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Assurance and Risk Report

Health and Safety Committee – 10 September 2026

This report provides the Health and Safety Committee (HSC) with the status of the corporate risks and audit and inspection recommendations within its remit.

The Committee is asked to seek assurance from the Lead Executive Directors that the corporate risks are being managed effectively and that recommendations from audits and inspections are being implemented by the Health Board.

Principal risks, operational risks and Welsh Health Circulars are reported at alternate meetings, and due to be presented to the Health and Safety Committee (HSC) at its next meeting in November 2026.

Corporate Risks:

6

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Risk Management - Overview



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Effective risk management requires a 'monitoring and review' structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.

The Health Board's risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either principal, corporate or operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval processes and governance arrangements.

The Health Board operates within the widely accepted "Three Lines of Defence" model to ensure the appropriate responsibility is allocated for the management, reporting and escalation of risk.

Risks are aligned to an appropriate Clinical Care Group or Executive Function (hereto referred to as "Functions"), and each has a designated risk lead responsible for reviewing in a timely and comprehensive manner.

The Board's Committees are responsible for the monitoring and scrutiny of corporate and operational risks within their remit and providing assurance to the Board that risks are being managed effectively and report areas of significant concern (eg where the [risk appetite](#) is exceeded, or there is a lack of action).

Committees are also responsible for reviewing risks over tolerance and where appropriate, recommend the 'acceptance' of risks that cannot be brought within risk appetite.



Corporate Risks Assigned to HSC



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Hywel Dda Risk Heat Map

	LIKELIHOOD →				
IMPACT ↓	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5			2381 (NEW) 1745 (→) 813 (→)		
Major 4			2349 (→) 1433 (→)		
Moderate 3					1860 (→)
Minor 2					
Negligible 1					

Each risk on the Corporate Risk Register (CRR) has been mapped to a Board level Committee to ensure that risks on the CRR are being managed appropriately, taking into account gaps in controls, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks.

Corporate risks have been aligned to the most appropriate Board level Committee. These risks have been identified by individual Directors via a top down and bottom-up approach and are either:-

- Associated with the delivery of the Health Board objectives; or
- Significant escalated operational risks that are of significant concern and require corporate oversight and management.

There are 6 corporate risks currently aligned to HSC (out of the 25 that are on the CRR at 13 August 2026).

Since the previous report, Risk 1861 (reported via In-Committee) has been closed and superseded by Risk 2381 relating to Martyn's Law following agreement at Formal Executive Team on 17 June 2026. Due to its sensitive nature, Risk 2381 is being reported in detail to the In-Committee to support discussion and provide assurance.

The following slides provide a summary of the reportable corporate risks aligned to HSC. The Risk Register attached at **Appendix 1**, provides full detail of the reportable risks, including control measures in place, a risk action plan to further manage and mitigate the risk, an expected date to achieve the noted Target Risk Score, and sources of assurance.

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- maintaining compliance with statutory and regulatory requirements, particularly in relation to fire safety legislation and emerging requirements under Martyn's Law;
- managing the consequences of an ageing estate and infrastructure
- ensuring the safety and wellbeing of staff, patients and the public through effective management of violence and aggression; and
- delivering consistent organisational preparedness, governance, training and assurance arrangements across a geographically dispersed Health Board.

- Harm to patients, staff and members of the public including risk of injury and deterioration in wellbeing;
- Reduced service capacity and challenges maintaining routine and emergency care due to disruptions;
- Significant financial pressures arising from infrastructure failures, backlog maintenance requirements and fuel costs;
- Reduced organisational resilience and ability to effectively respond to major incidents and security threats.
- Regulatory intervention, enforcement action, failure to meet statutory duties and increased external scrutiny.

- Secure sustainable investment and funding to address infrastructure, estate, safety and security deficiencies;
- Invest in physical infrastructure, security measures and preventative maintenance programmes to improve long-term resilience;
- Strengthening of governance, oversight and accountability arrangements;



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Rationale for Current Risk Score The high frequency of violence and aggression incidents contributes greatly to the current risk score, with over 1,400 incidents recorded during 2025. More recent figures show that this trend is continuing in 2026 (April 107, May 120, June 99). The likelihood remains at 5 as these incidents occur numerous times daily. Due to the number of patients with complex needs (e.g. cognitive impairment, medical confusion or substance misuse) it is unlikely that the likelihood score will reduce greatly. The lack of adequate and suitably qualified security staff to deal with these incidences means the consequences and impact of any incidents can be catastrophic, resulting in physical injury to staff, psychological harm , reduced well-being and service disruption. Inconsistent compliance with violence & aggression (V&A) risk assessments and training and a lack of process surrounding the management of lone working safety measures are also contributory factors.
Rationale for Target Risk Score The likelihood of the risk occurring is high, and revised in June 2026 from 3 to 4 ensuring consistency with the CRS. In order to achieve the TRS, the impact of the risk can be reduced by employing suitably qualified security staff at acute sites.

Corporate Risks Assigned to HSC



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Risk Reference & Title	Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS	Included in Annual Plan 2026/27?
1745 – Risk of not being able to safely deliver services due to ageing estate and infrastructure across the Health Board	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	15	15 ➔ (Reviewed 14/08/26)	10	31/08/32	No – however included in Planning Goal 8

Rationale for Current Risk Score

The current risk score is based upon the level of detailed information the Estates department has for its buildings, plant and infrastructure, including external reports, risk information and Estates and Facilities Performance Management System (EFPMS) data submitted to Welsh Government (WG), clearly articulating the scale of backlog and deficiencies across the Health Board. The Programme Business Case (PBC) has been under development with WG since 2018/19. The risk score also reflects insufficient capital support (noting this project dates back to 2018), the Health Board has therefore changed the approach entirely and has worked since October 2024 in a partnership arrangement with NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES) to jointly develop an estates priority and risk consequence paper. This document provides clarity as to the potential implication if a specific infrastructure item was to fail.

The Health Board undertook workshops directly with NWSSP-SES in August 2025 to determine the preferred options, accounting for risk mitigation, technical implications, deliverability and cost. The Health Board are engaging with WG directly to secure the resources to progress these works via the appropriate business process. On a positive note, this project is one of the supported priority projects by WG for investment in Health Board estate.

Rationale for Target Risk Score

Backlog figures and risks are being reviewed regularly to inform the target risk score, and to determine any future risk reductions. The currently predicted expected date to achieve improved compliance is 2032. The achievement is directly linked to the amount of funding the Health Board will receive to address the current issues faced across the organisation, and our ability to successfully deliver these improvements to reduce risk over time. This will be reviewed regularly as schemes progress.

Corporate Risks Assigned to HSC

Risk Reference & Title	Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS	Included in Annual Plan 2026/27?
813 – Risk of non-compliance with the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	15	15 ➔ (Reviewed 14/08/26)	5	31/08/29	No – however included in Planning Goal 8

Rationale for Current Risk Score
Phased fire safety improvement works are ongoing across our sites, with significant investments being made to address the recommendations in the Mid and West Wales Fire & Rescue Service (MWWFRS) letters and Enforcement Notices (EN). All programme dates have been agreed with the Health Board, Welsh Government and MWWFRS senior inspecting officers. The progress of completed actions is regularly reviewed to determine the risk score as these works are progressed. Extensions for delivery, particularly for EN schemes, have been fully agreed by MWWFRS. A reduced scope of works has been agreed for Withybush General Hospital (WGH) and Glangwili General Hospital (GGH) Phase 2 on achievement of the following: - Fire alarm systems to L1 standard (achieved). - Health Board to achieve and maintain an 85% target for combined Fire Safety Training - MWWFRS have mandated that this must be achieved by 31/03/26, however the Health Board has not met this requirement. It has been escalated to the HB to address. - Night fire wardens are in place (WGH and GGH). Night fire wardens at Bronglais General Hospital (BGH) will also be in post by 1 September 2026. The BORIS software system has been implemented, and all fire risk assessments have been transferred across. Papers are submitted to the estates CCG meetings providing a high-level summary of the Estates and Hospital Management Risks. Currently, the risk is felt to still be extreme until further progress is made on the above fire safety improvement works.

Corporate Risks Assigned to HSC

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813 – Risk of non-compliance with the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	15	15 ➔ (Reviewed 14/08/26)	5	31/08/29	No – however included in Planning Goal 8

Rationale for Target Risk Score
It is anticipated that when training attendance levels have reached >85% target (and are sustained at this level) coupled with the completion of all major fire enforcement schemes, reduction of risk score will be considered. The current predicted expected date to achieve compliance across all areas is August 2029. This will be reviewed regularly in line with progress made to our infrastructure and obtaining appropriate levels of assurances that clearly evidences that the HB has effective fire safety management arrangements in place.

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Rationale for Current Risk Score
The national security and risk assessment was reviewed and re-published in November 2025; this remains unaltered. The previous pandemic influenza risk has been changed into three new risks; one generic pandemic event (1433) and two emerging infectious diseases reflected on the operational risk register (1879 re: measles and 2093 re: tuberculosis). Current likelihood of the risk has been scored as a 3 to reflect the risk of the Health Board being unable to respond to the scale and severity of the pandemic - not the likelihood of the pandemic actually occurring.
Rationale for Target Risk Score
Following ‘Exercise Pegasus’, the UK Government Exercise Report is due Winter 2026 which will identify recommendations at both government and local levels. This will be followed by the publication of the UK Government Respiratory Pandemic Plan/Guidance which our regional and Health Board plans will need to dovetail with. Following review of our Pandemic Response Framework in April 2026 a follow up table-top exercise is planned for the Autumn which will further inform our own pandemic preparedness. The Target Risk Score has been amended to reflect these timescales and provide time to analyse and incorporate recommendations.

Corporate Risks Assigned to HSC

Risk Reference & Title	Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS	Included in Annual Plan 2026/27?
2349 - Risk of disruption to services and increased financial pressure arising from fuel supply constraints and rising cost	Public Health	Executive Director of Public Health	12	12 ➔ (Reviewed 21/07/26)	6	31/08/26	No new risk added in FY2026/27

Rationale for Current Risk Score
The likelihood of adverse impact from fuel supply constraints and rising fuel costs has reduced from inherent levels due to active national fuel market monitoring, existing national and regional contingency arrangements, business continuity planning, and cost monitoring measures already in place. However, the impact remains high because the Health Board continues to rely heavily on fuel (vehicle and heating) to operate a geographically dispersed estate, maintain patient transport, and support staff travel and community-based services. Sustained fuel price volatility therefore still presents a significant financial and operational risk, justifying a current risk score of 12.
Rationale for Target Risk Score
With continued implementation of mitigating actions such as nationally strengthened fuel supply resilience, optimisation of fuel (heating and vehicle) procurement, review of fleet usage, increased use of hybrid and low emission vehicles, enhanced digital and remote service delivery where appropriate, enhanced business continuity planning and longer-term investment in decarbonisation the potential impact of fuel disruption can be substantially reduced. While external market volatility means the likelihood cannot be reduced further in the short to medium term, these measures are expected to limit operational disruption and financial exposure, reducing the impact to a tolerable level and achieving the target risk score of 6 by the end of August 2026.

Audits and Inspections - Overview



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The Health Board remains in Level 4 status with Welsh Government (WG) as a result of challenges relating to financial sustainability, strategy and planning, service delivery and organisational performance. The Health Board must meet the following criteria within the NHS Wales oversight and escalation framework:

- Evidence that all recommendations from the Royal Colleges / Health Inspectorate Wales (HIW) and other reviews specific to Hywel Dda UHB are discharged and either verified or delivered or scheduled for delivery within the Health Board's longer-term improvement plan;
- Support the implementation and realisation of Getting it Right First Time (GIRFT) and the national programme reviews opportunities;
- Support the implementation and realisation of the three Ps policy, GIRFT, theatre optimisation, CIN optimisation programmes and related national improvement recommendations; and
- Develop a prompt response to any HIW unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence.

All reports from audits, inspections and reviews undertaken across the Health Board are logged and tracked on AMaT (Audit Management and Tracking), with progress updated by relevant service leads against each recommendation, with evidence required to be uploaded to demonstrating progress and implementation, and any barriers to completion clearly noted.

AMaT enables services to directly update progress against all recommendations via one central system, promoting a consistent approach with regards to processes and reporting, improvement in transparency and accountability, supporting services with their governance arrangements, and improvement in information flow. Progress is monitored via the utilisation of a traffic light system based on performance against original completion dates, outlined on the next slide.



*To provide greater assurance and transparency to the Committee, the reporting format for this section has been enhanced to include reports classified as *Complete Pending Approval* and *Complete Approved*. These categories were not reported separately in May and account for the difference in reported numbers.

Audits and Inspections – Overview at Report Level



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The following reports have been assigned to the Health and Safety Committee to enable them to undertake the following responsibility set out in their Terms of Reference:

3.1.19 Seek assurances on the requirements arising from the Health Board's regulators, Welsh Government and professional bodies

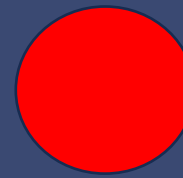
Status Category	Definition	Number of Reports – September 26	Number of Recommendations – May 26	Number of Recommendations – September 26
Overdue	Report / recommendation is behind schedule to the timescale provided by the Lead officer, or a plan / management response (with date for implementation) is not yet in place.	22	48	72
Unable to Complete	Report / recommendation cannot be implemented due to existing barriers and/or it is no longer relevant/appropriate for the Health Board. Formal sign-off by the CCG/Function Lead is required prior to escalation to the Executive Team for formal approval via operational governance structures.	1	3	3
Pending Decision	Report / recommendation is pending a decision in order to implement e.g. outcomes of annual planning process, approval of funding requests, outcome of a QIA panel. Committee updates will detail whether the report is overdue or not whilst decision pending.	0	0	0
In Progress	Report / recommendation is currently in progress, and within the agreed original timeframe for implementation.	19	66	58
Reliant on External Factors	Report / recommendation considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.	1	4	3
Complete Pending Formal Approval	The CCG / Function have completed the report / recommendation and are currently awaiting formal approval to close.	23	47	165
Complete	Report / recommendation has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.	2	174	157

The September 2026 data shows an increase in the number of total recommendations, with a stronger position in relation to recommendations either completed or completed pending approval. There is a notable increase in overdue recommendations, however this is a reflection of the approval process where recommendations previously assessed by the service as completed have been challenged and rejected on AMAT with the request that additional evidence is uploaded to support their closure.

Detail of recommendations that are overdue are included in **Appendix 2**.

Audits and Inspection Reports

- Overdue



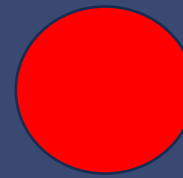
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Date of report	Report Issued By	Report Title	Clinical Care Group / Executive Function	Lead Director	Original Completion Date of the report	Revised Completion Date of the report	Number of recommendations in original report	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Barriers to Completion
May-22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: CWM SEREN ST DAVIDS PARK HAFAN DERWEN, JOBS WELL ROAD, CARMARTHEN, SA31 3BB BFS/SM/AMD/00107788	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26 May-26 Sep-26	13	2	0	11	0	0	0	0	A number of barriers to completion within timeframe including incorrect sized doors received from manufacturer and lack of access to inpatient areas due to admissions and clinical priorities.
Sep-23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Template 1, (X-Ray & External Plant Room) Prince Philip Hospital, Dafen Road, Dafen, Llanelli. SA14 8QF	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jun-24	Jun-24 Oct-25 Dec-25 N/K	6	1	0	5	0	0	0	0	Recommendation awaiting evidence of implementation to be uploaded to AMAT. Revised completion date sought.
May-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Central Core, GF Block 6, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Sep-24	Sep-24 Sep-26	9	2	0	7	0	0	0	0	Recommendation awaiting evidence of implementation to be uploaded to AMAT. On track for completion by revised date.
Jun-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Cwm Seren PICU Ward, Hafan Derwen, Jobs Well Road, Carmarthen SA31 3HB	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Feb-26	Feb-26 May-26 Sep-26	9	5	0	3	1	0	0	0	Delays due to incorrect doors received from manufacturer/inability to access inpatient areas due to clinical priorities.
Aug-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Health Care Centre, Doctors Surgery, Maes Yr Eglwys, Solva, Pembrokeshire, SA62 6TW	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Dec-24	Dec-24 Dec-25 Sep-26	10	1	0	9	0	0	0	0	Recommendation awaiting evidence of implementation to be uploaded to AMAT. On track for completion by revised date.

Audits and Inspection Reports

- Overdue



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Sep-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Llandovery Hospital, Llanfair Road, Llandovery SA20 0LA	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Sep-24	Sep-24 Aug-25 Sep-26	10	10	0	0	0	0	0	0	Recommendations awaiting evidence of implementation to be uploaded to AMAT. On track for completion by revised date.
Oct-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Withybush General Hospital, Fishguard Road, Haverfordwest, SA61 2PZ, Block 24 (A+E)	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jan-25	Jan-25 Mar-26 N/K	3	1	0	2	0	0	0	0	Recommendation awaiting evidence of implementation to be uploaded to AMAT. Revised completion date sought.
Dec-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 5 Cysgod Y Cwm Ward, Amman Valley Hospital, Folland Road, Glanamman, Ammanford SA18 2BQ	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jun-25	Jun-25 Mar-26 N/K	3	1	0	1	0	0	1	0	1 recommendation os awaiting evidence of implementation to be uploaded to AMAT. 1 recommendation reliant on outcome of capital bid.
Jan-25	Local Authority	Food Safety & Hygiene Report Amman Valley Hospital	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Apr-26	Apr-26 Sep-26	5	3	0	2	0	0	0	0	On track for completion by revised completion date.
Jan-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Hafan Derwen, Jobs Well Road, Carmarthen SA31 3BB	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jul-25	Jul-25 Oct-25 Sep-26	11	10	0	1	0	0	0	0	Recommendations awaiting evidence of implementation to be uploaded to AMAT. On track for completion by revised date.

Audits and Inspection Reports

- Overdue



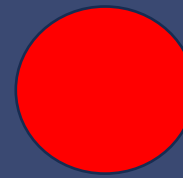
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Feb-25	Royal College	RCN Health and safety workplace inspection- Corridor care and safe staffing BGH EUCC February 2025	Community & Integrated Medicine	Chief Operating Officer	Sep-25	Sep-25 Sep-26	11	1	0	10	0	0	0	0	On track for completion by revised completion date.
Mar-25	Mid and West Wales Fire and Rescue Service	Enforcement Notice: 5438/02 The Regulatory Reform (Fire Safety) Order 2005: Article 30. Premises: Cwm Seren PICU Ward, Hafan Derwen, Jobs Well Road, Carmarthen SA31 3HB	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26 May-26 Sep-26	2	2	0	0	0	0	0	0	Work continues to progress and is on track for completion by revised original completion date (awaiting evidence of agreement from MWWFRS re revised date).
Apr-25	Local Authority	Food Safety & Hygiene Report Withybush General Hospital	Estates & Facilities	Director of Allied Health Professions and Health Sciences	May-25	May-25 Sep-26	14	4	0	9	1	0	0	0	On track for completion by revised completion date.
Jul-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 10, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26 Sep-26	5	4	0	1	0	0	0	0	Recommendations awaiting evidence of implementation to be uploaded to AMAT.
Sep-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Template 3 (AMAU), Ward 1, Prince Phillip Hospital, Llanelli, Carmarthenshire, SA14 8QF	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26 N/K	5	1	0	4	0	0	0	0	Recommendation awaiting evidence of implementation to be uploaded to AMAT. Revised completion date sought.

Audits and Inspection Reports

- Overdue



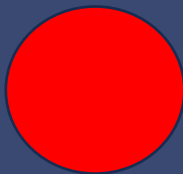
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Sep-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Blue Block, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER. September 2025	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Nov-25	Nov-25 Jul-26 Dec-26	9	5	0	4	0	0	0	0	2 recommendations awaiting evidence of implementation to be uploaded to AMAT, and 3 On track for completion by revised date.
Oct-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Template 27 – Bryngolau, Prince Phillip Hospital, Carmarthenshire, SA14 8QF	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26 N/K	4	1	0	2	1	0	0	0	Recommendation awaiting evidence of implementation to be uploaded to AMAT. Revised completion date sought.
Oct-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Teifi Block, Bronglais General hospital, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER October 2025	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jan-26	Jan-26 Dec-26	4	2	0	2	0	0	0	0	2 recommendations awaiting evidence of implementation to be uploaded to AMAT.
Oct-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Dyfi Block, Bronglais General hospital, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER October 2025	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jan-26	Jan-26 Feb-26 Apr-26 Jul-26 Dec-26	4	2	0	2	0	0	0	0	1 recommendation awaiting evidence of implementation to be uploaded to AMAT for closure. 1 recommendation on track for completion by revised date.
Oct-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Education Centre, Bronglais General hospital, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER October 2025	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jan-26	Jan-26 Dec-26	6	5	0	1	0	0	0	0	2 recommendations awaiting evidence of implementation to be uploaded to AMAT, and 3 on track for completion by revised date.

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Oct-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Hafren Block, Bronglais General Hospital, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER October 2025	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jan-26	Jan-26 N/K	5	1	0	4	0	0	0	0	Recommendation awaiting evidence of implementation to be uploaded to AMAT. Revised completion date sought.
Nov-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Template 15 & 16, Prince Phillip Hospital, Dafen Road, Dafen, Llanelli, Carmarthenshire, SA14 8QF	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26 N/K	3	2	0	1	0	0	0	0	Progress updates and revised completion date sought. Recommendations are aligned to Ward Staff.
Mar-26	Local Authority	Food Safety & Hygiene Report South Pembrokeshire Hospital March 2026 (NEW)	Estates & Facilities	Director of Allied Health Professions and Health Sciences	May-26	May-26 Mar-27	5	2	0	2	0	0	0	1	Overdue recommendations on track for completion by revised completion date.

Audits and Inspection Reports

– Unable to Complete



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Date of report	Report Issued By	Report Title	Clinical Care Group / Executive Function	Lead Director	Original Completion Date of the report	Revised Completion Date of the report	Number of recommendations in original report	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Barriers to Completion
Sep-22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: SOUTH PEMBS HOSPITAL, FORT ROAD, PEMBROKE DOCK, SA72 6FY	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Dec-26	Dec-26	9	0	1	6	0	0	0	2	2 unable to complete due to funding. Recommendations will be managed via Risk 2042 - Risk of harm to patients, staff, and visitors due to operational failures of Fire safety doors WGH, (current risk score 10) as unable to complete due to site complexities and reliance on capital bids.

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– Reliant on External Factors



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Feb-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 2 and Block 3, Amman Valley Hospital, Folland Road, Glanaman, Ammanford SA18 2BQ	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jul-25	Jul-25 Sept-25 Dec-25 N/K	6	0	0	2	2	2	0	0	2 recommendations are reliant on receipt of revised Fire Strategy from MWWFRS.

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– In Progress



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Jun-26	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 1A & 1B, Occupational Health Offices, Prince Philip Hospital, Dafen Road, Llanelli, SA14 8QF June 2026 (NEW)	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Dec-26	7	0	7	0	0	0	0	0	N/A
Jul-26	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 5 & Brambly Hill Nursery, Prince Philip Hospital, Dafen Road, Llanelli, SA14 8QF July 2026 (NEW)	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Dec-26	4	0	4	0	0	0	0	0	N/A
Dec-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 2 Outpatients, Withybush General Hospital, Fishguard Road, Haverfordwest, SA61 2PZ	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-27	2	0	2	0	0	0	0	0	N/A
Dec-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 2: Labs, Withybush General Hospital, Fishguard Road, Haverfordwest, SA61 2PZ	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-27	1	0	1	0	0	0	0	0	N/A
Feb-26	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Day Surgical Unit, Prince Phillip Hospital, Dafen Road, Llanelli, SA14 8QF February 2026	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-27	5	1	2	2	0	0	0	0	Overdue recommendation due to ongoing ward pressures resulted in the delay of Practical Fire Drills, and being rescheduled
Aug-23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: HYWEL DDA UNIVERSITY HEALTH BOARD, WITHYBUSH HOSPITAL, WITHYBUSH, FISHGUARD ROAD, HAVERFORDWEST, SA61 2PZ	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Apr-27	11	0	4	7	0	0	0	0	N/A

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Oct-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Withybush General Hospital, EBME Department, Fishguard Road, Haverfordwest, SA61 2P2	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jun-27	4	0	1	3	0	0	0	0	N/A
Feb-20	Mid and West Wales Fire and Rescue Service	Enforcement Notice Premises: Withybush General Hospital. BFS/KS/SJM/00114719-KS/890/04	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jul-27	4	0	1	3	0	0	0	0	N/A
Apr-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 5 GF, EBME, Physiotherapy, & CT Scanner, West Wales General Hospital, Dolgwlili, Carmarthen, SA31 2AF	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Aug-27	5	0	1	4	0	0	0	0	N/A
Apr-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 5 FF, Library, Secretaries offices & Chapel, West Wales General Hospital, Dolgwlili, Carmarthen, SA31 2AF	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Aug-27	5	0	1	4	0	0	0	0	N/A
Sep-23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: CCU, Towy Ward & Stem Corridor, West Wales General Hospital, Dolgwlili, Carmarthen, SA31 2AF.	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Aug-27	8	0	1	7	0	0	0	0	N/A
Feb-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 1, West Wales General Hospital, Dolgwlili, Carmarthen, SA31 2AF	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Aug-27	12	0	4	8	0	0	0	0	N/A

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Jun-22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Failures Purple Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Oct-27	8	0	6	2	0	0	0	0	
Jun-22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Failures Red Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Oct-27	8	0	6	2	0	0	0	0	
Jun-22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Failures Blue Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Oct-27	9	0	6	3	0	0	0	0	
Nov-20	Mid and West Wales Fire and Rescue Service	Enforcement Notice Premises: West Wales General Hospital, Glangwili, Dolgwili Road, Carmarthen, Carmarthenshire, SA31 2AF KS/890/09	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Dec-27	1	0	1	0	0	0	0	0	
Jun-22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Failures Green Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Feb-29	10	0	7	3	0	0	0	0	
Jun-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Purple Block, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER June 2024	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Apr-29	10	0	1	9	0	0	0	0	
Apr-26	Local Authority	Glangwili General Hospital Catering Department Inspection April 2026 (NEW)	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Apr-27	7	3	1	0	3	0	0	0	No barriers noted for overdue recommendations.

Audits and Inspection Reports – Complete Pending Approval To Close



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Date of report	Report Issued By	Report Title	Clinical Care Group / Executive Function	Lead Director	Original Completion Date of the report	Revised Completion Date of the report	Number of recommendations in original report	Complete
Jun-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Blue Block, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER June 2024	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Dec-24	Apr-29	15	15
Oct-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Residential Blocks 4 and 7, Prince Philip Hospital, Dafen Road, Llanelli SA14 8QF	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Feb-25	Mar-26	6	4
Jul-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Llys Steffan Health Clinic, Hafan Deg Road, Lampeter, Ceredigion, SA48 7BJ.	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Dec-24	Oct-25	8	7
Jul-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Teifi Block, Bronglais Hospital, Aberystwyth SY23 1ER	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Oct-24	Dec-25	5	4
Jul-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Hafren Block, Bronglais Hospital, Aberystwyth SY23 1ER	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Oct-24	Dec-25	6	5
Sep-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Red Block, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER September 2025	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Nov-25	Jul-26	6	5
Jul-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Dyfi Block, Bronglais Hospital, Aberystwyth SY23 1ER	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Oct-24	Dec-25	6	5
Jul-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Aeron Block, Bronglais Hospital, Aberystwyth SY23 1ER	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Oct-24	Dec-25	6	5
Jul-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: EBME / Management Block, Bronglais Hospital Aberystwyth SY23	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Oct-24	Jul-25 N/K	9	9
Apr-22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: PRINCE PHILLIP HOSPITAL, BRYNGWYN MAWR, LLANELLI, SA14 8QF BFS/KS/AMD/00106219	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-25	Oct-25	21	21
Jul-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Education Centre, Bronglais Hospital, Aberystwyth. SY23 1ER	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Oct-24	Mar-26	5	4

Audits and Inspection Reports – Complete Pending Approval To Close



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Date of report	Report Issued By	Report Title	Clinical Care Group / Executive Function	Lead Director	Original Completion Date of the report	Revised Completion Date of the report	Number of recommendations in original report	Complete
May-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: BLOCK 6 WITHYBUSH GENERAL HOSPITAL, FISHGUARD ROAD, HAVERFORDWEST. SA61 2PZ	Estates & Facilities	Director of Allied Health Professions and Health Sciences	May-26	May-26	2	2
Feb-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 6 Day Surgical Unit, Amman Valley Hospital, Folland Road, Glanamman, Ammanford SA18 2BQ	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jul-25	Dec-26 N/K	6	6
Mar-25	Mid and West Wales Fire and Rescue Service	Enforcement Notice: 5438/02 The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: Cwm Seren PICU Ward, Hafan Derwen, Jobs Well Road, Carmarthen SA31 3HB	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Sep-26	2	2
Mar-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Template 17, (Pathology First Floor), Prince Philip Hospital, Dafen Road, Dafen, Llanelli. SA14 8QF	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Sep-24	Dec-25 N/K	4	4
Jul-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Tenby Surgery Gas Lane, Tenby SA70 8AG	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Oct-24	Mar-26 N/K	4	4
Sep-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Green Block, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER September 2025	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Nov-25	Nov-25 N/K	9	9
Sep-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Purple Block, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER September 2025	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Nov-25	Nov-25 Jul-26	7	6
Oct-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Aeron Block, Bronglais General hospital, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER October 2025	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jan-26	Mar-26	7	7
Oct-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: GREVILLE COURT, ALBION SQUARE, PEMBROKE DOCK, SA72 6XF October 2025	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26	2	2
Feb-25	Royal College	RCN Health and Safety Workplace Inspection AMAU Prince Philip Hospital February 2025	Community & Integrated Medicine	Chief Operating Officer	May-25	N/A	7	7
Mar-25	Royal College	RCN Workplace Inspection - WGH A&E Department	Community & Integrated Medicine	Chief Operating Officer	Aug-25	N/A	20	20
Feb-25	Royal College	RCN Health and safety workplace inspection- Emergency Department GGH February 2025	Community & Integrated Medicine	Chief Operating Officer	Nov-25	N/K	4	4

Audits and Inspection Reports - Complete

- Closed since Previous Report



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Since the previous report presented to HSC, the following reports have been formally approved as closed:

Report issued by	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Implementation Date	Number of recommendations in report	Report status
Internal Audit	Estates Condition	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jul-24	Dec-25	8	Complete
Health and Safety Executive	HSE Notice and Letter Microbiology WGH	Operational Allied Health Professions and Health Sciences	Chief Operating Officer	May-26	May-26	9	Complete

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The Committee is requested, in relation to the areas presented in this paper, to: -

- **RECEIVE ASSURANCE** that identified controls are in place and working effectively; and
- **RECEIVE ASSURANCE** that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise.

- **RECEIVE ASSURANCE** from the lead Executive Director or Supporting Officer on the management of recommendations raised in audit, inspection and regulatory reports within their area of responsibility, particularly in respect of confirming the full implementation of recommendations, any barriers to delivery and subsequent impacts of non/late delivery, and assurance that the risks associated with these are being managed effectively.





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Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Aug-26	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
813	Risk of non-compliance with the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure	Severs, James	Statutory duty/inspections	3×5=15	3×5=15	→	1×5=5	31/08/2029	6
1745	Risk of not being able to safely deliver services due to ageing estate and infrastructure across the Health Board	Severs, James	Safety - Patient, Staff or Public	3×5=15	3×5=15	→	2×5=10	31/08/2032	11
1860	Risk of staff harm and service disruption due to violence and aggression within healthcare settings	Severs, James	Safety - Patient, Staff or Public	5×3=15	5×3=15	→	4×3=12	01/04/2027	14
2349	Risk of disruption to services and increased financial pressure arising from fuel supply constraints and rising cost	Gjini, Ardiana	Service/Business interruption/disruption	3×4=12	3×4=12	→	3×2=6	31/08/2026	18
1433	Risk to the ability to maintain routine and emergency services in the event of a severe pandemic	Gjini, Ardiana	Service/Business interruption/disruption	3×4=12	3×4=12	→	2×4=8	31/03/2027	22

RISK SCORING MATRIX					
Likelihood x Impact = Risk Score					
		Corporate Risk Description:			
Likelihood	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Frequency - How often might it/does it happen? (how many times will the adverse consequence being assessed actually be realised?)	This will probably never happen/recur (except in very exceptional circumstances).	Do not expect it to happen/recur but it is possible that it may do so.	It might happen or recur occasionally.	It might happen or recur occasionally.	It will undoubtedly happen/recur, possibly frequently.
	Not expected to occur for years.*	Expected to occur at least annually.*	Expected to occur at least monthly.*	Expected to occur at least weekly.*	Expected to occur at least daily.*
* time-framed descriptors of frequency					
Probability - Will it happen or not? (what is the chance the adverse consequence will occur in a given reference period?)	(0-5%*)	(5-25%*)	(25-75%*)	(75-95%*)	(>95%*)
*used to assign a probability score for risks related to time-limited or one off projects or business objectives.					
Risk Impact Domains	Negligible - 1	Minor - 2	Moderate - 3	Major - 4	Catastrophic - 5
Safety of Patients, Staff or Public	Minimal injury requiring no/minimal intervention or treatment.	Minor injury or illness, requiring minor intervention.	Moderate injury requiring professional intervention.	Major injury leading to long-term incapacity/disability.	Incident leading to death.
	No time off work.	Requiring time off work for >3 days	Requiring time off work for 4-14 days.	Requiring time off work for >14 days.	Multiple permanent injuries or irreversible health effects.
		Increase in length of hospital stay by 1-3 days.	Increase in length of hospital stay by 4-15 days. Agency reportable incident. An event which impacts on a small number of patients.	Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects.	An event which impacts on a large number of patients.
Quality, Complaints or Audit	Peripheral element of treatment or service suboptimal.	Overall treatment or service suboptimal.	Treatment or service has significantly reduced effectiveness.	Non-compliance with national standards with significant risk to patients if unresolved.	Totally unacceptable level or quality of treatment/service.
	Informal complaint/inquiry.	Formal complaint.	Formal complaint -	Multiple complaints/ independent review.	Gross failure of patient safety if findings not acted on.
		Local resolution.	Escalation.	Low achievement of performance/delivery requirements.	Inquest/ombudsman inquiry.
		Single failure to meet internal standards.	Repeated failure to meet internal standards.	Critical report.	Gross failure to meet national standards/performance requirements.
		Minor implications for patient safety if unresolved.	Major patient safety implications if findings are not acted on.		
		Reduced performance if unresolved.			

Workforce & OD	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff.	Uncertain delivery of key objective/service due to lack of staff.	Non-delivery of key objective/service due to lack of staff.
			Unsafe staffing level or competence (>1 day).	Unsafe staffing level or competence (>5 days).	Ongoing unsafe staffing levels or competence.
			Low staff morale.	Loss of key staff.	Loss of several key staff.
			Poor staff attendance for mandatory/key training.	Very low staff morale. No staff attending mandatory/ key training.	No staff attending mandatory training /key training on an ongoing basis.
Statutory Duty or Inspections	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation. Reduced performance levels if unresolved.	Single breach in statutory duty.	Enforcement action	Multiple breaches in statutory duty.
			Challenging external recommendations/ improvement notice.	Multiple breaches in statutory duty.	Prosecution.
				Improvement notices.	Complete systems change required.
				Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.
Adverse Publicity or Reputation	Rumours.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met.	Local media coverage – long-term reduction in public confidence.	National media coverage with <3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. AMs concerned (questions in the Assembly).
	Potential for public concern.				Total loss of public confidence.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national 10–25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
Finance including Claims	Small loss.	Loss of 0.1–0.25 per cent of budget.	Loss of 0.25–0.5 per cent of budget.	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget.	Non-delivery of key objective/ Loss of >1 per cent of budget.
	Risk of claim remote.	Claim less than £10,000.	Claim(s) between £10,000 and £100,000.	Claim(s) between £100,000 and £1 million.	Failure to meet specification/ slippage Claim(s) >£1 million.
Service or Business interruption or disruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours.	Loss/interruption of >1 day.	Loss/interruption of >1 week.	Permanent loss of service or facility.
		Some disruption manageable by altered operational routine.	Disruption to a number of operational areas within a location and possible flow onto other locations.	All operational areas of a location compromised. Other locations may be affected.	Total shutdown of operations.
Environmental	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on environment.
Health Equity	Minimal or no impact on our attempts to improve health equity	Minor impact on our attempts to improve health equity or low level of certainty on the impact we are having on health equity	Moderate impact on our attempts to improve health equity or a lack of sufficient information that would demonstrate this. Indications that we are not having a positive impact on health improvement or health equity	Major impact on our attempts to improve health equity. Validated data suggesting that we are not improving the health of the most disadvantaged in our population whilst clearly supporting the least disadvantaged. Validated data suggesting we are having no impact on health improvement or health equity.	Validated data clearly demonstrating a disproportionate widening of health inequalities or a negative impact on health improvement and/or health equity.

RISK MATRIX					
IMPACT ↓	LIKELIHOOD →				
	RARE	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN
	1	2	3	4	5
CATASTROPHIC 5	5	10	15	20	25
MAJOR 4	4	8	12	16	20
MODERATE 3	3	6	9	12	15
MINOR 2	2	4	6	8	10
NEGLIGIBLE 1	1	2	3	4	5

RISK ASSESSMENT - FREQUENCY OF REVIEW			
RISK SCORED	DEFINITION	ACTION REQUIRED (GUIDE ONLY)	MINIMUM REVIEW FREQUENCY
15-25	Extreme	Unacceptable. Immediate action must be taken to manage the risk. Control measures should be put into place which will have an effect of reducing the impact of an event or the likelihood of an event occurring. A number of control measures may be required.	This type of risk is considered extreme and should be reviewed and progress on actions updated, at least monthly.
8-12	High	Very unlikely to be acceptable. Significant resources may have to be allocated to reduce the risk. Urgent action should be taken. A number of control measures may be required.	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	Not normally acceptable. Efforts should be made to reduce risk, providing this is not disproportionate. Establish more precisely the likelihood & harm as a basis for determining the need for improved measures.	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	Risks at this level may be acceptable. If not acceptable, existing controls should be monitored & reviewed. No further action or additional controls are required.	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

Assurance Key:

3 Lines of Defence (Assurance)		
1st Line	Business Management	Tends to be detailed assurance but lack independence
2nd Line	Corporate Oversight	Less detailed but slightly more independent
3rd Line	Independent Assurance	Often less detail but truly independent

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

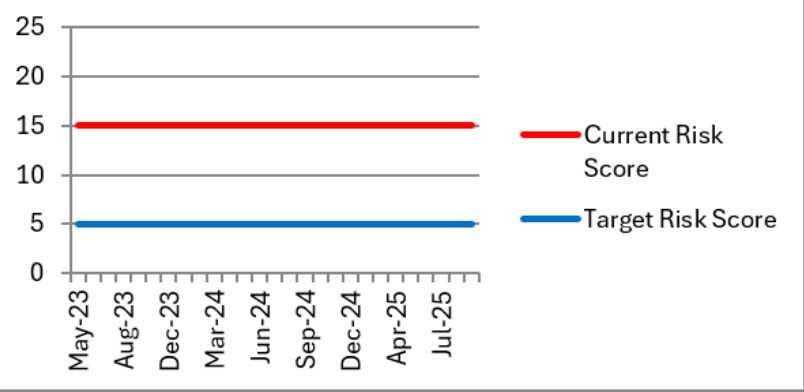
Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective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

Date Risk Identified:	Oct-19
Strategic Objective:	3. Great Care

Executive Director Owner:	Severs, James	Date of Review:	Aug-26
Lead Committee:	Health and Safety Committee	Date of Next Review:	Sep-26

Risk ID:	813	Corporate Risk Description:	There is a risk of failing to fully comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005 (RRO). This is caused by 1: The age, condition and scale of physical backlog, circa £20m (+) relating to fire safety (i.e. non compliant fire doors, compartmentation defects and general fire safety management issues) across our estate significantly affects our ability to comply with the requirements of the RRO in every respect. 2:Difficulties managing the quantity of actions within the current fire safety risk assessment system (Boris) - assigned to responsible persons and action approvers. 3: Management responsibilities for fire safety not fully understood by all responsible managers. 4: Fire safety training attendance figures are not reaching HB agreed targets. This could lead to an impact/affect on the safety of patients, staff and general public, HSE investigations and further fire brigade enforcement (already served on Withybush and Glangwili General Hospitals and recently at Cwm Seren MH Facility), fines and/or custodial sentences, adverse publicity/reduction in stakeholder confidence.
Does this risk link to any Directorate (operational) risks?		1965, 1934, 1096, 951, 2085, 1040, 2062, 2042, 1929, 1596, 1539	

Risk Rating:(Likelihood x Impact)	
Domain:	Statutory duty/inspections
Inherent Risk Score (L x I):	4×5=20
Current Risk Score (L x I):	3×5=15
Target Risk Score (L x I):	1×5=5
Expected Date To Achieve TRS:	31/08/2029
Trend:	



Date	Current Risk Score	Target Risk Score
May-23	15	5
Aug-23	15	5
Dec-23	15	5
Mar-24	15	5
Jun-24	15	5
Sep-24	15	5
Dec-24	15	5
Apr-25	15	5
Jul-25	15	5

Rationale for CURRENT Risk Score:
Phased fire safety improvement works are ongoing across our sites, with significant investments being made to address the recommendations in the Mid and West Wales Fire & Rescue Service (MWWFRS) letters and Enforcement Notices (EN). All programme dates have been agreed with the Health Board, Welsh Government and MWWFRS senior inspecting officers. The progress of completed actions is regularly reviewed to determine the risk score as these works are progressed. Extensions of time particularly for EN schemes have been fully agreed by MWWFRS. A reduced scope of works has been agreed for Withybush General Hospital (WGH) and Glangwili General Hospital (GGH) Phase 2 on achievement of the following: Fire alarm systems to L1 standard (achieved). Health Board to achieve and maintain an 85% target for combined Fire Safety Training - MWWFRS have mandated that this must be achieved by 31/03/26, however the HB has not met this requirement. It has been escalated to the HB to address. Night fire wardens are in place (WGH and GGH). Bronglais General Hospital (BGH) will also be in post by 1st Sept 26. The BORIS software system has been implemented, and all fire risk assessments have been transferred across. Papers are submitted to the estates CCG meetings providing a high-level summary of the Estates and Hospital Management Risks. Currently, the risk is felt to still be extreme until further progress is made on the above fire safety improvement works.

Rationale for TARGET Risk Score:
Further improvements in culture and ownership for fire safety. It is the scale of physical backlog for fire safety compliance (additional surveys) that will remain until appropriate measures are put in place to address the deficit. Despite annual investment from statutory capital and additional funding from EFAB/Tef for fire safety components, the scale of current investment is clearly not adequate to address the true scale of backlog the UHB has. Based on the planned works for completion (November 2025), it is expected that the current risk score could be reduced, this will need to be assessed in relation to the governance challenges we also experience currently. It is anticipated that when training attendance levels specifically for L2 training have reached > 85% targets and are sustained at this level continuously, coupled with the completion of all major fire enforcement schemes. The HB will then be in an informed position to look at the further reduction of risk score. The currently predicted expected date to achieve compliance across all areas is August 2029. This will be reviewed regularly inline with progress made to our infrastructure and obtaining appropriate levels of assurances that clearly evidence the HB has effective fire safety management arrangements in place.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
Pre Planned Maintenance (PPM) checks are carried out across the UHB on fire safety components. A detailed physical estates backlog system is in place that identifies the scale (£) and risk of backlog for UHB. Data used to manage backlog maintenance & statutory decision making also regularly reported to WG. Extensive fire safety improvement works are being undertaken at WBH, GGH, BGH and Cwm Seren (following fire enforcements notices served on the HB) from WG agreed funding. All phased timelines fully agreed with MWWFRS. Regular communications and dialogue is taking place between HB and MWWFRS. Individual Fire Risk Assessments (FRA's) in place for all sites across the UHB identifying fire related risks. Boris fire safety system implemented across the UHB, giving the ability to review all risks from fire risk assessments via a dashboard and risk ownership.

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Further action necessary to address the controls gaps				
Despite significant investments already in place following enforcement notices and letters of fire safety matters, additional investment is required to address fire safety defects at other sites within the UHB, which are being inspected by MWWFRS. We have firm plans in place to address a range of fire safety projects over the coming years and these are all fully identified as actions within this risk with anticipated timelines.	WBH - Completion of Phase 2 works - For all departments, ward areas and risk rooms.	Elliott, Rob	30/04/2025 30/04/2025 31/07/2027	Full agreement has now been reached with Welsh Government (WG)/NHS Wales Shared Services Partnership - Special Estates Services (NWSSP-SES) to change the procurement approach for Phase 2. This following a wide-ranging lessons learned exercise undertaken jointly with NWSSP-SES. Start date Sept 2024 completion mid 2027. Will be regularly reviewed.
Not all managers who are assigned actions on Boris are regularly accessing the system to close off their actions. Despite recent invitations for staff to				

Training Needs Analysis (TNA) for fire safety training in place, as defined in Fire Policy. UHB has implemented new governance structure for fire safety reporting from FSG to Estates care groups. Estate plans with fire zones, fire doors, fire compartmentation, fire infrastructure items (alarm and detection system). UHB assesses its performance in respect of operational maintenance work carried out on fire safety components and presents this information as a formal paper at all UHB wide fire safety tech meetings. Annual prioritisation of investment against high risk backlog. The HB has now embedded a fully resourced fire safety management team, with appropriate reporting arrangements for fire safety training and maintaining fire risk assessments across the UHB. The UHB has improved fire safety management culture and management ownership for fire safety, through the implementation of Level 5 management training for staff above 8b grades. The fire team also issue a regular training global e-mail as a reminder for staff on when and how to book a session. Works already completed following issue of Enforcement Notices and LoFSM at various sites. For EN sites (p1 WBH and p2 GGH) - Advanced Works and Phase 1 works now completed. Also improvements carried out under LoFSM at Tregaron, Bronglais, Glangwili and Withybush Hospitals. Level 1 & 2 Fire Safety training is delivered via Teams. Level 3 Fire Safety training is provided face to face. Level 4 training (Fire Safety Warden training) is also a face to face session, with an external trainer. Level 5 training is provided on Teams as part of the H&S Managers induction training. There is an improving performance in terms of uptake of training (except for L2).	attend training sessions.	GGH - Completion of Phase 2 works - For all departments, ward areas and risk rooms.	Elliott, Rob	30/04/2024 30/08/2024 30/06/2025 30/11/2027	Full agreement has now been reached with Welsh Government (WG)/NHS Wales Shared Services Partnership - Special Estates Services (NWSSP-SES) to change the procurement approach for Phase 2. This following a wide-ranging lessons learned exercise undertaken jointly with NWSSP-SES.
	Fire safety training performance (for L2) is currently below the agreed level at (85%) as set by MWWFRS for the HB but specifically for WBH and GGH (sites under enforcement). The Fire Safety Team with L&D staff have introduced new training material to offer a more interactive e-learning experience with questions for each section. Performance is being regularly reviewed. As such the HB's fire policy now needs to be re-drafted.				Start date Sept 2024 completion mid 2027. Will be regularly reviewed.
	Despite making improvements to the culture of fire safety management and ownership, the HB does need to ensure this is organisational wide and embedded within it's workforce and cascaded by management.	Completion of planned fire safety enforcement work at Cwm Seren MH Facility in Carmarthen, following enforcement notice.	Evans, Paul	Completed	works complete
	A revised list of Named Responsible Persons for each site is needed to ensure the responsibilities for fire safety is fully understood.	As a fire safety policy requirement, the HB is expected to have a record of all responsible persons for each premises, to ensure that legal fire safety responsibilities are understood and acknowledged. This must also include premises where the HB is not the landlord but may occupy the premises for HB use.	Jupp, Richard	Completed	Existing list will be issued to FSG for ownership and updating by the agreed date. Still awaiting some final names to complete the list. extension required due to resource pressures in fire team.
	Improvements to fire safety governance has recently been introduced, there is a new chair person nominated for the fire safety group and membership has been altered. The FSG now reports to the Estates Governance Care Group. However, the performance reporting metrics have yet to be agreed.	To develop an initial fire safety strategy detailing specific arrangements and headings, which supports our agreed HB wide fire safety policy.	Jupp, Richard	Completed	Document template now complete, we are now populating the date of completion for each step of the process.
	Improvements to our fire strategy drawings is required to correctly	To assess and measure our ability to demonstrate effectiveness of each element of the strategy and any potential gaps/timelines to address any shortcomings.			

Regular communications processes in place to advertise L2 fire safety training. Papers are submitted to the estates CCG meetings providing a high level summary of the Estates and Hospital Management Risks.	Identify fire compartmentation and fire door locations to inform maintenance teams. This will also require additional external surveys to be carried out and additional capital to fund these surveys.	To amend the existing Fire Safety Policy noting the revised governance changes and updates now required to the training needs analysis. The timeline given is specifically for documentation change and not HB approval. An additional action will be added once the document is ready for board approval.	Jupp, Richard	Completed	extension of time approved by HSCG due to fire resource pressures at senior level.
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ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
		(1st, 2nd, 3rd)	Current Level							
Maintain a zero or as low as possible number of outstanding fire risk assessments. Monitor the number of risks now held in the new Boris Fire Safety System.	Bimonthly review of outstanding actions from fire risk assessments	1st			Fire safety performance reports now submitted to monthly Estates Governance Care Group for review. SBAR submitted to each HSAC meeting, which includes themes of all fire safety risks. Boris Fire	General site management checks/walkaro unds on all sites				
	Site Fire wardens reporting fire safety issues	1st								
	Annual Online Fire Audit Self-Assessment submitted to NWSSP	1st								
	Review of compliance through fire safety groups	2nd								
	4 Fire Safety Sub Groups (one at each site) which report into the UHB wide Fire Safety Group (reporting into the HSC)	2nd								

	Fire Safety SBAR (3A's) reports regularly issued to HSSC and estates governance care groups	2nd			Cons Fire Safety System (UPDATE) and Fire Training Performance SBAR's submitted HSC.				
	Fire inspections by Fire Service & Fire Improvement Notices	3rd							
	NWSSP fire advisor inspections	3rd							
	High level action plan meetings with MWWFRS with very positive comments received from then on our commitment to improve fire safety performance in relation to the EN schemes in place.	2nd							

Date Risk Identified:	Aug-23
Strategic Objective:	3. Great Care

Executive Director Owner:	Severs, James	Date of Review:	Aug-26
Lead Committee:	Health and Safety Committee	Date of Next Review:	Sep-26

Risk ID:	1745	Corporate Risk Description:	There is a risk of not being able to deliver safe, effective and timely services across the HB estate, including acute, community and mental health facilities. This risk also impacts the HB's non clinical estate, educational facilities and managed practices. This is caused by further deterioration of our aging buildings and infrastructure with significant amount of the estate beyond its life expectancy. Multiple points of failure, delays in addressing reported defects and limited capital to address the increasing backlog of estate environmental issues. This could lead to an impact/affect on patient experience, our ability to deliver care in line with expected standards resulting in increased scrutiny and critical reports from auditors, regulators and inspectorates, such as HIW and HSE, and decreased public confidence and perception of our services, facilities and estate environment. Impacts also include increasing revenue costs to supplement the lack of capital funding available required to react to emerging issues, ability to comply with the Health and Safety at Work Act, including other legal regulations and engineering guidance documents such as Welsh Health Technical Memorandums (WHTMS).
Does this risk link to any Directorate (operational) risks?			1795,33,39, 838

Risk Rating:(Likelihood x Impact)

Domain: Safety - Patient, Staff or Public

Inherent Risk Score (L x I): 4×5=20

Current Risk Score (L x I): 3×5=15

Target Risk Score (L x I): 2×5=10

Expected Date To Achieve TRS: 31/08/2032

Trend:

25

20

15

10

5

0

Oct-23

Jan-24

Apr-24

Jul-24

Oct-24

Jan-25

May-25

Aug-25

Nov-25

Current Risk Score

Target Risk Score

Rationale for CURRENT Risk Score:

The current risk score is based upon the level of detailed information the Estates department has for its buildings, plant and infrastructure, including external reports, risk information and Estates and Facilities Performance Management System (EFPMS) data submitted to Welsh Government (WG), clearly articulating the scale of backlog and deficiencies across the Health Board. The Programme Business Case (PBC) has been under development with WG since 2018/19. The score also reflects lack of capital support (noting this project dates back to 2018); the Health Board has therefore changed the approach entirely and have worked since October 2024 in a partnership arrangement with NWSSP-SES to jointly develop an estates priority and risk consequence paper written as far as possible with clearly understood language. This document explains in great clarity what the potential implication could be if a specific infrastructure item was to fail. This narrative was jointly supported by Estates and NWSSP-SES engineers.

The Health Board undertook workshops directly with NWSSP-SES in August 2025 to determine the preferred options, accounting for risk mitigation, technical implications, deliverability and cost. The Health Board are engaging with WG directly to secure the resources to progress these works via the appropriate business process. On a positive note, this project is one of the supported priority projects by WG for investment in Health Board estate.

Rationale for TARGET Risk Score:

Backlog figures and risks are being reviewed regularly in order to inform the current risk score, and to determine any future risk reductions.

The currently predicted expected date to achieve improved compliance is 2032.

The achievement is directly linked to the amount of funding the Health Board (HB) will receive to address the current issues faced across the organisation and our ability to successfully deliver these improvements to reduce risk over time.

This will be reviewed regularly as schemes progress.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Planned and Preventative Maintenance regimes CAFM system to report and prioritise breakdowns across site. Questionnaires have now been included in CAFM, to measure the performance of our maintenance service. Also to feedback any suggestions on improvements. Condition appraisals (estate survey) and NWSSP-SES audits Backlog database identifies costs of works across the estate Operational Estates staff on site to deal with breakdowns (on-call 24/7) Tef funding bids have been successful to support DCP (25/26 investment of circa £6.347m including HB's 30% contribution) Tef project group established to deliver this investment. Risks are identified by Estates and services and these inform prioritisation of DCP funding Skilled and trained Estates workforce in place. Site walkarounds in place across the 4 sites.	Limited Discretionary Capital Programme (DCP) funding to address the £250m backlog	Development of Major infrastructure Programme for 4 main hospitals and securing external funding	Chiffi, Simon	Completed	The HB are now undertaking workshops directly with NWSSP-SES to determine the preferred options, accounting for risk mitigation, technical implications, deliverability and cost. This exercise is due for completion August 2025. At this point we will be engaging with WG directly to secure the resources to progress these works via the appropriate business process. On a positive note this project is one of the supported priority project by WG for investment in HB estate.
	WG support for the Major Infrastructure Programme has not been confirmed				
	Statutory, mandatory and essential maintenance jobs are prioritised over routine helpdesk jobs (on average only 50% of helpdesk jobs are completed)	AHMWW PBC submitted to WG in February 2022 remains not endorsed. Agreement required with Welsh Government on next steps and broader strategic direction.	Davies, Lee	10/10/2025 31/03/2026	The Health Board has had further constructive discussions with Welsh Government on the infrastructure challenges facing the organisation, in particular at the Withybush and Glangwili sites. Welsh Government (WG) has recently requested the Health Board produce, by early in the New Year, an addendum to the Programme Business Case (PBC) submitted in February 2022. This is a significant piece of work, which is currently being scoped, but at this stage the intention is to present this to Public Board in January 2026
	Reduction in annual capital funding and statutory allocations to address key items.				
	Increased backlog of circa £250m+				
	Operational resource pressures across the acute sites.				
	Increasing number of maintenance checks, specifically in relation to fire compliance.				

		the re-introduction of regular (documented) site walkabouts by operational estates and general hospital management. To potentially identify and target defects or site issues that can potentially be quickly addressed, minimising the impact of compounding backlog issues across our sites.	Day, Simon	Completed	Walkabouts are in place
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ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
		(1st, 2nd, 3rd)	Current Level							
Backlog figures Number of failures Cost increases due to inflation Number of call-outs	Regular review of 'environment' themed risks identified on operational service risk registers	1st								
	Feedback questionnaire on CAFM maintenance system to measure effectiveness of maintenance service and to offer additional feedback or suggestions on all closed maintenance requests	1st								
	Health and Safety Committee review of risks above tolerance	2nd								
	Independent Member & Executive Director Walkabouts	2nd								
	External surveys are undertaken, including Authorised Engineers Audits across each engineering discipline in line with Welsh Health Technical Memorandums (WHTMs)	3rd								

	NWSSP-SES Internal Audit on Estates Condition October 2024 (Limited Assurance)	3rd											
	Receipt of WHTM audit reports from NWSSP	3rd											

Date Risk Identified:	May-24
Strategic Objective:	1. Thriving Teams and 3. Great Care

Executive Director Owner:	Severs, James	Date of Review:	Aug-26
Lead Committee:	Health and Safety Committee	Date of Next Review:	Sep-26

Risk ID:	1860	Corporate Risk Description:	There is a risk that staff may be exposed to physical and/or verbal assault from patients, service users, visitors or members of the public. This is caused by incidents of violence and aggression within healthcare settings. This could lead to an impact/affect on staff experiencing physical injury, psychological harm, reduced wellbeing, and disruption to service delivery, as well as potential non-compliance with Health and Safety legislation.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)

Domain:Safety - Patient, Staff or Public

Inherent Risk Score (L x I):5×4=20

Current Risk Score (L x I):5×3=15

Target Risk Score (L x I):4×3=12

Expected Date To Achieve TRS:01/04/2027

Trend:

↔

25

20

15

10

5

0

Jun-24

Sep-24

Dec-24

Apr-25

Jul-25

Oct-25

Jan-26

Apr-26

Aug-26

Current Risk Score

Target Risk Score

Rationale for CURRENT Risk Score:

The high frequency of violence and aggression incidents contributes greatly to the current risk score, with over 1400 incidents recorded during 2025. More recent figures show that this trend is continuing in 2026 (April 107, May 120, June 99). The likelihood remains at 5 as these incidents occur numerous times daily.

Due to the number of patients with complex needs (e.g. cognitive impairment, medical confusion or substance misuse) it is unlikely that the likelihood score will reduce greatly. The lack of adequate and suitably qualified security staff to deal with these incidences means the consequences and impact of any incidents can be catastrophic, resulting in physical injury to staff, psychological harm , reduced well-being and service disruption.

Inconsistent compliance with Violence & Aggression (V&A) risk assessments and training and a lack of process surrounding the management of lone working safety measures are also contributory factors.

Rationale for TARGET Risk Score:

Whilst the likelihood of the risk occurring remains high, the impact score can be reduced by employing suitably qualified security staff at acute sites.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
There is a Violence and Aggression Policy in place to support the management of V&A risks as well as the identification and assessment of foreseeable risks. Aligned to the policy is the existence of V&A Risk Assessments. There is a V&A risk assessment toolkit in place to aid managers to assess the risk of V&A at a service level. There is a V&A case manager, employed by the Health Board to support and promote this process. Education and training - there is anational NHS Violence and Aggression Training Scheme Standard in place to recognise and manage the risk of V&A in the workplace. There is a Reducing Restrictive Practice (RRP) training team in place to ensure that relevant staff are trained to restrain violent or aggressive individuals. There is a Violent Patient Warning Marker Procedure in place to provide early warning for staff caring for recorded patients. This applies to primary and secondary care settings. Lone working policy to promote the principles of safer workin for lone workers.	There is no mechanism in place to monitor compliance with the number of V&A Risk Assessments being completed and monitored. There is inconsistent application of the NHS Violence and Aggression Training Scheme standard. Better assurance required on compliance with the HB Patient Warning Marker Procedure. Service Managers are required to review within 12months the need for a warning marker to remain on the patients record. Low compliance in the use of 'People Safe' lone working devices. A lack of dedicated and suitably qualified security staff on sites to respond to V&A incidents. Some portering staff are unable to complete RRP training due to physical constraints.	Develop a process to improve oversight of V&A risk assessments.	Jenkins, Brett	30/04/2025 31/06/2026 31/08/2026	MS Forms template has been devised. Incident data supplied to management to inform their V&A risk assessments. V&A Case Manager will review the process and bring a revised process to the Security Management Group in Jul26. All managers were asked to confirm that they have a V&A risk assessment in place and report back to the V&A Case Manager by end of January 2025. Unfortunately responses have been poor and the V&A Case Manager is currently chasing assessments from all areas yet to submit. The request is reiterated via the CCG update reports.
		Undertake a thorough training needs analysis against the National V&A Training Scheme standard and improve access to training.	Wood, Rachel	31/08/2025 30/06/2026 31/07/2026	TNA has been revised and completed. The TNA will be approved at the H&S IGG in Jul26.

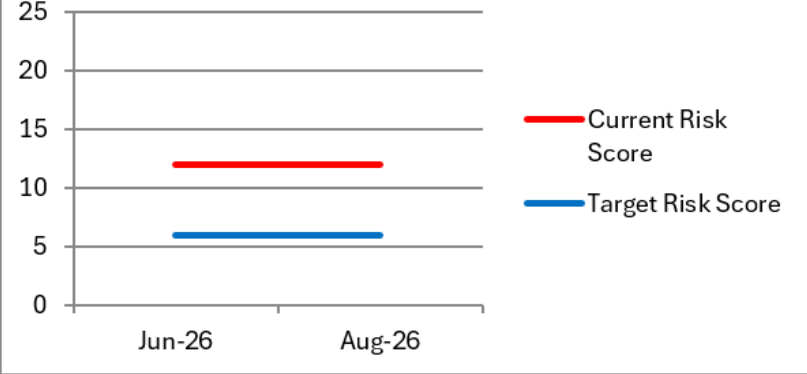
There is a Security Management Group in place to provide oversight on Violence and Aggression matters, which reports to the Health and Safety Compliance Group.	Review the HB Patient Warning Marker procedure to ensure the actions are clear and precise and to develop a mechanism for measuring compliance. To be monitored through the security group.	Jenkins, Brett	31/12/2025 30/06/2026 30/11/2026	Security Management Group have discussed compliance with the patient warning marker procedure and agreed how to progress with a procedure review. Document was reviewed and returned to SMG for key stakeholder comment. Policy widened to include other risks such as violent relatives, dangerous dogs, house risks etc, with risk assessments hosted in a central location. IG issues with this to be overcome - additional 3 month extension agreed by HSCG in August 2026.
	Review effectiveness of the use of PeopleSafe devices by staff and develop an action plan to improve access and take up.	Jenkins, Brett	30/04/2025 30/06/2026 30/09/2026	512 devices issued. Review of compliance shows 4-6% compliance. The V&A manager will develop an asset register to list all registered devices and which service they have been allocated to.
	Review incident reports to determine the severity, location by site across the Health Board. Incidents will be available via the H&S Dashboard this will include V&A incident data.	Jenkins, Brett	Completed	Reports are now submitted to the Security Management Group and are presented to the Health and Safety compliance group for scrutiny.
	Seek Executive support to employ a security resource at each acute site.	Brock, Elin	09/01/2026	A paper was presented to the Exec Team in March 2026 with further details on possible options available. A follow up paper is being presented on in Mid-Late July.
	If Executive Team approve the establishment of a security resource at each acute site, commence recruitment and procurement process	Springthorpe, Adam	30/09/2026	New action

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
		(1st, 2nd, 3rd)	Current Level							
Violence and aggression incident data. Training figures in line with the All Wales NHS Violence and Aggression Training Scheme.	Security incident breaches are reported via Datix and investigated	1st			Escalation paper provided to Public Board June 2023 A cost and risk analysis has been undertaken to compare the use of external security providers against the cost to employing via the Health Board, and a paper was presented to the Executive Team in December 2023	Security Report - Executive Team (Mar26)	Reports on security arrangements and related incidents are to be provided to Health and Safety Committee	Springthorpe, Adam	Completed	V&A/Security incident data is now reported to the H&S Committee via the Health & Safety Assurance Paper. V&A/Security data is also shared with each CCG on a monthly basis via the Health, Safety and Security Summary Reports.
	Reports on security arrangements and related incidents are provided to Health and Safety Committee	2nd				Security Report - HSC In-Committee (May26)				
	Reports on security arrangements and related incidents are provided to the Health and Safety Committee .	2nd				Security Report - Executive Team (Jun26)				

Date Risk Identified:	Apr-26
Strategic Objective:	1. Thriving Teams and 3. Great Care

Executive Director Owner:	Gjini, Ardiana	Date of Review:	Jul-26
Lead Committee:	Health and Safety Committee	Date of Next Review:	Sep-26

Risk ID:	2349	Corporate Risk Description:	There is a risk of disruption to services and increased financial pressure arising from fuel supply constraints and rising fuel costs across Hywel Dda University Health Board. This is caused by volatility in global and national fuel markets, ongoing inflationary pressures, reliance on fuel to support a geographically dispersed estate and fleet, dependence on fuel for staff travel and community based service delivery, and limited short term alternatives to fossil fuel use for patient transport, logistics and emergency resilience. This could lead to an impact/affect on increased operational and estates costs, reduced financial sustainability, challenges for staff in travelling to work and delivering community and domiciliary services, reduced capacity to maintain patient transport and service continuity, heightened risk to business continuity and emergency response capability, and reduced ability to invest in frontline care, estate resilience and decarbonisation objectives.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)		
Domain:	Service/Business interruption/disruption	
Inherent Risk Score (L x I):	5×4=20	
Current Risk Score (L x I):	3×4=12	
Target Risk Score (L x I):	3×2=6	
Expected Date To Achieve TRS:	31/08/2026	
Trend:		New risk

Rationale for CURRENT Risk Score:
The likelihood of adverse impact from fuel supply constraints and rising fuel costs has reduced from inherent levels due to active national fuel market monitoring, existing national and regional contingency arrangements, business continuity planning, and cost monitoring measures already in place. However, the impact remains high because the Health Board continues to rely heavily on fuel (vehicle and heating) to operate a geographically dispersed estate, maintain patient transport, and support staff travel and community based services. Sustained fuel price volatility therefore still presents a significant financial and operational risk, justifying a current risk score of 12.

Rationale for TARGET Risk Score:
With continued implementation of mitigating actions such as nationally strengthened fuel supply resilience, optimisation of fuel (heating and vehicle) procurement, review of fleet usage, increased use of hybrid and low emission vehicles, enhanced digital and remote service delivery where appropriate, enhanced business continuity planning and longer term investment in decarbonisation the potential impact of fuel disruption can be substantially reduced. While external market volatility means the likelihood cannot be reduced further in the short to medium term, these measures are expected to limit operational disruption and financial exposure, reducing the impact to a tolerable level and achieving the target risk score of 6 by the end of August .

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Fuel Supply Planning Group established to coordinate risk identification and mitigations Corporate procurement arrangements and framework contracts in place for fuel supply for 8 estates vehicles Cost pressures monitored through executive performance and finance reporting and escalated via corporate financial governance routes Communication Strategy drafted and ready for activation as required. Business continuity plans in place for all sites, including fuel dependent infrastructure (e.g. emergency generators on key sites) Fleet management arrangements in place to support patient transport, logistics and community service delivery Estates Energy and Decarbonisation programmes underway to reduce longer term reliance on fossil fuels Flexible working arrangements and local service planning to mitigate disruption to staff travel where possible Use of community based fleet and pooled vehicles to support delivery of district nursing and other community services in rural areas Failure of key supplier included in Business Continuity arrangements identify fuel disruption as a risk scenario.	Medium term financial planning assumptions relating to bunkered fuel procurement	Identify critical users to inform fuel plans going forward	Hussell, Sam	Completed	Exploring processes for identification of Essential Services/Choices Framework and criteria identifying critical workers during Covid.
	Only approximately a fifth of the workforce are able to work from home				
	Prioritisation process for fleet and pool cars should there be a fuel supply disruption	Exploring extending lease contracts for use by organisation	Skye, Gareth	Completed	Completed.
	Opportunities to strengthen heating fuel contingencies to be explored.	Develop a process of prioritisation for pool car bookings	Skye, Gareth	Completed	This action has been closed as this is on hold. A prioritisation process will be agreed if the situation deteriorates.
		Seek confirmation of data held corporately to inform critical user identification.	Hussell, Sam	Completed	Complete. Information has been provided from the Corporate Archive which will be used to inform critical user identification. Further conversations will be had with a number of teams to ascertain if they would be able to work remotely if the need arose.
		Fuel supply disruption element of Estates Business Continuity Plan to be reviewed.	Day, Simon	31/05/2026 31/08/2026	Draft developed

Executive oversight of emergency preparedness through designated executive and committee structures.		Undertake medium term financial planning assumptions include fuel scenarios.	Shaw, Terri	Completed	In progress and reported to the Fuel Supply Planning Group.
Agreement via the Dyfed Powys Local Resilience Forum (LRF) multiagency fuel sharing protocol					
Health Board a member of LRF Fuel Group					
UK Government National Fuel Plan in place					
Increase of fuel expenses via the All-Wales Fuel Cost Protocol from NHS Employers agreed from 01 June 2026					

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance 			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
			Current Level							
	Terms of Reference for Fuel Supply Planning Group	1st				Service level plans need to be reviewed with a specific fuel supply focus	To include fuel supply in the business continuity template and request business continuity plan owners consider impact to services	Hussell, Sam	Completed	Fuel supply disruption now included in Business Continuity template. Ongoing communications with services to consider fuel supply disruption contingency measures.
	SBAR to Formal Executive 25Mar26	1st								
	Service level business continuity plans	1st								
	Ratified multi agency LRF fuel sharing protocol in place	2nd								
	Fuel Supply Planning Group reports to the Emergency Preparedness, Resilience and Response Group	2nd								

Date Risk Identified:	May-22
Strategic Objective:	1. Thriving Teams and 2. Healthier Communities and 3. Great Care

Executive Director Owner:	Gjini, Ardiana	Date of Review:	Jul-26
Lead Committee:	Health and Safety Committee	Date of Next Review:	Sep-26

Risk ID:	1433	Corporate Risk Description:	There is a risk the Health Board being unable to maintain routine and emergency service provision across the organisation in the event of a severe pandemic event. This is caused by a novel virus/bacteria (or emerging variant or mutation of concern) causing a pandemic as declared by the World Health Organisation (WHO) and the subsequent ability of the Health Board to respond to the scale and severity of the outbreak. This could lead to an impact/affect on patients being able to access appropriate and timely treatment, the UHB being able to maintain safe and effective levels of staffing, financial loss, adverse publicity/reduction in stakeholder confidence, increased mortality and ill-health across our population.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)

Domain:Service/Business interruption/disruption

Inherent Risk Score (L x I):4×5=20

Current Risk Score (L x I):3×4=12

Target Risk Score (L x I):2×4=8

Expected Date To Achieve TRS:31/03/2027

Trend:

Score Type	Value
Inherent Risk Score (L x I)	4 × 5 = 20
Current Risk Score (L x I)	3 × 4 = 12
Target Risk Score (L x I)	2 × 4 = 8

Rationale for CURRENT Risk Score:
The national security and risk assessment was reviewed and re-published in November 2025, this remains unaltered. The previous pandemic influenza risk was changed into three new risks; one generic pandemic event (1433) and two emerging infectious diseases reflected on the operational risk register (1879 re: measles and 2093 re: tuberculosis). Current likelihood scored at a 3 to reflect the risk of the Health Board being unable to respond to the scale and severity of the pandemic - not the likelihood of the pandemic actually occurring.

Rationale for TARGET Risk Score:
Following Exercise Pegasus, the UK Gov exercise report is due Winter 2026 which will identify recommendations at both government and local levels. This will be followed by the publication of the UK Gov Respiratory Pandemic Plan/Guidance which our regional and Health Board plans will need to dovetail with. Following review of our Pandemic Response Framework in April 2026 a follow up table top exercise is planned for the autumn which will further inform our own pandemic preparedness. The Target Risk Score has been amended to reflect these timescales and provide time to analyse and incorporate recommendations.

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Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
# Major Incident Plan (detailing internal command and control structures) # Well established command and control structures for managing pandemic response both nationally and locally # Continuation of current COVID-19 and wider national immunisation programmes # Choices Framework which sets out which services could be stood down in a pandemic # Extensive knowledge across Health Board in managing a pandemic event # COVID-19 response measures which can be adapted to respond to any future pandemic event # Local Resilience Forum (LRF) multi-agency plans for managing pandemic influenza reviewed and incorporate Ex Pegasus/Solaris & Bite Back lessons, but still awaiting the UK Gov Respiratory Pandemic Response Plan/Guidance) # LRF Excess Deaths Plan (which supports the LRF multi-agency pandemic influenza management arrangements) developed as a recommendation from Exercise Cygnus. Plan was ratified by the LRF Health Group. # Health Board Pandemic Response Framework reviewed April 2026 and incorporates Ex Pegasus/Solaris & Bite Back lessons).Approved by Board in May26. # Quality assurance process via national & local exercise programmes. # Access to national counter measures stockpile # Regional Health Protection service across HB and key partners # Continuous learning from COVID-19 # Pandemic Planning Group re-established # HB participated in Exercise Pegasus - national Tier 1 Pandemic Exercise scheduled across 3 phases played in Sept, Oct and Nov 2025. # HB participated in Exercises Solaris (pre-cursor to Pegasus) and Bite Back (invasive mosquito scenario) during 2025. # Pandemic Response Framework approved at May26 Board	Further testing of service preparedness Still awaiting publication of UK Government Respiratory Pandemic Planning Guidance	Deliver internal multi-disciplinary table top exercise to inform further development of HB pandemic response arrangements.	Hussell, Sam	31/07/2026 30/09/2026	Exercise endorsed by FET as next step and is being scheduled for Autumn 2026.
		Analyse and incorporate recommendations from Exercise Pegasus Final Report and UK Gov Respiratory pandemic Plan/Guidance following anticipated publication in Winter 2026.	Hussell, Sam	31/03/2027	New action

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
			Current Level							
	Planning via Emergency Preparedness, Resilience & Response (EPRR) including LRF workstream reports to Health & Safety Committee	1st			Vaccine Equity Strategy - Board 30 May 2024	None identified.				
	Operational pandemic reporting structures from HB to WG	2nd			Vaccination Delivery Programme Update - Board via SDODC (Sep 23)					
	National, regional & local command & control structures	2nd			Major Incident Plan - Board via H&SC and Exec Team (Jul 25)					
	National groups operational for vaccination programme planning & delivery	3rd			Pandemic Response Framework - FET Apr26, HSC May26 & Board May26					
	Emergency Planning Advisory Group (EPAG) Wales meetings re Pandemic response and future planning	3rd			Pandemic Response Framework (scheduled 05 May 2026)					

Report Issued By	Report Title	Recommendation Reference	Recommendation	Management Response	Recommendation Owner	Original Completion Date	Revised Completion Date	Status Category
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters CWM SEREN ST DAVIDS PARK HAFAN DERWEN, JOBS WELL ROAD, CARMARTHEN, SA31 3BB BFS/SM/AMD/00107788	BFS/SM/AMD/00107788_001	R1. All doors to patient bedrooms are to be fitted with appropriately designed free-swing self-closing devices, as stated in (Table 6 WHTM 05-02).	Full action plan held by Estates.	Julian Wheeler-Jones	Mar-26	Mar-26 May-26 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters CWM SEREN ST DAVIDS PARK HAFAN DERWEN, JOBS WELL ROAD, CARMARTHEN, SA31 3BB BFS/SM/AMD/00107788	BFS/SM/AMD/00107788_003	R3. The following doors should be replaced with fire doors providing 30/60 minutes fire resistance (Dependant on the location of the door). Panels or partitions above or at the sides of the doors should provide a similar degree of fire resistance. • Medication room (LSU) – this is a stable door and is not providing suitable fire resistance.	Full action plan held by Estates.	Julian Wheeler-Jones	Mar-26	Mar-26 May-26 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Template 1, (X-Ray & External Plant Room) Prince Philip Hospital, Dafen Road, Dafen, Llanelli. SA14 8QF	1012/BFS/EH/00346588_02	R2. The opening in the ceiling located in: • R 12 • R 13 • R 48 should be in filled to achieve the same fire resistance as the rest of the ceiling. The fire separation should conform to a relevant standard e.g. Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings other than dwelling houses. Compliance with this or an equivalent standard will normally satisfy the requirement.	Full action plan held by Estates.	Stewart Evans Via Contractor	Jun-24	Jun-24 N/K	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Hafan Derwen, Jobs Well Road, Carmarthen SA31 3BB	00108151_0125_002	R2. Remove combustible materials immediately surrounding the tumble dryer. Reduce the combustibles within the Laundry/Store area. This should apply to the whole premise		Paul Hill	Jul-25	Jul-25 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Hafan Derwen, Jobs Well Road, Carmarthen SA31 3BB	00108151_0125_003	R3. The following doors should be replaced with fire doors providing 30/60 minutes fire resistance. Panels or partitions above or at the sides of the doors should provide a similar degree of fire resistance. • GDF office R17, 00006705/6, 00006707, • FF 00006734/5, 00006732, Fire resisting doors need to be fitted with • A self-closing device Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 8214:2016 - timber-based fire door assemblies – Code of practice Compliance with this or an equivalent standard will normally satisfy the requirement		Paul Hill	Jul-25	Jul-25 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Hafan Derwen, Jobs Well Road, Carmarthen SA31 3BB	00108151_0125_004	R4. Where a fire door is required to be fitted with an air transfer grille, it should only be fitted with one that is capable of sealing both by thermal initiation and by interface with smoke sensors either directly or via a fire alarm panel. The air transfer grill should conform to a relevant standard e.g.BS 8214:2016. Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. Compliance with these standards will normally satisfy the requirement		Paul Hill	Jul-25	Jul-25 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Hafan Derwen, Jobs Well Road, Carmarthen SA31 3BB	00108151_0125_005	R5. Keep waste material in suitable containers before it is removed from the premises. If bins, particularly wheeled bins, are used outside, secure them in a compound to prevent them being moved to a position next to the building and set on fire. Never place skips against a building- they should normally be a minimum of 6 metres away from any part of the premises.		Paul Hill	Jul-25	Jul-25 Sep-26	Overdue

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Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Hafan Derwen, Jobs Well Road, Carmarthen SA31 3BB	00108151_0125_006	R6. Remove bolts from door(s) indicated/located First Floor Stairs 00006740/1 If the door(s) is/are required to be kept locked it/they should be fitted with an approved type of emergency security fastening that can be operated from the escape side of the door(s) without the use of a key, which is conspicuously indicated as to its method of operation. This work should be done to conform to a relevant standard e.g. Section 6 General provisions of Approved Document B Volume 2 Buildings other than dwelling houses. Compliance with this or an equivalent standard will normally satisfy the requirement.		Paul Hill	Jul-25	Jul-25 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Hafan Derwen, Jobs Well Road, Carmarthen SA31 3BB	00108151_0125_007	R7. Extend the existing fire detection and warning system by providing automatic smoke detection in the following areas: • Risers in stairwells All work involving the fire alarm system should be carried out in accordance with BS5839-1:2017.		Paul Hill	Jul-25	Jul-25 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Hafan Derwen, Jobs Well Road, Carmarthen SA31 3BB	00108151_0125_008	R8. The inner room situation located within R73 is unacceptable, because the outer room is higher fire risk with the number of electricals coming into this room.		Paul Hill	Jul-25	Jul-25 Oct-25 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Hafan Derwen, Jobs Well Road, Carmarthen SA31 3BB	00108151_0125_009	R9. To ensure the continuing good operation of the fire alarm system, routine inspections and tests should be undertaken in accordance with BS 5839-1:2017 which indicates the frequencies as follows: • Daily checks. If applicable, in premises in which some employee’s only work during hours other than at which the fire alarm system is normally tested, additional tests should be carried out at least once a month to ensure familiarity of these employees with the fire alarm signals. Evidence should be kept of the date of all such tests and any resulting maintenance of the system, best practice being the recording of the abovementioned information in a logbook. This is contrary to Article 17.		Paul Hill	Jul-25	Jul-25 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Hafan Derwen, Jobs Well Road, Carmarthen SA31 3BB	00108151_0125_010	R10. During the fire safety inspection evidence of tests carried out by a competent person on the emergency lighting system was not available. Evidence of such testing should be made available during a fire safety inspection to allow the responsible person to evidence that testing has taken place; the best evidence of testing being certificates of tests carried out by the said competent person		Paul Hill	Jul-25	Jul-25 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Hafan Derwen, Jobs Well Road, Carmarthen SA31 3BB	00108151_0125_011	R11. 1. Gaps between door edge and frame are to be no more than 3 mm. Gaps between door and floor should not be more than 10mm. 2. Self-closing / Free-swing devices on all fire resisting doors are to be checked and if required be adjusted, repaired or replaced so that the doors close completely into their rebates. 3. All fire resisting doors should be hung on one and a half pairs of 100mm hinges. The central hinge is to be placed one thirds of the distance between the top and the bottom hinge and the distance being measured from the top hinge. 4. Ensure that all fire doors-sets are fitted with intumescent strips and cold smoke seals. In the case of double doors you should ensure that they close without affecting the operation of the seals. 5. Repair or replace faulty door handles throughout premises. 6. Fitted in accordance with BS 8214:2016 - Timber-based fire door assemblies – Code of Practice. Compliance with this or an equivalent standard will normally satisfy the requirement		Paul Hill	Jul-25	Jul-25 Sep-26	Overdue

Report Issued By	Report Title	Recommendation Reference	Recommendation	Management Response	Recommendation Owner	Original Completion Date	Revised Completion Date	Status Category
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Central Core, GF Block 6, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	1012/BFS/EH/0032337_1_002	R2. The following doors should be replaced with fire doors providing 30 minutes fire resistance. Panels or partitions above or at the sides of the doors should provide a similar degree of fire resistance. •Door in Sub-compartment wall leading to R30 Fire resisting doors need to be fitted with •A self-closing device •Intumescent strips and smoke seals. •Three brass/steel hinges. Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 8214:2016 - timber-based fire door assemblies - Code of practice Compliance with this or an equivalent standard will normally satisfy the requirement.		N/K	Sep-24	Sep-24 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Central Core, GF Block 6, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	1012/BFS/EH/0032337_1_003	R3. The following rooms are to be cleared of all storage and kept locked shut when not in use. •Tech Room R39		N/K	Aug-24	Aug-24 N/K	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Cwm Seren PICU Ward, Hafan Derwen,Jobs Well Road,Carmarthen SA31 3HB	5438/BFS//00107788_002	R2. The opening in the ceiling in the following location: 0135 IT Server Room should be in-filled with non-combustible materials, to provide 60 minutes standard of fire resistance. The fire separation should conform to a relevant standard e.g. Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings other than dwelling houses. . Compliance with this or an equivalent standard will normally satisfy the requirement.	Action plan held by Estates team.	Phillip Astles	Feb-26	Feb-26 May-26 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Cwm Seren PICU Ward, Hafan Derwen,Jobs Well Road,Carmarthen SA31 3HB	5438/BFS//00107788_003	R3. Confirm that the following hatches located: •In the corridors, above bedrooms, are fire resisting. The fire separation should conform to a relevant standard e.g. Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings other than dwelling houses. Compliance with this or an equivalent standard will normally satisfy the requirement		Phillip Astles	Feb-26	Feb-26 May-26 Sep-26	Overdue

Report Issued By	Report Title	Recommendation Reference	Recommendation	Management Response	Recommendation Owner	Original Completion Date	Revised Completion Date	Status Category
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Cwm Seren PICU Ward, Hafan Derwen,Jobs Well Road,Carmarthen SA31 3HB	5438/BFS//00107788_006	R6.The following 30-minute fire resisting doors were found to be damaged/defective. These doors must be repaired/replaced. • Cross-Corridor doors PICU next to dining room • Seclusion room PICU • 0049 Domestic cupboards LSU • Bedroom next to LSU meeting room • 008 IT server room • 002 A&B Cross corridor doors Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 8214:2016 - Timber-based fire door assemblies – Code of Practice Compliance with this or an equivalent standard will normally satisfy the requirement		Phillip Astles	Feb-26	Feb-26 May-26 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Cwm Seren PICU Ward, Hafan Derwen,Jobs Well Road,Carmarthen SA31 3HB	5438/BFS//00107788_007	R7. The intumescent strips and cold smoke seals on the following fire resisting doors were found to be damaged/missing. The strips and seals should be replaced in order to prevent the passage of smoke and flame. • First floor Office 007 • LSU Meeting room • Bedroom next to LSU meeting room • LSU Dining room both sets of doors • Cross-Corridor doors PICU next to dining room The intumescent strips and cold smoke seals should conform to a relevant standard e.g. BS 8214:2016 - Timber-based fire door assemblies – Code of Practice Compliance with this or an equivalent standard will normally satisfy the requirement.		Phillip Astles	Feb-26	Feb-26 May-26 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Cwm Seren PICU Ward, Hafan Derwen,Jobs Well Road,Carmarthen SA31 3HB	5438/BFS//00107788_008	R8. The ceiling hatch and surrounding ceiling in LSU Food Prep were found to be damaged, they should be repaired or replaced to provide or reinstated a 30 minutes standard of fire resistance. The fire resistance should conform to a relevant standard e.g. Appendix A (including Table A1 A2) of Approved Document B Volume 2 Buildings Other Than Dwelling Houses.		Phillip Astles	Feb-26	Feb-26 May-26 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 5 Cysgod Y Cwm Ward, Amman Valley Hospital, Folland Road, Glanamau, Ammanford SA18 2BQ	Administrator/00355458_002	R2. In the event of fire, breaches in compartmentation, will allow fire and smoke to spread unchecked throughout the building. This would have an impact on the means of escape and render the evacuation strategy of the building ineffective. All breaches in compartmentation as directed within the report should be fire stopped to provide the appropriate fire resistance in accordance with building regulations. The fire resistance should conform to a relevant standard e.g. Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings Other Than Dwelling Houses. Compliance with this or an equivalent standard will normally satisfy the requirement.		Stewart Evans	Jun-25	Jun-25 Mar-26 N/K	Overdue

Report Issued By	Report Title	Recommendation Reference	Recommendation	Management Response	Recommendation Owner	Original Completion Date	Revised Completion Date	Status Category
Mid and West Wales Fire and Rescue Service	Enforcement Notice: 5438/02 The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: Cwm Seren PICU Ward, Hafan Derwen, Jobs Well Road, Carmarthen SA31 3HB	BFS/00107788_001	R1. During the inspection a number of breaches in compartmentation were identified. The breaches in compartmentation would not support the existing evacuation strategy. In the event of fire, breaches in compartmentation, will allow fire and smoke to spread unchecked throughout the building. This would have an impact on the means of escape and render the evacuation strategy of the building ineffective. 1. Carry out a compartmentation survey. 2.Enact the findings of the AEON compartmentation survey carried out November 2024. 3. Investigate and confirm the fire resistance of the ceiling access hatches and the compartmentation of the voids above the bedrooms in PICU – provide automatic fire detection in line with BS 5839 Part 1 L1 standard. 4. Confirm the fire resistance of the glazing from the first-floor staff room and corridor onto the LSU corridor. All breaches in compartmentation should be fire stopped to provide the appropriate fire resistance in accordance with building regulations.The fire resistance should conform to a relevant standard e.g. Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings Other Than Dwelling Houses. Compliance with this or an equivalent standard will normally satisfy the requirement		Julian Wheeler-Jones	Mar-26	Mar-26 May-26 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Enforcement Notice: 5438/02 The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: Cwm Seren PICU Ward, Hafan Derwen, Jobs Well Road, Carmarthen SA31 3HB	BFS/00107788_002	R2. All doors to patient bedrooms are to be fitted with appropriately designed free-swing self-closing devices as stated in (Table 6 WHTM 05-02). 2. Carry out maintenance work as identified in previous letters of fire safety matters dated 16/05/2022 and 06/06/2024 and identified through the PPM schedule on remaining doors throughout the premises. 3. The following door should be replaced with fire doors to relevant current standard (dependant on the location of the door). Panels or partitions above or at the sides of the doors should provide a similar degree of fire resistance. • Medication room (LSU) – this is a stable door and is not providing suitable fire resistance. Fire resisting doors need to be fitted with: • A self-closing device including fire alarm activated self-closers. • Intumescent strips and smoke seals. • Three brass/steel hinges. Fire doors should conform to a relevant standard e.g. WHTM 05-02 Appendix C: Doors and door-sets Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 7273-4:2015 Actuation of release mechanisms for doors BS 8214:2016 - timber-based fire door assemblies – Code of Practice. Compliance with this or an equivalent standard will normally satisfy the requirement.		Julian Wheeler-Jones	Mar-26	Mar-26 May-26 Sep-26	Overdue

Report Issued By	Report Title	Recommendation Reference	Recommendation	Management Response	Recommendation Owner	Original Completion Date	Revised Completion Date	Status Category
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Llandovery Hospital, Llanfair Road, Llandovery SA20 0LA	BFS/5438/00108127_001	R1. During the inspection breaches in compartmentation were identified Plant room and Clinic corridor. The breaches in compartmentation would not support the existing evacuation strategy. In the event of fire, breaches in compartmentation, will allow fire and smoke to spread unchecked throughout the building. This would have an impact on the means of escape and render the evacuation strategy of the building ineffective. All breaches in compartmentation should be fire stopped to provide the appropriate fire resistance in accordance with building regulations. The fire resistance should conform to a relevant standard e.g. Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings Other Than Dwelling Houses. Compliance with this or an equivalent standard will normally satisfy the requirement.		Paul Hill	Dec-24	Dec-24 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Llandovery Hospital, Llanfair Road, Llandovery SA20 0LA	BFS/5438/00108127_002	R2. Remove all unwanted combustible materials and store appropriately. For Example: • Plant Room • Combustibles under the stairs This should apply to the whole premises.		Paul Hill	Dec-24	Dec-24 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Llandovery Hospital, Llanfair Road, Llandovery SA20 0LA	BFS/5438/00108127_003	R3. The following doors should be replaced with fire doors providing 30 minutes fire resistance. Panels or partitions above or at the sides of the doors should provide a similar degree of fire resistance. All doors on the first floor in order to protect the means of escape. Fire resisting doors need to be fitted with • A self-closing device • Intumescent strips and smoke seals. • Three brass/steel hinges. Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 8214:2016 - timber-based fire door assemblies – Code of practice Compliance with this or an equivalent standard will normally satisfy the requirement		Paul Hill	Dec-24	Dec-24 Aug-25 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Llandovery Hospital, Llanfair Road, Llandovery SA20 0LA	BFS/5438/00108127_004	R4. Evidence should be produced that the existing furniture/furnishings conforms to the current regulations. Alternatively, replacement of treatment should be undertaken, and certification/evidence produced to the effect that such a standard has been obtained		Paul Hill	Dec-24	Dec-24 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Llandovery Hospital, Llanfair Road, Llandovery SA20 0LA	BFS/5438/00108127_005	R5. Provide an emergency lighting system (which is to be independent of all other systems), to illuminate • Along the external exit route from the Day room. On completion of the emergency lighting system, the commission certificate is to be completed by a competent person and a copy made available to the Fire and Rescue Authority. This system is to be designed and installed in accordance BS5266-1:2016 Compliance with this or an equivalent standard will normally satisfy the requirement.		Paul Hill	Dec-24	Dec-24 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Llandovery Hospital, Llanfair Road, Llandovery SA20 0LA	BFS/5438/00108127_006	R6. Remove existing lock fastenings from door(s) indicated/located First floor kitchen Ground floor side exit door, from clinic area. If the door(s) is/are required to be kept locked it/they should be fitted with an approved type of emergency security fastening that can be operated from the escape side of the door(s) without the use of a key, which is conspicuously indicated as to its method of operation. This work should be done to conform to a relevant standard e.g. Section 6 General provisions of Approved Document B Volume 2 Buildings other than dwelling houses. Compliance with this or an equivalent standard will normally satisfy the requirement.		Paul Hill	Dec-24	Dec-24 Sep-26	Overdue

Report Issued By	Report Title	Recommendation Reference	Recommendation	Management Response	Recommendation Owner	Original Completion Date	Revised Completion Date	Status Category
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Llandovery Hospital, Llanfair Road, Llandovery SA20 0LA	BFS/5438/00108127_007	R7. Nominate a sufficient number of competent persons to implement procedures insofar as they relate to the evacuation of relevant persons from the premises.		Paul Hill	Dec-24	Dec-24 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Llandovery Hospital, Llanfair Road, Llandovery SA20 0LA	BFS/5438/00108127_008	R8. During the inspection the self-closing devices on the doors located at; • 00005154, 00005155, 00005166, 0005176, 00005180, 00005140, Treatment room R40, Sisters Office Were found to be ineffective/missing and should therefore be checked and maintained to a satisfactory standard so that the doors close completely into the rebate. Self-closing devices should conform to a relevant standard e.g. BS 8214:2016 - Timber-based fire door assemblies – Code of Practice. Compliance with this or an equivalent standard will normally satisfy the requirement.		Paul Hill	Dec-24	Dec-24 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Llandovery Hospital, Llanfair Road, Llandovery SA20 0LA	BFS/5438/00108127_009	R9. The intumescent strips and cold smoke seals on the following fire resisting doors were found to be damaged/missing. The strips and seals should be replaced in order to prevent the passage of smoke and flame. • Nurses station, Sisters office, 00005149, 00005163, 00005139 The intumescent strips and cold smoke seals should conform to a relevant standard e.g.BS 8214:2016 - Timber-based fire door assemblies – Code of Practice. Compliance with this or an equivalent standard will normally satisfy the requirement		Paul Hill	Dec-24	Dec-24 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Llandovery Hospital, Llanfair Road, Llandovery SA20 0LA	BFS/5438/00108127_010	R10. Example doors • 0005176, 00005156, 00005157, first floor kitchen. Gaps between door edge and frame are to be no more than 3 mm. Gaps between door and floor should not be more than 10mm. BS 8214:2016 - Timber-based fire door assemblies – Code of Practice. Compliance with this or an equivalent standard will normally satisfy the requirement		Paul Hill	Dec-24	Dec-24 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Health Care Centre, Doctors Surgery, Maes Yr Eglwys, Solva, Pembrokeshire, SA62 6TW	BFS/AT/SJM/00114070_010	R10. Establish procedures to be followed in case of fire and nominate people to put those procedures into effect.		Malcolm Arnold	Dec-24	Dec-24 Dec-25 N/K	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Withybush General Hospital, Fishguard Road, Haverfordwest, SA61 2PZ, Block 24 (A+E)	BFS/AT/SJM/00175400_002	R2. General fire precautions must be taken to ensure the safety of relevant persons on the premises		Malcolm Arnold	Jan-25	Jan-25 N/K	Overdue
Local Authority	Food Safety & Hygiene Report Amman Valley Hospital	LA_FS&H_AVH_00125_001	R1. Structural/Cleaning Issues The main lino floor covering at the sink and into in the main kitchen was showing signs of fear-wear-and-tear and there had been historic patches and new peeling of the flooring around the walk-in chiller. You must repair the floor area where it has become detached from the wall and maintain in a clean condition in the short term. In the longer term, I feel this floor is due to a replacement and I recommend you schedule the replacement in your maintenance log.	Reported to estates for repair / action on11/08/25. Stewart Evans has applied for capital funding to repair & modernise AV kitchen.	Ben Goddard	Apr-26	Apr-26 Sep-26	Overdue
Local Authority	Food Safety & Hygiene Report Amman Valley Hospital	LA_FS&H_AVH_00125_002	R2. Structural/Cleaning Issues Ceiling repair: The paint to the ceiling in the main kitchen corner above the oil fryer was starting to flake & this is above a food preparation area. Remove any loose paint to a sound base and redecorate ensuring the finished surface will prevent the accumulation of dirt and reduce condensation, mould growth and flaking paint	Reported to estates for repair / action on11/08/25. Stewart Evans has applied for capital funding to repair & modernise AV kitchen	Ben Goddard	Apr-26	Apr-26 Sep-26	Overdue

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Local Authority	Food Safety & Hygiene Report Amman Valley Hospital	LA_FS&H_AVH_00125_003	R3. Structural/Cleaning Issues Walk in chiller: The walk-in wall of the refrigerator needed cleaning as the corner had started to rust and particular attention should be paid to the metal cladding area on cleaning schedule in the future if it gets worse. I would recommend you add this metal plate to the maintenance log for future repair or replacement.	Reported to estates for repair / action on11/08/25.	Ben Goddard	Apr-26	Apr-26 Sep-26	Overdue
Local Authority	Food Safety & Hygiene Report Withybush General Hospital	LA_FS&H_WGH_0425_005	R5. Some of the kitchen suspended ceiling tiles were ill fitting in their frames leaving a slight gap. Please ensure the tiles are correctly re-positioned in their frames	Estates Team were notified after the inspection. No action at this stage. There was discussion and site visit from contract looking to replace old existing tiles and mend any tiles pre pest issue. email reminder has been sent	Matthew Ricketts	May-25	May-25	Overdue
Local Authority	Food Safety & Hygiene Report Withybush General Hospital	LA_FS&H_WGH_0425_007	R7. The temperature of the walk-in fridge was recorded as +6 for the w/e 27/4/25 (Saturday evening). +6 was also recorded for the holding fridge w/e 20/4/25 (Wednesday morning), you have a clear escalation procedure on the monitoring forms for temperatures above 5 degrees, please ensure this escalation is documented appropriately.	WGH HACCP states the legal limit requirement's is 8 c and we promote 5c as our best working practise. This reflected on the daily monitoring sheets. These sheets do not state legal limit but our good working practise. I will change the doc to fit with our HACCP.	Matthew Ricketts	May-25	May-25	Overdue
Local Authority	Food Safety & Hygiene Report Withybush General Hospital	LA_FS&H_WGH_0425_009	R9. You have identified hot holding as a critical control point however it has been missed from the tables relating to establishing critical limits at CCPs. Please include details	The transfer and temperature recording is built into our new HACCP policy and will state that the patient meals will need to be probed again at a ward level by Hotel Service Staff	Matthew Ricketts	May-25	Mar-25 Sep-26	Overdue
Local Authority	Food Safety & Hygiene Report Withybush General Hospital	LA_FS&H_WGH_0425_010	R10. During the visit it was established that there are no further temperature checks (monitoring and records) at internal ward level once the regen trolleys are transferred from the kitchen. This step of transfer is not included as a process step in your HACCP. You need to verify that the temperature chain is maintained.	The temperature chain	Matthew Ricketts	May-25	Mar-25 Sep-26	Overdue
Royal College	RCN Health and safety workplace inspection- Corridor care and safe staffing BGH EUCC February 2025	RCN_EUCC_022025_011	R11. Manual handling risk extricating patients out of vehicles.	Paramedics assisting when available . Scheduled sessions in trauma training sessions. Monitor newly appointed staff for compliance.	Chris Edwards	Sep-25	Sep-25 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Blue Block, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER September 2025	874/AM/BFS /00329500_002	R2. Fire doors not closing effectively within the laundry area	Full action plan held by Estates	Elfyn Jones	Oct-25	Oct-25 N/K	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Blue Block, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER September 2025	874/AM/BFS /00329500_004	R4. All combustible storage to be removed from within close proximity of ignition sources are to be re located to a more suitable location. Step are to be taken to ensure that such storage does not recur	Full action plan held by Estates	Elfyn Jones	Oct-25	Oct-25 N/K	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Blue Block, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER September 2025	874/AM/BFS /00329500_005	R5. Confirmation is required that the old detector head in the paint store, in the Boiler Room, is linked and working with the current BS5839: Part 1 fire detection and warning system within the premises.	Full action plan held by Estates	Elfyn Jones	Oct-25	Oct-25 N/K	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Blue Block, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER September 2025	874/AM/BFS /00329500_007	R7. The emergency lighting should be suitable for people to escape in the event of darkness in accordance with BS 5966 E.G Outpatients to MRI	Full action plan held by Estates	Elfyn Jones	Nov-25	Nov-25 Jan-26 May-26 Dec-26	Overdue

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Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Blue Block, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER September 2025	874/AM/BFS /00329500_008	R8. It is essential all staff, including agency and temporary staff, are fully trained in evacuation procedures for the premises. You should ensure that staffing levels are sufficient and available at all material times to facilitate the movement of residents to safety within the determined safe evacuation time. Evidence of this training must be made available to fire safety inspecting officers when they audit your premises. It is good practise to have a live evacuation training session to ensure the evacuation procedure is suitable and sufficient.	Full action plan held by Estates	Mike Gilbert	Oct-25	Oct-25 Jul-26 Dec-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Dyfi Block, Bronglais General hospital, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER October 2025	BFS/00113169_001	R1. During the inspection breaches in compartmentation were identified. The breaches in compartmentation would not support the existing evacuation strategy. In the event of fire, breaches in compartmentation, will allow fire and smoke to spread unchecked throughout the building. This would have an impact on the means of escape and render the evacuation strategy of the building ineffective. All breaches in compartmentation should be fire stopped to provide the appropriate fire resistance in accordance with building regulations. The fire resistance should conform to a relevant standard e.g. Appendix A (including Table A1 A2) of Approved Document B Volume 2 Buildings Other Than Dwelling Houses. Compliance with this or an equivalent standard will normally satisfy the requirement.	Full action plan held by Estates	Richard Jupp	Nov-25	Nov-25 Mar-26 N/K	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Dyfi Block, Bronglais General hospital, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER October 2025	BFS/00113169_003	R3. Provide an emergency lighting system (which is to be independent of all other systems), to illuminate On completion of the emergency lighting system, the commission certificate is to be completed by a competent person and a copy made available to the Fire and Rescue Authority. This system is to be designed and installed in accordance with the latest version of BS5266-1. Compliance with this or an equivalent standard will normally satisfy the requirement. • Clarification is required that the Emergency lighting is sufficient to the external areas as previously requested.	Full action plan held by Estates	Elfyn Jones	Dec-25	Dec-25 Feb-26 Apr-26 Jul-26 Dec-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 10, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	BFS/00133694_002	R2. The damage in the wall of the first-floor corridor near doors 1006 and 1003 should be in-filled with non-combustible materials, to provide 30 minutes standard of fire resistance. The fire separation should conform to a relevant standard e.g. Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings other than dwelling houses. Compliance with this or an equivalent standard will normally satisfy the requirement.	Full action plan held with Estates	Paul Hill	Mar-26	Mar-26 Jun-26 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 10, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	BFS/00133694_003	R3. Remove all unwanted combustible materials. For Example: • GF Switch room (0012) This should apply to the whole premises	Full action plan held with Estates	Paul Hill	Mar-26	Mar-26 Sep-26	Overdue

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Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 10, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	BFS/00133694_004	R4. The following doors should be repaired/replaced with fire doors providing 30 minutes fire resistance. Panels or partitions above or at the sides of the doors should provide a similar degree of fire resistance. • 0002 GF – Cross corridor – not fully closing into the rebate. • 0003 GF – Transport office - letterbox • 0013 GF – Cross corridor – top hinge damaged • 0344 GF – Store – vent • FF – Overflow kitchen, not on PPM – door requires upgrading to FD30S • 2041 – SF – not fully closing into rebate • 2006 – SF – Strips and seals missing • 3006 – TF – Letterbox and obsolete keyholes • 3009 – TF – Strips and seals missing Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 8214:2016 - timber-based fire door assemblies – Code of practice. Compliance with this or an equivalent standard will normally satisfy the requirement.	Full action plan held with Estates	Paul Hill	Mar-26	Mar-26 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 10, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	BFS/00133694_005	R5. Ceiling tiles throughout the building were found to be damaged, they should be repaired or replaced to provide appropriate level of fire resistance. The fire resistance should conform to a relevant standard e.g. Appendix A (including Table A1 A2) of Approved Document B Volume 2 Buildings Other Than Dwelling Houses.	Full action plan held with Estates	Paul Hill	Mar-26	Mar-26 Sep-26	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Template 27 – Bryngolau, Prince Phillip Hospital, Carmarthenshire, SA14 8QF	BFS/00173908_004	R4. The following doors should be repaired/replaced with fire doors providing 30 minutes fire resistance. Panels or partitions above or at the sides of the doors should provide a similar degree of fire resistance. • Check strips and seal on all fire doors as most were damaged during the inspection • 0077A/B – damage to door frame • 0065 – strips and seals were painted over Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 8214:2016 - Timber-based fire door assemblies – Code of Practice Compliance with this or an equivalent standard will normally satisfy the requirement	Full action plan held by Estates	Stewart Evans	Mar-26	Mar-26 N/K	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Template 15 & 16, Prince Phillip Hospital, Dafen Road, Dafen, Llanelli, Carmarthenshire, SA14 8QF	BFS/00334378_002	R2. The routes to emergency exits from premises and the exits themselves must be kept clear and free of obstruction at all times to allow persons to evacuate the premises as quickly and safely as possible. • A number of hospital beds were located through out the hospital street	Full action plan held by Estates	Susan Davies	Mar-26	Mar-26 N/K	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Template 15 & 16, Prince Phillip Hospital, Dafen Road, Dafen, Llanelli, Carmarthenshire, SA14 8QF	BFS/00334378_003	R3. The routes to emergency exits from premises and the exits themselves must be kept free from ignition sources at all times to allow persons to evacuate the premises as quickly and safely as possible. • Portable x-ray machines were on charge in the means of escape	Full action plan held by Estates	Fiona Osell	Mar-26	Mar-26 N/K	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Day Surgical Unit, Prince Phillip Hospital, Dafen Road, Llanelli, SA14 8QF February 2026	BFS/00337255_004	R4. Although training is provided on what to do in case of fire; it is strongly recommended that practical drills be carried out at least once a year and recorded to effectively test and if necessary, improve on the evacuation plan.	Full action plan held with Estates	Karen Waters	Jun-26	Jun-26 Sep-26	Overdue

Report Issued By	Report Title	Recommendation Reference	Recommendation	Management Response	Recommendation Owner	Original Completion Date	Revised Completion Date	Status Category
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Template 3 (AMAU), Ward 1, Prince Phillip Hospital, Llanelli, Carmarthenshire, SA14 8QF	BFS/00345962_005	R5. The following doors should be repaired/replaced with fire doors providing 30 minutes fire resistance. Panels or partitions above or at the sides of the doors should provide a similar degree of fire resistance. • 1820/1821 – Cross corridor doors – hole in door frame • 6475/6476 – Cross corridor doors – excessive gap • 6467/6468 - Cross corridor doors – in need of repair • 6469/6472 – Cross corridor doors – strips and seals missing • 1799/1800 – Cross corridor doors – not fully closing into rebate Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 8214:2016 - Timber-based fire door assemblies – Code of Practice Compliance with this or an equivalent standard will normally satisfy the requirement	Full action plan held by Estates	Stewart Evans	Mar-26	Mar-26 N/K	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Teifi Block, Bronglais General hospital, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER October 2025	CAW/BFS/00113166_001	R1. During the inspection breaches in compartmentation were identified. The breaches in compartmentation would not support the existing evacuation strategy. In the event of fire, breaches in compartmentation, will allow fire and smoke to spread unchecked throughout the building. This would have an impact on the means of escape and render the evacuation strategy of the building ineffective. All breaches in compartmentation should be fire stopped to provide the appropriate fire resistance in accordance with building regulations. The fire resistance should conform to a relevant standard e.g. Appendix A (including Table A1 A2) of Approved Document B Volume 2 Buildings Other Than Dwelling Houses. Compliance with this or an equivalent standard will normally satisfy the requirement.	Full action plan held by Estates	Richard Jupp	Nov-25	Nov-25 Mar-26 N/K	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Teifi Block, Bronglais General hospital, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER October 2025	CAW/BFS/00113166_003	R3. Cables / trunking which passes through fire resisting walls / ceilings must be fire stopped providing at least the standard of separation provided by the surrounding construction. Fire stopping is to conform to a relevant standard e.g. Section 11 (Protection of openings and fire stopping) of Approved Document B Volume 2 Buildings other than dwelling houses. Compliance with this or an equivalent standard will normally satisfy the requirement.	Full action plan held by Estates	Mike Gilbert	Oct-25	Oct-25 Mar-26 N/K	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Hafren Block, Bronglais General hospital, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER October 2025	CAW/BFS/00113168_002	R2. Cables / trunking which passes through fire resisting walls / ceilings must be fire stopped, providing at least the standard of separation provided by the surrounding construction. Fire stopping is to conform to a relevant standard e.g. Section 11 (Protection of openings and fire stopping) of Approved Document B Volume 2 Buildings other than dwelling houses. Compliance with this or an equivalent standard will normally satisfy the requirement	Full action plan held by Estates	Mike Gilbert	Oct-25	Oct-25 Mar-26 N/K	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Education Centre, Bronglais General hospital, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER October 2025	CAW/BFS/00352660_001	R1. During the inspection breaches in compartmentation were identified. The breaches in compartmentation would not support the existing evacuation strategy. In the event of fire, breaches in compartmentation, will allow fire and smoke to spread unchecked throughout the building. This would have an impact on the means of escape and render the evacuation strategy of the building ineffective. All breaches in compartmentation should be fire stopped to provide the appropriate fire resistance in accordance with building regulations. The fire resistance should conform to a relevant standard e.g. Appendix A (including Table A1 A2) of Approved Document B Volume 2 Buildings Other Than Dwelling Houses. Compliance with this or an equivalent standard will normally satisfy the requirement.	Full action plan held by Estates	Richard Jupp	Nov-25	Nov-25 Mar-26 Dec-26	Overdue

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Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Education Centre, Bronglais General hospital, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER October 2025	CAW/BFS/00352660_003	R3. • Ensure Fire Extinguishers are positioned on stands or wall mounted. Portable fire extinguishers should conform to BS 5423 or BS EN3. Specifications for portable fire extinguishers should be selected in accordance with the latest version of BS 5306-8:2012. Compliance with this or an equivalent standard will normally satisfy the requirement.	Full action plan held by Estates	Elfyn Jones	Nov-25	Nov-25 Dec-25 N/K	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Education Centre, Bronglais General hospital, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER October 2025	CAW/BFS/00352660_004	R4. Emergency escape routes throughout must be indicated by adequate escape signage. Signs should be designed and installed in accordance BS 5499-4:20 Compliance with this or an equivalent standard will normally satisfy the requirement.	Full action plan held by Estates	Mike Gilbert	Nov-25	Nov-25 Jan-26 N/K	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Education Centre, Bronglais General hospital, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER October 2025	CAW/BFS/00352660_005	R5. The flooring/carpet within the lobby is loose and uneven and should be repaired.	Full action plan held by Estates	Elfyn Jones	Nov-25	Nov-25 Dec-25 N/K	Overdue
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Education Centre, Bronglais General hospital, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER October 2025	CAW/BFS/00352660_006	R6. During the inspection the self-closing devices on several fire doors were found to be ineffective and should therefore be checked and maintained to a satisfactory standard so that the doors close completely into the rebate. Self-closing devices should conform to a relevant standard e.g. BS 8214:2016 - Timber-based fire door assemblies – Code of Practice. Compliance with this or an equivalent standard will normally satisfy the requirement. All fire doors are to be checked to ensure intumescent strips and cold smoke seals conform to a relevant standard e.g.BS 8214:2016, self-closers / automatic closers operate correctly, and door hardware is installed as per guidance ADBW App B.	Full action plan held by Estates	Elfyn Jones	Jan-26	Jan-26 N/K	Overdue
Local Authority	Food Safety & Hygiene Report South Pembrokeshire Hospital March 2026	LA_FS&H_SPH_0326_001	R1. The floor outside the main kitchen in the hallway was still worn in a number of areas. It was also taped in areas and the tape was worn and frayed. Please retape the taped areas in the short term so that they are clean and in good condition Regulations (EC) 852/2004, Annex II, Chapter 1, para 1 Timescale: Retape immediately	Flooring to be repaired/replaced.	Matthew Ricketts	Jun-26	Jun-26 Mar-27	Overdue
Local Authority	Food Safety & Hygiene Report South Pembrokeshire Hospital March 2026	LA_FS&H_SPH_0326_003	R3. The in the fan in the Sunderland ward was in a dirty/greasy condition. It must be thoroughly cleaned and maintained in a clean condition. Regulation (EC) No 852/2004 Annex II Chapter I Para 1 Timescale: Immediately	Work/Job Request Number: 002707863 – March 2026.	Matthew Ricketts	Jun-26	Jun-26 Sep-26	Overdue
Local Authority	Glangwili General Hospital Catering Department Inspection April 2026	LA_FS&H_GGH_0426_001	R1. Your documented food safety management system needs to be consistently applied, on a daily basis (the HACCP review needs to be completed and implemented across hospital food operations).	Finalise, approve and fully implement revised HACCP covering all food pathways from receipt of food through to ward service.	Richard Daniel/Melanie Jones	Apr-26	Apr-26 N/K	Overdue
Local Authority	Glangwili General Hospital Catering Department Inspection April 2026	LA_FS&H_GGH_0426_002	R2. Listeria controls require full implementation and consistent application across all wards and catering areas.	Implement and monitor Listeria control measures in accordance with FSA guidance and HACCP procedures.	Richard Daniel/Melanie Jones	Apr-26	Apr-26 N/K	Overdue
Local Authority	Glangwili General Hospital Catering Department Inspection April 2026	LA_FS&H_GGH_0426_006	R6. Food safety responsibilities not clearly defined throughout food chain, particularly at ward level.	Define and document food safety responsibilities within HACCP for catering, ward and clinical staff.	Richard Daniel/Melanie Jones	Jun-26	Jun-26 N/K	Overdue