

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	12 November 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Risks Assigned to Health & Safety Committee
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer James Severs, Director of Allied Health Professionals and Health Sciences
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**

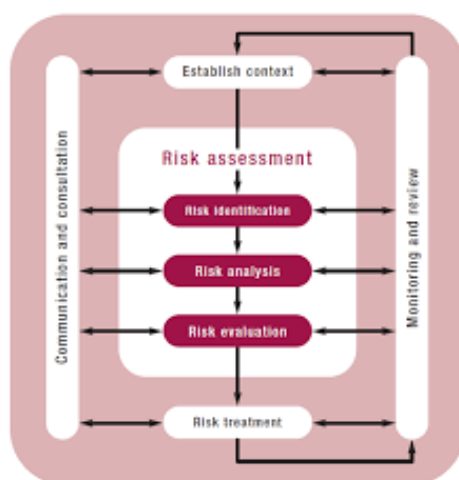
Sefyllfa / Situation

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 the 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 (3.15) 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.

As of 14 October 2024, seven risks 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; and
- Risks have not been escalated to the Corporate Risk Register (CRR).

Five risks have been scored against the *Safety – Patient, Staff or Public* 'impact' domain, four risks have been scored against the *Service/Business interruption/disruption* 'impact' domain and one risk has been scored against the Statutory duty/inspections 'impact' domain.

Due to the sensitive nature of risk 1567 – *Risk of harm and unauthorised access to premises and facilities due to inadequate security measures*, the detail is being reported to In-Committee to provide discussion and assurance. Details on the nine remaining risks assigned to HSC are included in Appendix 1.

Changes since the previous report presented to HSC at its meeting on 9 July 2024

Total Number of Risks	7	
New risks	3	Note 1
Risks that are no longer included in the report	3	Note 2
Increase in risk score ↑	0	
No change in risk score →	3	Note 3
Reduction in risk score ↓	1	Note 4
Extreme (red) risks (based on 'Current Risk Score')	1	
High (Amber) risks (based on 'Current Risk Score')	12	

Note 1 - New Risks Being Reported

Since the previous report, the following three risks have been added to Datix:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1875 - Risk of department and site closure due to failure of critical boiler equipment, Prince Philip Hospital (PPH)	01/04/24	Chief Operating Officer	3x4=12 (Reviewed 14/10/24)	Despite current control measures, the risk remains high and cannot be fully mitigated until the aged equipment is replaced. Capital bid is being submitted once the costs have been established.	2x4=8

1873 - Risk of harm to tenants and staff due to inability to identify gas leaks in residential blocks.	31/05/24	Chief Operating Officer	2x5=10 (Reviewed 14/10/24)	Current risk score is high as despite current controls in place, including monthly planned preventative maintenance, natural ventilation ductwork is required to mitigate the risk. Capital funding has been sought.	1x5=5
1864 - Risk of harm to patients, staff and general public due to failing or lack of safety mechanisms on the automated doors.	10/06/24	Chief Operating Officer	2x4=8 (Reviewed 14/10/24)	Current risk score is high as despite the automated doors undergoing regular planned maintenance, the risk of staff, patient or visitor harm remains as the doors are non-compliant with current safety standards due to defective or non-existent safety mechanisms which are required for safe operation. Capital bid has been submitted.	1x4=4

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

Since the previous report, the following risks are no longer reportable to the committee:

Risk Reference & Title	Date risk identified	Lead Director	Update
1753 - Risk to patient safety and disruption to patient flow due to failure and subsequent breakdown of both lifts in ward Block 4, Glangwili General Hospital (GGH)	01/11/23	Chief Operating Officer	Risk re-aligned to Operational Quality, Safety and Experience Committee (OQSEC)
1071 - Risk of business interruption due to failure and subsequent breakdown of passenger lifts at Bronglais General Hospital (BGH)	01/01/13	Chief Operating Officer	Risk re-aligned to Operational Quality, Safety and Experience Committee (OQSEC)
1141 - Risk of patient harm due to inability to maintain failing and ageing Nurse Call System, GGH	01/08/12	Chief Operating Officer	The risk score was increased from 6 to 9 in January 2024 because despite current mitigation measures, the Health Board is now in a position where parts for repair have become obsolete and,

should a system fail, repairs will not be possible.

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
1263 - Risk to patient safety due to ongoing issues with vermin (pigeons) at Withybush General Hospital (WGH).	24/10/17	Chief Operating Officer	3x5=15 (Reviewed 01/10/24)	There are regular complaints from services who require cleaning and removal of birds. There is also evidence of machinery breakdown as a result of contractors refusing to work on the machines due to droppings, which has resulted in machinery downtime and plant failure.	2x1=2
951 - Risk of avoidable harm to staff and patients due to incorrect Fire Alarm System reporting at WGH	01/02/17	Chief Operating Officer	3x4=12 (Reviewed 01/10/24)	Fire alarm contractors have updated the 'cause and effect' system, and ongoing system verifications are taking place. This will be undertaken in conjunction with the Capital Fire Improvement works.	1x1=1
505 - Risk of avoidable service disruption due to high voltage electrical infrastructure affecting Prince Philip Hospital.	01/01/18	Chief Operating Officer	2x4=8 (Reviewed 23/09/24)	Information has been received from external Authorising Engineers. External service contract in place with the National Grid for routine annual maintenance checks over a five-year plan. These old systems result in parts being difficult to obtain and funding is required to address the components as per a risk-based approach.	3x1=3

Note 4 – Reduction in Risk Score

Since the previous report, the following risk has reduced in score:

Risk Reference & Title	Date risk identified	Lead Director	Previous risk score	Current risk score	Update	Target Risk Score
1567 - Risk of harm and unauthorised access to premises and facilities due to inadequate security measures.	10/10/22	Chief Operating Officer	4x5=20	3x4=12 (Reviewed 15/10/24)	Detail provided to HSC In-Committee	2x2=4

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			1263 (→)		
MAJOR 4		505 (→) 1873 (NEW), 1864 (NEW)	951 (→), 1875 (NEW), 1567 (↓)		
MODERATE 3					
MINOR 2					
NEGLIGIBLE 1					

The table below details when the eleven 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 14 October 2024:

	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	1263			
High	951, 1540, 1549, 1864, 1873, 1875, 1567	505		
Moderate		547, 1382	222	
Low				

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 enables 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

The Estates theme risk register is reviewed on a monthly basis via the Central Compliance & Assurance Audit Meeting (CCAAM), which is attended by the Head of Operations, 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 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 quarterly 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 quarterly basis to allow appropriate oversight. The Security themed risks enable 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; and
- **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 (ISO Guide 73, 2009).</i>
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Not applicable.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from 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

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1263	Directorate Level Risk	Safe	E&F: Pembrokehire	Chiffi, Simon	Arnold, Malcolm	24-Oct-17	<p>There is a risk of to patient and staff safety.</p> <p>This is caused by areas that are frequented by pigeons which is becoming very messy with droppings and carcasses of dead birds. Operational constraints with ongoing contractors refusing to work on equipment that is covered with droppings and a cost to trap and despatch birds only to be inundated with fresh supplies.</p> <p>This will lead to an impact/affect on closures of departments and infection increases such as happened in a Scottish Hospital. Potential serious harm to patients which in severe cases could lead to death. Potential Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) incident and HSE investigation.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Netting placed over multiple areas within the Health Board, preventing the roosting of birds in these areas.</p> <p>Continuous cleaning of known areas.</p> <p>Vermin mesh screens are placed within the ventilation duct entrances.</p> <p>Routine humane trapping taking place 3 to 4 times a year.</p> <p>Bi-monthly Ventilation Safety Group and monthly Ventilation Sub Group.</p>	Safety - Patient, Staff or Public	6	3	5	15	<p>develop Capital bid to provide bird mesh covering over external external critical ventilation plant</p> <p>Develop SLA with external pest control company for ongoing humane trapping and disposal.</p>	Arnold, Malcolm	31/03/2025 31/03/2025 31/03/2025	<p>Costs have been received and a Capital bid is to be submitted. Ongoing.</p> <p>Ongoing.</p>	Health and Safety Committee	2	1	2	Treat	01-Oct-24
1875	Directorate Level Risk	Safe	E&F: Carmarthenshire East	Chiffi, Simon	Evans, Stewart	01-Apr-24	<p>There is a risk of department and site closures due to total failure of the steam boilers supplying steam to HSDU services and heating and hot water throughout the premises.</p> <p>This is caused by failure of blow down vessel (the water produces chemicals under pressure from the boiler and that will degrade during the age of it) due to degrading of its construction.</p> <p>This will lead to an impact/affect on loss of heating, hot water and steam services to the hospital. The whole PPH site, resulting in closure of services and site. Financial impact and reputational damage to the Health Board.</p> <p>Risk location, Prince Philip Hospital.</p>	Continued daily inspection and monitoring.	Service/Business interruption/disruption		3	4	12	Costs required to replace blow down vessel. Capital Bid to be submitted once costs are returned.	Evans, Stewart	31/03/2025	Awaiting cost returns	Health and Safety Committee	2	4	8	Treat	14-Oct-24

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1540	Directorate Level Risk	Effective	Therapies and Health Science: Health and Safety	Severs, James	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 HDUHB. This is primarily a concern within Carmarthenshire, where demand/recruitment numbers are highest.</p> <p>This is caused by a smaller training room 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 and supporting Datix investigations in order to reduce future harm.</p> <p>Temporary reduction in training capacity due to staff reduction in hours (awaiting JD banding)</p> <p>Likely loss of training venue in Ceredigion due to sale of university building and no other suitable space available on the rental market or on site. Notice has been given to vacate by 31 Dec 23 and no venue has been secured for 2024. This will result in staff traveling to Witybush for training at a travel cost over the year of approx. £50K excluding overnight accommodation and subsistence and any overtime payments that may be accrued.</p> <p>This will lead to an impact/affect on both staff safety and patient safety.</p> <p>Risk location, Health Board wide.</p>	<p>a 4 tiered training scheme that prioritises classroom time for those that undertake patient handling. This includes two patient handling categories as below: ESR3 - Minimal and Emergency Handling is a one-day course. 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. ESR4 -Foundation Training (FT) in People Handling consists of a two-day course. Due to demand, multiple additional dates have been added for foundation training for the remainder of the year, including accommodating all International Nurses and Apprentices. Staff receive reminders to attend training in order to try and reduce non attendance. 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. 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. Managers can use a newly revised risk assessment to assess the safety of that person working in their environment without having received training. New starters are offered places on all sites but often reluctant to travel.</p> <p>Additional temporary staffing of 1 x B5 FTE secondment until march 24 place accepted and anticipated start date 1 Nov 23</p> <p>1 x B6 reduction in hours to 0.6FTE remaining hours replaced with 1xB5 0.5 FTE trainer expected start date 30 Nov 23.</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 teams 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 01/07/2025	<p>No progress at Glien House. Longer term plans are in progress to move the team to the new Carmarthen Hwb - Due to open mid-2025.</p> <p>No progress. A B5 secondment was funded by HEIW for Nov 2023 to Mar 2024 which proved very successful. Unfortunately the secondment has now ended and no further progress made on increasing manning levels.</p> <p>Since July 2024 we have enacted a temporary uplift in B5 post from 18.75 to 30 Hours per week. This allows B6 CNS to do onsite training with staff for complex patient referrals. Temporary reduction in risk score due to this extra resource. The current uplift is due to end on 31/12/2024.</p> <p>Classroom training frequency in updated policy 273 'Generally, patient handling staff will require an annual intervention of either a workplace assessment or update training in the classroom dependant on their needs with no more than 3 years between classroom refresher sessions.'</p>	Health and Safety Committee	2	3	6	Treat	14-Oct-24

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														<p>Medical Staff Training</p> <p>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.</p>	Vaughn, Gemma	Completed	<p>Training diary for 2024 has been developed with a higher number of foundation courses. Courses are not as effective due to lack of space preventing maximum training capacity to be safely achieved.</p>						
														<p>Provision of training venue for Ceredigion</p>	Glanville, Amanda	04/03/2024 31/12/2024	<p>Venue was identified in Dec 23 at a cost of 15k PA which would provide a suitable space for MH training. MH team are responsible for training delivery and L&D for providing appropriate space (as discussed when the provision was first identified as being lost).</p> <p>Thomas Parry Centre identified. Contracts being finalised with Solicitors. Occupation hoped for mid-late October 2024.</p> <p>Site look to be prioritising ILS training once Thomas Parry is available. Manual Handling training may not return until January 2025 to accommodate essential ILS training.</p>						

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1549	Directorate Level Risk	Person Centred, Safe	Therapies and Health Science: Health and Safety	Severs, James	Harrison, Tim	21-Oct-22	<p>There is a risk of that staff will not receive the level of training identified by the training needs analysis.</p> <p>There is also a further risk of Health and Safety Executive (HSE) scrutiny.</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>Inability of operational services to release staff to attend the required training.</p> <p>This will lead to an impact/affect on both staff and patient safety, with staff not being aware of relevant skills and techniques to ensure their own safety, and patient safety by applying unsafe restraint techniques if not adequately trained.</p> <p>Potential for HSE fines for not fulfilling and sustaining the actions stated in the Health Boards evidence submitted to the HSE in 2019.</p> <p>Risk location, Health Board wide.</p>	<p>The Prevention and Management of Violence and Aggression (PAMOVA) Team offer a variety of training courses and refreshers such as All-Wales Violence and Aggression Passport, Restraint reduction, and Reducing Restrictive Practice Care Planning and Liberty Protection Safeguards (RRPCP & LPS).</p> <p>Training is prioritised for higher risk areas.</p> <p>when notified via Datix incident reporting the team link with departments and provide practical advice and assistance and offer training where appropriate.</p> <p>Where risks are identified the PAMOVA team provide training - usually person specific training to reduce risk to staff and patient.</p> <p>PAMOVA Team liaise with the HB V&A case manager in the identification of incidents where training may be of benefit</p> <p>Health Board policy on Reducing Restrictive Practice</p> <p>PAMOVA team have a presence in clinical areas (when possible) - focussed on specific sites where risks are identified.</p> <p>Where possible trainers have worked independently so 2 courses can be facilitated at once.</p> <p>Systematic monitoring and review of the V&A incidents which inform training needs in clinical environments.</p>	Safety - Patient, Staff or Public	6	3	4	12	<p>Additional Training Resource:</p> <p>Undertake a cost benefit analysis of recruiting additional staff and considering income generation.</p>	Harrison, Tim	3-4/09/2023-30/12/2024	<p>Income generation to increase staff resource- Unable to consider income generation without a certified training model. Health Board training model currently going through the Certification process with the Restraint Reduction Network/BILD Act. Will reconsider once this is completed.</p> <p>August 2024 - All evidence has been submitted and Panel has been completed, however the final confirmation is still awaited.</p> <p>October 2024 - Staff resource need will require further consideration following the most recent TNA (which identified that 12.9WTE extra trainers would be required to be fully compliant. Further work required.</p>	Health and Safety Committee	2	3	6	Treat	14-Oct-24
														Creation of Practice Leaders:	Wood, Rachel	3-4/09/2023-30/12/2024	<p>Creation of practice leaders. We have one practice leader in one area (Bryngolau) with more to follow if this proves successful (At Aug 24). A further 8 have expressed an interest.</p> <p>The Health Board have now created a working group to address the implementation of the Welsh Government Reducing Restrictive Practice Framework. This work includes the creation of more practice leaders.</p>						
														Creation of Practice Leaders:	Wood, Rachel	Completed	This action overlaps with the previous one.						
														Certifying the training module with the restraint reduction network (RRN) charity with the purpose to use the course for income generation.	Wood, Rachel	Completed	This is covered by the 'Additional Training Resource' Action above.						

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														Conversation to be had with the ESR team with the intention of the V&A and restraint reduction training courses to be captured electronically.	Wood, Rachel	Completed	ESR- A conversation has been had with Learning and Development (L&D). L&D have agreed to create a new system for registration on courses which will mean when a participant attends a course, this will be automatically uploaded to ESR. This will streamline the attendance recording.							
														TNA review	Wood, Rachel	Completed	I have reviewed the training needs and will be looking at the Restraint Reduction in Older Adult Care (formerly Behaviours that Challenge) course being offered to Qualified nurses only (excluding mental health older adult areas where all staff will receive the 2 day training) in 2024. The rationale for this is the theoretical element focusses heavily on the Legal and Ethical aspects of Restrictive Practice and how to care plan any restrictive interventions or preventative strategies. This needs to be led by Qualified Nurses. Healthcare Support Workers will be offered the All Wales Violence and Aggression Passport (1 day course) and additional online teaching (via MS Teams) on Restrictive Practice. This will be reviewed 6 months into 2024 then again at 12 months. October 2024 - A new TNA has been completed following a change in Exec-Lead. This new TNA gives a helicopter perspective of the training needs in order to plan the approach to all new training going forwards.							

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1753	Directorate Level Risk	Safe	E&F: Carmarthenshire West	Chiffi, Simon	Hill, Paul	01-Nov-23	<p>There is a risk 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	Estates are awaiting a quotation from OTIS to upgrade both lifts. Once we receive the quotations a capital bid will be submitted.	Jones, Kevin	01/12/2023-30/03/2025	<p>Capital funding required to upgrade both lifts.</p> <p>EFAB funding received. Lift replacement quotations received from OTIS and Allied Lifts. Estates are currently working with procurement to establish how we procure this work.</p>	Health and Safety Committee	1	4	4	Treat	10-Sep-24
1071	Directorate Level Risk	Safe	E&F: Ceredigion	Chiffi, Simon	Jones, Eiflyn	01-Jan-13	<p>There is a risk of 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	3	4	12	<p>Carry out immediate, high risk lift work required following the November 2021 survey results.</p> <p>Carry out further lift repairs/replacements for any outstanding outcomes from survey.</p> <p>To obtain surveys in order to establish which lift requires upgrading.</p> <p>Additional funding required to ensure lift inspections are being undertaken.</p> <p>Infrastructure OBC currently in scrutiny period following initial submittal. Working through each project to indicate short, medium and long term projects. Lift replacement are currently classed as short term investment.</p>	<p>Jones, Eiflyn</p> <p>Jones, Eiflyn</p> <p>Jones, Eiflyn</p> <p>Jones, Eiflyn</p>	<p>Completed</p> <p>31/03/2022-31/12/2022 31/03/2023-31/03/2024-31/03/2025</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>Work has been completed.</p> <p>2023/2024 - Statutory budget (£10k) available for repairs. £300k EFAB investment for new theatre lift in surgical block 2023/24/25. Further investment needed to address other site lift issues.</p> <p>Survey complete.</p> <p>Capital money approved for 2021/22.</p> <p>Any Repair work required is carried out with our statutory budget on an annual basis. Any major breakdown is prioritised from the emergency DCP budget.</p>	Health and Safety Committee	1	4	4	Treat	14-Oct-24

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951	Directorate Level Risk		E&F: Pembrokehire	Chiffi, Simon	Arnold, Malcolm	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 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. Further work required to identify short falls and errors in cause and effect. all works listed on RPS report. costs established and funding agreed through phase two fire improvements</p> <p>FSC Autronica are in process of rewriting new 'cause and affect' scheme.</p> <p>Complete system verifications at WGH.</p>	Arnold, Malcolm	Completed	<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. Computer graphic update to be scheduled in line with new decant ward commissioning Graphics update completed. ongoing minor alterations required. completed</p> <p>Cause and effect completed. further works required as part of phase two fire improvement works</p> <p>Cause and affect' completed and installed. further work required and identified on RP report. capital funds required to achieve full L1 compliance. Completed. update 17/07/2024 funding agreed through phase two fire improvements</p> <p>This is in progress. Gaps in system design, system component replacement, and verifications identified on Report. capital funding required to achieve full L1 funding approved through phase two fire improvement works</p>	Health and Safety Committee	1	1	1	Treat	01-Oct-24

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1873	Directorate Level Risk	Safe	E&F: Carmarthenshire East	Chiffi, Simon	Evans, Stewart	31-May-24	<p>There is a risk of to tenants and staff in the residential blocks of a failure to identify a gas leakage on the main incoming gas mains due to the lack of ventilation.</p> <p>This is caused by unvented/non compliant gas meter storage. Currently, the installation does not comply with current regulations. Failure to comply would potentially lead to enforcement notices/litigation.</p> <p>This will lead to an impact/affect on supply of heating and hot water to the residential blocks for tenants and the possibility of unknown natural gas leakage in the building. Financial and reputational harm to the Health Board if gas leaks were to occur. Health and safety of the tenants would be adversely affected by any gas leaks and displacement of tenants.</p> <p>Risk location, Prince Philip Hospital.</p>	Currently local PPM (Planned Preventative Maintenance) in place for boiler/appliance testing (monthly).	Safety - Patient, Staff or Public	8	2	5	10	<p>Quotations obtained for additional ventilation, Fire curtains removed from Fire door installation to be re-instated by Discretionary Capital Team.</p> <p>Capital bid to be submitted.</p>	Evans, Stewart	31/03/2025	Costs partly received 15.07.2024	Health and Safety Committee	1	5	5	Treat	14-Oct-24
1141	Directorate Level Risk	Safe	E&F: Carmarthenshire West	Chiffi, Simon	Hill, Paul	01-Aug-12	<p>There is a risk of of avoidable disruption to clinical services, the closure of wards, and the possibility of harm to patients.</p> <p>This is caused by the current ageing nurse call system failing and some parts are now obsolete.</p> <p>This will lead to an impact/affect on harm to patients if the nurse call system were to fail. The nursing team rely on the system to call for assistance in the event of a cardiac arrest, and if the system failed during this crucial time this could have a detrimental outcome on the patients.</p> <p>Risk location, Glangwili General Hospital.</p>	<p>The functionality of nurse call systems are regularly tested by the nursing staff on each ward, and all faults are reported to the estates department. Faults are generally rectified by estates electricians, however, in some circumstances the manufacturer is called to site to repair technical faults.</p> <p>Whilst we have some control measures in place they have not improved the inherent risk rating.</p>	Service/Business interruption/disruption	6	3	3	9	<p>Major capital investment is required to replace the nurse call system throughout Glangwili Hospital. Many of the spare parts will soon become obsolete.</p> <p>This will be taken forward by Simon Day in conjunction with Julian Wheeler-Jones, to look at the feasibility of replacing the nurse call systems across site.</p> <p>Paul Hill is meeting with Static Systems on the 05/02/24, to obtain a budget quotation to upgrade a nurse call system on a typical ward. This information will then be forwarded to Simon Day and Julian Wheeler-Jones.</p> <p>Second capital bid submitted on 22/05/2024 to replace one nurse call system in one ward, thus releasing some spares to be used across site.</p>	<p>Jones, Kevin</p> <p>Hill, Paul</p> <p>Hill, Paul</p>	<p>23/06/2023 01/04/2026</p> <p>Completed</p> <p>07/09/2025</p>	<p>This has been unsupported to date with capital funding. We will resubmit again April 2024</p> <p>Future meetings will be scheduled to progress this project when funding becomes available.</p> <p>Second capital bid submitted on 22/05/2024 to replace one nurse call system in one ward, thus releasing some spares to be used across site.</p>	Health and Safety Committee	1	3	3	Treat	10-Sep-24

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1864	Directorate Level Risk	Effective, Safe	E&F: Carmarthenshire East	Chiffi, Simon	Evans, Stewart	10-Jun-24	<p>There is a risk of of injury/entrapment of patients, staff and the general public as well as interruption to services/site, due to automated door failure throughout PPH.</p> <p>This is caused by defective or non-existent safety mechanisms which are required for safe operation of the automatic doors.</p> <p>This will lead to an impact/affect on patients, staff and visitors if injury/entrapment occurred due to the failure of the automated doors. Closure of services/site if doors became inaccessible. Risk to Health Board finances as automated doors do not currently comply with safety standards/current regulations. Adverse impact on Health Board's reputation if a patient safety incident occurred resulting in increased numbers of claims/complaints.</p> <p>Risk location, Prince Philip Hospital.</p>	Contract is in place to provide regular maintenance to automated doors throughout PPH site.	Safety - Patient, Staff or Public	6	2	4	8	Capital Bid submitted on 12.06.2024	Evans, Stewart	31/03/2025	Awaiting approval of Capital Bid	Health and Safety Committee	1	4	4		14-Oct-24

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505	Directorate Level Risk	Safe	E&F: Carmarthenshire East	Chiffi, Simon	Evans, Stewart	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) are single point of failure. These are manufactured by South Wales Switch Gear in 1987 and are beyond life expectancy. An external audit by NWSSP-SES has confirmed this issue. Experiencing power outages could result in HV system failure. The HV Breaker is currently oil circuit cooled which degrades quicker than more modern methods of protection, and is more prone to failure.</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 replacement work to be undertaken.	Evans, Stewart	04/11/2024-31/12/2024-31/03/2024 31/05/2024-31/01/2025-04/11/2024	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. This has been moved to priority 1 for the WG infrastructure bids.	Health and Safety Committee	1	3	3	Treat	23-Sep-24

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551	Directorate Level Risk	Safe	E&F: Property Performance	Chiffi, Simon	Williams, Paul -	22-Dec-17	<p>There is a risk of potential pollution, a risk to human health through incorrect handling of sharp and infectious waste, fines, inefficient disposal and negative public perception, e.g. poor reuse and recycling.</p> <p>Risk of not meeting National targets as detailed within Health Board Waste Strategy.</p> <p>This is caused by the potentially harmful nature of waste, the level of regulatory control, obligations and Welsh Governments aspirations for long term sustainable waste management, costs associated with waste disposal and poor resource efficiency.</p> <p>This will lead to an impact/affect on staff, patients and visitors through incorrect handling and storage, negative publicity through wasteful practices, unnecessary spend through inefficient waste segregation and purchasing practices and regulatory fines for not meeting legal requirements.</p> <p>Risk location, Health Board wide.</p>	<p>The Waste Management Policy (V3 2020) is in place.</p> <p>Departmental waste procedures are in place in, for example, labs, Hotel Services and Pharmacy.</p> <p>Legal compliance monitoring as part of ISO 14001 standard.</p> <p>Auditing as part of ISO 14001 including operational audits of storage and transport and internal audits of training, segregation, etc.</p> <p>A Waste Management Strategy updated(2020) to reflect current National targets</p> <p>Delivery of segregation projects in line with Welsh Government and statutory targets and requirements.</p> <p>Training programmes have been developed. Clinical waste training is also included in Infection Control induction basic level 1 and 2.</p> <p>Spreadsheets have been set up to monitor additional waste spend associated with Covid-19 from field hospitals, additional requirements on acute sites and community collections to ensure that additional costs are correctly allocated to Covid-19 cost centres.</p>	Statutory duty/inspections	8	2	4	8	Determine estimated future cost and resource implication to meet the requirements of the Business, Public and Third Sector Recycling Regulations.	Shaw, Terri	Completed	<p>Business, Public and Third Sector Recycling Regulations are due to come into force in April 2024 for Public sector organisations. Hospitals are being given until October 2025 to implement these regulations. HDUHB have already rolled out source segregation as far as possible on all sites except GGH which is still co-mingled but not to ward level other than behind reception areas and offices for the following reasons;</p> <ul style="list-style-type: none"> • Availability of space to accommodate the 6 separately collected waste streams • IPC not keen to have even more bins in already confined spaces • Possible fire risk with having so many bins in clinical areas <p>Following consultation the implementation of the legislation has been extended until March 24 to enable consultation responses to be fully considered. Bins ordered in preparation for rolling out in GGH.</p>	Health and Safety Committee	1	3	3	Treat	30-Sep-24

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														50% reduction in avoidable food waste from in-patients by 2030 against baseline year 2018/19.	Shaw, Terri	Completed	Catering department to consider a number of options to achieve this including reviewing meal sizes and food preparation processes i.e. on site food preparation, cook and freeze options, patient pre-ordering etc. Information requested from Head of facilities but still outstanding. Info requested again 13.6.24 At the end of 23/24 following the introduction of food waste reduction measures by the catering department food waste decreased by 40t. The food waste tonnage at the end of 23/24 was 3.7t per 10,00 patients reduced from 4.4t per 10,000 patients in 18/19.						
														Reduce Total Waste arising by 1.5% each year/10,000 patients by 2030 using 18/19 as baseline year. Interim target 23/24 per 10,000 patients - General Waste 14.2t, Recycling Waste 7.7t, Food waste 4.1t. Total waste reduction- 25.9t.	Shaw, Terri	Completed	Current position (end 23/24)per 10,000 patients is General Waste 1.5t, Recycling Waste 7.2t, Food waste 3.7t. Total waste reduction- 25.1t. This has exceeded the 23/24 targets for all KPI's being reported.						
														Increase the amount of waste recycled to 70% by 2030 using 18/19 as baseline year. Interim target for 23/24 is 52%	Shaw, Terri	Completed	Current position end 23/24 achieved 48.7%. This has not the target of 52% for 23/24 despite recycling tonnage increasing by 40t from the start of the roll out of Hygiene waste recycling. This is because historically recycling waste has also included food waste and due to measures such as cook/freeze, food waste has decreased by 40t therefore impacting the overall recycling rate.						

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														Reduce waste sent to landfill to a max of 5% by 2030 compared to 18/19 baseline year. Interim target 23/24 Recycling 52%, Recovery 25%, Landfill 18%	Shaw, Terri	Completed	Current position end 23/24, Recycling 49%, Recovery 44%, landfill 7%						
														Reduce Total Waste arising by 1.5% each year/10,000 patients by 2030 using 18/19 as baseline year. Interim target 24/25 per 10,000 patients - General Waste 14t, Recycling Waste 7.6t, Food waste 4t. Total waste reduction- 25.1t.	Shaw, Terri	30/05/2025	Current status end of year 23/24 per 10,000 patients - General Waste 1.5t, Recycling Waste 7.2t, Food waste 3.7t. Total waste reduction- 22.4t.						
														Increase the amount of waste recycled to 70% by 2030 using 18/19 as baseline year. Interim target for 24/25 is 55%	Shaw, Terri	30/05/2025	Current position at end of 23/24 is 49%						
														Reduce waste sent to landfill to a max of 5% by 2030 compared to 18/19 baseline year. Interim target 24/25 Recycling 55%, Recovery 30%, Landfill 15%	Shaw, Terri	30/05/2025	Current position end of year 23/24 is Recycling 49%, Recovery 44%, Landfill 7%						