

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Date expected to achieve target risk score	Detailed Risk Decision	Review date
2244	Community & Integrated Medicine	Pembrokeshire Integrated System	Withybush General Hospital: WGH	Carruthers, Andrew	Skitt, Peter	Svetz, Jess	Johns, Helen	1-Oct-25	<p>There is a risk of inpatient beds at Withybush General Hospital (WGH) becoming unusable</p> <p>This is caused by water ingress from the roof and concrete panels, resulting in leaks affecting patient bed areas.</p> <p>This will lead to an impact/affect on This will lead to an impact/effect on bed capacity, disruption to patient care and patients access to the correct pathways,</p> <p>Potential delays in patient care/ treatments due to reduction in inpatient capacity and/or unpredicted emergency movements of patients.</p> <p>Increased risk of overcrowding in the Emergency Department, potential safety hazards within clinical environment.</p> <p>Increased operational pressures on the health board, patients, and staff if the risk materialises.</p> <p>Risk location, Withybush General Hospital.</p>	<p>When water ingress occurs, the situation is assessed promptly by estates and management.</p> <p>Patients are moved to a safe area to avoid potential hazards, including falling or saturated ceiling tiles.</p> <p>Estates have implemented temporary measures in the attic space to divert water into buckets for containment.</p> <p>Affected bed areas, and in some cases entire bays, are closed, with patents and staff relocated to another ward or suitable area where capacity allows.</p> <p>Vigilance of staff to identify early signs of water ingress and escalate to estates and management team.</p>	Safety - Patient, Staff or Public	4	5	20	<p>The current risk score of 20 reflects that, although several control measures are in place-such as prompt assessment, relocation of patients to safe areas, temporary containment measures, and staff vigilance -there are still significant limitations that prevent the likelihood of harm from being reduced further.</p> <p>Key gaps remain, including limited availability of alternative patient spaces and potential staff constraints, which affect the consistency and effectiveness of the response when water ingress occurs. As a result, the likelihood of the risk materialising is reduced from its inherent level but remains high, while the potential impact on patient safety and service delivery remains severe. Therefore, the current controls lower the risk but do not sufficiently mitigate it to achieve a lower score.</p>	<p>Ensure areas are identified throughout WGH that could support inpatient capacity in the event of patients needing to be moved from ward / bay areas.</p> <p>Replace affected roof areas</p>	<p>Hawkings, David</p> <p>31/12/2026</p> <p>Chiffi, Simon</p> <p>31/03/2028</p>	<p>Ensure all of the clinical site team are completing this action.</p> <p>Estates have submitted through Welsh Government to replace most affected areas.</p>	Health and Safety Committee	2	2	4	<p>Full repair of the roof would completely stop all leaks coming from that source, but we may continue to have leaks that a driven in dependant on wind direction due to the concrete panels.</p>	3/31/2028	Treat	3-Feb-26	

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2211	Estates & Facilities	Estates & Facilities	E&F: Pembrokehire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	5-Nov-25	<p>There is a risk of closure of wards and departments due to the failing roof structure. Water, in its current state, is entering into the building through material failure.</p> <p>This is caused by the structure of the roof (constructed of concrete tiles which, due to wear and tear/age are becoming porous and allowing water ingress) and lack of funding to replace the roof.</p> <p>This will lead to an impact/affect on a potential injury or possible death if enough water penetrated the existing RAAC panels below causing sudden collapse of planks were to occur within an occupied area of the hospital. Other impacts include closure of large areas of the hospital due to ceiling collapse, Datix incidents negative media coverage, and loss of confidence from stakeholders.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Process in place to monitor any water ingress on failing roof systems and promptly take any remedial works necessary</p> <p>Small sections of roof have undergone repair / replacement but porous tiles remain the issue</p> <p>Specialist structural engineers (Curtin's) engaged to undertake addition inspection of RAAC planks directly affected by water leaks.</p> <p>The WGH roof is in the first batch of 3 projects in the MIIP programme with Welsh government, targeted spring 2027.</p>	Business objectives/projects	4	5	20	<p>Risk remains extreme despite some controls in place.</p> <p>Surveys have been completed the roof forms part of major capital expenditure from welsh government through the MIIP programme.</p> <p>Funding will be required to replace whole roof and fully mitigate the risk.</p>	<p>targeted leak prevention,</p> <p>major capital team project to replace the most affected areas through welsh government MIIP programme</p> <p>develop CAFM planned maintenance for weekly inspection of known leak areas and carry out first aid response</p> <p>engage with roofing contractors to perform localised water sealing around steel columns</p> <p>Review of RAAC panels around leaking areas</p>	Arnold, Malcolm	Completed	<p>ongoing targeted leak prevention</p> <p>WGH roof remains one of 3 items listed for the welsh government MIIP programme. Structural engineers/ designers capital team surveys have been completed, project start date to be confirmed.</p> <p>completed</p> <p>ongoing identification and locally sealing by Wales roof solutions.</p> <p>Curtains structural engineers have attended site and reviewed known leaking areas exposed to the RAAC. Curtains have confirmed there has been no degradation to the RAAC panels. however have expressed their concern on the risks of continued leaks onto the RAAC roofs with the potential catastrophic failure if water is aloud to penetrate the RAAC panels</p>	Health and Safety Committee	1	5	5	Capital funding from welsh government MIIP programme to Target localised Leaking areas only, Capital funding to replace the full roof covering required to fully mitigate this risk	3/31/2028	Treat	14-Jan-26

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1864	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	10-Jun-24	<p>There is a risk of injury/entrapment of patients, staff and the general public as well as interruption to services/site, due to automated door failure throughout PPH.</p> <p>This is caused by defective or non-existent safety mechanisms which are required for safe operation of the automatic doors.</p> <p>This will lead to an impact/affect on patients, staff and visitors if injury/entrapment occurred due to the failure of the automated doors. Closure of services/site if doors became inaccessible. Risk to Health Board finances as automated doors do not currently comply with safety standards/current regulations. Adverse impact on Health Board's reputation if a patient safety incident occurred resulting in increased numbers of claims/complaints.</p> <p>Risk location, Prince Philip Hospital.</p>	Contract is in place to provide regular maintenance to automated doors throughout PPH site.	Safety - Patient, Staff or Public	4	4	16	Current risk score is high as despite the automated doors undergoing regular planned maintenance, the risk of staff, patient or visitor harm remains as the doors are non compliant with current safety standards due to defective or non-existent safety mechanisms which are required for safe operation. Capital bid has been submitted for safety devices, capital bid to be submitted as part of security risks highlighted by Head of Nursing.	Capital Bid submitted on 12.06.2024	Evans, Stewart	03/01/2026	Awaiting approval of Capital Bid	Health and Safety Committee	1	4	4	Funding required. Former capital bid rejected.	1/31/2028		30-Jan-26

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1263	Estates & Facilities	Estates & Facilities	E&F: Pembrokehire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	24-Oct-17	<p>There is a risk of to patient and staff safety.</p> <p>This is caused by areas that are frequented by pigeons which is becoming very messy with droppings and carcasses of dead birds. Operational constraints with ongoing contractors refusing to work on equipment that is covered with droppings and a cost to trap and despatch birds only to be inundated with fresh supplies.</p> <p>This will lead to an impact/affect on closures of departments and infection increases such as happened in a Scottish Hospital. Potential serious harm to patients which in severe cases could lead to death. Potential Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) incident and HSE investigation.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Netting placed over multiple areas within the Health Board, preventing the roosting of birds in these areas.</p> <p>Continuous cleaning of known areas.</p> <p>Vermin mesh screens are placed within the ventilation duct entrances.</p> <p>Routine humane trapping taking place 3 to 4 times a year.</p> <p>Bi-monthly Ventilation Safety Group and monthly Ventilation Sub Group.</p>	Safety - Patient, Staff or Public	4	4	16	<p>This is an extreme scoring risk due to the high risk of transferable disease (reported deaths due to wild birds roosting in ventilation systems).</p> <p>An increased numbers of complaints received (Datix) during the year from staff and visitors due to dead carcasses, or pigeon mess, covering Critical plant, pathways and entrances.</p> <p>Contractors are still refusing to work on machines due to droppings. Estates are required to clean which is a health & safety hazard. External companies are required to remove due to known hazards.</p>	<p>develop Capital bid to provide bird mesh covering over external external critical ventilation plant</p> <p>Develop SLA with external pest control company for ongoing humane trapping and disposal.</p>	Arnold, Malcolm	31/03/2024-31/05/2024-30/03/2025-30/09/2025-31/01/2026-30/09/2026	<p>Costs have been received and a Capital bid is to be submitted. Ongoing. update 26/03/2025 Various plant have had covering completed. an number of critical ventilation plant still require netting to prevent roosting. costs to be established</p> <p>This Item has been added to the all Wales Rentokil contract.</p>	Health and Safety Committee	2	4	8	Risk can never be fully mitigated due to inability to prevent wild birds from roosting.	3/31/2030	Treat	4-Feb-26

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1934	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	1-Oct-24	<p>There is a risk of enforcement from the Fire service for non-compliance of the building structure.</p> <p>This is caused by Aged and non-compliant building.</p> <p>This will lead to an impact/affect on services and health and safety of the building and it's occupants.</p> <p>Risk location, Health Board wide.</p>	PPM (Planned Preventative Maintenance)/Training for staff to maintain building fabric of what is currently installed on site.	Safety - Patient, Staff or Public	4	4	16	Score remains extreme, despite some controls in place, as these are insufficient to mitigate the risk. Possible enforcement action if funding is not allocated.	<p>On-going Capital Bids are required as the Fire Service visit and issue LoFSM.</p> <p>Estates Manager has requested a meeting with the AE to verify existing drawings and to work out a new fit for purpose fire strategy plan for PPH.</p> <p>Capital Funding Refused for the following Fire Doors: â—Bryngofal - door 690, door from main corridor to command area and the cut door in the medical infirmary. â—Residential blocks (2 to 7) - a number of flat / bedroom doors within these residences (for this action refer to point 1 fire door survey)</p> <p>Need to review in conjunction with other priorities.</p>	Evans, Stewart	31/03/2026	Ongoing.	Health and Safety Committee	2	4	8	Target risk score can be achieved if funding were allocated and revised Fire Strategy implemented (this will be ongoing as Shared Services sign off the revised Fire Strategy).	3/31/2027	Treat	5-Jan-26

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1909	Estates & Facilities	Estates & Facilities	E&F: Pembrokehire	Severs, James	Chiffi, Simon	Chiffi, Simon	Day, Simon	21-Nov-24	<p>There is a risk of of harm to patients, staff and visitors at Winch lane surgery.</p> <p>This is caused by the deterioration to the building fabric and roof structure where both gable ends have severe rot causing the roof to dip. There is a potential for large pieces of roof to break off and/or collapse. This area is open to the public. The fabric of the building has signs of cracks possible from water ingress/subsidence.</p> <p>This will lead to an impact/affect on a potential injury or possible death if a sudden collapse of the roof were to occur within an occupied area of the Health Centre. Other impacts include closure of the service, breaches in statutory duties, negative media coverage, and lose of confidence from stakeholders.</p> <p>Risk location, Haverfordwest Health Centre.</p>	Gable ends have been fenced off from public access.	Service/Business interruption/disruption	3	5	15	The Health Board has engaged a specialist structural engineer to inspect both the building fabric and roof covering. Areas of severe roof degradation have been sectioned off from access by public to mitigate the risk of harm but until funding is received to enact the required repairs, the risk of harm to patients, staff and visitors remains extreme. As of August 2025 no response has been received following the submission of the capital bid.	Repair winch lane roof when capital funds made available.	Arnold, Malcolm	30/09/2025-31/03/2026 30/09/2026	As of September 2025, no response from Capital Bid submission. FEB 2026 NFP	Health and Safety Committee	1	2	2	Capital funding and ongoing planned maintenance will reduce this risk to the target risk score.	6/30/2027	Treat	4-Feb-26

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951	Estates & Facilities	Estates & Facilities	E&F: Pembrookshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	1-Feb-17	<p>There is a risk of avoidable harm to staff and patients in the event of a fire at WGH.</p> <p>This is caused by the Fire Alarm system not correctly reporting when the system is in Fire, due to the incomplete set up during the commissioning of the system at its implementation. Any fire will be detected but the report sent to the Panel Indication may not be correct and therefore there could be a delay in the appropriate/correct response.</p> <p>This will lead to an impact/affect on possible injuries or fatalities if a fire occurs. Possible enforcement or prosecution. Major disruptions to the delivery of essential services. Adverse publicity/reduction in stakeholder confidence.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Currently we have Verified all detectors and identified where all interfaces are positioned. We have verified position of all power supplies for doors and Dampers and following on from zone verification this can be completed and sent for programming.</p> <p>Verification of loops and detectors have been completed.</p> <p>Fire alarm contractors have updated the 'cause and affect' system, and ongoing system verifications are taking place.</p>	Safety - Patient, Staff or Public	3	4	12	<p>Fire alarm contractors have updated the 'cause and affect' system, and ongoing system verifications are taking place. This will be undertaken in conjunction with the Capital fire improvement works. Current risk score remains high as there are still gaps in cover.</p>	<p>Implement phase of works to bring all computer graphics up to date with the units connected to the Fire Alarm system, including elements of alterations to get the system to work in the new Zones.</p> <p>Implement new Cause and effect. Further work required to identify short falls and errors in cause and effect. all works listed on RPS report. costs established and funding agreed through phase two fire improvements</p> <p>FSC Autronica are in process of rewriting new 'cause and affect' scheme.</p>	Arnold, Malcolm	Completed	<p>All information has been passed to FSC about all the verification works that have been carried out. This quotation has come back and has been passed for payment. Computer graphic update to be scheduled in line with new decant ward commissioning</p> <p>Graphics update completed. ongoing minor alterations required. completed</p> <p>26/03/2025 update phase 1 Fire alarm L1 upgrade commenced. floor plans and drawing updated, gap analysis in cover developed and agreed. Installation of addition devices or alterations of existing devices has commenced. estimated completion April 2026.</p> <p>02/2026 update L1 coverage completed. Phase two C&E works capital order to be placed by major capital project lead.</p> <p>Cause and affect' completed and installed. further work required and identified on RP report. capital funds required to achieve full L1 compliance. Completed. update 17/07/2024 funding agreed through phase two fire improvements</p>	Health and Safety Committee	1	1	1	ongoing contractor maintenance and funding to keep the system up to date will ensure this risk is held at a low level.	4/28/2028	Treat	4-Feb-26

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2056	Estates & Facilities	Estates & Facilities	E&F: Pembrookshire	Severs, James	Chiffi, Simon	Chiffi, Simon	Day, Simon	14-Apr-25	<p>There is a risk of business disruption due to the building cladding covering of the IT building having degraded to the extent that its failing.</p> <p>This is caused by This cladding is the original covering, This situation has been reported by external building contractors who have confirmed that the cladding is beyond economical repair and has reached its end of life.</p> <p>This will lead to an impact/affect on This will lead to an impact/effect of disruption to service delivery as rooms are becoming unusable and are being closed due to water damage. There is a risk of harm to patients and staff due to the potential danger of an electric shock (due to water ingress), of slips and trips (caused by wet and slippery flooring), risk of injury due to falling ceiling tiles (caused by longstanding roof decay) and damage to health due to working in damp conditions. Staff sickness could increase and staff retention could be affected, due to the poor working conditions resulting in low staff morale and impacting financial budgets. This situation could also lead to complaints from service users and staff, resulting in reputational damage to the Health Board.</p> <p>Risk location, Withybush General Hospital.</p>	Regular planned maintenance where required. Patch repairs when items fail.	Safety - Patient, Staff or Public	3	4	12	There are several associated Health and Safety risks due to potential falling objects / water leaks, slips/trips and risk of injury to patients and staff. Staff do not have access to carry out routine maintenance	<p>Complete system verifications at WGH.</p> <p>Develop capital bid to replace building facia,</p> <p>Repair building facia panels when capital funds are released.</p>	Arnold, Malcolm	Completed	<p>3-1/12/2023-0-1/09/2024-30/03/2025-30/03/2026-31/09/2026</p> <p>30/09/2025-30/12/2025-31/03/2026</p>	<p>This is in progress. Gaps in system design, system component replacement, and verifications identified on Report. capital funding required to achieve full L1 now completed. FEB 2026 funding approved through phase two fire improvement works order to be placed for C&E review / repair.</p> <p>capital bid completed 14/4/2025 reference WGH-04-2025</p> <p>no further progress.</p>	Health and Safety Committee	1	2	2	full repairs will give assurance the building fabric will remain intact, covering all health and safety aspects or departmental disruption.	5/29/2026	Treat	14-Jan-26

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2054	Estates & Facilities	Estates & Facilities	E&F: Pembrokehire	Severs, James	Chiffi, Simon	Chiffi, Simon	Day, Simon	10-Apr-25	<p>There is a risk of Of business disruption due to the building soffit cladding covering of the block 7 and block 24</p> <p>This is caused by degradation to the extent that its failing. This cladding is the original covering, This situation has been reported by external building contractors who have confirmed that the cladding is beyond economical repair and has reached its end of life.</p> <p>This will lead to an impact/affect on This will lead to an impact/effect of disruption to service delivery as rooms are becoming unusable and are being closed due to water damage. There is a risk of harm to patients and staff due to the potential danger of an electric shock (due to water ingress), of slips and trips (caused by wet and slippery flooring), risk of injury due to falling ceiling tiles (caused by longstanding roof soffet decay) and damage to health due to working in damp conditions. Staff sickness could increase and staff retention could be affected, due to the poor working conditions resulting in low staff morale and impacting financial budgets. This situation could also lead to complaints from service users and staff, resulting in reputational damage to the Health Board.</p> <p>Risk location, Withybush General Hospital.</p>	<p>localised repairs to prevent isolated objects from detaching. regular condition planned maintenance inspections.</p> <p>emergency repairs / isolation of areas where needed.</p> <p>structural survey required</p>	Safety - Patient, Staff or Public	3	4	12	<p>facia panels show signs of degradation, regular surveys will can only identify the worst panels for emergency patch repair. only replacement will reduce the risk to low.</p>	<p>capital bid to be created for the replacement facia.</p>	Arnold, Malcolm	Completed	<p>completed and submitted to MAGgie Anniston 10/04/2025 ref: WGH-03-2025</p>	Health and Safety Committee	1	2	2	capital investment and ongoing maintenance will achieve target risk score.	3/30/2026	Treat	14-Jan-26
														<p>replace failing facia panels block 7 and block 24 when capital funding approved.</p>	Arnold, Malcolm	30/09/2025 31/03/2026	<p>no further progress Capital funding approved for panel testing which is ongoing. High level light weight panel above x ray order placed to replace the panels . works ongoing.</p>										

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1270	Estates & Facilities	Estates & Facilities	E&F: Pembrokehire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	15-Oct-19	<p>There is a risk of that the wiring carried out by small schemes in the past is not up to standards of safety in Healthcare buildings. One such area which was exposed during the fire code work of two small rooms required extra isolations due to way in which the wiring and compartmentations had been carried out.</p> <p>This is caused by using the wrong type of materials to allow circuits that carry 240v no compartmentation. Twin Flat, metal Conduit, Plastic C all in same area.</p> <p>This will lead to an impact/affect on earthing and exposure to live equipment being available.</p> <p>Risk location, Withybush General Hospital.</p>	Visual Inspections and periodic testing being carried out.	Safety - Patient, Staff or Public	4	3	12	We are unable to change the cabling but are monitoring the situation.	<p>The wiring in places is in a poor condition which has been exposed by the firecode works.</p> <p>New wiring required or more protection in Distribution Boards.</p> <p>Fixed wiring inspections contract to be implemented.</p>	<p>Elliott, Rob</p> <p>Completed</p> <p>Arnold, Malcolm</p> <p>Completed</p>	<p>Completed</p> <p>29/12/2023-30/04/2024</p> <p>30/03/2025-30/03/2026</p>	<p>No progress to report. update works to improve top floor wards completed as part of RAAC works completed permit to work in place on electrical work.</p> <p>No further progress update 17/07/2025 Wiring replaced top floor RAAC wards where necessary/ Ground floor/ lower ground floor capital bids required possibly when identified during 2nd phase fire improvement works</p> <p>A new fixed wiring test programme over 5 years to test 100% of all distribution boards. completed</p> <p>All Electrical work on site must be completed by CP qualified electricians with APLV permit approval.</p>	Health and Safety Committee	2	1	2	Capital investment and regular maintenance and testing would achieve the target risk score	3/29/2030		16-Dec-25

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2106	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	9-Jul-25	<p>There is a risk of failure to the Emergency lighting at Withybush General Hospital Renal Dialysis Unit during periods of outages or periods of faults taking out the protection circuits.</p> <p>This is caused by the installed lighting becoming obsolete as the Software and parts of the Hardware becoming aged and not supported. Tests are becoming more difficult to achieve.</p> <p>This will lead to an impact/affect on the working of the hospital in periods of outages with the electricity. The Emergency lighting also forms part of the Regulatory Reform Order inspections and also does not support compliance to HTM 05 and 06.</p> <p>Risk location, .</p>	Testing of units are still being carried out but more and more failures are being reported.	Safety - Patient, Staff or Public	4	3	12	The current score will raise higher as the test and maintenance does not enhance the lighting.	<p>develop capital bid for emergency lighting replacement</p> <p>install new emergency lighting system when capital funds are released.</p>	Arnold, Malcolm	Completed	<p>Capital bid submitted 09/07/2025 Ref: WGH-CB-11-2025</p> <p>no further progress</p>	Health and Safety Committee	3	1	3	Capital funding and continued planned maintenance will reduce this to the target risk score.	4/30/2026	Treat	16-Dec-25
2105	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	9-Jul-25	<p>There is a risk of failure to the Emergency lighting at St Brynachs Day Hospital, part of the Bro Cerwyn facility during periods of outages or periods of faults taking out the protection circuits.</p> <p>This is caused by the installed lighting becoming obsolete as the Software and parts of the Hardware becoming aged and not supported. Tests are becoming more difficult to achieve.</p> <p>This will lead to an impact/affect on the working of the hospital in periods of outages with the electricity. The Emergency lighting also forms part of the Regulatory Reform Order inspections and also does not support compliance to HTM 05 and 06.</p> <p>Risk location, Canolfan Bro Cerwyn St Nons and St Caradogs, Pembrokeshire.</p>	Testing of units are still being carried out but more and more failures are being reported.	Safety - Patient, Staff or Public	4	3	12	The current score will raise higher as the test and maintenance does not enhance the lighting.	<p>Develop capital bid to replace the lighting</p> <p>Install new Emergency lighting system when capital funds are release.</p>	Arnold, Malcolm	Completed	<p>Capital bid submitted 09/07/2025 ref:</p> <p>no further progress</p>	Health and Safety Committee	3	1	3	Capital funding and continued planned maintenance will reduce this to the target risk score.	4/30/2026	Treat	16-Dec-25

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1262	Estates & Facilities	Estates & Facilities	E&F: Pembrokehire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	18-Oct-17	<p>There is a risk of of business disruption and environment hazards due to potential oil leaks from corroded oil tanks and supply pipework.</p> <p>This is caused by that the condition of the Oil storage tanks and supply pipework have deteriorated and failed annual soundness testing. this will lead to inevitable failure and allow all the contents into the bund. The concern is both the containment of the spill and the loss off emergency fuel for both the back up generators and main boiler plant.</p> <p>This will lead to an impact/affect on to business disruption, environmental hazards, enforcement from natural recourses from potential river contamination. reputational damage, lack of emergency generation fuel services. potential loss of generation.</p> <p>Risk location, .</p>	condition monitoring and Pipe work surveys where required.	Safety - Patient, Staff or Public	3	4	12	monitoring in place for leaks but pipework is beyond repair and fails soundness testing. funding required to replace silos and supply pipework.	<p>Attended a meeting with Head of Property Performance and a capital bid is to be drawn up for removal.</p> <p>No further progress to report.</p> <p>We have carried out a reinspection of the pipework and the flanges onto the vessels and are noticeably deteriorating. we have to limit the volume of oil in th e tanks as they are quite corroded. This will limit fuel supplies to Hospital in times of availability of gas through normal times.</p> <p>develop capital bid and design for tank replacement</p>	Elliott, Rob	Completed	Continuous monitoring being carried out. completed	Health and Safety Committee	1	3	3	New bundled silos and new supply lines will prevent oil loss. condition monitoring would highlight any issues. capital funding required to achieve this target risk rating	3/29/2030	Treat	16-Dec-25

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2078	Estates & Facilities	Estates & Facilities	E&F: Pembrokehire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	22-May-25	<p>There is a risk of harm to patients, staff and public due to falling concrete (from height) from the outside of the main hospital building.</p> <p>This is caused by degradation of cladding from weathering over time. internal corrosion to rebar causing concrete failure and spalling, to the extent that its failing, cracking and sever cases falling from height. This cladding is the original covering. Structural engineer visual surveys have been completed which has highlighted the worst of the spalling and cracks.</p> <p>This will lead to an impact/affect on patients, staff and visitors due to injury from falling debris which could lead to complaints/legal claims from service users and staff, resulting in reputational and financial damage to the Health Board. Disruption to service delivery as access to areas, movement of staff, deliveries etc will become restricted due to protective scaffolding required to prevent risk of injury due to falling concrete. Internal water ingress is a possibility as the panels decay further. these situations could result in poor working conditions resulting in low staff morale and impacting on financial budgets.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Visual structural survey in place to identify the worst areas. Protective barriers or scaffolding in place to prevent spalling from reaching the floor. Access restricted and controlled though Estates permit access only. Temporary emergency patch repairs completed.</p>	Safety - Patient, Staff or Public	3	4	12	<p>Current controls have reduced the risk however this risk remains high with scaffolding in place to mitigate the incidents of spalling and falling concrete from height evidenced near high use exit door. Facia panels show signs of degradation, regular surveys are being undertaken but can only identify the worst panels for emergency patch repair. Only full repair or replacement will fully mitigate the risk.</p>	<p>Provide barrier protection to prevent staff and public access.</p> <p>full inspection of facia panels required to determine extent of deterioration.</p> <p>carry out emergency repairs to panels identified from Curtains visual survey</p>	<p>Arnold, Malcolm</p> <p>Williams, Paul -</p> <p>Williams, Paul -</p>	<p>Completed</p> <p>30/09/2026</p> <p>30/09/2026</p> <p>30/09/2026</p>	<p>85 % completed. site visit planned to determine how all the protections can be achieved whilst still maintaining service. completed 07/07/2025</p> <p>no progress yet</p> <p>drone survey completed and issued to Curtains for review and develop cost analysis Lewis construction organised to start concrete panel testing. Curtains and Beton Bauen involved. FEB 2026 Capital invested survey and planned repair ongoing, managed by discretionary capital.</p> <p>M. Arnold</p> <p>initial meeting scheduled for 26th May. Curtains, Baton Bauen, Lewis construction. operations, capital, and property.</p> <p>Design consideration on repairs to be completed after full inspection of the panels is achieved. FEB 2026 Curtains Report has been received. Repair costs to be established and funded.</p>	Health and Safety Committee	1	4	4	<p>Full replacement or over cladding would reduce most of the risk but there is always risk of potential fall of concrete from height. Funding is required to fully mitigate the risk.</p>	4/30/2026	Treat	4-Feb-26

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2119	Estates & Facilities	Health and Safety	Health and Safety	Severs, James	Chiffi, Simon	TH6	Vaughn, Gemma	22-Jul-25	<p>There is a risk of patient and staff harm due to lack of manual handling training spaces</p> <p>This is caused by lack of staff and lack of suitable training venues</p> <p>This will lead to an impact/affect on patient safety - inappropriate assessment of patient mobility and manual handling techniques leading to injury</p> <p>staff safety - in correct manual handling can lead to musculoskeletal disorders</p> <p>incident reporting - increase in incidents and severity leading to an increase in RIDDOR reportable absences</p> <p>potential litigation - failure to action could be deemed as a deficiency against health and safety legislation and increase the risk of prosecution.</p> <p>increase in injury claims - staff and patient claims may increase</p> <p>Health Board reputational damage.</p> <p>Risk location, Health Board wide.</p>	<p>Training diary for 2026 has been generated and information provided to management as to the number of staff and training venues required to achieve the requires training demand.</p> <p>Use of Post Grad Medical Education Centre at PPH has helped with additional spaces in 2025.</p> <p>Course numbers have been increased in Carmarthen (by decluttering the training space) to a maximum capacity of 16.</p> <p>Training venue secured in Ceredigion for 16 staff in 2025.</p>	Safety - Patient, Staff or Public	3	4	12	<p>The risk remains at a high level as the current projected figures to maintain compliance with mandatory manual handling training for Levels 1 and 2 for 2026 is 6000 (5500 +10%) which is currently not feasible.</p> <p>With an additional external trainer, or a Band 5, the HB could achieve around 33% of the expected target (i.e., 2000) but this request has been refused due to the current financial climate and historic financial issues within the wider HS&S Team. (cost of external trainer equates to £250,000). The recruitment of a Band 2 (15 hrs) would increase capacity by a further 800 places and increase compliance with the mandatory training to around 50% (2800) but this request has also been refused due to the current financial climate.</p> <p>Without a recruitment campaign, the only way to achieve target would be to remove the clinical work from the Band 6 roles (x WTE 2.6) to enable another 2000 training places, i.e., a total of 4800 - 80% but this would preclude complex clinical cases. To achieve</p>	<p>Calculate costings for external trainer to cover the shortfall.</p> <p>To put onto TRAC for a full time Band 5 and a 15 hr Band 2 post.</p> <p>SBAR to be presented to the HSSC with a request for support with funding requests.</p> <p>Liaise with L&D regarding TNA review</p> <p>Work with L&D and Property services to evaluate and secure training space to cover delay in move to Carmarthen Hwb</p>	Vaughn, Gemma	Completed	<p>Costings of £250,000 per annum to cover the shortfall.</p> <p>FSG have declined funding for these posts.</p> <p>New Action. completed and options appraisal presented. TNA review ongoing</p> <p>TNA completed and scheduled for Estates and Facilities CCG meeting</p> <p>Move to Ystwyth building Hafan Derwen scheduled 10 Feb 26</p>	Health and Safety Committee	1	4	4	<p>If the department were suitably staffed and suitable training space on each site were available all staff would receive regular MH training enabling them to undertake appropriate assessments of all handling activities and utilise appropriate techniques. This would reduce the risk of injury and likelihood of prosecution/effective PI claim.</p>	7/31/2026	Treat	16-Dec-25

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														<p>100% compliance, the MH Manager would also have to provide training at least 3 days per week which would impact on their capacity to wholly fulfil their role.</p> <p>Do Not Attend rates are also having a detrimental effect on compliance rates.</p> <p>Options appraisal presented Oct 25.</p> <p>Slippage on move to Carmarthen Hwb - Temp Location Ystwyth (capacity 24)</p> <p>New Executive-led (JS) T&F group established 13/11/25 to consider training TNAs and training venue issues (MH, RRP & Resus).</p>	View Canolfan Rheidol and Padarn surgery options with L&D - Ceredigion. Date TBC	Vaughn, Gemma	30/01/2026	new action																		

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1007	Estates & Facilities	Estates & Facilities	E&F: Specialist Services (Catering/Laundry)	Severs, James	Chiffi, Simon	Chiffi, Simon	Jones, Peter -	4-Nov-20	<p>There is a risk of porters and hotel services staff not being able to appropriately assist with outbursts of behavioural or clinical violence and aggression in acute or complex settings.</p> <p>This is caused by the large number of new hotel services and porters recruited that have not received appropriate training per the V&A passport scheme. Large numbers of porters are recruited and may be requested to assist with outbursts of behavioural or clinical violence and aggression. The health board has obligations to provide safe health care and comply with appropriate Information, Instruction, Supervision and Training for staff. There is currently limited capacity for training of correct Restrictive Physical Intervention (RPI) techniques and protocols being introduced.</p> <p>This will lead to an impact/affect on safety of patients and staff in ward and department settings. Safety of participants in RPI, leading to the likelihood of increased sickness. Increased likelihood of harm and adverse incidents including litigation or reputational harm. The health board staff and patients, reputation and finances are potentially compromised due to a lack of training and resilience due to likelihood of sickness and increased demand including confused or violent patients in acute or complex settings.</p> <p>Risk location, Health Board wide.</p>	<p>Training courses have restarted and porter staff are undertaking the training. All relevant staff will be booked on asap. Due to reduced capacity available in the training sessions, it is taking longer to complete all the sessions and therefore the date has been amended.</p> <p>On the larger sites it is not necessary to train all staff, clinical waste and mail room porters do not require this training.</p> <p>V&A training figures reported via the performance dashboard and discussed with H&S colleagues.</p>	Safety - Patient, Staff or Public	3	4	12	<p>Current compliance has improved with GGH (%), PPH (%), WGH (70% tbc) and BGH (53% tbc) as of 29th October 2025. There is a high risk of staff/patient harm until compliance is achieved across all sites. Teams providing the training are also compromised in how much training they can deliver and the location of the training.</p>	<p>All relevant portering staff to receive face to face V&A training.</p> <p>consideration to extend and obtain training to facilitate large numbers of staff in Covid complaint manner including internal delivery or external agencies.</p> <p>Training compliance remains low across HB acute portering teams, with the exception of PPH. A training plan to address non-compliance on BGH,WGH,GGH has been developed by Rachel Wood week ending 21.06.24. Need to report on delivery of plan.</p> <p>Outline plan for progression of training to improve from current level of compliance to 85% by the end of December.</p>	<p>Jones, Peter - Completed</p> <p>Wood, Rachel - Completed</p> <p>Jones, Peter - Completed</p> <p>Richards, Jill - Completed</p>	<p>Face to face training has resumed (reduced to 6 people per training sessions due to social distancing guidelines), with front line staff having already been trained, or are booked in for a training session in the near future.</p> <p>Closed. Action no longer relevant. Face to face training has resumed.</p> <p>New training plan developed, by Rachel Wood, Reducing Restrictive Practice Lead Trainer. Training plan to be reviewed.</p> <p>Outline plan was presented to IGG (Quality Health & Safety) on 19th August. Is due to be presented to IQFPD as part of 3As reporting. Completed.</p>	Health and Safety Committee	2	3	6	Increasing the compliance levels of training to 85% across the Health Board will reduce the risk and enable achievement of the target risk score.	12/31/2025	Treat	29-Oct-25	

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1549	Estates & Facilities	Health and Safety	Health and Safety	Severs, James	Severs, James	Springthorpe, Adam	Springthorpe, Adam	21-Oct-22	<p>There is a risk of that staff will not receive the level of training identified by the training needs analysis.</p> <p>There is also a further risk of Health and Safety Executive (HSE) scrutiny.</p> <p>This is caused by the Training Team not having adequate resources to deliver the All-Wales Violence and Aggression Passport course and additional courses that focus on understanding behaviours that challenge to the wider Health Board, as highlighted by the Health and Safety Executive (HSE) review conducted in 2019.</p> <p>Inability of operational services to release staff to attend the required training.</p> <p>This will lead to an impact/affect on both staff and patient safety, with staff not being aware of relevant skills and techniques to ensure their own safety, and patient safety by applying unsafe restraint techniques if not adequately trained.</p> <p>Potential for HSE fines for not fulfilling and sustaining the actions stated in the Health Boards evidence submitted to the HSE in 2019.</p> <p>Risk location, Health Board wide.</p>	<p>The Prevention and Management of Violence and Aggression (PAMOVA) Team offer a variety of training courses and refreshers such as All-Wales Violence and Aggression Passport, Restraint reduction, and Reducing Restrictive Practice Care Planning and Liberty Protection Safeguards (RRPCP & LPS).</p> <p>Training is prioritised for higher risk areas.</p> <p>when notified via Datix incident reporting the team link with departments and provide practical advice and assistance and offer training where appropriate.</p> <p>Where risks are identified the PAMOVA team provide training - usually person specific training to reduce risk to staff and patient.</p> <p>PAMOVA Team liaise with the HB V&A case manager in the identification of incidents where training may be of benefit</p> <p>Health Board policy on Reducing Restrictive Practice</p> <p>PAMOVA team have a presence in clinical areas (when possible) - focussed on specific sites where risks are identified.</p> <p>Where possible trainers have worked independently so 2 courses can be facilitated at once.</p> <p>Systematic monitoring and review of the V&A incidents which inform training needs in clinical environments.</p>	Safety - Patient, Staff or Public	3	4	12	<p>Despite the various training courses being delivered and based upon the current arrangements in place, it is inevitable that staff who have yet to attend training will continue to deliver healthcare to patients who present with challenging behaviours without the appropriate level of skills to deal with them safely. Following a change in Exec-lead in Mid-2024, a new Training Needs Analysis has been undertaken, completed in October 2024, to help plan how best to tackle the training needs of the organisation going forwards. Further work required. The likelihood score is reduced from the inherent risk score due to the level of training currently being delivered.</p>	<p>Additional Training Resource:</p> <p>Undertake a cost benefit analysis of recruiting additional staff and considering income generation.</p> <p>Creation of Practice Leaders:</p> <p>Practice Leaders to provide clinical support and advice, supervised by the core Reducing Restrictive practice team. This would provide an extra layer of assurance in higher risk areas.</p> <p>Creation of Practice Leaders:</p> <p>Mental Health to up skill a member of each inpatient area to work as practice leaders.</p> <p>Certifying the training module with the restraint reduction network (RRN) charity with the purpose to use the course for income generation.</p>	<p>Springthorpe, Adam</p> <p>3-4/03/2023 31/12/2026</p> <p>Wood, Rachel</p> <p>3-4/07/2023 31/12/2026</p> <p>Wood, Rachel</p> <p>Completed</p> <p>Wood, Rachel</p> <p>Completed</p>	<p>Income generation to increase staff resource- Certification of training model confirmed November 2024.</p> <p>Most recent TNA (which identified that 12.9WTE extra trainers would be required to be fully compliant). No opportunity to income generate at present due to staffing levels.</p> <p>James Severs has indicated that he may consider income generation as part of a wider review of training provision in 2026.</p> <p>Creation of practice leaders.</p> <p>We have one practice leader in one area (Bryngolau) with more to follow if this proves successful (At Nov 25).</p> <p>A further 6 are undertaking the RRP Level 4 qualification in April 2026 and at which point will be considered as practice leaders (8 Month Course).</p> <p>This action overlaps with the previous one.</p> <p>This is covered by the 'Additional Training Resource' Action above.</p>	Health and Safety Committee	2	3	6	The TNA process and training review will take time to complete and implement.	12/31/2026	Treat	20-Nov-25	

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															Conversation to be had with the ESR team with the intention of the V&A and restraint reduction training courses to be captured electronically.	Wood, Rachel	Completed	ESR- A conversation has been had with Learning and Development (L&D). L&D have agreed to create a new system for registration on courses which will mean when a participant attends a course, this will be automatically uploaded to ESR. This will streamline the attendance recording.														
															TNA review	Wood, Rachel	Completed	I have reviewed the training needs and will be looking at the Restraint Reduction in Older Adult Care (formerly Behaviours that Challenge) course being offered to Qualified nurses only (excluding mental health older adult areas where all staff will receive the 2 day training) in 2024. The rationale for this is the theoretical element focusses heavily on the Legal and Ethical aspects of Restrictive Practice and how to care plan any restrictive interventions or preventative strategies. This needs to be led by Qualified Nurses. Healthcare Support Workers will be offered the All Wales Violence and Aggression Passport (1 day course) and additional online teaching (via MS Teams) on Restrictive Practice. This will be reviewed 6 months into 2024 then again at 12 months. October 2024 - A new TNA has been completed following a change in Exec-Lead. This new TNA gives a helicopter perspective of the training needs in order to plan the approach to all new training going forwards.														

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2201	Estates & Facilities	Estates & Facilities	E&F: Specialist Services (Catering/Laundry)	Severs, James	Severs, James	Chiffi, Simon	Jones, Peter -	12-Sep-25	<p>There is a risk of harm to Portering staff when reacting and responding to incidents of a violent and aggressive nature.</p> <p>The risk has recently increased from a risk score of 6 to a 12 (High) due to the lack of appropriate personal protective equipment and the training compliance for BGH (0%) & WGH (38.46%). There is a training mitigation plan in place to increase compliance to 85 % by 03/12/25.</p> <p>The risk for the Health Board is that untrained staff risk their own personal safety.</p> <p>This is caused by unpredictability of the situations the Portering Staff react to; including lack of knowledge of the perpetrator; their own physical ability to perform restraint techniques; lack of personal protective equipment; lack of body worn video to record the event and actions taken; and lack of training for public disorder type scenarios.</p> <p>Annual refresher training opportunities have been missed resulting in porters requiring the full 3-day course.</p> <p>The lack of an in house or contracted security team on acute sites places more emphasis and risk on portering staff.</p> <p>This will lead to an impact/affect on health and safety of the Portering staff themselves; lack of evidence in the potential for criminal charges to be brought against the Health Board or individuals relating to physical restraint; Potential prosecution by Health and Safety Executive for breach of Management of Health and Safety at Work Regulations (Not ensuring the Health, safety and welfare of staff so far as is reasonably practicable).</p> <p>Risk location, Health Board wide.</p>	<p>Porters are provided with Reducing Restrictive Practice (RRP) training that includes 3 day plus 1-day annual refresher.</p> <p>2. Verbal de-escalation used to prevent aggressive behaviours.</p> <p>3. Porters are requested to "buddy up" when aggressive behaviour is reported to portering team. In high-risk areas like ED, mental health wards, late shifts, porters are requested to attend incidents in pairs and not attend alone.</p> <p>4. Porters are requested to report incidents on Datix and Synbiotix to learn from events, log data for processing track trends and activity.</p>	Safety - Patient, Staff or Public	3	4	12	Untrained, ill equipped, physically compromised porters undertaking security roles due to lack of trained security staff employed by the Health Board.	<p>Quotes to be obtained for body armour to better equip staff when managing incidents of violence and aggression. The aim is to enhance staff safety and ensure they have the appropriate level of protection when responding to potentially high-risk situations. Quote for 16 sets of Body Armor - 4 per Acute site</p> <p>Quotes to be obtained for body-worn video cameras to better evidence incidents of violence and aggression. The use of these cameras will support investigations and provide reliable footage to assist in the potential prosecution of individuals involved. This initiative aims to enhance staff safety, promote accountability, and deter aggressive behaviour across sites - 24 BWV- 6 per Acute site</p> <p>A needs analysis and risk assessment which identifies appropriate physical measures to be conducted.</p>	<p>Scarff, Charles</p> <p>Completed</p> <p>Scarff, Charles</p> <p>Completed</p> <p>Richards, Jill</p> <p>Completed</p>	<p>Quotes received and sent to facilities management. Presented to the next Security Management Group (03/11/25) with discussion around how funding mechanism will work.</p> <p>Quotes received and sent to facilities management. Presented to the next Security Management Group (03/11/25) with discussion around how funding mechanism will work.</p> <p>Facilities Management have conducted a needs analysis and risk assessment which identifies appropriate physical measures. They will be presented to the next Security Management Group (03/11/2025) with discussion around how funding mechanism will work.</p>	Health and Safety Committee	2	4	8	<p>There is a recognised need to recruit trained security staff that will be able to be better equipped and to manage public disorder events. With better compliance with Reducing Restrictive Practice Training, PPE and Body Worn Video being issued to Porters will mitigate the risk down.</p> <p>PPE and BWV could be provided by March 2026</p>	3/31/2026	Treat	23-Oct-25	

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1596	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire West	Severs, James	Chiffi, Simon	Day, Simon	Hill, Paul	16-Feb-23	<p>There is a risk of avoidable harm to patients, staff, and visitors caused by fire related deficiencies, identified by the fire officer during fire risk assessments.</p> <p>This is caused by the lack of fire alarm detection, missing/damaged fire doors, issues with fire compartmentation, inadequate coverage of emergency lighting etc etc.</p> <p>This will lead to an impact/affect on patients, staff, and visitors should a fire occur.</p> <p>Risk location, Glangwili General Hospital.</p>	Estates operations staff carry out fire alarm testing on a weekly basis, and Merlin Fire the maintenance provider undertake the annual testing/maintenance. Estates operations also undertake PPM's and repairs on the fire doors. The fire officer carries out fire risk assessments on an annual basis.	Safety - Patient, Staff or Public	2	5	10	<p>Fire deficiencies are identified by the fire officer during fire risk assessments. Estates operations staff attempt to close out the low risk deficiencies that require little to no funding. For the remaining high risk deficiencies that cant be directly funded, capital bids will need to be raised in order to address the issues. Some of these outstanding issues will be directly linked to the ongoing fire precaution scheme, however, it's worth noting that it may be a few years before the issues are addressed under the project.</p>	<p>Fire deficiencies are identified by the fire officer during fire risk assessments. Estates operations staff attempt to close out the low risk deficiencies that require little to no funding. For the remaining high risk deficiencies that cant be directly funded, capital bids will need to be raised in order to address the issues. Some of these outstanding issues will be directly linked to the ongoing fire precaution scheme, however, it's worth noting that it may be a few years before the issues are addressed under the project.</p>	Jones, Kevin	29/03/2024-30/03/2026 30/03/2026	<p>Maintenance team are addressing the smaller issue and information is being collated to submit for further capital funding.</p> <p>Capital bids need developing to address the issues that require significant funding.</p>	Health and Safety Committee	1	1	1	The target score will be achieved when funding is provided.	12/31/2026	Treat	19-Jan-26
1546	Estates & Facilities	Estates & Facilities	E&F: Pembrokehire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	5-Dec-22	<p>There is a risk of that the water services will remain non compliant and pathogens will be detected in increased sampling.</p> <p>This is caused by no flow or, compared to pipe size, not enough flow in pipework with resting in warm ceilings causing problems with pathogen growth. Oversize pipes are being used which do not allow an adequate flow of water and due to poor set up will not prevent any problems with Pseudomonas, Legionella or excessive TVC from occurring. Poor understanding of the system. Use of Vulcathene flex pipe of a large size being used and stepped down excessively.</p> <p>This will lead to an impact/affect on closure of services. Sickness of patients/staff/visitors coming into contact with contaminated water. Reputational damage of the Health Board and possible enforcement or Health and Safety Executive (HSE) prosecution in the event of a serious incident occurring.</p> <p>Risk location, Pembrokehire,</p>	Currently a frequent flushing regime is in process with extended temperature testing and monitoring. Pipes identified as large are removed as required. Empty rooms within Residential Blocks are also a major problem.	Safety - Patient, Staff or Public	2	5	10	<p>The pipework requires to be addressed as soon as possible to alleviate any further problems. We are unable to control excess water, non functioning valves and also dead ends. Constant problems are being recorded in all areas.</p> <p>Constant flushing and monitoring of the system in line with HTM 04 are in place but this is not a resolution. Renal now clear following tank chlorination and increased flushing. Renal now placed on the annual flushing programme with external contractors.</p> <p>Very high legionella scores have been detected in Residential blocks and has been entered as a separate Datix to the main hospital.</p> <p>Legionella SG 1 as identified by contractors</p>	<p>Pipe alterations at St Thomas complete and good results received back from Carmarthen Laboratory. Next block being surveyed for same treatment.</p> <p>Capital bid required to replace alkathene main water supply to residences blocks.</p> <p>Parts have been ordered for alteration of rest of Blocks but needs planning due to length of outage.</p>	Arnold, Malcolm	24/03/2023-30/04/2024-30/03/2026 30/09/2025-31/03/2026-30/09/2026	<p>Survey carried out for alterations. no further action</p> <p>Update 17/07/2024 capital bid required to alter all residences domestic pipework. signs of lead solder found during welsch water audit.</p> <p>Main cold water supply requires upgrade from duct system to residences. non compliance with welsch water capital bid required</p> <p>December 2025 no further progress</p> <p>feb 2026 NFP</p>	Health and Safety Committee	1	2	2	capital investment and ongoing maintenance and testing would reduce this risk	4/30/2030	Treat	4-Feb-26

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2062	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire West	Severs, James	Chiffi, Simon	Day, Simon	Hill, Paul	1-May-25	<p>There is a risk of fire spreading through certain areas of Morlais Ward.</p> <p>This is caused by Faulty/damaged fire doors that are beyond economical repair.</p> <p>This will lead to an impact/affect on Loss of service, danger to lives.</p> <p>Risk location, Glangwili General Hospital.</p>	<p>We have a PPM schedule in place.</p> <p>The building is covered by a fire alarm system.</p> <p>Building is occupied 24hrs a day and staff are vigilant.</p>	Safety - Patient, Staff or Public	2	5	10	<p>The current control measures have reduced the score from extreme to high. Even with the control measures in place the doors still require replacing, and are currently not capable of providing the correct level of fire protection. This has been identified by a recent visit from MWWFRS and the Health Board have received a letter of fire safety matters to address these doors.</p>	<p>Funding of £35k provided to replace 3No fire doors in Morlais.</p>	Hill, Paul	31/03/2026	<p>Works 99% completed. Currently waiting on one replacement component.</p>	Health and Safety Committee	1	3	3	The target score will be achieved once the fire doors have been replaced.	12/31/2025	Treat	19-Jan-26				
									withypush General Hospital.					<p>testing the water systems of the Residential Blocks at WGH. Large counts have been identified and remedial work needed to allow treatment of systems. There is a lot of Pipe Alterations and valves needed prior to treatment due to the poor installation carried out in the removal of heat sources. Scores of CFU vary from 120 to 14400.</p>	<p>St Thomas has been completed but the other blocks have not been started. An anomaly in supply is compounded by the use of Alkathene Pipe.</p> <p>Pipework alterations are required as we are unable to control temps. Scheme to be compiled and entered into capital bid.</p> <p>Water Board Inspection indicates water pipes too large. Capital bid to replace</p> <p>Capital Bid to be submitted for major infrastructure works to site. This has been identified as major infrastructure/backlog improvements.</p>	Arnold, Malcolm	Completed	<p>No further progress made.</p> <p>Not a risk action close</p>													
																Arnold, Malcolm	30/03/2025-30/09/2025-30/12/2026	<p>New Action no further action feb 2026 NFA</p>													
																Arnold, Malcolm	31/03/2026-30/09/2026	<p>No further progress.</p> <p>not a risk item Close</p>													
																Arnold, Malcolm	31/03/2026-30/09/2026	<p>New Action. no further action FEB 2026 Work ongoing at major capital to improve water systems</p>													

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2197	Estates & Facilities	Estates & Facilities	E&F: Ceredigion	Severs, James	Chiffi, Simon	Day, Simon	Jones, Eifyn	21-Oct-25	<p>There is a risk of harm to patients, staff and visitors due to operational failure of Fire Doors.</p> <p>This is caused by failed fire doors due to their condition and age.</p> <p>This will lead to an impact/affect on patients, staff and visitors coming to harm in the event of a fire. If there are gaps in the doors/damage to the doors, they compromise fire containment and can lead to catastrophic spread of smoke and flames.</p> <p>Risk location, Bronglais General Hospital.</p>	Pre Planned Maintenance checks in place (six-monthly/annually/quarterly) to check the condition of the fire doors. Repairs are undertaken where possible.	Safety - Patient, Staff or Public	2	5	10	The likelihood of patient harm is currently reduced as there are trained carpenters on site to check and repair the majority of the fire doors, as and when required. The risk remains high as not all fire doors are compliant.	To apply for a Capital Bid of £195,000	Jones, Eifyn	19/12/2025 31/03/2026	16/12/2025 - Bid submitted in June and July of 2025, £96k for post grad building fire doors and £195k for B1, B2 B7 and B15. Bid currently not approved.	Health and Safety Committee	1	4	4	All fire doors across BGH would need to be compliant with standards in order to fully mitigate the risk. Funding is required to achieve this.	3/31/2030	Treat	16-Dec-25
471	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	25-Sep-17	<p>There is a risk of serious harm to pedestrians resulting from a road traffic accident occurring on the PPH access road between the Acute Medical Admissions Unit (AMAU) and staff car park.</p> <p>This is caused by no pavement or pedestrian walkway available along this stretch of road and curvature of road limiting the view of motorists using this area.</p> <p>This will lead to an impact/affect on death or serious harm to a pedestrian or motorist.</p> <p>Risk location, Prince Philip Hospital.</p>	There are existing speed restrictions in place such as speed warning signs and a two way mirror to help with visibility around the corner of the site.	Safety - Patient, Staff or Public	2	5	10	Based on a site investigation by the Operations Compliance Manager. This risk remains high until road resurfacing/markings has taken place.	Installation of a pedestrian foot path or hatched area along this stretch of road is recommended, along with road re-surfacing and road markings.	Evans, Stewart	31/03/2026-31/03/2029 31/03/2026	Ops have been to review the area and quotations sought for a designated hatched area along the roadway. Capital bid has not been supported since 2018/19. EFAB bid to Welsh Government was unsuccessful. Another EFAB bid will be submitted for 2025/26.	Health and Safety Committee	1	5	5	Investment needed to provide pathway from AMAU to new DSU staff car park	1/31/2030	Treat	5-Jan-26

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2103	Estates & Facilities	Estates & Facilities	E&F: Operations Compliance	Severs, James	Chiffi, Simon	Chiffi, Simon	Day, Simon	19-May-25	<p>There is a risk of harm to maintenance staff who are working Out of Hours due to the inability to maintain minimum safe staffing levels required for working in high-risk areas, such as confined spaces.</p> <p>This is caused by insufficient availability of On Call staff who are able to cover the minimum staffing levels and the Maintenance Procedure document for On Call being out of date and not consistently applied across all sites.</p> <p>This will lead to an impact/affect on staff safety as there are heightened risks for lone workers, particularly in terms of monitoring their safety throughout night shifts. Operational disruption could occur if maintenance procedures were unable to be completed during out of hours. Non compliance with regulations (e.g., Health and Safety at Work act) could incur penalties. There could also be a financial impact to the Health Board staff sustained injury whilst working out of hours, resulting in legal claims/compensation.</p> <p>Risk location, Health Board wide.</p>	Operational Maintenance Policy (No 144) Contract Control Policy (No 541) On Call Maintenance Procedure document is in place.	Safety - Patient, Staff or Public	2	5	10	<p>There are heightened risks for lone workers, particularly in terms of monitoring their safety throughout night shifts. Furthermore, the inability to adhere to permit-to-work arrangements out of hours due to insufficient staff on call adds to the overall risk. These factors potentially compromise worker safety and the effectiveness of emergency responses.</p> <p>Despite the current controls in place, until the group formalises and ratifies a new agreed procedure that reduces the risk to maintenance staff who are working Out of Hours, the risk remains high.</p>	To create a working group to review the On Call Maintenance Procedure.	Day, Simon	17/1/2025	New Action	Health and Safety Committee	1	5	5	Agreed maintenance procedure to be put in place (that complies with the Health and Safety at Work Act, all regulatory guidance and law) and increased staffing levels, would enable the target risk score to be achieved.	9/17/2030	Treat	1-Dec-25
1539	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	27-Jan-16	<p>There is a risk of harm to patients/staff/visitors plus service disruption</p> <p>This is caused by operational failure of Pneumatic fire dampers and fire door detaunts to close in the event of a fire, due to their age and condition</p> <p>This will lead to an impact/affect on the safety of patient, staff and general public, HSE investigations and further fire brigade enforcement, fines and/or custodial sentences, adverse publicity/reduction in stakeholder confidence.</p> <p>Risk location, Prince Philip Hospital.</p>	Pre-planned Maintenance(ppm) checks in place to check operation of dampers that have not failed	Safety - Patient, Staff or Public	2	5	10	Based on ppm checks and engineering reports. Surveys have been carried out to determine the pneumatic dampers and door detaunts for replacement	Funding required for upgrade works on Pneumatic Dampers and Pneumatic Fire Door detaunts	Williams, Paul -	31/03/2026	Cost received on individual damper replacements, currently on Infrastructure back log engineering Maintenance as priority, Property Dept taking this to WG for funding.	Health and Safety Committee	1	5	5	Highlighted on Infrastructure list with MCP. Funding required	3/29/2030	Treat	29-Dec-25

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2085	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire West	Severs, James	Chiffi, Simon	Day, Simon	Hill, Paul	30-May-25	<p>There is a risk of of harm to patients, staff, and visitors.</p> <p>This is caused by failed fire doors due to their condition and age.</p> <p>This will lead to an impact/affect on Failed fire doors put lives at risk. They compromise fire containment, endanger patients and staff, and can lead to catastrophic spread of smoke and flames. This could lead to further fire enforcements, HSE investigations, fines and/or custodial sentences, and adverse publicity/reduction in stakeholder confidence.</p> <p>Risk location, Glangwili General Hospital.</p>	We have planned preventative maintenance checks in place to check the condition of fire doors.	Safety - Patient, Staff or Public	2	5	10	We have suitably trained carpenters checking fire doors across the GGH estate as part of their PPM schedule. Capital bids are continuously submitted for fire doors requiring full replacement.	<p>Capital bids will be constantly submitted requesting funding to replace fire doors as and when they are identified as requiring replacement. This will be an ongoing process.</p> <p>37 fire doors identified as requiring full replacement.</p> <p>39 fire doors identified as requiring full replacement.</p> <p>Capital funding required to replace 25 fire doors.</p>	Hill, Paul	Completed	<p>Capital bids will be constantly submitted requesting funding to replace fire doors as and when they are identified as requiring replacement. This will be an ongoing process.</p> <p>Capital funding received in the sum of £90k (D365) to address some failed fire doors.</p> <p>Capital bid submitted on the 25/06/2025, requesting funding of £142,000 to replace 37 fire doors across the GGH estate.</p> <p>Capital bid submitted on the 21/07/2025, requesting funding of £150,000 to replace 39 fire doors across the GGH estate.</p> <p>Capital bid submitted on the 25/11/2025, requesting funding of £96,250.00 to replace 25 fire doors across the GGH estate.</p>	Health and Safety Committee	1	5	5	Once all fire doors are operationally safe the risk rating will reduce to moderate.	12/31/2030	Treat	19-Jan-26

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2042	Estates & Facilities	Estates & Facilities	E&F: Pembrokehire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	25-Mar-25	<p>There is a risk of Harm to patients, staff an visitors plus service disruption.</p> <p>This is caused by Operational failure of fire safety doors in the event of a fire due to their age and condition.</p> <p>This will lead to an impact/affect on the safety of patients, staff, and general public. HSE investigations, Mid and west wales fire brigade fire enforcement, fines and or custodial sentences , adverse publicity / reduction in stake holder confidence.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Pre planned maintenance (ppm checks) in place to check on condition of doors.</p> <p>Continued ppm list identifying condition of current doors within WGH locality. Localised repairs and third party accredited improvements where necessary.</p>	Safety - Patient, Staff or Public	2	5	10	<p>Based on PPM checks and engineering reports. Surveys have been carried to determine fire door replacements. Phased project in place to replace doors on a risk based approach. Risk is high as fire doors have been identified as non compliant with current legislation and unable to be repaired to required standard. Capital funding is required to replace doors and fully mitigate the risk.</p>	<p>capital bid to replace defective doors highlighted on LOFSM</p> <p>install new fire doors on completion of capital funds being made available.</p>	Arnold, Malcolm	Completed	<p>Capital bid in progress. Update Capital bid submitted 25/03/2025 Capital Bid Reference No WGHC10224 and WGHC23225</p>	Health and Safety Committee	1	5	5	Capital funding is required to replace doors and fully mitigate the risk.	9/30/2026	Treat	4-Feb-26
1873	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	31-May-24	<p>There is a risk of to tenants and staff in the residential blocks of a failure to identify a gas leakage on the main incoming gas mains due to the lack of ventilation.</p> <p>This is caused by unvented/non compliant gas meter storage. Currently, the installation does not comply with current regulations. Failure to comply would potentially lead to enforcement notices/litigation.</p> <p>This will lead to an impact/affect on supply of heating and hot water to the residential blocks for tenants and the possibility of unknown natural gas leakage in the building. Financial and reputational harm to the Health Board if gas leaks were to occur. Health and safety of the tenants would be adversely affected by any gas leaks and displacement of tenants.</p> <p>Risk location, Prince Philip Hospital.</p>	Currently local PPM (Planned Preventative Maintenance) in place for boiler/appliance testing (monthly).	Safety - Patient, Staff or Public	2	5	10	<p>Current risk score is high as despite current controls in place (monthly monitoring), natural ventilation ductwork is required to mitigate the risk. Capital funding has been sought.</p>	<p>Quotations obtained for additional ventilation, Fire curtains removed from Fire door installation to be re-instated by Discretionary Capital Team. Capital bid to be submitted.</p> <p>Further TEF funding required to ventilate Blocks</p>	Evans, Stewart	Completed	<p>Costs partly received 15.07.2024</p> <p>Awaiting TEF funding</p>	Health and Safety Committee	1	5	5	Funding required to move gas meters to outside	1/31/2030	Treat	18-Dec-25

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1382	Estates & Facilities	Estates & Facilities	E&F: Pembrokehire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	19-Apr-19	<p>There is a risk of harm to patients and staff at WGH.</p> <p>This is caused by the reinforced autoclaved aerated concrete (RAAC) planks that were used during the construction of WGH becoming insecure with the potential for large pieces to break off and/or planks collapsing into corridors and ward areas.</p> <p>This will lead to an impact/affect on a potential injury or possible death if a sudden collapse of planks were to occur within an occupied area of the hospital. Other impacts include closure of large areas of the hospital to undertake visual inspections and/or remedial works, breaches in statutory duties, negative media coverage, and loss of confidence from stakeholders.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Specialist structural engineers (Curtins) engaged to undertake a programme of visual inspection of planks at WGH - plank by plank surveys are underway at pace, scheduled to finish March 2024.</p> <p>Process in place to prop identified critical planks within 24 hours to make immediate area safe and to be used or to area to remain closed until safe to re-occupy</p> <p>Principal contractor appointed to provide propping and undertaking remedial works, and assurance has been obtained from the engineers where areas are safe to be re-occupied.</p> <p>Legal advice sought on corporate manslaughter and acted upon promptly.</p> <p>Business Continuity Incident declared on 15Aug23 and Command Control Structure (Bronze) established to coordinate and manage Health Board response.</p> <p>A Management Plan is being established to manage the ongoing risks of RAAC, to include: A planned maintenance card is also included in the Maintenance Scheme for the Direct Labour Force to visually check at different point throughout the hospital.</p> <p>Continue to monitor any water ingress on failing roof systems and promptly take any remedial works necessary.</p> <p>During any work above ceiling tiles it has also been passed on to the craftsmen that it is requested that a visual inspection is also carried out.</p> <p>Restriction and controlled access systems in place to certain areas of the site.</p> <p>Introduced specialist RAAC plank training to provide awareness for site teams and how they should operate</p>	Safety - Patient, Staff or Public	2	5	10	<p>Project plans are in place in terms of when remedial actions will be undertaken, and capital has been secured to fund these works. Works in ward areas are completed. Remedial works on other areas are due to commence in April 2024, with a view to completion by March 2025.</p> <p>There will be ongoing re-surveys in all ward areas from October 2024 onwards. All ground floor areas scheduled for 2025. Risk score is unlikely to reduce until all works are completed in March 2025. □</p>	<p>Complete direct award to structural engineering specialists under a compliant Framework.</p> <p>Survey work of all RAAC Planks at WGH.</p> <p>Establish funding to carry out reparatory works of RAAC planks.</p> <p>Develop the necessary tender documentation to commission review of all other sites (including Community, Primary Care, General Practitioners Practices, leased properties etc.) which were constructed within a timeline of 1960 to 1995, which will be competitively tendered (forming part of the portfolio survey).</p> <p>Surveys have started and remedial work carried out in Potwash area. Other remedial work is required.</p>	Elliott, Rob	Completed	<p>The compliant Framework, and all supporting documentation, has gone through to Shared Services at a senior level and will be considered shortly for approval by the DOF of the UHB. It is hopeful the framework will be approved by the end of April 2023.complected</p> <p>Timescale amended to March 2024 for all RAAC plank by plank surveys at WGH to be completed. As of February 2024 all P1 (critical) planks have been surveyed. By March 2024 all planks will have been risk categorised, with follow on surveys to take place in 24/25. completed</p> <p>The level of funding required is currently unknown and will be dependent on the findings of the surveys as we proceed. Welsh Government have provided funding for the P1 (critical) planks. A revised date of March 2024 has been placed against this action, as we envisage all survey work to be completed by this date. completed</p> <p>The tender documentation is being developed currently and is hopeful to be agreed by the end of May 2023. completed</p> <p>Continual progress being made with extra inspections.completed</p>	Health and Safety Committee	1	5	5	The target risk score is based on the level risk following visual surveys, propping and remedial works being completed on critical P1 planks identified at WGH.	3/29/2030	Treat	27-Aug-25

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									<p>where RAAC Planks are identified.</p> <p>Areas have been identified to reduce to loading on the RAAC planks.</p> <p>Weekly inspection of props undertaken on site, and rectified as required.</p> <p>Assessment process in place for service re-occupation to ensure their safety and that the area is able to be used effectively, managed via service site management.</p> <p>Capital funding received to undertake remedial works to address P1 planks.</p> <p>Remedial works in Wards 7,9, 11 & 12 complete and the pot wash area of kitchen.</p>							<p>Detailed plank by plank surveys across WGH by Curtins (dependent on access)</p> <p>Undertaking remedial works resulting from surveys (c£13m).</p> <p>Development of Management Plan to manage the position/access to areas/staff training until the works being remediated</p> <p>Fast Track Visual Surveys being arranged to identify critical (P1 planks) requiring emergency propping or areas closed off.</p> <p>Complete remedial work in all affected ground floor areas.</p> <p>Remove weight (e.g. pipework, cabling, duck work, etc) from planks where possible to reduce the risk of deterioration and excessive weight.</p>	<p>Elliott, Rob</p> <p>Elliott, Rob</p> <p>Elliott, Rob</p> <p>Elliott, Rob</p> <p>Elliott, Rob</p> <p>Elliott, Rob</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>Visual inspections have been completed, and detailed plank inspections are due to commence in October 2023. Funding has been agreed for remedial works. Remedial works in Wards 7,9, 11 & 12 complete and the pot wash area of kitchen. completed</p> <p>Funding has been secured for FY2023/24 and FY 2024/25 for £13m. Remedial works are scheduled to be complete across the site by March 2025.</p> <p>Management Plan has been implemented and monitored via weekly Bronze meetings. completed</p> <p>Fast track visual surveys completed in August 2023. completed</p> <p>Remedial work to OPDA (Outpatients Department A) has started, with all other affected ground floor areas to be completed by March 2025.</p> <p>New action- work ongoing and the timescale will be re-assessed as work is progressed.</p>																	

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															carry out ongoing resurvey work to both second floor and ground floor RAAC areas.	Arnold, Malcolm	31/03/2026	Second floor completed. Ground Floor resurvey due October 2025									

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1096	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	27-Jan-16	<p>There is a risk of harm to patients/staff/visitors plus service disruption.</p> <p>This is caused by operational failure of Fire Safety Doors in the event of a fire due to their age and condition.</p> <p>This will lead to an impact/affect on the safety of patients, staff and general public, HSE investigations and further fire brigade enforcement, fines and/or custodial sentences, adverse publicity/reduction in stakeholder confidence.</p> <p>Risk location, Prince Philip Hospital.</p>	Pre Planned Maintenance (PPM) checks in place to check on condition of doors.	Safety - Patient, Staff or Public	2	5	10	Based on PPM checks and engineering reports. Surveys have been carried out to determine the fire door replacements, and additional fire doors required.	PPM monitoring/surveys. Identified on infrastructure backlog maintenance. Currently under review.	Evans, Stewart	Completed	"Minimum funding from statutory funds will only allow for survey and drop test. External contractors have carried out drop tests, and funding has been received for remedial work following the drop tests. Capital bid to be costed and submitted for dampers that require replacement. "	Health and Safety Committee	1	5	5	Ongoing investment required	3/29/2030	Treat	18-Dec-25			
															"Costs received for individual Dampers from Contractors"	Williams, Paul	31/03/2023-31/03/2024 30/04/2025-31/03/2026	Currently on backlog infrastructure works. Identified as priority 2 in infrastructure backlog maintenance meeting 11th August 2022 ,site visit due 9th Sept 2022 with design team. EFAB bid has been submitted to Welsh Government in November 2022, awaiting response." Meeting with project team on 19.01.23 to prioritise risk before submitting business case to WG No change 04.04.23 No change 12.06.23 All investments in LOFS are now agreed with the Fire Service. The final phase beyond April 2025 will potentially require a new business case to be submitted. 18/80 dampers have been replaced. Work remains ongoing.												

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															Replacement of obsolete dampers.	Evans, Stewart	04/03/2026-31/03/2024-30/09/2024-31/03/2026	Capital bid currently being costed and to be submitted by the end of August 2021. Once funding received this work will go out to tender. This is identified on the backlog infrastructure list. Expecting funding for damper repairs and upgrade. Awaiting funding for further damper replacements. DCP currently replacing 14 dampers picked up as defective following testing. 14 dampers replaced from DCP Scheme, remainder requires TEF 2025-26. Work ongoing.																
															Replacement, and additional fire doors, to be put in place following survey.	Evans, Stewart	Completed	All investments in LOFS are now agreed with the Fire Service. The final phase beyond April 2025 will potentially require a new business case to be submitted. Completed																
															Some Fire Doors to be changed at Amman Valley Hospital and Residences PPH, Hazard rooms, where identified on Wards at PPH.	Evans, Stewart	28/03/2026-31/03/2026-31/03/2026	Identified for TEF (Targeted Estates Funding) funding - work ongoing.																

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1746	Estates & Facilities	Estates & Facilities	E&F: Ceredigion	Severs, James	Chiffi, Simon	Day, Simon	Jones, Eifyn	27-Jun-23	<p>There is a risk of failure to the emergency lighting system at Bronglais Hospital during periods of electrical outages or faults tripping out the protection circuits.</p> <p>This is caused by the current emergency lighting systems being non-compliant or obsolete.</p> <p>This will lead to an impact/affect on an impact/effect on the operational continuity of the hospital in the event of a power cut. Potential risk to patient and staff safety if emergency lighting failure during an evacuation. The emergency lighting also forms part of the Regulatory Reform Order inspections, letters of fire safety matters and do not comply with BS5266 (British Standard for emergency lighting).</p> <p>Risk location, Bronglais General Hospital.</p>	Monthly testing of existing units.	Safety - Patient, Staff or Public	3	3	9	Risk is high as we only test and maintain what is installed and this does not comply with BS5622 regulations. This failing has been recognised by the Fire Service and is an action that has been raised in LOFSMs and is detailed on AMaT (see attached document). Funding is required in order to mitigate this risk.	Submission of business case to Welsh Government to support necessary upgrades to the site.	Jones, Eifyn	31/12/2025	<p>Welsh Government have requested the HB to prioritise in order of risk. Currently no funding agreed.</p> <p>17/02/2025 - No funding agreed.</p> <p>15/05/2025 - WG have provided funding however emergency lighting is not on the prioritised list. To review funding options with Capital Development Manager.</p> <p>14/07/2025 - Funding options to be discussed.</p> <p>16/09/2025 - Ongoing discussions with NWSSP and Welsh gov to secure monies to proceed with RIBA stage 3 & 4 designs for market testing and inclusion in Business case documents.</p> <p>17/11/2025 - Comments as 16/09/2025.</p> <p>26/01/2026 - No Updates</p>	Health and Safety Committee	1	1	1	Funding is required in order to purchase and install the new equipment to fully mitigate this risk.	3/31/2030	Treat	26-Jan-26

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934	Estates & Facilities	Estates & Facilities	E&F: Pembrookshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	17-Aug-20	<p>There is a risk of potential asbestos exposure to staff at WGH.</p> <p>This is caused by the need to access the ceiling voids, which contain asbestos panels, in emergency times when blockages occur and rodding to release a blockage puts pressure on Asbestos panels. Also while fault finding in voids and attending to lighting.</p> <p>This will lead to an impact/affect on staff developing serious health conditions, staff sickness, complaints, Health Board reputation.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Encapsulation of exposed areas has been carried out in certain areas but not complete.</p> <p>Easement distances is not adequate due to the services in the ceiling voids.</p> <p>Ensure control of contractors site induction are thorough and include reference to asbestos register and tool box talks.</p>	Safety - Patient, Staff or Public	3	3	9	Exposure to Asbestos can cause health problems and is reduced by encapsulation or even better would be complete removal. Surveys are being carried out to ascertain the dangers.	<p>A lot of different areas are being removed by the Firecode Works and is making the works easier to manage.</p> <p>As the Fire Contract is carrying out further works then they are taking out large areas. Update on Asbestos Register is required.</p> <p>Further encapsulations and surveys with removal as best practice.</p> <p>Further Register being actioned. removals are still taking place.</p> <p>Update of Asbestos register required but more AIB is removed as Firecode contract is going on.</p> <p>Removals are continuing by the Firecode works but awaiting update of Asbestos Register to be carried out.</p> <p>Update of Asbestos register required but more AIB is removed as Firecode contract is going on.</p>	<p>Elliott, Rob</p> <p>Chiffi, Simon</p> <p>Arnold, Malcolm</p> <p>Elliott, Rob</p> <p>Elliott, Rob</p> <p>Elliott, Rob</p> <p>Elliott, Rob</p>	<p>Completed</p> <p>Completed</p> <p>30/09/2020-31/03/2022-31/04/2024-31/03/2025-31/03/2026</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>Unknown number have been removed and we are waiting on reports to upgrade register. completed</p> <p>Ongoing process of Asbestos removal is reoccurring. completed</p> <p>Some encapsulations have been carried out, and removals via a separate contract. Further removals are planned, once this is complete a review will be carried by the team to establish any further issues. Continued encapsulations actioned during various capital schemes</p> <p>26/03/2025 update. ongoing annual level two survey. Items removed on a risk based approach.</p> <p>Update on register required as more tests and removals being carried out. annual survey carried out by AIB contractors completed</p> <p>Continuous removals are happening. 29/07/2024 ITEM can be closed Compliance risk item covers this.</p> <p>No further progress. complete</p> <p>Complete</p>	Health and Safety Committee	2	1	2	only complete eradication of all asbestos on site will reduce this to the target risk score	4/30/2030	Treat	16-Dec-25

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1965	Estates & Facilities	Estates & Facilities	E&F: Ceredigion	Severs, James	Chiffi, Simon	Day, Simon	Jones, Eifyn	9-Jun-24	<p>There is a risk of significant to patients, staff and visitors in the event of a fire evacuation.</p> <p>This is caused by potential failure of fire alarm systems.</p> <p>This will lead to an impact/affect on the ability to safely evacuate premises in the event of a fire.</p> <p>Risk location, Bronglais General Hospital.</p>	Pre planned maintenance contract in place to test the systems regularly. Regular inspections of systems.	Safety - Patient, Staff or Public	3	3	9	System does not operate when required, despite regular maintenance and visual inspections of equipment. There is a risk of harm to patients, staff and the general public in the event of a fire due to non compliant systems, in accordance with fire safety regulations. A Fire Enforcement notice could be served if not remedied.	Infrastructure Business Case currently being developed.	Jones, Eifyn	31/03/2026	<p>16/05/2025 - Possible funding available via Targeted Estates Funding route</p> <p>14/07/2025 - In discussion with compliance on funding route.</p> <p>16/09/2025 - ongoing discussion with compliance on funding route</p> <p>17/11/2025 - Funding approved for replacing obsolete detectors. Obtaining quotations from contractor.</p> <p>26/01/2026 - Funding reduced. GGH and PPH only.</p>	Health and Safety Committee	1	3	3	Funding is required in order to purchase and install the new equipment to fully mitigate this risk.	3/31/2026	Treat	26-Jan-26
1929	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	2-Sep-24	<p>There is a risk of failure of the fire alarm monitoring of the site in its entirety due to the aged/failing equipment.</p> <p>This is caused by failure of equipment.</p> <p>This will lead to an impact/affect on the site monitoring of fire alarms.</p> <p>Risk location, Prince Philip Hospital.</p>	continued maintenance from contractor.	Service/Business	3	3	9	Currently the aged equipment is starting to show signs of failure, replacement panels are necessary to mitigate loss of monitoring.	Capital Bid Submitted	Evans, Stewart	31/03/2026	Awaiting Capital Bid outcome	Health and Safety Committee	3	1	3	Additional funding required. TEF bid of £280k 25-26 unsupported.	1/31/2028	Tolerate	18-Dec-25

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1348	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	21-Mar-19	<p>There is a risk of potential harm to staff from equipment becoming faulty electrically. Defective Equipment also being plugged into fixed equipment which is unable to safely operate to eliminate danger.</p> <p>This is caused by defective or not sufficient load carrying capacities to allow correct and safe operation of electrical equipment.</p> <p>This will lead to an impact/affect on the safety of all patients, staff and visitors whilst electrical equipment is being used in their vicinity.</p> <p>Risk location, Pembrokeshire, Withybush General Hospital.</p>	A small percentage of fixed electrical equipment is tested annually by contractors plus the DLO carry out safety checks daily on both equipment and fixed wiring. Failure to fund testing will cause a backlog and will not comply with Firecode Works.	Safety - Patient, Staff or Public	3	3	9	The current budget is not sufficient to carry out all testing and identify all problems but we are keeping on managing problematic areas.	<p>Further testing of Portable and Fixed Wiring is required to minimise risks with Electrical Equipment. Further funding and resources must be made available</p> <p>Testing of local boards carried out by internal craftsmen but not complete</p> <p>Further testing has been carried out on site and waiting for EICR report to be given. This is only part of the hospital and requires extra Work and Funding.</p> <p>Further testing has been carried out on site and waiting for EICR report to be given. This is only part of the hospital and requires extra Work and Funding. Problem is still in situ.</p>	Arnold, Malcolm	31/03/2022-30/03/2025 30/09/2025-31/03/2026	<p>Currently testing has been carried out and we are awaiting results schedules from Contractors</p> <p>no further action</p> <p>5 year fixed wiring testing contract has been awarded.</p> <p>All electrical work on site must be completed by certified CP LV electricians and permitted by APLV for WGH site.</p> <p>Update 17/07/2024 tender process underway with procurement to award external contractors to carry out fixed wire testing.</p> <p>local testing completed to Creche/child health/ Pembroke county.</p> <p>orders placed to carry out PAT testing</p> <p>14/04/2025 main contract has commenced with all community premises.</p>	Health and Safety Committee	2	2	4	Capital investment would reduce this risk, and ongoing planned maintenance	4/30/2030	Treat	16-Dec-25

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1136	Estates & Facilities	Estates & Facilities	E&F: Pembrokehire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	12-Jun-17	<p>There is a risk of people, staff or patients falling or tripping in potholes or uneven road surfaces throughout all sites.</p> <p>This is caused by wear and tear, natural erosion through weather and vehicle travel. Road markings are also worn along with parking spaces markings which are adding to problems. Directional arrows and zebra crossings also need updating throughout the site.</p> <p>This will lead to an impact/affect on all visitors to site inclusive of staff, patients and visitors.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Additions of temporary signage when required also barriers in use. MA Update Emergency filing of potholes when identified. low risk planned maintenance routine to inspect paths and road monthly.</p>	Safety - Patient, Staff or Public	3	3	9	Identified and costs collected as singular units but not complete.	<p>Directional arrows and zebra crossings need updating throughout the site.</p> <p>Funding request submitted to Welsh government 2022</p> <p>Continuous monitoring of roadway but is shown as deteriorating.</p> <p>Some potholes filled in due to complaints but roads are deteriorating. Update MA planned maintenance in place to routine inspect roads on a monthly basis. Potholes identified have emergency fill products applied. this is ongoing</p> <p>Extra complaints are coming in and we have recently had some other people falling. We are not able to keep up with temp fixes due to the volume of traffic.</p> <p>Capital bid to resurface highest risk priority road and car park sections</p>	<p>Arnold, Malcolm</p> <p>Arnold, Malcolm</p> <p>Elliott, Rob</p> <p>Arnold, Malcolm</p> <p>Elliott, Rob</p> <p>Arnold, Malcolm</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>5% of works has been completed as of July 2021. no further progress completed</p> <p>completed</p> <p>Continuing to monitor complete</p> <p>Only potholes at various points. update routine planned maintenance inspections in place, potholes identified and filled where necessary. 28/03/2025 update no further progress</p> <p>Filling in deepest holes but there is a lot of damaged roads. update MA emergency pot holes filling complete. planned maintenance checks in place</p> <p>Condition survey completed to look at immediate issues / areas over 5 years life and areas over 10 years life. Highest priority road and car park resurfacing capital bid submitted</p> <p>no further progress</p>	Health and Safety Committee	3	2	6	ongoing inspections and maintenance will reduce this risk but weather and road use will always cause wear and tear	4/30/2030	Treat	4-Feb-26

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1261	Estates & Facilities	Estates & Facilities	E&F: Pembrokehire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	14-Oct-21	<p>There is a risk of that the roof and ceiling will become too badly corroded to allow the office to be used. The subframe is also showing signs of external corrosion of the frame and skirts on the floor level of the units.</p> <p>This is caused by weather conditions and inevitably the age of the units.</p> <p>This will lead to an impact/affect on closure of the offices as there are water leaks being permanently reported. The trial of using a compound on the roof was abandoned as the roof was giving way. Unfortunately the whole of the roof is not in a very good condition.</p> <p>Risk location, Withybush General Hospital.</p>	Monitoring and used to be coating of the leak area but now unable to walk on roof.	Safety - Patient, Staff or Public	4	2	8	The sub frame of the building is in poor condition and will not allow more maintenance.	<p>Continual Inspections to be carried out.</p> <p>Units are subject to adverse weather and are corroding badly. No further work can be determined.</p> <p>Continuing maintenance and inspection being carried out.</p> <p>Units are subject to adverse weather and are corroding badly. No further work can be determined. Partial improvements have been carried out to a part of the roof. More funding required.</p>	<p>Arnold, Malcolm</p> <p>Elliott, Rob</p> <p>Arnold, Malcolm</p> <p>Elliott, Rob</p>	<p>23/09/2024-30/09/2025</p> <p>30/10/2025-31/03/2026</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>Frames are deteriorating. update 17/07/2024 north side of building subsided by 100 mm due to frame corrosion. structural survey completed, waiting for action plan and cost to repair the structure. Property team to carry out building survey for suitability.</p> <p>Update 19/02/2025 North Side works complete. Still evidence of corrosion to frame on the west side. to be monitored</p> <p>No further progress. Emergency works to the roofs completed June 2024 capital bid in place for full replacement. completed</p> <p>Continuous patching up of external areas. Update 17/07/2024 emergency patch repair to one section of the roof completed June 2024. Capital bid in place to replace fully. Update 19/02/2025 Capital funds release Or placed with contractor. mobilisation of scaffolding no on site. Start date to be confirmed roof completed</p> <p>No further progress. completed</p>	Health and Safety Committee	2	1	2	Capital investment and regular maintencae will achieve the target risk score.	3/31/2027	Tolerate	16-Dec-25

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947	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	3-Aug-17	<p>There is a risk of avoidable harm to patients, visitors and staff at Tenby Cottage Hospital.</p> <p>This is caused by the brick Pavement and Driveway into Hospital sliding down towards the bottom of the carpark allowing excessive gaps and holes to appear which are trip hazards.</p> <p>This will lead to an impact/affect on personnel that are entering the Hospital being exposed to the danger of such potholes, possible trips and falls, claims and complaints.</p> <p>Risk location, Pembrokeshire, Withybush General Hospital.</p>	<p>Sand is being placed between the joints but has not any long-term effect. Slippage is still occurring.</p> <p>Inspections being carried out by Estates staff but there is not a great deal that maintenance are able to do.</p>	Safety - Patient, Staff or Public	4	2	8	<p>Limited to allowing sand to be used to assist with the gaps but these are getting bigger with the volume of slippage, however the gaps are worsening.</p> <p>Further reports that there is still slippage happening at the Hospital. Unable to close off as this is the main entrance.</p>	<p>Removal of hard standing and either tarmac complete area or install concrete dividers to stop creep of brickwork.</p>	Arnold, Malcolm	30/09/2020-31/12/2024 30/04/2025-30/03/2026	<p>New quotes to be required, after which a Capital bid will be raised.</p> <p>Update 16/07/2024 order placed for localised repair to main car park entrance and trip hazards at building entrance. Trip hazards completed</p> <p>Update 29/07/2024 Main entrance localised works still to be repaired . Contractor to mobilise for weekend working. date TBC.</p> <p>22-08-2024 final repairs scheduled for weekend 31/08/2024</p> <p>30/04/2025 update. No further plans for full removal and replacement. ongoing maintenance where required.</p>	Health and Safety Committee	1	2	2	<p>Vehicle usage will always cause wear and tear to the car park. Continuous planned maintenance and defect repair when required. Full replacement for a more hard wearing tarmac the preferred solution.</p>	4/30/2026	Treat	14-Jan-26
									<p>Further reports that there is still slippage happening at the Hospital. Unable to close off as this is the main entrance.</p>	Elliott, Rob	Completed		<p>No further progress. update order placed for localised repair at main entrance. mobilisation to be confirmed. completed</p>														
									<p>Brick Walkways are deteriorating and larger gaps appearing. Filling put in to minimise gaps but do not last long.</p>	Elliott, Rob	Completed		<p>No further actions. completed</p>														
									<p>Inspections being carried out but there is not a great deal that maintenance are able to do.</p>	Elliott, Rob	Completed		<p>No further progress to report. completed</p>														
									<p>Removal of hard standing and either tarmac complete area or install concrete dividers to stop creep of brickwork. No requests have been carried out for costing of tarmac.</p>	Elliott, Rob	Completed		<p>No further progress completed</p>														
									<p>Local repairs to blockwork entrances</p>	Arnold, Malcolm	Completed		<p>Purchase order placed to repair trip hazard around entrances. Works have been completed.</p>														

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505	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	1-Jan-18	<p>There is a risk of avoidable service disruption due to high voltage (HV) electrical infrastructure problems.</p> <p>This is caused by the Bus Section and HV Breakers (Health Board Assets) are single point of failure. These are manufactured by South Wales Switch Gear in 1987 and are beyond life expectancy. An external audit by NWSSP-SES has confirmed this issue. Experiencing power outages could result in HV system failure. The HV Breaker is currently oil circuit cooled which degrades quicker than more modern methods of protection, and is more prone to failure.</p> <p>This will lead to an impact/affect on loss of electricity at the PPH site, potential service disruption (non-critical services).</p> <p>Risk location, Prince Philip Hospital.</p>	<p>Visual inspections and PPM's are in place to check components.</p> <p>External service contract in place with Western Power for routine annual maintenance checks over a 5 year plan.</p> <p>If electrical failure did occur the back up generator would generate prioritising essential services.</p>	Service/Business interruption/disruption	2	4	8	<p>Information has been received from external authorising engineers. External service contract in place with The National Grid for routine annual maintenance checks over a 5 year plan. These old systems result in parts being difficult to obtain. Funding is required to address the components as per a risk based approach.</p>	<p>Capital funding will be required to address the issues as identified and for the replacement work to be undertaken.</p>	Evans, Stewart	04/03/2026-31/12/2024-31/03/2024 04/11/2024-31/03/2025-31/03/2026 04/05/2024-31/03/2025	<p>This risk has been identified on the property and infrastructure backlog system. This will now be considered as part of the future infrastructure programme for HDUHB. This has been moved to priority 1 for the WG infrastructure bids. Unlikely to change until end of financial year.</p>	Health and Safety Committee	1	3	3	Listed on Priority 2 of the current run schemes by MCP team for replacement. Funding required for replacement.	3/31/2028	Treat	29-Dec-25

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1353	Estates & Facilities	Estates & Facilities	E&F: Pembrokehire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	9-Feb-18	<p>There is a risk of the condition of the wiring used in the hospital being in a poor condition. Tray work covers have not been put back leaving exposed cores and the use of twin flat grey has been used without containment. Some of the cables could be live.</p> <p>This is caused by use of the wrong specification of cable to be included in small schemes by various parties.</p> <p>This will lead to an impact/affect on the safety of personnel doing maintenance in ceiling voids.</p> <p>Risk location, Withybush General Hospital.</p>	Fixed testing has not identified any problems as there are no complete circuits to measure. Formal discussions with Electrical Staff is carried out.	Safety - Patient, Staff or Public	4	2	8	The issues are now being realised by Contractors during the fire Code works. Discussions are frequent and isolations are being done by officers.	<p>No further work carried out to infrastructure except for normal maintenance.</p> <p>As more areas are being exposed it is showing more and more non-compliant electrical services. Remedial works are required.</p> <p>Poor quality wiring is being identified through Fire code and RAAC contractual works. Ongoing identification, Fixed electrical testing contract in place. Permit to work by CP appointed contractor only. ongoing.</p> <p>Funding and a contract required to test such a large area.</p> <p>This problem is as bad as first reported as there is much more Twin and earth being found as further works are being carried out.</p>	<p>Arnold, Malcolm</p> <p>Elliott, Rob</p> <p>Arnold, Malcolm</p> <p>Elliott, Rob</p> <p>Elliott, Rob</p>	<p>Completed</p> <p>Completed</p> <p>23/09/2022-30/03/2025 30/09/2025, 31/03/2026</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>Upgrades to electrical wiring on second floor wards as part of RAAC repairs. other areas no further progress Update:17/07/2024 Ground floor RAAC areas have had electrical infrastructure (dis boards replaced. Wiring change where needed.</p> <p>completed</p> <p>No further progress into problems carried out. completed</p> <p>ongoing identification and modification when identified. 27/03/2025 update Fixed wiring inspection project under way to achieve 100% over 5 years. Defects identified from inspections will require funding.</p> <p>completed</p> <p>No further progress. completed</p>	Health and Safety Committee	3	1	3	capital investment and regular maintenance will reduce this risk	4/30/2030	Treat	16-Dec-25

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1332	Estates & Facilities	Health and Safety	Health and Safety	Severs, James	Severs, James	Springthorpe, Adam	Springthorpe, Adam	23-Aug-21	<p>There is a risk of avoidable patient and staff harm from hazardous substances.</p> <p>This is caused by the UHB not being fully aware of its compliance to the Control of Substances Hazardous to Health Regulations 2002 (COSHH)</p> <p>This will lead to an impact/affect on the safety of patients, staff and general public, closure of services, HSE investigations and prosecution, adverse publicity/reduction in stakeholder confidence.</p> <p>Risk location, Health Board wide.</p>	<p>HS&S Officer (Chemical Engineering Specialist) providing support/advice to departments.</p> <p>HS&S Officer is supporting Health Board Ventilation Group with Estates colleagues - surveyed Local Exhaust Ventilation systems across PPH, GGH, WGH & BGH. Also assisting Water Safety Group and Sharps Safety Groups (re: work-related biological agent exposure).</p> <p>Undertaken chemical waste audits with Environmental team, and provide ongoing support to team with specialist advice regarding safe handling and disposal of waste.</p> <p>HS&S Officer attending Sharps Safety Group - measures to reduce risk of exposure to sharps (and possible exposure to biological agents) being implemented.</p> <p>Assisting annual ISO 14001 audits covering some COSHH aspects. HDUHB COSHH policy and procedure - updated policy approved Jan 2022, contained two new COSHH forms (substance-based and task-based) Induction training for Managers - includes COSHH for Managers session. Over 500 managers trained since 2020.</p> <p>Annual COSHH audits of prioritised departments undertaken - initial program (April 2020, early pandemic) assessed key departments on all acute sites and support provided on highest risks. Other audits taken as and when possible. Annual audits undertaken.</p> <p>Centralised HDUHB database of identified substances and COSHH</p>	Safety - Patient, Staff or Public	2	4	8	<p>We are likely to be compliant with many aspects of COSHH (due to existing control measures, training, etc), however the COSHH assessment is needed for many substance, and this will record where we are compliant and what remedial actions are necessary.</p> <p>Risk has been reduced slightly due to a few recent changes. Firstly, the estates inventory is significantly reduced from previous audits. Estates do not use substances of high concern. The GGH Laundry has closed so there is no longer use of the most hazardous substances in the largest quantities. HSDU now use the most hazardous substances but these are well controlled. Audits of general wards are underway and are not finding significant hazards. There is a possible risk remaining from some environmental exposures such as surgical smoke and Entonox. New processes such as HPV disinfection have introduced new but well-managed risks. Hotel Services have undergone a supplier change for their substances. Progress is ongoing towards reducing risk to a Moderate.</p>	Completion of >50% of required COSHH assessments using forms in HDUHB COSHH Policy 703	Sellek, Gerard	30/12/2022 31/01/2026	<p>The following COSHH aspects are complete: Endoscopy/HSDU, Podiatry, Estates boiler treatment/feed water testing chemicals, liquid nitrogen complete, some MHL sites, Entonox exposure; HS&S has set up a database of all substances found and assessments required/completed. The initial aim was for local managers to complete risk assessments. This is possible for small numbers of assessments, but due to overall HDUHB staff workload, HS&S generally will need to set up the assessments and then reviewed/completed locally except where local staff have the time to do so. This has been successful when undertaken. Every ward on every acute site has been visited and assessed for COSHH risks. New COSHH Intranet site under development which is intended to become the central repository for COSHH lists, MSDS's and COSHH Assessments.</p>	Health and Safety Committee	1	4	4	<p>Developing COSHH compliance for the Health Board is a huge task, but one that is always ongoing behind the scenes within the H&S Team. Compliance will therefore take time to fully implement.</p>	12/31/2026	Treat	25-Nov-25

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									<p>data - initiated April 2020 (1000+ substances registered). This is used to identify and log what substances are in use, what COSHH assessments are required (and what have been completed). Reducing inventory of chemicals by identifying old/obsolete items. Estates inventory has been reduced in this way.</p> <p>Pathology use the Q-Pulse-Pathology system and have an extensive library of COSHH assessments. Pathology have their own assessments so they will be assessed at the end of the process.</p> <p>HSDU (PPH, GGH, WGH, BGH) and Endoscopy (BGH) use active monitoring, ventilation, emergency procedures, COSHH training from suppliers. COSHH assessments in place on old form. Almost all COSHH assessments are in place now in HSDU.</p> <p>Catering and HSDU receive COSHH training from suppliers. Chemicals have changed so are being re-assessed. Estates, HSDU, Catering, Hotel Services, Laundry, some wards/clinics/OPD, Pathology/Histology/Blood Sciences, Theatre, have been given an initial audit with follow-ups during 2024.</p> <p>About 150 substances require standalone assessments, and about 80 task-based assessments are needed, but the overall number of substances is much reduced due to reductions in Estates inventory. HS&S Officer in process of completing identification of hazards prior to working on the assessments.</p> <p>Cytotoxic medication list obtained, COSHH assessment is underway.</p>							<p>Complete Detailed training for Managers on completion of COSHH assessments using new forms and completion of training package for delivery.</p>	Sellek, Gerard	Completed	<p>Due to work pressures, this training will not be delivered routinely but can be done according to demand and need. The presentation file will be sent to everyone who has completed the MH&SI. The existing MH&SI training package is being reworked to make it more user-focussed embedding the previous experience in this role, to ensure Managers are better equipped to identify and risk assess substances. The detailed training includes worked examples of how to complete Substance-based and Task-based assessments.</p>													
															<p>Complete training package for delivery of COSHH Awareness training for substance users and supervisors.</p>	Sellek, Gerard	28/02/2022 31/01/2026	<p>Creation of package underway. COSHH Audits to inform contents and means of delivery of package. Some department such as HSDU and Hotel Services have existing COSHH training, this package is intended to cover gaps (and offer more tailored advice) such as nursing staff, Estates, and porters. A training package has already been developed for Porters and nursing staff who handle liquid nitrogen, and has already been delivered in PPH. Due to numerous changes in chemicals used across the HB, this needs to be tailored to suit the current needs. An Estates package is underway and will be delivered in conjunction with the Operations Compliance Officer in April 2025.</p>														

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										HS&S are working with Oncology on this aspect.																	
															Undertake annual COSHH audit of acute sites.	Sellek, Gerard	Completed	Initial audits already carried out was intended to identify the substances in use in the HB. New audits will check for updates to initial audits; will collect information on usage/exposure/methods of use that will be needed to complete COSHH assessments. Estates has largest inventory but effort now being supported by Compliance Officer. This is an ongoing action. COSHH audits are undertaken whenever HS&S visits a site/department, and support provided as needed. The new H&S Advisor also assisting with this. New audits in 2024 covering wards.									
															Develop improved waste procedures with Environmental team.	Sellek, Gerard	Completed	Waste process for HSDU has been implemented to reduce risk of chemical containers entering incorrect waste streams. Procedure for obsolete chemicals required to support Waste Management Policy. This can be placed on Intranet and communicated via Global e-mail. Recent work on this has included developing (with Environmental) and communicating a procedure for disposal of waste anaesthetic liquids for Theatre and ITU (June 2023). HS&S works with Departments and Environmental team to deal with identified instances of chemicals requiring disposal by specialist contractors. HS&S provides ongoing support to Environmental in this regard so will log this action as complete.									

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991	Estates & Facilities	Estates & Facilities	E&F: Pembrookshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	11-Sep-17 There is a risk of leaks being detected in the natural gas pipework at Withybush Hospital. This is caused by the Mains Gas pipework not being up to Gas Safe standards and is showing signs of corrosion and wear due to age of installation. Labelling and isolation/solenoids, and valves are not up to current standards. Soundness tests need to be completed to verify condition of distribution system. This will lead to an impact/affect on possible closure of services whilst leaks are repaired. Isolation of gas main would be a reality, which will impact the main WGH kitchen and impact on nutritional needs to the patients. If gas main shut down was needed, this would impact the renal dialysis resulting in loss of heating and domestic water. This has been identified as part of LOFSM Risk location, Withybush General Hospital.	Constant monitoring and inclusion of local contractor. SOP in place for emergency closure of kitchen, and alternative food supply.	Safety - Patient, Staff or Public	4	2	8	The unit is being monitored at the moment but further works are imminently required. When the line was installed the guidelines were not as significant a problem but having changed legislation this is not now the case. No further progress on the 2019 report received from a commercial gas contractor due to lack of funding to carry out effective repairs and ongoing annually soundness tests. Funding still awaited. 28/01/2025 update : this still sits as a high risk gas safe non conformity. early resolution required.	Inspection carried out and recommendations have been accepted. Capital bid required to eradicate problems. No further progress on the report received from a commercial gas contractor. Capital bid required to eradicate problems. Capital bid submitted 19/07/2024 waiting for funding to refurbish the Commercial gas system to latest Gas safe regulations.	Arnold, Malcolm Completed	Completed	Capital Bid has been submitted to complete recommendations. Update 14/07/2024 system resurveyed and new costs established to prepare a new capital bid.	Health and Safety Committee	4	1	4	capital investment and regular statutory maintenance will reduce this risk	4/30/2030	Treat	14-Jan-26
1106	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	1-Aug-12 There is a risk of avoidable harm to patients and the loss of services. This is caused by medical gas plant and equipment failure, and oxygen supply to COVID ward area's due to pipe sizing This will lead to an impact/affect on patients if a serious incident or failure was to occur. Also this has the potential to affect services causing disruption, resulting in closure of facilities. Possible enforcement and Health and Safety Executive (HSE) prosecution in the event of a serious incident occurring. Risk location, Prince Philip Hospital.	Pre planned maintenance is being carried out. Visual inspections are also being undertaken and a Health Board wide Medical gas group has been established. Designated nurse officer medical gas training has also been undertaken.	Safety - Patient, Staff or Public	2	4	8	Guidance documentation and external advice from Authorising Engineers advises that all plant has a life span - anything over 10 years increases the risk of being unable to replace worn/damaged parts. Despite the controls in place, the risk cannot be fully mitigated until funding is in place to replace the equipment.	TEF Funding required from 2025-26 allocation.	Evans, Stewart 03/01/2026	Order to be placed for the increased pipe size installation feeding Ward 1 & AMAU.	Health and Safety Committee	1	4	4	Investment required for aged plant replacement.	3/29/2030	Treat	18-Dec-25	

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2278	Estates & Facilities	Estates & Facilities	E&F: Fire	Severs, James	Severs, James	Chiffi, Simon	Evans, Paul	31-Oct-25	<p>There is a risk of not having fully accurate information to determine our agreed fire safety engineering strategies for a selection of our buildings to meet the requirements of Regulation 38 of Building Regulations, BS9999 and the Regulatory Reform (Fire Safety) Order 2005.</p> <p>This is caused by having incomplete or the lack of data in many cases to support the verification of fire safety engineering strategies within estates operations/fire team, for a selection of our estate buildings. In addition to this a lack of complete transparency of ownership and responsibility of the individual components of a fire strategy between operational estates and the fire team.</p> <p>This will lead to an impact/affect on potentially increased or additional operational maintenance frequencies for planned maintenance work, lack of clarity in some cases on what elements of the building form part of the strategy (i.e. fire door locations or fire compartmentation walls) in addition, for more complex buildings, potentially outdated cause and affect matrix to determine what and how engineering components perform and react when fire alarms are activated.</p> <p>Risk location, Health Board wide.</p>	<p>Established PPM regimes across a range of fire safety engineering components. Regular KPI reporting to Fire Safety Groups and IGG.</p> <p>Fire Door barcoding is currently being rolled out across the estate</p> <p>Fire Door Surveys</p> <p>Fire Compartmentation Surveys</p> <p>CAD and Fire team appointed to manage and update fire safety engineering drawings (fire strategy) providing advice to the operational estates managers to ensure they can fulfil their responsibilities to address other agreed elements of the strategy.</p> <p>Fully developed and dated phased FIRE STRATEGY GAP analysis on what sites require strengthening and updating and who is responsible for completion of each phase of work.</p> <p>Tef funding agreed to address and improve a range of fire infrastructure items</p> <p>Fire safety drawings are available and accessible from the estates drawing portal</p> <p>Cause and affect matrix documents are available for complex sites</p> <p>Boris system has been implemented to record the findings of the Fire Risk Assessments and assignment of actions to nominated staff.</p> <p>Fully approved job descriptions for specific roles in estates that are responsible for fire safety</p>	Service/Business interruption/disruption	4	2	8	<p>This risk score is based on the information and evidence within both estates and fire compliance teams.</p>	<p>To fully agree and complete the FIRE STRATEGY GAP analysis document that is shared between all stakeholders.</p> <p>To meet and fully agree the appropriate ownership of actions that are created from Fire Risk Assessments. Looking at the questions asked in the FRA's to ensure clarity of ownership/responsibility of actions raised.</p>	Evans, Paul	31/03/2026	<p>The FSG are tracking this and the progress of completion.</p> <p>The FSG are tracking the progress of this action.</p>	Health and Safety Committee	4	1	4	<p>This risk score is based on the information and evidence within both estates and fire compliance teams.</p>	12/31/2029	Treat	29-Jan-26

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1099	Estates & Facilities	Estates & Facilities	E&F: Ceredigion	Severs, James	Chiffi, Simon	Day, Simon	Jones, Eifyn	1-Aug-12	<p>There is a risk of avoidable harm to patients.</p> <p>This is caused by medical gas plant and equipment failure at BGH.</p> <p>This will lead to an impact/affect on patients if a serious incident or failure was to occur. Also this has the potential to affect services causing disruption, resulting in closure of facilities. Possible enforcement and Health and Safety Executive (HSE) prosecution in the event of a serious incident occurring. (Linked to HB wide risk 434).</p> <p>Risk location, Bronglais General Hospital.</p>	<p>Pre planned maintenance is being carried out. Visual inspections are also being undertaken and a Health Board wide Medical gas group has been established.</p> <p>Designated nurse officer medical gas training has also been undertaken.</p>	Safety - Patient, Staff or Public	2	4	8	As per guidance documentation and external advice from authorising engineers.	To implement all actions listed in the Authorising Engineers (AE's) reports.	Jones, Eifyn	31/03/2026	<p>Received budget for 2023/24 to implement some of the actions following the AE report. Awaiting budget for 2024/25 to continue with recommendations following the AE report. £10k Allocated for medical gases compliance.</p> <p>16/05/2025 - Some actions completed from 2024/25 statutory budget. Awaiting allocation for 2025/2026.</p> <p>14/07/2025 - Confirmation of £10k budget, prioritised list to be generated.</p> <p>16/09/2025 - Finalising list prior to issuing PO.</p> <p>17/11/2025 - Working through list to complete actions.</p> <p>26/01/2026 - PO raised.</p>	Health and Safety Committee	1	4	4	It is anticipated that the target score will be following this years statutory allocation.	3/31/2026	Treat	26-Jan-26
1099	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	1-Aug-12	<p>There is a risk of avoidable harm to staff and Patients from potential electrical shocks on defective systems.</p> <p>This is caused by lack of periodic inspections of electrical systems.</p> <p>This will lead to an impact/affect on serious injury and closure of facilities. Failure to undertake this along with a potential incident would result in Health and Safety Executive (HSE) investigations or prosecutions. (Linked to HB wide Risk 425).</p> <p>Risk location, Amman Valley Hospital, Prince Philip Hospital.</p>	<p>Portable appliance testing (PAT) testing is undertaken on a rolling programme.</p> <p>Fixed boards are also tested on a rolling programme as and when funds are made available.</p> <p>Visual checks are continually carried out by maintenance staff.</p> <p>Low Voltage (LV) operational group formed to discuss issues of Electrical Safety and Compliance.</p>	Safety - Patient, Staff or Public	2	4	8	Electrical Testing Inspections to be undertaken on a regular basis to ensure safe systems. To include visual checks through regular PPMs. Fixed testing has been carried out and continues to be undertaken.	LV Safety Group have received returned tenders for 24-25 period. 40K allocated for testing. Principal contractor appointed to undertake tests for April 24-25. Fixed testing ongoing for 2025-26, remedial works to be funded from TEF.	Evans, Stewart	31/03/2026	Additional Capital Funding required to provide Satisfactory test reports	Health and Safety Committee	1	4	4	Ongoing investment required	12/30/2030	Treat	29-Dec-25

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1133	Estates & Facilities	Estates & Facilities	E&F: Pembrokehire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	12-Jun-17	<p>There is a risk of patient, staff and visitor harm (slips, trips and falls)</p> <p>This is caused by unsafe surface conditions of pathways and roads at WGH.</p> <p>This will lead to an impact/affect on Health Board reputational damage with complaints received and patient safety incidents recorded. An increasing number of legal claims could be received if surfaces not made good.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Routine planned maintenance in place to check roads and pathways. Emergency pot hole repairs, where identified.</p> <p>In severe weather, established gritting policy.</p>	Safety - Patient, Staff or Public	2	4	8	<p>Risk remains high. Planned maintenance completed, emergency pot hole repairs undertaken but funding is required to replace road surface. An incident occurred outside A&E on the service duct covers (which forms the pathway) at the end of March 2025. CCTV evidence of a member of the public falling over. All duct covers have now been reset but a legal claim is anticipated.</p>	<p>monitor conditions of roads and paths during inclement weather</p> <p>Road surfaces are deteriorating to the extent of further potholes appearing.</p> <p>Carry out condition survey of roads for capital funding.</p> <p>develop capital bid to resurface priority 1 roadways and car parks (areas to be completed within two years</p> <p>Capital bids for priority two (within 5 years) and priority 3 (within 10 years) on hold</p> <p>Resurface priority roads and car parks on release of capital funds</p>	<p>Arnold, Malcolm</p> <p>Arnold, Malcolm</p> <p>Arnold, Malcolm</p> <p>Arnold, Malcolm</p> <p>Arnold, Malcolm</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>31/03/2026</p>	<p>no further action completed</p> <p>No further progress update 17/07/2024 planed maintenance task in CAFM to check condition. pot hole filled with emergency fill materials. funding application to welsh government to resurface road conditions. currently denied. ongoing</p> <p>06/08/2025 MA condition survey completed highlighted priority 1,2,3 areas.</p> <p>Capital bid completed reference WGH-CB-13-2025</p> <p>no further progress</p>	Health and Safety Committee	1	4	4	<p>Funding is required to mitigate this risk. However, there is always going to be a risk of slips trips and falls due to wear and tear on road surfaces and pathways, coupled with possible mobility issues of patients and members of the public which increases the risk of falls.</p>	12/31/2030	Treat	16-Dec-25

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1068	Estates & Facilities	Estates & Facilities	E&F: Ceredigion	Severs, James	Chiffi, Simon	Day, Simon	Jones, Eifyn	1-Aug-12	<p>There is a risk of avoidable harm to staff from potential electrical shocks on defective systems.</p> <p>This is caused by lack of periodic inspections of electrical systems. Currently testing 20% of the installation annually.</p> <p>This will lead to an impact/affect on serious injury and closure of facilities. Failure to undertake this along with a potential incident would result in Health and Safety Executive (HSE) investigations or prosecutions. (Linked to HB wide risk 425).</p> <p>Risk location, Bronglais General Hospital.</p>	<p>Portable appliance testing (PAT) is undertaken on a rolling programme.</p> <p>Fixed boards are also tested on a rolling programme.</p> <p>Visual checks are continually carried out by maintenance staff.</p> <p>Low Voltage (LV) operational group formed to discuss issues of Electrical Safety and Compliance.</p> <p>Ward testing on a rolling 5 year basis.</p>	Safety - Patient, Staff or Public	2	4	8	<p>Ongoing management as per regulations and guidance documentation. Contractors have now been appointed and will carry out the testing up until 2029 (for 5 years). The score remains high until completion of the testing works (2029).</p>	<p>Bid for additional Capital funding for more testing to take place, which will help the UHB achieve British Standards.</p> <p>Contractors have now been appointed and will carry out the testing up until 2029 (for 5 years)</p>	Jones, Eifyn	Completed	<p>Tender evaluation process completed. Tender award in process.</p> <p>Additional funding required to address this and to provide a satisfactory report (EICR) 16/05/2025 - Targeted Estates Funding to be utilised to address the remedial works following the EICR's. 14/07/2025 - Contract documents are being produced. PO's can then be generated via our framework contractors. 16/09/2025 - Awaiting completion of contract documents before PO's can be generated via the framework route. 17/11/2025 - Awaiting completion of contract documents. 26/01/2026 - Contractor expected on site by 31/03/2026</p>	Health and Safety Committee	1	4	4	20% of the site to be tested annually, 100% completion expected by March 2029.	3/31/2029	Treat	26-Jan-26