



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL**  
**PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	10 October 2023
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Hywel Dda University Health Board (HDdUHB) Training Accommodation Update
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Lisa Gostling, Director of Workforce and Organisational Development
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Amanda Glanville, Assistant Director of People Development

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA**  
**SBAR REPORT**

**Sefyllfa / Situation**

Although sourcing training accommodation has been a challenge for many years, there is now a risk of Hywel Dda University Health Board (HDdUHB) not being able to provide necessary training due to a lack of suitable venues. This includes statutory and mandatory training such as corporate induction, manual handling, clinical skills, basic life support, prevention and management of violence and aggression (PAMOVA), objective structured clinical examination (OSCE) and clinical induction for current and future workforce. This risk primarily focusses on training that is of a practical nature, requiring access to clinical equipment.

The current lack of suitable, long term training accommodation across the Health Board, combined with increasing demand for training, competing priorities for training space, and the deterioration of existing premises, provides a significant risk. This report outlines the current position in relation to training accommodation and the Committee are asked to note the risks in relation to training venues and the impact the current space has on the capacity to deliver training to meet this demand.

**Cefndir / Background**

To scope the wider requirements for training venues, a central approach has been adopted including learning and development, clinical education, manual handling, resuscitation, health and safety and clinical skills. The focus has been on the statutory and mandatory training requirements, with less focus on additional training including leadership and management, customer service and other non-clinical development opportunities.

HDdUHB has limited training accommodation across each county, some of which is sub-contracted from third parties such as the universities. Internally, the People Development Service have an organisational role in overseeing training facilities, however, does not manage all the training venues across HDdUHB. Some training rooms are managed by individual delivery teams including manual handling, clinical skills and PAMOVA training.

To compound the issues, since 2018, there has also been a significant reduction in the availability of space to provide training, which equates to a loss of nine training rooms within the Health Board footprint. This has resulted in a greater reliance on the current accommodation available.

The People Development Service have worked closely with HDdUHB training delivery teams in the formulation of this report to provide a comprehensive picture of the training accommodation challenges facing the organisation.

### **Asesiad / Assessment**

The greatest risk around delivery of training relates to the lack of available and suitable training venues to deliver the following clinical courses, which form part of the mandatory training required for patient-facing job roles.

- Skills to Care (Acute & Community)
- Basic Life Support (BLS)
- Intermediate Life Support (ILS)
- Paediatric Immediate Life Support (PILS)
- Patient Handling
- Emergency Handling
- Load Handling
- Workplace Manual Handling Assessor (initial training and update sessions)
- Reducing Restrict Practice (PAMOVA)
- Venepuncture
- Cannulation
- Intravenous (IV) drug administration
- Peripherally Inserted Central Catheter (PICC) and Midline Catheter Care Training
- Objective Structured Clinical Examination (OSCE)

Additionally, non-clinical training teams have ongoing challenges delivering Health Board priority level training due to a lack of venues, which has resulted in either the hiring of venues off-site, or not being able to deliver the training. The People Development Team have supported many wider teams to deliver more training content online through webinars or Microsoft Teams training, however some courses need to be delivered through face-to-face delivery including:

- The Hywel Dda Welcome (Corporate Induction)
- Making a Difference
- STAR
- LEAP
- New Consultant Development Programme
- Management Development
- Team Development Days
- E-learning support sessions (pre-Covid, this was available on each site)

Training is continuing to be delivered across three counties; however, Carmarthen is currently the only county with permanent training facilities. The current situation in each county is highlighted below:

## **Ceredigion:**

Within Ceredigion, there is no permanent accommodation available for clinical and non-clinical training including clinical education, clinical skills, resuscitation and manual handling. Currently manual handling training is delivered at the Rheidol Building, Aberystwyth University, which provides one training room and an office. Despite this being a formal agreement between the university and HDdUHB, to date, the university have not asked to be reimbursed in any way.

The space available via Medical Education over the summer and as part of busy periods (Post Grad Centre) has become increasingly limited therefore the Resuscitation and Clinical Education Teams are using space occupied by the Manual Handling Team in the Rheidol Building, ensuring this is fully utilised, although this does not provide adequate venues for all training. Until recently, clinical skills also have the use of the Aberystwyth University Health Education Centre when needed, however, since May 2023 the centre has been no longer available due to rising student numbers. When clinical skills have to vacate the medical education facility, the current plan would be to relocate to the Rheidol building.

PAMOVA training (for staff who work with patients who display challenging behaviours) and the All-Wales Violence and Aggression Passport (for staff in higher risk groups such as Accident and Emergency) was temporarily being provided at the Rheidol Building, but this was being delivered without appropriate governance arrangements or a contract being in place and has ceased from this location. Limited training is now only being delivered in Enlli Ward, Bronglais Hospital (BGH), with the remainder being picked up out of the county.

Reduction in available premises has left the Rheidol Building being the short-term option and the plan was to discuss additional space at the premises to accommodate wider teams. This has not yet been explored due to the premises being listed for sale by the (university) landlord. No notice has been given as at this date, although if notice is given, this will leave the Clinical Education, Resuscitation and Manual Handling Teams without access to training venues in Ceredigion.

Limited training space in Ceredigion incurs financial costs due to the reliance of external venues, travel expenses of staff attending training and travelling time to the Health Board, although it is difficult to quantify the value of this as this forms part of departmental budgets. The lack of security of equipment that is large and cannot be locked away has also resulted in the loss of equipment to the value of over £1000. To combat this, equipment is being stamped to ensure this can be returned, but due to size/nature of this equipment, it is not feasible to lock away due to a lack of training venues. 'Making a Difference' (identified as a Health Board priority), is delivered at external venues. During the first quarter of this financial year, the total costs of venue hire was £1554.

Action taken by working with the Estates Team within Ceredigion to overcome these issues included:

- Discussions with the local authority to identify opportunities for alternative accommodation within Aberystwyth has been unsuccessful to date.
- Communication with Coleg Ceredigion and Aberystwyth University to identify training space has resulted in the offer of hiring rooms on an ad hoc basis, but not a suitable option for practical training due to the need for large equipment including lifts, hoists, etc.
- Worked with teams linked to the possible relocation to Welsh Government/Local Authority buildings, however this has yet to provide any long-term solutions. Estates, the BGH General Manager and County Director are attending the site on the 27

September 2023, although this is proposed to house administrative support and not training.

- Ceredigion County Council are developing training facilities in the Aberaeron site, and this may provide an opportunity to establish opportunities for partnership working. However further consultation is needed as to the impact of relocating training to Aberaeron in terms of staff access from Aberystwyth and travel implications.
- The Estates Team have engaged with Shared Services to undertake a scoping exercise within the Aberystwyth area for the training need (initially manual handling), however no suitable premises have been identified to date.

It is noted that the People Development Service are unaware of any future plans to support training accommodation within Ceredigion.

### **Pembrokeshire:**

Managed by the Development Team, the Conference Centre at Withybush Hospital (WGH) provides permanent training accommodation for the Clinical Education, Clinical Skills, Resuscitation and Manual Handling Teams, however, is inadequate, reduces capacity and is not conducive to good teaching conditions.

The current venue prevents the ability to deliver the number of acute and community clinical inductions required, impacting the pace of onboarding in certain non-registered clinical roles, which not only delays onboarding, but feedback suggests that individuals seek alternative employment due to this delay. Demand is likely to further increase as the clinical education team are widening the support to community, primary and social care, allowing upskilling of the community and social care workforce in line with strategic goals. To meet demand, the Clinical Education Team are delivering inductions programme across two sites, the Conference Centre used for acute training and the Local Authority Archives used for community training. This has resulted in increased costs due to the purchase of equipment and movement between sites. The reducing time to care training has been delivered alongside the local authority using the Archives Building however, this space is not available from September 2023 for this training.

Linked to Datix references 24163 & 32905, the building has already been identified as presenting a risk of harm/injury and a risk to the reputation and retention of new employees due to rodent infestation and poor building conditions. Feedback from attendees, including new employees has highlighted the overall appearance and condition of the training venue is unacceptable. In addition, the room itself is part of a thoroughfare, causing disruption to training. Recognising the lack of security to access this area, theft and damage to equipment has resulted in excess of £2,500. Furthermore, there is a risk that the continued deterioration of the building may result in the building's sudden closure, for which there are no contingency plans in place. Temporary closure due to flood damage following a roof collapse has previously impacted the training teams, with a need to cancel many training courses as a result. Recently, the Reinforced Autoclaved Aerated Concrete (RAAC) issues faced at WGH has meant that operational teams have asked about the options to vacate the Conference Centre, however no suitable training venue has been secured to allow this to happen.

Also managed by the People Development Service is the 'Making a Difference' course which to date has been delivered off site due to insufficient training space at WGH at a cost of £4,298 to date. A recent evaluation of this course has recommended the course be moved to a HDdUHB site to reduce costs, however there is no facilities to do so. Without funding for the training venue, 'Making a Difference' will have to stop in Pembrokeshire from January 2024.

The Resuscitation Service has a training room within WGH. The training room is in poor condition with water coming through the ceiling and inadequate heating. Equipment is stored on site and the venue is large enough to accommodate the required number of candidates for mandatory courses (6 per session). However, the Resuscitation Service does not have a venue large enough to run national courses for the Health Board for more than 12 candidates. Based on a recent training needs analysis across the Health Board approximately 36 Advanced Life Support (ALS) or European Paediatric Advanced Life Support (EPALS) courses would be required every year, which translates to 49 dates/sessions needed. If sited in a larger venue, the course capacity could be increased significantly reducing the number of sessions needed to 24. Not only would this free up training space for other courses, but it would also put less pressure on the Resuscitation Service which is already under pressure.

Clinical Skills has some shared, albeit limited, access to the Resus Training room to provide Venepuncture and Cannulation. They also require rooms to provide PICC and Midline Training, at present once per month, however this may need to be increased in the future. Clinical Skills training needs have been identified for newly qualified nurses and overseas nurses however there is no suitable venue to deliver this training in Pembrokeshire at present, resulting in staff travelling to Carmarthenshire.

Between the four teams, the training courses affected are:

- Skills to Care (Acute and Community)
- PILS
- Patient Handling
- Workplace [manual handling] Assessor (initial training and update sessions)
- IV drug administration
- PICC and Midline Care.

Action taken by working with Estates within Pembrokeshire to overcome these issues include:

- Discussions with the local authority to identify opportunities for alternative accommodation within Pembrokeshire. This has been unsuccessful to date.
- Estates have engaged with Shared Services to undertake a scoping exercise within the Pembrokeshire area for the training need (initially manual handling). Unfortunately, this exercise so far has turned up very little in the way of leasehold accommodation within the locality. The Science and Technology Park could have been a viable option but unfortunately it was taken off the market shortly after the visit. Any option considered will result in significant financial investment, which may not be an option recognising current financial climate.
- Community induction programme is now being delivered within the Pembrokeshire County Council Archive Building in the short term. This does however result in ongoing costs for movement of equipment due to multiple delivery sites being used for clinical/community induction.
- Communication with Pembrokeshire College through a 'call to arms' recognising the RAAC challenges. Due to their increasing student numbers, they could not support in the foreseeable future.

It is noted that the People Development Service is unaware of any future plans to support training accommodation within Pembrokeshire.

## **Carmarthen:**

Managed by the People Development Service, Glien House provides two clinical and two non-clinical training rooms. This venue supports training for two of our hospitals (Prince Phillip Hospital (PPH) and Glangwili Hospital (GGH)) and has also seen staff diverted from Ceredigion and Pembrokeshire to Carmarthen due to lack of provision in those counties.

- Training Room 1 - predominantly utilised for clinical induction and has some occasional availability for other clinical training teams. Where possible the Clinical Skills Team use this room. Course capacity is somewhat limited to 16 people by the room size.
- Training Room 2 – allocated to the Manual Handling Team however, the size of the room has reduced their course capacity by 50%. This has increased a wait time of up to 3 months for training. More recently HEIW provided funding to pay delivery teams to work weekends to catch up with the resulting backlog. Whilst the more recent backlog has been addressed, another backlog is anticipated over the Autumn and Winter periods when we usually see an increase in recruitment activity for apprentices and staff to assist with winter pressures.
- Training Room 3 – a small traditional classroom set up often booked by Manual Handling and Clinical Education to manage overspill from rooms 1 and 2. Cannot be used for larger specialist equipment as the doors are standard size. Serves limited useability for clinical training.
- Training Room 4 – large traditional classroom set up, used for the 'Hywel Dda Welcome', management training sessions, training for clinicians (not requiring specialist equipment), PDNs and so forth. Will be used for 'Making a Difference' training in place of external venues in Carmarthen and Llanelli saving approximately £9,782 per year being spent from the Study Leave budget.

There is permanent HDdUHB accommodation for the Clinical Education, Clinical Skills and Resuscitation Teams in Carmarthen, however the accommodation creates challenges as it forces limited course capacity, which doesn't fulfil organisational training needs.

The Manual Handling Team in Carmarthenshire could train 24 clinical staff and 30 non-clinical staff per session. However due to the constraints of the current room the number of clinical staff that can be appropriately accommodated is 12 although often increased to 14. This has resulted in the manual handling staff in Carmarthenshire training 4-5 days per week which is impacting their ability to fulfil non-training related elements of their service. For example, their availability to attend acute sites or the mortuary to provide assessments and advice is limited. Making arrangements for families to view and trial equipment for very complex patients is a significant challenge as there are no rooms available to do this. Additionally, due to being on the second floor the Manual Handling Team are unable to trial new equipment that would benefit patients, which has resulted in a delay of equipment being sourced and provided for patients in both acute and community settings.

The People Development Service also leases one room in Building 2 Hafan Derwen from the local authority for OSCE training. This space is fully utilised on weekdays. The room is the former canteen and still contains canteen equipment. The room is extremely large with high ceilings and no windows therefore no ventilation, relying on the Health Board purchasing equipment to manage this. The increase in rent and service charges has significantly increased since occupying the building and as a result of the recent decision to pause 'Internationally Educated Nurse' (IEN) recruitment from overseas, HDdUHB have served notice to terminate the lease, which ends on the 25 December 2023. It should be noted that any alterations will need to be reverted back to original condition, resulting in the remaining OSCE delivery relocating to Glien House by early December, to allow changes to be made.

Managed by the PAMOVA Team via the Health, Safety and Security Department, a dedicated training space within the Hafan Derwen site is used consistently each week for delivering the various training sessions the team provide. The room can safely accommodate a maximum of 12 participants but is the only dedicated facility available to the team within HDdUHB due to the requirement for a matted area for the practical elements of the training. The team have been using jigsaw mats which they can store away when not in use. The training room is in use for 4 days a week.

Resuscitation Services provide training in both GGH and PPH.

- The GGH site has a training room, where equipment is also stored, which is not conducive to effective training. There are currently pressures to relocate this training off site to be able to support operational pressures.
- As is the case in Pembrokeshire there is a significant demand for places on National Courses as outlined above. Previously the Ivy Bush Hotel has been hired so that larger numbers can attend which has significant financial impact to the Health Board.
- There is no permanent venue in PPH for Resuscitation Services or any other clinical training. The service currently provide mandatory training in a portacabin. Some of the equipment is stored on site but much is still brought to the venue by the team due to a lack of sufficient storage space. The team previously taught on Mynydd Mawr Ward (Day Room), which is far from appropriate with not only patients not having the access to the room but also families not being able to spend time with their relatives in that area. There is a plan to relocate the training venue but as yet this has not been finalised.

Based on a recent training needs analysis there is a need to provide 339 Sessions for ILS, 28 for PILS, 638 BLS and approximately 30 sessions for other services. With an 80% attendance rate there is a need to provide 1110 sessions which will cover BLS/ILS/PILS/ALS/EPALS.

The Clinical Skills Team does not have a permanent training venue and will make use of any available space afforded at Glien House and PPH. The team requires a minimum of 13 days per month to deliver venepuncture and cannulation training, IV training, training for newly qualified nurses, PICC and MID line care in the GGH, however this need is very likely to increase.

## **Future Plans**

The Health Board are currently in discussions with the Planning Team regarding the use of Carmarthen Hwb (formally the Debenhams site), which currently could be occupied from March 2025. The plans include 4 training rooms:

- One simulation training suite
- Two large clinical training rooms
- One large traditional classroom with partitioning to create two smaller rooms





supervised, on patients or to be assessed in a simulated environment. Space needed with surfaces suitable to set up simulation equipment; sinks so that equipment can be cleaned following practice; seating and presentation equipment; storage space for all simulation equipment. Ideally this should be on site in each hospital and open to all student nurses, Open University (OU) or redbrick, so they can refresh skills prior to supervised practice. These spaces are not available at present within any county.

Workplace Assessor courses enable trained staff to investigate manual handling incidents, but Workplace Assessors can also carry out interim assessments, significantly reducing the number of full courses required. There is currently no training capacity to deliver these.

Not having adequate permanent training venues impacts course scheduling and the ability for staff to book onto courses in advance. Therefore, it is impractical and costly to move venues for each course, so long-term accommodation is essential.

The training facilities in each county have varying degrees of challenges including lack of space, environmental condition, digital infrastructure and reliance on dated technology, with the situation in Ceredigion and Pembrokeshire rapidly worsening.

The training listed requires the use of specialist clinical equipment such as beds, patient trolleys, hoists, mannequins and simulation equipment. Moving equipment to short-term accommodation solutions requires the hire of removal companies and the cancellation of training courses to enable the move. The Resuscitation Team frequently rely on their delivery teams to transport equipment using their own vehicles which is putting the equipment at risk and not conducive to correct manual handling. The only other option would be to suspend Resus training too.

### **Summary and planned actions**

- A Risk Assessment has been produced outlining the risks, with a current risk score at 20 (appendix 1).
- The combined issues are having significant impact on each delivery teams' ability to provide agreed training for staff across all our sites.
- As an example, Acute Deterioration and Resuscitation, compliance for Level 2 & Level 3 training is currently at 40%, ultimately affecting patient safety. The difficulty has mainly been linked to:
  - Not having large enough venues to run courses at maximum capacity and to store training equipment.
  - Not being able provide an environment conducive to a high level of teaching.
- To date short-term solutions have been provided, which include third parties such as the universities and council accommodation, however these are not long-term.
- Risk assessments are being conducted relating to manual handling to prevent delays in registered staff onboarding due to limited course availability.
- Short-term solutions requires training to either halt to transport training equipment to alternative sites and/or authorise overtime for staff and external transport services to move necessary training resources on weekends. Additionally, the training equipment used include beds, hoists and other large equipment that usually require recalibration after each move, leading to delayed further delays to re-establishing training.
- There have been patient-related incidents that have arisen as a direct consequence of a lack of training. Whilst the additional training needs have been identified, services do not have sufficient training venues to provide this training. There is a high probability that there could be further patient harm, possibly death, as a result.

- There have been staff complaints regarding the training accommodation used and there is a risk of complaint from patients and/or families if staff continue to use patient designated space for training.
- People Development will now work with Estates to scope opportunities with Ceredigion County Council in relation to their planned training facility within Aberaeron, whilst considering the impact on cost and our workforce.
- People Development will contact Aberystwyth with a view to extending the number of rooms available within the Rheidol building. Whilst this could provide a wider short-term solution in Aberystwyth until the sale is concluded, there is a risk that this could incur additional costs.
- People Development will work with Estates and Shared services to continue to scope further opportunities, although note this has yet to outline potential solutions.
- People Development will scope the opportunity to create a centralised booking system to maximise the use of all training venues across the HDdUHB footprint.
- People Development will link with the Planning Team to ascertain if this could be considered at Planning Committee for further discussion as to whether training accommodation needs could be built into facilities plans.

### Argymhelliad / Recommendation

The committee is asked to:

- **NOTE** the risks, current issues and progress being made in relation to training accommodation, as outlined in this report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1 Seek assurances that people and organisational development arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe services/programmes and functions across the whole of the Health Board's activities.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk Assessment attached, with a current risk score of 20.
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be 3. Striving to deliver and develop excellent services 6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	Not Applicable

Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termiau: Glossary of Terms:	ALS – Advanced Life Support BLS – Basic Life Support HDdUHB – Hywel Dda University Health Board IEN – Internationally Educated Nurse ILS – Intermediate Life Support IV - Intravenous (IV) OSCE – Objective Structured Clinical Examination PAMOVA – Prevention and Management of Violence and Aggression PICC - Peripherally Inserted Central Catheter PILS - Paediatric Immediate Life Support RAAC - Reinforced Autoclaved Aerated Concrete
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Not Applicable

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Financial impact to source appropriate training facilities to meet the training needs of the organisation, where an external solution is needed.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Risk to patients, staff and others as a result of lack of statutory and mandatory training.
<b>Gweithlu: Workforce:</b>	Impact on the ability to provide statutory and mandatory training to the current and future workforce as well as the impact on being able to offer wider development opportunities.
<b>Risg: Risk:</b>	Not able to deliver training, impacting patient care, safety, staff safety. Risk Assessment attached (Appendix 1)
<b>Cyfreithiol: Legal:</b>	In addition, the risk of legal action in the event of harm to patients, staff or property.
<b>Enw Da: Reputational:</b>	Risk to reputation that the Health Board are not committed to training and development of their workforce as well as not providing safe levels of training. In addition, reputation relating to learner experience, which may impact retention.
<b>Gyfrinachedd:</b>	Not Applicable

<b>Privacy:</b>	
<b>Cydraddoldeb:</b> <b>Equality:</b>	Lack of training within Ceredigion and Pembrokeshire, resulting in staff not having to access training closer to their county.

Hywel Dda UHB - Risk Assessment Form

Any previous risk reference:	
Other risks you would like to link this risk to on Datix:	1540

Risk Ownership

Executive Director:	Lisa Gostling
Directorate lead:	Amanda Glanville
Management or service lead:	Gemma Littlejohns

Directorate:	Workforce and OD	Service or Department:	Workforce and Organisational Development
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Risk Details

Title of risk: <small>Maximum characters: 128</small>	Inability to deliver Corporate Induction and mandatory training impacting patient safety		
Date risk identified:	23/06/2023		
Domains of Quality (select all that are applicable):	Safe <small>Select Domain.</small> <small>Select Domain.</small>	<small>Select Domain.</small>	<small>Select Domain.</small>

Risk Statement

Describe the risk, work activity, environment or process being assessed. What is the risk to the Health Board?
<p>There is a risk of the Health Board not being able to provide the necessary training and development (corporate induction, mandatory training i.e. manual handling and clinical skills, etc) for current and future workforce. This risk assessment is specifically in relation to training that is of a practical nature requiring access to clinical equipment.</p> <p>This is caused by a lack of suitable, long term training accommodation across the Health Board as a result of a lack of permanent accommodation, or premises being utilised which are deteriorating. This is exacerbated by service demands outgrowing current provision to deliver training, therefore preventing the ability to deliver the number of acute and community clinical inductions required.</p> <p>Each county has issues in relation to training venues, with the situation in Ceredigion rapidly worsening.</p> <p>This will lead to an impact/effect on potential patient harm, staff injury and possible death of a patient.</p> <p>Due to limited capacity at training venues, this will result in delaying start dates for new members of staff, and the increased use of delayed training risk assessments. Delays relating to Corporate Induction (onboarding) will also have a negative effect on existing workforce, stabilisation efforts and stress on teams involved in delivering training who are currently receiving complaints from services. Additionally, there is a likely risk to staff morale and wellbeing as a consequence of not receiving sufficient training and development to fulfil their duties. Limited venues will also directly impact on the ability to retrain existing staff, or provide refresher training where required, which in turn may lead to increased complaints being raised by staff. Delivery teams are feeling the pressure to secure short-term solutions to enable the delivery of mandatory training. Morale of delivery teams is declining whilst they do not feel equipped to fulfil their role.</p>

Risk Matrix	Likelihood →				
Impact ↓	Rare - 1	Unlikely - 2	Possible - 3	Likely - 4	Almost certain – 5
Catastrophic - 5	5	10	15	20	25
Major - 4	4	8	12	16	20
Moderate - 3	3	6	9	12	15
Minor - 2	2	4	6	8	10
Negligible - 1	1	2	3	4	5

## Hywel Dda UHB - Risk Assessment Form

In addition, there may be financial implications for the Health Board as a result of transporting equipment to alternative training venues, payment of overtime to staff in addition to incurring travelling expenses to attend training. The Health Board may also be subject to compensation claims arising from any injury or harm to patients or staff.

Mandatory training compliance is reviewed during employment tribunals, Coroner reports, Public Service Ombudsman reports and audits. There is a risk that should injury or harm arise, HDUHB will be found to have not provided adequate training.

<b>Location of the risk:</b>	Health Board wide
<b>Select the DOMAIN of the risk:</b>	Safety - Patient, Staff or Public (Tolerance Score = 6)

### Inherent Risk Score (Impact x Likelihood = Risk Score)

What is the score **WITHOUT** any control measures?

Using the risk matrix overleaf, evaluate the <b>inherent</b> risk rating. This is the risk score <b>WITHOUT</b> control measures in place.					
<b>Inherent impact</b>	5	<b>× Inherent likelihood</b>	5	<b>= Inherent risk rating</b>	25

**Control Measures Currently in Place** - List the current control measures in place to minimise the potential impact of harm and reduce the risk. These must be **IN PLACE AND WORKING** to be a control.

<b>Control measures</b>
Risk assessing new starters who have previous experience of working in the health sector, and patient handling, so they may start prior to receiving all necessary mandatory training.
Delayed training risk assessment for new staff without previous experience so they may start on the ward.
Utilising alternative in-house accommodation on a short-term basis for training,
Risk has been escalated to the Executive Team, and further steer is awaited.
Shared Services and Estates undertook a scoping exercise within the Aberystwyth area for the training need (initially manual handling).
Estates in regular contact with Shared Services and Local Authorities for any available training facilities
SBAR report on manual handling with recommendations was reported to the Executive Team meeting in August 2022.

**Gap in Controls** – Are the current control measures currently in place working effectively in managing the risk? If not, list the reasons they are not effective here.

<b>Gap in controls</b>
Delayed training risk assessments raises the concern that staff may engage with patient handling prior to the training
Short term accommodation is generating costs that are not sustainable, and limited alternative venue options are not always fit for purpose
Minimal viable options arising from working alongside Shared Services and Local Authorities to identify alternative venues

### Current Risk Score (Impact x Likelihood = Risk Score)

Using the risk matrix below, identify the **current** risk rating. This is the risk score **WITH** control measures in place.

<b>Risk Matrix</b>	<b>Likelihood →</b>				
<b>Impact ↓</b>	<b>Rare - 1</b>	<b>Unlikely - 2</b>	<b>Possible - 3</b>	<b>Likely - 4</b>	<b>Almost certain - 5</b>
<b>Catastrophic - 5</b>	5	10	15	20	25
<b>Major - 4</b>	4	8	12	16	20
<b>Moderate - 3</b>	3	6	9	12	15
<b>Minor - 2</b>	2	4	6	8	10
<b>Negligible - 1</b>	1	2	3	4	5

## Hywel Dda UHB - Risk Assessment Form

<b>Current impact</b>	5	<b>× Current likelihood</b>	4	<b>= Current risk rating</b>	20
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### Rationale of current risk score

Please provide the reason/justification for the **current** risk score provided above

**Ceredigion:** There is no permanent accommodation for the People Development Service in Ceredigion. The service currently utilise space managed by Medical Education and Health & Safety. The space available with Medical Education (Post Grad Centre) has become increasingly limited therefore the service has sought access (albeit limited) to a space managed by Health & Safety (Rhiedol Building). The Rheidol Building has now been put up for sale by the landlord leaving the People Development Service with no access to training venues from the date a property transfer is agreed (unknown at present). Corporate Induction and mandatory training will halt in Ceredigion (date to be confirmed).

**Pembrokeshire:** Linked to Datix numbers 24163 & 32905, the building has already been identified as presenting a risk of harm/injury and to the retention of new employees due to rodent infestation and poor building conditions which is used for induction and clinical training. Furthermore, there is a risk that the continued deterioration of the building may result in sudden closure of the building, for which we are not prepared for. There are also suggestions that there is a long-term clinical plan for a full repurpose, although not involved in these discussions. In addition, our service has outgrown the current provision and prevents our ability to deliver the number of acute and community clinical inductions required.

**Carmarthen:** Whilst a training room has been provided to the Manual Handling training team within Glien House, the size of the room has reduced course capacity. This venue supports training for two of our hospitals and has seen staff diverted from Ceredigion and Pembrokeshire to Carmarthen due to lack of provision. Therefore, this site experiences demand that outweighs supply. Last week, WF&OD were advised the long-term solution at the new Carmarthen Hwb and Pentre Awel can only be utilised at a cost to the Health Board, for which the service has no allocated budget. Additionally, there is no assurance at this point that the partner Universities can lease the space at the frequency required by our service. The HB are also leasing Building 2 from the local authority for OSCE delivery.

To summarise:

To date short-term solutions have been provided, which include university and council accommodation, however these are not viable, and many are not fit for purpose. Short-term solutions have required the service to either halt training to transport training equipment to alternative sites and/or authorise overtime for staff and external transport services to move necessary training kit on weekends. The training equipment used includes beds, hoists and other large equipment that usually require recalibration after each move, leading to delayed training.

There have been patient-related incidents that have arisen as a direct consequence of a lack of training. Whilst the additional training needs have been identified, the service does not have sufficient training venues to provide this training. There is a high probability that there could be further patient harm, possibly death, as a result.

The UHB currently provide mandatory training i.e. BLS/ILS & PILS training across all 4 sites. The difficulty has been to have a consistent, large enough venue to not only keep equipment but also provide an environment conducive to a high level of teaching. There have been instances of accommodation having infestation and deterioration of the building (Bro Cerwen, Pembrokeshire).

There have been staff complaints regarding the training accommodation used and there is a risk of complaint from patients and/or families if staff continue to use patient designated space for training.

<b>Risk Matrix</b>	<b>Likelihood →</b>				
<b>Impact ↓</b>	<b>Rare - 1</b>	<b>Unlikely - 2</b>	<b>Possible - 3</b>	<b>Likely - 4</b>	<b>Almost certain - 5</b>
<b>Catastrophic - 5</b>	5	10	15	20	25
<b>Major - 4</b>	4	8	12	16	20
<b>Moderate - 3</b>	3	6	9	12	15
<b>Minor - 2</b>	2	4	6	8	10
<b>Negligible - 1</b>	1	2	3	4	5



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Estates have engaged with Shared Services to undertake a scoping exercise within the Aberystwyth area for the training need (initially manual handling). Unfortunately, this exercise so far has turned up very little in the way of leasehold accommodation within the locality. The Science Park unit could have been a viable option but unfortunately it was taken off the market shortly after the visit.

### Risk Decision

Tolerate, Treat, Transfer or Terminate

[\(Full definitions available in glossary below\)](#)

Treat

### Target Risk Score (Impact x Likelihood = Risk Score)

Using the risk matrix, identify the **target** risk rating. This is the risk score you are trying to achieve when the actions are put in place.

Target impact		× Target likelihood		= Target risk rating	
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Risk themes (select all that are applicable):	Patient Safety Quality Workforce	Estates Select theme. Select theme.
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### Risk Review & Monitoring

Identify the Lead Assurance Committee or Sub-Committee this risk should be reported to:	Operational Quality, Safety and Experience Sub Committee		
Identify the local management group this risk should be monitored at:	WF&OD Core Leadership Team		
Is this risk to be entered onto your service risk register in Datix?	Yes	Frequency of review (based on Current Risk Score):	Extreme Risk (15-25) = Monthly

### Risk Action Plan - Please specify actions that address the cause of the risk. These should be clear and concise.

(Please note this section is not visible until your risk has been saved to Datix).

Actions must be SMART: Specific, Measurable, Achievable, Relevant/Realistic and Time-bound. Add as many actions as necessary to achieve your target risk score.	By whom	By when
1. Estates to contact the University to establish exactly how far they are with the disposal of the Rheidol accommodation in Ceredigion and if they have any alternative options even if it is only a stop gap solution.	Stuart Irwin (Senior Estates Officer)	To be agreed
2. To refurbish the Conference Centre at Withybush General Hospital	Stuart Irwin (Senior Estates Officer)	To be agreed
3. Secure suitable long-term premises in Carmarthen for patient handling and clinical skills training which provides suitable floor space to increase course capacity.	Stuart Irwin (Senior Estates Officer)	To be agreed
4. To develop a Health Board wide long-term strategy to manage the provision of training	Stuart Irwin (Senior Estates Officer)	To be agreed

Risk Matrix	Likelihood →				
Impact ↓	Rare - 1	Unlikely - 2	Possible - 3	Likely - 4	Almost certain - 5
Catastrophic - 5	5	10	15	20	25
Major - 4	4	8	12	16	20
Moderate - 3	3	6	9	12	15
Minor - 2	2	4	6	8	10
Negligible - 1	1	2	3	4	5



## Hywel Dda UHB - Risk Assessment Form

### Status of Risk

<p>All risks are automatically added at <b>Service Level</b>.</p> <p><b>Directorate Level</b> risks must be approved by your Directorate lead.</p> <p>If you would like to add/escalate a risk to <b>Corporate Level</b> please contact the <a href="#">Head of Assurance &amp; Risk</a>.</p>	Directorate Level
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### Glossary

<b>Terminate</b>	<p>i.e., Suspend the risk situation/activity.</p> <p><b>Some risks will only be treatable, or containable to acceptable levels, by stopping the activity. It should be noted that this option is severely limited in the public sector as the activity may be a statutory requirement or stopping the activity would give rise to a higher risk.</b></p> <p>The Executive Risk Owner must approve the termination of risks within their area of responsibility, and these will be reported to the Executive Risk Group and through the Board and its Committees.</p>
<b>Tolerate</b>	<p>i.e., accept the risk.</p> <p><b>Risk exposure may be tolerated without any further action being taken, even if it is higher than the level the organisation would choose to accept. Where the ability to do anything about certain risks may be limited or the cost of taking any further action may be disproportionate to the potential benefit gained, the response should be to manage the risk to as low as reasonably practicable (ALARP), then tolerate the risk. This option can also be supplemented by contingency planning for handling the consequences that may arise if the risk is realised. By tolerating the risk, this demonstrates the organisations' readiness to bear the risk after treatment.</b></p> <p>Where the status of the risk is to tolerate, the risk must be monitored and reviewed by the risk owner as per Health Board review guidance. The Executive Risk Owner must approve the tolerance of risks within their area of responsibility, and these will be reported to the Executive Risk Group and through the Board and its Committees.</p>
<b>Transfer</b>	<p>i.e., transfer responsibility.</p> <p><b>It may be possible to transfer the risk to another party either by insurance or contractual agreement, or some other means of sharing the risk. It is worth noting that a risk can never be fully transferred, and whatever the intention of the parties, the risk to the Health Board of any transfer arrangement should be risk assessed. This option is rarely possible in the NHS.</b></p> <p>The Executive Risk Owner must approve the transfer of risks within their area of responsibility, and these will be reported to the Executive Risk Group and through the Board and its Committees.</p>
<b>Treat</b>	<p>i.e., reduce or remove the risk.</p> <p><b>The purpose of treating a risk, is that whilst continuing the activity giving rise to the risk, action is taken to reduce the risk to an acceptable level by addressing its cause and mitigating its potential impacts.</b></p> <p>The Health Board has acceptable risk tolerance levels for different types of risks, and these are determined by the Board. Risk owners should continue to treat the risk to bring within</p>

Risk Matrix	Likelihood →				
Impact ↓	Rare - 1	Unlikely - 2	Possible - 3	Likely - 4	Almost certain - 5
Catastrophic - 5	5	10	15	20	25
Major - 4	4	8	12	16	20
Moderate - 3	3	6	9	12	15
Minor - 2	2	4	6	8	10
Negligible - 1	1	2	3	4	5

Hywel Dda UHB - Risk Assessment Form

	tolerance where possible. If the target risk score exceeds the tolerance level, then this will need to be agreed by the relevant Executive Risk Owner. Most risks should be addressed in this way before any other course of action should be considered.
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Risk Matrix	Likelihood →				
Impact ↓	Rare - 1	Unlikely - 2	Possible - 3	Likely - 4	Almost certain – 5
Catastrophic - 5	5	10	15	20	25
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