



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **13/01/2026**
Time **9:30 AM - 11:30 AM**
Location **Microsoft Teams meeting; Conference Room, Parc Dewi Sant**

Health & Safety Committee Meeting

HDD_Health and Safety Committee

NHS Wales

Agenda - 13 January 2026

1 GOVERNANCE

9:30 AM, 0 min

1.1 Welcome and Apologies

9:30 AM, 2 min

Ann Murphy (Hywel Dda UHB - RCN Trade Union Rep - Independent Board Member)

1.2 Declarations of Interest

9:32 AM, 2 min

All

1.3 Minutes of Previous Meeting Held on 11 November 2025

9:34 AM, 5 min

Ann Murphy (Hywel Dda UHB - RCN Trade Union Rep - Independent Board Member)

1.4 Matters Arising and Table of Actions from Meeting held on 11 November 2025

9:39 AM, 5 min

Ann Murphy (Hywel Dda UHB - RCN Trade Union Rep - Independent Board Member)

1.5 Review of Terms of Reference (ToRs)

9:44 AM, 10 min

Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)

1.6 Health and Safety Sub-Committee Table of Actions

9:54 AM, 10 min

James Severs (Hywel Dda UHB - Executive Director of Allied Health Professions and Health Science)

1.7 Assurance and Risk Report

10:04 AM, 10 min

James Severs (Hywel Dda UHB - Executive Director of Allied Health Professions and Health Science), Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

2 HEALTH AND SAFETY UPDATES

10:14 AM, 0 min

2.1 Health and Safety Assurance Report

10:14 AM, 15 min

Adam Springthorpe (Hywel Dda UHB - Health & Safety Manager)

2.2 Site Visit Report and Associated Actions

10:29 AM, 15 min

Adam Springthorpe (Hywel Dda UHB - Health & Safety Manager)

3 FOR INFORMATION

10:44 AM, 0 min

3.1 HSC Workplan

10:44 AM, 5 min

Ann Murphy (Hywel Dda UHB - RCN Trade Union Rep - Independent Board Member)

4 ANY OTHER BUSINESS

10:49 AM, 5 min

All

5 MATTERS FOR ESCALATION TO BOARD

10:54 AM, 5 min

Ann Murphy (Hywel Dda UHB - RCN Trade Union Rep - Independent Board Member)

6 DATE AND TIME OF NEXT MEETING

10:59 AM, 0 min

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1

9:30 AM, 0 Mins

1 - GOVERNANCE

1.1

9:30 AM, 2 Mins

1.1 - Welcome and Apologies

*Ann Murphy (Hywel
Dda UHB - RCN
Trade Union Rep -
Independent Board
Member)*

1.2

9:32 AM, 2 Mins

1.2 - Declarations of Interest

All

1.3

9:34 AM, 5 Mins

1.3 - Minutes of Previous Meeting Held on 11 November 2025

*Ann Murphy (Hywel
Dda UHB - RCN
Trade Union Rep -
Independent Board
Member)*

| For approval

Attachments

[2025-11-11 - Virtual Health Safety Committee Meeting - Minutes.pdf](#)

MINUTES OF THE Health and Safety Committee MEETING

Date of Meeting: **9:30 AM, Tuesday 11 November 2025**
Venue: **Microsoft Teams Meeting**

Present: Ann Murphy, Independent Board Member (Chair)
Sarah Harraway, Independent Board Member
Iwan Thomas, Independent Board Member
Chantal Patel, Independent Board Member

In Attendance: James Severs, Executive Director of Allied Health Professions and Health Science
Andrew Carruthers, Chief Operating Officer
Ardiana Gjini, Executive Director of Public Health)
Anthony Dean, Staff Side Representative
Adam Springthorpe, Health & Safety Manager
Jonathan Arthur, Deputy Director of Health Sciences
Louise O'Connor, Assistant Director- Legal and Patient Support (*deputising for Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience*)
Sam Hussell, Head of Health Emergency Planning (*deputising for Ardiana Gjini, Executive Director of Public Health*)
Jeni Bryant, Bank Senior Nurse Specialist (*part*)
Simon Chiffi, Head of Operations
Karen Ryan, Head of Occupational Health
Joanne Wilson, Director of Corporate Governance/Board Secretary
Ruth Poynting, Committee Services Officer (minutes)

Apologies: Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience
Michael Imperato, Independent Board Member
Ardiana Gjini, Executive Director of Public Health

Minutes Ref.	Item	Action
	GOVERNANCE	
HSC(25)047	Welcome and Apologies Ms Ann Murphy welcomed all to the meeting and apologies were noted as above.	
HSC(25)048	Declarations of Interest There were no declarations of interest.	
HSC(25)049	Minutes of Previous Meeting Held on 9 September 2025 Mr James Severs highlighted two inaccuracies in HSC(25)037: <ul style="list-style-type: none"> The title <i>Executive Director of Allied Health Professions and Health Science</i> should be corrected to <i>Deputy Director of Health Sciences</i>. 	

- The term *Clinical Control Groups* should be replaced with *Clinical Care Groups*.

The Committee approved the minutes subject to these corrections.

Decision: The Committee APPROVED the minutes of the previous meeting.

HSC(25)050 **Matters Arising and Table of Actions from Meeting held on 9 September 2025**

No comments were raised on the Table of Actions.

Decision: The Committee NOTED the Table of Actions

HSC(25)051 **Health and Safety Sub-Committee Update**

The Committee were alerted to one item regarding training compliance by the Health and Safety Sub-Committee (HSSC). Mr Jonathan Arthur assured that plans have been established to review the capacity of the team in regards to training and to provide further insight in terms of compliance.

In response to a query from Ms Murphy, Dr Arthur confirmed that a review of Personal Protective Equipment (PPE) for porters has taken place. Mr Simon Chiffi confirmed that the risk assessment has been updated, and procurement is underway for circa 20 stab vests to be distributed across acute sites as part of the mitigation measures.

Ms Murphy noted that Bronglais Hospital (BGH) had previously been non-compliant with Fire Safety training. Mr Chiffi clarified that this related to Reducing Restrictive Practice (RRP) training, rather than Fire Safety. Compliance in this area has improved significantly, with BGH now achieving 48%. A course scheduled for late November 2025 is expected to raise compliance to approximately 85%, with an additional course planned before the end of the year to further increase compliance levels.

Mr Severs referenced discussions with the Executive Team, highlighting a need for improved oversight for training. Ms Jo Wilson suggested that it would be beneficial to include the Mandatory Training Group in discussions.

Ms Murphy commended the significant work undertaken in Withybush Hospital (WGH), noting the clean comfortable environment.

Decision: The Committee were ALERTED to plans to review the training needs analysis however were ASSURED that appropriate work is progressing on the items reported by the Health and Safety Sub-Committee

HSC(25)052 **Proposed Health & Safety Governance Arrangements**

Mr Severs acknowledged the significant work undertaken by Ms Wilson's team, particularly Ms Alison Gittins and Ms Charlotte Wilmshurst to review the governance of this Committee. This report outlines a proposal for key structural changes, including the dis-establishment of the HSSC.

Since the establishment of the new Operational structure within the Health Board in April 2025, six Clinical Care Groups (CCGs) have replaced the previous Directorates and now report directly to the Integrated Quality, Finance, Performance & Delivery (IQFPD) Group

Dr Arthur commented that a further review may be required to determine whether the Radiation Protection Group (RPG) should be chaired by an individual with formal qualifications in radiation protection.

Membership arrangements were discussed, including whether formal links should be established with external partners such as Mid and West Wales Fire and Rescue Service (MAWWFRS) and Dyfed-Powys Police. It was agreed that the existing links through the Fire Safety Group and Security Team was sufficient.

Ms Louise O'Connor observed that the Terms of Reference (TOR) referenced emerging themes from incidents and asked how these align with the broader learning framework. Mr Severs explained that the revised arrangements are designed to deliver enhanced overarching intelligence through IQFPD.

The transition from sub-committees to control groups is expected to take four to six months. However, progress may be impacted by the current vacancy for the Head of Health and Safety position, as this role is critical in improving governance.

The Committee considered an immediate transition to the new format, however concluded that work is required to ensure the reports are as effective as possible.

Decision: HSC APPROVED the de-commissioning of the Health and Safety Sub-Committee and were ASSURED that new governance arrangements have been mapped, with due consideration to its governance requirements and accountabilities.

HSC(25)053

H&S Dashboard and Compliance report

Mr Adam Springthorpe reported that Phase 1 of the Health and Safety Dashboard is now available. Although this is the initial phase, the dashboard is already quite comprehensive. Rollout is proposed to being in December 2025, with managers briefed on dashboard access. From December, meeting papers will be developed using the dashboard as the primary source of data, tailored for specific needs such as reporting staff and contractor incidents to Trade Union groups.

In response to a concern from Ms Sarah Harraway on her experience with dashboard rollouts, Mr Springthorpe confirmed that engagement will be considered.

Mr Springthorpe and Ms O'Connor agreed to explore the potential of incorporating Personal Injury Claim data, as this information is not currently available to the Health and Safety Team. AS, LOC

Phase 2 of the dashboard will focus on Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) data, Phase 3 remains undefined, allowing flexibility to incorporate new elements.

Mr Severs acknowledged the effort invested in developing the dashboard and highlighted its potential as a template for CCGs, promoting consistent data presentation such as high level claim information.

Decision: The Committee were ASSURED that phase one of the new H&S Dashboard has been successfully launched.

HSC(25)054

Accident, Incident and Notifiable Statistics Process Review

In September 2025, 141 staff and contractor incidents were reported, of which 32 were accidents, 90 were behaviour such as violence and aggression and 19 were a combination of the two.

The dashboard enables tracking of incidents pending review for over 30 days, highlighting the importance of prompt responses. Timely investigations encourage reporting, which improves the accuracy of incident data.

Ms Harraway queried the context of the reported RIDDOR figures, suggesting that presenting the data per member of staff could provide more proportional insight. Mr Springthorpe acknowledged the feedback and explained that RIDDOR data is reported every six months, including an All-Wales comparison and agreed to share this comparative information with Ms Harraway following the meeting. AS

Ms Chantal Patel queried how the organisation is learning from the reported information and where this aligns with the overall strategy, questioning whether it forms part of the approach to delivering training across the organisation. In response, Ms Wilson emphasised the distinction between operational reporting and assurance. She offered to support Mr Severs and Mr Springthorpe in this process, with additional input from Ms O'Connor. JW

Decision: The Committee were ASSURED that the Health Board is compliant with the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR).

HSC(25)055

Heavy Patient Compliance (Manual Handling Operations Regulations 1992)

Mr Severs reminded the Committee that it is not within its remit to approve funding decisions and emphasised the importance of avoiding detailed discussion on financial requirements. He confirmed that he will address these matters outside the committee.

Ms Jeni Bryant explained that the paper had initially been developed to support an expansion of her role, however it now focuses on providing assurance that the Health Board is meeting the needs of bariatric patients. She highlighted the significant risk to both the Health Board and patients if these needs are not met.

Ongoing work is delivering positive financial outcomes alongside improvements in health and safety and manual handling practices. Equipment to support bariatric patients is being provided promptly, including for patients with a significantly higher weight.

Ms Patel initiated a discussion on whether GLP-1 medications might reduce the number of patients requiring bariatric surgery, noting that these drugs are currently not widely available on the NHS due to their high cost. The Committee agreed that while some impact is possible, any significant change is likely to take considerable time.

Decision: The Committee were ASSURED that sufficient progress has been made to date in fulfilling the Health Board statutory obligations under the Manual Handling Operations Regulations 1992, including compliance with Heavy Patient Handling requirements.

HSC(25)056

Stress in the Workplace

Ms Karen Ryan provided an overview of Stress management in the workplace from an Occupational Health perspective.

There is currently a vacancy for the Head of Staff Psychological Wellbeing (SPWS), and the role is under review to determine the organisation's requirements.

Stress remains the leading cause of staff absence. Over a six-month period, 41,792.35 full-time equivalent (FTE) days were lost, representing an estimated cost of £4,691,163. It is noted that this data does not differentiate between stress related to the workplace and external factors affecting mental health. Electronic Staff Record (ESR) data indicates that 2.4% of staff absences attributed to mental health are self-reported as being linked to workplace stress.

Between April and September 2025, the Occupational Health service received 1261 referrals due to absence. Of this number 220 cases referenced access to wellbeing services as a reason for referral.

Occupational Health then assessed each case and signposted staff to resources such as Canopi Wales and other counselling services. Ms Ryan added that the original cause of referral often

does not reflect wider impacts on health and wellbeing, and informal conversations outside staff teams can sometimes reveal additional challenges.

Ms Patel queried whether an impact assessment has been completed and whether the impact of stress is being measured over time. Ms Ryan explained that due to the expert role being vacant there has been some difficulty compiling this data. A report on increased stress in the Health Board was presented to the People, Organisational Development and Culture Committee (PODCC) 18 February 2025 which may provide further information.

Ms Harraway expressed concerns about the level of assurance regarding current services, highlighting the absence of data on Canopi referrals and the need for greater clarity on how Wellbeing Champions are supported.

Mr Iwan Thomas suggested that presenting this data from an All-Wales perspective would be valuable, as it would provide a useful benchmark.

Ms Ryan highlighted that stress risk assessments should act as a preventative measure to manage concerns early. She acknowledged challenges in obtaining this information, as multiple areas are involved, and noted that the majority of staff had not completed a risk assessment.

A further concern is RIDDOR reporting, observing that stress and wellbeing issues are not appearing in RIDDOR data and questioned whether a mechanism exists to capture this data. In response, Mr Springthorpe clarified that stress itself is not directly captured in reporting; however, it may be linked to incidents, such as those resulting in post-traumatic stress disorder (PTSD).

Mr Severs commented that the report does not fully meet the committee's requirements and suggested collaborating with Lisa Gostling to develop it further, with a revised version to be presented to a future meeting.

KR

The Committee were unable to gain assurance from this report due to a lack of sufficient data on current services.

Decision: The Committee were NOT ASSURED of the reporting mechanisms in place to monitor stress in the workplace due to insufficient data.

HSC(25)057

HSC Workplan

Ms Harraway highlighted that the name of the vice chair should be amended to reflect the current appointment.

CSO

Decision: The Committee NOTED the HSC Workplan.

HSC(25)058

ANY OTHER BUSINESS

In response to Ms Patel's query Ms Wilson clarified that Care in the Corridor would likely be discussed under Quality and Safety rather than Health and Safety, however agreed to confirm.

JW

HSC(25)059

MATTERS FOR ESCALATION TO BOARD

The Committee agreed to advise the Board that further assurance is required on Stress in the Workplace.

DATE AND TIME OF NEXT MEETING

Tuesday 13 January 2026, 9.30am-11.30am

1.4

9:39 AM, 5 Mins

1.4 - Matters Arising and Table of Actions from Meeting held on 11 November 2025

Ann Murphy (Hywel Dda UHB - RCN Trade Union Rep - Independent Board Member)

| For discussion

Attachments

[HSC Table of Actions 11 Nov 2025.pdf](#)

HEALTH & SAFETY COMMITTEE (HSC)/ PWYLLGOR IECHYD A DIOGELWCH
11 November 2025
TABLE OF ACTIONS/TABL GWEITHREDOEDD

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
HSC(24)131	Health and Safety Sub Committee Update <ul style="list-style-type: none"> To report back to the Committee after a discussion with JS on the timeline for the Violence and Aggression Management Plan and the issue with the Portering Role 	JA	May 2025	In progress: Detailed training recovery plan to improve the current compliance with restraint training has been approved at the Estates & Facilities QH&S governance meeting. The projected trajectory for improvement is December 2025.
HSC(25)009	H&S Annual Work Plan 2025/26 <ul style="list-style-type: none"> To provide assurance to HSSC around the management of stress in the workforce in collaboration with the Psychological Wellbeing Group and report back to HSC. 	TH, KR	November 2025	In Progress: Update presented 11 November 2025. Further assurance needed.
HSC(25)053	H&S Dashboard and Compliance report <ul style="list-style-type: none"> To meet to discuss to discuss the sharing of Personal Injury Claim data with the Health and Safety team. 	AS, LOC	January 2026	Update to be provided at the meeting.
HSC(25)054	Accident, Incident and Notifiable Statistics Process Review <ul style="list-style-type: none"> To share the most recent bi-annual RIDDOR report with SH to provide assurance on an all-Wales basis. 	AS	January 2026	Complete Shared 18 November 2025

Key: JB-Jeni Bryant, JS- James Severs, AC-Andrew Carruthers, CSO- Committee Services Officer, JB – Jeni Bryant, JA – Jonathan Arthur, KJ – Keith Jones, LOC – Louise O'Connor, SH – Sarah Harraway

1.5

9:44 AM, 10 Mins

1.5 - Review of Terms of Reference (ToRs)

*Joanne Wilson
(Hywel Dda UHB -
Director of Corporate
Governance/Board
Secretary)*

| For approval

Attachments

[Health Safety SBAR H SC ToRs January 2026.pdf](#)

[HSC Terms of Reference V11.ForHSCApproval with changes.pdf](#)

[HSC Terms of Reference V11.ForHSCApproval clean.pdf](#)

**PWYLLGOR IECHYD A DIOGELWCH
HEALTH & SAFETY COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 January 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health & Safety Committee Terms of Reference
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Director of Corporate Governance/Board Secretary Charlotte Wilmshurst, Assistant Director of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to ensure that the Health and Safety Committee (H&SC) has clear terms of reference which detail its purpose, boundaries, role, composition and operating arrangements.

Cefndir / Background

According to its terms of reference, the Committee must review its terms of reference and operating arrangements on at least an annual basis to ensure they remain fit for purpose. These must be subsequently approved by the Board and will form part of the Health Board's Standing Orders.

Following the decision to disestablish the Health & Safety Sub-Committee at its meeting in November 2025, opportunity has been taken to review the Health & Safety Committee's terms of reference to take account not only of this decision but also to:

- include specific reference to the ways in which the Committee will receive assurance through the new reporting arrangements in place;
- streamline the terms of reference to manage out previous duplication particularly within the Principal Duties and Operational Responsibilities sections (sections 2 and 3);
- bring them in line with the Health Board's standardised terms of reference template.

Asesiad / Assessment

The Health and Safety Committee terms of reference and operating arrangements (**Appendix 1**) have been reviewed and amendments have been made. These are clearly marked in red and strikethrough on Appendix 1 and relate to the following:

Section	What has changed?	Why?
2	Title of Section	Change of title from Purpose to Principal Duties to bring this section in line with the Health Board's standardised Terms of Reference template.
2.1	Principal Duties	Section amended to place emphasis on the Committee receiving assurance rather than providing assurance on the Health Board's health and safety arrangements.
2.2	Principal Duties	Section amended to replace reference to compliance with a Committee work programme which is not currently in place, to compliance with all relevant health and safety legislation, regulations and industry standards requirements.
2.3	Principal Duties	Section amended to add and processes to how health and safety management may be strengthened and developed further.
2.4	Principal Duties	The following section has been deleted as it is now duplicated within the amended section 2.2: Provide advice on compliance with all aspects of health and safety legislation.
2.5	Principal Duties	The following section has been deleted as it is now duplicated under Operational Responsibilities section 3.1.10: To receive an assurance on delivery against relevant Planning Objectives aligned to the Committee in accordance with Board approved timescales, as set out in HDdUHB's Annual Plan.
2.4	Principal Duties	Section amended to reflect the correct title i.e. Major Incident Plan rather than Emergency Management Plan.
3.1	Operational Responsibilities	The following section has been deleted as this is now subsumed within the amended section 3.1: With regard to its role in providing advice to the Board, the Committee will comment specifically on the adequacy of assurance arrangements and processes for the provision of an effective health and safety function.
3.2	Operational Responsibilities	The following section has been deleted to remove reference to a Committee work programme which is not currently in place: The Committee will support the Board with regard to its responsibilities for health and safety:

		<ul style="list-style-type: none"> • Approve and monitor implementation of the Health and Safety Committee's work programme. • Review the comprehensiveness of assurances in meeting the Board assurance needs across the whole of the UHB's activities, both clinical and non-clinical.
3.3	Operational Responsibilities	<p>The following section has been deleted to remove reference to a Committee work programme, which is not currently in place:</p> <p>To achieve this, the Committee's programme of work will be designed to provide assurance that:</p> <ul style="list-style-type: none"> • Objectives set out in the Health and Safety Committee's Work Programme are on target for delivery in line with agreed timescales. • Standards are set and monitored in accordance with the relevant Standards for Health Services in Wales. • Proactive and reactive health and safety plans are in place across the UHB. • Where appropriate and proportionate, health and safety incident and ill health events are investigated and action taken to mitigate the risk of future harm. • Reports and audits from enforcing agencies and internal sources are considered and acted upon. • Workforce, health, security and safety issues are effectively managed and monitored via relevant operational groups. • Employee health and safety competence and participation is promoted. • Decisions are based upon valid, accurate, complete and timely data and information.
3.1.1	Operational Responsibilities	<p>Section amended to reflect the fact that assurance to the Committee on health and safety compliance will be received through the Health & Safety Assurance Report, together with the work of management/operational groups and accountable leads.</p>
3.1.2	Operational Responsibilities	<p>New Responsibility added to the Committee's Terms of Reference:</p> <p>Receive assurance on the Health Board's compliance against individual health and safety regulations, on rotation, with their regularity determined by their current risk status.</p>
3.1.3	Operational Responsibilities	<p>New responsibility added to the Committee's Terms of Reference:</p>

		Receive bi-annual assurance reports from each Clinical Care Group Service Director on their individual Clinical Care Group health and safety arrangements.
3.1.4	Operational Responsibilities	Section amended to place emphasis on the Committee seeking assurance that there is a process of review of findings of health and safety management system audits, rather than simply ensuring that this is the case.
3.9	Operational Responsibilities	The following section has been deleted as this is now subsumed within the amended section 3.1.4: Ensure there is a process of review of accident, incident and notifiable disease statistics to keep an organisational focus on trends, ensure that corrective action and prioritisation of high risk issues are brought to the attention of the appropriate groups, and share learning across the organisation.
3.1.5	Operational Responsibilities	New responsibility added to the Committee's Terms of Reference: Receive reports from auditors, inspectorates and regulatory bodies relating to the Health Board's health and safety arrangements, with agreed management responses to address areas of improvement.
3.1.6	Operational Responsibilities	Section amended to include reference to the Committee ensuring the requirements arising from the Health Board's external regulatory agencies, Welsh Government and professional bodies are acted upon within achievable timescales.
3.12	Operational Responsibilities	The following section has been deleted as this is now subsumed within the amended section 3.1.6: Ensure reports and factual information from external regulatory agencies are acted upon within achievable timescales
3.1.7	Operational Responsibilities	Section amended to place emphasis on the Committee seeking assurance that new and revised health and safety legislation and best practice guidance is considered in terms of how it may impact the Health Board, rather than simply ensuring that this is the case.
3.1.8	Operational Responsibilities	Section amended to place emphasis on the Committee seeking assurance that there is a process of review of the efficacy of all health and safety regulations and industry standards

		training programmes rather than simply ensuring that this is the case.
3.1.11	Operational Responsibilities	Section amended to bring it in line with the Health Board's standardised Terms of Reference template on risk management.
3.17	Operational Responsibilities	The following section has been deleted as this is now subsumed within the amended section 3.1.11: Receive assurance through Sub-Committee Update Reports and other management task & finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).
3.1.12	Operational Responsibilities	Section amended to place emphasis on the Committee receiving assurance that service/business continuity plans are in place, rather than simply ensuring that this is the case.
3.1.14	Operational Responsibilities	Section amended to reflect that approval for all organisational health and safety policies, procedures, guidelines and codes of practice (written control documents) will be through the Health and Safety Compliance Group as opposed to the dis-established Health & Safety Sub-Committee.
3.1.15	Operational Responsibilities	Section amended to reinforce the requirement for a Health & Safety Annual Report in light of the following HSE requirement: <i>The Health & Safety Executive (HSE) expects public sector organisations to produce an annual health & safety report as a matter of best practice and good governance, rather than a specific legal requirement for the report itself. Failure to produce one is not an offence in itself, but it would be viewed negatively in case of an HSE investigation.</i>
3.4	Operational Responsibilities	The following section has been deleted as this is now subsumed within the amended section 3.1.9 Ensure there is clear and effective health and safety communication and publicity throughout the organisation to promote engagement and co-operation across the Health Board: Promote engagement and co-operation across the Health Board in ensuring the health, safety, welfare and security of patients, staff, contractors, and others.

3.8	Operational Responsibilities	<p>The following section has been deleted as this is now subsumed within the amended section 2.2:</p> <p>Provide assurance that robust and effective safety management systems are in place operationally to deliver the Health Board's health, safety and security objectives and fulfil its statutory duties.</p>
3.1.18	Operational Responsibilities	<p>The following section has been deleted following the Committee decision to dis-establish the Health & Safety Sub-Committee in November 2025.</p> <p>Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the Health and Safety Committee and oversee delivery.</p>
4.2	Membership	<p>The Director of Estates and Facilities (Estates & Facilities Service Director) (to be appointed) will now replace the previous Head of Estates and Facilities as an In-Attendance member of the Committee.</p> <p>The Assistant Director People Management will now replace the Deputy Director of Workforce & OD as the Workforce & OD representative on the Committee.</p>
5	Quorum and Attendance	<p>Minor amendments have been made throughout this section to bring it in line with the Health Board's standardised Terms of Reference template.</p>
8	Frequency of Meetings	<p>Minor amendments have been made throughout this section to bring it in line with the Health Board's standardised Terms of Reference template.</p>
9	Accountability, Responsibility and Authority	<p>Minor amendments have been made throughout this section to bring it in line with the Health Board's standardised Terms of Reference template.</p>
10	Reporting	<p>Reference to the Health & Safety Sub-Committee has been removed following the Committee's decision to disestablish this Sub-Committee at its meeting in November 2025.</p> <p>Minor amendments have also been made throughout this section to bring it in line with the Health Board's standardised Terms of Reference template.</p>

Given the number of amendments that have been made, a revised version of the Health and Safety Committee terms of reference without the changes identified are attached at **Appendix 2** which the Board will be requested to approve.

Argymhelliad / Recommendation

The Committee is asked to:

- **APPROVE** the Health and Safety Committee's Terms of Reference (version 11) for onward ratification by the Board on 29 January 2026.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

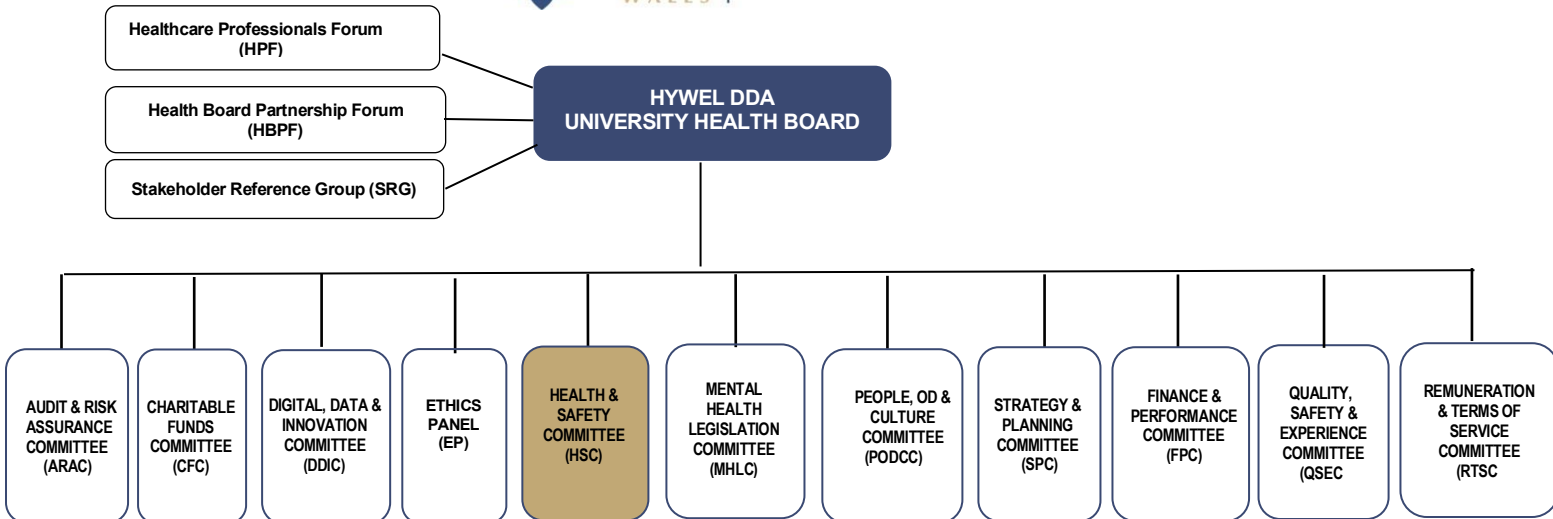
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Health & Safety Committee Terms of Reference
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd lechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	H&SC Chair and Executive Lead Director of Corporate Governance/Board Secretary

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable



HEALTH & SAFETY COMMITTEE

TERMS OF REFERENCE

Version	Issued to:	Date	Comments
V1	Hywel Dda University Health Board	26.03.2020	Approved
V1	Health & Safety Assurance Committee	14.05.2020	Approved
V2	Health & Safety Assurance Committee	17.02.2021	Reviewed
V3	Health & Safety Assurance Committee	08.03.2021	Approved (Chair's Action)
V3	Hywel Dda University Health Board	25.03.2021	Approved
V4	Hywel Dda University Health Board	29.07.2021	Approved
V5	Health & Safety Committee	09.05.2022	Approved
V6	Hywel Dda University Health Board	28.07.2022	Approved
V7	Health & Safety Committee	10.07.2023	Approved
V7	Hywel Dda University Health Board	27.07.2023	Approved
V8	Health & Safety Committee	04.03.2024	Approved
V8	Hywel Dda University Health Board	28.03.2024	Approved
V9	Health & Safety Committee	12.11.2024	Approved
V9	Hywel Dda University Health Board	28.11.2024	Approved
V10	Health & Safety Committee	04.03.2025	Approved
V10	Hywel Dda University Health Board	27.03.2025	Approved
V11	Health & Safety Committee	13.01.2026	For Approval

HEALTH AND SAFETY COMMITTEE

1. Constitution

- 1.1 Hywel Dda University Health Board (HDdUHB) has a statutory obligation by virtue of the Health & Safety at Work Act 1974 to establish and maintain a Health and Safety Committee:
- Section 2 sub section 7: 'It shall be the duty of every employer to establish in accordance with Regulations (i) a safety committee having the function of keeping under review measures taken to ensure the health and safety of employees and such other functions as prescribed'.
- 1.2 HDdUHB's Health and Safety Committee has been established as a formal Committee of the Board and constituted from 1 April 2020.

2. Purpose **Principal Duties**

- 2.1 ~~Receive~~ ~~Provide~~ assurance around **the adequacy of HDdUHB's arrangements and processes for the provision of an effective health and safety function to fulfil its legislative, statutory and regulatory duties, and for** ensuring the health and safety, ~~welfare and security~~ of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers, contractors etc.
- 2.2 Advise and assure the Board on whether **robust and effective health and safety management** arrangements are in place to ensure organisation-wide compliance ~~with the Health Board's Health and Safety Policy, approve and monitor delivery against the Health and Safety Committee's work programme and ensure compliance with the~~ **all relevant health and safety legislation, regulations and industry standards requirements, and the** Health Board's Health & Safety Policy.
- 2.3 Where appropriate, the Committee will advise the Board on where and how its health and safety management **and processes** may be strengthened and developed further.
- ~~2.4 Provide advice on compliance with all aspects of health and safety legislation.~~
- ~~2.5 Receive an assurance on delivery against relevant Planning Objectives aligned to the Committee in accordance with Board approved timescales, as set out in HDdUHB's Annual Plan.~~
- 2.4 Provide assurance to the Board that the Health Board's **Major Incident** ~~Emergency~~ Management Plan is underpinned by policy and protocols, planning and performance targets and strategies to address risks to business continuity.

3. Operational Responsibilities and Objectives

- ~~3.1 With regard to its role in providing advice to the Board, the Committee will comment specifically on the adequacy of assurance arrangements and processes for the provision of an effective health and safety function.~~

- 3.2 ~~The Committee will support the Board with regard to its responsibilities for health and safety:~~
- ~~• Approve and monitor implementation of the Health and Safety Committee's work programme.~~
 - ~~• Review the comprehensiveness of assurances in meeting the Board assurance needs across the whole of the UHB's activities, both clinical and non-clinical.~~
- 3.3 ~~To achieve this, the Committee's programme of work will be designed to provide assurance that:~~
- ~~• Objectives set out in the Health and Safety Committee's Work Programme are on target for delivery in line with agreed timescales.~~
 - ~~• Standards are set and monitored in accordance with the relevant Standards for Health Services in Wales.~~
 - ~~• Proactive and reactive health and safety plans are in place across the UHB.~~
 - ~~• Where appropriate and proportionate, health and safety incident and ill health events are investigated and action taken to mitigate the risk of future harm.~~
 - ~~• Reports and audits from enforcing agencies and internal sources are considered and acted upon.~~
 - ~~• Workforce, health, security and safety issues are effectively managed and monitored via relevant operational groups.~~
 - ~~• Employee health and safety competence and participation is promoted.~~
 - ~~• Decisions are based upon valid, accurate, complete and timely data and information.~~
- 3.1 The Health and Safety Committee will, in respect of its provision of advice and assurance to the Board:
- 3.1.1 **Receive assurance through the Health & Safety Assurance Report and the work of management/operational groups and accountable leads that Ensure** there is a process of review of health and safety compliance **with legislative, regulatory and industry standard requirements** across the whole of the Health Board's business undertakings, including through a programme of health and safety audits and agree and monitor KPIs for health and safety performance to ensure evidence of compliance with external standards and regulatory requirements.
- 3.1.2 **Receive assurance on the Health Board's compliance against individual health and safety regulations, on rotation, with their regularity determined by their current risk status.**
- 3.1.3 **Receive bi-annual assurance reports from each Clinical Care Group Service Director on their individual Clinical Care Group health and safety arrangements.**
- 3.1.4 **Seek assurance that Ensure** there is a process of review of findings of **health and** safety management system audits and ~~seek assurance~~ that corrective actions are put in place.
- 3.1.5 **Receive reports from auditors, inspectorates and regulatory bodies relating to the Health Board's health and safety arrangements, with agreed management responses to address areas of improvement.**
- 3.1.6 **Seek assurance on the delivery of the requirements arising from the Health Board's HDdUHB's external regulatory agencies, Welsh Government and professional bodies ensuring these requirements are acted upon within achievable timescales.**
- 3.1.7 **Seek assurance that Ensure** new and revised **health and safety** legislation and best practice guidance is considered **in terms of** and how it may impact the Health Board, agreeing recommendations and guidance on the measures required to comply.

- 3.1.8 **Seek assurance that** ~~Ensure~~ there is a process of review of the efficacy of **all the health and safety, fire and security regulations and industry standards** training programmes and ensure this process is adequate to meet the Health Board's ~~objectives and~~ statutory **and regulatory** requirements.
- 3.1.9 Ensure there is clear and effective health and safety communication and publicity throughout the organisation to promote engagement and co-operation across the Health Board.
- 3.1.10 Seek assurance on delivery against all Planning Objectives aligned to the Committee, in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan, considering, and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate.
- 3.1.11 Seek assurance on the management of risks within the Corporate Risk Register (CRR) and **Operational** Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee **or other operational health and safety management groups** ~~and its sub-committees~~, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board.
- ~~3.17 Receive assurance through Sub-Committee Update Reports and other management task & finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).~~
- 3.1.12 **Ensure Receive assurance** that service/business continuity plans are in place for service interruptions and emergency situations that affect the provision of normal services, and that staff are aware of their service plans, and have tested them, to enable them to respond to such incidents ~~identified are incorporated into future planning.~~
- 3.1.13 Ensure that the Health Board has a Major Incident Plan in place to support a response to major and mass casualty incidents, that responding staff have been trained in major incident response, and that lessons identified from previous incidents have been captured and incorporated into future planning.
- ~~3.4 Promote engagement and co-operation across the Health Board in ensuring the health, safety, welfare and security of patients, staff, contractors, and others.~~
- ~~3.8 Provide assurance that robust and effective safety management systems are in place operationally to deliver the Health Board's health, safety and security objectives and fulfil its statutory duties.~~
- ~~3.9 Ensure there is a process of review of accident, incident and notifiable disease statistics to keep an organisational focus on trends, ensure that corrective action and prioritisation of high risk issues are brought to the attention of the appropriate groups, and share learning across the organisation.~~
- ~~3.12 Ensure reports and factual information from external regulatory agencies are acted upon within achievable timescales~~
- ~~3.18 Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the Health and Safety Committee and oversee delivery.~~
- 3.1.14 Approve the Health Board's **Health and Safety Policy** and receive assurance that **all** organisational health and safety policies, procedures, guidelines and codes of practice **(written control documents)** are reviewed and approved **within agreed timescales or**

when required by changes in legislation, regulations or standards, and approved by the Health and Safety Compliance Group. Sub-Committee)

- 3.1.15 Ensure that a Health & Safety annual report is produced of the Health Board's safety management systems to measure effectiveness and performance, and to provide assurance of compliance to the Board. is included within the Health and Safety Committee's Annual Report.

4. Membership

- 4.1 Formal membership of the Committee shall comprise of the following:

Member
Independent Member (Chair)
Independent Member (Vice Chair)
Independent Member
Independent Member

- 4.2 The following should attend Committee meetings:

In Attendance
Executive Director of Allied Health Professions and Health Science (Lead Director)
Executive Director of Nursing, Quality & Patient Experience
Chief Operating Officer
Executive Director of Public Health
Director Head of Estates and Facilities (Estates & Facilities Service Director)
Assistant Director People Management Deputy Director of Workforce & OD
Head of Health, Safety & Security
Head of Occupational Health
Staff-Side Representative (Health and Safety)

- 4.3 Membership of the Committee will be reviewed on an annual basis.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than two of the membership and must include as a minimum the Chairman or Vice-Chairman of the Committee, and one other Independent Member, together with a third of the In Attendance Members.
- 5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board UHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by Welsh Government.
- 5.3 Any senior officer of the Health Board UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.
- 5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills contribute to specialised areas of discussion.

- 5.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place subject to the agreement of the Chair.
- 5.6 The Chair of the **Health Board UHB** reserves the right to attend any of the Committee's meetings as an ex officio member.
- 5.7 The Chair of the Health & Safety Committee shall have reasonable access to Directors and other relevant senior staff.
- 5.8 The Head of Internal Audit shall have unrestricted and confidential access to the Chairman of the Health & Safety Committee.
- 5.9 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/ or the Vice Chair, and the Lead Director (Executive Director of Allied Health Professions and Health Science) at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year and requests from Committee members. Following approval, the agenda and timetable for papers will be circulated to all Committee members.
- 6.3 All papers must be approved by the Lead/ relevant Director.
- 6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.
- 6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and action log will be circulated to members within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chairman for approval.

7. In Committee

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

- 8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. **Any** Additional meetings will be arranged as determined by the Chairman of the Committee **in discussion with the Lead Executive.**

- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

- 9.1 Although ~~as set out within these terms of reference~~, the Board has delegated authority to the Committee for the exercise of certain functions **as set out within these terms of reference**, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.
- 9.2 The Committee **is directly** ~~will be~~ accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the **Health Board's** ~~UHB's~~ Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

- 10.1 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint/sub committees and groups to provide advice and assurance to the Board through the:
- 10.1.1 joint planning and co-ordination of Board and Committee business;
- 10.1.2 sharing of information.
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Committee may establish sub-committees/groups or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each ~~sub-committee or group's~~ meeting **providing an assurance on detailing** the business undertaken on its behalf. ~~The Sub-Committee reporting to this Committee is:~~
- 10.3.1 ~~Health & Safety Sub-Committee~~
- 10.4 The Committee Chair, supported by the Committee Secretary, shall:
- 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report as well as the presentation of an annual report within 6 weeks of the end of the financial year;
- 10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.
- 10.4.3 Ensure appropriate escalation arrangements are in place to alert the **Health Board** ~~UHB~~ Chair, Chief Executive, or Chair of other relevant Committees, of any

urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

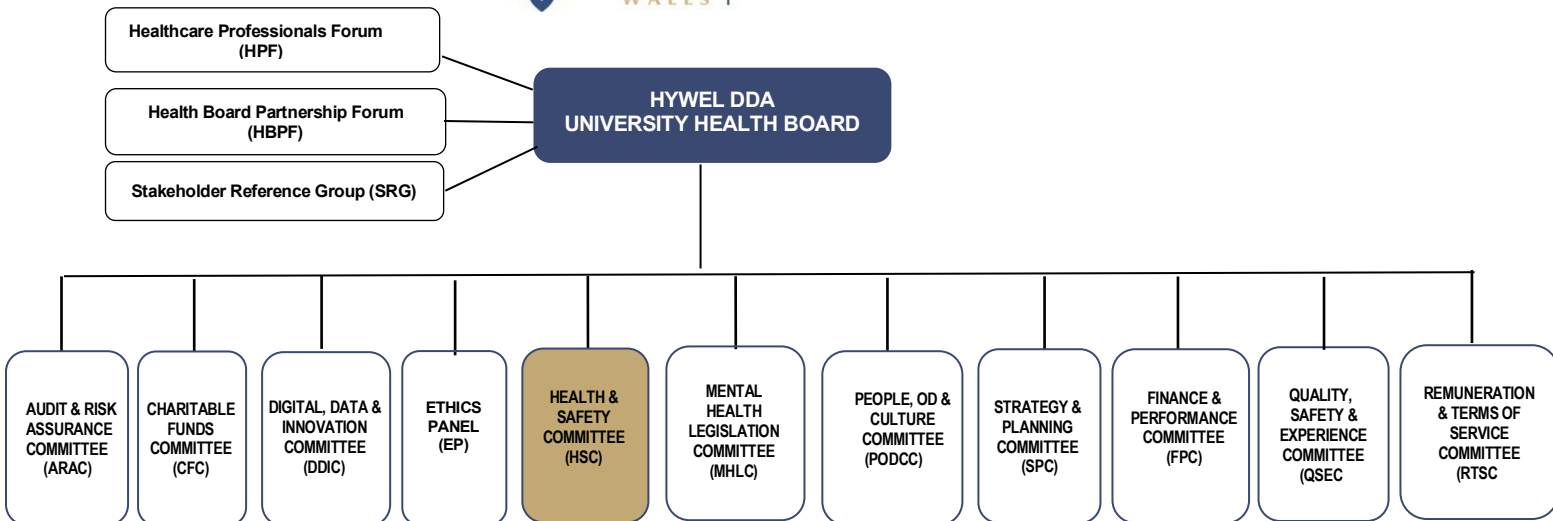
- 10.5 The **Director of Corporate Governance**/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any Sub-Committees established. **In doing so, account will be taken of the requirements set out in the NHS Effective Board Committees Guide.**

11. Secretarial Support

- 11.1 The Committee Secretary shall be determined by the Director of Corporate Governance/Board Secretary.

12. Review Date

- 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.



HEALTH & SAFETY COMMITTEE

TERMS OF REFERENCE

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HEALTH AND SAFETY COMMITTEE

1. Constitution

- 1.1 Hywel Dda University Health Board (HDdUHB) has a statutory obligation by virtue of the Health & Safety at Work Act 1974 to establish and maintain a Health and Safety Committee:
- Section 2 sub section 7: 'It shall be the duty of every employer to establish in accordance with Regulations (i) a safety committee having the function of keeping under review measures taken to ensure the health and safety of employees and such other functions as prescribed'.
- 1.2 HDdUHB's Health and Safety Committee has been established as a formal Committee of the Board and constituted from 1 April 2020.

2. Principal Duties

- 2.1 Receive assurance around the adequacy of HDdUHB's arrangements and processes for the provision of an effective health and safety function to fulfil its legislative, statutory and regulatory duties, and for ensuring the health and safety of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers, contractors etc.
- 2.2 Advise and assure the Board on whether robust and effective health and safety management arrangements are in place to ensure organisation-wide compliance with all relevant health and safety legislation, regulations and industry standards requirements, and the Health Board's Health & Safety Policy.
- 2.3 Where appropriate, the Committee will advise the Board on where and how its health and safety management and processes may be strengthened and developed further.
- 2.4 Provide assurance to the Board that the Health Board's Major Incident Plan is underpinned by policy and protocols, planning and performance targets and strategies to address risks to business continuity.

3. Operational Responsibilities and Objectives

- 3.1 The Health and Safety Committee will, in respect of its provision of advice and assurance to the Board:
- 3.1.1 Receive assurance through the Health & Safety Assurance Report and the work of management/operational groups and accountable leads that there is a process of review of health and safety compliance with legislative, regulatory and industry standard requirements across the whole of the Health Board's business undertakings.
- 3.1.2 Receive assurance on the Health Board's compliance against individual health and safety regulations, on rotation, with their regularity determined by their current risk status.
- 3.1.3 Receive bi-annual assurance reports from each Clinical Care Group Service Director on their individual Clinical Care Group health and safety arrangements.

- 3.1.4 Seek assurance that there is a process of review of findings of health and safety management system audits and that corrective actions are put in place.
- 3.1.5 Receive reports from auditors, inspectorates and regulatory bodies relating to the Health Board's health and safety arrangements, with agreed management responses to address areas of improvement.
- 3.1.6 Seek assurance on the delivery of the requirements arising from the Health Board's external regulatory agencies, Welsh Government and professional bodies ensuring these requirements are acted upon within achievable timescales.
- 3.1.7 Seek assurance that new and revised health and safety legislation and best practice guidance is considered in terms of how it may impact the Health Board, agreeing recommendations and guidance on the measures required to comply.
- 3.1.8 Seek assurance that there is a process of review of the efficacy of all health and safety regulations and industry standards training programmes and ensure this process is adequate to meet the Health Board's statutory and regulatory requirements.
- 3.1.9 Ensure there is clear and effective health and safety communication and publicity throughout the organisation to promote engagement and co-operation across the Health Board.
- 3.1.10 Seek assurance on delivery against all Planning Objectives aligned to the Committee, in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan, considering, and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate.
- 3.1.11 Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Operational Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee or other operational health and safety management groups, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board.
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- 3.1.13 Ensure that the Health Board has a Major Incident Plan in place to support a response to major and mass casualty incidents, that responding staff have been trained in major incident response, and that lessons identified from previous incidents have been captured and incorporated into future planning.
- 3.1.14 Approve the Health Board's Health and Safety Policy and receive assurance that all organisational health and safety policies, procedures, guidelines and codes of practice (written control documents) are reviewed and approved within agreed timescales or when required by changes in legislation, regulations or standards, by the Health and Safety Compliance Group.
- 3.1.15 Ensure that a Health & Safety annual report is produced to measure effectiveness and performance, and to provide assurance of compliance to the Board.

4. Membership

4.1 Formal membership of the Committee shall comprise of the following:

Member
Independent Member (Chair)
Independent Member (Vice Chair)
Independent Member
Independent Member

4.2 The following should attend Committee meetings:

In Attendance
Executive Director of Allied Health Professions and Health Science (Lead Director)
Executive Director of Nursing, Quality & Patient Experience
Chief Operating Officer
Executive Director of Public Health
Director of Estates and Facilities (Estates & Facilities Service Director)
Assistant Director People Management
Head of Health, Safety & Security
Head of Occupational Health
Staff-Side Representative (Health and Safety)

4.3 Membership of the Committee will be reviewed on an annual basis.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than two of the membership and must include as a minimum the Chairman or Vice-Chairman of the Committee, and one other Independent Member, together with a third of the In Attendance Members.
- 5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by Welsh Government.
- 5.3 Any senior officer of the Health Board or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.
- 5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.
- 5.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place subject to the agreement of the Chair.
- 5.6 The Chair of the Health Board reserves the right to attend any of the Committee's meetings as an ex officio member.

- 5.7 The Chair of the Health & Safety Committee shall have reasonable access to Directors and other relevant senior staff.
- 5.8 The Head of Internal Audit shall have unrestricted and confidential access to the Chairman of the Health & Safety Committee.
- 5.9 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/ or the Vice Chair, and the Lead Director (Executive Director of Allied Health Professions and Health Science) at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year and requests from Committee members. Following approval, the agenda and timetable for papers will be circulated to all Committee members.
- 6.3 All papers must be approved by the Lead/ relevant Director.
- 6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.
- 6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and action log will be circulated to members within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chairman for approval.

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- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

- 8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Any Additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.
- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

- 9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and

accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.

- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

- 10.1 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint/sub committees and groups to provide advice and assurance to the Board through the:
 - 10.1.1 joint planning and co-ordination of Board and Committee business;
 - 10.1.2 sharing of information.
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Committee may establish sub-committees/groups or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each meeting providing an assurance on the business undertaken on its behalf.
- 10.4 The Committee Chair, supported by the Committee Secretary, shall:
 - 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report as well as the presentation of an annual report within 6 weeks of the end of the financial year;
 - 10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.
 - 10.4.3 Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive, or Chair of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.
- 10.5 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any Sub-Committees established. In doing so, account will be taken of the requirements set out in the NHS Effective Board Committees Guide.

11. Secretarial Support

- 11.1 The Committee Secretary shall be determined by the Director of Corporate Governance/Board Secretary.

12. Review Date

- 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

1.6

9:54 AM, 10 Mins

1.6 - Health and Safety Sub-Committee Table of Actions

James Severs (Hywel Dda UHB - Executive Director of Allied Health Professions and Health Science)

From October 2025 meeting.

| For assurance

Attachments

[HSSC Final Table of Actions 29.09.25.pdf](#)

Meeting Date	Item Ref.	Agenda Item	Action	Responsibility	Progress	Status
05/08/2025	HSSC(25)62	Operational Risks	Verification of correct ownership of Operational Risks	CW	Operational risks will be reassigned to the appropriate Committee/Sub-Committee by 31 December 2025 to inform operational risk reporting in February 2026 following the disestablishment of the Health and Safety Sub-Committee	Closed
29/09/2025	HSSC (25)72	Security Management Group	Present updated Counter Terrorism Security Advisor Report Action Plans at the next meeting. Add to AMaT.	JA	Action re-directed to the Security Management Group/ Accountable Lead - update on action to be covered in the Individual Regulations Assurance Report (Security Management) proposed for the Health & Safety Committee in January 2026	In Progress
29/09/2025	HSSC (25)72	Security Management Group	Review and update existing risk assessment for portering staff	JA	Action re-directed to the Security Management Group/ Accountable Lead - update on action to be covered in the Individual Regulations Assurance Report (Security Management) proposed for the Health & Safety Committee in January 2026	In Progress
29/09/2025	HSSC (25)72	Security Management Group	More detailed report at the next meeting including action plans, progress against target risk scores and residual risks.	JA	Action re-directed to the Security Management Group/ Accountable Lead - update on action to be covered in the Individual Regulations Assurance Report (Security Management) proposed for the Health & Safety Committee in January 2026	In Progress
29/09/2025	HSSC (25)73	Fire Safety Group	Amend Fire Audit Report to remove references to staffing gaps until formally reviewed	PE	Action re-directed to the Fire Safety Group/Accountable Lead - Fire Audit Report amended and references to staffing gaps removed	Closed
29/09/2025	HSSC (25)73	Fire Safety Group	Future reports to include metrics, timeframes for resolution and trajectory of progress	JB	Action re-directed to the Fire Safety Group/Accountable Lead - new metrics currently being trialled in Bronglais Hospital and once agreed these will be rolled out to all other hospital sites	In Progress
29/09/2025	HSSC (25)74	Electrical Safety Group	Review coroner's report from Scunthorpe incident at next ESG meeting, and oversee learning and mitigation from this case	SD	Action re-directed to the Electrical Safety Group/Accountable Lead - currently looking at increased mitigation measures to improve resilience and reviewing the electrical infrastructure risk (already increased from a 16 to a 20) to consider increasing this risk to a 25 due to risk of death	In Progress
29/09/2025	HSSC (25)74	Electrical Safety Group	Include more detailed findings from thermal imaging in future reports	SD	Action re-directed to the Electrical Safety Group/Accountable Lead - to develop metrics for thermal imaging and to assess performance against these	In Progress
29/09/2025	HSSC (25)75	Medical Gas Pipeline Systems Safety Group	Explore and incorporate measurable indicators into future reports.	SD	Action re-directed to the Medical Gas Pipeline Systems Safety Group/Accountable Lead - to develop measurable indicators/ metrics and to assess performance against these	In Progress
29/09/2025	HSSC (25)76	Compliance and Site Operations Group	Complete deep dive review on out of hours operational coverage including manning levels and resilience	PE	Action re-directed to the Compliance Service Group/Accountable Lead - to complete a deep dive review on out of hours operational coverage and bring to the attention of the Health & Safety Compliance Group	In Progress
29/09/2025	HSSC (25)77	Trade Union Health and Safety Group	Develop standardised reporting template for RCN walkrounds	AS	Action re-directed to the Health & Safety Service Group/ Accountable Lead - to align RCN walkrounds with the Health & Safety walkrounds already proposed	In Progress
29/09/2025	HSSC (25)77	Trade Union Health and Safety Group	Review how walk round feedback is routed into operational governance.	CW	RCN reports can be captured on AMAT if they are shared with the Assurance and Risk Team. Compliance is then reported through the relevant Clinical Care Group Integrated Governance Group meeting by the Assurance and Risk team.	In Progress

29/09/2025	HSSC (25)77	Trade Union Health and Safety Group	Integrate pigeon related hygiene review into the ventilation assurance programme.	SD	Action re-directed to the Ventilation Safety Group/ Accountable Lead - ss a result of discussion at the inaugural Health & Safety Compliance Group, for Facilities to action reviews of HDdUHB's pest control contracts and window cleaning contracts with external providers	Closed
29/09/2025	HSSC (25)77	Trade Union Health and Safety Group	Explore formalised support mechanisms for porters involved in violence and aggression incidents.	JA	Action re-directed to the Security Management Group/Accountable Lead - to establish the mechanisms in place to support staff subject to violence & aggression in the workplace, in conjunction with Occupational Health	In Progress
29/09/2025	HSSC (25)78	Health and Safety Update	Identify high performing CCGs for RIDDOR Compliance. Develop numerator/denominator model for assessing training uptake.	AS	To be included within the new reporting arrangements in place i.e. through the Health & Safety Compliance Report to IQFPDG, and the Health & Safety Assurance Report to Health & Safety Committee	Closed

1.7

10:04 AM, 10 Mins

1.7 - Assurance and Risk Report

James Severs (Hywel Dda UHB - Executive Director of Allied Health Professions and Health Science), Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

| For assurance

Attachments

[HSC Public Governance Arrangements January 2026 FINAL 050126.pdf](#)

[Appendix 1- Health Safety Corporate Risks - Public - Dec25 v2.pdf](#)

[Appendix 2 - Health Safety Public - Overdue Recommendations December 2025.pdf](#)



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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.

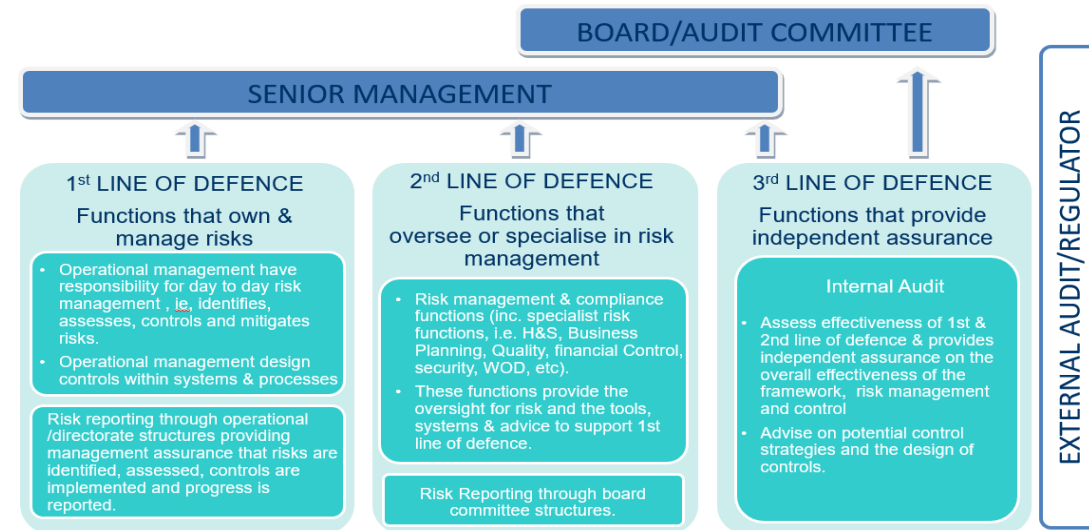
The Health Board's risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either Principal, Corporate or Operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval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

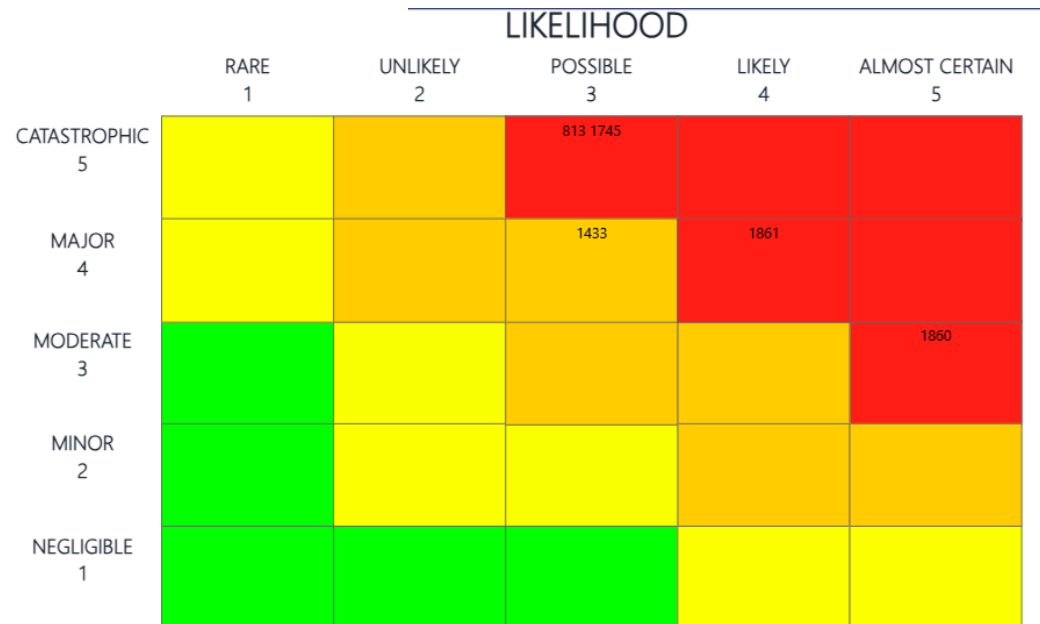


Corporate Risks Assigned to HSC



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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	16 → (Reviewed 09/12/25)	12	31/03/2026

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	15 → (Reviewed 09/12/25)	10	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 Wthybush 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
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.					

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
Overdue	The recommendation is behind schedule to the timescale provided by the lead officer.	11
Unable to Complete (NEW)	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
Pending Decision (NEW)	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
In Progress	The recommendation is currently in progress, and within the agreed original timeframe for implementation.	1
Reliant on External Factors	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
Complete Pending Formal Approval (NEW)	The Service / Function have completed the recommendation and currently awaiting formal approval to close.	11
Complete	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	Sep-25 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	Nov-25 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
Overdue	The recommendation is behind schedule to the timescale provided by the lead officer.	42
Unable to Complete (NEW)	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
Pending Decision (NEW)	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
In Progress	The recommendation is currently in progress, and within the agreed original timeframe for implementation.	71
Reliant on External Factors	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
Complete Pending Formal Approval (NEW)	The Service / Function have completed the recommendation and currently awaiting formal approval to close.	7
Complete	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 12th 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	Sep-25 Feb-26	Sep-25 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

(4 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
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	Mar-23 Mar-25	Mar-25 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	Feb-24 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

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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	Dec-23 Aug-27	Jan-24 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	Aug-24 Aug-27	Aug-24 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	Sep-24 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.

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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	Jun-25 Aug-27	Jun-25 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	Sep-25 Feb-26	Dec-24 May-25 Sep-25 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	Dec-24 Apr-29	Dec-24 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	Oct-24 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>

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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	Dec-24 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	Mar-25 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	Mar-25 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.

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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	01/06/2025 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	Jul-25 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	Jul-25 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	Oct-25 N/K	7	2	0	5	0	0	0	0	Work ongoing. Revised completion date to be provided by the service.

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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>

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Mid & West Wales Fire & Rescue Service: Letters of Fire Safety Matters (10 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: 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.

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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: 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.



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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
Frequency - How often might it/does it happen? <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					
Probability - Will it happen or not? <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
Safety of Patients, Staff or Public	Minimal injury requiring no/minimal intervention or treatment.	Minor injury or illness, requiring minor intervention.	Moderate injury requiring professional intervention.	Major injury leading to long-term incapacity/disability.	Incident leading to death.
	No time off work.	Requiring time off work for >3 days	Requiring time off work for 4-14 days.	Requiring time off work for >14 days.	Multiple permanent injuries or irreversible health effects.
		Increase in length of hospital stay by 1-3 days.	Increase in length of hospital stay by 4-15 days. Agency reportable incident. An event which impacts on a small number of patients.	Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects.	An event which impacts on a large number of patients.
Quality, Complaints or Audit	Peripheral element of treatment or service suboptimal.	Overall treatment or service suboptimal.	Treatment or service has significantly reduced effectiveness.	Non-compliance with national standards with significant risk to patients if unresolved.	Totally unacceptable level or quality of treatment/service.
	Informal complaint/inquiry.	Formal complaint.	Formal complaint -	Multiple complaints/ independent review.	Gross failure of patient safety if findings not acted on.
		Local resolution.	Escalation.	Low achievement of performance/delivery requirements.	Inquest/ombudsman inquiry.
		Single failure to meet internal standards.	Repeated failure to meet internal standards.	Critical report.	Gross failure to meet national standards/performance requirements.
		Minor implications for patient safety if unresolved.	Major patient safety implications if findings are not acted on.		
Reduced performance if unresolved.					

CORPORATE RISK REGISTER SUMMARY DECEMBER 2025

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

RISK MATRIX




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

Assurance Key:

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

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

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

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

Risk ID:	813	Corporate Risk Description:	<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>
Does this risk link to any Directorate (operational) risks?		1965, 1934, 1096, 951, 2085, 1040, 2062, 2042, 1929, 1596, 1539	

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

Trend:	↔
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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.

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
	Despite significant investments already in place following enforcement notices and letters of fire safety matters, additional investment is required to address fire safety defects at other sites within the UHB, which are being inspected by MWWFRS. We have firm plans in place to address a range of fire safety projects over the coming years and these are all fully identified as actions within this risk with anticipated timelines.	WBH - Completion of Phase 2 works - For all departments, ward areas and risk rooms.	Elliott, Rob	30/04/2025 30/04/2025 31/07/2027	Full agreement has now been reached with Welsh Government (WG)/NHS Wales Shared Services Partnership - Special Estates Services (NWSSP-SES) to change the procurement approach for Phase 2. This following a wide-ranging lessons learned exercise undertaken jointly with NWSSP-SES. Start date Sept 2024 completion mid 2027. Will be regularly reviewed.
	Not all managers who are assigned actions on Boris are regularly accessing the system to close off their actions. Despite recent invitations for staff to attend training sessions. Fire safety training performance (for L2) is currently below the agreed level at (85%) as set by MWWFRS for the HB but specifically for WBH and GGH (sites under enforcement). The Fire Safety Team with L&D staff have introduced new training material to offer a more interactive e-learning experience with questions for each section. Performance is being regularly reviewed. As such the HB's fire policy now needs to be re-drafted.	GGH - Completion of Phase 2 works - For all departments, ward areas and risk rooms.	Elliott, Rob	30/04/2024 30/08/2024 30/06/2025 30/11/2027	Full agreement has now been reached with Welsh Government (WG)/NHS Wales Shared Services Partnership - Special Estates Services (NWSSP-SES) to change the procurement approach for Phase 2. This following a wide-ranging lessons learned exercise undertaken jointly with NWSSP-SES. Start date Sept 2024 completion mid 2027. Will be regularly reviewed.
	Despite making improvements to the	Completion of planned fire safety enforcement work at Cwm Seren MH Facility in Carmarthen, following enforcement notice.	Evans, Paul	28/11/2025 31/01/2026	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

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 & 2 Fire Safety training is delivered via Teams. Level 3 Fire Safety training is provided face to face. Level 4 training (Fire Safety Warden training) is also a face to face session, with an external trainer. Level 5 training is provided on Teams as part of the H&S Managers induction training. There is an improving performance in terms of uptake of training (except for L2).</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>30/09/2025 31/01/2026</p> <p>28/11/2025 31/01/2026</p> <p>30/09/2025 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								

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

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

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

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

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.

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>

		<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>10/10/2025 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 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								

Date Risk Identified:	May-24
Strategic Objective:	

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

Risk ID:	1860	Corporate Risk Description:	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.
Does this risk link to any Directorate (operational) risks?			

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

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&A incidents to location.</p> <p>Lack of dedicated trained SIA licenced or equivalent security staff to respond to V&A incidents.</p>	<p>Undertake a thorough training needs analysis against the National V&A Training Scheme standard and improve access to training.</p>	<p>Wood, Rachel</p>	<p>31/08/2025 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 & Finish group commenced November 2025 to address TNA and Training Venue Needs (V&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>31/12/2025 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>30/04/2025 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 & Security.</p>
		<p>Review incident reports to determine the severity, location by site across the Health Board. Incidents will be available via the H&S Dashboard this will include V&A incident data.</p>	<p>Jenkins, Brett</p>	<p>Completed</p>	<p>V&A Case Manager produces incident reports for CCG until dashboard in place. Incident Dashboard is live and contains information on V&A/assaults/behaviour incidents. CCG's have been notified</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 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									

Date Risk Identified:	May-22
Strategic Objective:	2. Healthier Communities

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

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

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

— 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.

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	31/03/2026 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.

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
	Planning via Emergency Preparedness, Resilience & Response (EPRR) including LRF workstream reports to Health & Safety Committee	1st	Blue	Yellow	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	Blue							
	National, regional & local command & control structures	2nd	Blue							
	National groups operational for vaccination programme planning & delivery	3rd	Blue							
	Emergency Planning Advisory Group (EPAG) Wales meetings re Pandemic response and future planning	3rd	Pink							

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 (https://www.food.gov.uk/sites/default/files/media/document/listeria-guidance-june2016-rev.pdf) 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"> • Ground floor Boiler room store cupboard • Storeroom cleaner cupboard • Storeroom for oxygen by front door 	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"> • The fire door at the bottom of the stairs • The meeting room on the first floor with small kitchen. 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"> • At the bottom of the stairs • Kitchen area ground floor had no door closer 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	

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function	Lead Director	Original Due Date	Current Due Date	Progress Status	Barriers
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	

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: 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	

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: 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	

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: 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	

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: 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	

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: 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.

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>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"> • Day Room R08 (Teifi) • Office R36 (Picton) • Bathroom R21 (Picton) • Clinical Room R06 (Picton) <p>Fire resisting doors need to be fitted with</p> <ul style="list-style-type: none"> • self-closing device • intumescent strips and smoke seals. • three brass/steel hinges. <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"> • 006 A/B Stem corridor GF. • Store Room R34 Stem corridor GF <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	R11. During the inspection the self-closing devices on the doors located at; • 8 x Doors leading on to stairwells from GF, FF & SF. 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. 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	31/08/2024	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	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	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	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: 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)	

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- Letter of Fire Safety Matters Premises: Block 2 and Block 3, Amman Valley Hospital, Folland Road, Glanamau, 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, Glanamau, 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, Dolgwlili, 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, Dolgwlili, 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

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	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. <ul style="list-style-type: none"> • 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	

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function	Lead Director	Original Due Date	Current Due Date	Progress Status	Barriers
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	

2 - HEALTH AND SAFETY UPDATES

2.1

10:14 AM, 15 Mins

2.1 - Health and Safety Assurance Report

*Adam Springthorpe
(Hywel Dda UHB -
Health & Safety
Manager)*

| For assurance

Attachments

[H S Assurance Report to HSC Jan 2026 V2.pdf](#)

Health and Safety Assurance Report



Health and Safety Committee

January 2026

The purpose of this report is to provide the Health and Safety Committee (HSC) with an overview of health and safety across the Health Board.

This report provides information on topics including:

- The new Health, Safety and Security governance arrangements;
- Health and safety;
- Security;
- Violence and aggression.

These reports will evolve and improve with time. Future reports will also include:

- Operational Estates Maintenance - including electrical safety, water safety, ventilation, working at height, vibration, noise, confined spaces, asbestos, The Provision and Use of Work Equipment Regulations 1998 (PUWER), Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) etc;
- Fire safety, medical gas pipeline systems, decontamination and radiation;
- Estates property management, building infrastructure, environmental and waste management;
- Facilities (including Catering and Domestic Services).

New H&S Governance Arrangements



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

The Health and Safety Sub-Committee has now been disbanded and replaced with the Health and Safety Compliance Group (HSCG) which met for the first time in early December 2025.

The first new-format Health, Safety & Security Summary Reports were presented to the five main Clinical Care Groups (CCGs) in December 2025. The reports include compliance metrics for a range of health, safety, security and operational compliance functions.

The first phase of the Health and Safety dashboard is now live and has been shared with the main CCGs and other key stakeholders in November and December 2025. The second phase will bring an additional Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) module, which is expected to be live in early 2026.

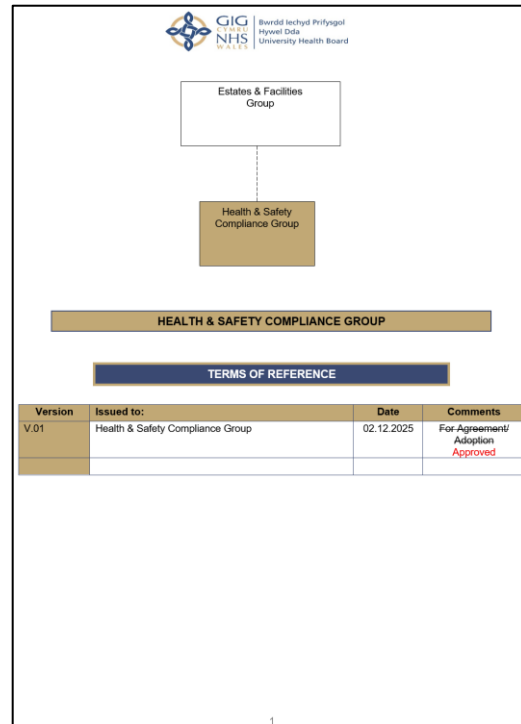
Health and Safety dashboard - Power BI
(internal only)

Health, Safety & Security Summary Report PC&SS CCG QHS December 2025

Prepared by the Health, Safety & Security Department in conjunction with Estates
Health and Safety dashboard - Power BI

Assure To note There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.	Advise To monitor There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.	Alert May require discussion There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.
---	--	--

Regulations / Topic Area	Measures / Metrics Available		CCG Actions	AAA Rating
Management of Health and Safety at Work Regulations 1999 (MHSWR)	LI Health, Safety & Welfare Training Compliance: Overall 84.9%		CCG to confirm that risk assessments are in place for all individual disciplines within the H&S Regulation list. A full list of H&S regulations can be found in Appendix 1. Please direct all staff that have managerial responsibilities for staff and/or responsibility for incident investigation, including both Senior and Junior Managers, all Sisters, Team Leaders, Supervisors etc. to the: Manager's Health and Safety Induction Training (Isharepoint.com)	Advise
	Service / site	Headcount % compliance		
	Obstetrics and Gynaecology	106 61.3%		
	Orthopaedics, Trauma and Associated Services and Rheumatology	151 66.2%		
	General Surgery, Breast Care, ENT, Audiology and Urology	198 71.2%		
	Planned Care Management	61 80.3%		
	Women and Childrens Management	17 82.4%		
	Maternity Services	307 87.0%		
	Theatre Services, Anaesthetics and Critical Care	699 88.0%		
	Ophthalmology, Endoscopy, Bowel Screening, Derm and Neuro	225 88.0%		
	Child and Adolescent	318 88.1%		
	Sexual Health	50 90.0%		
	PH Prevention EY	283 90.5%		
	Oncology and Cancer Services	134 92.5%		
	Outpatient Services	97 95.9%		



Health and safety dashboard

Incidents
Reported incidents

Staff training
Health & safety e-learning
Manual handling training

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For dashboard support contact:
gencareaccount.performancemanagement@wales.nhs.uk

Health & Safety E-learning Compliance (at 30/11/2025):

Health, Safety & Welfare:

Function	Headcount	% compliance
Executive Allied Health Professions and Health Sciences	2	100.0%
Finance	101	98.0%
Workforce and Organisational Development	267	95.9%
Digital	237	93.2%
Medical	142	93.0%
Chief Operating Officer Management	257	92.6%
Strategy and Planning	39	92.3%
Mental Health and Learning Disabilities	1361	92.1%
Operational Allied Health and Health Sciences	1381	90.9%
Public Health	164	89.6%
Community and Integrated Medicine	3770	88.8%
Primary Care, Community Strategy and Long Term Care	699	88.7%
Estates and Facilities	1036	87.5%
Nursing, Quality and Patient Experience	212	87.3%
Planned and Specialist Care	2650	84.3%
Chief Executive	95	83.2%

Display Screen Equipment:

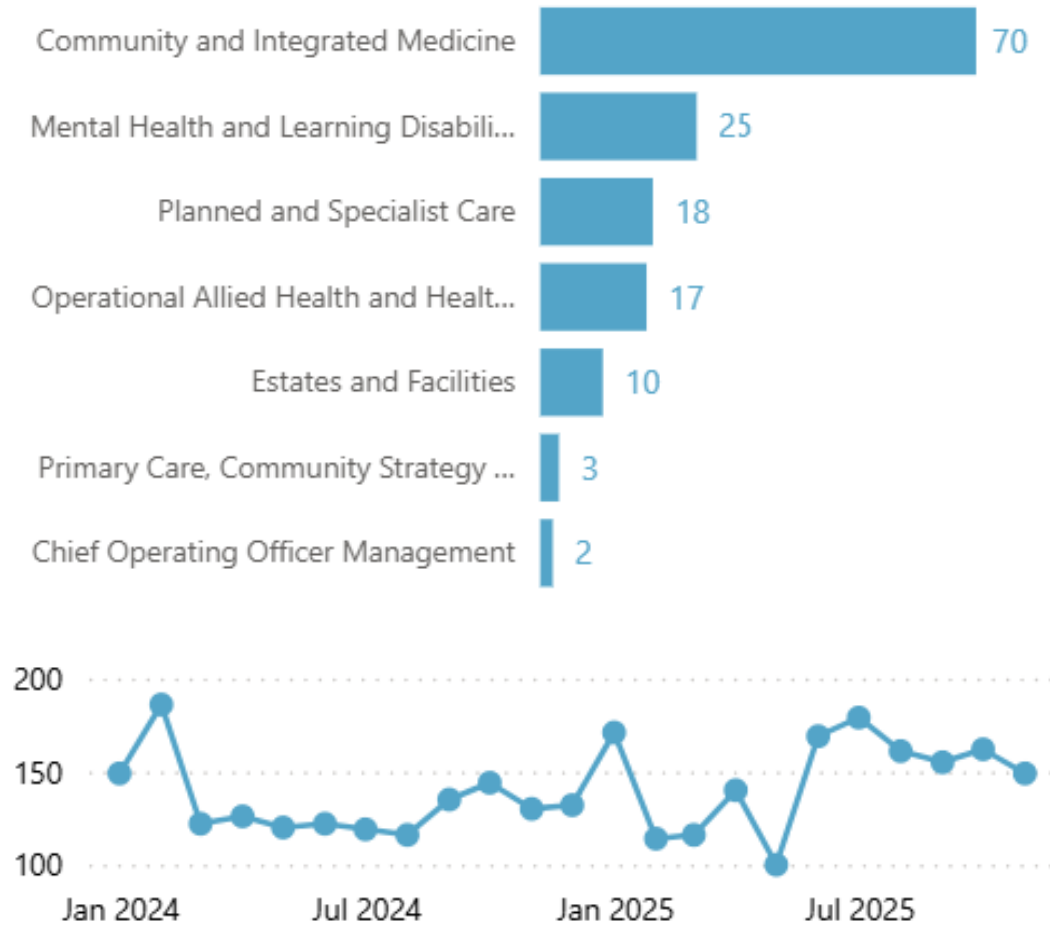
Function	Headcount	% compliance
Strategy and Planning	34	100.0%
Workforce and Organisational Development	218	99.5%
Mental Health and Learning Disabilities	172	99.4%
Finance	101	99.0%
Medical	89	98.9%
Chief Operating Officer Management	162	98.1%
Digital	226	97.8%
Primary Care, Community Strategy and Long Term Care	184	96.2%
Estates and Facilities	97	95.9%
Public Health	85	95.3%
Nursing, Quality and Patient Experience	123	95.1%
Community and Integrated Medicine	395	94.9%
Planned and Specialist Care	415	94.7%
Operational Allied Health and Health Sciences	132	93.9%
Chief Executive	90	87.8%

Violence & Aggression Module A:

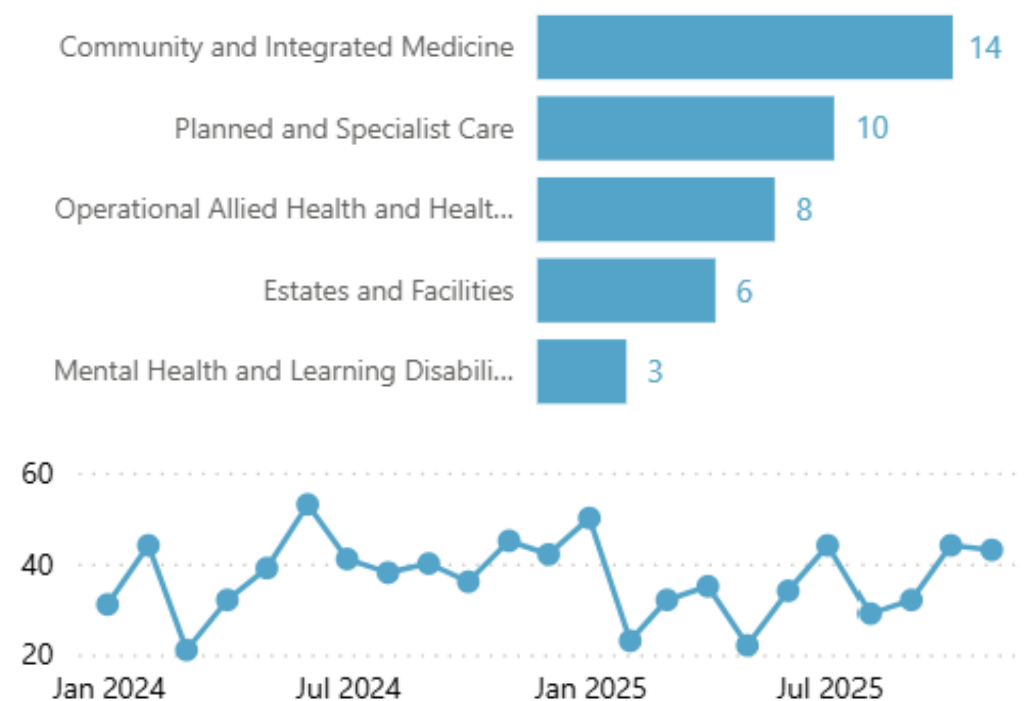
Function	Headcount	% compliance
Executive Allied Health Professions and Health Sciences	2	100.0%
Workforce and Organisational Development	267	99.6%
Medical	142	99.3%
Finance	101	99.0%
Chief Operating Officer Management	257	98.4%
Digital	237	97.0%
Nursing, Quality and Patient Experience	212	96.7%
Mental Health and Learning Disabilities	1361	96.5%
Public Health	164	96.3%
Operational Allied Health and Health Sciences	1381	95.7%
Strategy and Planning	39	94.9%
Primary Care, Community Strategy and Long Term Care	699	94.8%
Estates and Facilities	1036	94.5%
Community and Integrated Medicine	3770	93.5%
Planned and Specialist Care	2650	91.1%
Chief Executive	95	87.4%

Staff / Contractor Incidents Reported via Datix (at 30/11/2025):

All Staff / Contractor incidents in November 2025 (2+):



Accident/Injury Staff / Cont. incidents in Nov 2025 (2+):

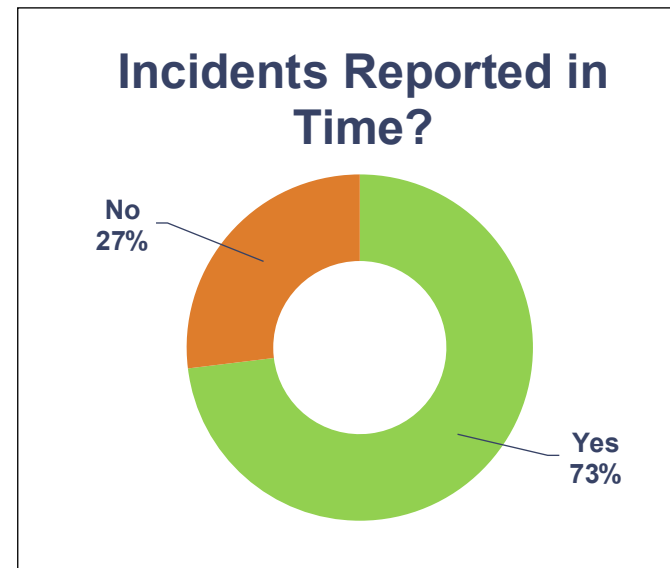
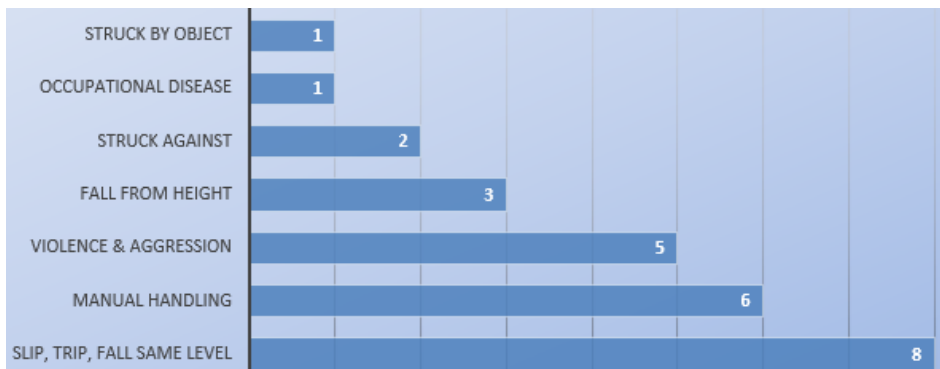
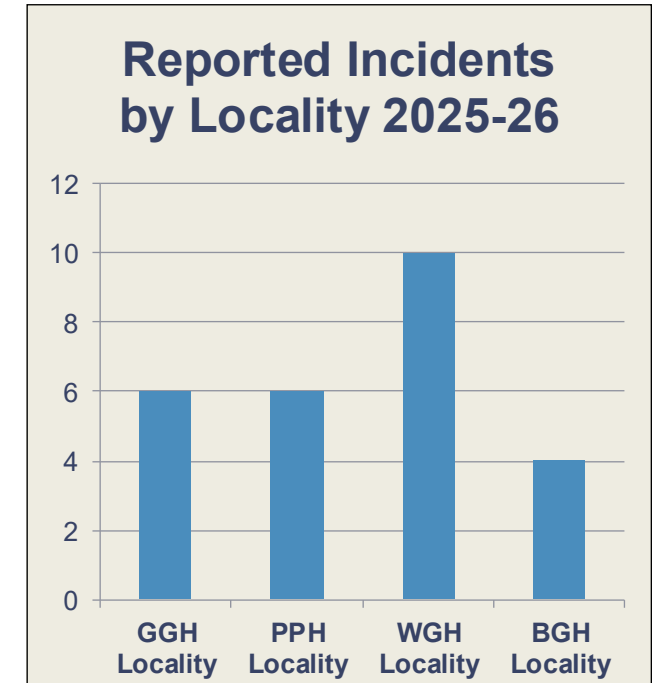


Incident rates have been fed back to the CCGs for their information.

RIDDOR Incidents Reported to the Health & Safety Executive (at 30/11/2025) for 2025-26 Year-to-Date:

Cause	No.	%
Slip, trip, fall same level	8	30.77
Manual Handling	6	23.08
Violence & Aggression	5	19.23
Fall from height	3	11.54
Struck against	2	7.69
Occupational Disease	1	3.85
Struck by object	1	3.85
Contact with electricity	0	0.00
Overflow/Leak/Vapour	0	0.00
Dangerous Occurrence	0	0.00
Burn	0	0.00
Needlestick	0	0.00
Electric shock	0	0.00
Another kind of incident	0	0.00
	26	

CCG / CSG / Other	No.
Community & Integrated Med.	15
Estates & Facilities	8
Allied Health & Health Sciences	2
Mental Health & Learning Dis.	1
Planned and Specialist Care	0
Primary Care	0
Other	0
	26



The CCGs currently reporting well against mandatory reporting timescales.

Manual Handling (MH) Compliance (at 30/11/2025):

Level 1 MH (Load Handling):

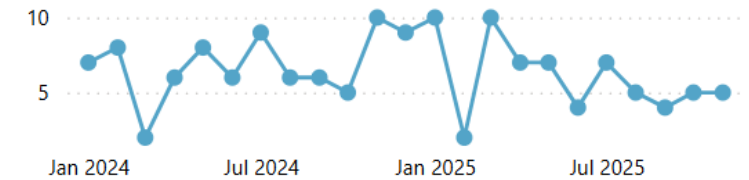
Function	Headcount	% compliance
Executive Allied Health Professions and Health Sciences	2	100.0%
Finance	101	96.0%
Chief Operating Officer Management	257	91.8%
Workforce and Organisational Development	267	91.0%
Medical	142	89.4%
Digital	237	89.0%
Public Health	164	87.2%
Chief Executive	95	85.3%
Nursing, Quality and Patient Experience	212	82.5%
Primary Care, Community Strategy and Long Term Care	699	81.7%
Operational Allied Health and Health Sciences	1381	79.9%
Estates and Facilities	1036	78.3%
Mental Health and Learning Disabilities	1361	78.0%
Strategy and Planning	39	76.9%
Planned and Specialist Care	2650	76.9%
Community and Integrated Medicine	3770	76.2%

Level 2 MH (People Handling):

Function	Headcount	% compliance
Chief Executive	2	100.0%
Workforce and Organisational Development	36	77.8%
Public Health	77	66.2%
Estates and Facilities	137	65.7%
Planned and Specialist Care	2130	62.2%
Community and Integrated Medicine	3218	57.6%
Operational Allied Health and Health Sciences	739	57.4%
Mental Health and Learning Disabilities	1023	54.8%
Digital	6	50.0%
Medical	32	50.0%
Nursing, Quality and Patient Experience	75	49.3%
Primary Care, Community Strategy and Long Term Care	147	42.9%
Chief Operating Officer Management	12	8.3%
Executive Allied Health Professions and Health Sciences	1	0.0%
Strategy and Planning	3	0.0%

Staff/Contractor MH Incidents (Datix):

By month of occurrence



November 2025 Staff/Contractor MH Incidents by Service (Datix):



November 2025 Staff/Contractor MH Incidents per 100 Staff (Datix):



The Manual Handling Team is working on a TNA and options appraisal to improve training compliance.

Work at Height (WaH) Compliance (Non-Estates) (at 30/11/2025):

A total of 132 WaH equipment inspections have been completed Health Board wide by the Health & Safety Team in 2025.

- 103 WaH equipment has been passed safe to use;
- 23 items have been isolated, awaiting disposal or have been disposed of;
- 6 items are quarantined, awaiting repair.
- Of note, 37% of inspected kick-steps (step-stools) have been quarantined.

Location	WaH Inspected
Bronglais	12
Glangwili	10
Prince Philip	15
Withybush	18
Total	55

Location	WaH Inspected
Wellfield Road	5
Aberaeron Integrated Care Centre	3
Bro Preseli Community Resource Centre	3
Canolfan Bro Cerwyn	1
Fishguard Health Centre	2
Gorwelion	4
Hafan Derwen	6
Haverfordwest Health Centre	6
Llandovery Cottage Hospital	9
Llys Steffan	3
Milford Haven Health Centre	5
Narberth Health Centre	2
Pembroke Dock Health Centre	2
Solva Surgery	5
South Pembrokeshire Hospital	10
Swn-y-Gwynt Day Hospital	1
Tenby Hospital	3
Tenby Surgery	3
Tregaron Hospital	4
Total	77

Face-Fit Train the Tester (COSHH):

Fit testers trained (or refreshed) in Qualitative Face-Fit Train-the-Tester Training (for RPE, Health Board wide, since the H&S Team started their new post-covid log in late 2024:

- Glangwili Hospital Locality 39
- Withybush Hospital Locality 27
- Bronglais Hospital Locality 22
- Prince Philip Hospital Locality 28

CCGs have been reminded to ensure their winter preparedness.

Manager's Health & Safety Induction:

A total of 713 managers and aspiring managers have completed the MH&SI. Compliance figures split by CCG are not currently available.

The proposal to make the MH&SI mandatory for certain staff was unsuccessful at the December Mandatory Training Group.

Absconding Patients (July-November 2025):

Incidents by Location	Number of Incidents
Prince Philip Hospital	
AMAU	1
Ward 1	2
Bryngofal (MHL D)	2
Glangwili	
A & E	5
CDU	1
Towy Ward	1
ICU	1
Morlais Ward (MHL D)	4
Withybush	
A & E	5
ACDU	1
Ward 4	1
Ward 7	2
Ward 8	1
Ward 11	3
Ward 12	2
Acute frailty unit	3
Bronglais Hospital	
EUCC	2
Bro Cerwyn	
St Caradog (MHL D)	10
Cwm Seren	
PICU (MHL D)	2
Total	49

Security Calls.

Porters were recorded as being called to 41 incidents at the time of occurrence to assist. These include dealing with absconding patients and searching hospital grounds and areas for patients.

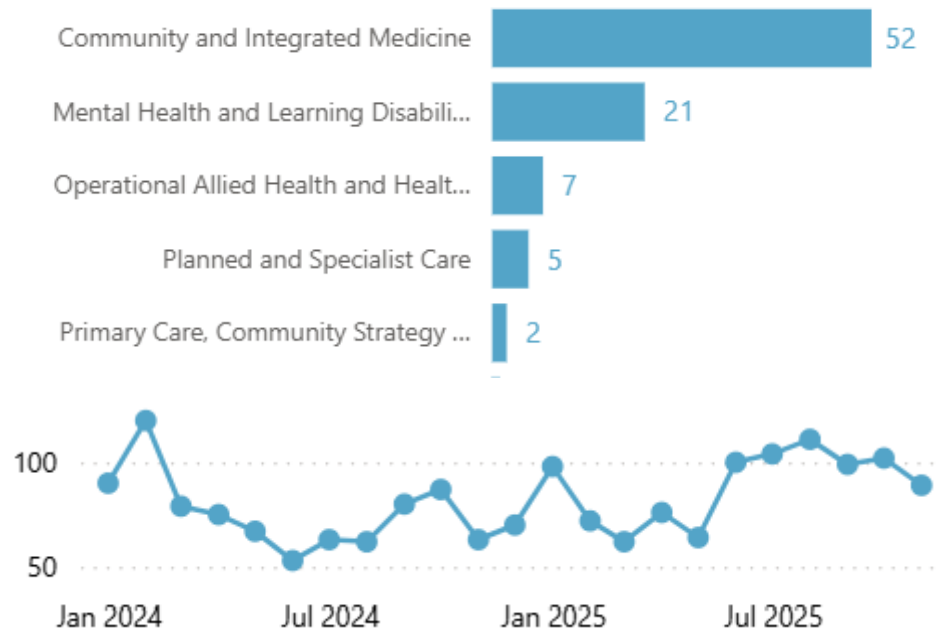
Patient Returned by:	Number of Incidents
Ward/Unit Staff	16
Self-Return	2
Porters	7
Police	6
Relatives	9
Member of Public	3
Unknown	9
No Return +24h	7

Police

Police were recorded as being called on 24 occasions for absconding patient incidents on Datix. However, police information and intelligence reports are often dramatically different to the information on Datix.

Behaviour (inc. V&A) Staff / Contractor Incidents Reported via Datix (at 30/11/2025):

Behaviour (inc. V&A) Staff / Contractor incidents in Nov 2025 (2+):



Behaviour (inc. V&A) Staff/Contractor incidents in Nov 2025 per 100 Staff:



Although Community & Integrated Medicine recorded the highest number of V&A incidents in November 2025, when calculated as a rate per 100 staff for comparisons, MHLD comes out at the top.

Note: Behaviour (inc. V&A) incidents can also be reported as Patient incidents, or as incidents of Restrictive Physical Intervention (RPI), therefore not all incidents will be included in the figures above. The V&A Case Manager keeps a separate database of all V&A incidents, the figures from which are issued in monthly reports – one per acute site and a separate report for MHLD.

Reducing Restrictive Practice (RRP) Team training compliance (at 30/11/2025):

Mental Health / Learning Disabilities:

- Morlais 93%
- LSU 90%
- St Caradog 78%
- PICU 67% (December refresher bookings will take them to 85% if they all attend and complete the refresher).
- Bryngofal 45% (December refresher bookings will take them to 79% if they all attend and complete the refresher).
- Begelly 87%
- Enlli 79%
- St Non 76%
- Bryngolau 45%

Porter Training:

- PPH 100%
- GGH 82% (All out of date porters are booked in)
- BGH 81% (Recovery plan ongoing)
- WGH 64% (Recovery plan in place for the remainder)

The above should be noted as a marked increase in compliance in the last 3 months.

The RRP Team is currently working on an RRP and Violence Reduction Training Pathway for 2026 which looks to revolutionise training provision by introducing short, informative multi-media resources to compliment their existing training offering. Details to follow in early 2026.



The Health and Safety Committee (HSC) is asked to note the contents of this report.

The Health and Safety Committee is asked to take assurance that processes are in place to review, monitor and improve health and safety regulatory compliance across the Health Board and that a communication mechanism between the Health, Safety and Security Team and the Clinical Care Groups has now been established.



Collation of this Health & Safety Assurance Report: Adam Springthorpe, Health & Safety Manager.

Sections:

1. Health and safety – Adam Springthorpe (AS), Health & Safety Manager
2. Security – AS / Charles Scarf, Security Advisor / Jon Arthur, Deputy Director of Health Sciences
3. Violence and aggression – AS / Brett Jenkins (V&A Case Manager) / Rachel Wood, RRP Lead Trainer

2.2

10:29 AM, 15 Mins

2.2 - Site Visit Report and Associated Actions

*Adam Springthorpe
(Hywel Dda UHB -
Health & Safety
Manager)*

| For assurance

Attachments

[Site Visit Report and Associated Actions.pdf](#)

**PWYLLGOR IECHYD A DIOGELWCH
HEALTH & SAFETY COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 January 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Site Visit Report and Associated Actions
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Adam Springthorpe, Health & Safety Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report is presented to the Health and Safety Committee (HSC) to provide an update on the management of actions from Health and Safety (H&S) inspections. The report predominantly focuses on the monitoring of historic H&S inspection actions from the risk stratification exercise, however, also includes an update on the new H&S site inspection process.

Cefndir / Background

The Health, Safety and Security (HSS) Team complete an ongoing programme of H&S inspections of each department, ward and building currently managed by Hywel Dda University Health Board (HDdUHB). The purpose of the inspections is to ensure compliance with health and safety legislation and provide guidance and recommendations as part of a continuous improvement process.

An Internal Audit of Health and Safety in 2024 was critical of the inspection process, commenting *'Actions are assigned a priority rating but this is based on how quickly an issue can realistically be addressed rather than the significance or urgency. A central log of actions is not maintained – these are detailed only within individual site reports, and actions are not monitored through to implementation by the H&S Team, with reliance placed on the site manager/lead to provide updates. Consequently, there is no oversight of the significance of issues raised or outstanding'*.

In response, the HSS Team pursued two routes to improve H&S inspection performance:

1. Undertaking a risk stratification exercise in order to quantify / visualise the risk of the outstanding unmanaged/unresolved risks from the visits undertaken in 2023 and 2024;
2. Creating a new improved system for all inspections going forwards, utilising the Audit Management and Tracking System (AMaT) that is used elsewhere in HDdUHB.

Risk Stratification

As outlined in the July 2025 Internal Audit Update Report to the HSC, the HSS Team proceeded to review every outstanding unmanaged / unresolved risk from the inspections

undertaken in 2023 and 2024 and assess whether the outstanding risks posed by the action was negligible, minor, moderate, major or catastrophic, and colour coded using the recognised green to red risk-rating convention, as shown adjacent. The purpose of the risk-rating is to help managers focus their attention on the hazards that pose the highest risk and help prioritise corrective actions.

Negligible
Minor
Moderate
Major
Catastrophic

Early assurance was taken from the risk stratification exercise that there were no outstanding unmanaged / unresolved risks rated as catastrophic. The completed list was split by Clinical Care Group (CCG) and taken to all of the CCG Quality, Health and Safety meetings attended by the HSS Team in July/August 2025. The totals in each risk category by CCG were as follows:

	N/A	Resolved	Managed	Negligible	Minor	Moderate	Major	Catastrophic
Primary Care Clinical Care Group (to include Medicines Management)	0	1	25	8	54	28	5	0
Planned and Specialist Care Clinical Care Group	0	1	22	2	27	13	2	0
Allied Health and Health Sciences Clinical Care Group	0	2	25	0	17	7	3	0
Estates and Facilities Group	1	1	78	4	62	68	7	0
Mental Health and Learning Disabilities Clinical Care Group	0	18	122	18	168	75	25	0
Community and Integrated Medicine Clinical Care Group	15	16	225	19	245	156	33	0
Other	0	1	48	0	43	20	4	0

New H&S Inspection Process

Following the risk stratification process the HSS Team temporarily paused their site visit programme to concentrate on exploring the feasibility of utilising AMaT. A new control document (1389 - Health and Safety Site Inspection Procedure) detailing the new and improved H&S inspection process has been developed and has completed global consultation. It will be presented for approval at the January 2026 H&S Compliance Group.

Asesiad / Assessment

Risk Stratification

The CCGs were requested to instruct their managers to review all outstanding actions and provide feedback to the HSS Team for central monitoring and reporting. The HSS Team recommended that negligible and minor risks be tolerated, allowing focus to shift toward reducing the 82 major and 375 moderate risks identified i.e. those that pose a higher level of concern. However, it remained the responsibility of each CCG to determine the level of risk they were willing to tolerate.

Action owners were asked to report the status of their outstanding actions to the HSS Team, indicating whether each action had been:

- Resolved or eliminated;
- Mitigated to a minor or negligible level;
- Was being actively managed or tolerated;
- Or was still outstanding.

The CCGs were then given time to review their outstanding risks and report back to the HSS Team. A process document covering the requirements of the risk stratification exercise was approved by the Estates and Facilities Integrated Governance Group Quality, Health and Safety meeting in August 2025 then escalated to the Integrated Quality, Financial Performance and Delivery Group (IQFPD).

Having given the CCGs 3-4 months to review their outstanding historical risks and feedback to the HSS Team, the totals in each risk category by CCG as of 30 November 2025 were as follows:

	N/A	Resolved	Managed	Negligible	Minor	Moderate	Major	Catastrophic
	Primary Care Clinical Care Group (to include Medicines Management)							
At 08/07/25	0	1	25	8	54	28	5	0
At 30/11/25	0	1	20	6	61	32	5	0
	Planned and Specialist Care Clinical Care Group							
At 08/07/25	0	1	22	2	27	13	2	0
At 30/11/25	0	3	28	2	29	16	3	0
	Allied Health and Health Sciences Clinical Care Group							
At 08/07/25	0	2	25	0	17	7	3	0
At 30/11/25	0	2	26	0	17	6	3	0
	Estates and Facilities Group							
At 08/07/25	1	1	78	4	62	68	7	0
At 30/11/25	1	1	78	4	62	68	7	0
	Mental Health and Learning Disabilities Clinical Care Group							
At 08/07/25	0	18	122	18	168	75	25	0
At 30/11/25	6	19	131	18	171	70	24	0
	Community and Integrated Medicine Clinical Care Group							
At 08/07/25	15	16	225	19	245	156	33	0
At 30/11/25	22	48	212	14	212	125	27	0
	Health Records							
At 08/07/25	0	0	41	0	37	19	4	0
At 30/11/25	0	14	47	0	37	3	0	0
	Other							
At 08/07/25	0	1	15	3	22	8	3	0
At 30/11/25	0	1	21	6	26	9	3	0

Note: Some inspection actions were originally assigned to the incorrect CCG, hence some scores have increased where actions have been reassigned.

The above figures were reported to the December CCGs via the new Health, Safety and Security Summary Reports (with the exception of Primary Care, Health Records, and 'Other'). The CCG have been instructed via the report to consider, now that they have had the opportunity to review their outstanding risks, whether a decision can be made to either continue monitoring or accepting and tolerating historic risks. This decision cannot be made by the HSS Team and must be made by CCG leads.

A special acknowledgment should go to Health Records who embraced the risk stratification exercise, reducing their Moderate risks from 19 to 3 and their Major risks from 4 to 0.

New H&S Inspection Process

A number of new H&S inspections have been completed during the draft period of the new 1389 - Health and Safety Site Inspection Procedure so that real data could be used whilst the H&S Team experimented using the AMaT system. These first H&S inspection reports were issued and all moderate, major and catastrophic hazards and their recommended corrective actions were logged on AMaT.

The HSS Team is still exploring the outputs from AMaT, however the table below shows an export of the completion status of actions from the first reports added to the AMaT system. In

time, it is hoped that AMaT exports will be able to be tailored by Clinical Care Groups to allow reporting and monitoring.

By site	In progress	Partially complete	Partially complete overdue	Overdue	Total ?	Awaiting approval	Rejected	Approved	Unable to complete	Total ?
Totals	11	0	4	43	58	2	0	20	2	82
Community	0	0	2	36	38	1	0	6	0	45
Glangwili General Hospital	0	0	0	2	2	1	0	0	2	5
Prince Philip Hospital	0	0	0	0	0	0	0	10	0	10
Tregaron Hospital	0	0	0	4	4	0	0	0	0	4
Withybush General Hospital	11	0	2	1	14	0	0	4	0	18

The conducting of new H&S Site Inspections has been temporarily suspended until the draft 1389 Health and Safety Site Inspection Procedure has been formally approved by the Health and Safety Compliance Group.

The HSS Team is currently exploring the possibility of completing new H&S Site Inspections alongside the Patient Safety Team and other disciplines when undertaking the proposed new Care Assurance Visits.

Argymhelliad / Recommendation

The Health & Safety Committee is asked to:

TAKE ASSURANCE

- That the H&S inspection risk stratification work has allowed the Health Board to fully understand and manage the residual risks from historic HSS Team inspections. The CCG leads will now decide on next steps.
- That a new H&S inspection process and procedure have been created to better manage actions raised from all new H&S inspections completed.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Provide assurance around the UHB arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers contractors etc.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply

Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 9 Digital plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report and associated Health Board policies.
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	<ul style="list-style-type: none"> • Health and Safety Compliance Group • Estates and Facilities Integrated Governance Group Quality, Health and Safety

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct costs.
Ansawdd / Gofal Claf: Quality / Patient Care:	There is a positive impact on staff and patient safety, health and wellbeing through compliance with health and safety regulations.
Gweithlu: Workforce:	Potential for adverse future staffing impacts if health and safety legislation is not complied with as they relate to employee safety.
Risg: Risk:	Risk to health and safety management.
Cyfreithiol: Legal:	A breach of health and safety regulations, such as the Workplace (Health, Safety and Welfare) Regulations 1992, could result in the issue of prohibition or improvement notices or criminal proceedings.
Enw Da: Reputational:	Prosecutions and claims due to breaches in legislation or personal injury claims can lead to negative publicity.

Gyfrinachedd: Privacy:	Not Applicable.
Cydraddoldeb: Equality:	No evidence gathered to indicate a negative impact on any protected group/s.

3

10:44 AM, 0 Mins

3 - FOR INFORMATION

3.1

10:44 AM, 5 Mins

3.1 - HSC Workplan

*Ann Murphy (Hywel
Dda UHB - RCN
Trade Union Rep -
Independent Board
Member)*

| For information

Attachments

[HSCCommittee Work Programme 2025-26.pdf](#)

HEALTH & SAFETY COMMITTEE WORK PLAN APRIL 2025 – MARCH 2026

Currently, Health & Safety Committee (HSC) meets bi-monthly. Based on this, the following table represents a proposal to incorporate the duties as outlined in the Committee's Terms of Reference into a basic work plan April 2025 – March 2026.

AGENDA ITEM/ ISSUE	Purpose	LEAD	Responsible Officer	6 May 2025	3 July 2025	9 Sept 2025	11 Nov 2025	13 Jan 2026	10 March 2026
GOVERNANCE & RISKS									
Welcome and Apologies	N/A	Chair	All	✓	✓	✓	✓	✓	✓
Declarations of Interests	N/A	Chair	CSO	✓	✓	✓	✓	✓	✓
Minutes from previous meeting	N/A	Chair	CSO	✓	✓	✓	✓	✓	✓
Matters Arising (not on agenda)	N/A	Chair	All	✓	✓	✓	✓	✓	✓
Table of Actions (ToAs)	N/A	Chair	CSO	✓	✓	✓	✓	✓	✓
Review of Terms of Reference (TORs)	Approval	Chair	JW					✓	
HSC Self-Assessment Outcome Report 2025/26	Assurance	Chair	JW					✓	
Health & Safety Committee Annual Report 2025/26	Assurance	Chair	JS						✓
Health and Safety Sub-Committee Update	Assurance	JS	JS	✓	✓	✓	✓		
Health and Safety Sub-Committee Table of Actions (from October 2025 meeting)	Assurance	JS	JS					✓	
Assurance and Risk Report	Assurance	JS	RW		✓	✓		✓	✓
Governance Review	Information	Chair	JW				✓		
HEALTH AND SAFETY UPDATES									
Staff/Patient Story	Assurance	JS	various	✓	✓	✓	✓		✓
H&S Dashboard and Compliance report (cover the work of reporting groups and other legislation) (3.1, 3.2, 3.3, 3.4, 3.11, 3.12, 3.14, 3.18)	Assurance	JS	TH	✓	✓	✓	✓		
Health and Safety Assurance Report	Assurance	JS	DE&F					✓	✓
<i>Site Visit Report and associated actions</i>	Assurance	JS	TH		✓			✓	

AGENDA ITEM/ ISSUE	Purpose	LEAD	Responsible Officer	6 May 2025	3 July 2025	9 Sept 2025	11 Nov 2025	13 Jan 2026	10 March 2026
<i>Safety Management Systems and Audits, and associated corrective actions * (3.7 & 3.10)</i>	Assurance	JS	TH			✓			✓
Accident, Incident and Notifiable Statistics Process Review* Including V&A (3.8)	Assurance	JS	TH	✓			✓		
<i>Monitoring of H&S Annual Work Plan (3.9)</i>	Assurance	JS	TH	✓	✓	✓	✓		✓
Review of efficacy of the health, safety, fire and security training programmes (3.13)	Assurance	JS	TH		✓				
Health and Safety Policy (3.17) <i>not due for review until Sep27)</i>	Approval	JS	TH						
Produce Health and Safety Annual Report for Board (3.19)	Approval	JS	TH						✓
Electrical Infrastructure Risks	Assurance	JS		✓					
Risk 1745 – Estates Condition	Assurance	JS		D	✓				
RAAC Assurance Report	Assurance	JS		✓					
Trade Union Health & Safety Group Update	Assurance				✓				
Bariatric Report	Assurance		JB				✓		
Stress in the Workplace	Assurance	JS	TH/KR				✓		
Individual Regulations Assurance Reports: • Fire Safety • Security	Assurance	JS	RJ CS					D	✓
Clinical Care Groups Health & Safety Assurance Reports: • Planned & Specialist Care • Community & Integrated Medicine • Allied Health & Health Sciences • Mental Health & Learning Disabilities • Primary Care • Estates & Facilities	Assurance	AC	PG PS SQ LC PS DE&F						

AGENDA ITEM/ ISSUE	Purpose	LEAD	Responsible Officer	6 May 2025	3 July 2025	9 Sept 2025	11 Nov 2025	13 Jan 2026	10 March 2026
Health & Safety/Individual Regulations Written Control Documents Status Report	Assurance	JS	DE&F/ CJ						✓
EMERGENCY PLANNING									
Critical Threat Level Response Framework		AG	SH						
Major Incident Annual Plan: 2025/26 (3.6)		AG	SH		✓				
PREVENT and CONTEST: Update 6-monthly update		AG	TH		IC				IC
Counterterrorism Assessment Report: Gap Analysis & Response to Martyn's Law					IC				
Policies									
Business Continuity & Planning Policy	Approval	AG	SH		✓				
Administration									
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Draft agenda to go to Executive Team	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days before the meeting)	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Disseminate agenda/papers 7 days prior to meeting	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Issue a draft TOA within two days of the meeting	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Circulate minutes and TOA to the Lead Director within 7 days of meeting	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Issue minutes and TOA to Members (including the Committee Chair) following Lead Director review	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓

Chair: Ann Murphy **Vice Chair:** Sarah Harraway **Lead Executive:** James Severs

JS James Severs

JW Joanne Wilson

AC Andrew Carruthers

AG Ardiana Gjini

TH Tim Harrison
SC Simon Chiffi
CS Charles Scarf
CJ Christine James

CW Charlotte Wilmshurst
RJ Richard Jupp
LC Liz Carroll

SA Shaun Ayres
PS Peter Skitt
PG Paula Goode

SH Sam Hussell
SQ Sara Quarrie
DE&F Director of Estates & Facilities

CSO Committee Services Officer
D Deferred

4

10:49 AM, 5 Mins

4 - ANY OTHER BUSINESS

All

5 - MATTERS FOR ESCALATION TO BOARD

*Ann Murphy (Hywel
Dda UHB - RCN
Trade Union Rep -
Independent Board
Member)*

6 - DATE AND TIME OF NEXT MEETING

Tuesday 10 March 2026, 9.30am-11.30am