

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	08 January 2024
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**

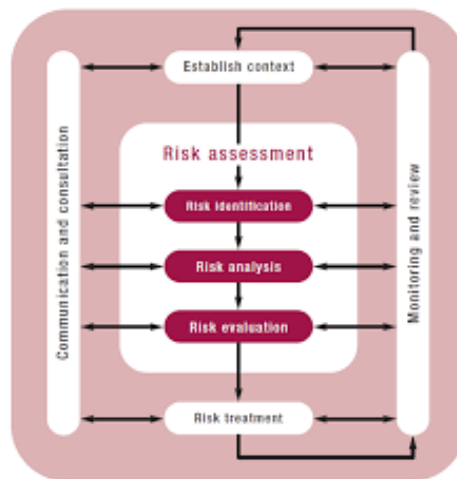
Sefyllfa / Situation

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 4 December 2023, 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 27 September 2018.
- Risks have been approved at Directorate level on Datix.
- Risks have not been escalated to the CRR.

2 risks have been scored against the *Safety – Patient, Staff or Public* 'impact' domain, and 2 risks against the *Service/Business interruption/disruption* domain.

Changes since the previous report presented to HSC at its meeting on 11 September 2023

Total Number of Risks	4	
New risks	2	Note 1
Risks that are no longer included in the report	1	Note 2
Increase in risk score ↑	0	
No change in risk score →	2	Note 3
Reduction in risk score ↓	0	
Extreme (red) risks (based on 'Current Risk Score')	0	
High (Amber) risks (based on 'Current Risk Score')	4	

Note 1 - New Risks Being Reported

Since the previous report, the following two risks have been added:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1753 - Risk to patient safety and disruption to patient flow due to failure and subsequent breakdown of both lifts in ward Block 4, Glangwili Hospital (GGH) (<i>Estates & Facilities:</i>	01/11/23	Director of Operations	3x4=12 (Reviewed 01/11/23)	Repair work is carried out with our statutory budget on an annual basis. To mitigate the risk completely capital investment is required to upgrade both lifts.	1x4=4

<i>Carmarthen West)</i>					
505 - Risk of avoidable service disruption due to high voltage electrical infrastructure affecting Prince Philip Hospital (PPH). <i>(Estates & Facilities: Carmarthen East)</i>	01/01/18	Director of Operations	2x4=8 (Reviewed 09/10/23)	Information has been received from external authorising engineers. External service contract in place with the National Grid for routine annual maintenance checks over a 5 year plan. These old systems result in parts being difficult to obtain. Funding is required to address the components as per a risk-based approach.	3x1=3

Note 2 - Risks that are no longer included in the report

Since the previous report, the current risk score of the following risk has been reduced and is now below the Board agreed tolerance level:

Risk Reference & Title	Date risk identified	Lead Director	Current Score	Reason for Risk Closure or Removal	Target Risk Score
222 - Risk of avoidable harm to patients, visitors, staff and contractors due to exposure to asbestos through contact with 'Asbestos Containing Materials' (ACMs). <i>(Estates & Facilities: Operations Compliance)</i>	01/07/12	Director of Operations	1x4=4 (Reviewed 29/11/23)	The risk is now within the board approved tolerance level.	1x4=4

Note 3 - No change in risk score

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

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
708 - Risk of staff safety due to inappropriate storage solutions	18/03/19	Director of Primary Care, Community	3x4=12 (Reviewed 21/08/23)	There are over a thousand archive boxes which require appropriate storage;	1x4=4

<p>associated with patient files / documents affecting Ceredigion Community Sites (Ceredigion)</p>		<p>& Long Term Care</p>		<p>many of these are currently stored in the upper floors of Tregaron Hospital as well as a full container unit in Cardigan Integrated Care Centre car park.</p> <p>The community teams continue to generate patient records in a paper format as there is no community system to offer an alternative to paper. Whilst 83 boxes were removed from community sites in March 2023, other boxes remained in situ.</p> <p>There are no additional storage facilities available in Ceredigion as the Cardigan temporary facility is already full. Retention Guidance for Community Patient Files was published in February 2022; teams are currently ensuring adherence.</p> <p>Information Governance training was delivered with team leaders in September 2019.</p> <p>A working party created an options appraisal in May 2019 to address the challenges; this paper has been escalated to Head of Information Governance to support and access Heads of Service use</p>	
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				alternative storage mechanisms.	
951 - Risk of avoidable harm to staff and patients due to incorrect Fire Alarm System reporting at Withybush Hospital (WGH) <i>(Estates & Facilities: Pembrokeshire)</i>	01/02/17	Director of Operations	3x4=12 (Reviewed 30/11/23)	Fire alarm contractors have updated the 'cause and affect' system, and ongoing system verifications are taking place. This will be undertaken in conjunction with the capital fire improvement works.	1x1=1

The Risk Register, attached at Appendix 1, details the responses to each risk, for instance 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		505 (NEW)	951 (→) 708(→) 1753 (NEW)		
MODERATE 3					
MINOR 2					
NEGLIGIBLE 1					

The table below details when the eight 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 4 December 2023.

	Risks updated in last month	Risks updated within last 1-2 months	Risks updated within last 2-6 months	Risks updated within last 6-12 months
Extreme				
High	951, 551	505, 1753	708 *	

Moderate	222, 547, 1382			
Low				

* Revisions to the risk have been made, and currently following local governance arrangements for approval and subsequent amending on Datix.

Risk owners can allocate themes to their risks, which allows the Health Board to share risk information on specific areas with relevant experts as part of the second line of defence. Risk themes provide assurance that a holistic approach to risk management is undertaken and enable the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks, or generic type of risk.

The following risk themes are currently aligned to HSC:

- Estates
- Fire
- Health & Safety
- Security
- Accommodation/Property (*new risk theme added to Datix in November 2023*)

The Estates theme risk register is reviewed on a monthly basis via the Central Compliance & Assurance Audit Meeting (CCAAM), which is attended by the Director of Estates, Facilities and Capital Management, along with key Estates & Facilities colleagues. Should any concerns be noted on review of the themed risk register with individual risks, or further clarification is required, the relevant service lead is contacted. In addition, Estates themed risks are also now tabled as part of the Directorate’s monthly Operational and Compliance meetings, where the Compliance team meet with Estates site leads to check and challenge these entries.

Fire themed risks are reported bi-monthly to the Fire Safety Group by the Head of Estates Risk & Compliance. The Head of Estates Risk & Compliance maintains oversight and provides necessary guidance to those responsible for the risk.

Health and Safety themed risks are shared with the Health and Safety team on a bi-monthly basis, who use the themed risk register to identify trends, and to communicate any concerns to the relevant risk leads. The themed risk register allows them to maintain oversight and provide necessary guidance to those responsible for the risk.

Security theme risks are shared with the Health Board’s Security Advisor on a bi-monthly basis to allow appropriate oversight. The Security themed risks allows the Security Advisor to identify trends which supports ongoing funding, as well as providing insight to local procedures. The Security Advisor communicates any concerns relating to the risks to the relevant risk leads.

The Assurance and Risk team will continue to support risk theme owners to ensure appropriate review and oversight of risks to provide additional assurance around Health Board systems.

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.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

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).
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	Not applicable.

Parties / Committees consulted prior to University Health Board:	
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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 EqIA screening been undertaken? No Has a full EqIA been undertaken? No

Risk Ref	Status of Risk	Domains of Quality	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
951	Directorate Level Risk		E&F: Pembrokehire	Elliott, Rob	Arnold, Malcom	01-Feb-17	<p>There is a risk of avoidable harm to staff and patients in the event of a fire at WGH.</p> <p>This is caused by This is caused by the Fire Alarm system not correctly reporting when the system is in Fire, due to the incomplete set up during the commissioning of the system at its implementation. Any fire will be detected but the report sent to the Panel Indication may not be correct and therefore there could be a delay in the appropriate/correct response.</p> <p>This will lead to an impact/affect on possible injuries or fatalities if a fire occurs. Possible enforcement or prosecution. Major disruptions to the delivery of essential services. Adverse publicity/reduction in stakeholder confidence.</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 have been completed.</p> <p>Fire alarm contractors have updated the 'cause and affect' system, and ongoing system verifications are taking place.</p>	Safety - Patient, Staff or Public	6	3	4	12	<p>Implement phase of works to bring all computer graphics up to date with the units connected to the Fire Alarm system, including elements of alterations to get the system to work in the new Zones.</p> <p>Implement new Cause and effect.</p> <p>FSC Autronica are in process of rewriting new 'cause and affect' scheme.</p> <p>Complete system verifications at WGH.</p>	<p>Evans, Duncan</p> <p>Evans, Duncan</p> <p>Elliott, Rob</p> <p>Arnold, Malcom</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>31/12/2023</p>	<p>All information has been passed to FSC about all the verification works that have been carried out. This quotation has come back and has been passed for payment.</p> <p>completed.</p> <p>Cause and affect' completed and installed.</p> <p>This is in progress.</p>	Health and Safety Committee	1	1	1	Treat	30-Nov-23
1753	Directorate Level Risk	Safe	E&F: Carmarthenshire West	Elliott, Rob	Jones, Kevin	01-Nov-23	<p>There is a risk of of avoidable disruption to business continuity. The clinical risk that this holds to patient safety and patient flow is detrimental.</p> <p>This is caused by failure and subsequent breakdowns of both passenger lifts at GGH.</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, Glangwili 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>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	3	4	12	<p>Estates are awaiting a quotation from OTIS to upgrade both lifts. Once we receive the quotations a capital bid will be submitted.</p>	Jones, Kevin	12/01/2023	<p>Capital funding required to upgrade both lifts.</p>	Health and Safety Committee	1	4	4	Treat	01-Nov-23

Risk Ref	Status of Risk	Domains of Quality	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
708	Directorate Level Risk		Ceredigion	Skitt, Peter	Hawkes, Jina	18-Mar-19	<p>There is a risk of 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>	<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. There is now controlled access to the upper floors of Tregaron Hospital and no additional boxes may be stored on site.</p> <p>In September 2019 Aberaeron Hospital was decommissioned, the building had been used to store achieved boxes, the Aberaeron Integrated Care Centre does not have storage facilities.</p> <p>In December 2019 Cardigan Hospital was decommissioned, the building had been used to store achieved boxes, the Cardigan Integrated Care Centre has a storage container on site for the temporary provision of storage, but this is full. In May 2021 there was a security incident involving this container (which was escalated). Procedures have been put in place to reduce the risk of repetition, however the risk remains.</p> <p>83 boxes were collected in March 2023 and taken to central storage. Whilst this temporarily reduced risk associated with Health & Safety on some premises, the risk is not mitigated as boxes continue to be generated with no storage options in the County.</p>	Safety - Patient, Staff or Public	6	3	4	12	<p>Explore opportunities of combining this risk with the similar risk associated with acute sites</p> <p>Risk to be escalated out-side of Ceredigion County level</p> <p>Respond to Head of Information Governance requesting his opinion for how the situation may be managed.</p> <p>HUHB wide Physical solution to be achieved</p> <p>Escalate the need for a HUHB wide Physical solution to be achieved</p> <p>Medical Records Manager to obtain the resources required to enable the boxes to be moved</p> <p>Prioritising boxes within in-appropriate storage facilities in order to archive, dispose / re-locate</p> <p>Work with Assurance and Risk colleagues to ensure that this risk accurately reflects the current situation</p>	Hawkes, Jina Skitt, Peter Hawkes, Jina Skitt, Peter Skitt, Peter Bennett, Mr Steven Hawkes, Jina Hawkes, Jina	Completed Completed Completed Completed Completed Completed Completed	<p>Ceredigion County Director has communicated challenges with head of Information Governance</p> <p>Ceredigion General Manager to meet with head of Information Governance</p> <p>Communication commenced</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>Communications have commenced between the Medical Records Manager and Head of Finance (January 23) to obtain the resources required</p> <p>Audit ongoing</p> <p>Communications have commenced</p>	Health and Safety Committee	1	4	4	Treat	21-Aug-23

Risk Ref	Status of Risk	Domains of Quality	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
505	Directorate Level Risk		E&F: Carmarthenshire East	Elliott, Rob	Rosser, Brian	01-Jan-18	<p>There is a risk of 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) have exceeded end of life. Manufactured by South Wales Switch Gear in 1987. An external audit by NWSSP-SES has confirmed this issue. Experiencing power outages could result in HV system failure, resulting in approximately 50% of the site having loss of power. The HV Breaker is currently oil circuit cooled which degrades quicker than more modern methods, and can fail quicker.</p> <p>This will lead to an impact/affect on loss of electricity at the PPH site, potential service disruption (non-critical services).</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 prioritising essential services.</p>	Service/Business interruption/disruption	6	2	4	8	Capital funding will be required to address the issues as identified and for the remedial work to be undertaken.	Evans, Stewart	24/10/2018-31/12/2024 31/03/2024	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	09-Oct-23