existing asbestos data relating to leased properties, and/or by commissioning new surveys of leased properties.</p>	<div>Smith, Robin</div> <div>Smith, Robin</div>	31/03/2023 28/02/2022	<p>Scoping the available systems on the market and their suitability.</p> <p>Working with the property team to determine all leasehold properties and to determine the duty holder in in case.</p>	Health and Safety Committee	1	4	4	Treat	25-Oct-22

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708	Directorate Level Risk	Standard 3.5 Record Keeping	Ceredigion	Skitt, Peter	Hawkes, Jina	18-Mar-19	<p>There is a risk staff safety from inappropriately stored records Health and Safety of staff in addition to the structure of buildings</p> <p>This is caused by inappropriate use of community buildings for the storage of patient files / documents where archived boxes are stored in inappropriate places; when a corporate solution should be in place</p> <p>This will lead to an impact/affect on inability to access patient files, documents and non-adherence to retention and destruction policies. Staff Health and safety where trying to manage and access these boxes. Non-compliance with Fire Safety Regulations and Health and Safety standards</p> <p>Risk location, Cardigan Health Care Site, Ceredigion, Tregaron Hospital.</p>	Work is underway to clear Tregaron Hospital which has structural defects with the 1st and 2nd floors being condemned by the Fire Service in May 2021.	Safety - Patient, Staff or Public	6	3	4	12	<p>Respond to Head of Information Governance requesting his opinion for how the situation may be managed.</p> <p>Head of Information Governance to communicate a way forward</p> <p>Source Interim storage arrangements</p> <p>Work with Information Governance to determine an electronic centralized storage system for community services records management</p> <p>Work with Information Governance to determine a way forward enabling the storage of non-community files to alternative sites; taking into account staffing priorities associated with COVID</p> <p>Risk to be escalated out-side of Ceredigion County level</p> <p>Explore opportunities of combining this risk with the similar risk associated with acute sites</p> <p>Develop whole system engagement</p> <p>HDUHB wide Physical solution to be achieved</p> <p>Escalate the need for a HDUHB wide Physical solution to be achieved</p> <p>Plan for the removal of boxes from local sites to the centralised store</p>	Hawkes, Jina Rees, Gareth Rees, Gareth Skitt, Peter Skitt, Peter Skitt, Peter Skitt, Peter Skitt, Peter Skitt, Peter Hawkes, Jina	Completed Completed Completed Completed Completed Completed Completed Completed Completed Completed	Communication commenced Head of Information Governance has met with County Team reassured team that Service Leads are responsible for their own record management Temporary storage facilities were erected at Cardigan Integrated Care Centre w/c 2/12/19 Communications are underway. The temporary storage facility has been approved by the Information Governance team. Ceredigion General Manager to meet with head of Information Governance Ceredigion General Manager to meet with head of Information Governance Ceredigion County Director has communicated challenges with head of Information Governance Ceredigion County Director to establish 3 County group Paper going to Information Governance Sub Committee on the 12/10/21 Discussions with Senior decision makers is on-going. Director of Nursing, Quality and Improvement aware of the situation. The situation has been raised and escalated. Paper raised, awaiting response from Information and Governance. Email sent to Information and Governance; awaiting response	Health and Safety Committee	1	4	4	Treat	21-Nov-22

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													In line with Information Governance processes; organise a catalogue of boxes to be removed from local sites to the centralised store	Hawkes, Jina	Completed	Information and Governance have sent through storage process requirements in April 2022; work is underway to prioritise and catalogue contents of boxes						
													In line with Information Governance processes; implement the removal of achieved boxes into long term storage	Hawkes, Jina	Completed	Addition scoring guidance is being developed						
													Awaiting additional guidance from Information Governance to enable scoring system for prioritization of storage	Hawkes, Jina	Completed	No guidance has been issued						
													Consider alternative temporary storage arrangements.	Hawkes, Jina	30/12/2022	Visit arranged to view the container in Cardigan						
369	Directorate Level Risk	E&F: Carmarthenshire East	Elliott, Rob	Rosser, Brian	01-Jul-14	<p>There is a risk avoidable disruption to business continuity in the theatre complex at Prince Philip Hospital.</p> <p>This is caused by a number of Air Handling units failing or having limited remaining life capacity which are non compliant with current HTM (Health Technical Memoranda) standards, i.e. each theatre does not have a dedicated air handling unit.</p> <p>This will lead to an impact/affect on loss of the plant, potential closure of critical patient care services and Referral to Treatment (RTT) performance.</p> <p>Risk location, Prince Philip Hospital.</p>	<p>Planned Preventative Maintenance (PPM) is in place.</p> <p>Annual NHS Wales Shared Services Partnership (NWSSP) surveys.</p> <p>Repairs and painting have been undertaken.</p> <p>Regular visual inspections of the plant.</p>	Service/ Business interruption/disruption	6	4	3	12	<p>Ensure visual checks and regular PPMs continue.</p> <p>Remedial work in the form of additional filtration is currently being looked at as a priority to see if a final filtration system can be included after the Air Handling Unit system at PPH theatre's 1&2 . This would eliminate any potential issues of air quality and only be considered as a short term mitigation.</p> <p>Replace Air Handling unit for Theatres 1&2.</p> <p>Obtain clarification on the use of the theatres to determine the ventilation strategy and costs.</p>	<p>Evans, Paul</p> <p>Evans, Paul</p> <p>Rosser, Brian</p> <p>Rosser, Brian</p>	<p>Completed</p> <p>Completed</p> <p>31/03/2023</p>	<p>Checks continue to be carried out. Full plant replacement will be required for investment via Integrated Medium Term Plan (IMTP) funding or infrastructure funding, however, the short term investment in 2018 has improved the functionality of the system whilst awaiting funding for replacement.</p> <p>This will now be looked at immediately with a completion date of December 2017. Status Update - the theatre department were unable to release the area to undertake the planned remedial work. This is now scheduled for the end of March 2018.</p> <p>Costing received (approx. £300,000), awaiting funding via backlog maintenance. This is forming part of a Business Case for a batch of funding from Welsh Government. Meeting took place with design team on 11th Aug 2022 ,site visit due 9th Sept 2022 ,priority list to be formulated.</p> <p>New action.</p>	Health and Safety Committee	1	3	3	Treat	17-Nov-22

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951	Directorate Level Risk	Standard 2.1 Managing Risk and Promoting Health and Safety	E&F: Pembrokeshire	Elliott, Rob	Evans, Duncan	01-Feb-17	<p>There is a risk that the Fire Alarm will not report properly when the system is in Fire. Any fire will be detected but the report sent to the Panel Indication may not be correct. The Cause and Effect which is the closing of the doors, operation of sounders, shutting down of plant etc, have all been identified and are waiting for completion of Zone numbering to be completed. All information will be forwarded to the system programmer for update to system.</p> <p>This is caused by incomplete set up during the commissioning of the system at the start. All information is now available and waiting for completion of verification and transfer to new panel systems. A new numbering system of Zones is also needed to be completed before the system can be uploaded.</p> <p>This will lead to an impact/affect on the fire alarm system working as proposed in initial design. Secondary effects may not work properly as the original config is incomplete.</p> <p>Risk location, Witherbush General Hospital.</p>	<p>Currently we have Verified all detectors and identified where all interfaces are positioned. We have verified position of all power supplies for doors and Dampers and following on from zone verification this can be completed and sent for programming.</p> <p>Verification of loops and detectors are ongoing.</p>	Safety - Patient, Staff or Public	6	3	4	12	<p>Identification of loops, detectors and sectors. Creation of a new Cause and Effect Matrix and renewal of current out of specification detectors.</p> <p>Additional Staff to be trained on how to use the system.</p> <p>Residences are imminently being renewed and made compliant, cause and effect is waiting for a complete verification.</p> <p>Verification of loops and detectors are ongoing. Verification of interface operation ongoing.</p> <p>Residential Blocks are complete with only Sealyham and Springfield yet to complete. Verification of top floors complete but work required on formulation of cause and effect still remaining. Completion to L1 standard not complete</p> <p>Verification of alarms is still going on in collaboration of FSC.</p> <p>The verification of floors 3,2,1 are complete but have not been mapped out. 0 and -1 are yet to be completed. Cause and effect has been identified by zones but needs updating. Residences have been completed with detector change but are awaiting verification of cable to Telephonists.</p> <p>The Verification of loops is ongoing, only Ground Floor remaining. Cad technician services required as soon as possible.</p>	Evans, Duncan Evans, Duncan Elliott, Rob Evans, Duncan Elliott, Rob Evans, Duncan Evans, Duncan	Completed Completed Completed Completed Completed Completed Completed	<p>Identification of loops, detectors and sectors, and Cause and Effect Matrix to be completed by mid September 2021. Renewal of current out of specification detectors is completed.</p> <p>Training has been carried out.</p> <p>Contractors have been to site and have started on all aspects of work.</p> <p>Loops are being completed and plotted</p> <p>Verification and inputs from different officers required to be carried out.</p> <p>Verifications and tracing heads</p> <p>Progress is being achieved on all aspects of the fire alarm.</p> <p>Progress being made on drawings, verification and installation-commissioning of interfaces but am aware of need of changes. Labels and zones require updates.</p>	Health and Safety Committee	1	1	1	Treat	06-Dec-22

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													Completion of the Verification of Detectors has been completed in the Main Hospital and the second phase of work is to Verify the I/O from the interfaces to enable the Cause and Effect to work. The labelling of the detectors can now be started as the locations are all verified as well as the Zones have been completed by the Fire Officer. This task will eliminate all wrong labels/addresses being reported during an alarm status.	Evans, Duncan	Completed	We are nearing completion but require the services of a Cad Technician to complete.						
													Verification of detectors 95% Complete. Identification of I/O units complete. Zones 100% complete but require renumbering. Cause and effect not started as need identification of what doors and other plant to be activated by Zone detection. Power supplies then need to be altered and I/O reconnected to accept new control limitations. Sounders and addresses also need to be altered.	Evans, Duncan	20/10/2022	No further progress from last entry.						
													Waiting for meetings to formulate new Cause and effect	Evans, Duncan	Completed	No further progress.						
													New numerical Zones have been completed and the Audio cause and effect being started off these drawings. The detectors and the interface units will be the next item.	Evans, Duncan	23/09/2022	As identified work is in progress.						
													Zone Identification and renumbering complete, audible cause and effect complete and door controls completed. This needs to be passed to the Fire Alarm Specialists to programme into the system and test each operation. Renaming the detectors required as current is not adequate. Information passed to Contractors to engage their responsibility for dampers.	Elliott, Rob	21/11/2022	Awaiting formal instruction for Funding.						

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471	Service or Department Level Risk	E&F: Carmarthenshire East	Elliott, Rob	Rosser, Brian	25-Sep-17	<p>There is a risk serious harm to pedestrians resulting from a road traffic accident occurring on the PPH access road between the Acute Medical Admissions Unit (AMAU) and staff car park.</p> <p>This is caused by no pavement or pedestrian walkway available along this stretch of road and curvature of road limiting the view of motorists using this area.</p> <p>This will lead to an impact/affect on death or serious harm to a pedestrian or motorist.</p> <p>Risk location, Prince Philip Hospital.</p>	There are existing speed restrictions in place such as speed warning signs and a two way mirror to help with visibility around the corner of the site.	Safety - Patient, Staff or Public	6	2	5	10	<p>Notification has been received that the Automatic Detectors are out of Support and are orders are now being placed for Retrofit units that5 will sit on the loop. These are available for short notice as there is a requirement to update to new Autroguard Units instead of Autosafe which is obsolete.</p> <p>All historic information has been passed on to FSC, Autroguard specialists and awaiting costs for upgrade.</p>	Evans, Duncan Elliott, Rob	12-Sep-22 30/12/2022	<p>Orders have been put on Oracle for 15 detectors.</p> <p>No further progress to report.</p>	Health and Safety Committee	1	5	5	Treat	17-Nov-22
													Installation of a pedestrian foot path or hatched area along this stretch of road is recommended, along with road re-surfacing and road markings.	Rosser, Brian	22/01/2018-31/03/2023 31/03/2023	<p>Ops have been to review the area and quotations sought for a designated hatched area along the roadway. Capital bid has not been supported since 2018/19.</p> <p>Bid has been submitted for road re-surfacing 2021/2022 road markings to be included, at a cost of circa £70k.</p> <p>EFAB bid to Welsh Government has been submitted in November 2022, awaiting outcome.</p>						

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503	Service or Department Level Risk	E&F: Fire	Elliott, Rob	Evans, Paul	06-Dec-17	<p>There is a risk avoidable harm to bariatric (plus sized) patients in the event of a fire evacuation from some of our facilities.</p> <p>This is caused by the inability to evacuate patients in a timely manner due to evacuation routes not fully supporting efficient bariatric evacuation.</p> <p>This will lead to an impact/affect on serious injury, possible enforcement and Health and Safety (HSE) Executive intervention in the event of a serious incident occurring.</p> <p>Risk location, Health Board wide.</p>	<p>Estates, clinical and ward staff are fully aware of this issue. A clinical assessment is undertaken for each in-patient and if there are evacuation concerns regarding bariatric patients then this should be discussed with the fire safety team. There are BMI restrictions now in place at some clinical locations, such as Preseli theatre/Ward area.</p> <p>Fire training is continually being delivered to staff.</p> <p>Bariatric aids have been purchased by the Health Board and are in use. However, this is not suitable for every ward and evacuation route.</p> <p>Additional fire compartmentation upgrades and fire door improvements have been carried out to the fire structure (in some areas) to improve integrity of our buildings. Further significant investment is required to address all breaches.</p> <p>Good housekeeping continues to be maintained.</p> <p>Internal risk assessments are undertaken by the fire safety team.</p>	Safety - Patient, Staff or Public	6	2	5	10	<p>A full review is required of areas where there are difficulties in evacuation. The compliance team to review this with the manual handling teams specifically focusing on areas where bariatric patients are being cared for.</p> <p>Task and finish group required with Manual Handling teams to review this risk in detail with the fire safety team. To formally agree the delivery of on-going bariatric training - patient handling training for HB staff.</p> <p>With the T&F group now established for this, led by the Manual Handling Team and the Fire Safety Team, we need to be able to draw a full conclusion and assess the risk to the HB.</p>	Evans, Paul	Completed	<p>Bariatric escape aids have been purchased by the Health Board and training has been provided. However there are still areas across the Health Board where this equipment would not adequately evacuate bariatric patients due to the size of door openings and equipment size. This has yet to be fully reviewed. Although this issue is being discussed at all fire safety groups and a standard bariatric evacuation document has been circulated at FSG's.</p> <p>We have now been given the names of representatives to commence the T&F group to identify where we are with this risk. A meeting is now planned for the 20th Jan 2022 with MH leads and the fire team to discuss the way forward.</p> <p>Completed -</p>	Health and Safety Committee	1	5	5	Treat	09-Dec-22
477	Service or Department Level Risk	E&F: Carmarthenshire West	Elliott, Rob	Jones, Kevin	25-Sep-17	<p>There is a risk serious harm to pedestrians resulting from heavy traffic crossing the GGH stores delivery area.</p> <p>This is caused by insufficient measures in place to restrict access to this area and divert pedestrians to alternative routes. No segregation between normal parking and that of heavy goods vehicle parking and manoeuvring.</p> <p>This will lead to an impact/affect on serious harm to a pedestrian in an event of an incident happening, leading to a potential prosecution on the grounds of corporate manslaughter.</p> <p>Risk location, Glangwili General Hospital.</p>	<p>Route is already under tight control by CP Plus, yet further controls are necessary.</p>	Safety - Patient, Staff or Public	6	2	5	10	<p>Installation of clear pedestrian crossing point at entrance to main stored delivery area. Quotations for this work will be obtained by December 17, capital funding will be requested for the scheme to progress from 2018/19 funding.</p> <p>Installation of barrier preventing pedestrians from using the stores delivery area as a short cut between Mortuary and rear GGH entrance. Quotations for this work will be obtained by December 17, capital funding will be requested for the scheme to progress from 2018/19 funding.</p> <p>Introduction of zero tolerance parking along the full length of the rear access road leading up to the stores delivery point, including restriction on vehicles parked on curbs.</p>	Evans, Paul	Completed	<p>Formal risk assessment has been undertaken. THIS RISK NEEDS TO BE FORMALLY ASSESSED AGAIN TO ASSESS THE LEVEL OF RISK FACED BY THE HB.</p> <p>Funding in 2021/2022 has not been supported as of August 2021. This risk needs to be re-evaluated and an updated capital bid submitted.</p> <p>A significant portion of this route is already under tight control. CP Plus to arrange for this area to be extended all the way to the stores access point.</p>	Health and Safety Committee	1	5	5	Treat	04-Jul-22

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1332	Service or Department Level Risk	NQPE: Health and Safety	Passey, Sian	Harrison, Tim	23-Aug-21	<p>There is a risk avoidable patient and staff harm from hazardous substances.</p> <p>This is caused by the UHB not being fully aware of its compliance to the Control of Substances Hazardous to Health Regulations 2002 (COSHH). Work on reviewing compliance has been delayed due Covid-19.</p> <p>This will lead to an impact/affect on the safety of patients, staff and general public, closure of services, HSE investigations and prosecution, adverse publicity/reduction in stakeholder confidence.</p> <p>Risk location, Health Board wide.</p>	<p>Two H&S advisors in place since March 2020. H&S advisor providing support/advice to departments.</p> <p>H&S advisor attending Ventilation Group with Estates colleagues - surveyed Local Exhaust Ventilation systems across PPH, GGH, WGH (not BGH yet).</p> <p>Waste audits with Environmental team</p> <p>H&S advisor attending Sharps Safety Group - measures to reduce risk of exposure via sharps</p> <p>Annual ISO 14001 audits covering some COSHH aspects</p> <p>HDUHB COSHH policy and procedure - updated policy approved Jan 2022, contained two new COSHH forms (substance-based, and task-based)</p> <p>Induction training for Managers - includes COSHH for Managers session and covers COSHH during Control of Contractors session. Over 350 managers trained so far.</p> <p>Annual COSHH audits of acute sites - initial program (April 2020, early pandemic) assessed key departments on all acute sites and support provided on highest risk aspects.</p> <p>Centralised HDUHB database of identified substances and COSHH data - initiated April 2020 (~800 substances logged).</p> <p>Updating process is ongoing. This is used to identify and log what substances are in use, what COSHH assessments are required (and what have been completed).</p> <p>Pathology use the Q-Pulse-Pathology system and have an extensive library of COSHH assessments. These will be audited and transferred to new form when approved.</p> <p>Pharmacy use the Q-Pulse-Pharmacy system.</p> <p>HSDU (PPH, GGH, WGH, BGH) and Endoscopy (BGH) use active monitoring, ventilation, emergency procedures, COSHH training from suppliers. COSHH assessments in place on old form (updates ongoing to newer form). Detailed assessment of department conducted.</p> <p>Catering and HSDU receive COSHH training from suppliers.</p> <p>Estates, HSDU, Catering, Hotel Services, Laundry, some wards/clinics/ OPD, Pathology/Histology/Blood Sciences, Theatre, have been given an initial audit with follow-ups in 2022.</p>	Safety - Patient, Staff or Public	6	2	5	10	<p>Complete Detailed training for Managers on completion of COSHH assessments using new forms - completion of training package for delivery.</p> <p>Complete training package for delivery of COSHH Awareness training for substance users and supervisors.</p> <p>Undertake annual COSHH audit of acute sites.</p> <p>Develop improved waste procedures with Environmental team.</p> <p>Completion of >50% of required COSHH assessments using forms in HDUHB COSHH Policy 703</p>	<p>Sellek, Gerard</p> <p>Sellek, Gerard</p> <p>Sellek, Gerard</p> <p>Sellek, Gerard</p>	<p>Completed</p> <p>29/02/2022 01/10/2022</p> <p>31/05/2022 01/10/2022</p> <p>31/07/2022 01/10/2022</p> <p>30/12/2022</p>	<p>Delivery is needed. Initially the presentation file will be sent to everyone who has completed the MH&SI, after a small scale test run.</p> <p>Creation of package underway. COSHH Audits will inform contents and means of delivery of package. Some department such as HSDU and Hotel Services have existing COSHH training, this package is intended to cover gaps (and offer more tailored advice) such as nursing staff, Estates, and porters. A training package has already been developed for Porters and nursing staff who handle liquid nitrogen, and has already been delivered in PPH.</p> <p>Initial audits already carried out was intended to identify the substances in use in the HB. New audits will check for updates to initial audits; will collect information on usage/exposure/methods of use that will be needed to complete COSHH assessments. Estates has largest inventory but effort now being supported by Compliance Officer.</p> <p>Waste process for HSDU has been implemented to reduce risk of chemical containers entering incorrect waste streams. Procedure for obsolete chemicals required to support Waste Management Policy. This can be placed on Intranet and communicated via Global e-mail.</p> <p>COSHH assessment process for common estates items underway (e.g. boiler-related substances); also underway for HSDU, Catering/Hotel Services, Podiatry, Colposcopy, Radiology, Theatre/ITU/ICU, OPD, clinics, and items common to all sites.</p>	Health and Safety Committee	1	5	5	Treat	19-Aug-22

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1516	Service or Department Level Risk	E&F: Ceredigion	Elliott, Rob	Jones, Eiflyn	25-Sep-22	<p>There is a risk of patient and staff harm from collapse of Block 2 brickwork facade.</p> <p>This is caused by cracking noted during previous infrastructure visit three years ago has (anecdotal) deteriorated. The height of the brickwork above the cracks is over 20m. Further deterioration could result from adverse weather (freeze/thawing, high winds, thermal shock) or accidental collision could trigger a sudden catastrophic failure causing collapse of the full elevation of brickwork (i.e. the external skin of brickwork, the inner concrete wall would likely remain stable).</p> <p>This will lead to an impact/affect on safety of patients and staff. Block 2 could potentially be closed leading to short term service disruption for surgical services which could also impact on maternity services, if the brickwork was to collapse. Potential complaints and claims if someone is harmed.</p> <p>Risk location, Bronglais General Hospital.</p>	Safety barriers have been erected to exclude people from the area with due account of emergency escape routes.	Safety - Patient, Staff or Public	6	2	5	10	<p>Erect temporary propping/restraint to brick elevation.</p> <p>Structural Investigation to determine cause and recommend solution.</p>	<p>Jones, Eiflyn</p> <p>Jones, Eiflyn</p>	<p>30/11/2022</p> <p>30/11/2022 06/12/2022 - Scaffolding Contractors on site, estimated time for scaffold erection 4-6 weeks</p>	<p>Scaffolding design in progress.</p> <p>Investigation currently taking place.</p>	Health and Safety Committee	1	5	5	Treat	06-Dec-22

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1539	Service or Department Level Risk		E&F: Carmarthenshire East	Elliott, Rob	Rosser, Brian 27-Jan-16	<p>There is a risk of harm to patients/staff/visitors plus service disruption</p> <p>This is caused by operational failure of Pneumatic fire dampers and fire door detaunts to close in the event of a fire, due to their age and condition</p> <p>This will lead to an impact/affect on the safety of patient, staff and general public, HSE investigations and further fire brigade enforcement, fines and/or custodial sentences, adverse publicity/reduction in stakeholder confidence.</p> <p>Risk location, Prince Philip Hospital.</p>	Pre-planned Maintenance(ppm) checks in place to check operation of dampers that have not failed	Safety - Patient, Staff or Public	6	2	5	10	Funding required for upgrade works on Pneumatic Dampers and Pneumatic Fire Door detaunts	Williams, Paul	31/03/2023	Cost received on individual damper replacements, currently on Infrastructure back log engineering Maintenance as priority, meeting held on 11.08.2022 site visit on 09.09.2022 with design team, awaiting funding from Business case	Health and Safety Committee	1	5	5	Treat	18-Nov-22
480	Service or Department Level Risk	Managing Risk and Promoting Health and Safety	Central Operations: Central Transport Unit	Rees, Gareth	Skye, Gareth 01-Mar-14	<p>There is a risk avoidable detriment to business objectives.</p> <p>This is caused by site congestion and significant disruptions during busy periods. Insufficient car park spaces around the site cause blockages and congestion.</p> <p>This will lead to an impact/affect on blocking of access for fire engines, deliveries from British Oxygen (BOC) to the VIE, fuel oil deliveries to the main boiler house, woodchip deliveries to the biomass boiler and failure and delay in patients being able to attend clinical appointments.</p>	<p>CP Plus, dedicated car park management contractor to control vehicle flow.</p> <p>Park and ride facility available.</p> <p>Transport management team implementing a range of car parking improvements on site.</p> <p>ANPR system established to enable monitoring of car parking demand levels and enforce controls as and when required.</p> <p>Bollards introduced across the GGH site to ensure that areas of high risk, e.g. fire escape routes and emergency access roads are not obstructed by inappropriately parked</p>	Service/Business interruption/disruption	6	3	3	9	<p>The HDUHB is reconsidering its policy on dedicated named spaces for consultants etc. as it is regularly reported that at least 50 of these spaces are regularly empty.</p> <p>These actions are being driven by the transport team and a review of the number of consultant car parking spaces is being undertaken.</p> <p>Implement a Car Park Improvement Strategy for GGH and PPH</p>	<p>Evans, Paul</p> <p>Skye, Gareth</p>	<p>Completed</p> <p>Completed</p>	<p>Action completed. Consultant spaces reduced from 92 to 53 in November 2016.</p> <p>GGH and PPH car park improvement strategies have been implemented.</p>	Health and Safety Committee	2	3	6	Treat	27-Sep-22

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		Standard 2.1				Risk location, Glangwili General Hospital, Prince Philip Hospital.	vehicles.						Implementation of Car Park Improvement Strategy for PPH, including plans to increase parking capacity at PPH.	Skye, Gareth	Completed	PPH Car Park Improvement Strategy has been signed off by the Executive Management Team. Awaiting provision of capital funding to enable commencement of improvement works. Re-lining of the lower staff PPH car park was completed in August 2022 to increase the available capacity of existing car parking areas						
													Work with Gwili Railway Company to scope the potential for implementing a shared car parking arrangement on their planned site adjacent to the GGH site.	Skye, Gareth	31/01/2023	The Health Board is currently engaging with the Gwili Railway on their future car park development. A paper has been submitted to the Director of Operations for consideration in respect of shared use of the Gwili Railway car park. £55k recurrent investment needed to enable this. Anticipate potential completion date of new development by Winter 2022						
1072	Service or Department Level Risk	E&F: Ceredigion	Elliott, Rob	Jones, Eifyn	02-Dec-13	<p>There is a risk avoidable harm to patients, visitors and staff from slips, trips and falls on external roads and pathways at BGH.</p> <p>This is caused by degradation of road surfaces as a result of weather conditions.</p> <p>This will lead to an impact/affect on financial claims or Health and Safety Executive (HSE) inspections on Hywel Dda University Health Board following an incident. (Linked to HB wide risk 362).</p> <p>Risk location, Bronglais General Hospital.</p>	<p>Maintenance teams manage the worst affected areas around the sites.</p> <p>Regular site inspections are carried out.</p> <p>Planned preventative maintenance is in place.</p>	Safety - Patient, Staff or Public	6	3	3	9	Secure money via Capital bid.	Jones, Eifyn	Completed	No budget available for 2021/2022 Awaiting Allocation for 2022/2023	Health and Safety Committee	2	3	6	Treat	06-Dec-22

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474	Service or Department Level Risk	E&F: Carmarthenshire East	Elliott, Rob	Rosser, Brian	01-Sep-14	<p>There is a risk avoidable disruption to business continuity from engineering infrastructure components failing at the Elizabeth Williams Clinic.</p> <p>This is caused by failure of the heating system comprising of three boilers in excess of 20 years old at the Elizabeth Williams Clinic and obsolete controls of the boiler plant, which have been prone to previous failure.</p> <p>This will lead to an impact/affect on loss of heating and hot water services and service resilience issues.</p> <p>Risk location, Elizabeth Williams Clinic.</p>	<p>On-going maintenance and PPMs are being carried out.</p> <p>Visual inspections are also being undertaken.</p> <p>Communications with staff has also taken place.</p>	Service/Business interruption/disruption	6	3	3	9	<p>Quotations have been received by contractors.</p> <p>Insulate pipework in the upstairs offices to address the Datix incident regarding excess temperatures.</p>	Rosser, Brian	42/42/2017-31/03/2021-31/03/2022-31/03/2023	<p>The operations managers are looking at the quotes and seeking funding for the work from 2020 infrastructure backlog business case.</p> <p>Awaiting date from contractor to insulate.</p>	Health and Safety Committee	1	3	3	Treat	17-Nov-22
476	Service or Department Level Risk	E&F: Carmarthenshire East	Elliott, Rob	Rosser, Brian	01-Sep-14	<p>There is a risk avoidable disruption to business continuity risks at Cross Hands Health Centre.</p> <p>This is caused by boiler systems significantly old and beyond economical life.</p> <p>This will lead to an impact/affect on resilience issues if components of the building fail during service.</p> <p>Risk location, Cross Hands Health Centre.</p>	<p>On-going maintenance and Planned Preventive Maintenance (PPMs) are being carried out.</p> <p>Visual inspections are also being undertaken.</p> <p>Communications with staff has also taken place.</p>	Service/Business interruption/disruption	6	3	3	9	<p>Quotations have been sought regarding the replacement boilers. Hot water systems need updating. Capital bid required from 19/20capital funding to address issues.</p> <p>New plant to be in place as part of new Cross Hands Health Centre.</p>	<p>Rosser, Brian</p> <p>Rosser, Brian</p>	<p>Completed</p> <p>24/07/2022-31/03/2024</p>	<p>Action closed- new actions written regarding new plant to be in place as part of new Cross Hands Health Centre.</p> <p>Business case for new Health Centre has gone to Welsh Government for funding, awaiting response. It is hoped that funding will be received for 2022/23, and building work to begin July 2022. A new plant is planned as part of the new building work, however this work has been delayed due to Covid.</p>	Health and Safety Committee	1	3	3	Treat	17-Nov-22

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430	Service or Department Level Risk	E&F: Camarathenshire East	Elliott, Rob	Rosser, Brian	01-Aug-12	<p>There is a risk avoidable disruption to business continuity as a result of the Boiler House Engineering Plant and engineering equipment failure.</p> <p>This is caused by the age of a selection of plant and equipment has reached the end of its engineering life expectancy and is prone to operational failures.</p> <p>This will lead to an impact/affect on service disruption for the site if key items of plant were to completely fail.</p> <p>Risk location, Prince Philip Hospital.</p>	<p>Regular planned maintenance is in place and being carried out to manage the risk in the short term.</p> <p>Regular visual inspections are also being undertaken to identify any failures as early as possible.</p>	Service/Business interruption/disruption	6	3	3	9	The operational team will develop Capital bids when required for infrastructure funding to address the remaining risks.	Rosser, Brian	29/03/2019-31/12/2019-29/03/2021-31/12/2021-31/03/2023	Meetings have taken place with operational teams and the head of property performance to identify the infrastructure priorities. Bids for capital are being developed also Business Cases for submission to WG. Recent upgrades of plant such as the steam plate heat exchanger have improved the situation. Meetings arranged with Carbon Trust to decarbonise Boiler House and other plant 20.12.2021 Infrastructure backlog maintenance meeting took place 11th August 2022 to priorities risks ,site visit due 9th Sept 2022	Health and Safety Committee	1	3	3	Treat	17-Nov-22
1546	Service or Department Level Risk	Standard 2.1 Managing Risk and Promoting Health and Safety E&F: Pembrokeshire	Elliott, Rob	Evans, Duncan	05-Dec-22	<p>There is a risk of Legionella SG 1 as identified by contractors testing in the water systems. Large counts have been identified and remedial work needed to allow treatment of systems. There is a lot of Pipe Alterations and valves needed prior to treatment due to the poor installation carried out in the removal of heat sources. Scores of CFU vary from 120 to 14400.</p> <p>This is caused by oversize pipes being used and poor set up and understanding of the system. Use of Vulcathene flex pipe of a large size being used and stepped down excessively.</p> <p>This will lead to an impact/affect on unwanted infections due to water borne pathogens.</p> <p>Risk location, Witybush General Hospital.</p>	Identification of problems and flushing to be carried out. Empty rooms are also a major problem.	Safety - Patient, Staff or Public	6	3	3	9					Health and Safety Committee	1	1	1	Treat	05-Dec-22

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481	Service or Department Level Risk		E&F: Pembrokeshire	Elliott, Rob	Evans, Duncan	01-Oct-15	<p>There is a risk avoidable disruption to business continuity.</p> <p>This is caused by chiller plant, surgeons' panels, surgeons' lights and additional socket failures. A recent engineer's inspection identified that only 2 of the 6 chillers providing cold water to HVAC (Heating, Ventilation and Air Conditioning) in theatres 3, 4 and HSDU are working. This is 33% capacity.</p> <p>This will lead to an impact/affect on failure of this essential equipment would have a significant impact on business disruption and could result in closure of facilities. There is a possible impact on patient comfort.</p> <p>Risk location, Worthybush General Hospital.</p>	<p>Increase focus on Planned Maintenance.</p> <p>Regular contact with staff to notify concerns.</p> <p>Work with the Theatre Service Delivery Manager taken place to develop an estates baseline in respect of agreed maintenance attendance, equipment inventory and management, condition surveys and risk alignment.</p> <p>Temporary chillers can be utilised in emergency situations if necessary as a resilience backup.</p> <p>New lights in Theatre 3, March 2022.</p>	Service/Business interruption/disruption	6	4	2	8	<p>Subsequent development of capital investment to address critical theatre equipment and infrastructure items.</p> <p>Theatre scoping document to be developed by the Theatre Service Delivery Manager inclusive of the above. This will set out what service requirements are needed.</p> <p>The equipment in the theatres varies in condition. Some changes are required where some are tolerable.</p>	Evans, Duncan Elliott, Rob	23/03/2020 31/12/2021 Completed	<p>Further meetings have taken place with Theatre Service Delivery Managers to review and agree risk areas. SDMs are making a register of issues within the area which are continuously reviewed in meetings with Estates to establish a priority of works.</p> <p>Completed- new lights now in Theatre 3.</p>	Health and Safety Committee	3	2	6	Treat	08-Nov-22
742	Service or Department Level Risk	Standard 2.1 Managing Risk and Promoting Health and Safety	E&F: Fire	Elliott, Rob	Evans, Paul	14-Mar-19	<p>There is a risk to staff that in the event of a fire the photocopier, printer and open plan kitchen and various combustible materials are all within the escape route.</p> <p>This is caused by the location of the photocopier and printer within the escape route, the use of extension leads due to lack of electrical sockets, microwave, fridge and facilities for making beverages, one means of escape and the roof ceiling is not of a required standard.</p> <p>This will lead to an impact/affect on staff in the event of a fire as they would be unable to evacuate the building.</p> <p>Risk location, Glangwili General Hospital.</p>	<p>Microwave and toaster removed. (A1.1, A1.2)</p> <p>All unnecessary items/paper covering walls removed. (A2.4)</p> <p>Discussion with Hotel Services re: door to the courtyard to be locked out of hours. (A1.6)</p> <p>Confirmation that all staff are in date with ESR requirements. (A4.2)</p>	Safety - Patient, Staff or Public	6	2	4	8	<p>Review needed of additional sockets required: review undertake and quote submitted.</p> <p>Review security arrangements as smoking materials found outside of the office.</p> <p>High risk item (printer) to be unplugged and disconnected.</p> <p>Program to be develop staff fire training.</p> <p>Install fire doors within the office space to FD30S specification.</p> <p>Ensure suitable and sufficient escape route for staff</p> <p>The roof, ceiling should ideally be upgraded to a 60 minutes fire rated standard to protect the adjacent wards opposite on the GF/FF levels. Capital bid required.</p>	Evans, Paul Humphreys, Helen Humphreys, Helen Humphreys, Helen Evans, Paul Humphreys, Helen Evans, Paul	Completed Completed Completed Completed Completed Completed 31/03/2021 31/03/2022 20/04/2024	<p>completed</p> <p>Agreed area secured from 9pm each night as within general hospital lock up.</p> <p>Printer removed</p> <p>Staff have booked themselves onto fire training - Request information from ESR team to confirm 100% compliance.</p> <p>Fire doors are not required in this area.</p> <p>Doorway created in the bottom office to provide an additional means of escape</p> <p>This will be completed as part of the phase 2 fire works at GGH as part of GGH enforcement letter managed by Jason Woods.</p>	Health and Safety Committee	2	3	6	Treat	09-Dec-22

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492	Service or Department Level Risk		E&F: Ceredigion	Elliott, Rob	Jones, Eilyn	13-Jun-17	<p>There is a risk avoidable harm to patients and potentially the general public from slipping or falling on uneven flooring in specific areas around the ward.</p> <p>This is caused by damaged floor surfaces to a range of areas.</p> <p>This will lead to an impact/affect on serious injury. Possible Health and Safety Executive (HSE) intervention in the event of a serious incident occurring.</p> <p>Risk location, Bronglais General Hospital.</p>	<p>Both estates staff and ward staff are fully aware of this issue.</p> <p>Temporary improvements have taken place previously to patch the floor as best as possible to the worst affected areas.</p>	Safety - Patient, Staff or Public	6	2	4	8	<p>Provide suitable emergency lighting.</p> <p>Due to the scale of work required and the need to replace the entire ward floor, the estates department would need the ward vacated for up to 7 days. Due to current patient demand this is unlikely. Capital funding for this has been submitted. The issue is closure of ward related and not a financial issue. Discussions with ward staff remain ongoing.</p> <p>Need to arrange when ward decant can take place to allow flooring work to be undertaken.</p>	Evans, Paul	Completed	completed	Health and Safety Committee	1	4	4	Treat	06-Dec-22
1098	Service or Department Level Risk		E&F: Carmarthenshire East	Elliott, Rob	Rosser, Brian	01-Sep-13	<p>There is a risk avoidable disruption to business continuity.</p> <p>This is caused by no uninterruptable power supply (UPS) backup support to Theatres 1,2 & 3 ,DCU Theatre and ITU , in the event of a mains electrical failure.</p> <p>This will lead to an impact/affect on disruption to patient services, referral to treatment times (RTT) and waiting times . Possibly leading to closure of Theatres at PPH, due to equipment being compromised. (Linked to HB wide Risk 211).</p> <p>Risk location, Prince Philip Hospital.</p>	<p>Planned Maintenance in place. Regular communication and contact with Theatre staff to identify any concerns. Formal communication to theatre staff on lack of UPS support.</p>	Service/Business interruption/disruption	6	2	4	8	<p>Meetings have now been arranged with the SDM for theatres and ops teams to look at a range of estates related issues that support theatre services.</p>	Rosser, Brian	31/03/2022-06/11/2021-31/03/2022-31/07/2022-27/09/2022-06/10/2022-06/12/2022	Areas have been identified on Infrastructure backlog maintenance Infrastructure backlog maintenance meeting took place 11th August 2022 ,site visit due 9th Sept 2022	Health and Safety Committee	1	4	4	Treat	17-Nov-22

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1074	Service or Department Level Risk		E&F: Ceredigion	Elliott, Rob	Jones, Eifyn	02-Mar-15	<p>There is a risk avoidable disruption to business continuity at BGH due to blockages within the drainage system.</p> <p>This is caused by inappropriate materials being disposed of in the foul drainage system despite continual advice provided by the operational teams and infection control staff and poster information. Drainage systems also have a number of defects, such as bore narrowing due to its age, causing capacity issues.</p> <p>This will lead to an impact/affect on significant disruptions to clinical services affecting patient services, i.e. closure of wards, departments and diagnostic services. (Linked to HB wide risk 489).</p> <p>Risk location, Bronglais General Hospital.</p>	<p>Regular notification to staff regarding use of foul drainage for wipes, etc.</p> <p>Increase inspection as part of maintenance regime.</p> <p>Regular meetings during IP&C and speak to hospital managers to remind their staff not to flush wipes down the drain.</p> <p>Recharges now in place.</p>	Service/Business interruption/disruption	6	2	4	8					Health and Safety Committee	1	4	4	Treat	06-Dec-22
1075	Service or Department Level Risk		E&F: Ceredigion	Elliott, Rob	Jones, Eifyn	01-Jan-13	<p>There is a risk avoidable harm to patients.</p> <p>This is caused by non-compliant clinical wash hand basins with defects such as no or defective mixer valves, overflows and incorrect elbow and lever taps fitted. These are patient accessed devices.</p> <p>This will lead to an impact/affect on infection control concerns and non compliance. Potential scalds and burns. Possible enforcement and Health and Safety Executive (HSE) prosecution in the event of a serious incident occurring. (Linked to HB wide risk 435).</p> <p>Risk location, Bronglais General Hospital.</p>	<p>Infection control and operational maintenance staff have identified units around the Health Board that are non-compliant. All patient accessed units are now fitted with thermostatic mixing valves, however, despite maintenance, these devices still have a potential to fail, causing excessive temperatures of water at source.</p> <p>Visual inspections are also being undertaken on remaining non compliant units.</p> <p>The major infrastructure investment plan is now being reworked to support critical estates risks to ensure appropriate business continuity between the intervening years before the new hospital facilities/repurposing projects are complete.</p>	Safety - Patient, Staff or Public	6	2	4	8	Implement water risk assessment action plan.	Jones, Eifyn	31/03/2022-31/07/2022-27/09/2022-06/10/2022-06/12/2022	Action plan being progressed and to be fully implemented by March 2022.	Health and Safety Committee	1	4	4	Treat	06-Dec-22

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1068	Service or Department Level Risk	E&F: Ceredigion	Elliott, Rob	Jones, Eiflyn	01-Aug-12	<p>There is a risk avoidable harm to staff from potential electrical shocks on defective systems.</p> <p>This is caused by lack of periodic inspections of electrical systems. Currently testing 20% of the installation annually.</p> <p>This will lead to an impact/affect on serious injury and closure of facilities. Failure to undertake this along with a potential incident would result in Health and Safety Executive (HSE) investigations or prosecutions. (Linked to HB wide risk 425).</p> <p>Risk location, Bronglais General Hospital.</p>	<p>Portable appliance testing (PAT) testing is undertaken on a rolling programme.</p> <p>Fixed boards are also tested on a rolling programme.</p> <p>Visual checks are continually carried out by maintenance staff.</p> <p>Low Voltage (LV) operational group formed to discuss issues of Electrical Safety and Compliance.</p> <p>Ward testing on a rolling 5 year basis.</p>	Safety - Patient, Staff or Public	6	2	4	8	Bid for additional Capital funding for more testing to take place, which will help the UHB achieve British Standards.	Jones, Eiflyn	Completed	Capital budget available for 2021/22. Awaiting Statutory capital allocation for 2022/2023	Health and Safety Committee	1	4	4	Treat	06-Dec-22
1069	Service or Department Level Risk	E&F: Ceredigion	Elliott, Rob	Jones, Eiflyn	01-Aug-12	<p>There is a risk avoidable harm to patients.</p> <p>This is caused by medical gas plant and equipment failure at BGH.</p> <p>This will lead to an impact/affect on patients if a serious incident or failure was to occur. Also this has the potential to affect services causing disruption, resulting in closure of facilities. Possible enforcement and Health and Safety Executive (HSE) prosecution in the event of a serious incident occurring. (Linked to HB wide risk 434).</p> <p>Risk location, Bronglais General Hospital.</p>	<p>Pre planned maintenance is being carried out. Visual inspections are also being undertaken and a Health Board wide Medical gas group has been established.</p> <p>Designated nurse officer medical gas training has also been undertaken.</p>	Safety - Patient, Staff or Public	6	2	4	8	To implement all actions listed in the Authorising Engineers (AE's) reports.	Jones, Eiflyn	31/03/2023 31/03/2023-31/03/2023-27/06/2023-06/10/2023	Audit carried out in September 2021, awaiting report by end November 2021. Actions to be implemented following receipt of report. Prioritising actions following AE report.	Health and Safety Committee	1	4	4	Treat	06-Dec-22

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1070	Service or Department Level Risk		E&F: Ceredigion	Elliott, Rob	Jones, Eifyn	01-Jan-18	<p>There is a risk avoidable service disruption to electrical supplies at BGH.</p> <p>This is caused by low voltage (LV) Electrical Switch Gear approaching the end of its life and subsequently could result in failure. Confirmed following external audit by NHS Wales Shared Services Partnership - Specialist Estates Services (NWSSP-SES).</p> <p>This will lead to an impact/affect on resilience and possible service disruptions issues. (linked to HB wide risk 507).</p> <p>Risk location, Bronglais General Hospital.</p>	<p>Visual inspections and PPM's are in place to check components regularly.</p> <p>Discussions taking place ESG Electrical Safety Group, being held quarterly.</p> <p>New Authorising Engineer post to the Health Board working in Shared Services will help drive this work forward.</p>	Service/Business interruption/disruption	6	2	4	8	New switch gear to be received via Capital bid.	Jones, Eifyn	31/08/2021-31/12/2021-31/02/2022-31/03/2022-31/05/2022-27/07/2022-27/09/2022-06/10/2022-06/12/2022	Capital bid has been submitted for 2021/22, awaiting outcome. This is part of the infrastructure programme. WG approval successful for HDUHB bid - Programme to be implemented by capital team based on risk priority. Business case being developed.	Health and Safety Committee	1	4	4	Treat	06-Dec-22
1071	Service or Department Level Risk		E&F: Ceredigion	Elliott, Rob	Jones, Eifyn	01-Jan-13	<p>There is a risk avoidable disruption to business continuity.</p> <p>This is caused by failure and subsequent breakdowns of passenger lifts within BGH.</p> <p>This will lead to an impact/affect on significant service disruption and impact on patient logistics. Ongoing disruption to clinical services during lift failure.</p> <p>Risk location, Bronglais General Hospital.</p>	<p>Ongoing maintenance and PPM's are being carried out to manage the risk in the short term.</p> <p>Specialist lift contractor appointed under the All Wales framework.</p> <p>Regular inspections undertaken in accordance with statutory guidance.</p> <p>Staff have received training in passenger release from lifts.</p> <p>Maintenance department hold a selection of parts that are prone to failure for emergency use, which will potentially limit the down time of the lift in a non operational state</p>	Service/Business interruption/disruption	6	2	4	8	<p>Additional funding required to ensure lift inspections are being undertaken.</p> <p>To obtain surveys in order to establish which lift requires upgrading.</p> <p>Carry out immediate, high risk lift work required following the November 2021 survey results.</p> <p>Carry out further lift repairs/replacements in 2022/23 for any outstanding outcomes from survey.</p>	<p>Jones, Eifyn</p> <p>Jones, Eifyn</p> <p>Jones, Eifyn</p> <p>Jones, Eifyn</p>	<p>Completed</p> <p>Completed</p> <p>31/03/2022</p> <p>31/03/2022-31/12/2022-06/10/2022-06/12/2022</p>	<p>Capital money approved for 2021/22.</p> <p>Survey complete.</p> <p>Immediate work to be carried out on Surgical A&B, Medical A&B, 2 floor hydraulic, and Front of House lift 2&3.</p> <p>New action.</p>	Health and Safety Committee	1	4	4	Treat	06-Dec-22

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465	Service or Department Level Risk		E&F: Carmarthenshire West	Elliott, Rob	Jones, Kevin	01-Jan-13	<p>There is a risk avoidable harm to electrical estates staff carrying out work on various electrical circuits and electrical distribution boards around the hospital.</p> <p>This is caused by current electrical infrastructure in parts being non compliant and requiring replacement.</p> <p>This will lead to an impact/affect on increased danger of electric shock, possible Health and Safety Executive (HSE) investigation following an incident and possible enforcement or HSE prosecution in the event of an serious incident occurring.</p> <p>Risk location, Glangwili General Hospital.</p>	<p>Ongoing maintenance and PPMs are being carried out.</p> <p>Visual inspections are also being undertaken.</p> <p>Fixed electrical testing undertaken.</p> <p>Only trained operational electrical staff will be allowed access to work within these areas, being fully aware of these defects and deficiencies. Regular communication between engineers and operational staff in terms of extra care and vigilance.</p>	Safety - Patient, Staff or Public	6	2	4	8	Request Capital money for 2023/24.	Jones, Kevin	30/04/2023	Bids have been submitted, awaiting outcome.	Health and Safety Committee	1	4	4	Treat	03-Nov-22
1440	Service or Department Level Risk	Standard 2.1 Managing Risk and Promoting Health and Safety	E&F: Carmarthenshire West	Elliott, Rob	Jones, Kevin	01-Aug-22	<p>There is a risk of loss of cold and hot water services throughout the Hospital Site.</p> <p>Unable to undertake Statutory maintenance on the cold water storage tanks</p> <p>This is caused by cold water section panelling jointing compound is breaking down.</p> <p>Additionally the internal support rods have failed. Unable to drain down tanks for Statutory Maintenance</p> <p>This will lead to an impact/affect on wards and departments being without cold and hot water causing business interruption.</p> <p>Risk location, Glangwili General Hospital.</p>	<p>increase PPM's to monitor</p> <p>Proposed to install a mains water by-pass received quote and engaged contractor to undertake modifications.</p>	Service/Business interruption/disruption	6	2	4	8	Funding being sourced to address the leaking Cold water storage Tank	Jones, Kevin	31/03/2023	project feasibility request submitted to the Discretionary Capital Team	Health and Safety Committee	1	4	4	Treat	11-Nov-22

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947	Service or Department Level Risk	Standard 2.1 Managing Risk and Promoting Health and Safety	E&F: Pembrokeshire	Elliott, Rob	Evans, Duncan	03-Aug-17	<p>There is a risk avoidable harm to patients, visitors and staff.</p> <p>This is caused by the brick Pavement and Driveway into Hospital sliding down towards the bottom of the carpark allowing excessive gaps and holes to appear which are trip hazards.</p> <p>This will lead to an impact/affect on personnel that are entering the Hospital being exposed to the danger of such potholes, possible trips and falls, claims and complaints.</p> <p>Risk location, Pembrokeshire, Withybush General Hospital.</p>	<p>Sand is being placed between the joints but has not any long-term effect. Slippage is still occurring.</p> <p>Inspections being carried out by Estates staff but there is not a great deal that maintenance are able to do.</p>	Safety - Patient, Staff or Public	6	4	2	8	<p>Removal of hard standing and either tarmac complete area or install concrete dividers to stop creep of brickwork.</p> <p>Inspections being carried out but there is not a great deal that maintenance are able to do.</p> <p>Brick Walkways are deteriorating and larger gaps appearing. Filling put in to minimise gaps but do not last long.</p> <p>Further reports that there is still slippage happening at the Hospital. Unable to close off as this is the main entrance.</p>	Evans, Duncan	30/09/2023-31/03/2023	New quotes to be required, after which a Capital bid will be raised.	Health and Safety Committee	1	1	1	Treat	06-Dec-22
													<p>Inspections being carried out but there is not a great deal that maintenance are able to do.</p> <p>Brick Walkways are deteriorating and larger gaps appearing. Filling put in to minimise gaps but do not last long.</p> <p>Further reports that there is still slippage happening at the Hospital. Unable to close off as this is the main entrance.</p>	Elliott, Rob	24/09/2021	No further progress to report.							
													<p>Brick Walkways are deteriorating and larger gaps appearing. Filling put in to minimise gaps but do not last long.</p> <p>Further reports that there is still slippage happening at the Hospital. Unable to close off as this is the main entrance.</p>	Elliott, Rob	23/03/2023	No further actions.							
													<p>Further reports that there is still slippage happening at the Hospital. Unable to close off as this is the main entrance.</p>	Elliott, Rob	30/12/2022	No further progress.							
1007	Service or Department Level Risk	and Promoting Health and Safety	E&F: Directorate Team	Elliott, Rob	Jones, Peter	04-Nov-20	<p>There is a risk porters and hotel services staff not being able to appropriately assist with outbursts of behavioural or clinical violence and aggression in acute or complex settings under increased pressures of Covid.</p> <p>This is caused by the large number of new hotel services and porters recruited that have not received appropriate training per the V&A</p>	<p>Training courses have restarted and porter staff are undertaking the training. Completion of all staff training anticipated for completion in December 21 All relevant staff will be booked on asap. Due to reduced capacity available in the training sessions , it is taking longer to complete all the sessions and therefore the date has been amended .</p> <p>GGH 70% in compliance PPH 100% in compliance WGH 56% in compliance</p>	Safety - Patient, Staff or Public	6	2	3	6	<p>consideration to extend and obtain training to facilitate large numbers of staff in Covid complaint manner including internal delivery or external agencies.</p>	Wood, Rachel	Completed	Closed. Action no longer relevant. Face to face training has resumed.	Health and Safety Committee	2	3	6	Treat	15-Sep-22

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	9	Standard 2.1 Managing Risk				<p>passport scheme. Large numbers of porters are recruited and may be requested to assist with outbursts of behavioural or clinical violence and aggression. The health board has obligations to provide safe health care and comply with appropriate Information, Instruction, Supervision and Training for staff. There is currently limited capacity for training of correct Restrictive Physical Intervention (RPI) techniques and protocols being introduced.</p> <p>This will lead to an impact/affect on safety of patients and staff in ward and department settings. Safety of participants in RPI, leading to the likelihood of increased sickness. Increased likelihood of harm and adverse incidents including litigation or reputational harm. The health board staff and patients, reputation and finances are potentially compromised due to a lack of training and resilience due to likelihood of sickness and increased demand including confused or violent patients in acute or complex settings.</p> <p>Risk location, Health Board wide.</p>	<p>BGH 100% in compliance</p> <p>On the larger sites it is not necessary to train all staff, clinical waste and mail room porters do not require this training.</p> <p>Adequate shift coverage is currently being maintained and all other staff have been booked onto courses before March 2022</p>						All relevant portering staff to receive face to face V&A training.	Peter Jones	Completed	Face to face training has resumed (reduced to 6 people per training sessions due to social distancing guidelines), with front line staff having already been trained, or are booked in for a training session in the near future.						

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1020	Service or Department Level Risk	E&F: Ceredigion	Elliott, Rob	Jones, Eifyn	01-Jan-18	<p>There is a risk to service continuity throughout the BGH hospital.</p> <p>This is caused by potential service disruption to electrical infrastructure due to electrical resilience issues. A recent external audit by NHS Wales Shared Services Partnership - Specialist Estate Services (NWSSP-SES) advised the Health Board to have two standby generators instead of the current single units in order to improve the overall status of resilience.</p> <p>This will lead to an impact/affect on significant disruptions to patient services, i.e. closure of wards, departments and diagnostic services. Longer waiting times and delays for treatment for patients. Potential adverse impact on patient safety/harm. Adverse publicity/reduction in stakeholder confidence.(previous risk no. 506).</p> <p>Risk location, Bronglais General Hospital.</p>	Visual inspections and PPM's are in place to check and test the current standby generation. This is carried out monthly.	Service/Business interruption/disruption	6	3	2	6					Health and Safety Committee	3	2	6	Treat	06-Dec-22

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1076	Service or Department Level Risk	Standard 2.1 Managing Risk and Promoting Health and Safety	E&F: Carmarthenshire East	Elliott, Rob	Rosser, Brian	13-Jun-17	<p>There is a risk of maintenance performance reduction and response times to maintenance breakdowns and inspections at some sites, specifically on low risk operational maintenance tasks.</p> <p>This is caused by appointing library technicians using semi skilled operational maintenance staff at some sites. This would result in pressures to carry out low risk planned preventative maintenance routines such as credits for cleaning, gardening services and general maintenance.</p> <p>This will lead to an impact/affect on a considerable backlog of non completed maintenance tasks and breakdowns not being attended to so promptly. (Linked to HB wide risk 501).</p> <p>Risk location, Amman Valley Hospital, Brynmair Clinic (MHL), Cross Hands Health Centre, Elizabeth Williams Clinic, Felinfoel Resource Centre - Primary Care Offices, Llwynhendy Health Centre, Meddygfa Minafon - (Kidwelly, Trimsaran & Ferryside), Prince Philip Hospital, Swn-y-Gwynt Day Hospital (MHL), Ty Bryngwyn, Unit 9 The Beacon - R&D Department.</p>	There is a potential of using external contractors to carry out certain maintenance tasks if required. Performance reports are being generated using the Real Asset Management (RAM) System to establish the extent of the performance reductions as a result of this resource pressure.	Service/Business interruption/disruption	6	2	3	6	Additional staff required, particularly Trades in painting.	Williams, Heather	10-Dec-21	No funding currently available as part of the Estates&Facilities restructure.No Change at July 2022	Health and Safety Committee	1	3	3	Treat	04-Jul-22

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1077	Service or Department Level Risk	E&F: Carmarthenshire East	Elliott, Rob	Rosser, Brian	01-Jan-18	<p>There is a risk of avoidable service disruption to electrical infrastructure due to electrical resilience issues.</p> <p>This is caused by a recent external audit by NHS Wales Shared Services Partnership - Specialist Estate Services (NWSSP-SES) which advised the Health Board that two standby generators are required under the WHTM 06 instead of the current single unit in place at PPH and AVH, in order to improve the overall status of resilience.</p> <p>This will lead to an impact/affect on issues affecting electrical resilience and possible service disruptions. (Linked to HB wide risk 506).</p> <p>Risk location, Amman Valley Hospital, Prince Philip Hospital.</p>	Visual inspections and PPM's are in place to check and test current standby generation.	Service/Business interruption/disruption	6	2	3	6	Meetings under way to formulate business case , to address LV HV at PPH which will include generator issue .	Rosser, Brian	14/10/2021	No action to date	Health and Safety Committee	1	3	3	Tolerate	31-May-22
505	Directorate Level Risk	E&F: Carmarthenshire East	Elliott, Rob	Rosser, Brian	01-Jan-18	<p>There is a risk avoidable service disruption due to high voltage (HV) electrical infrastructure problems.</p> <p>This is caused by the Bus Section and HV Breakers (Health Board Assets) are nearing end of life. Manufactured by South Wales Switch Gear in 1987. Potential for failure to occur. An external audit by NWSSP-SES has confirmed this issue.</p> <p>This will lead to an impact/affect on loss of electricity at the PPH site.</p> <p>Risk location, Prince Philip Hospital.</p>	<p>Visual inspections and PPM's are in place to check components.</p> <p>External service contract in place with Western Power for routine annual maintenance checks over a 5 year plan.</p> <p>If electrical failure did occur the back up generator would generate.</p>	Service/Business interruption/disruption	6	2	3	6	Capital funding will be required to address the issues as identified and for the remedial work to be undertaken.	Rosser, Brian	24/10/2021 31/03/2023	This risk has been identified on the property and infrastructure backlog system. This will now be considered as part of the future infrastructure programme for HDUHB.	Health and Safety Committee	1	3	3	Treat	17-Nov-22

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462	Service or Department Level Risk	E&F: Operations Compliance	Elliott, Rob	Evans, Paul	31-Mar-15	<p>There is a risk avoidable detriment to site security and site access for contractors.</p> <p>This is caused by the current paper system not being completed by contractors, an inability to verify where contractors are onsite, a lack of operational control of the contractors' actions, especially at GGH, specialist contractors outside estates' control and potential disruption to services and impact on patient.</p> <p>This will lead to an impact/affect on failure to have properly controlled access resulting in unauthorised access and work being carried out that may have consequential outcomes.</p> <p>Risk location, Health Board wide.</p>	<p>Paper signing in sheets are currently available in estates at each of the acute sites and control measures within estates are in place.</p> <p>To confirm who signs in.</p> <p>Formal permits are issued and signed off as completed by contractors to access sites.</p>	Safety - Patient, Staff or Public	6	3	2	6	<p>The department are reviewing the current paper-based systems across each of the acute sites.</p> <p>Formal policy for control of contractors is required.</p> <p>Following policy approval, department now need to fully implement the new system and procedures across the HB.</p>	Evans, Paul	Completed	<p>The estates team have now decided to standardise the current paper-based signing in sheets across the Health Board, by implementing the version currently used at the WGH site.</p> <p>Improvements on the GGH process have recently been completed and the sheets are now held in the maintenance department for greater control and verification.</p> <p>However, orders will be raised by the end of February 2018 for new contractor books for the Health Board.</p> <p>A new control of contractors policy is now being developed by the compliance team and estates staff with a view of implementing this in early 2020. Global communications planned for Jan 2020. Full task and finish group established chaired by the Director of Facilities to improve the control of contractors systems for the HB.</p> <p>Systems have now been developed to record contractor management, these are being rolled out across the HB sites, full compliance with this will be in place by March 2023, as agreed in ARAC.</p> <p>The compliance team have now decided to undertake a deep dive on this to assess the level of assurance we can take from the systems we have in place. This will be started in June and will take 2/3 months to complete. Paper being submitted to HSAC in July 22 providing the committee with what systems we have in place and what our gaps are and a delivery programme for completion. We have agreed a full review of this and provided dates to the HSAC.</p>	Health and Safety Committee	2	1	2	Treat	01-Nov-22

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491	Service or Department Level Risk		E&F: Carmarthenshire East	Elliott, Rob	Rosser, Brian	02-Mar-15	<p>There is a risk avoidable disruption to business continuity due to the failure of the boiler plant within the building.</p> <p>This is caused by the age of equipment.</p> <p>This will lead to an impact/affect on closure of affected buildings and departments and potential disruptions to clinical services.</p> <p>Risk location, Brynmair Clinic (MHLD).</p>	<p>Regular visual inspections.</p> <p>Prioritised response through maintenance.</p> <p>Surveys of problem areas.</p> <p>Communications with staff informing them of these potential issues and the potential impact of failure.</p> <p>When the boiler plant fails, portable electrical heaters are used in the interim.</p>	Business objectives/projects	6	3	2	6	Quotations have been obtained for this work. Ops team to now submit capital bid from 2018-19 infrastructure money and agree a programme of work.	Rosser, Brian	23/03/2020-31/03/2021-31/03/2022-31/03/2023	Bid not supported for 2020/21. Remains on backlog maintenance until funding becomes available. No change ,low on priority backlog funding 11th Aug 2022 meeting	Health and Safety Committee	1	2	2	Treat	05-Sep-22
1029	Service or Department Level Risk	Standard 2.1 Managing Risk and Promoting Health and Safety	E&F: Carmarthenshire East	Elliott, Rob	Rosser, Brian	11-Dec-20	<p>There is a risk patient harm due to difficulty in accessing the Day Care Unit at AVH from the visitors/Patient car park.</p> <p>This is caused by disabled parking bays in the car park are at the back of the car park away from the building, there is no safe crossing points from the car park to the building and steps are not suitable for partially sighted patients who visit the unit.</p> <p>This will lead to an impact/affect on Potential personal injury claim, adverse publicity, HSE investigation.</p> <p>Risk location, Amman Valley Hospital.</p>	<p>There are no control measures in place to limit the risk, although staff on the unit are aware of the Risk itself.</p>	Safety - Patient, Staff or Public	6	2	3	6	Capital bid required from service	Marks, Helen	31/03/2021	No change 22.12.2021 No change 04.07.2022	Health and Safety Committee	2	1	2	Tolerate	04-Jul-22
473	Service or Department Level Risk		E&F: Carmarthenshire West	Elliott, Rob	Jones, Kevin	01-Sep-14	<p>There is a risk avoidable disruption to business continuity.</p> <p>This is caused by engineering infrastructure components failing at Hafan Derwen.</p> <p>This will lead to an impact/affect on failure of the heating system at Hafan Derwen and continual leaking of radiators and pipe work, leading to service disruption.</p> <p>Risk location, Hafan Derwen.</p>	<p>On-going maintenance and PPMs are being carried out.</p> <p>Visual inspections are also being undertaken.</p> <p>Communications with staff has also taken place.</p> <p>Phase 1 works complete.</p>	Service/Business interruption/disruption	6	2	2	4	<p>Quotations have now been obtained. A capital bid is to be submitted in December 17 for funding from 2018/19 capital funding. Works are to be undertaken in April 2018.</p> <p>Phase 2 of this project needs to be supported by capital bids</p>	<p>Jones, Kevin</p> <p>Jones, Kevin</p>	<p>Completed</p> <p>3-10/03/2019-20/03/2020-31/03/2022-18/08/2023</p>	<p>Phase 1 works has now been completed. evaluation and review of potential capital bid for phase 2 works</p> <p>Re-evaluate the extent of phase 2 repairs for capital bid submission</p>	Health and Safety Committee	2	3	6	Tolerate	18-Nov-22