Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

HEALTH & SAFETY ASSURANCE COMMITTEE
PWYLLGOR ANSAWDD IECHYD A DIOGELWCH

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 February 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Risks Assigned to Health & Safety Assurance Committee
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations Mandy Rayani, Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Board Secretary Charlotte Beare, 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 Assurance Committee (HSAC) is responsible for providing assurance to the Board that operational risks aligned to HSAC in the Datix Risk Module are being identified, assessed and managed effectively.

HSAC is asked to seek assurance from Executive Directors of their respective Directorates that the operational 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)

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 information and risk scores, and the prioritisation and identification of solutions to their risks. In addition to these local arrangements, there are formal monitoring and scrutiny processes in place within Hywel Dda University Health Board (HDdUHB) which are intended to provide assurance to the Board that it is managing its risks effectively.

All risks identified within the Datix Risk Module must be aligned to a formal Board Committee, Sub-Committee or Group who will be responsible for monitoring and scrutinising risks which relate to their remits. Appendix 1 indicates the different levels of risk registers within HDdUHB and Appendix 2 indicates how risk is reported within the organisation.

In monitoring and scrutinising their operational risks, the Committees, Sub Committees and Groups within the HDdUHB governance structure are responsible for:

- Scrutinising operational risks within their remit, either through receiving the risk registers or through service reports;
- Gaining assurance that risks are being appropriately managed, effective controls are in place and planned additional controls are being implemented;
- Challenging pace of delivery of risk actions;
- Identifying through discussion new and emerging risks, ensuring these are assessed by those with the relevant responsibility;
- Providing assurance to its parent Committee that risks are being managed effectively and reporting risks which have exceeded tolerance through its 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 the appropriate representation from Directorates and that they are in attendance to provide assurance and respond to queries.

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

Asesiad / Assessment

The HSAC Terms of Reference state that it will:

5.13 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.

10.2 The Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

The 10 risks presented in the attached risk register as at 26th January 2021 (Appendix 3) have been extracted from the Datix Risk Module based on the following criteria:

- HSAC has been selected by the risk lead as the 'Assuring Committee' on Datix.
- The current risk score exceeds the tolerance level, (discussed and agreed by the Board on 27th September 2018).
- Risks are at Directorate level on Datix.

TOTAL NUMBER OF RISKS	10
EXTREME (RED) RISKS (based on 'Current Risk Score')	0
HIGH (AMBER) RISKS (based on 'Current Risk Score')	10

Below is a **summary** of the 10 risks, ranked highest to lowest by 'current risk score' that meet the criteria for submission to the HSAC meeting 17th February 2021. The risk register at Appendix 3 details the responses to each risk, i.e. the risk action plan.

Risk Ref	Date Risk Identified	Title	Directorate	Current Risk Score	Rationale for the current risk score	Target Risk Score
219	01/07/12	Non-compliant fire doors and breaches in fire compartmentation walls across the Health Board.	Estates and Facilities: Fire	10 ⇔	Based on the fire safety risk assessments and the independent audits carried out on HDdUHB estate.	5
1031	01/09/20	Failure of thoracoscopy equipment impacting on service delivery and patient harm.	Unscheduled Care: Respiratory	10 NEW	The failed thoracoscopy kit needs to be replaced, Currently the service is utilising borrowed kit that has to be returned or lease hired otherwise thoracoscopy cannot be performed.	5
503	06/12/17	Risks relating to the evacuation of bariatric (plus sized) patients in the event of an emergency.	Estates and Facilities: Fire	10 ⇔	Risk remains until bariatric fire evacuation is achieved and staff are trained appropriately.	5
488	02/03/15	Failure of operating theatre lights.	Estates and Facilities: Carms West	8 ⇔	Based on the information from clinical staff and that of electricians in estates.	4
423	01/01/14	Avoidable harm to patients, visitors & staff if exposed to air borne bacteria Legionella and other contaminants.	Estates and Facilities	8 ⇔	On-going management as per legislation and guidance.	4
425	01/08/12	Failure to undertake electrical testing	Estates and Facilities: Operations	8	Ongoing management as per regulations and guidance documentation.	4

		of fixed electrical boards.	Compliance	⇔		
222	01/07/12	Exposure to Asbestos through contact with asbestos containing materials.	Estates and Facilities: Operations Compliance	8 ⇔	Based upon the vast amount of surveys that are regularly undertaken across the HB.	4
212	31/05/17	Avoidable disruption to the Theatre services at Glangwili General Hospital (GGH) due to degrading timber flooring.	Estates and Facilities: Carms West	8 ⇔	Based on the evidence of staff within these facilities and the number of historic maintenance calls dealing with the flooring issues.	4
215	01/09/13	Disruption to business continuity due to Air conditioning plant serving the Day Surgical Unit at WGH being declared end of life.	Estates and Facilities: Pembs	8 ⇔	Based on the information received by NWSSP-SES external audit recommendations. Risk will not reduce until plant replacement is upgraded.	4
652	27/09/18	Security on all 4 acute hospital sites.	NQPE: Health and Safety	8 ⇔	Arrangements are in place to lock external exit doors to secure each hospital premises. However many of these exit doors are having to be manually locked and unlocked by porters which can take a considerable amount of time and will inevitably leave certain access points vulnerable if an emergency lock down is activated. In addition, porters are often otherwise engaged in patient transport/fire response and other duties when exterior doors require manually locking. There has been a reduction in the current threat level for international terrorism in the UK and at a local level from Police intelligence information, and the likelihood from a terrorist attack for Dyfed Powys Force area is minimal. Therefore a proportionate and measured response on how the HB manages lock down needs to be considered.	4

Argymhelliad / Recommendation

HSAC is asked to:

- Review and scrutinise the risks that have been included to seek assurance that all relevant controls and mitigating actions are in place.

- Discuss whether the planned actions will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact if the risk materialises.

This in turn will enable HSAC to provide the necessary assurance (or otherwise) to the Board that HDdUHB is managing these risks effectively.

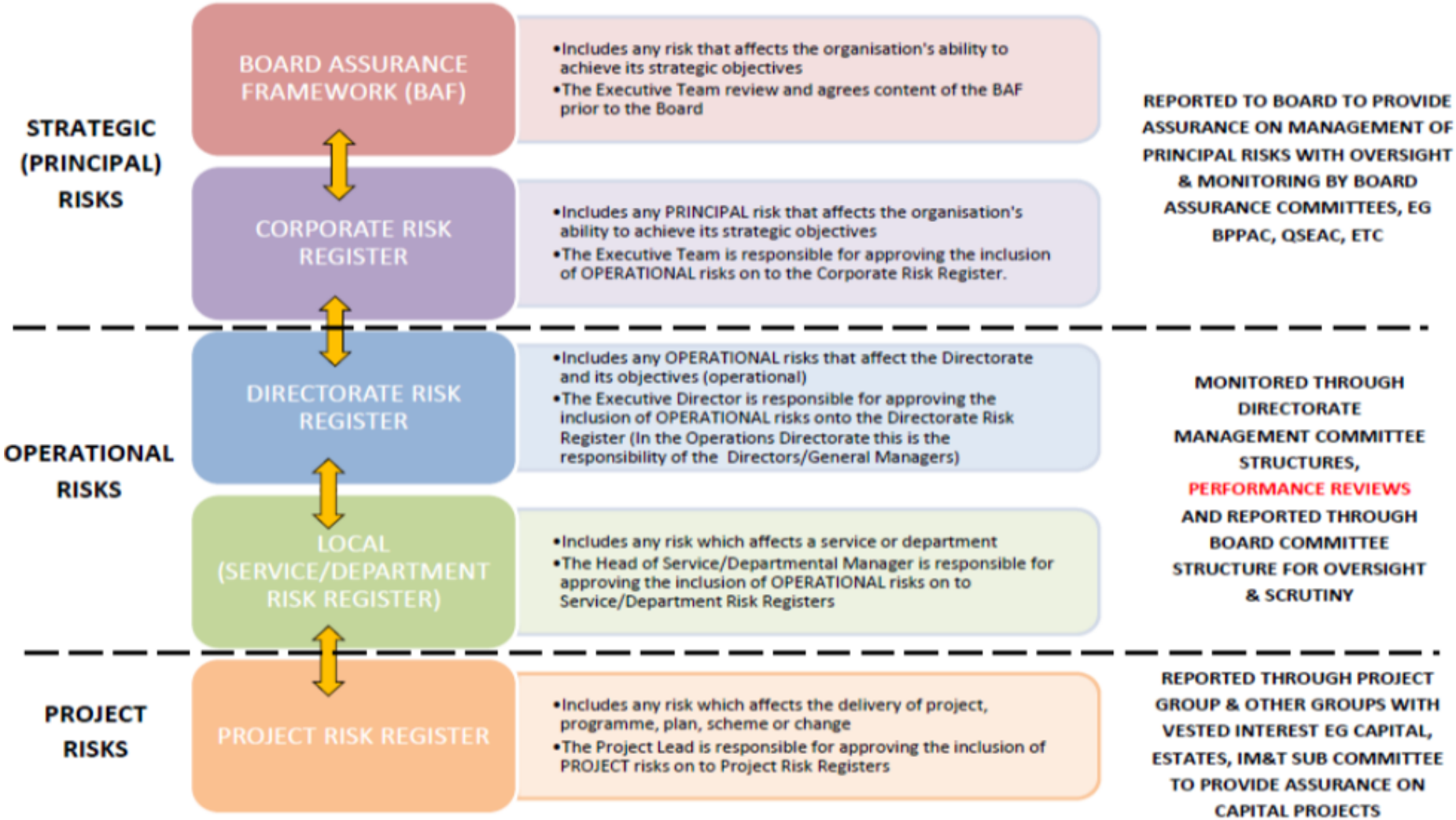
Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Contained within the body of the report
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained within the body of the report
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	All Quality Improvement Goals Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk registers on the Datix Risk Module from across HDdUHB's services reviewed by risk leads/owners
Rhestr Termau: Glossary of Terms:	Risk Appetite - *the amount of risk that an organisation is willing to pursue or retain*' (ISO Guide 73, 2009) Risk Tolerance - *the organisation's readiness to bear a risk after risk treatment in order to achieve its objectives* (ISO Guide 73, 2009) Hyperlinked
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Assurance Committee:	N/A

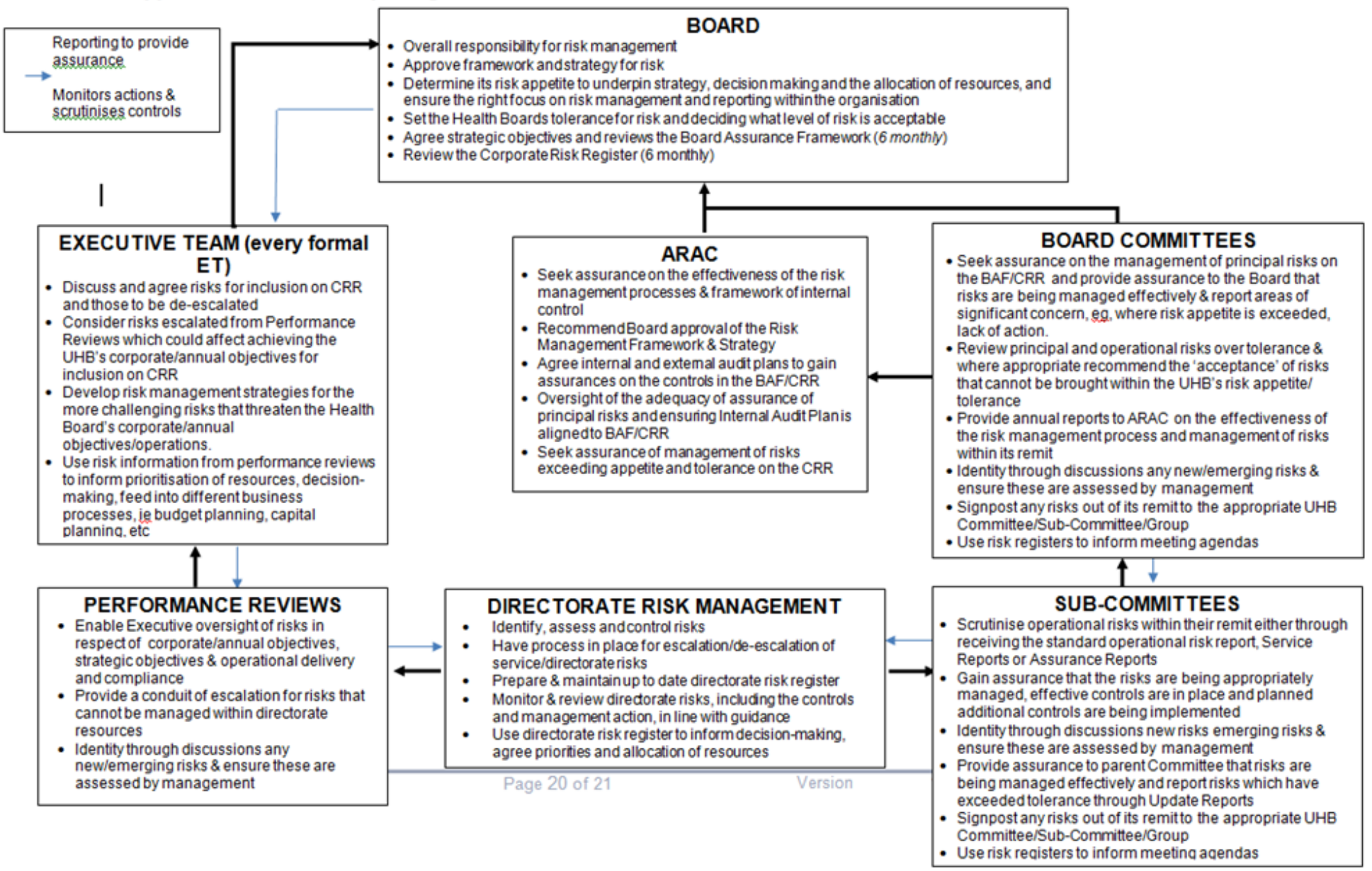
Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	No direct impacts from report however impacts of each risk are outlined in risk description.

Ansawdd / Gofal Claf: **Quality / Patient Care:**	No direct impacts from 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.
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 – Risk Registers



14. Appendix 2 Committee reporting structure



Risk Ref	Status of Risk	Health and Care Standards	Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date	
219	Directorate Level Risk		E&F: Fire	Elliott, Rob	Lloyd, Gareth	01-jul.-12	There is a risk of avoidable harm to patients, staff and visitors during a situation of uncontrolled spread of fire. This is caused by non-compliant fire doors across the Health Board, the key focus, breaches in fire compartmentation walls across the Health Board and non-compliance with emergency lighting. This will lead to an impact/affect on serious injury. Possible enforcement or Health & Safety Executive (HSE) prosecution in the event of a serious incident. Mid and West Wales Fire and Rescue Service attendance to evidence compliance with the structural fire integrity of buildings in line with fire drawings, fire alarm and detection systems to comply with the Regulatory Reform Order (RRO). Compliance with HTM-05 guidance and the RRO, BS5266-1:2011 and H&S at Work Act 1974. Risk location, Health Board wide.	Fire Safety Audits by the NHS Wales Shared Services Partnership and the Fire Brigade. Fire Risk Assessments continue to be reviewed. Fire safety training for evacuation staff has been increased. Implementation of standardised evacuation aids across the Health Board. Improvements in fire compartmentation segregation and fire doors via phased capital investment.	Safety - Patient, Staff or Public	6	2	5	10	Submission of phased project bids is based on prioritised risk schemes to the Discretionary Capital Programme.	Evans, Paul	Completed	A significant amount of capital investment has been set aside for fire safety upgrades in 2019-20, covering fire doors and fire compartmentation surveys/upgrades. This money is available and will be procured and delivered throughout the year. A further bid will be made next year to address ongoing issues.	Health and Safety Assurance Committee	1	5	5	Treat	14-des.-20	
														Significant additional funding is required for fire improvements across the HB. Detailed site survey of doors/fire compartmentation required which is likely to identify significant investments needed. This risk is now being transferred to corporate level.	Lloyd, Gareth	15/04/2022	Project plans now being prepared by capital team (supported by external advisors) on key issues of fire safety across the HB following fire brigade enforcement. Surveys of fire doors across acute sites completed, also completion of compartmentation walls are being finalised by the end of March 2021. This will determine the scale of investment required to address these issues.							
1031	Directorate Level Risk		USC: Respiratory	Lewis, Prof Keir	Bancroft, Stuart	01-sep.-20	There is a risk of of patient harm, due to the delay in diagnosis and commencement of time critical cancer treatment. This is caused by failure to replace now broken and unrepairable thoracoscopy kit used in the diagnosis and staging of Lung cancer treatments. This will lead to an impact/affect on up to 100 patients per year. Delayed diagnosis and treatment, exacerbation of illness to an untreatable condition. Also a high risk of Level 5 financial claims against Hywel dda. Risk location, Health Board wide.	Currently we are hiring equipment at high relative cost to maintain service.	Safety - Patient, Staff or Public	6	2	5	10	Escalate to Capital planning group with costs.	Bancroft, Stuart	17/12/2020	In progress.	Health and Safety Assurance Committee	1	5	5	Treat	16-des.-20	

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503	Directorate Level Risk		E&F: Fire	Elliott, Rob	Lloyd, Gareth	06-des.-17	There is a risk of avoidable harm to bariatric (plus sized) patients in the event of a fire evacuation from some of our facilities. This is caused by the inability to evacuate patients in a timely manner due to evacuation routes not fully supporting efficient bariatric evacuation. This will lead to an impact/affect on serious injury, possible enforcement and Health and Safety (HSE) Executive intervention in the event of a serious incident occurring. Risk location, Health Board wide.	Estates, clinical and ward staff are fully aware of this issue. A clinical assessment is undertaken for each in-patient and if there are evacuation concerns regarding bariatric patients then this should be discussed with the fire safety team. There are BMI restrictions now inplace at some clinical locations, such as Preseli theatre/Ward area. Fire training is continually being delivered to staff. Bariatric aids have been purchased by the Health Board and are in use. However, this is not suitable for every ward and evacuation route. Additional fire compartmentation upgrades and fire door improvements have been carried out to the fire structure (in some areas) to improve integrity of our buildings. Further significant investment is required to address all breaches. Good housekeeping continues to be maintained. Internal risk assessments are undertaken by the fire safety team.	Safety - Patient, Staff or Public	6	2	5	10	A full review is required of areas where there are difficulties in evacuation. The compliance team to review this with the manual handling teams specifically focusing on areas where bariatric patients are being cared for.	Evans, Paul	Completed	Bariatric escape aids have been purchased by the Health Board and training has been provided. However there are still areas across the Health Board where this equipment would not adequately evacuate bariatric patients due to the size of door openings and equipment size. This has yet to be fully reviewed. Although this issue is being discussed at all fire safety groups and a standard bariatric evacuation document has been circulated at FSG's.	Health and Safety Assurance Committee	1	5	5	Treat	15-des.-20	
														Task and finish group required with Manual Handling teams to review this risk in detail with the fire safety team. To formally agree the delivery of on-going bariatric training - patient handling training for HB staff.	Lloyd, Gareth	18/11/2019 20/05/2020	Initial discussions have taken place, formal task and finish group now established with asst director appointed as lead officer. Outcomes from this will determine the direction the HB needs to take.							
488	Directorate Level Risk		E&F: Carmarthenshire West	Elliott, Rob	Jones, Kevin	02-mar.-15	There is a risk of avoidable disruption to business continuity due to the failure of operating theatre lights. This is caused by the condition and age of current equipment and the overheating of the electrical wiring looms in GGH. This will lead to an impact/affect on significant disruptions to clinical services potentially resulting in closure and cancellation of theatre lists. Risk location, Glangwili General Hospital.	Regular notifications and communications with staff regarding these defects, etc. Increased maintenance regimes.	Service/Business interruption/disruption	6	2	4	8	Review of remaining theatre lights on site (and across the HB) will be necessary, to determine the life and condition of these assets. Following this, there will be a need to add local risks for each acute site for theatre light issues and findings in the survey.	Jones, Kevin	31/03/2020 31/01/2022	Report now submitted and communicated to theatre management - capital bid for 2020 to phase replace light units across the HB. Rolling programme is taking place which is dependent on success of individual Capital bids.	Health and Safety Assurance Committee	1	4	4	Treat	06-jan.-21	

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423	Directorate Level Risk		Estates and Facilities (DO NOT USE FOR NEW RISKS)	Elliott, Rob	Evans, Paul	01-jan.-14	There is a risk of avoidable harm to patients, visitors and staff. This is caused by exposure to airborne bacteria, such as Legionella and other airborne contaminants in sensitive patient environments. This will lead to an impact/affect on closure of services, patient, staff and public illness. Possible enforcement and Health and Safety Executive (HSE) prosecution in the event of a serious incident occurring. Risk location, Health Board wide.	Periodic ductwork cleaning is being undertaken on a selection of systems, priority based. Periodic air sampling of critical systems, such as theatre and the Intensive Therapy Unit (ITU), etc. Pre planned maintenance (PPMs) is in place and regular site inspections are being undertaken by operational staff. Approved Health Board ventilation policy is in place. A full asset register has been developed for all ductwork air conditioning (AC) systems and a planned periodic cleaning and testing programme is in place on a priority level. The major infrastructure investment plan is now being reworked to support critical estates risks to ensure appropriate business continuity between the intervening years before the new hospital facilities/repurposing projects are complete. The risk register information will be fully included within this plan which is due to conclude as a programme business case by Dec 19.	Safety - Patient, Staff or Public	6	2	4	8	Tender undertaken to commence a 2 year contract for the cleaning of a range of ductwork systems (2016-2018). Funding in 2018-19 required to continue with cleaning programme.	Evans, Paul	**Completed**	In April 2018 only partial statutory funding was released. Cleaning programme will continue if further funding becomes available.	Health and Safety Assurance Committee	1	4	4	Treat	19-jan.-21	
														Further risk assessment cleaning surveys are needed in 2019-20 capital year across a range of systems. The operational engineers are to clearly assess where their priorities are for the funding that is made available.	Evans, Paul	31/03/2020 31/03/2021	Asset lists (of air duct systems) have been updated by the ops teams. Risk assessment of all duct systems been completed to determine if cleaning is required. Results from surveys have now identified that cleaning is now required across a range of air handling systems across the HB. A programme of high risk cleaning is required, however significant reduction in capital money for 2020/21 will result in very little duct cleaning being undertaken.						

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425	Directorate Level Risk		E&F: Operations Compliance	Elliott, Rob	Evans, Paul	01-aug.-12	There is a risk of avoidable harm to staff from potential electrical shocks on defective systems. This is caused by lack of periodic inspections of electrical systems. This will lead to an impact/affect on serious injury and closure of facilities. Failure to undertake this along with a potential incident would result in Health and Safety Executive (HSE) investigations or prosecutions. Risk location, Health Board wide.	Portable appliance testing (PAT) testing is undertaken on a rolling programme. Fixed boards are also tested on a rolling programme. Visual checks are continually carried out by maintenance staff. Low Voltage (LV) operational group formed to discuss issues of Electrical Safety and Compliance.	Safety - Patient, Staff or Public	6	2	4	8	Electrical Testing Inspections to be undertaken on a regular basis to ensure safe systems. To include visual checks through regular PPMs. Fixed testing has been carried out and continues to be undertaken.	Evans, Paul	Completed	Fixed testing carried out in 2017-18 by Norwood on a selection of units. The programme of testing will continue in 2018-19 subject to capital funding availability.	Health and Safety Assurance Committee	1	4	4	Treat	19-jan.-21	
														To ensure that ongoing testing is being carried out in accordance with legislation. Also to make sure that the appropriate quantity of testing is being completed annually in accordance with the BS. Additional capital funding needs to be bid for.	Evans, Paul	31/03/2020 31/03/2021	Capital funding has been bid for and contractors have now been appointed to continue with testing across the HB during 2020/21. Further capital bid will be required to address the outcomes/actions that will be highlighted following testing. Outcomes will need to be prioritised as there will be insufficient capital to address all actions (in 12 months) A detailed look at the actions also needs to be undertaken to assess the full scale of the issue - infrastructure meetings are now commencing with property to do this with ops managers.							
222	Directorate Level Risk		E&F: Operations Compliance	Elliott, Rob	Jones, Stephen	01-jul.-12	There is a risk of avoidable harm to patients, visitors and staff due to exposure to asbestos through contact with asbestos containing materials (ACMs). This is caused by ACMs still being present in the building fabric due to the age of some of the Health Board's (HB) estate. This will lead to an impact/affect on an uncontrolled release of asbestos fibres affecting staff, patients and the public. The HB must ensure that appropriate management controls are in place. Closure of services and areas whilst remediation is undertaken if ACMs were to be disturbed or damaged. Possible enforcement or HSE prosecution in the event of a serious incident occurring.	Full detailed asbestos management surveys have been undertaken for each HB premises. Regular monitoring of surveys undertaken to assess risk and condition. A HB approved policy has been implemented. Regular training of staff on asbestos. A review of the asbestos business continuity plan is being undertaken by the compliance team to minimise the impact of an uncontrolled release of Asbestos. Ongoing communications between operational and clinical staff on the reporting of building defects.	Safety - Patient, Staff or Public	6	2	4	8	Risk assessed environmental cleaning and asbestos removal on high risk ACMs on planned and unplanned situations.	Evans, Paul	Completed	Further asbestos removal was undertaken at BGH in October 2016 and is now complete. Further asbestos management schemes are planned for the remainder of the financial year 2017/18. The management of asbestos remains effective and robust.	Health and Safety Assurance Committee	1	4	4	Treat	28-jan.-21	
														Develop a capital investment bid to correct the problem area to mitigate any potential asbestos breaches.	Evans, Paul	Completed	Further funding has now been secured for 2017-18 for additional risk reduction work and asbestos removal. Scope documents are being developed by external consultants. This year's statutory commitment will be allocated by the end of March 2018.							

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							Compliance with The Control of Asbestos Regulations 2012 & Safety of Staff, Patients and Visitors. Risk location, Health Board wide.	Ensure up to date asbestos registers are available at all HB sites.						To ensure that Asbestos Containing Materials (ACM's) are being appropriately managed for HDUHB, through continual Asbestos surveying and assessment, through staff awareness and adequate proficiency. Remedial work is undertaken where necessary as dictated by survey findings or further infrastructure work/estate changes.	Evans, Paul	Completed	Bid for capital for 2019/20 already completed to continually manage our ACM's. Also significant asbestos removal already taking place at GGH, within engineering plant rooms. This will be completed by end of March 2019.							
														To support the HSE with their pending visits (July19) where they will be assessing the effectiveness of the HB's arrangements for Asbestos Management. The outcome of which may impact on this risk item.	Jones, Stephen	Completed	The HSE have issued the HB with a programme of visits in July and staff have been made available for this work. The outcome of these visits have determined that the HB has a "Good Asbestos Management System" yet there are some further improvements to be made in connection with contractor control and site responsibilities. This work will form part of the overall HSE action plan.							
														For the HB to continue with its statutory obligation to manage the presence of ACM's within it's buildings (for 2020/2021). To ensure that all survey data is kept up to date and made available to those who need to make reference to it. Share this information with the various premises managers for each site.	Jones, Stephen	Completed	Contractors have been engaged to undertake update surveys and arrangements are being made to issue the updated information to all site managers and to remind them of the importance of this information. Site specific Asbestos risks will soon be added to the risk register e,g. Asbestos Insulating Board (AIB) at Withybush General Hospital							

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212	Directorate Level Risk		E&F: Carmarthenshire West	Elliott, Rob	Jones, Kevin	31-mai-17	There is a risk of avoidable disruption to business continuity and potentially affecting delivery of patient services and infection control risk. This is caused by roof leaks, generally poor conditions and raised timber floor surfaces within the theatre complex at Glangwili General Hospital degrading requiring regular maintenance and patching by the operational maintenance team at GGH. This will lead to an impact/affect on delivery of patients services, closure of theatre and cancellation of lists in the event of failure. Safety of patients and staff and Non-compliance with the Health and Safety at Work Act 1974. Risk location, Glangwili General Hospital.	Planned Maintenance in place. Regular inspection and repairs to flooring and surfaces. Regular contact with theatre management staff to notify concerns in the event of maintenance inspections. The major infrastructure investment plan is now being reworked to support critical estates risks to ensure appropriate business continuity between the intervening years before the new hospital facilities/repurposing projects are complete. The risk register information will be fully included within this plan which is due to conclude as a programme business case by Dec 19	Service/Business interruption/disruption	6	2	4	8	Capital funding released in April 2019 for temporary repairs, which have been undertaken to address the flooring short term. Monthly meetings set up with theatres to review long term solutions. To ensure that this investment forms part of the future infrastructure programme for HDUHB.	Evans, Paul	**Completed**	Temporary repairs have been undertaken, yet a long term solution should be considered, this will form part of the on going theatre discussions/meetings and the re-modelling of Glangwili Hospital TCS.	Health and Safety Assurance Committee	1	4	4	Treat	16-des.-20	
215	Directorate Level Risk		E&F: Pembrokeshire	Elliott, Rob	Evans, Duncan	01-sep.-13	There is a risk of avoidable disruption to business continuity if air conditioning plant was to fail in the Day Surgical Unit at Withybush General Hospital (WBH). This is caused by the air conditioning plant serving the Day Surgical Unit (DSU) is declared as end of asset life by the NHS Wales Shared Services Partnership (NWSSP). A series of recommendations have been provided and need to be undertaken. This will lead to an impact/affect on closure of facilities at WGH the Day Surgical Unit (DSU)in the event of failure, disruption to patient services, Referral to Treatment Times (RTT) and waiting times. Risk location, Withybush General Hospital.	Increased focus on Planned Maintenance through regular inspections of ductwork and associated mechanical equipment. Visual inspections of plant in place and increased. This will provide photographic evidence of any potential area of concern within the plant and is also linked to the ductwork cleaning contract. Regular communication and contact with Theatre staff to identify any concerns. The major infrastructure investment plan is now being reworked to support critical estates risks to ensure appropriate business continuity between the intervening years before the new hospital facilities/repurposing projects are complete. The risk register information will be fully included within this plan which is due to conclude as a programme business case by Dec 19.	Service/Business interruption/disruption	6	2	4	8	programme business case by Dec 19	Evans, Duncan	20/12/2019	This investment now forms part of the future infrastructure programme for the Health Board.	Health and Safety Assurance Committee	1	4	4	Treat	05-jan.-21	
														Review the current business continuity arrangements with the DSU and service users to minimise the disruption impact if the plant was to fail in Ops and Theatres.	Evans, Paul	**Completed**	A desktop review has been undertaken. A further review is required with end users to assess the current mitigation of risk if failure was to occur.							

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652	Directorate Level Risk		NQPE: Health and Safety	Passey, Sian	Harrison, Tim	27-sep.-18	There is a risk of persons gaining unauthorised access to certain parts of the hospital sites. This is caused by the poor condition of certain external doors which compromises the security of the site and the ability to promptly lock down perimeter doors from a central point. This will lead to an impact/affect on the security of the site in terms of unauthorised access, increased risk to staff (including lone workers) and patients from unauthorised persons and increased risk of thefts out of hours. Risk location, Health Board wide.	Throughout each hospital site the following access controlled environments exist, and as such already have the capability of creating a lockdown situation within their own area. • Emergency Departments • Maternity • Clinical Decision Units • Majority of Laboratory areas • Child Health • Mental Health Wards/Departments • Special Care Baby Unit • Certain Pharmacy locations • Mortuary facilities • Pharmacy Recommend that each general hospital site finalise their own lockdown plans. Whilst appreciating the challenges as indicated above. Porters locking each door in person at specific times. Staff wearing ID badges at all times across sites. Survey of access points on acute hospital sites identified gaps in access controls - Lockdown plans have been developed as part of Covid management response on acute sites.	Safety - Patient, Staff or Public	6	2	4	8	Develop and implement a work programme to address gaps in access controls based on availability of capital funding.	Harrison, Tim	30/09/2020	Work plan developed and discretionary Capital bid submitted for approval to improve the capability of routinely locking up and, if required, locking down the Acute General Hospital Sites. The capital bid has been prioritised and is spread over 2 years.	Health and Safety Assurance Committee	1	4	4	Treat	25-jan.-21
														Issuing swipe card controls across all hospital sites.	Elliott, Rob	30/04/2019 31/05/2019 31/10/2019 31/12/2021	Access Control Procedure approved at H&S/EP Sept 2019. Swipe cards issued however monitoring of compliance is required.						
														Development of systematic lockdown plans developed by site management - support by emergency planning & security teams.	Lloyd, Mr Philip	31/03/2019 30/06/2019 31/10/2019 31/12/2021	Acute General Hospital Lockdown plans will be developed following Covid however some work has been undertaken in terms of limiting access points during the pandemic. These Plans require site Management acceptance and allocation of appropriate personnel and infrastructure in order to implement an efficient and effective departmental or hospital wide lockdown.						
														Testing lockdown plans.	Lloyd, Mr Philip	30/06/2019 30/06/2019 31/12/2019 31/12/2021	As part of hospital lockdown plan development. Some testing has been done through Covid however when sites have developed own lockdowns, these will need to be tested.						
														Approval of Lockdown Policy at Health & Safety/Emergency Planning Sub-Committee.	Harrison, Tim	**Completed**	Lockdown policy approved at Jan19 meeting.						
														Develop action plan in response to Counter Terrorism Security Advisor (CTSA) Report for review at H&S Sub-Committee.	Harrison, Tim	**Completed**	Annual Work Plan covers the external lockdown improvements (pending Capital Funding approval).						

Risk Ref	Status of Risk	Health and Care Standards	Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date	
														Explore, develop and implement lone working device arrangements for acute and community teams to acquire devices for staff are assessed to be at risk.	Lloyd, Mr Philip	Completed	Currently rolling out Skyguard lone working devices within UHB.							
														Discuss the option to transfer the risk to all specific sites with Gareth Rees.	Harrison, Tim	31/12/2020	Operational site management have been advised that they need to develop site specific lockdown plans, however work has impacted by Covid.							

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? (how many times will the adverse consequence being assessed actually be realised?)	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? (what is the chance the adverse consequence will occur in a given reference period?)	**(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.	Mismanagement of patient care with long-term effects.	
			An event which impacts on a small number of patients.		
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.	Major patient safety implications if findings are not acted on.		
		Reduced performance if unresolved.			
Workforce & OD	Short-term low staffing level that temporarily reduces service quality	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.

	(< 1 day).		Unsafe staffing level or competence (>1 day).	Unsafe staffing level or competence (>5 days).	Ongoing unsafe staffing levels or competence.
			Low staff morale.	Loss of key staff.	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.	Single breach in statutory duty.	Enforcement action	Multiple breaches in statutory duty.
		Reduced performance levels if unresolved.	Challenging external recommendations/ improvement notice.	Multiple breaches in statutory duty.	Prosecution.
				Improvement notices.	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	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on

RISK MATRIX

IMPACT ↓	LIKELIHOOD →				
	RARE	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN
	1	2	3	4	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.