

- 3.1 Corporate Risks Assigned to HSAC  
*Presenter: Andrew Carruthers / Mandy Rayani*  
Item 3.1 HSAC CRR August 2020  
Appendices 2 & 3 HSAC CRR August 2020



## HEALTH & SAFETY ASSURANCE COMMITTEE PWYLLGOR ANSAWDD IECHYD A DIOGELWCH

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	07 September 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Corporate Risks Assigned to Health & Safety Assurance Committee (HSAC)
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Director of Operations Mandy Rayani, Director of Nursing, Quality and Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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

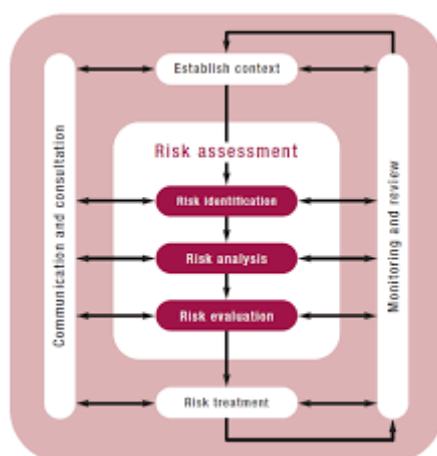
### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

The Health & Safety Assurance Committee (HSAC) is asked to request assurance from 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 principal risks on the Board Assurance Framework (BAF)/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 principal 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's) risk appetite/tolerance to the Board.
- Provide annual reports to Audit & Risk Assurance Committee (ARAC) on the effectiveness of the risk management process and management of risks within its remit.
- Identify through discussions any new/emerging risks & ensure these are assessed by management.
- Signpost any risks outside of its remit to the appropriate UHB Committee.
- Use risk registers to inform meeting agendas.

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 operational risks escalated that are of significant concern and need corporate oversight and management.

Each risk on the CRR has been mapped to a Board level Committee to ensure that risks on the CRR are being managed appropriately, taking into account the gaps, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on 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 about 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 the UHB is outlined at Appendix 1.

### **Asesiad / Assessment**

The Health and Safety Assurance Committee (HSAC) 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:

- 5.1.3 Provide assurance that risks relating to health, safety, security, and fire 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.

Following the Public Board meeting in April 2020, Executive Directors were asked to consider their existing corporate risks in light of COVID-19 pandemic. They were asked to:

- Reflect the impact of COVID-19 on existing risks and how this may reduce/increase the level of risk facing the Health Board.
- De-escalate risks that do not reflect the current priorities of the Health Board.
- Assess new and emerging risks relating to the potential impact of COVID-19 planning and management.
- Consider risks from their Directorate risk registers as to whether they should be considered for escalation to CRR.

Following the review, there are 2 corporate risks aligned to HSAC (out of the 27 that are currently on the CRR) as the potential impacts of the risks relate to the health and safety of patients, staff and visitors.

A summary of these 2 corporate risks can be found at Appendix 2. Each of these 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. These can be found at Appendix 3.

Below is a summary of changes since the previous report in June 2020:

Total number of risks	2
New / escalated risks	0
De-escalated/Closed risks	0
Increase in risk score ↑	0
Reduction in risk score ↓	0
No change in risk score →	2

See note 1

#### **Note 1 - No change in risk score**

There have been no changes in the following risk scores since they were reported to the previous meeting.

<b>Risk Reference &amp; Title</b>	<b>Previous Risk Report to Board (LxI)</b>	<b>Risk Score Aug-20 (LxI)</b>	<b>Date of Review</b>	<b>Update</b>
Risk 813 – Failure to fully comply with the requirements of the Regulatory Reform Order (Fire Safety) 2005 (RRO)	3x5=15	3x5=15	13/08/20	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>Whilst the fire safety team are now in a position to provide support 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, and successfully embed an improved fire safety management culture and management ownership for fire safety. This is evident from the Fire Safety Improvement Notice (FSIN) served on the UHB in September 2019 for Withybush General Hospital (WGH), and Glangwili General Hospital (GGH) on 17<sup>th</sup> April 2020.</p>
718 – Failure to undertake proactive health and safety (H&S) management	4x4=16	2x4=8	13/08/20	<p>Work continues to be undertaken to address the 8 improvement notices and 13 material breaches received by the UHB in July 2019 following a planned HSE inspection. The UHB developed a number of action plans covering each of the improvement notices and material breaches. The Health &amp; 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. The UHB responded to HSE on 28/07/2020 with regards to questions they had raised on specific improvement notices and material breaches. A response has not yet been received. The work completed and outstanding actions are to be presented to the HSAC September 2020. In March 2020, Internal Audit undertook a review of health &amp; safety</p>

			and awarded a rating of 'Reasonable Assurance'.
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### Argymhelliad / Recommendation

The Committee is asked to seek assurance that:

- All identified controls are in place and working effectively.
- 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 the UHB is managing these risks effectively.

### **Amcanion: (rhaid cwblhau)**

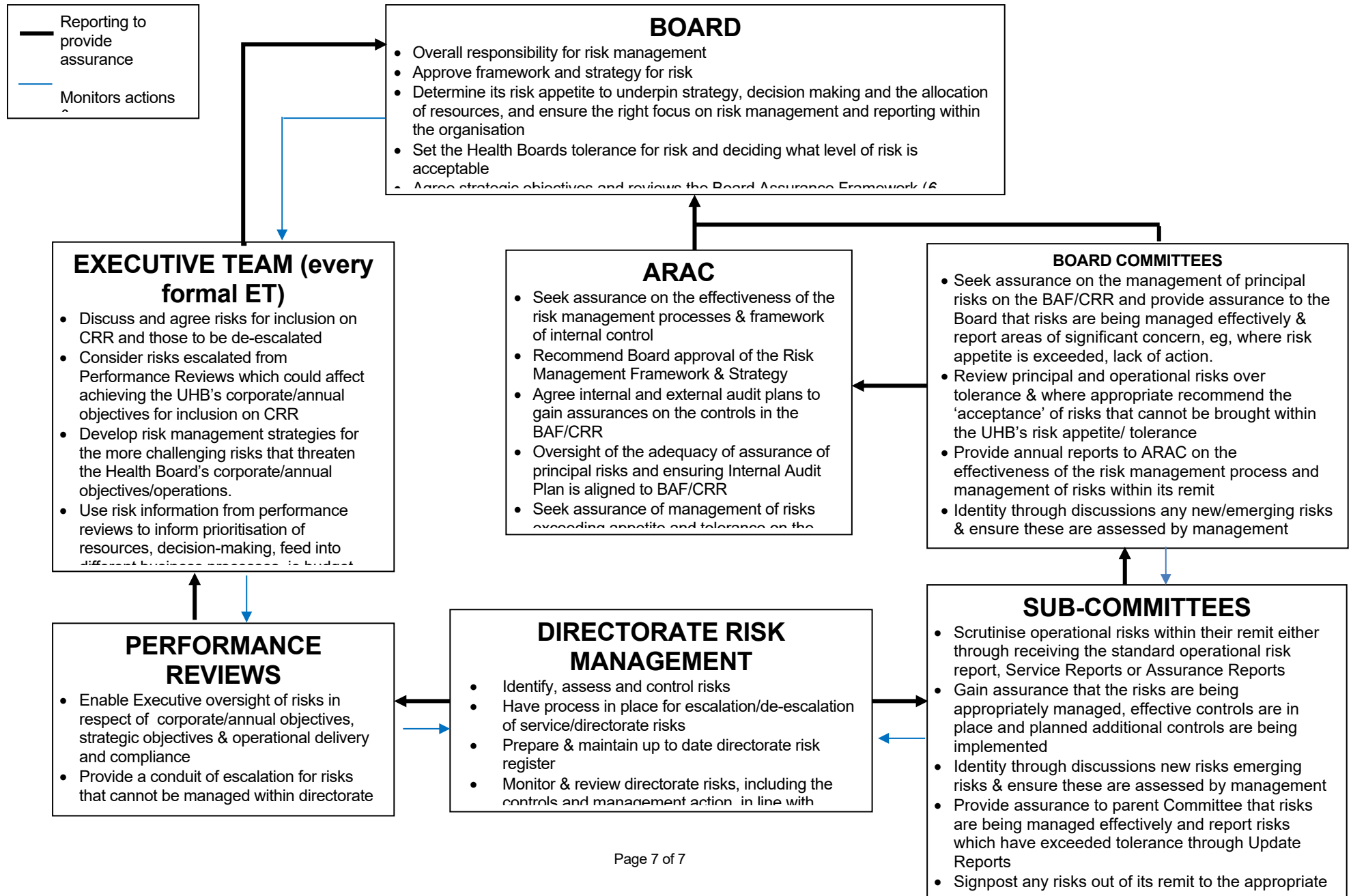
#### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.1.3 Provide assurance that risks relating to health, safety, security, and fire 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 in 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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across the UHB's services reviewed by risk leads/owners
Rhestr Termiau: Glossary of Terms:	<p>Current Risk Score - Existing level of risk taking into account controls in place</p> <p>Target Risk Score - The ultimate level of risk that is desired by the organisation when <u>planned</u> controls (or actions) have been implemented</p> <p>Tolerable risk – this is the level of risk that the Board agreed for each domain in September 2018 – <a href="#">Risk Appetite Statement</a></p>
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Assurance Committee:	N/A

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Gweithlu: Workforce:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Risg: Risk:</b>	No direct impacts from report however organisations are expected to have effective risk management systems in place.
<b>Cyfreithiol: Legal:</b>	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.
<b>Enw Da: Reputational:</b>	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.
<b>Gyfrinachedd: Privacy:</b>	No direct impacts
<b>Cydraddoldeb: Equality:</b>	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)	Included on BAF	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Aug-20	Trend	Target Risk Score	Risk on page no...
813	Failure to fully comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005 (RRO)	TBC	Carruthers, Andrew	Statutory duty/inspections	8	3X5=15	3X5=15	↔	3X5=15	13
718	Failure to undertake proactive health and safety (H&S) management	TBC	Rayani, Mandy	Statutory duty/inspections	8	2X4=8	2X4=8	↔	2X4=8	19

**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
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<b>Executive Director Owner:</b>	Carruthers, Andrew	<b>Date of Review:</b>	Aug-20
<b>Lead Committee:</b>	Health and Safety Assurance Committee	<b>Date of Next Review:</b>	Sep-20

<b>Risk ID:</b>	<b>813</b>	<b>Principal Risk Description:</b>	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. 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. 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.
<b>Does this risk link to any Directorate (operational) risks?</b>			

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):	3x5=15
Tolerable Risk:	8
Trend:	<div></div>

25  
20  
15  
10  
5  
0

Dec-19 Feb-20 01-Aug

Current Risk Score  
Target Risk Score  
Tolerance Level

<b>Rationale for CURRENT Risk Score:</b>
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.
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.

<b>Rationale for TARGET Risk Score:</b>
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.
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.

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>1.Pre Planned Maintenance (PPM) checks are carried out across the UHB on fire safety components.</p> <p>2. 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>3. Individual Fire Risk Assessments (FRA's) in place for all sites across the UHB identifying fire related risks.</p> <p>4. Training Needs Analysis (TNA) for fire safety training in place, as defined in Fire Policy.</p> <p>5. UHB has implemented a governance structure for fire safety reporting.</p> <p>6. Estate plans with fire zones, fire doors, fire compartmentation, fire infrastructure items (alarm and detection system).</p> <p>7. 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>8. Annual prioritisation of investment against high risk backlog.</p>	<p>Significant staff shortfall to achieve agreed level of operational compliance (&gt;85% target) for fire safety and other Health Technical Memorandum (HTM) engineering disciplines</p> <p>Significant additional investment is required to address physical and engineering backlog shortfall for the UHB (approx circa £20m).</p>	<p>Secure funding for the identified staffing gap identified in the operational staff gap analysis (based on size, geography and estate of the organisation)</p>	<p>Williams, Heather</p>	<p>Completed</p>	<p>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>
	<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>	<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.</p>	<p>Elliott, Rob</p>	<p><del>31/03/2020</del> 30/09/20 (All actions will be reviewed and dated individually by this date)</p>	<p>The HB has now developed a detailed programme for both WBH and GGH to deal with all fire enforcement notices and letters of Fire Safety issued by the fire brigade (NWWFRS). In the case of WBH, Tripartite meetings with WG,HB and MWWFRS have taken place to agree a programme of investment and business case development. In the case of GGH the HB has submitted a detailed programme to MWWFRS which has been agreed. (Whilst verbal agreement been given by MWWFRS we await formal written confirmation) A meeting is planned for mid to late September on Tripartite bases to agree the same process as WBH. Current challenges around capital availability has the potential to impact on timeline - these implications are being worked through with WG. The HB is therefore looking to introduce increased mitigation</p>

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 28/01/2021	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 implementation with live data by Jan 2021.
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 85% 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 30/09/2020	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. Update - Still awaiting Job Matching to be concluded, as soon as this is returned the positions will be on Trac and advertised.

		<p>Review the compliance report to include the gaps associated with any risks on the fire safety components and not just levels of PPM performance.</p>	Evans, Paul	<p><del>29/02/2020</del> 31/08/2020</p>	<p>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.</p> <p>Update - The maintenance fire paper was presented at the July fire safety group meeting for action. This report is significantly more detailed and covers enhanced reporting over and above PPM data. Over time, this document will change as more information becomes available.</p>
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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
Achievement of 50% attendance Level 5 Manager Fire Training for Band 8Bs and above by Mar21.	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	<del>30/09/2020</del> 31/12/2020	Site management training (level 5) training for all responsible managers which will be introduced by Dec20.
Maintain 95% high risk PPM compliance.	Site Fire wardens reporting fire safety issues	1st								
Zero compliance on outstanding fire risk assessments by Jan20.	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								



<b>Strategic Objective:</b>	Health Board objectives to be agreed for 2020/21
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<b>Executive Director Owner:</b>	Rayani, Mandy	<b>Date of Review:</b>	Aug-20
<b>Lead Committee:</b>	Health and Safety Assurance Committee	<b>Date of Next Review:</b>	Oct-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>Risk Rating:(Likelihood x Impact)</b>		<p>Current Risk Score</p> <p>Target Risk Score</p> <p>Tolerance Level</p>
<b>Domain:</b>	Statutory duty/inspections	
<b>Inherent Risk Score (L x I):</b>	4x4=16	
<b>Current Risk Score (L x I):</b>	2x4=8	
<b>Target Risk Score (L x I):</b>	2x4=8	
<b>Tolerable Risk:</b>	8	
<b>Trend:</b>	↔	

<b>Rationale for CURRENT Risk Score:</b>
Significatn work has been undertaken to address the 8 improvement notices and 13 material breaches received by the UHB in jul19 following a planned HSE inspection. The UHB developed a number of action plans covering each of the improvement notices and material breaches. 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. The work completed and outstanding actions are to be presented to the HASAC Sep20. 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.

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>Health, Safety and Security Team now better resourced.</p> <p>Datix Risk module in place. Datix Risk is now being reviewed and scrutinised by the H&amp;S 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.</p> <p>H&amp;S departmental audits that commenced March 2020. Planned annual programme in place.</p> <p>H&amp;S policies and procedures are in place and are published on staff intranet.</p> <p>Incident/concerns investigations are undertaken. 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>H&amp;S departmental champions/coordinators to advocate H&amp;S throughout the organisation.</p> <p>Limited environmental/personal exposure monitoring (COSHH) is undertaken.</p>	Develop and implement H&S Team workplan for 2020/21 which will address identified gaps in controls, eg, compliance with UHB H&S policies	Harrison, Tim	31/03/2021	Implementation of other HB H&S policies will form part of the H&S workplan for 2020/21 e.g. COSHH compliance
		Implementation of action plans developed in response to HSE improvement notices and material breaches by 31/07/2019 to address gaps in respect of violence and aggression (V&A), accident investigation, manual handling (MH), LOLER, sharps and control of contractors. Extended Compliance Date to end of Jul20 due to COVID-19.	Harrison, Tim	<del>30/04/2020</del> 31/07/2020	Following meeting with the HSE, additional questions have been asked and these have been answered within the deadline date of 31/07/20. Awaiting response from the HSE.
		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 Aug20 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.

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	H&S 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.
	Progress against HSE Improvement notices & material breaches to H&S Assurance Committee	2nd								
	IA report on Health and Safety Mar20 (Reasonable Rating)	3rd								
	8 x HSE Improvement notices plus 13 material breaches	3rd								