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Assurance and Risk Report

Health and Safety Committee – 5 May 2026



This report provides the Health and Safety Committee (HSC) with the current status of the corporate risks and audit and inspection 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 audits 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

40

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.

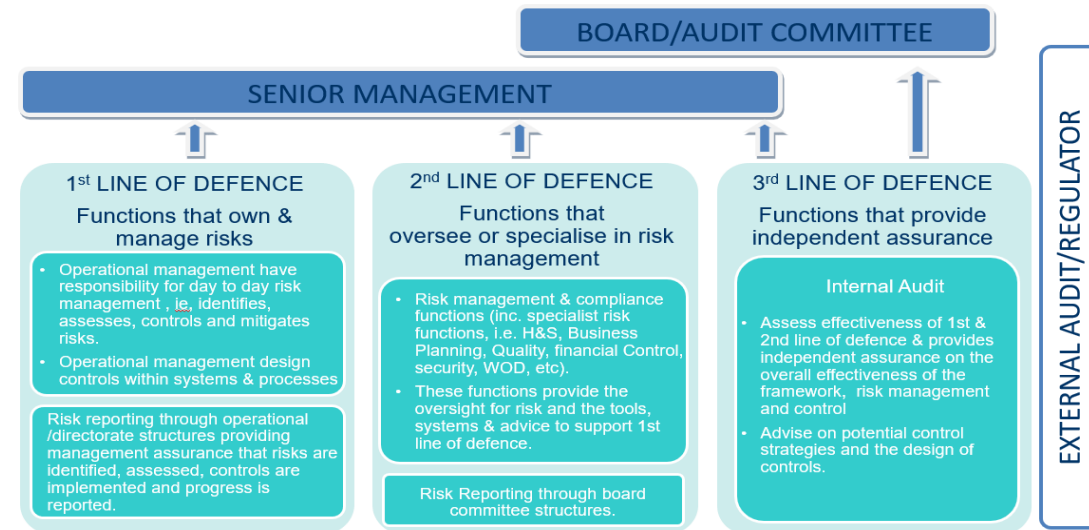
The Health Board's risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either principal, corporate or operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval 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 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 areas of significant concern are reported (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, recommending 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 24 currently on the CRR.

Due to its sensitive nature, risk 1861 is being reported in detail to the In-Committee meeting to provide discussion and assurance.

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 risks, including control measures in place, risk action plans to further manage and mitigate the risk, and sources of assurance.

		LIKELIHOOD				
		RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
IMPACT	CATASTROPHIC 5			813 1745		
	MAJOR 4			1433	1861	
	MODERATE 3					1860
	MINOR 2					
	NEGLECTIBLE 1					

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	Allied Health Professions and Health Sciences	Executive Director of Allied Health Professions and Health Sciences	15 → (Reviewed 20/03/26)	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 Welsh Government (WG) since 2018/19. The risk score also reflects insufficient capital support (noting this project dates back to 2018); the Health Board has therefore changed the approach entirely and has worked since October 2024 in a partnership arrangement with NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES) to jointly develop an estates priority and risk consequence paper. This document provides clarity as to the potential implication if a specific infrastructure item was to fail.

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

Rationale for Target Risk Score

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

Corporate Risks assigned to HSC (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	Allied Health Professions and Health Sciences	Director of Allied Health Professions and Health Sciences	15 → (Reviewed 09/03/26)	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
813 – Risk of non-compliance with the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure	Allied Health Professions and Health Sciences	Executive Director of Allied Health Professions and Health Sciences	15 → (Reviewed 20/03/26)	5	31/08/2029

Rationale for Current Risk Score

Phased fire safety improvement works are ongoing across our sites, with significant investments being made to address the recommendations in the Mid and West Wales Fire & Rescue Service (MWWFRS) letters and Enforcement Notices (EN). All programme dates have been agreed with the Health Board, Welsh Government and MWWFRS senior inspecting officers. The progress of completed actions is regularly reviewed to determine the risk score as these works are progressed.

Extensions of time particularly for EN schemes have been fully agreed by MWWFRS. A reduced scope of works has been agreed for Withybush General Hospital (WGH) and Glangwili General Hospital (GGH) Phase 2 on achievement of the following:

1. Fire alarm systems to L1 standard (achieved).
2. Health Board to achieve and maintain an 85% target for combined Fire Safety Training - MWWFRS have mandated that this must be achieved by 31/03/26, with the Health Board to present formal position statement at end of May 2026.
3. Night fire wardens are in place (WGH and GGH). Bronglais General Hospital (BGH) also now agreed and out to advert for these.

The BORIS software system has been implemented, and all fire risk assessments have been transferred across. Papers are submitted to the estates CCG meetings providing a high-level summary of the Estates and Hospital Management Risks. Currently, the risk is felt to still be extreme until further progress is made on the above fire safety improvement works. This will be reviewed regularly.

Rationale for Target Risk Score

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

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	Public Health	Executive Director of Public Health	12 → (Reviewed 20/04/26)	8	31/12/2026

Rationale for Current Risk Score

The national security and risk assessment was reviewed and re-published in November 2025; this remains unaltered.

The previous pandemic influenza risk has been changed into three new risks; one generic pandemic event (1433) and two emerging infectious diseases reflected on the operational risk register (1879 re: measles and 2093 re: tuberculosis).

Current likelihood of the risk has been scored as a 3 to reflect the risk of the Health Board being unable to respond to the scale and severity of the pandemic - not the likelihood of the pandemic actually occurring.

Rationale for Target Risk Score

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, but final draft for consultation was withdrawn and a rewrite is underway. As of April 2026, no anticipated publication dates yet confirmed. 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.

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 and Leadership' from Targeted Intervention (Level 4) to Routine Arrangements (Level 1), 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 (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

Internal Audit, Royal College, Health & Safety Executive, Local Authority Reports
(1 of 3)



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There are 40 open reports aligned to HSC (29 from MWWFRS and 11 'other') 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. Detailed below is the status of the 154 recommendations received from 'other' reports, i.e., Internal Audit, Royal College, Health & Safety Executive and Local Authority reports: -

Status Category	Definition	Number of recommendations
Overdue	The recommendation is behind schedule to the timescale provided by the lead officer.	34
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.	3
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.	1
Complete Pending Formal Approval (NEW)	The Service / Function have completed the recommendation and currently awaiting formal approval to close.	42
Complete	The recommendation has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.	74

Audits and Inspection Reports assigned to HSC

Internal Audit, Royal College, Health & Safety Executive, Local Authority Reports
(2 of 3)



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

This slide summarises the progress of 5 reports aligned to the Committee, which have been received from Internal Audit, the Royal College and the Health & Safety Executive.

Appendix 2 contains all overdue recommendations. The requirement for revised dates is included in the Assurance and Risk reports provided to each function on a monthly basis.

Date of report	Report Issued By	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	Comment
Nov-23	Internal Audit	Estates Condition	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jul-24	N/A	8	1	0	6	0	1	0	0	Internal Audit are currently reviewing the remaining recommendations. Advice awaited.
Mar-25	Royal College	RCN Workplace Inspection - WGH A&E Department	Community & Integrated Medicine	Chief Operating Officer	Aug-25	N/A	20	0	0	20	0	0	0	0	All recommendations implemented.
Feb-25	Royal College	RCN Health and safety workplace inspection- Corridor care and safe staffing BGH EUCC	Community & Integrated Medicine	Chief Operating Officer	Sep-25	N/K	11	2	0	9	0	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	N/K	4	3	0	1	0	0	0	0	No progress or revised completion dates provided
Oct-25	Health and Safety Executive	HSE Notice and Letter Microbiology WGH	Operational Allied Health Professions and Health Sciences	Chief Operating Officer	Apr-26	N/K	9	2	0	0	7	0	0	0	No progress or revised completion dates provided

Audits and Inspection Reports assigned to HSC

Internal Audit, Royal College, Health & Safety Executive, Local Authority Reports
(3 of 3)



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

This slide summarises the progress of 6 reports aligned to the Committee, which have been received from the Local Authorities across the region.

Appendix 2 contains all overdue recommendations. The requirement for revised dates is included in the Assurance and Risk reports provided to each function on a monthly basis.

Date of report	Report Issued By	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	Comment
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	Apr-26	12	3	0	9	0	0	0	0	Work continues to progress. Facilities Manager has assured this is on track for completion by revised completion date.
Mar-25	Local Authority	Food Safety & Hygiene Report Glangwili General Hospital	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jul-25	N/K	14	10	0	4	0	0	0	0	No progress or revised completion dates provided. Escalated to CSG.
Feb-25	Local Authority	Food Hygiene Inspection Report Bronglais General Hospital	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Feb-25	N/A	9	0	0	2	7	0	0	0	All recommendations implemented. Awaiting closure.
Jan-25	Local Authority	Food Safety & Hygiene Report Amman Valley Hospital	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Apr-26	Apr-26	5	0	3	2	0	0	0	0	Work continues to progress. Facilities Manager has assured this is on track for completion by revised completion date.
Mar-25	Local Authority	Food Safety & Hygiene Report South Pembrokeshire Hospital	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Apr-25	Sep-26	15	5	0	3	7	0	0	0	Work continues to progress and is on track for completion by revised completion date.
Apr-25	Local Authority	Food Safety & Hygiene Report Withybush General Hospital	Estates & Facilities	Director of Allied Health Professions and Health Sciences	May-25	Sep-26	14	3	0	0	11	0	0	0	Work continues to progress and is on track for completion by revised completion date.

Audits and Inspection Reports assigned to HSC

Mid & West Wales Fire & Rescue Service:

Enforcement Notices and Letters of Fire Safety Matters (1 of 10)



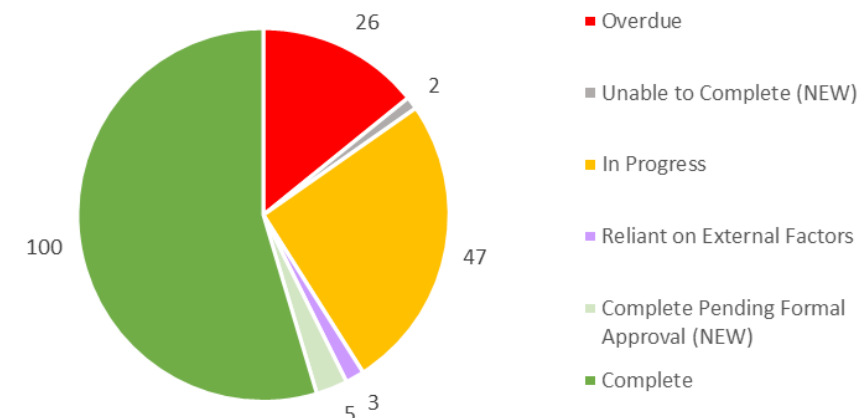
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Status Category	Definition	Number of recommendations
Overdue	The recommendation is behind schedule to the timescale provided by the lead officer.	26
Unable to Complete (NEW)	The recommendation cannot be implemented due to existing barriers and/or it 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.	2
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.	47
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.	3
Complete Pending Formal Approval (NEW)	The Service / Function have completed the recommendation and currently awaiting formal approval to close.	5
Complete	The recommendation has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.	100

There are 3 Enforcement Notices (ENs and 26 Letters of Fire Safety Matters (LOFSM) currently open. Of the 183 recommendations, 47 are in progress, 3 of which have revised completion dates of March 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 discussions between the Health Board's Head of Estates, Risk and Compliance and MWWFRS in respect of fire safety visits and the ENs/ LOFSMs. 26 recommendations are overdue, 1 having passed its original completion date of October 2024, 5 having passed their original completion dates of November/December 2025 and 20 having passed their original completion dates of February/March 2026; 10 are without revised dates (having just passed their original completion dates of March 2026) and will be presented at the next CCG meeting for escalation on 29 April 2026.

LETTERS OF FIRE SAFETY MATTERS



Audits and Inspection Reports assigned to HSC

Mid & West Wales Fire & Rescue Service: Enforcement Notices (2 of 10)



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Date of report	Report Issued By	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	Comment
Mar-25	Mid and West Wales Fire and Rescue Service	Enforcement Notice: 5438/02 The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: Cwm Seren PICU Ward, Hafan Derwen, Jobs Well Road, Carmarthen SA31 3HB	Estates & Facilities	Director of Allied Health Professions and Health Sciences	May-26	N/A	2	2	0	0	0	0	0	0	Work continues to progress and is on track for completion by revised original completion date (agreed with MWWFRS).
Feb-20	Mid and West Wales Fire and Rescue Service	Enforcement Notice Premises: Withybush General Hospital. BFS/KS/SJM/00114719- KS/890/04	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jul-27	N/A	4	0	1	3	0	0	0	0	Work continues to progress and is on track for completion by revised original completion date (agreed with MWWFRS).
Nov-20	Mid and West Wales Fire and Rescue Service	Enforcement Notice Premises: West Wales General Hospital, Glangwili, Dolgwili Road, Carmarthen, Carmarthenshire, SA31 2AF KS/890/09	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Dec-27	N/A	1	0	1	0	0	0	0	0	Work continues to progress and is on track for completion by revised original completion date (agreed with MWWFRS).

Audits and Inspection Reports assigned to HSC

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

- Ceredigion (3 of 10)



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Date of report	Report Issued By	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	Comment
Jun-22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Failures Purple Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Oct-27	N/A	8	0	6	2	0	0	0	0	Work continues to progress and is on track for completion by revised original completion date (agreed with MWWFRS).
Jun-22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Failures Red Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Oct-27	N/A	8	0	6	2	0	0	0	0	Work continues to progress and is on track for completion by revised original completion date (agreed with MWWFRS).
Jun-22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Failures Blue Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Oct-27	N/A	9	0	6	3	0	0	0	0	Work continues to progress and is on track for completion by revised original completion date (agreed with MWWFRS).
Jun-22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Failures Green Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Feb-29	N/A	10	1	6	3	0	0	0	0	Work continues to progress and is on track for completion by revised completion date (agreed with MWWFRS).

Audits and Inspection Reports assigned to HSC

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

- Ceredigion (4 of 10)



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Date of report	Report Issued By	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	Comment
Sep-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Blue Block, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER September 2025	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Nov-25	Jul-26	9	1	0	7	0	1	0	0	Work continues to progress and is on track for completion by revised completion date (agreed with MWWFRS).
Oct-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Education Centre, Bronglais General hospital, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER October 2025	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jan-26	Mar-26	6	1	0	3	2	0	0	0	Awaiting revised completion date and progress update report.
Oct-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Dyfi Block, Bronglais General hospital, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER October 2025	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jan-26	Apr-26	4	2	0	1	1	0	0	0	Work continues to progress and is on track for completion by revised original completion date (agreed with MWWFRS).

Audits and Inspection Reports assigned to HSC

Mid & West Wales Fire & Rescue Service: Letters of Fire Safety Matters
- Carmarthenshire West (5 of 10)



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Date of report	Report Issued By	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	Comment
Sep-23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: CCU, Towy Ward & Stem Corridor, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF.	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Aug-27	N/A	8	0	1	7	0	0	0	0	Work continues to progress and is on track for completion by revised original completion date (agreed with MWWFRS).
Jun-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Cwm Seren PICU Ward, Hafan Derwen, Jobs Well Road, Carmarthen SA31 3HB	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Feb-26	N/K	9	7	0	2	0	0	0	0	Awaiting revised completion date and progress update report.
Apr-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 5 GF, EBME, Physiotherapy, & CT Scanner, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Aug-27	N/A	5	0	1	4	0	0	0	0	Work continues to progress and is on track for completion by revised original completion date (agreed with MWWFRS).
Apr-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 5 FF, Library, Secretaries offices & Chapel, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Aug-27	N/A	5	0	1	4	0	0	0	0	Work continues to progress and is on track for completion by revised original completion date (agreed with MWWFRS).

Audits and Inspection Reports assigned to HSC

Mid & West Wales Fire & Rescue Service: Letters of Fire Safety Matters
- Carmarthenshire West (6 of 10)



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Date of report	Report Issued By	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	Comment
Feb-24	Mid and West Wales Fire and Rescue Service	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-27	N/A	12	0	4	8	0	0	0	0	Work continues to progress and is on track for completion by revised original completion date (agreed with MWWFRS).
May-22	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	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	N/K	13	2	0	11	0	0	0	0	Awaiting revised completion date and progress update report.
Jul-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 10, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	N/K	5	4	0	1	0	0	0	0	Awaiting revised completion date and progress update report.

Audits and Inspection Reports assigned to HSC

Mid & West Wales Fire & Rescue Service: Letters of Fire Safety Matters - Pembrokeshire (7 of 10)



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Date of report	Report Issued By	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	Comment
Oct-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Withybush General Hospital, EBME Department, Fishguard Road, Haverfordwest, SA61 2P2	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jun-27	N/A	4	0	1	3	0	0	0	0	Work continues to progress and is on track for completion by revised original completion date (agreed with MWWFRS).
Dec-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 2 Outpatients, Withybush General Hospital, Fishguard Road, Haverfordwest, SA61 2PZ	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-27	N/A	2	0	2	0	0	0	0	0	Work continues to progress and is on track for completion by revised original completion date (agreed with MWWFRS).
Dec-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 2: Labs , Withybush General Hospital, Fishguard Road, Haverfordwest, SA61 2PZ	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-27	N/A	1	0	1	0	0	0	0	0	Work continues to progress and is on track for completion by revised original completion date (agreed with MWWFRS).
Aug-23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: HYWEL DDA UNIVERSITY HEALTH BOARD, WITHYBUSH HOSPITAL, WITHYBUSH, FISHGUARD ROAD, HAVERFORDWEST, SA61 2PZ	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Apr-27	N/A	11	0	4	7	0	0	0	0	Work continues to progress and is on track for completion by revised original completion date (agreed with MWWFRS).

Audits and Inspection Reports assigned to HSC

Mid & West Wales Fire & Rescue Service: Letters of Fire Safety Matters
- Pembrokeshire (8 of 10)



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Date of report	Report Issued By	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	Comment
Jul-24	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Tenby Surgery Gas Lane, Tenby SA70 8AG	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Oct-24	N/K	4	1	0	3	0	0	0	0	Awaiting revised completion date and progress update report.
Sep-22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: SOUTH PEMBS HOSPITAL, FORT ROAD, PEMBROKE DOCK, SA72 6FY	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Dec-26	N/A	9	0	1	6	0	0	0	2	Work continues to progress and is on track for completion by revised original completion date (agreed with MWWFRS).

Audits and Inspection Reports assigned to HSC

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

- Carmarthenshire East (9 of 10)



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Date of report	Report Issued By	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	Comment
Feb-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 2 and Block 3, Amman Valley Hospital, Folland Road, Glanaman, Ammanford SA18 2BQ	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jul-25	N/A	6	0	0	2	2	2	0	0	All recommendations completed apart from 2 recommendations which are reliant on receipt of revised Fire Strategy from MWWFRS (External Factors).
Sep-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Template 3 (AMAU), Ward 1, Prince Phillip Hospital, Llanelli, Carmarthenshire, SA14 8QF	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	N/K	5	1	0	4	0	0	0	0	Awaiting revised completion date and progress update report.
Oct-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Template 27 – Bryngolau, Prince Phillip Hospital, Carmarthenshire, SA14 8QF	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	N/K	4	2	0	2	0	0	0	0	Awaiting revised completion date and progress update report.

Audits and Inspection Reports assigned to HSC

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

- Carmarthenshire East (10 of 10)



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University Health Board

Date of report	Report Issued By	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	Comment
Nov-25	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Template 15 & 16, Prince Phillip Hospital, Dafen Road, Dafen, Llanelli, Carmarthenshire, SA14 8QF	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	N/K	3	2	0	1	0	0	0	0	Awaiting revised completion date and progress update report.
Feb-26	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Day Surgical Unit, Prince Phillip Hospital, Dafen Road, Llanelli, SA14 8QF February 2026	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-27	N/A	5	1	3	1	0	0	0	0	Work continues to progress and is on track for completion by revised original completion date (agreed with MWWFRS).



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Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Mar-26	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
813	Risk of non-compliance with the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure	Severs, James	Statutory duty/inspections	3×5=15	3×5=15	→	1×5=5	31/08/2029	6
1745	Risk of not being able to safely deliver services due to ageing estate and infrastructure across the Health Board	Severs, James	Safety - Patient, Staff or Public	3×5=15	3×5=15	→	2×5=10	31/08/2032	11
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	31/12/2026	14

RISK SCORING MATRIX

Likelihood x Impact = Risk Score

Corporate Risk Description:					
Likelihood	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Frequency - How often might it/does it happen? <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.*
<small>* time-framed descriptors of frequency</small>					
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%*)
<small>*used to assign a probability score for risks related to time-limited or one off projects or business objectives.</small>					
Risk Impact Domains	Negligible - 1	Minor - 2	Moderate - 3	Major - 4	Catastrophic - 5
Safety of Patients, Staff or Public	Minimal injury requiring no/minimal intervention or treatment.	Minor injury or illness, requiring minor intervention.	Moderate injury requiring professional intervention.	Major injury leading to long-term incapacity/disability.	Incident leading to death.
	No time off work.	Requiring time off work for >3 days	Requiring time off work for 4-14 days.	Requiring time off work for >14 days.	Multiple permanent injuries or irreversible health effects.
		Increase in length of hospital stay by 1-3 days.	Increase in length of hospital stay by 4-15 days. Agency reportable incident. An event which impacts on a small number of patients.	Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects.	An event which impacts on a large number of patients.
Quality, Complaints or Audit	Peripheral element of treatment or service suboptimal.	Overall treatment or service suboptimal.	Treatment or service has significantly reduced effectiveness.	Non-compliance with national standards with significant risk to patients if unresolved.	Totally unacceptable level or quality of treatment/service.
	Informal complaint/inquiry.	Formal complaint.	Formal complaint -	Multiple complaints/ independent review.	Gross failure of patient safety if findings not acted on.
		Local resolution.	Escalation.	Low achievement of performance/delivery requirements.	Inquest/ombudsman inquiry.
		Single failure to meet internal standards.	Repeated failure to meet internal standards.	Critical report.	Gross failure to meet national standards/performance requirements.
		Minor implications for patient safety if unresolved.	Major patient safety implications if findings are not acted on.		
Reduced performance if unresolved.					

Workforce & OD	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff.	Uncertain delivery of key objective/service due to lack of staff.	Non-delivery of key objective/service due to lack of staff.
			Unsafe staffing level or competence (>1 day).	Unsafe staffing level or competence (>5 days).	Ongoing unsafe staffing levels or competence.
			Low staff morale.	Loss of key staff.	Loss of several key staff.
			Poor staff attendance for mandatory/key training.	Very low staff morale. No staff attending mandatory/ key training.	No staff attending mandatory training /key training on an ongoing basis.
Statutory Duty or Inspections	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation. Reduced performance levels if unresolved.	Single breach in statutory duty.	Enforcement action	Multiple breaches in statutory duty.
			Challenging external recommendations/ improvement notice.	Multiple breaches in statutory duty.	Prosecution.
				Improvement notices.	Complete systems change required.
				Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.
			Critical report.	Severely critical report.	
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. Great Care

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

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):	4x5=20
Current Risk Score (L x I):	3x5=15
Target Risk Score (L x I):	1x5=5
Expected Date To Achieve TRS:	31/08/2029
Trend:	

The chart displays two horizontal lines representing risk scores over time. The Current Risk Score is a red line at a value of 15, and the Target Risk Score is a blue line at a value of 5. Both scores remain constant from May-23 to Jul-25.

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 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 WGH and GGH Phase 2 on achievement of the following.

- 1 Fire alarm systems to L1 standard (WGH complete and GGH by 31/03/26 as agreed)
- 2 UHB to achieve and maintain an 85% target for combined Fire Safety Training - MWWFRS have mandated that this be achieved by 31/03/26. UHB to present formal position statement 31/03/26.
- 3 Night fire wardens are in place (WGH and GGH). BGH also now agreed and we are out to advert for these.

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.

Rationale for TARGET Risk Score:

Further improvements in culture and ownership for fire safety. It is the scale of physical backlog for fire safety compliance (additional surveys) that will remain until appropriate measures are put in place to address the deficit.

Despite annual investment from statutory capital and additional funding from EFAB/Tef for fire safety components, the scale of current investment is clearly not adequate to address the true scale of backlog the UHB has.

Based on the planned works for completion (November 2025), it is expected that the current risk score could be reduced, this will need to be assessed in relation to the governance challenges we also experience currently.

It is anticipated that when training attendance levels specifically for L2 training have reached > 85% targets and are sustained at this level continuously, coupled with the completion of all major fire enforcement schemes. The HB will then be in an informed position to look at the further reduction of risk score. The currently predicted expected date to achieve compliance across all areas is August 2029. This will be reviewed regularly inline with progress made to our infrastructure and obtaining appropriate levels of assurances that clearly evidence the HB has effective fire safety management arrangements in place.

Key CONTROLS Currently in Place:

(The existing controls and processes in place to manage the risk)

Pre Planned Maintenance (PPM) checks are carried out across the UHB on fire safety components.

A detailed physical estates backlog system is in place that identifies the scale (£) and risk of backlog for UHB. Data used to manage backlog maintenance & statutory decision making also regularly reported to WG.

Extensive fire safety improvement works are being undertaken at WBH, GGH, BGH and Cwm Seren (following fire enforcements notices served on the HB) from WG agreed funding. All phased timelines fully agreed with MWWFRS. Regular communications and dialogue is taking place between HB and MWWFRS.

Individual Fire Risk Assessments (FRA's) in place for all sites across the

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>Despite significant investments already in place following enforcement notices and letters of fire safety matters, additional investment is required to address fire safety defects at other sites within the UHB, which are being inspected by MWWFRS. We have firm plans in place to address a range of fire safety projects over the coming years and these are all fully identified as actions within this risk with anticipated timelines.</p> <p>Not all managers who are assigned</p>	<p>Further action necessary to address the controls gaps</p> <p>WBH - Completion of Phase 2 works - For all departments, ward areas and risk rooms.</p>	<p>Elliott, Rob</p>	<p>30/04/2025-30/04/2025 31/07/2027</p>	<p>Full agreement has now been reached with Welsh Government (WG)/NHS Wales Shared Services Partnership - Special Estates Services (NWSSP-SES) to change the procurement approach for Phase 2. This following a wide-ranging lessons learned exercise undertaken jointly with NWSSP-SES.</p> <p>Start date Sept 2024 completion mid 2027. Will be regularly reviewed.</p>

<p>UHB identifying fire related risks. Boris fire safety system implemented across the UHB, giving the ability to review all risks from fire risk assessments via a dashboard and risk ownership.</p> <p>Training Needs Analysis (TNA) for fire safety training in place, as defined in Fire Policy.</p> <p>UHB has implemented new governance structure for fire safety reporting from FSG to Estates care groups.</p> <p>Estate plans with fire zones, fire doors, fire compartmentation, fire infrastructure items (alarm and detection system).</p> <p>UHB assesses its performance in respect of operational maintenance work carried out on fire safety components and presents this information as a formal paper at all UHB wide fire safety tech meetings.</p> <p>Annual prioritisation of investment against high risk backlog.</p> <p>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>actions on Boris are regularly accessing the system to close off their actions. Despite recent invitations for staff to attend training sessions.</p> <p>Fire safety training performance (for L2) is currently below the agreed level at (85%) as set by MWWFRS for the HB but specifically for WBH and GGH (sites under enforcement). The Fire Safety Team with L&D staff have introduced new training material to offer a more interactive e-learning experience with questions for each section. Performance is being regularly reviewed. As such the HB's fire policy now needs to be re-drafted.</p> <p>Despite making improvements to the culture of fire safety management and ownership, the HB does need to ensure this is organisational wide and embedded within it's workforce and cascaded by management.</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</p>	<p>GGH - Completion of Phase 2 works - For all departments, ward areas and risk rooms.</p> <p>Completion of planned fire safety enforcement work at Cwm Seren MH Facility in Carmarthen, following enforcement notice.</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>Elliott, Rob</p> <p>Evans, Paul</p> <p>Jupp, Richard</p> <p>Jupp, Richard</p>	<p>30/04/2024 30/08/2024 30/06/2025 30/11/2027</p> <p>28/11/2025 31/01/2026 31/03/2026</p> <p>Completed</p> <p>Completed</p>	<p>Full agreement has now been reached with Welsh Government (WG)/NHS Wales Shared Services Partnership - Special Estates Services (NWSSP-SES) to change the procurement approach for Phase 2. This following a wide-ranging lessons learned exercise undertaken jointly with NWSSP-SES.</p> <p>Start date Sept 2024 completion mid 2027. Will be regularly reviewed.</p> <p>works almost complete, some final doors to be delivered and fitted which will conclude all works, delay due to incorrect doors from principle contractor. Letter to MWWFRS to inform them of this slight delay.</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. extension required due to resource pressures in fire team.</p> <p>Document template now complete, we are now populating the date of completion for each step of the process.</p>
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Regular communications processes in place to advertise L2 fire safety training.

Papers are submitted to the estates CCG meetings providing a high level summary of the Estates and Hospital Management Risks.

identify fire compartmentation and fire door locations to inform maintenance teams. This will also require additional external surveys to be carried out and additional capital to fund these surveys.

To amend the existing Fire Safety Policy noting the revised governance changes and updates now required to the training needs analysis. The timeline given is specifically for documentation change and not HB approval. An additional action will be added once the document is ready for board approval.

Jupp, Richard

Completed

extension of time approved by HSCG due to fire resource pressures at senior level.

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
Maintain a zero or as low as possible number of outstanding fire risk assessments. Monitor the number of risks now held in the new Boris Fire Safety System.	Bimonthly review of outstanding actions from fire risk assessments	1st	█
	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	█

Control RAG Rating (what the assurance is telling you about your controls)

█

Latest Papers (Committee & date)

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

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
Further action necessary to address the gaps				
General site management checks/walkarounds on all sites				

Fire Safety SBAR (3A's) reports regularly issued to HSSC and estates governance care groups	2nd			Submitted to Sept 24 HSAC.
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 them 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:	Mar-26
Lead Committee:	Health and Safety Committee	Date of Next Review:	Apr-26

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

Risk Rating:(Likelihood x Impact)	
Domain:	Safety - Patient, Staff or Public
Inherent Risk Score (L x I):	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 score also reflects lack of capital support (noting this project dates back to 2018); the Health Board has therefore changed the approach entirely and have worked since October 2024 in a partnership arrangement with NWSSP-SES to jointly develop an estates priority and risk consequence paper written as far as possible with clearly understood language. This document explains in great clarity what the potential implication could be if a specific infrastructure item was to fail. This narrative was jointly supported by Estates and NWSSP-SES engineers.

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

Rationale for TARGET Risk Score:

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

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

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

This will be reviewed regularly as schemes progress.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
	<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 across the 4 sites.</p>	<p>Limited Discretionary Capital Programme (DCP) funding to address the £250m backlog</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>Development of Major infrastructure Programme for 4 main hospitals and securing external funding</p>	<p>Chiffi, Simon</p>	<p>Completed</p>
<p>Increased backlog of circa £250m+</p> <p>Operational resource pressures across the acute sites.</p> <p>Increasing number of maintenance checks, specifically in relation to fire compliance.</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>	

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the re-introduction of regular (documented) site walkabouts by operational estates and general hospital management. To potentially identify and target defects or site issues that can potentially be quickly addressed, minimising the impact of compounding backlog issues across our sites.	Day, Simon	Completed	Walkabouts are in place
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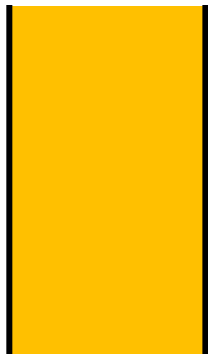
ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
Backlog figures	Regular review of 'environment' themed risks identified on operational service risk registers	1st	
Number of failures			
Cost increases due to inflation	Feedback 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			
	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	

Control RAG Rating (what the assurance is telling you about your controls)
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Latest Papers (Committee & date)

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
	Further action necessary to address the gaps			

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

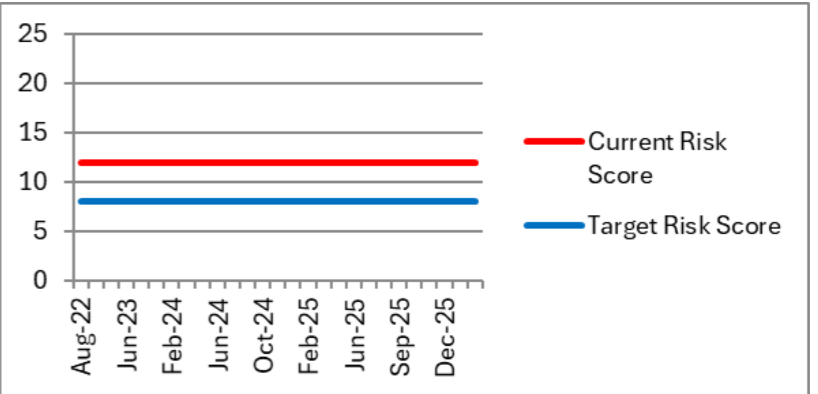


Date Risk Identified:	May-22
Strategic Objective:	1. Thriving Teams and 2. Healthier Communities and 3. Great Care

Executive Director Owner:	Gjini, Ardiana	Date of Review:	Jan-26
Lead Committee:	Health and Safety Committee	Date of Next Review:	Mar-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:	31/12/2026
Trend:	↔



Rationale for CURRENT Risk Score:

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

Rationale for TARGET Risk Score:

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, but final draft for consultation was withdrawn and a rewrite is underway. As of April 2026, no anticipated publication dates yet confirmed. 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)
<ul style="list-style-type: none"> # 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 (working draft issued Aug 2025 now under review to incorporate Ex Pegasus lessons, but still awaiting the UK Gov Respiratory Pandemic Response Plan/Guidance) # LRF Excess Deaths Plan (which supports the LRF multi-agency pandemic influenza management arrangements) developed as a recommendation from Exercise Cygnus. Plan was ratified by the LRF Health Group. # Health Board Pandemic 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 # HB participated in Exercise Pegasus - national Tier 1 Pandemic Exercise scheduled across 3 phases played in Sept, Oct and Nov 2025.

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
Lack of ratified Pandemic Response Framework reviewed which broadens remit from Influenza focus to generic pandemic events.	Further action necessary to address the controls gaps			
	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 31/03/2026	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.
	Learning from participation in Exercises Solaris and Pegasus, to inform the review of existing pandemic framework.	Hussell, Sam	31/03/2026	Learning currently being collated from exercise participation

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							

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

Executive Director Owner:	Severs, James	Date of Review:	Mar-26
Lead Committee:	Health and Safety Committee	Date of Next Review:	Apr-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.

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.

Lone Working Policy: There is a policy to promote principles of safer working for lone workers.

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Further action necessary to address the controls gaps				
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.	Develop a process to improve oversight of V&A risk assessments.	Jenkins, Brett	30/04/2025-31/06/2026	MS Forms template has been devised. Incident data supplied to management to inform their V&A risk assessments.
There is inconsistent application of the NHS Violence and Aggression Training Scheme standard.				All managers were asked to confirm that they have a V&A risk assessment in place and report back to the V&A Case Manager by end of January 2025. Unfortunately responses have been poor and the V&A Case Manager is currently chasing assessments from all areas yet to submit. The request is reiterated via the CCG update reports.
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				

<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>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 31/06/2026</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 31/06/2026</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>
		<p>Require £1.3m investment to employ staff at each General Hospital site.</p>	<p>Jenkins, Brett</p>	<p>31/03/2026</p>	<p>Consideration by Exec Team: 02/07/2025.</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 to be provided to Health and Safety Committee	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								

Report Issued By	Report Title	Recommendation Reference	Recommendation	Management Response	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Status Category	Barriers
Internal Audit	Estates Condition	HDU-SSU-2324-03_005	R5. A full review should be undertaken of the Estates workforce to analyse the current position in terms of capability and capacity based on the current configuration of the estate - pre any redevelopment. Following this, a clear financial model for the revenue support needed in the estate should be developed.	Accepted - Management will undertake a review of its workforce based of the current estate configuration.	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Dec-25	Dec-25 N/K	Overdue	Awaiting Advice from Internal Audit
Local Authority	Food Safety & Hygiene Report Glangwili General Hospital	LA_FS&H_GGH_0325_001	R1. Food Hygiene & Safety Procedures: a) Poor temperature monitoring and maintenance of the cold chain b) Hotel Services have been designated to check fridge temperatures within ward kitchens – however there were gaps in the monitoring records I reviewed. Ward staff may not have received adequate training; ward staff may not have understood the importance of chill-chain controls. Random checks highlighted on multiple days fridge temperature were not recorded in several ward kitchens:	All ward based catering staff are required to complete food safety training. Richard Daniel has met with Andrew Kelly & James Whitehead to advise of a target for completion. Work is ongoing within Hotel services department to achieve this. Also discussed issues where supervisory staff are signing documents without rectifying issues	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-25	Mar-25 N/K	Overdue	None Noted
Local Authority	Food Safety & Hygiene Report Glangwili General Hospital	LA_FS&H_GGH_0325_002	R2. Supervision and training of implemented controls – ward kitchens Review food safety procedures and templates used on the wards, train staff handling food on the ward and in ward kitchens and secure the commitment of ward/hotel services and medical staff to follow procedures. Establish procedures to supervise and ensure controls are implemented. I note that there is a shortage of hotel services staff on the wards that may be impacting procedures to ensure controls are implemented.	Discussed issues with Hotel Service managers where supervisory staff are signing documents without rectifying issues. Hotel services supervisory staff to check records daily & use corrective actions where required & to inform ward-based caterers of correct procedures then signed off that this has been completed	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Apr-25	Mar-25 N/K	Overdue	None Noted
Local Authority	Food Safety & Hygiene Report Glangwili General Hospital	LA_FS&H_GGH_0325_003	R3. Food Hygiene & Safety Procedures: I note that ward staff are now receiving food safety training, ensure that staff understand food safety procedures and are adequately supervised to ensure food safety throughout the food chain. I understand that Glangwili Hospital intends to introduce internal food safety audits in the coming months, which will include ward audits. This will help to identify issues and address matters, prior to an inspection by the local authority.	All ward based catering staff are required to complete food safety training. Richard Daniel has met with Andrew Kelly & James Whitehead to advise of a target for completion. Work is ongoing within Hotel services department to achieve this.	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Apr-25	Mar-25 N/K	Overdue	None Noted
Local Authority	Food Safety & Hygiene Report Glangwili General Hospital	LA_FS&H_GGH_0325_005	R5. Replace the sealant around the sink in the salad room to aid ensure surfaces can be kept clean. Assimilated Regulation (EC) No 852/2004 Annex II Chapter II Para. 1(f)	Contacted Estates department contacted to repair seal on sink in Salad room	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-25	Mar-25 N/K	Overdue	None Noted
Local Authority	Food Safety & Hygiene Report Glangwili General Hospital	LA_FS&H_GGH_0325_008	R8. Ward Kitchens Replace the damaged and torn fridge seal in Ward Gwen/Padarn, this may be the reason the fridge is struggling to maintain temperatures below 5C.	Discussed with Andrew Kelly & James Whitehead to advise the seal to be changed immediately	Estates & Facilities	Richard Daniel (Catering Manager) & Paul Hill (Estates Manager)	Mar-25	Mar-25 Feb-26 N/K	Overdue	None Noted

Local Authority	Food Safety & Hygiene Report Glangwili General Hospital	LA_FS&H_GGH_0325_009	<p>R9. Structural/Cleaning Issues</p> <p>Dishwasher temps on wards</p> <p>Review dishwasher temperatures in ward kitchens and ensure the equipment is capable of disinfecting cups, plates, cutlery etc used by hospital patients. I note that the Hospice ward has reported that the dishwasher is not reaching 82C on the rinse cycle and the dishwasher needs descaling.</p>	Call out repair company to investigate & repair as required	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-25	Mar-25 N/K	Overdue	None Noted
Local Authority	Food Safety & Hygiene Report Glangwili General Hospital	LA_FS&H_GGH_0325_010	<p>R10. Confidence in Management/Control Procedures</p> <p>NHS Trusts must ensure food safety controls are implemented in relation to the production and provision of food at all stages of the food chain, including service to the final consumer. The regulations require Food Business Operators (FBOs) to implement food safety management systems based on HACCP principles.</p> <p>A food safety management system requires an FBO to identify all the food safety hazards present - physical, biological and chemical including allergens. FBOs must implement controls and monitoring to ensure those hazards critical to food safety are managed.</p> <p>I believe it is a failing for the central catering responsibility for food safety to stop once the food is placed in trolleys to go to the wards. Hywel Dda University Health Board is responsible for food safety, and the food safety standards should be applied and verified throughout the food chain. The management system should cover all steps from delivery of raw materials, through to manufacture/central catering up until the delivery of food to the final consumer on the ward. There needs to be a uniform consistent approach; currently procedures are not consistently applied on the wards:</p> <ul style="list-style-type: none"> -Fridge controls are set to a maximum of 8 Celsius in ward kitchens compared to 5 Celsius in the main catering kitchen and stores. -Floor stock controls/date labelling of food stored in ward kitchens. 	Richard Daniel has been working on a draft HACCP, which will be completed and implemented in 2025/2026	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-25	Mar-25 Mar-26 N/K	Overdue	None Noted

Local Authority	Food Safety & Hygiene Report Glangwili General Hospital	LA_FS&H_GGH_0325_011	<p>R11. Confidence in Management/Control Procedures</p> <p>The hygiene regulations also require that food handlers are trained and/or supervised and instructed in food hygiene to a level appropriate to their work activities and responsibilities. Do not overlook training of non-catering staff on the wards, this has not been included in your food safety management system.</p> <p>Where ward staff prepare, handle or serve food, NHS Trusts must ensure they are also trained and/or supervised and instructed in food hygiene. Ward staff, such as nurses are often those with responsibility for time/temperature and shelf-life controls at the point of service to the patient.</p> <p>You need to review Training within your HACCP and ensure it covers ward/medical staff. Currently you state "As a minimum - staff will be expected to hold or attain within 3 months of employment the Level 2 Award in Food Safety Staff will also receive Allergen Awareness training (in-house) plus completion of the FSA Allergen on-line training package where possible". Please provide details of the percentage of hotel services staff trained to Level 2 Food Hygiene and Allergen Awareness training and a timescale to complete training of all relevant staff.</p>	Richard Daniel has been working on a draft HACCP, which will be completed and implemented in 2025/2026	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-25	Mar-25 N/K	Overdue	None Noted
Local Authority	Food Safety & Hygiene Report Glangwili General Hospital	LA_FS&H_GGH_0325_012	<p>R12. Confidence in Management/Control Procedures</p> <p>Please provide an update of what percentage of staff have now been trained at ward level.</p>	Richard Daniel has met with Andrew Kelly & James Whitehead to advise of a target for completion. Work is ongoing within Hotel services department to achieve this.	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-25	Mar-25 N/K	Overdue	None Noted
Local Authority	Food Safety & Hygiene Report Glangwili General Hospital	LA_FS&H_GGH_0325_013	<p>R13. Confidence in Management/Control Procedures</p> <p>Your HACCP does not document monitoring arrangements, it is not clear what are your monitoring arrangements.</p> <p>All measures to control <i>Listeria monocytogenes</i> across all food pathways must be validated to prove they are effective. The continued effectiveness of these measures should then be regularly verified at a pre-determined and documented frequency.</p> <p>Verification methods will depend on the size and nature of the operation and can include: day to day supervision, workplace observations, internal and external food safety audits, IP & C audits of ward kitchens, complaint/incident monitoring, patient/customer feedback, temperature monitoring, environmental swabbing and microbiological testing</p>	Ward kitchens have historically been undertake as part of overall ward audit. In the future separate audits will be implemented via Synbiotix system across hospital setting to include main kitchen & ward areas.	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jul-25	Mar-25 N/K	Overdue	None Noted

Local Authority	Food Safety & Hygiene Report - Prince Philip Hospital, Ty Bryngwyn and Mynydd Mawr	LA_FS&H_PPH_0325_001	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	Director of Allied Health Professions and Health Sciences	Sep-25	Sep-25 Mar-26 N/K	Overdue	None Noted
Local Authority	Food Safety & Hygiene Report - Prince Philip Hospital, Ty Bryngwyn and Mynydd Mawr	LA_FS&H_PPH_0325_006	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	Director of Allied Health Professions and Health Sciences	Sep-25	Sep-25 Mar-26 N/K	Overdue	None Noted
Local Authority	Food Safety & Hygiene Report - Prince Philip Hospital, Ty Bryngwyn and Mynydd Mawr	LA_FS&H_PPH_0325_011	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	Director of Allied Health Professions and Health Sciences	Sep-25	Sep-25 Apr-26	Overdue	None Noted
Local Authority	Food Safety & Hygiene Report South Pembrokeshire Hospital	LA_FS&H_SPH_0325_006	R6. The floor outside the main kitchen in the hallway was worn in a number of areas. Repair/renew/reseal the floor to leave in good repair and condition. (8 weeks) (This was mentioned in the last two inspections report)	Quotes for flooring have been submitted , the flooring has been added to the Health and Safety Risk Registers. Estates team are working on a capital bid to raise the money for the work to be completed	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Apr-25	Mar-25 N/K	Overdue	None Noted
Local Authority	Food Safety & Hygiene Report South Pembrokeshire Hospital	LA_FS&H_SPH_0325_012a	R12. You must ensure that staff are trained on your HACCP and associated documents. Staff must be able to locate these documents and be implementing them at all times.	Health Board wide review of the HACCP is currently in place and new HACCP documents are being created	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Apr-25	Apr-25 Sep-26	Overdue	None Noted
Local Authority	Food Safety & Hygiene Report South Pembrokeshire Hospital	LA_FS&H_SPH_0325_012b	R12. You must ensure that your monitoring records relate to a specific fridge/freezer unit so that you can demonstrate which units are working within your critical control points (CCPs). Immediate and ongoing	Health Board wide review of the HACCP is currently in place and new HACCP documents are being created	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Apr-25	Mar-25 N/K	Overdue	None Noted
Local Authority	Food Safety & Hygiene Report South Pembrokeshire Hospital	LA_FS&H_SPH_0325_013	R13. Review your documentation, practices and procedures to ensure that your systems are fully implemented. You must ensure that staff are properly trained and are aware of the controls they need to carry out. Staff must also be supervised and checked as necessary, so you are sure that all controls that are critical to food safety are being properly implemented and maintained.	Current review in place of HACCP documentation and waiting for the Documents approval.	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Apr-25	Mar-25 N/K	Overdue	None Noted

Local Authority	Food Safety & Hygiene Report South Pembrokeshire Hospital	LA_FS&H_SPH_0325_014	R14. If you wish to remove foods from the original packaging (boxes), you must retain any important information including the ingredient list and the manufacturers' details and the Best Before/Use by date for traceability purposes. This can be achieved by removing and retaining the labels until that product has been used or taking a photograph of the labels. These labels should be kept on site.	Current review in place of HACCP documentation and waiting for the Documents approval.	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Apr-25	Mar-25 N/K	Overdue	None Noted
Local Authority	Food Safety & Hygiene Report South Pembrokeshire Hospital	LA_FS&H_SPH_0325_015	R15. There were no written allergen policies or procedures for inspection. These must be included as part of your documented food safety management system. These policies and procedures must include the controls you have on foods coming in, storage, preparing and service to the final consumer. Ensure that your allergen policies and procedures are available and implemented. These should be available for inspection at all times. (Immediate and Ongoing).	Current review in place of HACCP documentation and waiting for the Documents approval.	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Apr-25	Mar-25 N/K	Overdue	None Noted
Local Authority	Food Safety & Hygiene Report Withybush General Hospital	LA_FS&H_WGH_0425_003	R3. The fly zapper in the St Caradog's kitchen is not working. I recommend it is serviced/repaired and maintained in good working order. This was escalated to the maintenance department.[Spoke with staff fly zapper Fly zapper is still not fixed. Requested new fly zapper to be purchased for St Caradog kitchen 05.02.26	Estates & Facilities	Director of Allied Health Professions and Health Sciences	May-25	Mar-25 N/K	Overdue	None Noted
Local Authority	Food Safety & Hygiene Report Withybush General Hospital	LA_FS&H_WGH_0425_009	R9. You have identified hot holding as a critical control point however it has been missed from the tables relating to establishing critical limits at CCPs. Please include details	The transfer and temperature recording is built into our new HACCP policy and will state that the patient meals will need to be probed again at a ward level by Hotel Service Staff	Estates & Facilities	Director of Allied Health Professions and Health Sciences	May-25	Mar-25 N/K	Overdue	None Noted
Local Authority	Food Safety & Hygiene Report Withybush General Hospital	LA_FS&H_WGH_0425_010	R10. During the visit it was established that there are no further temperature checks (monitoring and records) at internal ward level once the regen trolleys are transferred from the kitchen. This step of transfer is not included as a process step in your HACCP. You need to verify that the temperature chain is maintained.	The temperature chain	Estates & Facilities	Director of Allied Health Professions and Health Sciences	May-25	Mar-25 N/K	Overdue	None Noted
Royal College	RCN Health and safety workplace inspection- Corridor care and safe staffing BGH EUCC February 2025	RCN_EUCC_022025_001b	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	Community & Integrated Medicine	Chief Operating Officer	Sep-25	Sep-25 N/K	Overdue	None Noted
Royal College	RCN Health and safety workplace inspection- Corridor care and safe staffing BGH EUCC February 2025	RCN_EUCC_022025_011	R11. Manual handling risk extricating patients out of vehicles.	Paramedics assisting when available . Scheduled sessions in trauma training sessions. Monitor newly appointed staff for compliance.	Community & Integrated Medicine	Chief Operating Officer	Sep-25	Sep-25 N/K	Overdue	None Noted
Royal College	RCN Health and safety workplace inspection- Emergency Department GGH February 2025	RCN_H&SWI_ED_GGH_0225_002a	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/corridor	Community & Integrated Medicine	Chief Operating Officer	Nov-25	Nov-25 N/K	Overdue	None Noted
Royal College	RCN Health and safety workplace inspection- Emergency Department GGH February 2025	RCN_H&SWI_ED_GGH_0225_002b	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	Nov-25	Nov-25 N/K	Overdue	None Noted

Royal College	RCN Health and safety workplace inspection- Emergency Department GGH February 2025	RCN_H&SWI_ED_GGH_0225_002c	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	Nov-25	Nov-25 N/K	Overdue	None Noted
Royal College	RCN Health and safety workplace inspection- Emergency Department GGH February 2025	RCN_H&SWI_ED_GGH_0225_002d	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	Nov-25	Nov-25 N/K	Overdue	None Noted
Royal College	RCN Health and safety workplace inspection- Emergency Department GGH February 2025	RCN_H&SWI_ED_GGH_0225_003b	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	Nov-25	Nov-25 N/K	Overdue	None Noted
Royal College	RCN Health and safety workplace inspection- Emergency Department GGH February 2025	RCN_H&SWI_ED_GGH_0225_003f	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	Nov-25	Nov-25 N/K	Overdue	None Noted
Royal College	RCN Health and safety workplace inspection- Emergency Department GGH February 2025	RCN_H&SWI_ED_GGH_0225_004f	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	Nov-25	Nov-25 N/K	Overdue	None Noted
Health and Safety Executive	HSE Notice and Letter Microbiology WGH	HSE_Microbiology_WGH_1025_005b	R5. Microbiological safety Cabinet (MSCs) (Ref MT211025/5)	To explore the practicability of installing an audible alarm to indicate if airflow falls below the required levels	Community & Integrated Medicine	Chief Operating Officer	Mar-26	Mar-26 N/K	Overdue	None Noted

Health and Safety Executive	HSE Notice and Letter Microbiology WGH	HSE_Microbiology_WGH_1025_009	R9. Improvement notice: Your current arrangements for planning, organising, monitoring and review of the preventative and protective measures necessary to minimise the risk of exposure of your employees to hazardous biological agents handled at the microbiology department for diagnostic purposes, are inadequate, in that they failed to appropriately prioritise, follow up and address issues relating to 1. safe handling of contaminated laboratory waste and 2. the impermeability of laboratory benches	Review the management arrangements for your work with hazardous biological agents and implement arrangements that ensure that your employees (and others as relevant) are not exposed to a risk of harm from work activities associated with your diagnostic microbiology service at WGH. The revised arrangements implemented should include: 1. A mechanism to ensure that preventative and protective measures necessary to work safely with hazardous biological agents are monitored and reviewed effectively to ensure that those measures are working as required on an ongoing basis and are providing the necessary and sustained levels of control. This should take into account the changing and developing nature of any identified issues which could result in changes in hazard and/or risks and associated escalation. AND 2. A mechanism to ensure that issues identified in the microbiology department with the potential to impact the health and safety of employees (and others as relevant) and/or the ability to effectively control the risks associated with the work, are addressed in an appropriately timely manner (commensurate with the risk) AND 3. Where interim arrangements are deemed necessary to deal with any health and safety issues identified in the microbiology department, that the risks associated with those interim	Operational Allied Health Professions and Health Sciences	Chief Operating Officer	Mar-26	Mar-26 N/K	Overdue	None Noted
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Report Issued By	Report Title	Recommendation Reference	Recommendation	Management Response	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Status Category	Barriers Noted
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters CWM SEREN ST DAVIDS PARK HAFAN DERWEN, JOBS WELL ROAD, CARMARTHEN, SA31 3BB BFS/SM/AMD/00107788	BFS/SM/AMD/00107788_001	R1. All doors to patient bedrooms are to be fitted with appropriately designed free-swing self-closing devices, as stated in (Table 6 WHTM 05-02).	Full action plan held by Estates.	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26 N/K	Overdue	There is now a procurement delay associated with the ironmongery for the doors required for the betterment works. As a result of the delays the scheme will now be completed midway through the next FY (25/26),
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters CWM SEREN ST DAVIDS PARK HAFAN DERWEN, JOBS WELL ROAD, CARMARTHEN, SA31 3BB BFS/SM/AMD/00107788	BFS/SM/AMD/00107788_003	R3. The following doors should be replaced with fire doors providing 30/60 minutes fire resistance (Dependant on the location of the door). Panels or partitions above or at the sides of the doors should provide a similar degree of fire resistance. • Medication room (LSU) – this is a stable door and is not providing suitable fire resistance.	Full action plan held by Estates.	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26 N/K	Overdue	There is now a procurement delay associated with the ironmongery for the doors required for the betterment works. As a result of the delays the scheme will now be completed midway through the next FY (25/26),
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Cwm Seren PICU Ward, Hafan Derwen, Jobs Well Road, Carmarthen SA31 3HB	5438/BFS//00107788_001	R1. The fire safety measures evaluated in the fire risk assessment must be implemented .	Full action plan held by Estates	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Feb-26	Feb-26 N/K	Overdue	None noted
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Cwm Seren PICU Ward, Hafan Derwen, Jobs Well Road, Carmarthen SA31 3HB	5438/BFS//00107788_002	R2. The opening in the ceiling in the following location: 0135 IT Server Room should be in-filled with non-combustible materials, to provide 60 minutes standard of fire resistance. The fire separation should conform to a relevant standard e.g. Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings other than dwelling houses. . Compliance with this or an equivalent standard will normally satisfy the requirement.	Action plan held by Estates team.	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Feb-26	Feb-26 N/K	Overdue	None noted

Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Cwm Seren PICU Ward, Hafan Derwen, Jobs Well Road, Carmarthen SA31 3HB	5438/BFS//00107788_003	R3. Confirm that the following hatches located: <ul style="list-style-type: none"> • In the corridors, above bedrooms, are fire resisting. The fire separation should conform to a relevant standard e.g. Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings other than dwelling houses. Compliance with this or an equivalent standard will normally satisfy the requirement	Full action plan held by Estates	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Feb-26	Feb-26 N/K	Overdue	None noted
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Cwm Seren PICU Ward, Hafan Derwen, Jobs Well Road, Carmarthen SA31 3HB	5438/BFS//00107788_006	R6. The following 30-minute fire resisting doors were found to be damaged/defective. These doors must be repaired/replaced. <ul style="list-style-type: none"> • Cross-Corridor doors PICU next to dining room • Seclusion room PICU • 0049 Domestic cupboard LSU • Bedroom next to LSU meeting room • 008 IT server room • 002 A&B Cross corridor doors Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 8214:2016 - Timber-based fire door assemblies – Code of Practice Compliance with this or an equivalent standard will normally satisfy the requirement	Full action plan held by Estates	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Feb-26	Feb-26 N/K	Overdue	There is now a procurement delay associated with the ironmongery for the doors required for the betterment works. As a result of the delays the scheme will now be completed midway through the next FY (25/26),
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Cwm Seren PICU Ward, Hafan Derwen, Jobs Well Road, Carmarthen SA31 3HB	5438/BFS//00107788_007	R7. The intumescent strips and cold smoke seals on the following fire resisting doors were found to be damaged/missing. The strips and seals should be replaced in order to prevent the passage of smoke and flame. <ul style="list-style-type: none"> • First floor Office 007 • LSU Meeting room • Bedroom next to LSU meeting room • LSU Dining room both sets of doors • Cross-Corridor doors PICU next to dining room The intumescent strips and cold smoke seals should conform to a relevant standard e.g. BS 8214:2016 - Timber-based fire door assemblies – Code of Practice Compliance with this or an equivalent standard will normally satisfy the requirement.	Full action plan held by Estates	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Feb-26	Feb-26 N/K	Overdue	There is now a procurement delay associated with the ironmongery for the doors required for the betterment works. As a result of the delays the scheme will now be completed midway through the next FY
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Cwm Seren PICU Ward, Hafan Derwen, Jobs Well Road, Carmarthen SA31 3HB	5438/BFS//00107788_008	R8. The ceiling hatch and surrounding ceiling in LSU Food Prep were found to be damaged, they should be repaired or replaced to provide or reinstated a 30 minutes standard of fire resistance. The fire resistance should conform to a relevant standard e.g. Appendix A (including Table A1 A2) of Approved Document B Volume 2 Buildings Other Than Dwelling Houses.	Full action plan held by Estates	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Feb-26	Feb-26 N/K	Overdue	None noted
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Cwm Seren PICU Ward, Hafan Derwen, Jobs Well Road, Carmarthen SA31 3HB	5438/BFS//00107788_009	R9. The Responsible Person must ensure that his employees are provided with adequate safety training, and that the training is repeated periodically at appropriate intervals. The percentage for training completion was lower than average for staff on PICU and LSU Ward	Full action plan held by Estates	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Feb-26	Feb-26 N/K	Overdue	None noted

Mid and West Wales Fire and Rescue Service	Enforcement Notice: 5438/02 The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: Cwm Seren PICU Ward, Hafan Derwen, Jobs Well Road, Carmarthen SA31 3HB	BFS/00107788_001	R1. During the inspection a number of breaches in compartmentation were identified. The breaches in compartmentation would not support the existing evacuation strategy. In the event of fire, breaches in compartmentation, will allow fire and smoke to spread unchecked throughout the building. This would have an impact on the means of escape and render the evacuation strategy of the building ineffective. 1. Carry out a compartmentation survey. 2. Enact the findings of the AEON compartmentation survey carried out November 2024. 3. Investigate and confirm the fire resistance of the ceiling access hatches and the compartmentation of the voids above the bedrooms in PICU – provide automatic fire detection in line with BS 5839 Part 1 L1 standard. 4. Confirm the fire resistance of the glazing from the first-floor staff room and corridor onto the LSU corridor. All breaches in compartmentation should be fire stopped to provide the appropriate fire resistance in accordance with building regulations. The fire resistance should conform to a relevant standard e.g. Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings Other Than Dwelling Houses. Compliance with this or an equivalent standard will normally satisfy the requirement	Full action plan held by Estates	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26 N/K	Overdue	None noted
Mid and West Wales Fire and Rescue Service	Enforcement Notice: 5438/02 The Regulatory Reform (Fire Safety) Order 2005: Article 30 Premises: Cwm Seren PICU Ward, Hafan Derwen, Jobs Well Road, Carmarthen SA31 3HB	BFS/00107788_002	R2. All doors to patient bedrooms are to be fitted with appropriately designed free-swing self-closing devices as stated in (Table 6 WHTM 05-02). 2. Carry out maintenance work as identified in previous letters of fire safety matters dated 16/05/2022 and 06/06/2024 and identified through the PPM schedule on remaining doors throughout the premises. 3. The following door should be replaced with fire doors to relevant current standard (dependant on the location of the door). Panels or partitions above or at the sides of the doors should provide a similar degree of fire resistance. • Medication room (LSU) – this is a stable door and is not providing suitable fire resistance. Fire resisting doors need to be fitted with: • A self-closing device including fire alarm activated self-closers. • Intumescent strips and smoke seals. • Three brass/steel hinges. Fire doors should conform to a relevant standard e.g. WHTM 05-02 Appendix C: Doors and door-sets Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 7273-4:2015 Actuation of release mechanisms for doors BS 8214:2016 - timber-based fire door assemblies – Code of Practice. Compliance with this or an equivalent standard will normally satisfy the requirement.	Full action plan held by Estates	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26 N/K	Overdue	There is now a procurement delay associated with the ironmongery for the doors required for the betterment works. As a result of the delays the scheme will now be completed midway through the next FY (25/26),
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Tenby Surgery Gas Lane, Tenby SA70 8AG	BFS/KS/00203555_003	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	Director of Allied Health Professions and Health Sciences	Oct-24	Oct-24 Mar-26 N/K	Overdue	None noted
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Blue Block, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER September 2025	874/AM/BFS/00329500_007	R7. The emergency lighting should be suitable for people to escape in the event of darkness in accordance with BS 5966 E.G Outpatients to MRI	Full action plan held by Estates	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Nov-25	Nov-25 Jan-26 May-26	Overdue	None noted
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Dyfi Block, Bronglais General hospital, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER October 2025	BFS/00113169_002	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. • Clarification is required that boarding along the banister on the staircase is suitable and sufficient in relation to fire resistance.	Full action plan held by Estates	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Dec-25	Dec-25 Feb-26 Apr-26	Overdue	None noted

Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Dyfi Block, Bronglais General hospital, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER October 2025	BFS/00113169_003	R3. Provide an emergency lighting system (which is to be independent of all other systems), to illuminate On completion of the emergency lighting system, the commission certificate is to be completed by a competent person and a copy made available to the Fire and Rescue Authority. This system is to be designed and installed in accordance with the latest version of BS5266-1. Compliance with this or an equivalent standard will normally satisfy the requirement. • Clarification is required that the Emergency lighting is sufficient to the external areas as previously requested.	Full action plan held by Estates	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Dec-25	Dec-25 Feb-26 Apr-26	Overdue	None noted
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 10, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	BFS/00133694_002	R2. The damage in the wall of the first-floor corridor near doors 1006 and 1003 should be in-filled with non-combustible materials, to provide 30 minutes standard of fire resistance. The fire separation should conform to a relevant standard e.g. Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings other than dwelling houses. Compliance with this or an equivalent standard will normally satisfy the requirement.	Full action plan held with Estates	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26 N/K	Overdue	None noted
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 10, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	BFS/00133694_003	R3. Remove all unwanted combustible materials. For Example: • GF Switch room (0012) This should apply to the whole premises	Full action plan held with Estates	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26 N/K	Overdue	None noted
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 10, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	BFS/00133694_004	R4. The following doors should be repaired/replaced with fire doors providing 30 minutes fire resistance. Panels or partitions above or at the sides of the doors should provide a similar degree of fire resistance. • 0002 GF – Cross corridor – not fully closing into the rebate. • 0003 GF – Transport office - letterbox • 0013 GF – Cross corridor – top hinge damaged • 0344 GF – Store – vent • FF – Overflow kitchen, not on PPM – door requires upgrading to FD30S • 2041 – SF – not fully closing into rebate • 2006 – SF – Strips and seals missing • 3006 – TF – Letterbox and obsolete keyholes • 3009 – TF – Strips and seals missing Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 8214:2016 - timber-based fire door assemblies – Code of practice. Compliance with this or an equivalent standard will normally satisfy the requirement.	Full action plan held with Estates	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26 N/K	Overdue	None noted
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Block 10, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	BFS/00133694_005	R5. Ceiling tiles throughout the building were found to be damaged, they should be repaired or replaced to provide appropriate level of fire resistance. The fire resistance should conform to a relevant standard e.g. Appendix A (including Table A1 A2) of Approved Document B Volume 2 Buildings Other Than Dwelling Houses.	Full action plan held with Estates	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26 N/K	Overdue	None noted
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Template 27 – Bryngolau, Prince Phillip Hospital, Carmarthenshire, SA14 8QF	BFS/00173908_003	R3. An air transfer grille is fitted above the fire door for Staff Rest Room (R64), 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 room has a fridge within. 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	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26 N/K	Overdue	None noted

Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Template 27 – Bryngolau, Prince Phillip Hospital, Carmarthenshire, SA14 8QF	BFS/00173908_004	R4. The following doors should be repaired/replaced with fire doors providing 30 minutes fire resistance. Panels or partitions above or at the sides of the doors should provide a similar degree of fire resistance. <ul style="list-style-type: none"> • Check strips and seal on all fire doors as most were damaged during the inspection • 0077A/B – damage to door frame • 0065 – strips and seals were painted over Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 8214:2016 - Timber-based fire door assemblies – Code of Practice Compliance with this or an equivalent standard will normally satisfy the requirement	Full action plan held by Estates	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26 N/K	Overdue	None noted
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Template 15 & 16, Prince Phillip Hospital, Dafen Road, Dafen, Llanelli, Carmarthenshire, SA14 8QF	BFS/00334378_002	R2. The routes to emergency exits from premises and the exits themselves must be kept clear and free of obstruction at all times to allow persons to evacuate the premises as quickly and safely as possible. <ul style="list-style-type: none"> • A number of hospital beds were located through out the hospital street 	Full action plan held by Estates	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26 N/K	Overdue	None noted
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Template 15 & 16, Prince Phillip Hospital, Dafen Road, Dafen, Llanelli, Carmarthenshire, SA14 8QF	BFS/00334378_003	R3. The routes to emergency exits from premises and the exits themselves must be kept free from ignition sources at all times to allow persons to evacuate the premises as quickly and safely as possible. <ul style="list-style-type: none"> • Portable x-ray machines were on charge in the means of escape 	Full action plan held by Estates	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26 N/K	Overdue	None noted
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Day Surgical Unit, Prince Phillip Hospital, Dafen Road, Llanelli, SA14 8QF February 2026	BFS/00337255_003	R3. The route to emergency exits from premises and the exits themselves must be kept clear and free of obstruction at all times to allow persons to evacuate the premises as quickly and safely as possible. During the inspection, hospital beds (one in particular with an oxygen cylinder) were located within the means of escape	Full action plan held with Estates	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26 N/K	Overdue	None noted
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Template 3 (AMAU), Ward 1, Prince Phillip Hospital, Llanelli, Carmarthenshire, SA14 8QF	BFS/00345962_005	R5. The following doors should be repaired/replaced with fire doors providing 30 minutes fire resistance. Panels or partitions above or at the sides of the doors should provide a similar degree of fire resistance. <ul style="list-style-type: none"> • 1820/1821 – Cross corridor doors – hole in door frame • 6475/6476 – Cross corridor doors – excessive gap • 6467/6468 - Cross corridor doors – in need of repair • 6469/6472 – Cross corridor doors – strips and seals missing • 1799/1800 – Cross corridor doors – not fully closing into rebate Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 8214:2016 - Timber-based fire door assemblies – Code of Practice Compliance with this or an equivalent standard will normally satisfy the requirement	Full action plan held by Estates	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	Mar-26 N/K	Overdue	None noted
Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Education Centre, Bronglais General hospital, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER October 2025	CAW/BFS/00352660_001	R1. During the inspection breaches in compartmentation were identified. The breaches in compartmentation would not support the existing evacuation strategy. In the event of fire, breaches in compartmentation, will allow fire and smoke to spread unchecked throughout the building. This would have an impact on the means of escape and render the evacuation strategy of the building ineffective. All breaches in compartmentation should be fire stopped to provide the appropriate fire resistance in accordance with building regulations. The fire resistance should conform to a relevant standard e.g. Appendix A (including Table A1 A2) of Approved Document B Volume 2 Buildings Other Than Dwelling Houses. Compliance with this or an equivalent standard will normally satisfy the requirement.	Full action plan held by Estates	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Nov-25	Nov-25 Mar-26 N/K	Overdue	None noted