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# Assurance and Risk Report

*Health and Safety Committee – 13 January 2026*



This report provides the Health and Safety Committee (HSC) with the current status of the corporate risks and audits and inspections recommendations within its remit. The Committee is asked to seek assurance from Lead Executive Directors that risks are being managed effectively, and that recommendations from audit and inspections are being implemented by the Health Board.

Principal risks, operational risks, Welsh Health Circulars (WHCs) and Ministerial Directions (MDs) aligned to the Committee will be presented to the next meeting

Corporate Risks:

5

(1 In-Committee)

Audit and Inspection

Reports

44

# 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.

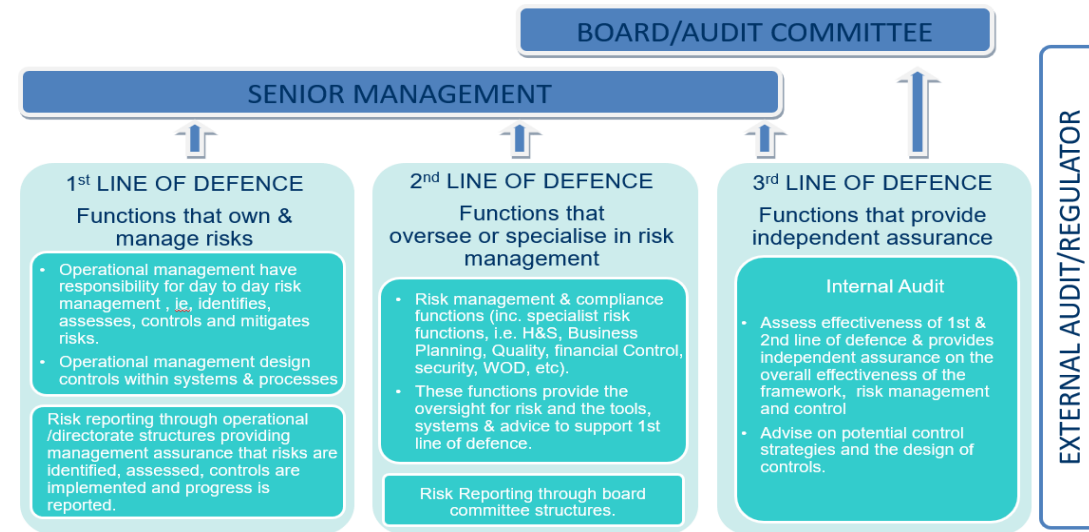
The Health Board's risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either Principal, Corporate or Operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval 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 (e.g. 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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IMPACT	LIKELIHOOD				
	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5			813 1745		
MAJOR 4			1433	1861	
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.

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 5 risks currently aligned to HSC of the 23 currently on the CRR.

Due to its sensitive nature, risk 1861 – *Risk of harm to staff, patients, public and critical assets due to insufficient physical security measures and systems* is being reported in detail to the In-Committee meeting.

Risk 1860 - *Risk of serious harm to staff due to violence & aggression in the workplace*, previously aligned to HSC In-Committee is now reportable to the Public meeting as agreed at the last meeting in November 2025.

The following slides provide a summary of the reportable corporate risks aligned to the public meeting of the HSC. The Risk Register attached at Appendix 1, provides full detail of the risk, including control measures in place, a risk action plan to further manage and mitigate the risk, and sources of assurance.

# Corporate Risks assigned to HSC (In-Committee)



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score
1861 - Risk of harm to staff, patients public and critical assets due to insufficient physical security measures and systems	Executive Director of Allied Health Professions and Health Sciences	Director of Allied Health Professions and Health Sciences	<b>16</b> → (Reviewed 09/12/25)	<b>12</b>	<b>31/03/2026</b>

# Corporate Risks assigned to HSC



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score
1745 – Risk of not being able to safely deliver services due to ageing estate and infrastructure across the Health Board	Executive Director of Allied Health Professions and Health Sciences	Executive Director of Allied Health Professions and Health Sciences	<b>15</b> → (Reviewed 09/12/25)	<b>10</b>	31/08/2032

## 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 have worked since October 2024 in a partnership arrangement with NHS Wales Shared Services Partnership – Specialist Estates Services 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 NHS Wales Shared Services Partnership – Specialist Estates Services (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 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



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score
813 – Risk of non-compliance with the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure	Executive Director of Allied Health Professions and Health Sciences	Executive Director of Allied Health Professions and Health Sciences	15 → (Reviewed 09/12/25)	5	31/08/2029

## Rationale for Current Risk Score

Phased fire safety improvement works are ongoing across all sites, with significant investment being made to address the recommendations in the Mid and West Wales Fire and Rescue Service (MWWFRS) letters and Enforcement Notices (EN). All programme dates have been agreed with the Health Board (HB), Welsh Government (WG) and MWWFRS. We intend to review the progress of our completed actions to determine the risk score as we progress with these works. Extensions of time particularly for EN schemes have been fully agreed verbally by MWWFRS. Reduced scope of works now agreed for Witybush General Hospital (WGH) and Glangwili General Hospital (GGH) Phase 2 on the grounds that the HB achieves the following; (1) Fire alarm systems to Level 1 standard (WGH and GGH), (2) Fire Brigade mandate issued December 2025 requesting that the Health Board achieve and maintain the Level 2 target of 85% by March 2026 (HB Wide) with Level 2 compliance rate 77% as of December 2025 and (3) Night fire wardens are in place (WGH and GGH), with funding for WGH now agreed. The BORIS system has been implemented, and all fire risk assessments have been transferred. Estates and Facilities Clinical Care Group meetings provide 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. This will be reviewed regularly. A further Enforcement Notice has been served in March 2025 for the Cwm Seren Site which we are seeking additional funding for. The scheme has already commenced and will be completed in line with the enforcement dates of March 2026.

## 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, the HB will then consider the further reduction of risk score. 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 evidence the HB has effective fire safety management arrangements in place.

# Corporate Risks assigned to HSC (In-Committee)



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score
1860 - Risk of serious harm to staff due to violence & aggression in the workplace	Executive Director of Allied Health Professions and Health Sciences	Director of Allied Health Professions and Health Sciences	15 → (Reviewed 09/12/25)	9	01/04/2027
<b>Rationale for Current Risk Score</b>					
Consistently high numbers of incidents attributed to Violence and Aggression in the workplace as indicated by the Datix Reporting System during 2024/25; Q1 (240), Q2 (292), Q3 (360) Q4 (288) incidents being recorded.					
<b>Rationale for Target Risk Score</b>					
This is based upon reduction in incidents/severity of impact of incidents. It also relates to the ability to train general ward staff in the skills to safely manage clinically challenging behaviour and the appointment of suitably trained security staff.					

# Corporate Risks assigned to HSC



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score
1433 – Risk to the ability to maintain routine and emergency services in the event of a severe pandemic	Executive Director of Public Health	Executive Director of Public Health	12 → (Reviewed 26/11/25)	8	31/03/2026

## Rationale for Current Risk Score

The national security and risk assessment was reviewed and re-published in November 2022; this remains unaltered.

The previous pandemic influenza risk has been changed into one generic pandemic event (1433) and 2 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

A Cabinet Review of Influenza Preparedness was due prior to COVID-19 which delayed publication. This workstream recommenced in October 2024 and together with outcomes and learning points from COVID-19 will inform our future planning approach for pandemic response.

The Government Respiratory Pandemic Guidance was due late Summer 2024, however final draft for consultation is out currently with publication due soon after (as of December 2025, no date given as yet). It is hoped that this will support the reduction of either the likelihood and / or impact score of the risk following consideration and implementation of these reviews / recommendations and subsequent review of internal planning arrangements.

# Audits and Inspections - Overview



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The Health Board remains in Targeted Intervention (TI) (Level 4) status with Welsh Government (WG) as a result of challenges relating to financial sustainability, strategy and planning, service delivery and organisational performance. Whilst the Health Board has been de-escalated for 'Governance' from TI (Level 4) to Enhanced Monitoring (Level 3), the Health Board must meet the revised set criteria:

- 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; and
- Demonstrate a prompt response to any HIW inspections, concerns, incidents, never-events, coroners requests and regulation 28s – *which has replaced the previous criteria of 'Effective response from the Health Board to external reports and reviews including those from Audit Wales, the Ombudsman, Royal Colleges and HIW resulting in sustainable improvements.'*
- The Board acts on, and addresses appropriately, concerns raised through NHS regulators such as HIW.

All reports from audits, inspections and reviews undertaken across the Health Board are logged and tracked via the **AMaT (Audit Management and Tracking)** system, with progress updated by relevant service leads against each recommendation and evidence required to be uploaded to demonstrate implementation.



AMaT enables services to directly update progress against all recommendations via one central system, promoting a consistent approach to processes and reporting, improvement in transparency and accountability, supporting services with their governance arrangements, and improvement in information flow. Progress is monitored using a categorisation system based on performance against original completion dates, with several new categories introduced since the previous meeting (shown on the next slide).

Recommendations that have exceeded original timescales, along with the management responses, completion dates and barriers to implementation as provided by the lead officer on AMAT are included in **Appendix 2**.

# Audit & Inspection Reports assigned to HSC

## New Tracker Status

Internal Audit, Royal College, Local Authority Reports (1 of 3)



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There are 44 open reports aligned to HSC to enable them to undertake the following responsibility set out in their Terms of Reference:

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

Each recommendation raised within audit and inspection reports are assigned a status category. Since the previous report to HSC, three new status categories have been introduced to provide enhanced analysis on the progress being made in implementing recommendations. Definitions for these new categories are included in the table below.

Status Category	Definition	Number of recommendations
<b>Overdue</b>	The recommendation is behind schedule to the timescale provided by the lead officer.	11
<b>Unable to Complete (NEW)</b>	The 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.	0
<b>Pending Decision (NEW)</b>	The 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 recommendation is overdue or not whilst decision pending.	0
<b>In Progress</b>	The recommendation is currently in progress, and within the agreed original timeframe for implementation.	1
<b>Reliant on External Factors</b>	The recommendation is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.	2
<b>Complete Pending Formal Approval (NEW)</b>	The Service / Function have completed the recommendation and currently awaiting formal approval to close.	11
<b>Complete</b>	The recommendation has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.	30

# Audits and Inspection Reports assigned to HSC

Internal Audit, Royal College, Local Authority Reports (2 of 3)



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44 reports have been assigned to HSC to enable them to undertake their responsibility as set out in their Terms of Reference.

The following slides summarise the progress of all reports aligned to the Committee, including the 3 Enforcement Notices and 36 Letters of Fire Safety Matters.

**Appendix 2** contains all overdue recommendations.

Date of report	Report issued by	Report Title	Clinical Care Group/ Executive Function	Lead Officer	Original Completion Date	Revised Completion Date	No. of recommendations in original report	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Comment
Nov-23	Internal Audit	Estates Condition	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jul-24	Dec-25	8	0	1	5	0	2	0	0	Health Board will need direction on how to proceed with the surveys to ensure this is in line with Welsh Government requirements and funding opportunities
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	<del>Sep-25</del> N/K	11	4	0	4	3	0	0	0	No progress or revised completion dates provided
Feb-25	Royal College	RCN Health and safety workplace inspection- Emergency Department GGH February 2025	Community & Integrated Medicine	Chief Operating Officer	Nov-25	<del>Nov-25</del> N/K	4	3	0	0	1	0	0	0	No progress or revised completion dates provided

# Audits and Inspection Reports assigned to HSC

Internal Audit, Royal College, Local Authority Reports (3 of 3)



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Date of report	Report issued by	Report Title	Clinical Care Group/ Executive Function	Lead Officer	Original Completion Date	Revised Completion Date	Number of recommendations in original report	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Comment
Mar-25	Royal College	RCN Workplace Inspection - WGH A&E Department	Community & Integrated Medicine	Chief Operating Officer	Aug-25	Aug-25 N/K	20	0	0	19	1	0	0	0	None noted
Mar-25	Local Authority	Food Safety & Hygiene Report - Prince Philip Hospital, Ty Bryngwyn and Mynydd Mawr	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Sep-25	Sep-25 Mar-26	12	4	0	2	6	0	0	0	Work ongoing. Revised completion dates provided.

# Audits and Inspection Reports assigned to HSC

Mid & West Wales Fire & Rescue Service:

Enforcement Notices and Letters of Fire Safety Matters (1 of 11)



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Status Category	Definition	Number of recommendations
<b>Overdue</b>	The recommendation is behind schedule to the timescale provided by the lead officer.	42
<b>Unable to Complete (NEW)</b>	The 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.	0
<b>Pending Decision (NEW)</b>	The 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 recommendation is overdue or not whilst decision pending.	0
<b>In Progress</b>	The recommendation is currently in progress, and within the agreed original timeframe for implementation.	71
<b>Reliant on External Factors</b>	The recommendation is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.	4
<b>Complete Pending Formal Approval (NEW)</b>	The Service / Function have completed the recommendation and currently awaiting formal approval to close.	7
<b>Complete</b>	The recommendation has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.	114

There are 3 Enforcement Notices and 36 Letters of Fire Safety Matters (LOFSM) currently open, with 2 LOFSMs awaiting approval to close.

Of the 238 recommendations, 71 are in progress, 14 of which have revised completion dates ranging from December 2025 to December 2027, with MWWFRS informed accordingly. Reasons for the revised timeframes include recommendations forming part of the Phase 2 Fire Project, delays in the undertaking of compartmentation survey work by specialist external contractors, and delays in the revision of fire strategy drawings (advised by NHS Wales Shared Services Partnership). There is regular dialogue between the Health Board's Head of Fire Safety and MWWFRS in respect of fire safety visits and the LOFSMs.

42 recommendations are overdue, having passed their original completion dates of October and November 2025; 8 of which are without revised dates and will be presented at the CCG (Quality, Health & Safety) meeting for escalation on 12<sup>th</sup> January 2026 if not updated by month end.

\*Appendix 2 details the overdue recommendations



# Audits and Inspection Reports assigned to HSC

Mid & West Wales Fire & Rescue Service: Enforcement Notices (2 of 11)



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Date of report	Report issued by	Report Title	Clinical Care Group/ Executive Function	Lead Officer	Original Completion Date	Revised Completion Date	Number of recommendations in original report	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Comment
Feb-20	Mid & West Wales Fire & 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	Jul-27	4	0	1	3	0	0	0	0	
Nov-20	Mid & West Wales Fire & 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	Dec-27	1	0	1	0	0	0	0	0	
Mar-25	Mid & West Wales Fire & Rescue Service	Enforcement Notice: 5438/02 The Regulatory Reform (Fire Safety) Order 2005: Article 30	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Feb-26	Feb-26	2	0	2	0	0	0	0	0	

# Audits and Inspection Reports assigned to HSC

Mid & West Wales Fire & Rescue Service: Letters of Fire Safety Matters  
(3 of 11)



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Date of report	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendations in original report	Overdue	In progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Comments
May-22	Letter of Fire Safety Matters 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	<del>Sep-25</del> Feb-26	<del>Sep-25</del> Feb-26	13	0	2	11	0	0	0	0	Head of Fire Safety confirmed original date of completion to be changed to 10/02/2026 (as agreed with Fire Service).
Jun-22	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	Oct-27	8	0	6	2	0	0	0	0	
Jun-22	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	Oct-27	8	0	6	2	0	0	0	0	
Jun-22	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	Oct-27	9	0	6	3	0	0	0	0	

# Audits and Inspection Reports assigned to HSC

Mid & West Wales Fire & Rescue Service: Letters of Fire Safety Matters

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Date of report	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendations in original report	Overdue	In progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Comments
Jun-22	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	Oct-27	Oct-27	10	0	7	3	0	0	0	0	
Sep-22	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	<del>Mar-23</del> Mar-25	<del>Mar-25</del> Dec-25	9	3	0	5	0	1	0	0	1 Unable to complete re capital funding. 3 remain overdue with revised completion date provided.
Aug-23	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	<del>Feb-24</del> Apr-25 Apr--27	Apr-25 Apr-27	11	0	4	7	0	0	0	0	Phase two now extended with start date to be September 2025. Completion date extended to April 2027. Head of Fire Safety has confirmed that MWWFRS have verbally agreed a revised original completion date of April 2027 .

# Audits and Inspection Reports assigned to HSC

Mid & West Wales Fire & Rescue Service: Letters of Fire Safety Matters  
(5 of 11)



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Date of report	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendations in original report	Overdue	In progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Comments
Sep-23	Letter of Fire Safety Matters Premises: CCU, Towy Ward & Stem Corridor, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF.	Estates & Facilities	Director of Allied Health Professions and Health Sciences	<del>Dec-23</del> Aug-27	<del>Jan-24</del> Aug-24 Aug-27	8	0	1	7	0	0	0	0	Phase 2 of the fire project is forecasted to end in August 2027. Head of Fire Safety has confirmed that MWWFRS have verbally agreed a revised original completion date of August 2027 (Phase 2 of Fire Project).
Feb-24	Letter of Fire Safety Matters Premises: Block 1, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	Estates & Facilities	Director of Allied Health Professions and Health Sciences	<del>Aug-24</del> Aug-27	<del>Aug-24</del> Mar-25 Aug-27	12	0	4	8	0	0	0	0	Head of Fire Safety has confirmed that MWWFRS have verbally agreed a revised original completion date of August 2027.
Mar-24	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	<del>Sep-24</del> Dec-25 Mar-26	4	1	0	2	0	1	0	0	1 is unable to complete until funding is received (external). Capital bid submitted. 1 overdue recommendation has a revised completion date.
Apr-24	Letter of Fire Safety Matters Premises: Block 5 GF, EBME, Physiotherapy, & CT Scanner, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Aug-27	Aug-27	5	0	1	4	0	0	0	0	Head of Fire Safety has confirmed that MWWFRS have verbally agreed a revised original completion date of August 2027.

# Audits and Inspection Reports assigned to HSC

## Mid & West Wales Fire & Rescue Service: Letters of Fire Safety Matters

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Date of report	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendations in original report	Overdue	In progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Comments
Apr-24	Letter of Fire Safety Matters Premises: Block 5 FF, Library, Secretaries offices & Chapel, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	Estates & Facilities	Director of Allied Health Professions and Health Sciences	<del>Jun-25</del> Aug-27	<del>Jun-25</del> Aug-27	5	0	1	4	0	0	0	0	Revised completion date of August 2027 as this will form part of the Phase 2 project.  Head of Fire Safety has confirmed that MWWFRS have verbally agreed a revised original completion date of August 2027.
Jun-24	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	<del>Sep-25</del> Feb-26	<del>Dec-24</del> <del>May-25</del> <del>Sep-25</del> Feb-26	9	0	7	2	0	0	0	0	Head of Fire Safety has confirmed that MWWFRS have verbally agreed a revised original completion date of February 2026.
Jun-24	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	<del>Dec-24</del> Apr-29	<del>Dec-24</del> Jul-25 Apr-29	10	0	1	9	0	0	0	0	Head of Fire Safety has confirmed that MWWFRS have verbally agreed a revised original completion date of April 2029.
Jul-24	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	<del>Oct-24</del> N/K	4	2	0	2	0	0	0	0	Purchase order raised for works for both remaining overdue actions. Waiting on contractor mobilisation. <i>Revised completion date to be noted.</i>

# Audits and Inspection Reports assigned to HSC

## Mid & West Wales Fire & Rescue Service: Letters of Fire Safety Matters

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Date of report	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendations in original report	Overdue	In progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Comments
Aug-24	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	<del>Dec-24</del> Dec-25	10	4	0	6	0	0	0	0	4 overdue actions. Revised completion date provided.
Oct-24	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	Jun-27	4	0	1	3	0	0	0	0	Remaining action forms part of the Phase 2 works.  Head of Fire Safety has confirmed that MWWFRS have verbally agreed a revised original completion date of June 2027.
Dec-24	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-25	<del>Mar-25</del> Sept-25 Nov-25 N/K	2	2	0	0	0	0	0	0	<i>Update and revised completion date for 2 overdue actions to be provided by the service</i>
Dec-24	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-25	<del>Mar-25</del> Sept-25 Nov-25 N/K	1	1	0	0	0	0	0	0	Head of Fire Safety is to seek confirmation from the Major Infrastructure Team as to whether this works is being completed under Phase 2 (completion date of June 2027). Update awaited from the service.

# Audits and Inspection Reports assigned to HSC

## Mid & West Wales Fire & Rescue Service: Letters of Fire Safety Matters

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Date of report	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendations in original report	Overdue	In progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Comments
Dec-24	Letter of Fire Safety Matters Premises: Block 5 Cysgod Y Cwm Ward, Amman Valley Hospital, Folland Road, Glanamam, Ammanford SA18 2BQ	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jun-25	<del>01/06/2025</del> Mar-26	3	1	0	1	0	1	0	0	2 recommendations outstanding on Amat (1 awaiting new drawings from Fire Service (overdue) and 1 awaiting capital funding outcome (Unable to Complete)). Revised completion dates provided.
Feb-25	Letter of Fire Safety Matters Premises: Block 6 Day Surgical Unit, Amman Valley Hospital, Folland Road, Glanamam, Ammanford SA18 2BQ	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jul-25	<del>Jul-25</del> Dec-25	6	1	0	1	4	0	0	0	Work ongoing. Revised completion date provided.
Feb-25	Letter of Fire Safety Matters Premises: Block 2 and Block 3, Amman Valley Hospital, Folland Road, Glanamam, Ammanford SA18 2BQ	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jul-25	<del>Jul-25</del> Sept-25 Dec-25	6	2	0	1	3	0	0	0	Work ongoing. Revised completion date provided.
Jul-25	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	5	0	4	1	0	0	0	0	Work ongoing.
Jul-25	Letter of Fire Safety Matters Premises: Block 11, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF - July 2025	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Oct-25	<del>Oct-25</del> N/K	7	2	0	5	0	0	0	0	Work ongoing. Revised completion date to be provided by the service.

# Audits and Inspection Reports assigned to HSC

## Mid & West Wales Fire & Rescue Service: Letters of Fire Safety Matters

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Date of report	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendations in original report	Overdue	In progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Comments
Sep-25	Letter of Fire Safety Matters Premises: Template 3 (AMAU), Ward 1, Prince Philip Hospital, Llanelli, Carmarthenshire, SA14 8QF	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26	5	1	1	3	0	0	0	0	Work ongoing.
Sep-25	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 N/K	9	4	0	5	0	0	0	0	Work ongoing.  <i>Revised completion date to be provided by the service</i>
Sep-25	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 N/K	7	1	0	6	0	0	0	0	Work ongoing.  <i>Revised completion date to be provided by the service</i>
Sep-25	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	Nov-25 N/K	6	2	0	4	0	0	0	0	Work ongoing.  <i>Revised completion date to be provided by the service</i>

# Audits and Inspection Reports assigned to HSC

## Mid & West Wales Fire & Rescue Service: Letters of Fire Safety Matters

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Date of report	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendations in original report	Overdue	In progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Comments
Oct-25	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	4	0	3	1	0	0	0	0	Work ongoing.
Oct-25	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	6	5	1	0	0	0	0	0	Work ongoing.
Oct-25	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	Jan-26	7	4	1	2	0	0	0	0	Work ongoing.
Oct-25	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	5	2	2	1	0	0	0	0	Work ongoing.

# Audits and Inspection Reports assigned to HSC

## Mid & West Wales Fire & Rescue Service: Letters of Fire Safety Matters (11 of 11)



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Date of report	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendations in original report	Overdue	In progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Comments
Oct-25	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	4	1	3	0	0	0	0	0	Work ongoing.
Oct-25	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	4	3	1	0	0	0	0	0	Work ongoing.
Oct-25	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	0	1	0	0	1	0	0	Work ongoing.
Nov-25	Letter of Fire Safety Matters Premises: Template 15 & 16, Prince Phillip Hospital, Dafen Road, Dafen, Llanelli, Carmarthenshire, SA14 8QF	Estates & Facilities	Chief Operating Officer	Mar-26	Mar-26	3	0	3	0	0	0	0	0	Work ongoing.



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

## Risk Management

- **RECEIVE ASSURANCE** that identified controls are in place and working effectively;
- **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; and

## Audits, Inspections and Regulatory Reports

- **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.



**DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG**  
**SAFE | SUSTAINABLE | ACCESSIBLE | KIND**



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## CORPORATE RISK REGISTER SUMMARY DECEMBER 2025

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Dec-25	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score
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
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
1860	Risk of serious harm to staff due to violence & aggression in the workplace ( <i>previously reported to in-committee</i> )	Severs, James	Safety - Patient, Staff or Public	5×3=15	5×3=15	→	3×3=9	01/04/2027
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	31/03/2026

RISK SCORING MATRIX					
Likelihood x Impact = Risk Score					
Likelihood	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
<b>Frequency - How often might it/does it happen?</b> <small>(how many times will the adverse consequence being assessed actually be realised?)</small>	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					
<b>Probability - Will it happen or not?</b> <small>(what is the chance the adverse consequence will occur in a given reference period?)</small>	(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
<b>Safety of Patients, Staff or Public</b>	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.
<b>Quality, Complaints or Audit</b>	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.					

CORPORATE RISK REGISTER SUMMARY DECEMBER 2025

<b>Workforce &amp; OD</b>	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.
<b>Statutory Duty or Inspections</b>	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.	Improvement notices.	Complete systems change required.
			Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.
<b>Adverse Publicity or Reputation</b>	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.
<b>Business Objectives or Projects</b>	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.
<b>Finance including Claims</b>	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.
<b>Service or Business interruption or disruption</b>	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.
<b>Environmental</b>	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on environment.
<b>Health Equity</b>	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 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5	5	10	15	20	25
MAJOR 4	4	8	12	16	20
MODERATE 3	3	6	9	12	15
MINOR 2	2	4	6	8	10
NEGLIGIBLE 1	1	2	3	4	5

## RISK ASSESSMENT - FREQUENCY OF REVIEW

RISK SCORED	DEFINITION	ACTION REQUIRED (GUIDE ONLY)	MINIMUM REVIEW FREQUENCY
<b>15-25</b>	<b>Extreme</b>	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.
<b>8-12</b>	<b>High</b>	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.
<b>4-6</b>	<b>Moderate</b>	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.
<b>1-3</b>	<b>Low</b>	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		<i>NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you</i>
	Detailed review of relevant information	
	Medium level review	
	Cursory or narrow scope of review	

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

<b>Date Risk Identified:</b>	Oct-19
<b>Strategic Objective:</b>	3. Striving to deliver and develop excellent services

<b>Executive Director Owner:</b>	Severs, James	<b>Date of Review:</b>	Nov-25
<b>Lead Committee:</b>	Health and Safety Committee	<b>Date of Next Review:</b>	Dec-25

<b>Risk ID:</b>	<b>813</b>	<b>Corporate Risk Description:</b>	<p>There is a risk of failing to fully comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005 (RRO).</p> <p>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.</p> <p>2: Difficulties managing the quantity of actions within the current fire safety risk assessment system (Boris) - assigned to responsible persons and action approvers.</p> <p>3: Management responsibilities for fire safety not fully understood by all responsible managers.</p> <p>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.</p>
<b>Does this risk link to any Directorate (operational) risks?</b>		1965, 1934, 1096, 951, 2085, 1040, 2062, 2042, 1929, 1596, 1539	

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

Month	Current Risk Score	Target Risk Score	Tolerance Level
May-23	15	5	8.5
Aug-23	15	5	8.5
Dec-23	15	5	8.5
Mar-24	15	5	8.5
Jun-24	15	5	8.5
Sep-24	15	5	8.5
Dec-24	15	5	8.5
Apr-25	15	5	8.5
Jul-25	15	5	8.5

<b>Trend:</b>	↔
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**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 and Rescue Service (MWWFRS) letters and Enforcement Notices.

All programme dates have been agreed with the Health Board, Welsh Government (WG) and MWWFRS senior inspecting officers. We intend to review the progress of our completed actions to determine the risk score as we progress with these works.

Extensions of time particularly for EN schemes have been fully agreed by MWWFRS. Reduced scope of works now agreed for WBH and GGH P2.

On the grounds that HDUHB achieves the following.

- 1 Fire alarm systems to L1 standard (WBH and GGH)
- 2 Fire Training is above 85% (HB Wide)
- 3 Night fire wardens are in place (WBH and GGH) funding for WBH now agreed.

The BORIS system is now in place 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. This will be reviewed regularly.

Further EN served (19th March 2025) on the HB for the Cwm Seren Site which we are seeking additional funding for. Scheme already out to tender and we are awaiting full costs.

**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 is 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.

CORPORATE RISK REGISTER SUMMARY DECEMBER 2025

<b>Key CONTROLS Currently in Place:</b> (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	<b>Identified Gaps in Controls :</b> (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)	<b>How and when the Gap in control be addressed</b>	<b>By Who</b>	<b>By When</b>	<b>Progress</b>
<p>Pre Planned Maintenance (PPM) checks are carried out across the UHB on fire safety components.</p> <p>A detailed physical estates backlog system is in place that identifies the scale (£) and risk of backlog for UHB. Data used to manage backlog maintenance &amp; statutory decision making also regularly reported to WG.</p> <p>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.</p>	<p>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.</p>	<p>WBH - Completion of Phase 2 works - For all departments, ward areas and risk rooms.</p>	<p>Elliott, Rob</p>	<p><del>30/04/2025</del> 30/04/2025 31/07/2027</p>	<p>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.</p> <p>Start date Sept 2024 completion mid 2027. Will be regularly reviewed.</p>
<p>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.</p> <p>Training Needs Analysis (TNA) for fire safety training in place, as defined in Fire Policy.</p> <p>UHB has implemented new governance structure for fire safety reporting from FSG to Estates care groups.</p> <p>Estate plans with fire zones, fire doors, fire compartmentation, fire infrastructure items (alarm and detection system).</p>	<p>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 attend training sessions.</p> <p>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&amp;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.</p>	<p>GGH - Completion of Phase 2 works - For all departments, ward areas and risk rooms.</p>	<p>Elliott, Rob</p>	<p><del>30/04/2024</del> 30/08/2024 30/06/2025 30/11/2027</p>	<p>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.</p> <p>Start date Sept 2024 completion mid 2027. Will be regularly reviewed.</p>
<p>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.</p> <p>Annual prioritisation of investment against high risk backlog.</p>	<p>Despite making improvements to the</p>	<p>Completion of planned fire safety enforcement work at Cwm Seren MH Facility in Carmarthen, following enforcement notice.</p>	<p>Evans, Paul</p>	<p><del>28/11/2025</del> 31/01/2026</p>	<p>Tender for works already been received, contractor appointed and funding secured. Works to commence by Aug 25 and complete by Nov 25. To satisfy enforcement notice requirements from fire service. Revised timeline provided</p>

CORPORATE RISK REGISTER SUMMARY DECEMBER 2025

<p>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.</p> <p>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.</p> <p>The fire team also issue a regular training global e-mail as a reminder for staff on when and how to book a session.</p> <p>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.</p> <p>Level 1 &amp; 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&amp;S Managers induction training. There is an improving performance in terms of uptake of training (except for L2).</p> <p>Regular communications processes in place to advertise L2 fire safety training.</p>	<p>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.</p> <p>A revised list of Named Responsible Persons for each site is needed to ensure the responsibilities for fire safety is fully understood.</p> <p>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.</p> <p>Improvements to our fire strategy drawings is required to correctly 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.</p>	<p>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.</p> <p>To develop an initial fire safety strategy detailing specific arrangements and headings, which supports our agreed HB wide fire safety policy.</p> <p>To assess and measure our ability to demonstrate effectiveness of each element of the strategy and any potential gaps/timelines to address any shortcomings.</p> <p>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.</p>	<p>Jupp, Richard</p> <p>Jupp, Richard</p> <p>Jupp, Richard</p>	<p><del>30/09/2025</del> 31/01/2026</p> <p><del>28/11/2025</del> 31/01/2026</p> <p><del>30/09/2025</del> 31/01/2026</p>	<p>Existing list will be issued to FSG for ownership and updating by the agreed date. Still awaiting some final names to complete the list.</p> <p>Headings have been initially proposed for fire strategy. Such as: purpose and scope, legislation and guidance, our objectives, fire risk assessments, roles and responsibilities, means of escape compartmentation and passive protection, fire detection and alarm systems, evacuation procedures, fire fighting equipment and training/review. Need to initially assess completeness and gaps for each heading for acute sites then all remaining properties.</p> <p>Document template now complete, we are now populating the date of completion for each step of the process.</p> <p>Meetings now scheduled to review content and amend the policy. TNA has now been changed and we are in the process of reviewing other aspects of the policy before the formal review period.</p>
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ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
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 Safety System (UPDATE) and Fire Training Performance SBAR's submitted to Sept 24 HSAC.	General site management checks/walkarounds 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								
	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								

CORPORATE RISK REGISTER SUMMARY DECEMBER 2025

<b>Date Risk Identified:</b>	Aug-23
<b>Strategic Objective:</b>	3. Great Care

<b>Executive Director Owner:</b>	Severs, James	<b>Date of Review:</b>	Nov-25
<b>Lead Committee:</b>	Health and Safety Committee	<b>Date of Next Review:</b>	Dec-25

<b>Risk ID:</b>	<b>1745</b>	<b>Corporate Risk Description:</b>	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).
<b>Does this risk link to any Directorate (operational) risks?</b>			1795,33,39, 838

<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Safety - Patient, Staff or Public
<b>Inherent Risk Score (L x I):</b>	4x5=20
<b>Current Risk Score (L x I):</b>	3x5=15
<b>Target Risk Score (L x I):</b>	2x5=10
<b>Expected Date To Achieve TRS:</b>	31/08/2032
<b>Trend:</b>	↔

Legend:  
— Current Risk Score  
— Target Risk Score  
- - - Tolerance Level

**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 rationale is also due to lack of capital support (noting this project dates back to 2018) the HB has therefore changed the approach entirely and have worked since Oct last year 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 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.

We are now 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.

**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.

CORPORATE RISK REGISTER SUMMARY DECEMBER 2025

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
<p>Planned and Preventative Maintenance regimes</p> <p>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.</p> <p>Condition appraisals (estate survey) and NWSSP-SES audits</p> <p>Backlog database identifies costs of works across the estate</p> <p>Operational Estates staff on site to deal with breakdowns (on-call 24/7)</p> <p>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.</p> <p>Risks are identified by Estates and services and these inform prioritisation of DCP funding</p> <p>Skilled and trained Estates workforce in place.</p> <p>Site walkarounds in place</p>	<p>Limited Discretionary Capital Programme (DCP) funding to address the £250m backlog</p>	<p>Undertake general environmental monthly walkarounds across the 4 acute sites to increase understanding and proactive management of day to day estate defects.</p>	<p>Evans, Paul</p>	<p>Completed</p>	<p>Completed</p>
	<p>WG support for the Major Infrastructure Programme has not been confirmed</p> <p>Statutory, mandatory and essential maintenance jobs are prioritised over routine helpdesk jobs (on average only 50% of helpdesk jobs are completed)</p> <p>Reduction in annual capital funding and statutory allocations to address key items.</p> <p>Increased backlog of circa £250m+</p> <p>Operational resource pressures across the acute sites.</p>	<p>Development of Major infrastructure Programme for 4 main hospitals and securing external funding</p>	<p>Chiffi, Simon</p>	<p>Completed</p>	<p>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.</p>
	<p>Increasing number of maintenance checks, specifically in relation to fire compliance.</p>	<p>Undertake general environmental quarterly walkarounds for all community in-patient facilities (including Mental Health facilities) to increase understanding and proactive management of day to day estate defects.</p>	<p>Evans, Paul</p>	<p>Completed</p>	<p>Completed</p>

CORPORATE RISK REGISTER SUMMARY DECEMBER 2025

		<p>AHMWW PBC submitted to WG in February 2022 remains not endorsed. Agreement required with Welsh Government on next steps and broader strategic direction.</p>	<p>Davies, Lee</p>	<p><del>10/10/2025</del> 31/03/2026</p>	<p>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.</p>
		<p>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.</p>	<p>Day, Simon</p>	<p>Completed</p>	<p>Walkabouts are in place</p>

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 <span style="background-color: #00aaff; color: white; padding: 2px;"> </span> Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed  Further action necessary to address the gaps	By Who	By When	Progress
Backlog figures	Regular review of 'environment' themed risks identified on operational	1st								
Number of failures		1st								
Cost increases due to inflation	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								
Number of call-outs		2nd								
	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								

CORPORATE RISK REGISTER SUMMARY DECEMBER 2025

<b>Date Risk Identified:</b>	May-24
<b>Strategic Objective:</b>	

<b>Executive Director Owner:</b>	Severs, James	<b>Date of Review:</b>	Dec-25
<b>Lead Committee:</b>	Health and Safety Committee	<b>Date of Next Review:</b>	Jan-26

<b>Risk ID:</b>	<b>1860</b>	<b>Corporate Risk Description:</b>	There is a risk of serious harm to staff from assault. This is caused by violence & aggression in the workplace by patients, visitors and others. This could lead to an impact/affect on the health, safety and wellbeing of employees. Risk of non compliance with Health and Safety at Work Act and Management of Health and Safety at Work Regulations.
<b>Does this risk link to any Directorate (operational) risks?</b>			

<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Safety - Patient, Staff or Public
<b>Inherent Risk Score (L x I):</b>	5x4=20
<b>Current Risk Score (L x I):</b>	5x3=15
<b>Target Risk Score (L x I):</b>	3x3=9
<b>Expected Date To Achieve TRS:</b>	01/04/2027
<b>Trend:</b>	↔

Month	Current Risk Score	Target Risk Score	Tolerance Level
Jun-24	15	6	8
Aug-24	15	6	8
Oct-24	15	6	8
Dec-24	15	6	8
Feb-25	15	9	8
May-25	15	9	8
Jul-25	15	9	8
Sep-25	15	9	8
Nov-25	15	9	8

**Rationale for CURRENT Risk Score:**  
Consistently high numbers of incidents attributed to Violence and Aggression in the workplace as indicated by the Datix Reporting System during: 2024/25 Q1 (240), Q2 (292), Q3 (360) Q4 (288) incidents being recorded.

**Rationale for TARGET Risk Score:**  
This is based upon reduction in incidents/severity of impact of incidents. It also relates to the ability to train General Ward staff in the skills to safely manage clinically challenging behaviour and the appointment of suitably trained Security Staff.

**Key CONTROLS Currently in Place:**  
(The existing controls and processes in place to manage the risk)

V&A Risk Assessment Process: There is a Violence and Aggression (V&A) Risk Assessment toolkit available to aid managers to assess the risk of V&A at department level. This is promoted by the V&A Case Manager.

Education and Training: There is a national NHS Violence and Aggression Training Scheme standard to recognise and manage the risk of violence and aggression in the work place.

V&A Case Management: There is a process for V&A Case Management across the Health Board.

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
Whilst V&A Case Manager requests V&A risk assessments are undertaken following incidents no mechanism exists to monitor compliance with the numbers of V&A Risk Assessments being completed and monitored.  There is inconsistent application of the NHS Violence and Aggression Training Scheme standard.	Develop a process to improve oversight of V&A risk assessments.	Jenkins, Brett	30/04/2025-31/01/2026	MS Forms template has been devised. Incident data supplied to management to inform their V&A risk assessments. Managers will be 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.

CORPORATE RISK REGISTER SUMMARY DECEMBER 2025

<p>Violent Patient Warning Marker Procedure in place: This procedure provides early warning for staff caring for certain patients. This applies to Primary and Secondary Care settings.</p> <p>Lone Working Policy: There is a policy to promote principles of safer working for lone workers.</p> <p>Violence and Aggression Poster/Information: Posters are displayed in key locations across the HB premises. Informing the public of Health Board tolerance towards unacceptable behaviour towards staff.</p> <p>Security Management Group monthly meeting to monitor progression of actions relating to this risk.</p> <p>'People Safe' lone working devices in operation across various areas in the Health Board (primarily Community teams).</p>	<p>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.</p> <p>Low compliance in the use of 'People Safe' lone working devices.</p> <p>Understanding of correlation of V&amp;A incidents to location.</p> <p>Lack of dedicated trained SIA licenced or equivalent security staff to respond to V&amp;A incidents.</p>	<p>Undertake a thorough training needs analysis against the National V&amp;A Training Scheme standard and improve access to training.</p>	<p>Wood, Rachel</p>	<p><del>31/08/2025</del> 28/02/2026</p>	<p>TNA has been revised following input from Clinical Education Manager. SBAR Paper to be drafted for Health and Safety Sub-Committee in October 2025.</p> <p>Further work required. New Exec-led Task &amp; Finish group commenced November 2025 to address TNA and Training Venue Needs (V&amp;A training, Manual Handling and Resus).</p>
		<p>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.</p>	<p>Jenkins, Brett</p>	<p><del>31/12/2025</del> 31/03/2026</p>	<p>Security Management Group have discussed compliance with the patient warning marker procedure and agreed how to progress with a procedure review. Document to be reviewed and returned to SMG for key stakeholder comment.</p>
		<p>Review effectiveness of the use of PeopleSafe devices by staff and develop an action plan to improve access and take up.</p>	<p>Jenkins, Brett</p>	<p><del>30/04/2025</del> 30/06/2026</p>	<p>512 devices issued. Review of compliance shows 4-6% compliance. SMG discussed moving to the People Safe mobile phone application. A free trial has been discussed with the supplier, however the Peoplesafe agenda has not progressed in the absence of a Head of Health, Safety &amp; Security.</p>
		<p>Review incident reports to determine the severity, location by site across the Health Board. Incidents will be available via the H&amp;S Dashboard this will include V&amp;A incident data.</p>	<p>Jenkins, Brett</p>	<p>Completed</p>	<p>V&amp;A Case Manager produces incident reports for CCG until dashboard in place. Incident Dashboard is live and contains information on V&amp;A/assaults/behaviour incidents. CCG's have been notified</p>

CORPORATE RISK REGISTER SUMMARY DECEMBER 2025

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 <span style="background-color: #00aaff; color: white; padding: 2px;"> </span> Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed  Further action necessary to address the gaps	By Who	By When	Progress
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		Reports on security arrangements and related incidents are provided to Health and Safety Committee (2nd, detailed)	Jenkins, Brett	31/12/2025	Security Manager collating Security related incident examples. Incident data by means of dashboard will also be shared with the HSC.
	Reports on security arrangements and related incidents are provided to Health and Safety Committee	2nd								
	CTSA updated review undertaken in February 2023	3rd								

<b>Date Risk Identified:</b>	May-22
<b>Strategic Objective:</b>	2. Healthier Communities

<b>Executive Director Owner:</b>	Gjini, Ardiana	<b>Date of Review:</b>	Nov-25
<b>Lead Committee:</b>	Health and Safety Committee	<b>Date of Next Review:</b>	Jan-26

<b>Risk ID:</b>	<b>1433</b>	<b>Corporate Risk Description:</b>	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.
<b>Does this risk link to any Directorate (operational) risks?</b>			

<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Service/Business interruption/disruption
<b>Inherent Risk Score (L x I):</b>	4x5=20
<b>Current Risk Score (L x I):</b>	3x4=12
<b>Target Risk Score (L x I):</b>	2x4=8
<b>Expected Date To Achieve TRS:</b>	31/03/2026
<b>Trend:</b>	↔

— Current Risk Score

— Target Risk Score

- - - Tolerance Level

**Rationale for CURRENT Risk Score:**  
 The national security and risk assessment was reviewed and re-published in November 2022, this remains unaltered. The previous pandemic influenza risk has been changed into 2 new risks, one generic pandemic event and 2 emerging infectious diseases. 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:**  
 A Cabinet Review of Influenza Preparedness was due just prior to COVID-19 which delayed publication. This workstream has now recommenced and together with outcomes and learning points from COVID-19 will inform our future planning approach for pandemic response. The Government Respiratory Pandemic Guidance was due late Summer 2024, but final draft for consultation is out currently with publication due soon after (no date given as yet). It is hoped to reduce either the likelihood and/or impact score following consideration and implementation of these reviews/recommendations and subsequent review of internal planning arrangements.

CORPORATE RISK REGISTER SUMMARY DECEMBER 2025

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 # 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 (approved by Strategic LRF 14/11/18 now under review also awaiting the Gov Respiratory Pandemic 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 Influenza Response Framework and associated plan(currently under review) # 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 # Preparations underway to participate in Exercise Pegasus - national Tier 1 Pandemic Exercise scheduled across 3 phases of play in Sept, Oct and Nov 2025.	Lack of ratified Pandemic Response Framework reviewed which broadens remit from Influenza focus to generic pandemic events.	Pandemic Response Framework reviewed which broadens remit from Influenza focus to generic pandemic events.	Hussell, Sam	<del>31/03/2026</del> 31/05/2024 31/08/2024 31/10/2024 30/05/2025 31/12/2025	Awaiting publication of UK Gov Respiratory Pandemic Planning Guidance, final draft version out for consultation currently and content being used to inform Pandemic Response Framework.

CORPORATE RISK REGISTER SUMMARY DECEMBER 2025

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 <span style="background-color: #FFC0CB; border: 1px solid black; display: inline-block; width: 10px; height: 10px;"></span> Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed  Further action necessary to address the gaps	By Who	By When	Progress
	Planning via Emergency Preparedness, Resilience & Response (EPRR) including LRF workstream reports to Health & Safety Committee	1st			Vaccine Equity Strategy - Board 30 May 2024  Vaccination Delivery Programme Update - Board via SDODC (Sep 23)  Major Incident Plan - Board via H&SC and Exec Team (Jul 25)	None identified.				
	Operational pandemic reporting structures from HB to WG	2nd								
	National, regional & local command & control structures	2nd								
	National groups operational for vaccination programme planning & delivery	3rd								
	Emergency Planning Advisory Group (EPAG) Wales meetings re Pandemic response and future planning	3rd								

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function	Lead Director	Original Due Date	Current Due Date	Progress Status	Barriers
Local Authority- Food Safety and Hygiene Report - Prince Philip Hospital, Ty Bryngwyn and Mynydd Mawr	R1. Food safety at ward level was repeatedly found to be a contributory factor, as were weak procurement requirements with regards to food safety. Key failings included, cold chain integrity issues, e.g., unclear procedures for checking fridge/chilled trolley temperatures at ward level/ inadequate cleaning/disinfection of food contact surfaces and inadequate shelf-life controls. Review the Listeriosis guidance ( <a href="https://www.food.gov.uk/sites/default/files/media/document/listeria-guidance-june2016-rev.pdf">https://www.food.gov.uk/sites/default/files/media/document/listeria-guidance-june2016-rev.pdf</a> ) and consider the issues identified on this inspection, review and revise your food safety management system and implement appropriate controls.	All ward based catering staff are required to complete food safety training. Ben Goddard has met with Susan Davies & Christine Choudry to advise of 3-month target for completion. Work ongoing within hotel services dept to achieve this. Also discussed issues where supervisory staff are signing documents without rectifying issues. See 3b) below	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/09/2025	30/09/2025	Overdue	
Local Authority- Food Safety and Hygiene Report - Prince Philip Hospital, Ty Bryngwyn and Mynydd Mawr	R6. Food Safety Management System - Item remains outstanding from 25th January 2024 inspection report. The documented food safety management procedures lack detail commensurate with this type of business (providing food to large cohort of vulnerable people/visitors and staff).  You need to ensure adequate training and clear food safety management procedures are in place to ensure the commitment of ward and medical staff to follow procedures within the individual units and hospital wards.  You must implement clear food safety management procedures (HACCP) and supervise effectively to ensure controls are implemented and working effectively. To ensure all your procedures are working as intended you should undertake verification checks and audits to review the different areas in the hospital setting regularly.	Continuing work on catering & cleaning split. Now confirmed to be that ward-based catering will move over to be under the control of the kitchen catering team. This will ensure that all relevant food safety concerns, training & documentation are under one team rather than split	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/09/2025	30/09/2025	Overdue	
Local Authority- Food Safety and Hygiene Report - Prince Philip Hospital, Ty Bryngwyn and Mynydd Mawr	R9. Food Hygiene and Allergen Training – Do not overlook training of non-catering staff on the wards, this has not been included in your food safety management system.  You need to provide appropriate training to ensure ward/medical staff are adequately instructed and trained commensurate to their food safety responsibilities and that they understand the food safety procedures they implement, and the correct actions required if and when issues arise.	Currently 154 members of the nursing team have completed food safety training	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/09/2025	30/09/2025	Partially complete (Overdue)	

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Local Authority- Food Safety and Hygiene Report - Prince Philip Hospital, Ty Bryngwyn and Mynydd Mawr	R11. Decide upon allergen controls and document this within the Food Safety Management System, other hospital settings provide complete separation as good practice.	Exploring possibility of having exterior freezer storage to aid in the main kitchen being able to separate entirely the allergen free meals so they can be in their own area. Has been added to 3As report and potential SBAR to be complete	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/09/2025	30/09/2025	Partially complete (Overdue)	30/09/2025: Unless exterior freezer storage is implemented, we will be unable to complete this action.
Mid and West Wales Fire and Rescue Letter of Fire Safety Matters Premises: Health Care Centre, Doctors Surgery, Maes Yr Eglwys, Solva, Pembrokeshire, SA62 6TW	R7. Fire resisting doors to store cupboards need not be fitted with a self-closing device providing that they are kept locked shut when not in use. Located at. <ul style="list-style-type: none"> <li>• Ground floor Boiler room store cupboard</li> <li>• Storeroom cleaner cupboard</li> <li>• Storeroom for oxygen by front door</li> </ul>	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/12/2024	31/05/2025	Overdue	
Mid and West Wales Fire and Rescue Letter of Fire Safety Matters Premises: Health Care Centre, Doctors Surgery, Maes Yr Eglwys, Solva, Pembrokeshire, SA62 6TW	R8. 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. <ul style="list-style-type: none"> <li>• The fire door at the bottom of the stairs</li> <li>• The meeting room on the first floor with small kitchen.</li> </ul> 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	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/12/2024	31/05/2025	Overdue	
Mid and West Wales Fire and Rescue Letter of Fire Safety Matters Premises: Health Care Centre, Doctors Surgery, Maes Yr Eglwys, Solva, Pembrokeshire, SA62 6TW	R9. During the inspection the self-closing devices on the doors located at. <ul style="list-style-type: none"> <li>• At the bottom of the stairs</li> <li>• Kitchen area ground floor had no door closer</li> </ul> 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.	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/12/2024	31/05/2025	Overdue	

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Royal College - RCN Health and safety workplace inspection- Corridor care and safe staffing BGH EUCC February 2025	R1. Risk assessments of departments and patients ( with agreed number) who can be corridor nursed	Risk assessments for requesting over base line staff to safely corridor nurse – approval by HoN	Ceredigion Integrated System	Ms Dawn Jones	30/09/2025	30/09/2025	Rejected (To be resubmitted)	
Mid and West Wales Fire and Rescue Letter of Fire Safety Matters Premises: Health Care Centre, Doctors Surgery, Maes Yr Eglwys, Solva, Pembrokeshire, SA62 6TW	R10. Establish procedures to be followed in case of fire and nominate people to put those procedures into effect.	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/12/2024	31/05/2025	Overdue	
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	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	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/11/2025	30/11/2025	Overdue	
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	R2. Ensure that display boards/stands are fire retardant or have been treated with a proprietary fire-retardant treatment designed to enhance their fire performance.	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/11/2025	30/11/2025	Overdue	
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	R4. 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	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/11/2025	30/11/2025	Overdue	

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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	R5. Provide fire blankets in kitchens/kitchenette 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	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/11/2025	30/11/2025	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	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	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/11/2025	30/11/2025	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	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	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/10/2025	31/10/2025	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	R9. Steps must be taken to ensure that all responsible persons working work together in a coordinated manner in order to ensure the fire safety measures are implemented effectively.	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/11/2025	30/11/2025	Overdue	

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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	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	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/11/2025	30/11/2025	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	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	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/11/2025	30/11/2025	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	R2. Wedges, hooks and any other devices in use at the present time as a means of holding the self-closing doors in the open position shall be removed to ensure that the doors are effectively self-closing.	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/11/2025	30/11/2025	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	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	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/11/2025	30/11/2025	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	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	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/11/2025	30/11/2025	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	R5. The flooring/carpet within the lobby is loose and uneven and should be repaired.	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/11/2025	30/11/2025	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	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	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/10/2025	31/10/2025	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	R3. Ensure that display boards/stands are fire retardant or have been treated with a proprietary fire-retardant treatment designed to enhance their fire performance.	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/11/2025	30/11/2025	Overdue	
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	R7. 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	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/10/2025	31/10/2025	Overdue	

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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	R3. Continue to action the significant findings of your Fire Risk Assessments within the agreed timescales of your own Action plan 2022	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/10/2025	31/10/2025	Overdue	
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	R6. 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	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/10/2025	31/10/2025	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	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	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/11/2025	30/11/2025	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	R2. Ensure that display boards/stands are fire retardant or have been treated with a proprietary fire-retardant treatment designed to enhance their fire performance.	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/11/2025	30/11/2025	Overdue	

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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	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	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/10/2025	31/10/2025	Overdue	
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	R3. The opening in the ceiling located in Switch R12 & R40 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	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/11/2025	30/11/2025	Overdue	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Block 1, West Wales General Hospital, Dolgwlili, Carmarthen, SA31 2AF	R3. 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	Full action plan held by Estates.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/08/2024	31/08/2024	Overdue	22/10/2024 - This work will be captured under Phase 2 of the fire project. Phase 2 of the fire project is expected to begin in August 2025, and is forecasted to end in August 2027.

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Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Block 1, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	<p>R5. 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.</p> <ul style="list-style-type: none"> <li>• Day Room R08 (Teifi)</li> <li>• Office R36 (Picton)</li> <li>• Bathroom R21 (Picton)</li> <li>• Clinical Room R06 (Picton)</li> </ul> <p>Fire resisting doors need to be fitted with</p> <ul style="list-style-type: none"> <li>• self-closing device</li> <li>• intumescent strips and smoke seals.</li> <li>• three brass/steel hinges.</li> </ul> <p>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.</p> <p>BS 8214:2016 - timber-based fire door assemblies – Code of practice. Compliance with this or an equivalent standard will normally satisfy the requirement</p>	Full action plan held by Estates.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/08/2024	31/08/2024	Overdue	22/10/2024 - This work will be captured under Phase 2 of the fire project. Phase 2 of the fire project is expected to begin in August 2025, and is forecasted to end in August 2027.
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Block 1, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	<p>R10. The following 30 minute fire resisting doors were found to be damaged/defective. These doors must be repaired/replaced.</p> <ul style="list-style-type: none"> <li>• 006 A/B Stem corridor GF.</li> <li>• Store Room R34 Stem corridor GF</li> </ul> <p>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.</p> <p>BS 8214:2016 - Timber-based fire door assemblies – Code of Practice</p> <p>Compliance with this or an equivalent standard will normally satisfy the requirement</p>	Full action plan held by Estates.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/08/2024	31/08/2024	Overdue	22/10/2024 - This work will be captured under Phase 2 of the fire project. Phase 2 of the fire project is expected to begin in August 2025, and is forecasted to end in August 2027.

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function	Lead Director	Original Due Date	Current Due Date	Progress Status	Barriers
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Block 1, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	<p>R11. During the inspection the self-closing devices on the doors located at;</p> <ul style="list-style-type: none"> <li>• 8 x Doors leading on to stairwells from GF, FF &amp; SF.</li> </ul> <p>Were found to be missing and should therefore be installed and maintained to a satisfactory standard so that the doors close completely into the rebate.</p> <p>Self-closing devices should conform to a relevant standard e.g.</p> <p>BS 8214:2016 - Timber-based fire door assemblies – Code of Practice.</p> <p>Compliance with this or an equivalent standard will normally satisfy the requirement.</p>	Full action plan held by Estates.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/08/2024	31/08/2024	Overdue	22/10/2024 - This work will be captured under Phase 2 of the fire project. Phase 2 of the fire project is expected to begin in August 2025, and is forecasted to end in August 2027.
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, Glanaman, Ammanford SA18 2BQ	<p>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.</p>	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/06/2025	30/06/2025	Partially complete (Overdue)	Discussion with Paul Evans regarding incorrect drawings and fire compartmentation lines. Paul is arranging a new fire compartmentation survey, where recommendations can be made to form compartmentations in line with the fire strategy. Findings not yet discussed with Estates.

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function		Original Due Date	Current Due Date	Progress	
			Lead Director				Status	Barriers
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	<p>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.</p> <p>All breaches in compartmentation should be fire stopped to provide the appropriate fire resistance in accordance with building regulations.</p> <p>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.</p> <p>Compliance with this or an equivalent standard will normally satisfy the requirement.</p>	Action plan held by Estates team.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/09/2024	30/09/2024	Partially complete (Overdue)	Fire Compartmentation Drawings need to be reviewed by the Fire Management Team. These are currently incorrect - Please provide up to date, verified drawings.
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	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.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/03/2024	30/09/2025	Partially complete (Overdue)	

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function	Lead Director	Original Due Date	Current Due Date	Progress Status	Barriers
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	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.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/03/2024	30/09/2025	Partially complete (Overdue)	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters- Letter of Fire Safety Matters Premises: Block 2 and Block 3, Amman Valley Hospital, Folland Road, Glanaman, Ammanford SA18 2BQ	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.	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/07/2025	31/07/2025	Partially complete (Overdue)	

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Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters- Letter of Fire Safety Matters Premises: Block 2 and Block 3, Amman Valley Hospital, Folland Road, Glanaman, Ammanford SA18 2BQ	R3. Fire resisting doors were found to be defective and not up to current standards. These doors must be repaired/replaced in line with • Carry out work identified in door survey carried out by Ventro dated 9th August 2021. • The fire risk assessment. Put in place a regime/routine to monitor doors and to ensure doors do not fall below standard. 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	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/07/2025	31/07/2025	Partially complete (Overdue)	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters- Letter of Fire Safety Matters Premises: Block 6 Day Surgical Unit, Amman Valley Hospital, Folland Road, Glanaman, Ammanford SA18 2BQ	R6. The existing fire warning system must be extended as necessary to conform fully to BS 5839-1:2017 Category L1 All work involving the fire alarm should be carried out in accordance with BS 5839-1:2017.	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/07/2025	31/07/2025	Partially complete (Overdue)	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Block 11, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF - July 2025	R4. The Fire Risk Assessment should identify any group of persons especially at risk. If relevant person who use the premises include disabled persons, the Fire Risk Assessment should include identifying the risks to them and all the measures necessary to comply with the Regulatory Reform (Fire Safety) Order 2005 by ensuring their safety in the event of fire This may need to include developing individual 'personal emergency evacuation plans' (PEEPs) for disabled people who frequently use the premises, after consultation with and agreement from them.	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/09/2025	30/09/2025	Partially complete (Overdue)	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Block 11, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF - July 2025	R5. If persons with hearing difficulties are likely to be on the premises, other means of fire warning should be provided for persons who would not be adequately alerted by a standard detection system, for example, visual beacons, vibrating devices or pagers that are linked to the existing fire warning system. All work shall be undertaken in accordance with BS5839-1:2025	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/10/2025	31/10/2025	Overdue	

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function	Lead Director	Original Due Date	Current Due Date	Progress Status	Barriers
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: SOUTH PEMBS HOSPITAL, FORT ROAD, PEMBROKE DOCK, SA72 6FY	R1. It was noted whilst carrying out the inspection that there were a number of faults found with a high number of the fire doors at this premises. These doors should be repaired or replaced. Any panels or partitions above or at the sides of the doors should provide a similar degree of fire resistance as the door installed. • All doors mentioned within the fire door survey carried out in September 2021. Fire doors should conform to a relevant standard e.g. Appendix C and Table 6 WHTM 0502, Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses.	Full action plan held by Estates.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/03/2025	31/03/2025	Partially complete (Overdue)	18/08/2025 - the roof void works have not been completed. Capital bids unsuccessful

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Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: SOUTH PEMBS HOSPITAL, FORT ROAD, PEMBROKE DOCK, SA72 6FY	R3. It was noted that the stairs within G124 were not protected as per paragraph 3.48 WHTM 05-02 - Stairways should always be remote from each other so that in the event of fire at least one is available for evacuation purposes. • Install a Fire Door set to comply with the above statement. • Within the old Cleddau ward a set of doors are to be installed either within the partition or within the external glazed wall. This is due to the extended travel distance from the ward to the closest exit. • Final exit door to courtyard GF1 area needs replacing. • Doors between G14 & G22 marked as D57 needs replacing.	Full action plan held by Estates.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/03/2025	31/03/2025	Partially complete (Overdue)	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Tenby Surgery Gas Lane, Tenby SA70 8AG	R2. Extend the existing fire detection and warning system based on the findings of the fire risk assessment All work involving the fire alarm system should be carried out in accordance with BS5839-1:2017.	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/10/2024	31/10/2024	Partially complete (Overdue)	

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function	Lead Director	Original Due Date	Current Due Date	Progress Status	Barriers
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Tenby Surgery Gas Lane, Tenby SA70 8AG	R3. The fire resisting door to the server room needs to be fitted with • Intumescent strips and smoke seals. 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	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/10/2024	31/10/2024	Partially complete (Overdue)	
Royal College - RCN Health and Safety Workplace Inspection AMAU Prince Philip Hospital February 2025	R7. Staff wellbeing.	Assurance & Risk Officer to check evidence prior to closure of this report	Community & Integrated Medicine	Chief Operating Officer	31/10/2025	31/10/2025	Overdue	
Royal College - RCN Health and safety workplace inspection- Corridor care and safe staffing BGH EUCC February 2025	R7. Triage waits need to be reviewed	D/W team 2x2 CDU beds no reverted to a rapid assessment area for medical EAU - principles of SDEC. Data entry improvement for accurate reflection of time lines .	Community & Integrated Medicine	Chief Operating Officer	30/09/2025	30/09/2025	Overdue	
Royal College - RCN Health and safety workplace inspection- Corridor care and safe staffing BGH EUCC February 2025	R9. Review other areas for see and treat	Discussion in place with MDU who can give EUCC 2 treatment chairs that can be managed by MDU Develop SoP for patient criteria.	Community & Integrated Medicine	Chief Operating Officer	30/09/2025	30/09/2025	Overdue	
Royal College - RCN Health and safety workplace inspection- Corridor care and safe staffing BGH EUCC February 2025	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.	Community & Integrated Medicine	Chief Operating Officer	30/09/2025	30/09/2025	Overdue	
Royal College - RCN Health and safety workplace inspection- Emergency Department GGH February 2025	R2. Oxygen cylinder storage was not sufficient, cylinders were witnessed not in brackets, and cylinders were left on trolleys along the external corridors.	2a)Urgent memo to ED and CDU staff regarding not leaving trollies nor Oxygen cylinders on the escape route/corr	Community & Integrated Medicine	Chief Operating Officer	30/11/2025	30/11/2025	Overdue	
Royal College - RCN Health and safety workplace inspection- Emergency Department GGH February 2025	R2. Oxygen cylinder storage was not sufficient, cylinders were witnessed not in brackets, and cylinders were left on trolleys along the external corridors.	2b)Incorporating oxygen checks within the ED porters shift routine.	Community & Integrated Medicine	Chief Operating Officer	30/11/2025	30/11/2025	Overdue	
Royal College - RCN Health and safety workplace inspection- Emergency Department GGH February 2025	R2. Oxygen cylinder storage was not sufficient, cylinders were witnessed not in brackets, and cylinders were left on trolleys along the external corridors.	2c)Clinical Site Manager to support monitoring the area and ensure any left trollies/cylinders are removed	Community & Integrated Medicine	Chief Operating Officer	30/11/2025	30/11/2025	Overdue	
Royal College - RCN Health and safety workplace inspection- Emergency Department GGH February 2025	R2. Oxygen cylinder storage was not sufficient, cylinders were witnessed not in brackets, and cylinders were left on trolleys along the external corridors.	2d)SNM to monitor in hours, the area and ensure any left trollies/cylinders are removed	Community & Integrated Medicine	Chief Operating Officer	30/11/2025	30/11/2025	Overdue	

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Royal College - RCN Health and safety workplace inspection- Emergency Department GGH February 2025	R3. Overcrowding within the ED; ED seen as an extension of the wards; 'Corridor care' was seen as normal practice. Unable to meet patients hygiene needs due to the lack of space.	3b)Speciality Pathway Reviews underway. Surgical SDEC (Phase 1 Complete) and Trauma Ambulatory Care opened. Review of Urology, ENT & Gynea Pathways. Change in pathway for medical referrals from GP to GGH SDEC (embedded since perfect week).	Community & Integrated Medicine	Chief Operating Officer	30/11/2025	30/11/2025	Overdue	
Royal College - RCN Health and safety workplace inspection- Emergency Department GGH February 2025	R3. Overcrowding within the ED; ED seen as an extension of the wards; 'Corridor care' was seen as normal practice. Unable to meet patients hygiene needs due to the lack of space.	3f)Role of the Senior Nurse Manager, Clinical Site Manager and 'Manager of the Day' strengthened, supporting key escalation of actions, status and risk	Community & Integrated Medicine	Chief Operating Officer	30/11/2025	30/11/2025	Overdue	
Royal College - RCN Health and safety workplace inspection- Emergency Department GGH February 2025	R3. Overcrowding within the ED; ED seen as an extension of the wards; 'Corridor care' was seen as normal practice. Unable to meet patients hygiene needs due to the lack of space.	3h)Initiatives to facilitate admission avoidance: -Streaming Hub -Virtual Ward -Re-direction Policy (Draft) -Perfect week (Jan 25) completed with some initiatives adopted as business as usual (GP medical take via SDEC). -Optimised Weekend working Pilot planned (22/23 March).	Community & Integrated Medicine	Chief Operating Officer	30/11/2025	30/11/2025	Overdue	
Royal College - RCN Health and safety workplace inspection- Emergency Department GGH February 2025	R3. Overcrowding within the ED; ED seen as an extension of the wards; 'Corridor care' was seen as normal practice. Unable to meet patients hygiene needs due to the lack of space.	3i)Daily staffing review completed by SNM team; additional shifts added for surge positions.	Community & Integrated Medicine	Chief Operating Officer	30/11/2025	30/11/2025	Overdue	
Royal College - RCN Health and safety workplace inspection- Emergency Department GGH February 2025	R4. Staff anxiety and burnout identified; staff identified that they cannot mentor and supervise new staff; junior staff they were often in situations beyond their experience.	4b)Diluted staff skill set recognised and held on the risk register	Community & Integrated Medicine	Chief Operating Officer	30/11/2025	30/11/2025	Overdue	
Royal College - RCN Health and safety workplace inspection- Emergency Department GGH February 2025	R4. Staff anxiety and burnout identified; staff identified that they cannot mentor and supervise new staff; junior staff they were often in situations beyond their experience.	4c)Training Needs Analysis underway	Community & Integrated Medicine	Chief Operating Officer	30/11/2025	30/11/2025	Overdue	
Royal College - RCN Health and safety workplace inspection- Emergency Department GGH February 2025	R4. Staff anxiety and burnout identified; staff identified that they cannot mentor and supervise new staff; junior staff they were often in situations beyond their experience.	4d)ED Practice Educator in place.	Community & Integrated Medicine	Chief Operating Officer	30/11/2025	30/11/2025	Overdue	
Royal College - RCN Health and safety workplace inspection- Emergency Department GGH February 2025	R4. Staff anxiety and burnout identified; staff identified that they cannot mentor and supervise new staff; junior staff they were often in situations beyond their experience.	4e)Weekly Roster efficiency monitoring – monitoring of Study Leave compliance	Community & Integrated Medicine	Chief Operating Officer	30/11/2025	30/11/2025	Overdue	
Royal College - RCN Health and safety workplace inspection- Emergency Department GGH February 2025	R4. Staff anxiety and burnout identified; staff identified that they cannot mentor and supervise new staff; junior staff they were often in situations beyond their experience.	4f)All Wales Staff Survey 2024 – improvement plan to be developed in line with feedback.	Community & Integrated Medicine	Chief Operating Officer	30/11/2025	30/11/2025	Overdue	
Royal College - RCN Health and safety workplace inspection- Emergency Department GGH February 2025	R4. Staff anxiety and burnout identified; staff identified that they cannot mentor and supervise new staff; junior staff they were often in situations beyond their experience.	4g)Nurse Staffing Review discussion in line with RCEM guidance for Emergency Departments.	Community & Integrated Medicine	Chief Operating Officer	30/11/2025	30/11/2025	Overdue	