




Risk Ref	Risk (for more detail see individual risk entries)	Included on BAF	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Jun-20	Trend	Target Risk Score	Risk on page no...
718	Failure to undertake proactive health and safety (H&S) management	1	Rayani, Mandy	Statutory duty/inspections	8	16	2×4=8	→	2×4=8	<a href="#">3</a>
813	Failure to fully comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005 (RRO)	1	Carruthers, Andrew	Statutory duty/inspections	8	15	3×5=15	→	3×5=15	<a href="#">6</a>

**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

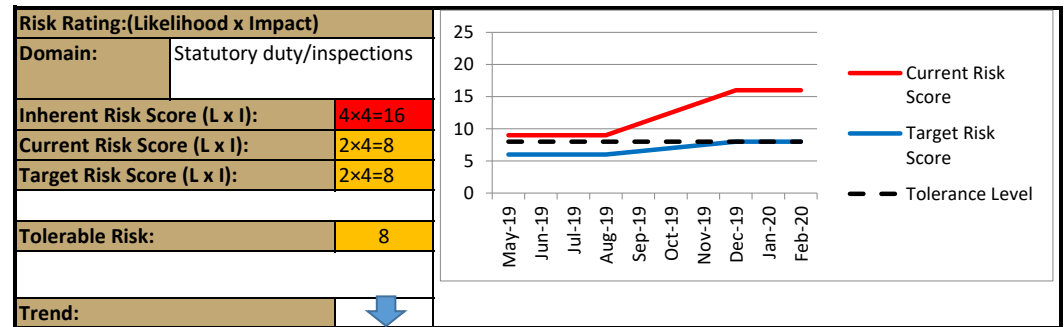
Key - Assurance Required		<i>NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you</i>
	Detailed review of relevant information	
	Medium level review	
	Cursory or narrow scope of review	

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

<b>Strategic Objective:</b>	Health Board objectives to be agreed for 2020/21
-----------------------------	--

<b>Executive Director Owner:</b>	Rayani, Mandy	<b>Date of Review:</b>	Jun-20
<b>Lead Committee:</b>	Health, Safety and Assurance (HASAC)	<b>Date of Next Review:</b>	Sep-20

<b>Risk ID:</b>	<b>718</b>	<b>Principal Risk Description:</b>	There is a risk the UHB will face enforcement action under the Health and Safety at Work Act 1974 and subordinate regulations. This is caused by a failure to comply with legislation by not undertaking proactive health and safety (H&S) management (such as audits & inspections) and the ability to provide awareness training to managers. This could lead to an impact/affect on harm to patients, staff and the public, improvement notices, large fines and/or criminal prosecutions following HSE investigations, adverse publicity/reduction in stakeholder confidence.
<b>Does this risk link to any Directorate (operational) risks?</b>			



<b>Rationale for CURRENT Risk Score:</b>
Significant amount of work has progressed since the last review of this risk in Feb 20. The UHB received 8 improvement notices and 13 material breaches following a HSE inspection in Jul19. In response, the UHB developed a number of action plans covering each of the improvement notices and material breaches. The work completed and outstanding actions are to be presented to the HASAC June 20. The Health and Safety and Security Team now have additional staff in place to assist with compliance against the HSE enforcement action. Improvements in violence and aggression management and the ability to audit departments is now being achieved. In Mar20, Internal Audit undertook a review of health and safety and awarded a rating of 'Reasonable Assurance'.

<b>Rationale for TARGET Risk Score:</b>
Due to the scale, diversity and range of functions with health care, the inherent risk is high and therefore a reasonable level of risk rating has been considered as a score of 8. The additional staff and the focused work have reduced this risk to the target risk level.

<b>Key CONTROLS Currently in Place:</b> (The existing controls and processes in place to manage the risk)
Health, Safety and Security Team now better resourced.
Datix Risk is now being reviewed and scrutinised by the Health and Safety Team. Control measures are being evaluated and where necessary departments visited to establish if they provide the adequate level of protection for staff or others. Any concerns regarding controls to reduce the risks will be documented and monitored.
H&S departmental Audits being undertaken that commenced March 2020. Planned annual programme in place.
Health and Safety policies and procedures are in place and are published on staff intranet.

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
H&S departmental champions/coordinators to advocate H&S throughout the organisation.	Further action necessary to address the controls gaps			
Limited environmental/personal exposure monitoring (COSHH) is undertaken.	Develop a model of introducing 'H&S Champions/Co-ordinators' into several departments during 2020/21 and provide training to identified departmental staff.	Harrison, Tim	30/11/2020	Model to be prepared for the Aug 20 HASAC meeting
	H&S Adviser will be reviewing environmental/personal exposure monitoring during 2020/21 as part of the work plan to review COSHH compliance.	Harrison, Tim	31/03/2021	Commenced the COSHH compliance work. Currently improving the storage arrangements for hazardous chemicals in PPH Pharmacy stores.

<p>Incident/concerns investigations are undertake Support for victims of assault and follow up with potential prosecutions is now being undertaken by the V&amp;A Case Manager.</p> <p>Incident/concerns follow-up to identify and address lessons learnt.</p> <p>Control of contractors has improved in accordance with compliance with the material breach</p>		<p>Develop and implement H&amp;S Team workplan for 2020/21 which will address identified gaps in controls, eg. compliance with UHB H&amp;S policies</p> <p>Implementation of action plans developed in response to HSE improvement notices and material breaches by 31/07/20 to address gaps in respect of Violence and aggression (V&amp;A), accident investigation, manual handling (MH), LOLER, sharps and control of contractors. Extended Compliance Date to end of July 2020 due to COVID-19.</p>	<p>Harrison, Tim</p> <p>Harrison, Tim</p>	<p>31/03/2021</p> <p>31/07/2020</p>	<p>Implementation of other HB H&amp;S policies will form part of the H&amp;S workplan for 2020/21 e.g. COSHH compliance</p> <p>Update provided to HASAC June 2020</p>
--	--	---	---	-------------------------------------	---

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
	Incident and RIDDOR and progress against workplan reports to H&S/EP Sub-Committee	2nd			HSE Inspection Update Apr20 & Jun20	Lack of H&S related targets, KPIs and management objectives	Health and Safety Team will gather data on the following and introduce additional KPIs for example: • Percentage of workforce trained in manual handling and fire safety awareness • Number of risk assessments reviewed as well as percentage of actions generated by risk assessment completed • Number of Safety tours completed by Senior Manager	Harrison, Tim	30/09/2020	Included in H&S Team Workplan for 2020/21.
	3 x Control Groups to monitor delivery of actions developed in response to HSE improvement notices/material breaches	2nd					Members of each control group as well as various management teams will be responsible for implementing improvement measures and report progress at respective control groups.	Harrison, Tim	31/07/2020	TOR written for each Control Group. Each Group have met and progress noted with actions agreed. Hospital Management Groups also met to discuss concerns identified on their sites.
	Health and Safety Assurance Committee established to provide assurance to the Board on H&S compliance	2nd								
	IA report on Health and Safety March 20 (Reasonable Rating)	3rd								
	8 x HSE Improvement notices plus 13 material breaches	3rd								

<b>Strategic Objective:</b>	Health Board objectives to be agreed for 2020/21
-----------------------------	--

<b>Executive Director Owner:</b>	Carruthers, Andrew	<b>Date of Review:</b>	May-20
<b>Lead Committee:</b>	Health and Safety Committee	<b>Date of Next Review:</b>	Jun-20

<b>Risk ID:</b>	<b>813</b>	<b>Principal Risk Description:</b>	<p>There is a risk of failing to fully comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005 (RRO). This is caused by 1. A lack of available resources within the current operational maintenance function, to undertake a fully HTM compliant pre planned maintenance programme (PPM's) for all fire safety components across the entire HB's estate.</p> <p>2: The age, condition and scale of physical backlog, circa £20m relating to fire safety across our estate significantly affects our ability to comply with the requirements of the RRO in every respect.</p> <p>3: A lack of fire safety ownership and understanding of fire safety responsibilities at local hospital management level. This could lead to an impact/affect on the safety of patients, staff and general public, HSE investigations and further fire brigade enforcement, fines and/or custodial sentences, adverse publicity/reduction in stakeholder confidence.</p>
<b>Does this risk link to any Directorate (operational) risks?</b>			

<b>Risk Rating:(Likelihood x Impact)</b>		
<b>Domain:</b>	Statutory duty/inspections	
<b>Inherent Risk Score (L x I):</b>	4x5=20	
<b>Current Risk Score (L x I):</b>	3x5=15	
<b>Target Risk Score (L x I):</b>	3x5=15	
<b>Tolerable Risk:</b>	8	
<b>Trend:</b>		↔

<b>Rationale for CURRENT Risk Score:</b>
<p>Despite significant progress being made since the NWSSP IA Fire Precautions Report in May 2017 with regards to the key recommendations, such as, the establishment of a fully resourced fire safety team, the embedding of appropriate reporting arrangements for fire safety and addressing the backlog of out of date fire risk assessments across the UHB. There are still some significant challenges faced by the UHB to fully comply with the fire safety order.</p> <p>Whilst the fire safety team are in a position to provide support now to the UHB in the form of expertise and technical knowledge. The UHB still needs to manage and address the physical backlog of fire safety across its estate. Also successfully embed an improved fire safety management culture and management ownership for fire safety. This is evident from the recent fire safety improvement notice (FSIN) served on the UHB in Sep19 for Withybush General Hospital and Glangwili General Hospital on 17Apr20.</p>

<b>Rationale for TARGET Risk Score:</b>
<p>Whilst it is likely that the UHB will address its staff shortfall issues in respect of fire safety for HTM compliance there are further improvements in culture and ownership for fire safety. It is the scale of physical backlog for fire safety compliance (circa £8m at present predicted to increase following additional surveys) that will remain until appropriate measures are put in place to address the deficit.</p> <p>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.</p>

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 Further action necessary to address the controls gaps	By Who	By When	Progress
<p># Pre Planned Maintenance (PPM) checks are carried out across the UHB on fire safety components.</p> <p># 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 &amp; statutory decision making also regularly reported to WG.</p> <p># Individual Fire Risk Assessments (FRA's) in place for all sites across the UHB identifying fire related risks.</p> <p># Training Needs Analysis (TNA) for fire safety training in place, as defined in Fire Policy.</p> <p># UHB has implemented a governance structure for fire safety reporting.</p> <p># 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>	Significant staff shortfall to achieve agreed level of operational compliance (>85% target) for fire safety and other Health Technical Memorandum (HTM) engineering disciplines	Secure funding for the identified staffing gap identified in the operational staff gap analysis (based on size, geography and estate of the organisation)	Williams, Heather	Completed	A business case for additional staff support has been approved by the executive team subject to review by NWSSP-SES to substantiate its accuracy. Job descriptions have now been created for these roles, jobs are on Trac and interviews scheduled for April 2020.
	<p>Significant additional investment is required to address physical and engineering backlog shortfall for the UHB (approx circa £20m).</p> <p>Inability to allocate fire risk actions to appropriate owners on current fire risk assessment system hosted by NHS Wales Specialist Estates Services (NWSSP-SES).</p> <p>Inability to manage and control recommendations within the HB's own Fire Risk Assessments.</p> <p>Shortfall in advanced fire safety training especially in bariatric evacuation.</p>	Reassess remaining backlog and develop a prioritised plan that will address the high risk areas and where possible, will align to TCS modernisation programme for the UHB. A Programme business case is being developed for the remaining acute hospital sites to identify key fire safety compliance issues in order to seek for additional capital funding.	Elliott, Rob	<del>31/03/2020</del> 30/06/2020	Following the FSIN at WBH a detailed action plan has been developed. Additional capital funding has also been made available to address a range of recommendations. However UHB must show regular progress to address other ongoing fire risks before the TCS remodelling programme. Discussions with business case developers has already commenced to outline the work requirements on this. This process will now be mirrored for the recent FSIN received for GGH, actions plans have already been developed for these actions.

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.	Lloyd, Gareth	<del>31/03/2020</del> 30/06/2020	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.
Undertake a review of fire training to address identified shortfall in training provision, specifically the evacuation of bariatric patients and site fire management responsibilities.	Lloyd, Gareth	<del>31/03/2020</del> 31/12/2020	A review has been undertaken and an action plan produced with the learning development teams. The HB has reintroduced the e-learning module for all levels of training instead of the face to face method which was suspended due to COVID-19, to improve fire training compliance which has dipped over recent months. A target of 80% for advanced training has been agreed, which will be achieved by Dec20. General fire safety training currently stands at 68%, which is not considered a concern at this stage and will now improve following the e-learning implementation. This will be reviewed monthly.



Clarify responsibilities and identify management ownership for fire safety to facilitate an improved fire safety management culture across all sites	Lloyd, Gareth	<del>30/09/2020</del> 31/01/2021	General Managers (GMs) and Responsible Persons have been identified across the UHB who have responsibility for fire safety on sites. This will be supplemented with site management training (level 5 training for all responsible managers which was to be introduced by Mar20). This work has been delayed due to COVID-19 however regular discussions with GMs is taking place to remind them of their ongoing responsibilities.
Undertake a review of scale of work required to improve fire drawings in the UHB.	Evans, Paul	<del>31/03/2020</del> 31/08/2020	A review of this has already commenced as to the scale of the work required through the appointment of external contractors/specialists to undertake this work for the UHB and the availability of capital money. The department has further reviewed this issue and will be looking to address this by appointing new staff in the operational team as CAD operators (x2) to undertake drawing updates. Job description been produced and has been issued for job matching.

		Review the compliance report to include the gaps associated with any risks on the fire safety components and not just levels of PPM performance.	Evans, Paul	<del>29/02/2020</del> 31/08/2020	An update template has already been produced and discussed amongst the fire and operational maintenance teams. The draft ops compliance paper was presented at the Dec20 Fire Safety Group meeting and it was agreed that the new version was significantly improved and offered more assurance. This is now being taken forward as the model for the department and is being finalised by the operational teams to include all aspects of maintenance. This work was delayed due to COVID-19 and will now be taken forward.
--	--	--	-------------	-------------------------------------	--

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	Required Assurance			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
		(1st, 2nd, 3rd)	Current Level							
Achievement of 50% attendance Level 5 Manager Fire Training for Band 8Bs and above by Mar21.  Maintain 95% high risk PPM compliance.  Zero compliance on outstanding fire risk assessments by Jan20.	Bimonthly review of outstanding actions from fire risk assessments	1st			IA Fire Precautions Report - ARAC Jun18  Fire Action Update - H&SC May20	General site management checks/walkarounds on all sites	Responsibilities of site management to undertake routine workarounds to be implemented level 5 training	Lloyd, Gareth	30/09/2020-31/12/2020	Site management training (level 5) training for all responsible managers which will be introduced by Dec20.
	Site Fire wardens reporting fire safety issues	1st								
	Review of compliance through fire safety groups	2nd								
	Compliance reports regularly issued to HSEPC	2nd								
	Fire inspections by Fire Service & Fire Improvement Notices	3rd								
	NWSSP fire advisor inspections	3rd								
	NWSSP IA Fire Precautions Follow Up May-18 - Reasonable Assurance	3rd								