

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

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 03 July 2025 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Corporate Risks Assigned to Health and Safety Committee (HSC) |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | James Severs, Executive Director of Allied Health Professionals and Health Sciences Ardiana Gjini, Executive Director of Public Health |
| SWYDDOG ADRODD: REPORTING OFFICER: | Charlotte Wilmshurst, Assistant Director of Assurance and Risk |

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

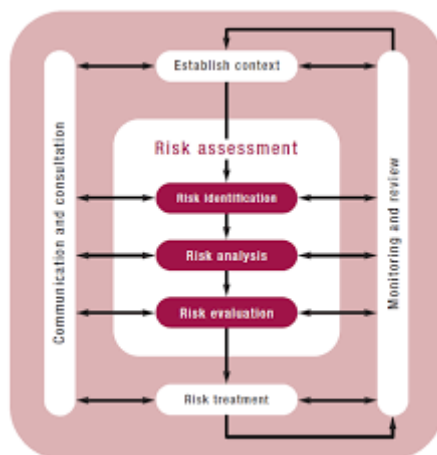
**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Health and Safety Committee (HSC) is asked to request assurance from the Lead Executive Directors that the corporate risks in the attached report are being managed effectively.

Cefndir / Background

Effective risk management requires a 'monitoring and review' structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.



(Risk Management Process, ISO 31000)

The Board's Committees are responsible for the monitoring and scrutiny of corporate level risks within their remit. They are responsible for:

- Seeking assurance on the management of risks on the Corporate Risk Register (CRR) and providing assurance to the Board that risks are being managed effectively and report areas of significant concern, for example, where risk appetite is exceeded, lack of action, etc.
- Reviewing corporate and operational risks over tolerance and, where appropriate, recommend the 'acceptance' of risks that cannot be brought within Hywel Dda University Health Board's (HDdUHB) risk appetite/tolerance to the Board.
- Identify through discussions any new/emerging risks and ensure these are assessed by management.
- Signpost any risks outside of its remit to the appropriate HDdUHB Committee.
- Use risk registers to inform meeting agendas.

A revised approach to risk tolerance was agreed by the Board at its meeting in March 2025 to reflect the organisation's readiness to bear the risk after risk treatment, in order to achieve its objectives. This supersedes the previous approach agreed in September 2018 which set the tolerance levels for risk aligned to risk impact domains.

The revised approach utilises the target risk score (TRS) of risks in order to demonstrate the lowest level of risk exposure that the Health Board is willing to tolerate, following the completion of all planned actions aligned to each risk. The TRS represents the ultimate level of risk achievable given the available means and resource. Once the TRS is achieved, if the risk continues to exist, it should then be tolerated / accepted unless further actions are identified or made possible (e.g., additional resources). If achieving the TRS is deemed unacceptable (i.e., the TRS is too high), further discussion or escalation is required. The TRS should be quantified, and where possible aligned to performance targets (including quality metrics), with a set timescale for achieving the reduction of the Current Risk Score to the TRS.

Risks will be 'treated' until a discussion to 'tolerate' a risk is triggered – this would be when the Executive Risk Owner for corporate risks does not support the TRS. The Board will be asked to accept any risks where the Health Board is unable to treat within its available means.

These risks have been identified by individual Directors via a top-down and bottom-up approach, and are either:

- Associated with the delivery of the Health Board objectives; or
- Significant escalated operational risks that are of significant concern and require corporate oversight and management.

Each risk on the CRR has been mapped to a Board level Committee to ensure that these risks are being managed appropriately, taking into account the gaps, planned actions and agreed tolerances, and to provide assurance to the Board through Committee Update Reports regarding the management of these risks.

The Board has delegated a proportion of its role of scrutiny of assurances to its Committees to make the most appropriate and efficient use of expertise. Therefore, Committees should also ensure that assurance reports relevant to the principal risks are received and scrutinised, and an assessment made as to the level of assurance it provides, taking into account the validity and reliability i.e. source, timeliness, methodology behind its generation and its compatibility with other assurances. This will enable the Board to place greater reliance on assurances, if they are confident that they have been robustly scrutinised by one of its Committees; and provide them with greater confidence regarding the likely achievement of strategic objectives, as well as providing a sound basis for decision-making. It is the role of Committees to challenge where assurances in respect of any component are missing or inadequate. Any gaps should be escalated to the Board.

The process for risk reporting and monitoring within HDdUHB is outlined at Appendix 1.

Asesiad / Assessment

The HSC Terms of Reference reflect the Committee's role in providing assurance to the Board that principal risks are being managed effectively by the risk owners (Executive Leads).

The Terms of Reference state that the Committee will:

3.15 Provide assurance that risks relating to health, safety, security, fire and service/ business interruption/ disruption are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate) and provide assurance that effective risk assessments are undertaken and addressed.

There are 5 corporate risks aligned to HSC from the 20 risks currently identified on the CRR, as the potential impacts of these risks relate to the health and safety of patients, staff and visitors.

The 5 corporate risks have been entered onto a 'risk on a page' template, which includes information relating to the strategic objective, controls, assurances, performance indicators, and action plans to address any gaps in controls and assurances. Due to the sensitive nature of risks 1860 – *There is a risk of serious harm to staff due to violence & aggression in the workplace* and 1861 - *Risk of harm to staff, patients public and critical assets due to insufficient physical security measures and systems*, the detail is reported to in-committee to provide discussion and assurance.

Details on the 3 remaining risks assigned to HSC are included in Appendix 2.

Changes since the previous report presented to HSC at its meeting on 14 January 2025:

| | |
|---|---|
| Total Number of Risks | 5 |
| New risks | 0 |
| Risks that are no longer included in the report | 0 |
| Increase in risk score ↑ | 0 |
| No change in risk score → | 5 |
| Reduction in risk score ↓ | 0 |
| Extreme (red) risks (based on 'Current Risk Score') | 4 |
| High (Amber) risks (based on 'Current Risk Score') | 1 |

Note 1

Note 1 – 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 |
|--|----------------------|---|--------------------------------------|-------------------------------------|---|
| 1861 - Risk of harm to staff, patients public and critical assets due to insufficient physical | 01/05/24 | Executive Director of Allied Health Professions and Health Sciences | 4x4=16 (Reviewed 09/06/25) | Detail provided to HSC In-Committee | 3x3=9 (Date expected to reach TRS 31/12/25) |

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| security measures and systems | | | | | |
| 1860 - Risk of serious harm to staff due to violence & aggression in the workplace | 01/05/24 | Executive Director of Allied Health Professions and Health Sciences | 3x5=15 (Reviewed 03/06/25) | Detail provided to HSC In-Committee | 3x3=9 (Date expected to reach TRS: TBC) |
| 1745 – Risk of not being able to safely deliver services due to ageing estate and infrastructure across the Health Board | 02/08/23 | Executive Director of Allied Health Professions and Health Sciences | 5x3=15 (Reviewed 10/06/25) | <p>The current risk score is based upon the level of detailed information the Estates department has for its buildings, plant and infrastructure, including external reports, risk information and Estates and Facilities Performance Management System (EFPMS) data submitted to Welsh Government (WG), clearly articulating the scale of backlog and deficiencies across the Health Board. The programme business case (PBC) has been under development with WG since 2018/19.</p> <p>NHS Wales Shared Services Partnership (NWSSP) has supported a three-year investment programme for major infrastructure. WG are in support of this plan (with a £5m capital expenditure limit per year).</p> <p>The Major Infrastructure project is included as a WG Priority Project for Hywel Dda UHB. Negotiations are ongoing with WG to secure funding for the development of business cases for the implementation of these projects. These negotiations will be aided</p> | 5x2=10 (Date expected to reach TRS: TBC) |

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| | | | | <p>by a piece of work which seeks to ascertain approximate costs, timescales and deliverability of the priorities across the acute sites.</p> <p>Minimal funding has been received to date (circa £1.5m) for lift shaft improvements at Bronglais Hospital (BGH) and electrical infrastructure at Glangwili Hospital (GGH), with fees for the first year of plan secured.</p> <p>A report has been developed by the Major Infrastructure Team and NHS Wales Shared Services Partnership (NWSSP) Estates detailing the consequences of infrastructure failure in relation to patient services and its impact on patient care. This report was presented to Strategy & Planning Committee in April 2025.</p> | |
| 813 - Risk of non-compliance with the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure | 01/10/19 | Executive Director of Allied Health Professions and Health Sciences | 5x3=15 (Reviewed 04/06/25) | <p>Phased Fire Safety Improvement works are ongoing across sites, with significant investments being made to address the recommendations in the Mid and West Wales Fire and Rescue Service (MWWFRS) letters and Enforcement Notices (EN).</p> <p>All programme dates have been agreed with the Health Board, WG and MWWFRS senior inspecting officers, with completed actions reviewed to determine the</p> | 5x1=5 (Date expected to reach TRS TBC) |

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|--|----------|-------------------------------------|--------------------------------------|--|---|
| | | | | <p>risk score as works are progressed.</p> <p>Extensions of time, particularly for EN schemes, have been fully agreed by MWWFRS.</p> <p>The BORIS system is in place and all fire risk assessments have been transferred across.</p> <p>Currently, the risk remains extreme until further progress is made on the above Fire safety improvement works. This will be reviewed regularly.</p> <p>A further EN was served (19 March 2025) on the Health Board for the Cwm Seren Site, for which we are seeking additional funding. The scheme is now out to tender and we are awaiting full costs.</p> <p>Based on the planned works for completion (November 2025), it is expected that the current risk score could be reduced to 10.</p> <p>It is anticipated that when training attendance levels specifically for Level 2 training have reached over 85% targets and are sustained at this level continuously, the Health Board will then be in an informed position to look at the further reduction of the risk score. This decision will be reviewed regularly.</p> | |
| 1433 - Risk to the ability to maintain routine and emergency | 01/05/22 | Executive Director of Public Health | 4x3=12 (Reviewed 04/06/25) | The national security and risk assessment was reviewed and republished in November 2022 and | 4x2=8 (Date expected to reach TRS 31/08/25) |

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| <p>services in the event of a severe pandemic</p> | | | | <p>remains unaltered. The previous pandemic influenza risk has been changed into 2 new risks, one generic pandemic event and one on emerging infectious diseases.</p> <p>Current likelihood is scored at a 3 to reflect the risk of the Health Board being unable to respond to the scale and severity of the pandemic - not the likelihood of the pandemic actually occurring.</p> <p>The expected date to reach the Target Risk Score is August 2025. A Cabinet Review of Influenza Preparedness was due just prior to COVID-19 which delayed publication. This workstream has now recommenced and together with outcomes and learning points from COVID-19 will inform our future planning approach for pandemic response.</p> <p>The Government Respiratory Pandemic Guidance was due late Summer 2024, but final draft for consultation is now expected end of September 2025. It is hoped to reduce either the likelihood and/or impact score following consideration and implementation of these reviews/recommendations and subsequent review of internal planning arrangements.</p> | |
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The heat map below includes the risks currently aligned to HSC:

| HYWEL DDA RISK HEAT MAP | | | | | |
|-------------------------|--------------|---------------|---------------------|-------------|---------------------|
| | LIKELIHOOD → | | | | |
| IMPACT ↓ | RARE 1 | UNLIKELY 2 | POSSIBLE 3 | LIKELY 4 | ALMOST CERTAIN 5 |
| CATASTROPHIC 5 | | | 813 (→) 1745 (→) | | |
| MAJOR 4 | | | 1433 (→) | 1861 (→) | |
| MODERATE 3 | | | | | 1860 (→) |
| MINOR 2 | | | | | |
| NEGLIGIBLE 1 | | | | | |

Argymhelliad / Recommendation

The HSC is requested to:

- **RECEIVE ASSURANCE** that all identified controls are in place and working effectively.
- **RECEIVE ASSURANCE** that all planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises.
- Challenge where assurances are inadequate.

This in turn will enable the Committee to provide the necessary assurance to the Board, through its Committee Update Report, that HDdUHB is managing these risks effectively.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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|---|--|
| 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 | 10. Not Applicable |

Gwybodaeth Ychwanegol: Further Information:

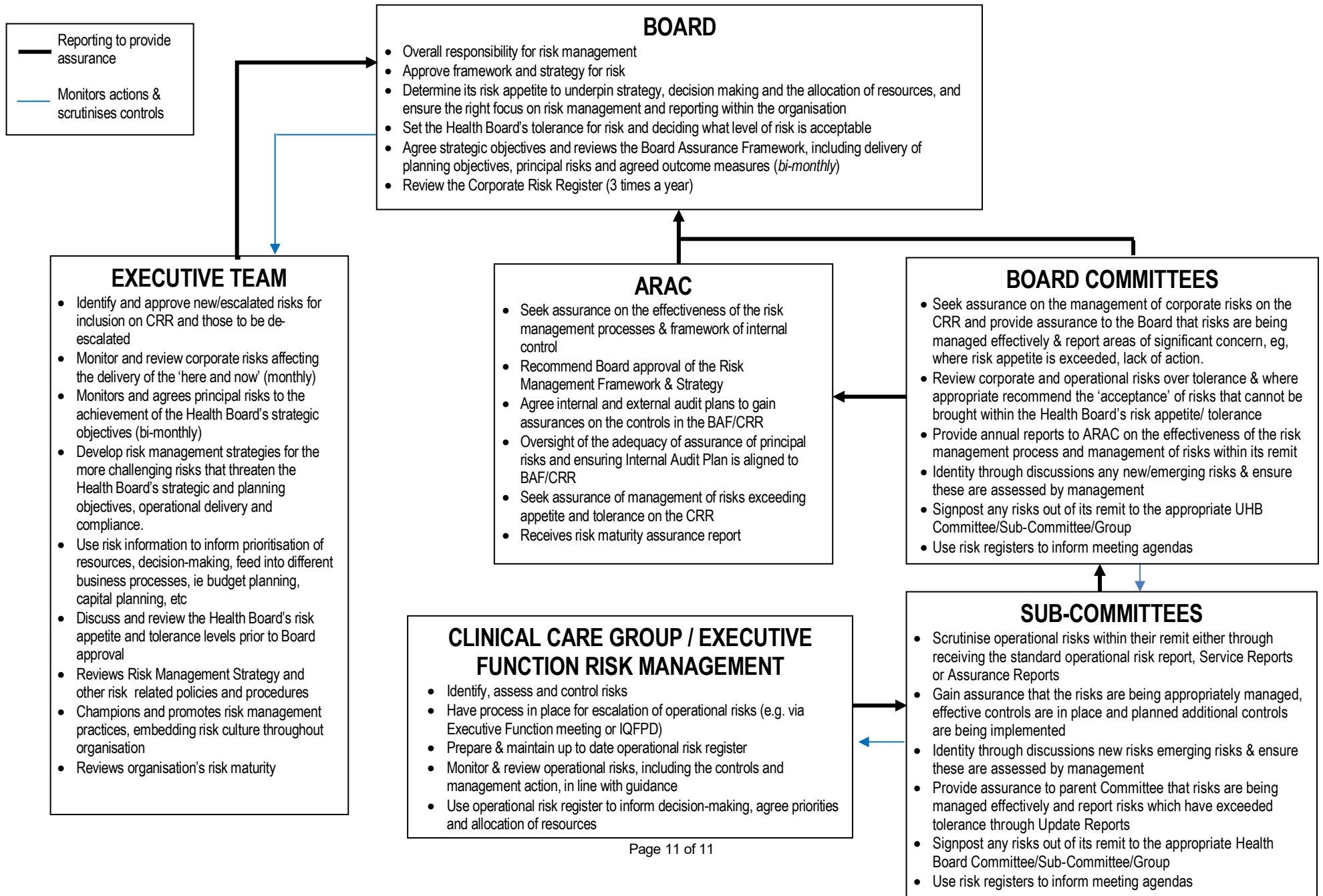
| | |
|---|---|
| Ar sail tystiolaeth: Evidence Base: | Underpinning risk on the Datix Risk Module from across HDdUHB's services reviewed by risk leads/owners. |
| Rhestr Termau: Glossary of Terms: | Current Risk Score - Existing level of risk taking into account controls in place. Target Risk Score - The ultimate level of risk that is desired by the organisation when <u>planned</u> controls (or actions) have been implemented. |
| 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)

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|---|--|
| Ariannol / Gwerth am Arian: Financial / Service: | No direct impacts from report, however, impacts of each risk are outlined in risk description. |
| Ansawdd / Gofal Claf: Quality / Patient Care: | No direct impacts from report, however, impacts of each risk are outlined in risk description. |
| Gweithlu: Workforce: | No direct impacts from report, however, impacts of each risk are outlined in risk description. |
| Risg: Risk: | No direct impacts from report, however, organisations are expected to have effective risk management systems in place. |
| Cyfreithiol: Legal: | No direct impacts from report, however, proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact. |

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| Enw Da: Reputational: | Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks. |
| Gyfrinachedd: Privacy: | No direct impacts. |
| Cydraddoldeb: Equality: | Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No |




Appendix 1 – Committee Reporting Structure



| Risk Ref | Risk (for more detail see individual risk entries) | Executive Director | Domain | Previous Risk Score | Risk Score Jun-25 | Trend | Target Risk Score (tolerable score) | Expected Date of achieving Target Risk Score | Risk on page no... |
|----------|---|--------------------|--|---------------------|-------------------|-------|-------------------------------------|--|--------------------|
| 813 | Risk of non-compliance with the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure | Severs, James | Statutory duty/inspections | 3×5=15 | 3×5=15 | → | 1×5=5 | | 6 |
| 1745 | Risk of not being able to safely deliver services due to ageing estate and infrastructure across the Health Board | Severs, James | Safety - Patient, Staff or Public | 3×5=15 | 3×5=15 | → | 2×5=10 | | 14 |
| 1433 | Risk to the ability to maintain routine and emergency services in the event of a severe pandemic | Gjini, Ardiana | Service/Business interruption/disruption | 3×4=12 | 3×4=12 | → | 2×4=8 | 31/08/2025 | 18 |

Assurance Key:

| 3 Lines of Defence (Assurance) | | |
|--------------------------------|-----------------------|--|
| 1st Line | Business Management | Tends to be detailed assurance but lack independence |
| 2nd Line | Corporate Oversight | Less detailed but slightly more independent |
| 3rd Line | Independent Assurance | Often less detail but truly independent |

| Key - Assurance Required | | <i>NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you</i> |
|---|---|--|
|  | Detailed review of relevant information | |
|  | Medium level review | |
|  | Cursory or narrow scope of review | |

| Key - Control RAG rating | |
|--------------------------|---|
| LOW | Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks |
| MEDIUM | Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks |
| HIGH | Controls in place assessed as adequate/effective and in proportion to the risk |
| INSUFFICIENT | Insufficient information at present to judge the adequacy/effectiveness of the controls |

RISK SCORING MATRIX

| Likelihood x Impact = Risk Score | | | | | |
|--|---|--|--|---|--|
| Likelihood | 1 | 2 | 3 | 4 | 5 |
| Descriptor | Rare | Unlikely | Possible | Likely | Almost Certain |
| Frequency - How often might it/does it happen? <small>(how many times will the adverse consequence being assessed actually be realised?)</small> | This will probably never happen/recur (except in very exceptional circumstances). | Do not expect it to happen/recur but it is possible that it may do so. | It might happen or recur occasionally. | It might happen or recur occasionally. | It will undoubtedly happen/recur, possibly frequently. |
| | Not expected to occur for years.* | Expected to occur at least annually.* | Expected to occur at least monthly.* | Expected to occur at least weekly.* | Expected to occur at least daily.* |
| * time-framed descriptors of frequency | | | | | |
| Probability - Will it happen or not? <small>(what is the chance the adverse consequence will occur in a given reference period?)</small> | (0-5%*) | (5-25%*) | (25-75%*) | (75-95%*) | (>95%*) |
| *used to assign a probability score for risks related to time-limited or one off projects or business objectives. | | | | | |
| Risk Impact Domains | Negligible - 1 | Minor - 2 | Moderate - 3 | Major - 4 | Catastrophic - 5 |
| Safety of Patients, Staff or Public | Minimal injury requiring no/minimal intervention or treatment. | Minor injury or illness, requiring minor intervention. | Moderate injury requiring professional intervention. | Major injury leading to long-term incapacity/disability. | Incident leading to death. |
| | No time off work. | Requiring time off work for >3 days | Requiring time off work for 4-14 days. | Requiring time off work for >14 days. | Multiple permanent injuries or irreversible health effects. |
| | | Increase in length of hospital stay by 1-3 days. | Increase in length of hospital stay by 4-15 days. | Increase in length of hospital stay by >15 days. | An event which impacts on a large number of patients. |
| | | | Agency reportable incident. An event which impacts on a small number of patients. | Mismanagement of patient care with long-term effects. | |
| Quality, Complaints or Audit | Peripheral element of treatment or service suboptimal. | Overall treatment or service suboptimal. | Treatment or service has significantly reduced effectiveness. | Non-compliance with national standards with significant risk to patients if unresolved. | Totally unacceptable level or quality of treatment/service. |
| | Informal complaint/inquiry. | Formal complaint. | Formal complaint - | Multiple complaints/ independent review. | Gross failure of patient safety if findings not acted on. |
| | | Local resolution. | Escalation. | Low achievement of performance/delivery requirements. | Inquest/ombudsman inquiry. |
| | | Single failure to meet internal standards. | Repeated failure to meet internal standards. | Critical report. | Gross failure to meet national standards/performance requirements. |
| | | Minor implications for patient safety if unresolved. Reduced performance if unresolved. | Major patient safety implications if findings are not acted on. | | |

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|---|---|--|---|--|--|
| Workforce & OD | Short-term low staffing level that temporarily reduces service quality (< 1 day). | Low staffing level that reduces the service quality. | Late delivery of key objective/ service due to lack of staff. | Uncertain delivery of key objective/service due to lack of staff. | Non-delivery of key objective/service due to lack of staff. |
| | | | Unsafe staffing level or competence (>1 day). Low staff morale. | Unsafe staffing level or competence (>5 days). Loss of key staff. | Ongoing unsafe staffing levels or competence. Loss of several key staff. |
| | | | Poor staff attendance for mandatory/key training. | Very low staff morale. No staff attending mandatory/ key training. | No staff attending mandatory training /key training on an ongoing basis. |
| Statutory Duty or Inspections | No or minimal impact or breach of guidance/ statutory duty. | Breach of statutory legislation. Reduced performance levels if unresolved. | Single breach in statutory duty. | Enforcement action | Multiple breaches in statutory duty. |
| | | | Challenging external recommendations/ improvement notice. | Multiple breaches in statutory duty. Improvement notices. | Prosecution. Complete systems change required. |
| | | | | Low achievement of performance/delivery requirements. | Low achievement of performance/delivery requirements. |
| | | | | Critical report. | Severely critical report. |
| Adverse Publicity or Reputation | Rumours. | Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met. | Local media coverage – long-term reduction in public confidence. | National media coverage with <3 days service well below reasonable public expectation. | National media coverage with >3 days service well below reasonable public expectation. AMs concerned (questions in the Assembly). |
| | Potential for public concern. | | | | Total loss of public confidence. |
| Business Objectives or Projects | Insignificant cost increase/ schedule slippage. | <5 per cent over project budget. Schedule slippage. | 5–10 per cent over project budget. Schedule slippage. | Non-compliance with national 10–25 per cent over project budget. Schedule slippage. Key objectives not met. | Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met. |
| Finance including Claims | Small loss. | Loss of 0.1–0.25 per cent of budget. | Loss of 0.25–0.5 per cent of budget. | Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget. | Non-delivery of key objective/ Loss of >1 per cent of budget. |
| | Risk of claim remote. | Claim less than £10,000. | Claim(s) between £10,000 and £100,000. | Claim(s) between £100,000 and £1 million. | Failure to meet specification/ slippage Claim(s) >£1 million. |
| Service or Business interruption or disruption | Loss/interruption of >1 hour. Minor disruption. | Loss/interruption of >8 hours. | Loss/interruption of >1 day. | Loss/interruption of >1 week. | Permanent loss of service or facility. |
| | | Some disruption manageable by altered operational routine. | Disruption to a number of operational areas within a location and possible flow onto other locations. | All operational areas of a location compromised. Other locations may be affected. | Total shutdown of operations. |
| Environmental | Minimal or no impact on the environment. | Minor impact on environment. | Moderate impact on environment. | Major impact on environment. | Catastrophic/critical impact on environment. |
| Health Equity | Minimal or no impact on our attempts to improve health equity | Minor impact on our attempts to improve health equity or low level of certainty on the impact we are having on health equity | Moderate impact on our attempts to improve health equity or a lack of sufficient information that would demonstrate this. Indications that we are not having a positive impact on health improvement or health equity | Major impact on our attempts to improve health equity. Validated data suggesting that we are not improving the health of the most disadvantaged in our population whilst clearly supporting the least disadvantaged. Validated data suggesting we are having no impact on health improvement or health equity. | Validated data clearly demonstrating a disproportionate widening of health inequalities or a negative impact on health improvement and/or health equity. |

RISK MATRIX

| | LIKELIHOOD → | | | | |
|----------------|--------------|---------------|---------------|-------------|---------------------|
| IMPACT ↓ | RARE 1 | UNLIKELY 2 | POSSIBLE 3 | LIKELY 4 | ALMOST CERTAIN 5 |
| CATASTROPHIC 5 | 5 | 10 | 15 | 20 | 25 |
| MAJOR 4 | 4 | 8 | 12 | 16 | 20 |
| MODERATE 3 | 3 | 6 | 9 | 12 | 15 |
| MINOR 2 | 2 | 4 | 6 | 8 | 10 |
| NEGLIGIBLE 1 | 1 | 2 | 3 | 4 | 5 |

RISK ASSESSMENT - FREQUENCY OF REVIEW

| RISK SCORED | DEFINITION | ACTION REQUIRED (GUIDE ONLY) | MINIMUM REVIEW FREQUENCY |
|--------------|-----------------|--|--|
| 15-25 | Extreme | Unacceptable. Immediate action must be taken to manage the risk. Control measures should be put into place which will have an effect of reducing the impact of an event or the likelihood of an event occurring. A number of control measures may be required. | This type of risk is considered extreme and should be reviewed and progress on actions updated, at least monthly. |
| 8-12 | High | Very unlikely to be acceptable. Significant resources may have to be allocated to reduce the risk. Urgent action should be taken. A number of control measures may be required. | This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly. |
| 4-6 | Moderate | Not normally acceptable. Efforts should be made to reduce risk, providing this is not disproportionate. Establish more precisely the likelihood & harm as a basis for determining the need for improved measures. | This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months. |
| 1-3 | Low | Risks at this level may be acceptable. If not acceptable, existing controls should be monitored & reviewed. No further action or additional controls are required. | This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually. |

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| Date Risk Identified: | Oct-19 |
| Strategic Objective: | 3. Striving to deliver and develop excellent services |

| | | | |
|----------------------------------|-----------------------------|-----------------------------|--------|
| Executive Director Owner: | Severs, James | Date of Review: | Jun-25 |
| Lead Committee: | Health and Safety Committee | Date of Next Review: | Jul-25 |

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|--|------------|------------------------------------|---|
| Risk ID: | 813 | Corporate Risk Description: | <p>There is a risk of failing to fully comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005 (RRO).</p> <p>This is caused by 1: The age, condition and scale of physical backlog, circa £20m (+) relating to fire safety (i.e. non compliant fire doors, compartmentation defects and general fire safety management issues) across our estate significantly affects our ability to comply with the requirements of the RRO in every respect.</p> <p>2: Difficulties managing the actions within the current fire safety risk assessment system - to enable complete transparency and ongoing management of actions assigned to responsible persons. The new Boris system will help address this issue.</p> <p>3: Management responsibilities for fire safety not fully understood by all responsible managers.</p> <p>4: Fire safety training attendance figures are not reaching HB agreed targets. This could lead to an impact/affect on the safety of patients, staff and general public, HSE investigations and further fire brigade enforcement (already served on Withybush and Glangwili General Hospitals), fines and/or custodial sentences, adverse publicity/reduction in stakeholder confidence.</p> |
| Does this risk link to any Directorate (operational) risks? | | 708, 951, 503 | |

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|--|----------------------------|
| Risk Rating:(Likelihood x Impact) | |
| Domain: | Statutory duty/inspections |
| Inherent Risk Score (L x I): | 4x5=20 |
| Current Risk Score (L x I): | 3x5=15 |
| Target Risk Score (L x I): | 1x5=5 |
| Expected Date To Achieve TRS: | |

| | |
|---------------|---|
| Trend: | ↔ |
|---------------|---|

Rationale for CURRENT Risk Score:

Phased fire safety improvement works are ongoing across our sites, with significant investments being made to address the recommendations in the Mid and West Wales Fire and Rescue Service (MWWFRS) letters and Enforcement Notices.

All programme dates have been agreed with the Health Board, Welsh Government (WG) and MWWFRS senior inspecting officers. We intend to review the progress of our completed actions to determine the risk score as we progress with these works.

Extensions of time particularly for EN schemes have been fully agreed by MWWFRS.

The BORIS system is now in place and all fire risk assessments have been transferred across. A paper was submitted to the HSC in September 2024 indicating this achievement and a high level summary of the Estates and Hospital Management Risks.

Currently, the risk is felt to still be extreme until further progress is made on the above Fire safety improvement works. This will be reviewed regularly.

Further EN served (19th March 2025) on the HB for the Cwm Seren Site which we are seeking additional funding for. Scheme already out to tender and we are awaiting full costs.

Rationale for TARGET Risk Score:

Further improvements in culture and ownership for fire safety. It is the scale of physical backlog for fire safety compliance (additional surveys) that will remain until appropriate measures are put in place to address the deficit.

Despite annual investment from statutory capital for fire safety components (circa £200k), the scale of current investment is clearly not adequate to address the true scale of backlog the UHB has.

Based on the planned works for completion (November 2025), it is expected that the current risk score could be reduced to 10.

It is anticipated that when training attendance levels specifically for L2 training have reached > 85% targets and are sustained at this level continuously, the HB will then be in an informed position to look at the further reduction of risk score. This decision will be reviewed regularly.

Key CONTROLS Currently in Place:
(The existing controls and processes in place to manage the risk)

Pre Planned Maintenance (PPM) checks are carried out across the UHB on fire safety components.

A detailed physical estates backlog system is in place that identifies the scale (£) and risk of backlog for UHB. Data used to manage backlog maintenance & statutory decision making also regularly reported to WG.

Extensive fire safety improvement works are being undertaken at WBH, GGH and at BGH from WG agreed funding (EFAB bids for BGH and funding and From submitted business cases), with phased timelines fully agreed with MWWFRS. Regular communications and dialogue is taking place between HB and MWWFRS.

Individual Fire Risk Assessments (FRA's) in place for all sites across the UHB identifying fire related risks. Boris fire safety system implemented across the UHB, giving the ability to review all risks from fire risk assessments via a dashboard and risk ownership.

Training Needs Analysis (TNA) for fire safety training in place, as defined in Fire Policy.










| Gaps in CONTROLS | | | | |
|---|---|-------------|-----------|--|
| Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working) | How and when the Gap in control be addressed | By Who | By When | Progress |
| Despite significant investments already in place following enforcement notices and letters of fire safety matters, additional investment is required to address fire safety defects at other sites within the UHB, which are being inspected by MWWFRS. We have firm plans in place to address a range of fire safety projects over the coming years and these are all fully identified as actions within this risk with anticipated timelines. | Implementation of a new software system to manage the content of the HB's fire risk assessments. Boris software has now been purchased and is currently being implemented. Date agreed as part of internal fire safety governance review. | Evans, Paul | Completed | Boris software now purchased Dec 2020, initial implementation planned for March 2021. Implementation of risk assessments will now be planned for July 2021. System now supports the use of mobile technology therefore risk assessments can be completed live on the system. System now being tested on site, fully operational by Jan (now Feb) 2022 |
| Not all managers who are assigned actions on Boris are regularly accessing the system to close off their actions. Despite recent invitations for staff to attend training sessions. | Additional fire surveys are required across various sites to obtain costs for all fire compartmentation defects, doors, fire alarm systems and other associated items. | Evans, Paul | Completed | fire safety team and compliance team are working with site operations to determine what the gaps are and to agree what surveys will be required. |
| Fire safety training performance (for L2) is currently below the agreed level at | | | | |

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|---|---|--|--------------------|------------------|---|
| <p>UHB has implemented a governance structure for fire safety reporting. Estate plans with fire zones, fire doors, fire compartmentation, fire infrastructure items (alarm and detection system).</p> <p>UHB assesses its performance in respect of operational maintenance work carried out on fire safety components and presents this information as a formal paper at all UHB wide fire safety meetings.</p> <p>Annual prioritisation of investment against high risk backlog.</p> <p>Internal governance review (2019/20) initiated by the CEO and all action implemented from review.</p> <p>The HB has now embedded a fully resourced fire safety management team, with appropriate reporting arrangements for fire safety and addressing the backlog of out of date fire risk assessments across the UHB.</p> <p>The UHB has improved fire safety management culture and management ownership for fire safety.</p> <p>The fire team will also look to implement a regular training global e-mail as a reminder for staff on when and how to book a session.</p> <p>Works already completed following issue of Enforcement Notices and LoFSM at various sites. For EN sites (WBH and GGH) - Advanced Works to vertical escape routes now completed. Also improvements carried out under LoFSM at Tregaron, Bronglais, Glangwili and Withybush Hospitals.</p> <p>Level 1 & 2 Fire Safety training is delivered via Teams. Level 3 Fire Safety training is provided face to face. Level 4 training (Fire Safety Warden training) is also a face to face session, with an external trainer. Level 5 training is provided on Teams as part of the H&S Managers induction training. There is an improving performance in terms of uptake of training (except for L2).</p> | <p>(85%) as set by MWWFRS for WBH and GGH (sites under enforcement). The Fire Safety Team are now working with L&D staff to modernise the training material to offer a more interactive e-learning experience with questions for each section.</p> <p>Despite making improvements to the culture of fire safety management and ownership, the HB does need to ensure this is organisational wide and embedded within it's workforce and cascaded by management.</p> | <p>Introduce new innovative ways of improving fire training attendance across the HB to increase the percentage figures agreed and set by the HB. As part of the next risk review the fire team intend to split this action into individual sections so we can track and close off action as and when completed.</p> | <p>Evans, Paul</p> | <p>Completed</p> | <p>The fire safety team have been trialing the use of MS teams for L2 Fire training, which has proved to be very successful. We are planning to roll this out to other areas of fire training levels, such as L5/L4 & L3. This will have a positive impact on staff being able to attend the session. We will need to improve communications on this and to ensure staff are made fully aware of the sessions taking place and the dates.</p> |
| | | <p>To introduce ways to help improve the culture and ownership of fire safety across the HB. Although management training is taking place at the "Managers Induction Programme" and this is well received. The HB still needs to do more to avoid areas of poor practice that is sometimes identified.</p> | <p>Evans, Paul</p> | <p>Completed</p> | <p>To look at improving the current training content and programme that's currently on offer for management. Regular global communications of do's and don'ts. Having a fire safety share point system, with links to interesting info on effective fire safety management.</p> |
| | | <p>Now the new Boris fire safety system is being implemented across the HB (training planned for June 22 for staff), fire risk assessment actions from this need to be monitored by those responsible. These actions need to be communicated at all fire safety sub groups and fed to the HB wide FSG for complete transparency.</p> | <p>Evans, Paul</p> | <p>Completed</p> | <p>System now live in the HB and staff training programme in place. From this point all fire risk assessment actions will be closely monitored using this system.</p> |

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| Regular communications processes in place to advertise L2 fire safety training. | Introduce a system to manage fire risk assessment recommendations more effectively. System to have the ability to assign risks to risk owners, to track/manage risk and to demonstrate progress on the actions. | Evans, Paul | Completed | The fire team are utilising the current system as best as possible. An Excel system is being introduced (completion Jun20) however a more robust automated system is needed by the HB to track the significant number of actions. Progressing this has been delayed due to COVID-19, however quotes have now been obtained and are under discussion with the Director of Facilities. Approval has now been provided to purchase a system. Completion date for system trial on site by July 2021. System now being tested on site on a few Fire Risk Assessments, we plan to go fully live in Nov/Dec 2021. |
| | Establish a teams training platform to deliver the level 3 and level 4 fire safety training programmes. Although this will also be supported by face to face sessions. | Evans, Paul | Completed | Following a review of level 3 & 4 fire safety training programmes it has been established that these cannot be delivered via Teams. These are now delivered as follows: Level 3 training has been reviewed and requires a face to face practical delivery. Level 4 training (Fire Safety Warden training) is also a face to face session, with an external trainer. |
| | WBH - Completion of Phase 1 works - For all remaining horizontal escape routes. | Elliott, Rob | Completed | Completed on Dec 15th 2023 |

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| <p>WBH - Completion of Phase 2 works - For all departments, ward areas and risk rooms.</p> | <p>Elliott, Rob</p> | <p>30/04/2025 30/04/2025 31/07/2027</p> | <p>Full agreement has now been reached with Welsh Government (WG)/NHS Wales Shared Services Partnership - Special Estates Services (NWSSP-SES) to change the procurement approach for Phase 2. This following a wide-ranging lessons learned exercise undertaken jointly with NWSSP-SES.</p> <p>Start date Sept 2024 completion mid 2027. Will be regularly reviewed.</p> |
| <p>GGH - Completion of Phase 1 works - For all remaining horizontal escape routes.</p> | <p>Elliott, Rob</p> | <p>Completed</p> | <p>Full agreement has now been reached with Welsh Government (WG)/NHS Wales Shared Services Partnership - Special Estates Services (NWSSP-SES) to change the procurement approach for Phase 2. This following a wide-ranging lessons learned exercise undertaken jointly with NWSSP-SES.</p> <p>Noting the change in procurement and the new appointments the HB will be making we need to consider now formally the future programme for Phase 2. This is currently being reviewed by the full team and will be reported to the next Phase 2 Fire Project Team.</p> |

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| GGH - Completion of Phase 2 works - For all departments, ward areas and risk rooms. | Elliott, Rob | 30/04/2024 30/08/2024 30/06/2025 30/11/2027 | Full agreement has now been reached with Welsh Government (WG)/NHS Wales Shared Services Partnership - Special Estates Services (NWSSP-SES) to change the procurement approach for Phase 2. This following a wide-ranging lessons learned exercise undertaken jointly with NWSSP-SES. Start date Sept 2024 completion mid 2027. Will be regularly reviewed. |
| Develop a Fire Training information pack for distributing to agency staff across all 4 sites. | Elliott, Rob | Completed | Completed - We have supported the HoN on this recommendation and issued our current training material to all agency companies. We will continue to support the HoN with any new welcome packs they introduce. |
| To ensure all fire risk assessments are transferred from NWSSP-SES system to Boris | Evans, Paul | Completed | Boris system transfer now completed, review of data now being undertaken |
| To introduce a new interactive e-learning course (to support) Fire Training across the HB, specifically focusing on L2 and L5 staff. Update the TNA fire training. Note: for L2 e-learning cannot be used as the sole means of training Therefore a review of the Fire Training TNA needs to be considered, this will be a separate action added to this risk. Improve marketing and publicity of this new training to encourage greater attendance. | Jupp, Richard | Completed | Full agreement has now been reached with Welsh Government (WG)/NHS Wales Shared Services Partnership - Special Estates Services (NWSSP-SES) to change the procurement approach for Phase 2. This following a wide-ranging lessons learned exercise undertaken jointly with NWSSP-SES. Start date Sept 2024 completion mid 2027. Will be regularly reviewed. |

| ASSURANCE MAP | | | | Control RAG Rating (what the assurance is telling you about your controls) | Latest Papers (Committee & date) | Gaps in ASSURANCES | | | | |
|---|---|-----------------------------------|--|--|--|---|---|--------|---------|----------|
| Performance Indicators | Sources of ASSURANCE | Type of Assurance (1st, 2nd, 3rd) | Required Assurance  Current Level | | | Identified Gaps in Assurance: | How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps | By Who | By When | Progress |
| Maintain a zero or as low as possible number of outstanding fire risk assessments. Monitor the number of risks now held in the new Boris Fire Safety System. | Bimonthly review of outstanding actions from fire risk assessments | 1st |  | | IA Fire Precautions Report - ARAC Jun18 SBAR submitted to each HSAC meeting, which includes themes of all fire safety risks. Boris Fire Safety System (UPDATE) and Fire Training Performance SBAR's submitted to Sept 24 HSAC. | General site management checks/walkarounds on all sites | | | | |
| | Site Fire wardens reporting fire safety issues | 1st |  | | | | | | | |
| | Annual Online Fire Audit Self-Assessment submitted to NWSSP | 1st |  | | | | | | | |
| | Review of compliance through fire safety groups | 2nd |  | | | | | | | |
| | 4 Fire Safety Sub Groups (one at each site) which report into the UHB wide Fire Safety Group (reporting into the HSC) | 2nd |  | | | | | | | |
| | Fire Safety SBAR reports regularly issued to HSC | 2nd |  | | | | | | | |
| | Fire inspections by Fire Service & Fire Improvement Notices | 3rd |  | | | | | | | |
| | NWSSP fire advisor inspections | 3rd |  | | | | | | | |

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| NWSSP IA Fire Precautions Follow Up May-18 - Reasonable Assurance | 3rd | | [Red Column] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IA Fire Governance follow up in July 2022 - Substantial assurance. | 3rd | | | [Red Column] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IA WGH Fire Precautions Works: Phase 1 in Aug 22 - Reasonable rating. | 3rd | | | | [Red Column] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High level action plan meeting with MWWFRS on the 1st May 2025 with very positive comments received from then on our commitment to improve fire safety performance in relation to the EN schemes in place. | 2nd | | | | | [Red Column] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Date Risk Identified: | Aug-23 |
| Strategic Objective: | |

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| Executive Director Owner: | Severs, James | Date of Review: | Jun-25 |
| Lead Committee: | Health and Safety Committee | Date of Next Review: | Jul-25 |

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| Risk ID: | 1745 | Corporate Risk Description: | There is a risk of not being able to deliver safe, effective and timely services across the HB estate, including acute, community and mental health facilities. This risk also impacts the HB's non clinical estate, educational facilities and managed practices. This is caused by further deterioration of our aging buildings and infrastructure with significant amount of the estate beyond its life expectancy. Multiple points of failure, delays in addressing reported defects and limited capital to address the increasing backlog of estate environmental issues. This could lead to an impact/affect on patient experience, our ability to deliver care in line with expected standards resulting in increased scrutiny and critical reports from auditors, regulators and inspectorates, such as HIW and HSE, and decreased public confidence and perception of our services, facilities and estate environment. Impacts also include increasing revenue costs to supplement the lack of capital funding available required to react to emerging issues, ability to comply with the Health and Safety at Work Act, including other legal regulations and engineering guidance documents such as Welsh Health Technical Memorandums (WHTMS). |
| Does this risk link to any Directorate (operational) risks? | | | 1795,33,39 |

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| Risk Rating:(Likelihood x Impact) | |
| Domain: | Safety - Patient, Staff or Public |
| Inherent Risk Score (L x I): | 4x5=20 |
| Current Risk Score (L x I): | 3x5=15 |
| Target Risk Score (L x I): | 2x5=10 |
| Expected Date To Achieve TRS: | |

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| Trend: | ↔ |
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Rationale for CURRENT Risk Score:

The current risk score is based upon the level of detailed information the Estates department has for its buildings, plant and infrastructure, including external reports, risk information and Estates and Facilities Performance Management System (EFPMS) data submitted to Welsh Government (WG), clearly articulating the scale of backlog and deficiencies across the Health Board. The programme business case (PBC) has been under development with WG since 2018/19.

NHS Wales Shared Services Partnership (NWSSP) has supported a three-year investment programme for major infrastructure. WG are in support of this plan (with a £5m capital expenditure limit per year).

The Major Infrastructure project is included as a WG Priority Project for Hywel Dda UHB. Negotiations are ongoing with WG to secure funding for the development of business cases for the implementation of these projects. These negotiations will be aided by a piece of work which seeks to ascertain approximate costs, timescales and deliverability of the priorities across the acute sites.

Minimal funding has been received to date (circa £1.5m) for lift shaft improvements at Bronglais General Hospital (BGH) and electrical infrastructure at Glangwili General Hospital (GGH), with fees for the first year of plan secured.

A report has been developed by the Major Infrastructure Team and NHS Wales Shared Services Partnership (NWSSP) Estates detailing the consequences of infrastructure failure in relation to patient services and its impact on patient care. This report was presented to Strategy & Planning Committee in April 2025.



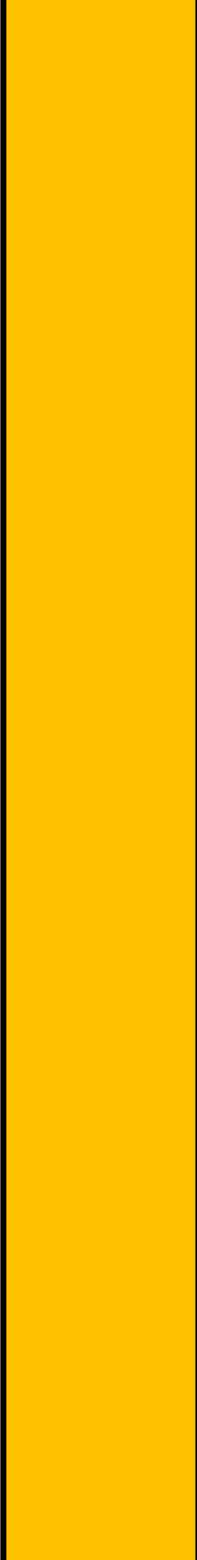






Rationale for TARGET Risk Score:

The target risk score is directly linked to the amount of funding the Health Board (HB) will receive to address the current issues faced across the organisation and our ability to successfully deliver these improvements to reduce risk. ☒

Backlog figures are being reviewed in order to inform the current risk score, and to determine any future reduction. ☒

| Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk) | Gaps in CONTROLS | | | | |
|---|---|--|---------------------|--|--|
| | Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working) | How and when the Gap in control be addressed | By Who | By When | Progress |
| <p>Planned and Preventative Maintenance regimes</p> <p>CAFM system to report and prioritise breakdowns across site. Questionnaires have now been included in CAFM, to measure the performance of our maintenance service. Also to feedback any suggestions on improvements.</p> <p>Condition appraisals (estate survey) and NWSSP-SES audits</p> <p>Backlog database identifies costs of works across the estate</p> <p>Operational Estates staff on site to deal with breakdowns (on-call 24/7)</p> <p>EFAB funding to support DCP (£5.5m over 2 years 2023/24 & 2024/25) WG additional funding in 24/25 for priority items.</p> <p>Risks are identified by Estates and services and these inform prioritisation of DCP funding</p> <p>Skilled and trained Estates workforce in place.</p> <p>TEF bid submitted, awaiting approval from Welsh Government as at February 2025.</p> <p>Site walkarounds in place</p> | <p>Limited Discretionary Capital Programme (DCP) funding to address the £250m backlog</p> | <p>Undertake general environmental monthly walkarounds across the 4 acute sites to increase understanding and proactive management of day to day estate defects.</p> | <p>Evans, Paul</p> | <p>Completed</p> | <p>Completed</p> |
| | <p>WG support for the Major Infrastructure Programme has not been confirmed</p> <p>Statutory, mandatory and essential maintenance jobs are prioritised over routine helpdesk jobs (on average only 50% of helpdesk jobs are completed)</p> <p>Reduction in annual capital funding and statutory allocations to address key items.</p> <p>Increased backlog of circa £250m</p> <p>Frequency of site walkarounds inconsistent</p> | <p>Development of Major infrastructure Programme for 4 main hospitals and securing external funding</p> | <p>Elliott, Rob</p> | <p>31/03/2024 31/12/2024 31/03/2025 30/06/2025</p> | <p>Due to the lack of progress with securing capital support (noting this project dates back to 2018) the HB has changed the approach entirely and have worked since Oct last year in a partnership arrangement with NWSSP-SES to jointly develop an estates priority and risk consequence paper written as far as possible with clearly understood language. This document explains in great clarity what the potential implication could be if a specific infrastructure item was to fail. This narrative was jointly supported by estates and NWSSP-SES engineers.</p> <p>This document is completed and issued to WG.</p> <p>It has also been considered on 16/4/25 at formal executive team prior to it being submitted to formal committees of the HB.</p> <p>Next steps are for the HB in partnership with NWSSP to complete a scoping exercise to set out more accurate budget costs, programme information and methods of working given the sensitive systems involved.</p> |

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| | | | | | This exercise is due to complete by end of JUNE 25. Scoping update later following business case discussion. At this point we will be engaging with WG directly to secure the resources to progress these works via the appropriate business process. On a positive note this project is one of the supported priority project by WG for investment in HB estate. |
| | | Undertake general environmental quarterly walkarounds for all community in-patient facilities (including Mental Health facilities) to increase understanding and proactive management of day to day estate defects. | Evans, Paul | Completed | Completed |
| | | AHMWW PBC submitted to WG in February 2022 remains not endorsed. Agreement required with Welsh Government on next steps and broader strategic direction. | Davies, Lee | 31/10/2024 | Nuffield Trust report on clinical strategy received and presented to Board. Management response to be agreed through SDODC. Meeting with Deputy Chief Executive, NHS Wales and Director of Finance, NHS Wales has been held and there will be an IIB meeting in February (date to be confirmed). |
| | | the re-introduction of regular (documented) site walkabouts by operational estates and general hospital management. To potentially identify and target defects or site issues that can potentially be quickly addressed, minimising the impact of compounding backlog issues across our sites. | Day, Simon | 31/03/2025 | Need to establish dates, areas of focus and resource plan by the end of March 25 to commence these walkabouts for the new financial year 25-26. |

| ASSURANCE MAP | | | | Control RAG Rating (what the assurance is telling you about your controls) | Latest Papers (Committee & date) | Gaps in ASSURANCES | | | | |
|---------------------------------|--|-----------------------------------|--|--|----------------------------------|-------------------------------|---|--------|---------|----------|
| Performance Indicators | Sources of ASSURANCE | Type of Assurance (1st, 2nd, 3rd) | Required Assurance  Current Level | | | Identified Gaps in Assurance: | How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps | By Who | By When | Progress |
| Backlog figures | Regular review of 'environment' themed risks identified on operational service risk registers | 1st |  |  | | | | | | |
| Number of failures | | | | | | | | | | |
| Cost increases due to inflation | Feedback questionnaire on CAFM maintenance system to measure effectiveness of maintenance service and to offer additional feedback or suggestions on all closed maintenance requests | 1st |  | | | | | | | |
| Number of call-outs | | | | | | | | | | |
| | Health and Safety Committee review of risks above tolerance | 2nd |  | | | | | | | |
| | Independent Member & Executive Director Walkabouts | 2nd |  | | | | | | | |
| | External surveys are undertaken, including Authorised Engineers Audits across each engineering discipline in line with Welsh Health Technical Memorandums (WHTMs) | 3rd |  | | | | | | | |
| | NWSSP-SES Internal Audit on Estates Condition October 2024 (Limited Assurance) | 3rd |  | | | | | | | |
| | Receipt of WHTM audit reports from NWSSP | 3rd |  | | | | | | | |

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

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| Executive Director Owner: | Gjini, Ardiana | Date of Review: | Jun-25 |
| Lead Committee: | Health and Safety Committee | Date of Next Review: | Aug-25 |

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| Risk ID: | 1433 | Corporate Risk Description: | There is a risk the Health Board being unable to maintain routine and emergency service provision across the organisation in the event of a severe pandemic event. This is caused by a novel virus (or emerging variant or mutation of concern) causing a pandemic as declared by the World Health Organisation (WHO) and the subsequent ability of the Health Board to respond to the scale and severity of the outbreak. This could lead to an impact/affect on patients being able to access appropriate and timely treatment, the UHB being able to maintain safe and effective levels of staffing, financial loss, adverse publicity/reduction in stakeholder confidence, increased mortality and ill-health across our population. |
| Does this risk link to any Directorate (operational) risks? | | | |

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| Risk Rating:(Likelihood x Impact) | |
| Domain: | Service/Business interruption/disruption |
| Inherent Risk Score (L x I): | 4x5=20 |
| Current Risk Score (L x I): | 3x4=12 |
| Target Risk Score (L x I): | 2x4=8 |
| Expected Date To Achieve TRS: | 31/08/2025 |

Trend:

Rationale for CURRENT Risk Score:
 The national security and risk assessment was reviewed and re-published in November 2022, this remains unaltered. The previous pandemic influenza risk has been changed into 2 new risks, one generic pandemic event and 2 emerging infectious diseases. Current likelihood scored at a 3 to reflect the risk of the Health Board being unable to respond to the scale and severity of the pandemic - not the likelihood of the pandemic actually occurring.

Rationale for TARGET Risk Score:
 A Cabinet Review of Influenza Preparedness was due just prior to COVID-19 which delayed publication. This workstream has now recommenced and together with outcomes and learning points from COVID-19 will inform our future planning approach for pandemic response. The Government Respiratory Pandemic Guidance was due late Summer 2024, but final draft for consultation now expected end of September 2025. It is hoped to reduce either the likelihood and/or impact score following consideration and implementation of these reviews/recommendations and subsequent review of internal planning arrangements.

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| <p>Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)</p> |
| <p># Major Incident Plan (detailing internal command and control structures) # Well established command and control structures for managing pandemic response both nationally and locally # Continuation of current COVID-19 and wider national immunisation programmes # Extensive knowledge across Health Board in managing a pandemic event # COVID-19 response measures which can be adapted to respond to any future pandemic event # Local Resilience Forum (LRF) multi-agency plans for managing pandemic influenza (approved by Strategic LRF 14/11/18 now under review also awaiting the Gov Respiratory Pandemic Guidance) # LRF Excess Deaths Plan (which supports the LRF multi-agency pandemic influenza management arrangements) developed as a recommendation from Exercise Cygnus. Plan was ratified by the LRF Health Group. # Health Board Pandemic Influenza Response Framework and associated plan(currently under review) # Quality assurance process via national & local exercise programmes. # Access to national counter measures stockpile # Regional Health Protection service across HB and key partners # Continuous learning from COVID-19 # Pandemic Planning Group re-established</p> |

| Gaps in CONTROLS | | | | |
|---|--|--------------|---|---|
| Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working) | How and when the Gap in control be addressed | By Who | By When | Progress |
| Lack of ratified Pandemic Response Framework reviewed which broadens remit from Influenza focus to generic pandemic events. | Pandemic Response Framework reviewed which broadens remit from Influenza focus to generic pandemic events. | Hussell, Sam | 31/01/2024 31/05/2024 31/08/2024 31/10/2024 30/05/2025 31/12/2024 12/02/2025 30/05/2025 04/08/2025 | Awaiting publication of UK Gov Respiratory Pandemic Planning Guidance prior to progressing to ratification process. On-going delays but final version out for consultation late April 2025. |
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| ASSURANCE MAP | | | | Control RAG Rating (what the assurance is telling you about your controls) | Latest Papers (Committee & date) | Gaps in ASSURANCES | | | | |
|------------------------|---|-----------------------------------|--|--|---|-------------------------------|---|--------|---------|----------|
| Performance Indicators | Sources of ASSURANCE | Type of Assurance (1st, 2nd, 3rd) | Required Assurance Current Level | | | Identified Gaps in Assurance: | How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps | By Who | By When | Progress |
| | Planning via Emergency Preparedness, Resilience & Response (EPRR) including LRF workstream reports to Health & Safety Committee | 1st | | | Vaccine Equity Strategy - Board 30 May 2024 Vaccination Delivery Programme Update - Board via SDODC (Sep 23) Major Incident Plan - Board via HSC (Jul 23 and scheduled for July 2024) | None identified. | | | | |
| | Operational pandemic reporting structures from HB to WG | 2nd | | | | | | | | |
| | National, regional & local command & control structures | 2nd | | | | | | | | |
| | National groups operational for vaccination programme planning & delivery | 3rd | | | | | | | | |
| | Emergency Planning Advisory Group (EPAG) Wales meetings re Pandemic response and future planning | 3rd | | | | | | | | |