



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



|  |   |                          |                                     |                          |
|--|---|--------------------------|-------------------------------------|--------------------------|
| <b>Meeting Date</b>                                      | <b>04 April 2023</b>  | <b>Agenda Item</b>       | <b>2.1</b>                          |                          |
| <b>Report Title</b>                                      | <b>Health &amp; Safety Risk Register (HBRR) Report</b>  |                          |                                     |                          |
| <b>Report Author</b>                                     | Neil Thomas, Assistant Head of Risk & Assurance   |                          |                                     |                          |
| <b>Report Sponsor</b>                                    | Hazel Lloyd, Interim Director of Corporate Governance   |                          |                                     |                          |
| <b>Presented by</b>                                      | Neil Thomas, Assistant Head of Risk & Assurance   |                          |                                     |                          |
| <b>Freedom of Information</b>                            | Open  |                          |                                     |                          |
| <b>Purpose of the Report</b>                             | The purpose of this report is to inform the Health & Safety Committee of the risks within the Health Board Risk Register (HBRR) assigned to the Health & Safety Committee. The report also includes an analysis of the operational risks associated with the Health & Safety Committee as recorded within service group & directorate risk registers.   |                          |                                     |                          |
| <b>Key Issues</b>  | <ul style="list-style-type: none"> <li>• The Health Board Risk Register extract was last presented to the Committee in January 2023. Since then risks have been subject to Executive review and update.</li> <li>• No new risks have been allocated to the HSC for oversight. Three risks are assigned to the Health &amp; Safety Committee for oversight: <ul style="list-style-type: none"> <li>○ 13 – Environment of Premises</li> <li>○ 41 – Fire Safety Compliance</li> <li>○ 64 – Health &amp; Safety infrastructure</li> </ul> </li> <li>• Additionally, there is one risk assigned to another Committee for oversight, but presented to this Committee for information: <ul style="list-style-type: none"> <li>○ 36 – Storage of Paper Records</li> </ul> </li> </ul> |                          |                                     |                          |
| <b>Specific Action Required (please choose one only)</b> | <b>Information</b>  | <b>Discussion</b>        | <b>Assurance</b>                    | <b>Approval</b>          |
|  | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Recommendations</b>                                   | Members are asked to: <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update on Health Board Risk Register (HBRR) risks assigned to the Health &amp; Safety Committee and actions taken to mitigate them.</li> <li>• <b>REVIEW</b> the risks currently exceeding the Board's stated appetite levels and the associated actions and timescales identified, and consider whether further action / assurance is required in respect of any risks presented.</li> </ul>  |                          |                                     |                          |

# HEALTH & SAFETY RISK REGISTER (HBRR) REPORT

## 1. INTRODUCTION

The purpose of this report is to inform the Health & Safety Committee of the risks from the Health Board Risk Register (HBRR) assigned to the Health & Safety Committee. The report also includes an analysis of the operational risks associated with the Health & Safety Committee recorded within service group & directorate risk registers.

## 2. BACKGROUND

### 2.1 Risk Management Framework

The Audit Committee is responsible for reviewing the establishment and maintenance of an effective system of risk management and providing assurance to the Board in that respect. While this is the case, individual risks have been assigned to other Board committees for more detailed scrutiny and assurance. The intention is that committee work programmes are aligned so that progress made to address key risks is reviewed in depth. Regular HBRR update reports are submitted to the Board and the committees of the Board to support this.

Executive Directors are responsible for managing risk within their area of responsibility. The Management Board, chaired by the Chief Executive, oversees the overall operation of the risk management framework and the management of risks within the health board risk register.

Risk Register management is supported by a Risk Management Group (RMG) which meets quarterly and is responsible for overseeing the operational management of risk, ensuring local systems and processes are in place and are operating effectively to ensure appropriate reporting and escalation. The Group last met in January 2023.

Additionally, a Risk Scrutiny Panel is responsible for ensuring there is an appropriate and robust risk management system in place and working throughout the organisation. It is responsible for moderating new risks and risks escalated to the Health Board Risk Register (HBRR) and Board Assurance Framework (BAF) and recommending and advising the Management Board on the escalation and de-escalation of risks. The Panel last met in March 2023.

### 2.2 Risk Appetite

Risk appetite and tolerance provide clarification on the level of risk the Board is prepared to accept.

The health board approved a risk appetite statement in November, setting out a new approach to expressing the level of risk the Board is prepared to accept in pursuit of its objectives, according to the categorization of risk. In the context of the financial challenges facing the Health Board, the risk appetite adopted for most risk categories is described as '*seeking*', indicating that risks assessed to be at or above a risk level of 20 will be overseen by the committees of the Board as a minimum on a quarterly basis. However, for the category of *compliance risks* where the risk relates to laws, regulations and standards directing the delivery of safe, high quality care, or the health and safety of the staff and public, an '*open*' appetite will be adopted, requiring

risks scoring 16 or above to be overseen at committee level. The mechanism for reporting risk is developing to support this for board and committee updates.

### 2.3 Health Board Risk Register (HBRR)

The Health Board Risk Register (HBRR) is intended to summarise the greatest organisational risks facing the Health Board and the actions being taken to mitigate them.

Each Health Board risk has a lead Executive Director who is responsible for ensuring there are mechanisms in place for identifying, managing and alerting the Board to significant risks within their areas of responsibility through regular, timely and accurate reports to the Management Board/Executive Team, relevant Board Committees and the Board.

## 3. MANAGEMENT OF HEALTH & SAFETY RISKS

### 3.1 Action to Update the HBRR

Health Board risk register entries are circulated to lead Executive Directors monthly for review and update where required. A consolidated, updated register is circulated to the Executive Team for agreement and final version issued. The February 2023 HBRR provides the data on which this report is based – the relevant risk extracts are attached at **Appendix 1**. Key changes made in the most recent monthly update are highlighted in red font.

### 3.2 HBRR Health & Safety Risks

Three risks have been assigned to the Health & Safety Committee for oversight. No new risks have been added since the last meeting however one risk has increased (HBR13) and another decreased (HBR64).

Each of the three risks assigned to the Committee have a score of 16 and as such exceed the Board’s appetite for *Compliance* risks (this was agreed to be an ‘Open’ appetite, the tolerance threshold of which is a risk score of 16). Each has a target set below the appetite tolerance level and actions in place to address them further.

Details follow within the tables below, highlighting management updates made to these risks following the last meeting:

| Risk 13<br>(Datix ref 841)   | Exec Lead                         | Current Rating | Target Rating | Change |
|--|-----------------------------------|----------------|---------------|--------|
| <b>Environment of Premises</b><br>Risk relates to compliance in terms of appropriate accommodation in line with Health and Safety Regulations.   | Director of Finance & Performance | 16<br>(was 12) | 12            | ↑      |
| <b>Update</b><br>Score has increased following consideration of findings of the 6 FACET survey commissioned by the health board, which has highlighted key areas around compliance that require significant investment to address. |                                   |                |               |        |

In response, an Estates Strategy has been developed and presented to Board Independent Members in January 2023.

A first Task and Finish Group meeting chaired by the Health Board Vice Chair met on 22<sup>nd</sup> February 2023. There is ongoing dialogue with the PCT Service Group on structures, with further reviews in Q4.

Further Actions:

- A review is currently taking place of current PCST structures and governance arrangements for estates and H&S to cover key compliances and escalation processes [30/03/2023].
- A Task & Finish Group to be established to further develop with a target of submitting a final, scrutinised Estates Strategy to the Board in May 2023. The Health Board has DCP's in the strategy and will assist in the overall condition and compliance of the estate. However, this will be over the next 10 years at least. [10/05/2023 ahead of Board meeting on 25/05/2023]

| Risk 41<br>(Datix ref 1567)   | Exec Lead                         | Current Rating | Target Rating | Change |
|---|-----------------------------------|----------------|---------------|--------|
| <p><b><u>Fire Safety Regulation Compliance</u></b><br/>Uncertain position in regard to the appropriateness of the cladding applied to Singleton Hospital in particular (as a high rise block) in respect of its compliance with fire safety regulations.</p>  | Director of Finance & Performance | 16             | 9             | →      |
| <p><b>Update</b><br/>The risk rating, actions and target remain the same:</p> <ul style="list-style-type: none"> <li>• Change in fire evacuation plans and alarm and detection cause and effect (01/11/2023)</li> <li>• Replacing the existing cladding and insulation with alternative specifications and inserting 30-minute fire cavity barriers where appropriate (28/02/2024)</li> </ul> <p>The cladding programme continues, still scheduled for completion March 2024, with no change to risk score.</p> |                                   |                |               |        |

| Risk 64<br>(Datix ref 2159)  | Exec Lead                         | Current Rating | Target Rating | Change |
|--|-----------------------------------|----------------|---------------|--------|
| <p><b><u>Health and Safety Infrastructure</u></b><br/>Insufficient resource and capacity of the health, safety and fire function to maintain legislative and regulatory compliance for the workforce and for the sites across SBUHB.</p> | Director of Finance & Performance | 16<br>(was 20) | 12            | ↓      |

### Update

It has been agreed to identify posts to progress recruitment on a phased approach over the next 12/24 months. This will be dependent upon availability of funding. (Target updated to 30/03/2024 recognising the ongoing consideration of opportunities).

Health & Safety and Manual Handling posts commenced in January 2023. One Fire Officer left at the end of that month also.

The Committee should ensure that its agenda enables the scrutiny and challenge of actions being taken to address the risks, and supports the reporting of assurance to the Board accordingly.

Additionally, there is one risk allocated for scrutiny to another Committee, but included within the risk register extract for information of the Health & Safety Committee due to the relevance of elements of the risk:

| HBRR Ref | Risk Detail  | Current Risk Score | Assuring Committee       |
|----------|--|--------------------|--------------------------|
| 36       | <b>Paper Record Storage</b><br>Lack of a single electronic record means there is greater reliance on the provision of the paper record. If we fail to provide adequate storage facilities for paper records, then this will impact on the availability of patient records at the point of care. Quality of the paper record may also be reduced if there is poor records management in some wards. There is an increased fire risk where medical records are stored outside of the medical record libraries. | 16                 | Workforce & OD Committee |

## 3.2 Operational Health & Safety Risks

Operational risks relating to health & safety within Service Groups and Directorates should be recorded within their operational risk registers. Services can escalate health & safety risks for consideration for inclusion on the HBRR via the Risk Scrutiny Panel, Risk Management Group or directly via discussion with Executive Directors. The tables below summarise the operational risks by Service Group / Directorate and risk category:

Figure 1 - Operational H&S Risks by Service Group/Directorate and Risk Category

| Services \ Risk Types                              | Risk Category |             |       |      |             |                 |              |          |        |                 |       | Grand Total |
|--|---------------|-------------|-------|------|-------------|-----------------|--------------|----------|--------|-----------------|-------|-------------|
|  | COSHH         | Environment | Falls | Fire | Legislation | Manual Handling | Safeguarding | Security | Sharps | Staff Shortages | V & A |             |
| Mental Health and Learning Disabilities            |               |             | 1     | 2    |             |                 |              | 1        |        |                 | 4     | 8           |
| Morrison Hospital Service Group                    | 4             | 2           | 1     | 2    |             | 1               |              |          | 2      | 1               | 5     | 18          |
| Neath Port Talbot Singleton Hospital Service Group | 1             | 3           | 1     | 4    | 1           | 4               | 1            |          |        |                 | 4     | 19          |
| Primary and Community Services                     |               |             |       | 1    |             |                 |              |          |        |                 | 2     | 3           |
| Nursing & Patient Experience                       |               |             |       | 1    |             |                 |              |          |        |                 | 1     | 1           |
| Operations   |               | 1           |       | 1    | 1           |                 |              | 1        |        |                 | 1     | 5           |
| EMRTS  |               |             |       |      |             | 1               |              |          |        |                 |       | 1           |
| Grand Total  | 5             | 6           | 3     | 11   | 2           | 6               | 1            | 2        | 2      | 1               | 16    | 55          |

There is a small reduction in the net number of risks open since the previous report (58→55).

The top 5 health & safety risk themes remain the same as follows:

Figure 2 – Top 5 Health & Safety Risk Categories<sup>1</sup>

| H&S Risk Category     | Number of Risks |
|-----------------------|-----------------|
| Violence & Aggression | 16              |
| Fire                  | 11              |
| Environment           | 6               |
| Manual Handling       | 6               |
| COSHH                 | 5               |

## 4. GOVERNANCE & RISK

### 4.1 Risk Appetite & Tolerance Levels

As noted earlier, the health board approved a risk appetite statement in November 2022, setting out a new approach to expressing the level of risk the Board is prepared to accept in pursuit of its objectives, according to the categorization of risk. In the context of the financial challenges facing the Health Board, the risk appetite adopted for most risk categories is described as ‘*seeking*’, indicating that risks assessed to be at or above a risk level of 20 will be overseen by the committees of the Board as a minimum on a quarterly basis. However, for the category of *compliance risks* where the risk relates to laws, regulations and standards directing the delivery of safe, high quality care, or the health and safety of the staff and public, an ‘*open*’ appetite will be adopted, requiring risks scoring 16 or above to be overseen at committee level.

Each of the HBRR risks within this report have exceeded the tolerance threshold for *Compliance* risks.

## 5. FINANCIAL IMPLICATIONS

There are financial implications to minimising the risks entered on the HBRR in relation to significant revenue implication around strengthening resources in the Health Board, Service Groups and Departments. Capital monies may also be required in relation to supporting the improvements required to improve and where this is the case further detail is provided in the individual entries on the HBRR.

## 6. RECOMMENDATION

Members are asked to:

- **NOTE** the update on Health Board Risk Register (HBRR) risks assigned to the Health & Safety Committee and actions taken to mitigate them.
- **REVIEW** the risks currently exceeding the Board’s stated appetite levels and the associated actions and timescales identified, and consider whether further action / assurance is required in respect of any risks presented.

| <b>Governance and Assurance</b>  |   |                                     |
|--|---|-------------------------------------|
| <b>Link to Enabling Objectives</b><br><i>(please choose)</i>   | <b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b> |                                     |
|  | Partnerships for Improving Health and Wellbeing   | <input checked="" type="checkbox"/> |
|  | Co-Production and Health Literacy   | <input checked="" type="checkbox"/> |
|  | Digitally Enabled Health and Wellbeing  | <input checked="" type="checkbox"/> |
|  | <b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>         |                                     |
|  | Best Value Outcomes and High Quality Care   | <input checked="" type="checkbox"/> |
|  | Partnerships for Care   | <input checked="" type="checkbox"/> |
|  | Excellent Staff   | <input checked="" type="checkbox"/> |
|  | Digitally Enabled Care  | <input checked="" type="checkbox"/> |
|  | Outstanding Research, Innovation, Education and Learning  | <input checked="" type="checkbox"/> |
| <b>Health and Care Standards</b>   |   |                                     |
| <i>(please choose)</i>   | Staying Healthy   | <input checked="" type="checkbox"/> |
|  | Safe Care   | <input checked="" type="checkbox"/> |
|  | Effective Care  | <input checked="" type="checkbox"/> |
|  | Dignified Care  | <input checked="" type="checkbox"/> |
|  | Timely Care   | <input checked="" type="checkbox"/> |
|  | Individual Care   | <input checked="" type="checkbox"/> |
|  | Staff and Resources   | <input checked="" type="checkbox"/> |
| <b>Quality, Safety and Patient Experience</b>  |   |                                     |
| <p>Ensuring the organisation has robust risk management arrangements in place that ensure organisational risks are captured, assessed and mitigating actions are taken, is a key requisite to ensuring the quality, safety &amp; experience of patients receiving care and staff working in the UHB. Patients are potentially exposed to health and safety risks. Systems to manage those risks must be patient centred; as an example understanding each patients trigger for violence and aggression will protect both staff and patients.</p> |   |                                     |
| <b>Financial Implications</b>  |   |                                     |
| <p>The risks outlined within this report have resource implications which are being addressed by the respective Executive Director leads and taken into consideration as part of the Board's risk management processes.</p>  |   |                                     |
| <b>Legal Implications (including equality and diversity assessment)</b>  |   |                                     |
| <p>It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks faced by the organisation, as failure to do so could have legal implications for the UHB. Health and safety law compliance, avoidance or mitigation of claims, effective use of staff and training resources etc.</p>   |   |                                     |
| <b>Staffing Implications</b>   |   |                                     |
| <p>All staff have a responsibility for promoting risk management, adhering to SBUHB policies and have a personal responsibility for patients' safety as well as their own and colleague's health and safety. Executive Directors/Unit Directors are requested to review their existing operational risks on Datix Risk Module to ensure SBUHB has an accurate and up to date risk profile.</p>   |   |                                     |
| <b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>  |   |                                     |
| <p>The HBRR sets out the framework for how SBUHB will make an assessment of existing and future emerging risks, and how it will plan to manage and prepare for those risks.</p>  |   |                                     |
| <b>Report History</b>  | N/A   |                                     |
| <b>Appendices</b>  | Appendix 1 – Health Board Risk Register extract   |                                     |