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Assurance and Risk Report

Health and Safety Committee – 7 July 2026

Situation



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This report provides the Health and Safety Committee (HSC) with the status of operational risks and Welsh Health Circulars (WHCs) within its remit.

The Committee is asked to seek assurance from the Lead Executive Directors that the principal risks are being refreshed and will be reported to the Board in July, and that there are processes in place to oversee operational risks to ensure these are being managed effectively, and that WHCs are being implemented by the Health Board.

Corporate risks, audit and inspection recommendations and Ministerial Directions are reported at alternate meetings, and due to be presented to HSC at its next meeting in August 2026.

Principal Risks

0

Operational Risks

54

Welsh Health Circulars

0

Risk Management - Overview



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

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

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

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

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

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



Operational Risks assigned to HSC



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Following identification and assessment of risks, each risk is aligned to a specific Health Board committee or sub-committee. Effective risk management requires a 'monitoring and review' structure, ensuring that risks are effectively identified and assessed, and that appropriate controls and responses are in place.

Operational risks are managed within Clinical Care Groups (CCG) and Executive Functions (collectively referred to as "Functions") under the ownership and leadership of individual Executive Directors. Each CCG must establish local arrangements for the review of their Risk Registers, which includes the validation of the information and risk scores, and the prioritisation and identification of solutions to their risks. Each CCG Integrated Governance Group (CCG IGG) is provided with an Assurance and Risk Report, with any issues escalated through the operational directorate governance structure via the 3As Report following each CCG IGG meeting.

The Health Board has formal monitoring and scrutiny mechanisms in place to provide assurance to the Board regarding the effective management of risks. Monthly assessments are made for each Function on their risk management, informing their overall level within the 'Governance' domain as part of the Health Board's internal escalation framework. A key metric in the Health Board's internal escalation process under the Governance domain is how Functions are managing risks in terms of the scale, significance, timeliness and quality, with measures extended from April 2026 to inform levels to be awarded (detailed on the next slide).

The Assurance and Risk Team provide focussed support for those Functions at levels 3 and 4 to aid their de-escalation / recovery and prevent those awarded level 2 status being further escalated. Detail is provided within each report provided and presented at Function governance meetings explaining the reasons behind their escalation status, and suggested actions required to de-escalate (where appropriate). Whilst the four levels within the escalation framework have been agreed, the Executive Team are currently determining processes to support those Functions who may be assessed as being in Level 4. Functions are currently assessed as being either level 1, 2 or 3 pending formalisation of these processes. As at May 2026 month end Community & Integrated Medicine are at level 3.

Operational Risks assigned to HSC



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Measures to assess against the Governance Domain (risk management) for 2026/27

Level	Criteria
Level 4 – no assurance and insufficient actions / engagement	<p>No plan in place and no engagement, (eg no risk action plans, no expected date to achieve Target Risk Score).</p> <p>Evidence where known risks are not articulated on the function’s risk register.</p> <p>No evidence that risks are escalated via CCG management structures where necessary, no engagement and the ability for leadership to make informed decisions on prioritisation of resources</p>
Level 3 – no assurance	<p>Lack of evidence that risks are being managed and mitigated within expected timescales, with limited or no qualitative detail included within the risk (eg rationales for risk scores, no progress updates on risk actions.)</p> <p>Evidence where known risks are not articulated on the function’s risk register in a timely manner.</p> <p>Less than 80% compliance of risks and risk actions being updated within required timescales</p> <p>Limited evidence that risks are escalated via CCG management structures where necessary, therefore not demonstrating good engagement and the ability for leadership to make informed decisions on prioritisation of resources</p>
Level 2 – Limited assurance	<p>Relevant risks articulated on risk registers with action plans in place, but lack of evidence that risks are being managed and mitigated within expected timescales. <i>(eg risk action plans not being implemented within stated action dates, or limited detail behind any date extensions, limited evidence of reduction in current risk score, risks where dates to achieve target risk scores are not being met, poor risk rationales).</i></p> <p>Between 80% - 89% compliance of risks and risk actions being updated within required timescales</p> <p>Some evidence that risks are escalated via CCG management structures where necessary, demonstrating engagement and the ability for leadership to make informed decisions on prioritisation of resources</p>
Level 1 – Reasonable assurance	<p>Relevant risks articulated on risk registers with action plans in place, and evidence that the function is delivering against these (eg specific and measurable risk action plans, current risk score and target risk score clearly articulated, achieving expected target risk dates)</p> <p>Over 90% compliance of risks and risk actions being updated within required timescales</p> <p>Evidence that risks are escalated via CCG management structures where necessary, demonstrating good engagement and the ability for leadership to make informed decisions on prioritisation of resources</p>

Operational Risks assigned to HSC



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61 risks are currently aligned to HSC, with 54 identified as reportable to HSC based on the following criteria:

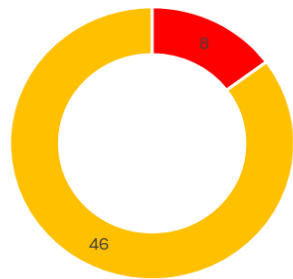
- HSC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks have been identified at operational level on Datix risk module;
- The current risk score is 'extreme' or 'high'; and
- The current risk score is either equal to or exceeds the target risk score.

The following slides summarise the reportable operational risks aligned to HSC. The Risk Register attached at **Appendix 1**, provides full detail of reportable risks.

**Due to their sensitive nature, 2 risks are being reported to in-committee to provide discussion and assurance.*

Number of reportable risks from previous report	50
New risks added / newly reportable risks since last report	8
Risks closed since last report	3
Risks that are no longer reportable	1
Risks with increased Current Risk Score (CRS) since last report	0
Risks with decreased CRS since last report	0
Risks with no change in CRS since last report	46
Total number of risks meeting criteria for current report	54

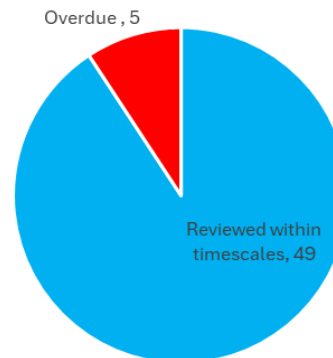
Current Level of Risks Aligned to HSC



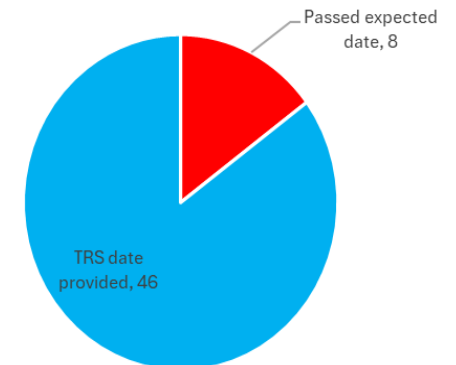
■ Extreme (Red) Risks (based on 'Current Risk Score')

■ High (Amber) Risks (based on 'Current Risk Score')

Overdue Operational Risks Aligned to HSC



Target Risk Score Status



Risks aligned to HSC by Location



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The graph below identifies the risks per location to reflect local risk exposure, and to support clearer Committee oversight.

Health Board-wide risks

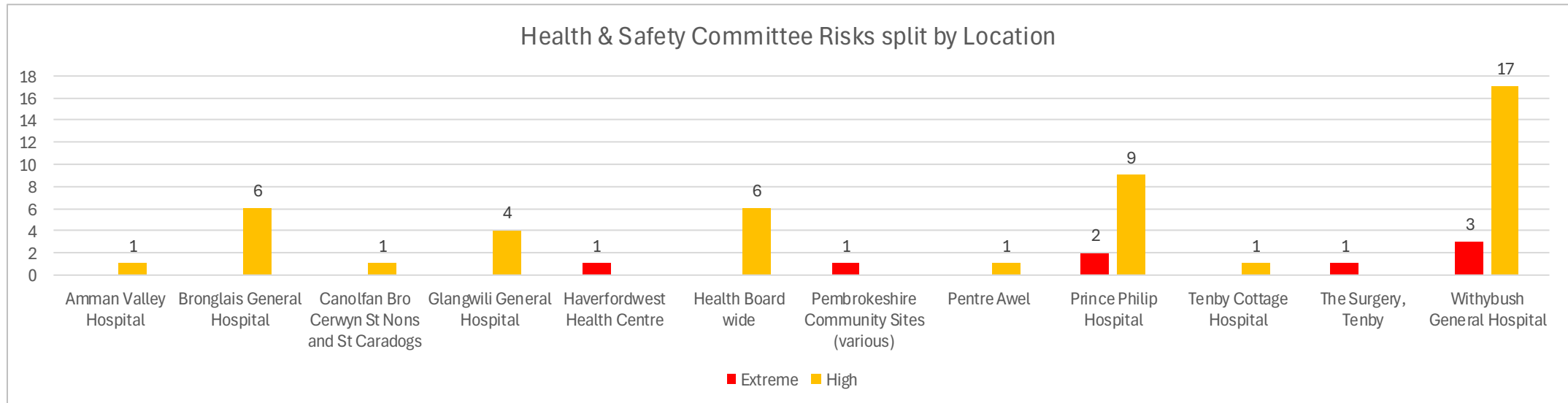
The 6 Health Board-wide risks highlight systemic issues relating to fire safety, workforce safety, training and non-compliance with regulations including the Health and Safety Act and Control of Substances Hazardous to Health (COSHH). Actions aligned to these risks are organisational-wide include the development and enhancement of training provision and improving governance arrangements to highlight risks. Specific actions are raised where needed for individual sites.

Acute site-specific risks

The 20 risks assigned to WGH are primarily linked to estate deterioration, electrical infrastructure, fire safety systems, and environmental hazards. The 11 risks assigned to PPH relate to fire safety, engineering systems, gas infrastructure, and site safety issues. The 6 risks assigned to Bronglais General Hospital (BGH) relate fire systems, medical gas, electrical compliance, and estate condition. The 4 risks assigned to Glangwili General Hospital (GGH) focus on fire safety deficiencies, doors not compliant with safety standards and emergency lighting.

Community site-specific risks

Risks in this category reflect the deteriorating condition of the estates infrastructure, utility provision to the sites (eg emergency lighting), and concerns to staff safety due to lone working requirements out of hours.



Risks aligned to HSC by Clinical Care Group / Function, and Risk Domain



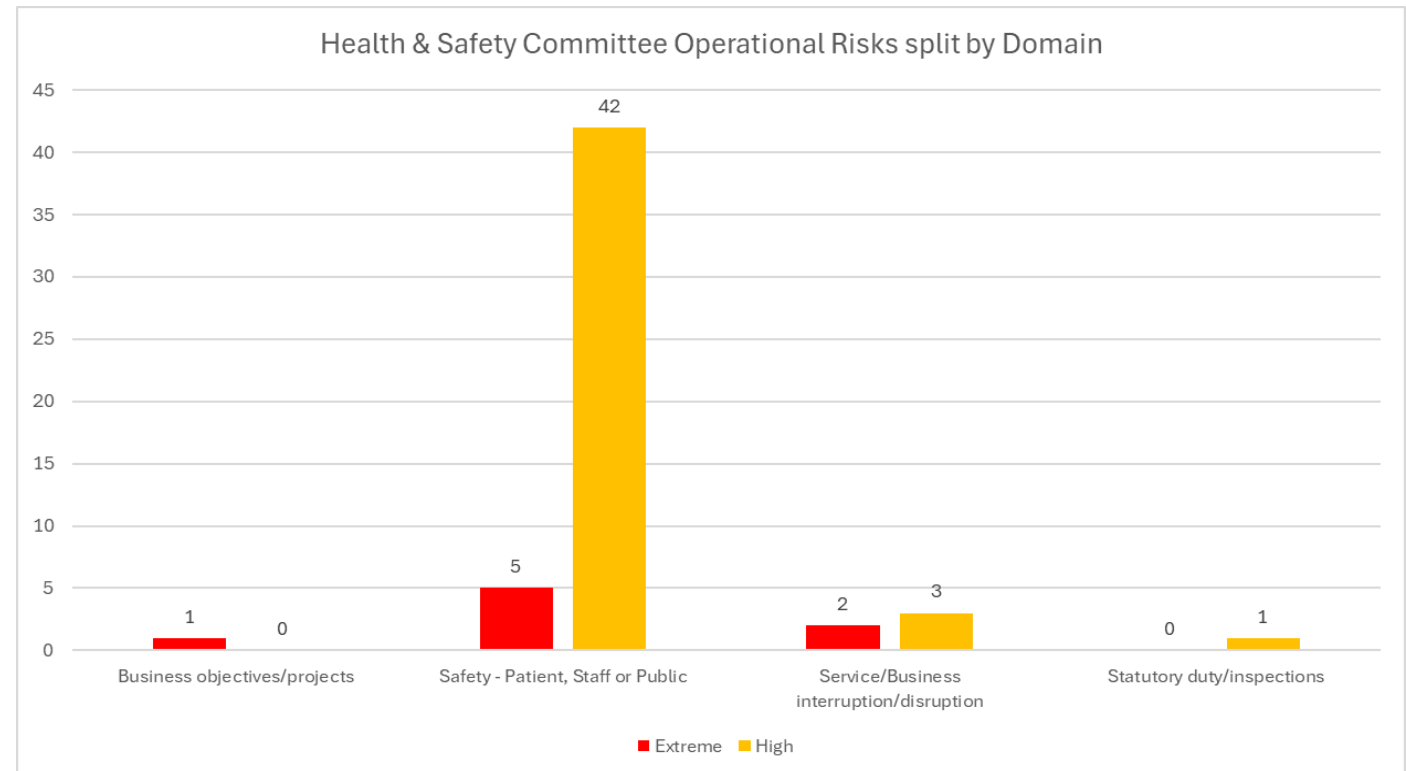
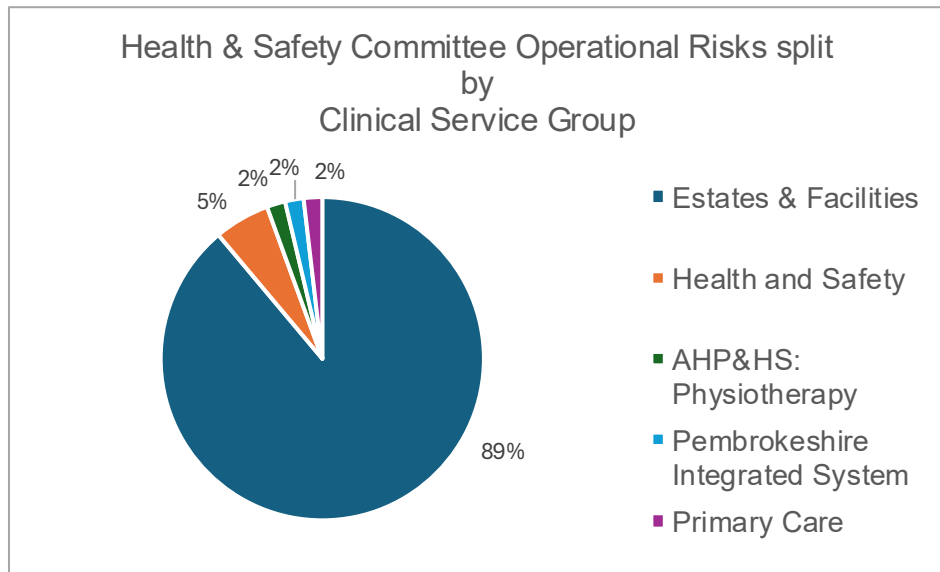
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There is a significant concentration of risk exposure within infrastructure and operational support services, with 48 reportable risks owned by Estates and Facilities. This suggests a high dependency on the estate and engineering systems to maintain safe and compliant service delivery.

Reportable risks predominantly relate to fire safety, infrastructure condition, engineering systems and statutory compliance, highlighting impacts on patient staff and public safety, the exposure to regulatory and legal risk, and the risk to service delivery.

This is further reflected in the analysis of risks per domain. 47 of reportable risks are aligned to the domain of "Safety of Patients, Staff or Public", suggesting system-wide exposure to clinical and operational safety risks, with potential impacts on the quality of care, regulatory compliance, and reputational risk.



Extreme risks aligned to HSC



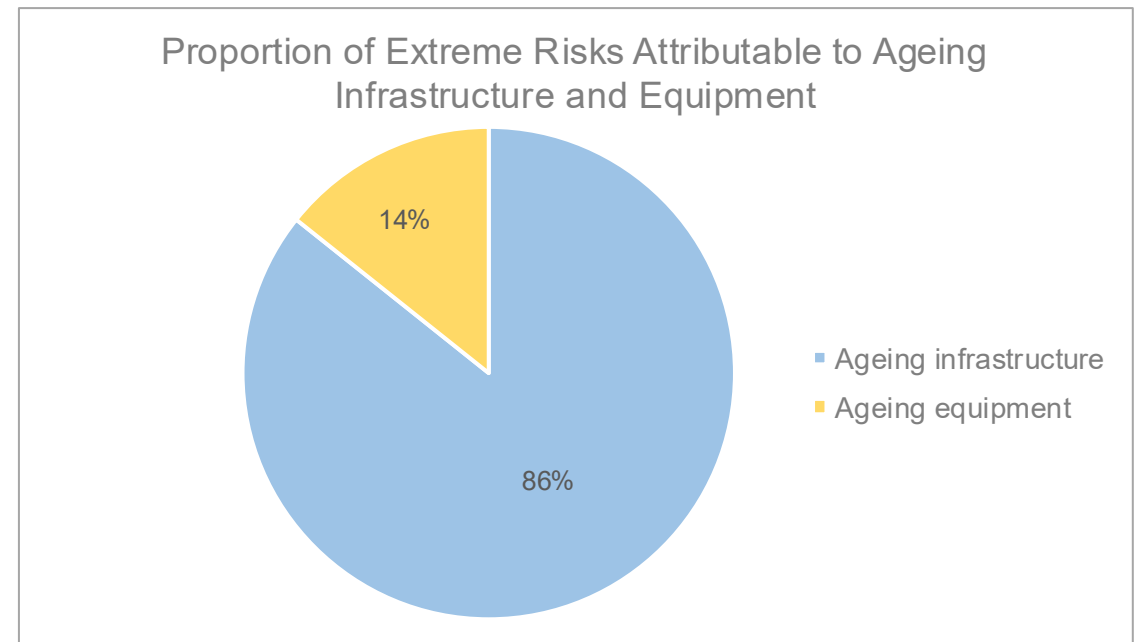
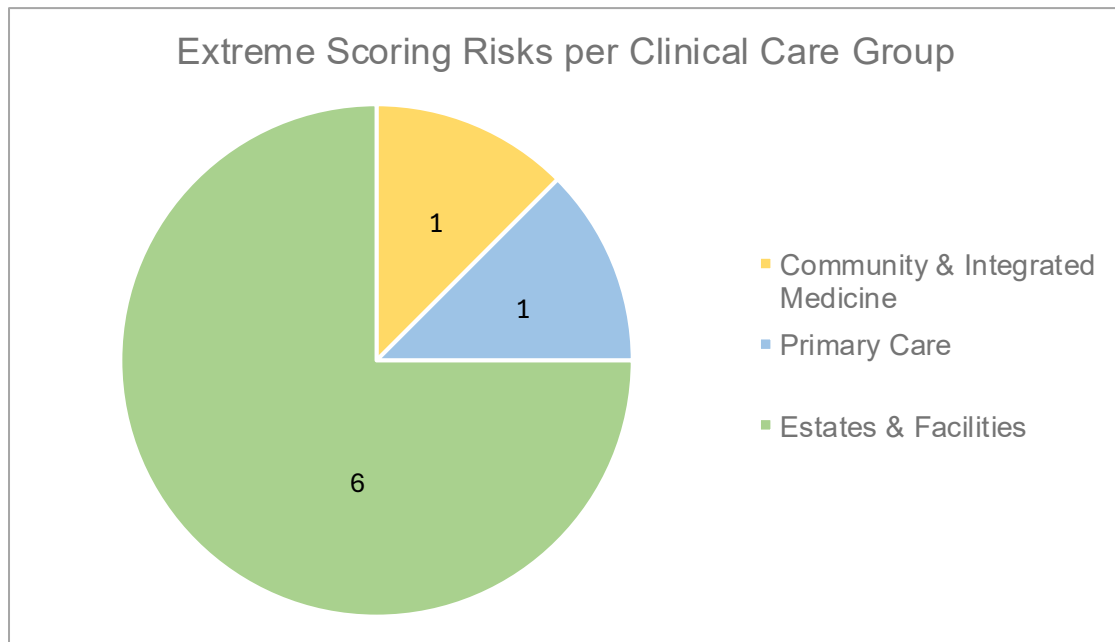
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There are 8 extreme scoring risks aligned to HSC with a current risk score of 15 or above.

Of the extreme scoring risks identified, 6 require capital funding to mitigate. These risks are primarily associated with estate related infrastructure issues, including roof conditions and vermin challenges. One risk is related to the non-compliance with Letters of Fire Safety Matters this is being dealt with via the Health Boards fire safety improvement works. This indicates that the condition of infrastructure and equipment are contributing factors to these extreme-scoring risks, with mitigation dependent on capital investment.

A summary of the extreme risks are included in the following slides.



Extreme Level Operational Risks

(1 of 2)



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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	Date of last risk review
2211 - Risk to patients and staff due to a lack of assurance of safe estate as a consequence of the aging roof covering WGH	Estates & Facilities	Director of Allied Health Professions and Health Sciences	20	5	31/03/2028	09/06/2026
2354 - There is a risk of interruption to patient, staff and visitor meals due to increasing age related faults in the main dishwasher	Estates & Facilities	Director of Allied Health Professions and Health Sciences	16	1	30/09/2026	27/05/2026
1934 - Risk of non-compliance with Letters of Fire Safety Matters due to ageing building - PPH	Estates & Facilities	Director of Allied Health Professions and Health Sciences	16	8	31/03/2027	01/06/2026
1864 - Risk of harm to patients, staff and general public due to failing or lack of safety mechanisms on the automated doors - PPH	Estates & Facilities	Director of Allied Health Professions and Health Sciences	16	4	31/01/2028	01/06/2026

Extreme Level Operational Risks

(1 of 2)



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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	Date of last risk review
1263 - Risk to patient safety due to ongoing Issues with vermin (Pigeons), WGH.	Estates & Facilities	Director of Allied Health Professions and Health Sciences	16	8	31/03/2030	08/06/2026
2344 - <i>detail reported via in-committee</i>	Community & Integrated Medicine	Chief Operating Officer	15	4	18/03/2027	18/05/2026
2069 - Risk of service disruption and physical harm in Tenby Surgery due to water ingress from the roof	Primary Care	Chief Operating Officer	15	4	31/07/2026	11/05/2026
1969 - Risk of harm to patients and staff due to building and roof condition of Winch Lane Surgery	Estates & Facilities	Director of Allied Health Professions and Health Sciences	15	2	30/06/2027	23/06/2026

New risks since previous report to HSC

(1 of 2)



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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	Date of last risk review
2354 - There is a risk of interruption to patient, staff and visitor meals due to increasing age related faults in the main dishwasher	Estates & Facilities	Director of Allied Health Professions and Health Sciences	16	1	30/09/2026	27/05/2026
2344 - <i>detail reported via in-committee</i>	Community & Integrated Medicine	Chief Operating Officer	15	4	18/03/2027	18/05/2026
2069 - Risk of service disruption and physical harm in Tenby Surgery due to water ingress from the roof	Primary Care	Chief Operating Officer	15	4	31/07/2026	11/05/2026
2301 - Risk of regulatory non-compliance and microbial contamination due to poor condition of flooring at BGH	Estates & Facilities	Director of Allied Health Professions and Health Sciences	12	1	31/03/2027	15/04/2026
2333 - Risk of infection prevention and control breaches due to damaged floor coverings in corridors	Estates & Facilities	Director of Allied Health Professions and Health Sciences	12	1	30/09/2026	01/05/2026

New risks since previous report to HSSC (2 of 2)



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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	Date of last risk review
2309 - Risk of non-compliance due to Automatic Doors not meeting current regulations	Estates & Facilities	Director of Allied Health Professions and Health Sciences	10	3	31/03/2027	18/05/2026
2335 - Risk to patient, visitor and staff safety during fire due to obsolete emergency lighting at GGH	Estates & Facilities	Director of Allied Health Professions and Health Sciences	10	3	31/03/2027	05/05/2026
2353 - Insufficient air conditioning within the Pentre Awel Hydrotherapy Pool	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	8	4	01/12/2026	27/05/2026

Risks closed since previous report to HSC



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Rationale and date of risk closure
1567 - Risk of harm and unauthorised access to mortuary premises and facilities due to inadequate security measures	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	<i>Detail reported via in-committee</i>
1007- Risk of staff/patient harm due to lack of violence & aggression training for porters & hotel services staff (HB wide)	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Risk closed 26 February 2026 as risk consolidated with risk 2201 - Risk of harm to Portering staff when responding to violence and aggression incidents (HB wide)
2062- Risk of harm to patients, staff and visitors due to faulty/damaged fire doors on Morlais Ward	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Risk closed 13 February 2026 as required works completed to make good fire doors in question.

Risk themes (1 of 2)



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Risk owners can allocate themes to their risks, which allows the Health Board to share risk information on specific areas with relevant experts as part of the second line of defence. Themes are assigned based on additional impacts or contributory factors, with each theme aligned to the appropriate committee for oversight. Risk themes provide assurance that a holistic approach to risk management is undertaken and enables the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks, or generic type of risk.

Theme owners are provided with a thematic risk register on a bi-monthly basis to identify trends, or risk clusters, and to consider whether there are gaps in controls in the Health Board's control framework, and to determine whether further action is required to prevent risks from materialising.

The following themes are currently aligned to HSC as of 3 June 2026:

Theme	Definition	Number of risks	Risk theme lead
Estates	Risks directly relating to the physical performance and condition of the organisation's estate infrastructure and its engineering assets that directly impact the delivery of our clinical and non-clinical services.	106	Head of Estates Risk and Compliance
Fire	Risks relating to fire safety and fire management, or risks which are impacted by the fire safety works taking place across the Health Board.	26	Head of Fire Safety
Health & Safety	Health and Safety includes amongst other topics the following manual handling, violence and aggression, workplace hazards and chemical/substances safety (COSHH).	120	Head of Health, Safety and Security
Natural Environment	A risk which may impact any of the following; emissions to air (carbon), pollution to land, discharge to water, use of natural resources (utilities/materials consumption), solid waste management or hazardous waste.	4	Head of Facilities Information and Capital Management
Security	Physical security related to a breach or malfunction in infrastructure such as doors, access systems or alarm systems (e.g. someone gaining unlawful access) or related to dedicated security staff employed by the Health Board. Physical security could also be attributed to the absconding of persons whilst under care in premises of Hywel Dda.	17	Head of Health, Safety and Security

Risk themes (2 of 2)



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There is a significant concentration of risks across three themes, indicating that overall risk exposure is heavily weighted towards operational safety, estate condition, and compliance related risks:

- Health and Safety;
- Estates; and
- Fire.

The 120 risks aligned to the theme of Health and Safety indicates risk exposure across multiple operational areas.

With 106 estates-themed risks, this highlights the impact of an ageing estates infrastructure and the ongoing pressures in estate maintenance and capital investment.

Analysis on risk themes highlight risk interdependencies, demonstrating that risks should not be viewed in isolation. Mitigation of these risks should be co-ordinated and cross-service action plans in plans to address.





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Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
2211	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	5-Nov-25	<p>There is a risk of closure of wards and departments due to the failing roof structure. Water, in its current state, is entering into the building through material failure.</p> <p>This is caused by the structure of the roof (constructed of concrete tiles which, due to wear and tear/age are becoming porous and allowing water ingress) and lack of funding to replace the roof.</p> <p>This will lead to an impact/affect on a potential injury or possible death if enough water penetrated the existing RAAC panels below causing sudden collapse of planks were to occur within an occupied area of the hospital. Other impacts include closure of large areas of the hospital due to ceiling collapse, Datix incidents negative media coverage, and loss of confidence from stakeholders.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Process in place to monitor any water ingress on failing roof systems and promptly take any remedial works necessary</p> <p>Small sections of roof have undergone repair / replacement but porous tiles remain the issue</p> <p>Specialist structural engineers (Curtin's) engaged to undertake addition inspection of RAAC planks directly affected by water leaks.</p> <p>The WGH roof is in the first batch of 3 projects in the MIIP programme with Welsh government, targeted spring 2027.</p>	Business objectives/projects	4	5	20	<p>Risk remains extreme despite some controls in place.</p> <p>Surveys have been completed the roof forms part of major capital expenditure from welsch government through the MIIP programme.</p> <p>Funding will be required to replace whole roof and fully mitigate the risk.</p>	<p>targeted leak prevention,</p> <p>major capital team project to replace the most affected areas through welsch government MIIP programme</p> <p>develop CAFM planned maintenance for weekly inspection of known leak areas and carry out first aid response</p> <p>engage with roofing contractors to perform localised water sealing around steel columns</p> <p>Review of RAAC panels around leaking areas</p>	Arnold, Malcolm	Completed	<p>ongoing targeted leak prevention</p> <p>WGH roof remains one of 3 items listed for the welsch government MIIP programme. Structural engineers/ designers capital team surveys have been completed, project start date to be confirmed.</p> <p>completed</p> <p>ongoing identification and locally sealing by Wales roof solutions.</p> <p>Curtains structural engineers have attended site and reviewed known leaking areas exposed to the RAAC. Curtains have confirmed there has been no degradation to the RAAC panels. however have expressed their concern on the risks of continued leaks onto the RAAC roofs with the potential catastrophic failure if water is aloud to penetrate the RAAC panels</p>	Health and Safety Committee	1	5	5	Capital funding from welsch government MIIP programme to Target localised Leaking areas only, Capital funding to replace the full roof covering required to fully mitigate this risk	Treat	9-Jun-26

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date	
2354	Estates & Facilities	Estates & Facilities	E&F: Ceredigion	Severs, James	Brook, Elin	Jewell, Rebecca	Lepetit, Carole	21-May-26	<p>There is a risk of the main dishwasher stopping working imminently and being condemned beyond repair.</p> <p>This is caused by the age of the dishwasher. It is 18 years old and subject to repeated issues and repair. On the 21st May, Hobart attended site to attend to an issue with the machine and have recommended that no further work is carried out as due to the age and condition of the dishwasher, each repair is leading to other issues.</p> <p>This will lead to an impact/affect on Patient and staff safety as dishes would need to be washed by hand adding a risk of insufficient temperatures and efficient meal service due to the significant additional work.</p> <p>Risk location, Bronglais General Hospital.</p>	<p>Catering staff are all trained in how to use the dishwasher carefully Hobart have provided advice BGH Estates have provided some basic maintenance support and will continue to provide this as long as the faults are basic level, and on the advice of Hobart.</p>	Service/Business interruption/disruption	4	4	16	There are no other controls available to address the condition of the dishwasher. It has reached the end of its serviceable life.						Health and Safety Committee	1	1	1	A replacement dishwasher would be installed and a service contract put in place to support ongoing maintenance needs.	Treat	27-May-26

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
1864	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	10-Jun-24	<p>There is a risk of of injury/entrapment of patients, staff and the general public as well as interruption to services/site, due to automated door failure throughout PPH.</p> <p>This is caused by defective or non-existent safety mechanisms which are required for safe operation of the automatic doors.</p> <p>This will lead to an impact/affect on patients, staff and visitors if injury/entrapment occurred due to the failure of the automated doors. Closure of services/site if doors became inaccessible. Risk to Health Board finances as automated doors do not currently comply with safety standards/current regulations. Adverse impact on Health Board's reputation if a patient safety incident occurred resulting in increased numbers of claims/complaints.</p> <p>Risk location, Prince Philip Hospital.</p>	Contract is in place to provide regular maintenance to automated doors throughout PPH site.	Safety - Patient, Staff or Public	4	4	16	Current risk score is high as despite the automated doors undergoing regular planned maintenance, the risk of staff, patient or visitor harm remains as the doors are non compliant with current safety standards due to defective or non-existent safety mechanisms which are required for safe operation. Capital bid has been submitted for safety devices, capital bid to be submitted as part of security risks highlighted by Head of Nursing.	Capital Bid submitted on 12.06.2024	Evans, Stewart	03/01/2027	Awaiting approval of Capital Bid	Health and Safety Committee	1	4	4	Funding required. Former capital bid rejected.	Treat	1-Jun-26

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

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

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1969	Estates & Facilities	Estates & Facilities	E&F: Pembrookeshire	Severs, James	Chiffi, Simon	Chiffi, Simon	Day, Simon	21-Nov-24	<p>There is a risk of of harm to patients, staff and visitors at Winch lane surgery.</p> <p>This is caused by the deterioration to the building fabric and roof structure where both gable ends have severe rot causing the roof to dip. There is a potential for large pieces of roof to break off and/or collapse. This area is open to the public. The fabric of the building has signs of cracks possible from water ingress/subsidence.</p> <p>This will lead to an impact/affect on a potential injury or possible death if a sudden collapse of the roof were to occur within an occupied area of the Health Centre. Other impacts include closure of the service, breaches in statutory duties, negative media coverage, and lose of confidence from stakeholders.</p> <p>Risk location, Haverfordwest Health Centre.</p>	Gable ends have been fenced off from public access.	Service/Business interruption/disruption	3	5	15	The Health Board has engaged a specialist structural engineer to inspect both the building fabric and roof covering. Areas of severe roof degradation have been sectioned off from access by public to mitigate the risk of harm but until funding is received to enact the required repairs, the risk of harm to patients, staff and visitors remains extreme. As of August 2025 no response has been received following the submission of the capital bid.	Repair winch lane roof when capital funds made available.	Arnold, Malcolm	30/09/2025-31/03/2026 30/09/2026	As of September 2025, no response from Capital Bid submission. FEB 2026 NFP	Health and Safety Committee	1	2	2	Capital funding and ongoing planned maintenance will reduce this risk to the target risk score.	Treat	8-Jun-26

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2069	Primary Care	Primary Care	PC,CS,LTC: Managed Practice	Carruthers, Andrew	Jones, Keith -	Bond, Rhian	McGivern, Matt	13-Jan-25	<p>There is a risk of Ongoing water ingress through the roof will disrupt service delivery. Clinical and admin rooms may become unusable due to internal water damage. Structural deterioration may worsen.</p> <p>This is caused by lack of adequate repairs and maintenance by landlord</p> <ul style="list-style-type: none"> Perished felting between the roof tiles and internal ceiling. Recurrent leaks across several ground floor areas. Inadequate and temporary patch repairs by the landlord since 2024. Lack of a full survey or detailed findings shared by the landlord. <p>This will lead to an impact/affect on</p> <ul style="list-style-type: none"> Unsafe delivery of services for 7,200 registered patients. Increased health and safety risks to staff and patients due to water and electrical hazards. Ongoing service disruption as rooms and waiting areas are periodically taken out of use. Potential damage to equipment, furnishings, and building fabric. <p>Risk location, The Surgery, Tenby.</p>	<ul style="list-style-type: none"> Pressuring the landlord to undertake necessary roof repairs through specialist estate services. Closing off and preventing staff access to areas where water poses an electrical or safety risk. Photographing, documenting, and Reporting all leaks. Cordon off measures in parts of the waiting room as needed. 	Safety - Patient, Staff or Public	3	5	15	<p>â€¢ The risk was previously categorised as Service Disruption; however, ongoing structural deterioration and the increased likelihood of harm to patients and staff now warrant a Safety categorisation. An action has been added to work with the Health & Safety team to complete a detailed assessment.</p> <p>â€¢ Despite some landlord led repairs in 2024 and 2025, significant issues remain and rainwater continues to enter the building frequently. The scale and recurrence of leaks risk rendering the premises unfit for purpose. Rooms must be taken out of use during leaks, with the most recent repair completed in October 2025.</p> <p>â€¢ Tenby Surgery is occupied under a Tenancy at Will on a TIR basis, with a formal lease still under negotiation (holding over since 2018). The roof remains the landlord's responsibility. Water ingress has damaged contents, including electrical equipment, and decorative works completed by the Health Board in 2022. Staff routinely manage floor-level water ingress following prolonged rainfall.</p> <p>â€¢ The Health Board wrote to the landlord on 4 July 2025 requesting that they fulfil their responsibilities and undertake necessary repairs. The landlord advised that a contractor will assess the roof and boiler but declined to share the specialist contractor's findings or cost information.</p> <p>â€¢ A review meeting is being arranged between HB</p>	<p>An updated Health & Safety inspection site visit of the premises.</p> <p>Landlord to arrange an appraisal survey of the building by an approved contractor, including a focus on the roof condition.</p> <p>Seek alternative accommodation options in order to vacate the site if necessary.</p> <p>Escalated through the new Q&S process and it was agreed that a letter should be sent to the landlord by Jill Paterson.</p> <p>Review findings of survey commission by Landlord and agree timescales for repairs.</p>	Gravell, Aled	Completed	H&S Advisor Aled Gravell attended site on 21st May 2025 to complete a follow-up inspection to the inspection completed on 16th July 2024. A revised and updated inspection report was issued to site management on 29th May 2025. Comments were added to the original report to track progress on actions (in red) and additional actions were added to the end of the report from the findings on the day (see A21-A25).	Health and Safety Committee	2	2	4	<ul style="list-style-type: none"> Reduced likelihood achievable only once full roof repairs are completed or alternative premises secured. Seasonal weather patterns influence ingress frequency. HB continues to apply pressure on landlord and review business continuity options. 	Treat	11-May-26

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2333	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	1-May-26	<p>There is a risk of a breach in IP&C requirements due to the floor covering damaged throughout all corridors at Prince Philip Hospital.</p> <p>This is caused by The flooring is in excess of 25 years old and cannot be patched and replaced. Areas have now perished leading to exposed concrete slab.</p> <p>This will lead to an impact/affect on Cleaning and cleanliness of corridor areas.</p> <p>Risk location, Prince Philip Hospital.</p>	Patching flooring has occurred over the years, however the flooring has perished too much to bind another floor to.	Safety - Patient, Staff or Public	4	3	12	The flooring can no longer be repaired	<p>Meeting to be arranged with Landlord, HB Estates Team, NWSSP Specialist Estates Service and Assistant Director of Primary Care</p> <p>The Health & Safety Team will be asked to undertake a detailed assessment of the building.</p>	Williams, Paul	31/03/2026 30/04/2026	Paul to arrange meeting.	Health and Safety Committee	1	1	1	If funding is obtained to replace risk is mitigated.		1-May-26

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2301	Estates & Facilities	Estates & Facilities	E&F: Specialist Services (Catering/Laundry)	Severs, James	Brook, Elin	Jones, Peter -	Jewell, Rebecca	14-Jul-25	<p>There is a risk of that contamination could be possible within the kitchen environment due to flooring in a poor state of repair. This has been raised previously in an EHO inspection, therefore it may also impact on the food hygiene score currently held by the BGH catering department.</p> <p>This is caused by the age of the flooring which now has numerous cracks in joints between sections. These can harbour bacteria despite high standards of cleaning. This was raised at the last EHO inspection in July 2025 and remedial action recommended at this point. It has not been actioned to date and a repeat inspection visit is due.</p> <p>This will lead to an impact/affect on food safety and the resulting risk to patients and staff. It could also result in the reduction in the food hygiene score and lead to a loss of trust and credibility in the health board delivery of food services.</p> <p>Risk location, Bronglais General Hospital.</p>	<p>Strict cleaning regime using health board approved cleaning agent - Diffex. Controlled access to kitchen, catering staff do not wear outdoor shoes and do not access other parts of the hospital (wards / public areas) frequently. Some filler has been used to 'patch' gaps but this is not a sustainable solution as products deteriorate quickly and do not provide the impermeable membrane needed.</p>	Safety - Patient, Staff or Public	3	4	12	<p>A requirement of Environmental Health environmental standards is that flooring is impermeable and a seamless surface to prevent the harbouring of bacteria which can hide and multiply in cracked areas. Despite frequent cleaning and strict hygiene standards, the condition of the flooring is still non compliant with regulations. Specifically, Regulation No 852/2004 which concerns floor coverings in food preparation areas.</p>	<p>Capital funding has been applied for. Waiting for confirmation.</p>	Jewell, Rebecca	30/10/2026	<p>Capital funding is being considered. Awaiting outcome.</p>	Health and Safety Committee	1	1	1	<p>Once the risk is treated by replacing the floor (dependent on capital funding), it will be compliant with regulations and will no longer present a risk of bacterial contamination.</p>	Treat	15-Apr-26

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951	Estates & Facilities	Estates & Facilities	E&F: Pembrokehire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	1-Feb-17	<p>There is a risk of avoidable harm to staff and patients in the event of a fire at WGH.</p> <p>This is caused by the Fire Alarm system not correctly reporting when the system is in Fire, due to the incomplete set up during the commissioning of the system at its implementation. Any fire will be detected but the report sent to the Panel Indication may not be correct and therefore there could be a delay in the appropriate/correct response.</p> <p>This will lead to an impact/affect on possible injuries or fatalities if a fire occurs. Possible enforcement or prosecution. Major disruptions to the delivery of essential services. Adverse publicity/reduction in stakeholder confidence.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Currently we have Verified all detectors and identified where all interfaces are positioned. We have verified position of all power supplies for doors and Dampers and following on from zone verification this can be completed and sent for programming.</p> <p>Verification of loops and detectors have been completed.</p> <p>Fire alarm contractors have updated the 'cause and affect' system, and ongoing system verifications are taking place.</p>	Safety - Patient, Staff or Public	3	4	12	<p>Fire alarm contractors have updated the 'cause and affect' system, and ongoing system verifications are taking place. This will be undertaken in conjunction with the Capital fire improvement works. Current risk score remains high as there are still gaps in cover.</p>	<p>Implement phase of works to bring all computer graphics up to date with the units connected to the Fire Alarm system, including elements of alterations to get the system to work in the new Zones.</p> <p>Implement new Cause and effect. Further work required to identify short falls and errors in cause and effect. all works listed on RPS report. costs established and funding agreed through phase two fire improvements</p> <p>FSC Autronica are in process of rewriting new 'cause and affect' scheme.</p>	Arnold, Malcolm	Completed	<p>All information has been passed to FSC about all the verification works that have been carried out. This quotation has come back and has been passed for payment. Computer graphic update to be scheduled in line with new decant ward commissioning Graphics update completed. ongoing minor alterations required. completed</p> <p>26/03/2025 update phase 1 Fire alarm L1 upgrade commenced. floor plans and drawing updated, gap analysis in cover developed and agreed. Installation of addition devices or alterations of existing devices has commenced. estimated completion April 2026.</p> <p>02/2026 update L1 coverage completed. Phase two C&E works capital order to be placed by major capital project lead.</p> <p>Cause and affect' completed and installed. further work required and identified on RP report. capital funds required to achieve full L1 compliance. Completed. update 17/07/2024 funding agreed through phase two fire improvements</p>	Health and Safety Committee	1	1	1	ongoing contractor maintenance and funding to keep the system up to date will ensure this risk is held at a low level.	Treat	8-Jun-26

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1270	Estates & Facilities	Estates & Facilities	E&F: Pembrookshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	15-Oct-19	<p>There is a risk of that the wiring carried out by small schemes in the past is not up to standards of safety in Healthcare buildings. One such area which was exposed during the fire code work of two small rooms required extra isolations due to way in which the wiring and compartmentations had been carried out.</p> <p>This is caused by using the wrong type of materials to allow circuits that carry 240v no compartmentation. Twin Flat, metal Conduit, Plastic C all in same area.</p> <p>This will lead to an impact/affect on earthing and exposure to live equipment being available.</p> <p>Risk location, Withybush General Hospital.</p>	Visual Inspections and periodic testing being carried out.	Safety - Patient, Staff or Public	4	3	12	We are unable to change the cabling but are monitoring the situation.	<p>Complete system verifications at WGH.</p> <p>The wiring in places is in a poor condition which has been exposed by the firecode works.</p> <p>New wiring required or more protection in Distribution Boards.</p> <p>Fixed wiring inspections contract to be implemented.</p>	Arnold, Malcolm	3-11/12/2023-01/09/2024-30/09/2025 30/03/2026-30/09/2026	<p>This is in progress. Gaps in system design, system component replacement, and verifications identified on Report. capital funding required to achieve full L1 now completed. FEB 2026 funding approved through phase two fire improvement works order to be placed for C&E review / repair.</p> <p>No progress to report. update works to improve top floor wards completed as part of RAAC works completed permit to work in place on electrical work.</p> <p>No further progress update 17/07/2025 Wiring replaced top floor RAAC wards where necessary/ Ground floor/ lower ground floor capital bids required possibly when identified during 2nd phase fire improvement works</p> <p>A new fixed wiring test programme over 5 years to test 100% of all distribution boards. completed</p> <p>All Electrical work on site must be completed by CP qualified electricians with APLV permit approval.</p>	Health and Safety Committee	2	1	2	Capital investment and regular maintenance and testing would achieve the target risk score	Treat	8-Jun-26

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2054	Estates & Facilities	Estates & Facilities	E&F: Pembrookeshire	Severs, James	Chiffi, Simon	Chiffi, Simon	Day, Simon	10-Apr-25	<p>There is a risk of Of business disruption due to the building soffit cladding covering of the block 7 and block 24</p> <p>This is caused by degradation to the extent that its failing. This cladding is the original covering. This situation has been reported by external building contractors who have confirmed that the cladding is beyond economical repair and has reached its end of life.</p> <p>This will lead to an impact/affect on This will lead to an impact/effect of disruption to service delivery as rooms are becoming unusable and are being closed due to water damage. There is a risk of harm to patients and staff due to the potential danger of an electric shock (due to water ingress), of slips and trips (caused by wet and slippery flooring), risk of injury due to falling ceiling tiles (caused by longstanding roof soffit decay) and damage to health due to working in damp conditions. Staff sickness could increase and staff retention could be affected, due to the poor working conditions resulting in low staff morale and impacting financial budgets. This situation could also lead to complaints from service users and staff, resulting in reputational damage to the Health Board.</p> <p>Risk location, Withybush General Hospital.</p>	<p>localised repairs to prevent isolated objects from detaching. regular condition planned maintenance inspections. emergency repairs / isolation of areas where needed.</p> <p>structural survey required</p>	Safety - Patient, Staff or Public	3	4	12	<p>facia panels show signs of degradation, regular surveys will can only identify the worst panels for emergency patch repair. only replacement will reduce the risk to low.</p>	<p>capital bid to be created for the replacement facia.</p> <p>replace failing facia panels block 7 and block 24 when capital funding approved.</p>	Arnold, Malcolm	Completed	<p>completed and submitted to MAggie Anniston 10/04/2025 ref: WGH-03-2025</p> <p>no further progress Capital funding approved for panel testing which is ongoing. High level light weight panel above x ray order placed to replace the panels . works ongoing. Capital works are ongoing to replace these panels</p>	Health and Safety Committee	1	2	2	capital investment and ongoing maintenance will achieve target risk score.	Treat	8-Jun-26

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2056	Estates & Facilities	Estates & Facilities	E&F: Pembrookeshire	Severs, James	Chiffi, Simon	Chiffi, Simon	Day, Simon	14-Apr-25	<p>There is a risk of business disruption due to the building cladding covering of the IT building having degraded to the extent that its failing.</p> <p>This is caused by This cladding is the original covering, This situation has been reported by external building contractors who have confirmed that the cladding is beyond economical repair and has reached its end of life.</p> <p>This will lead to an impact/affect on This will lead to an impact/effect of disruption to service delivery as rooms are becoming unusable and are being closed due to water damage. There is a risk of harm to patients and staff due to the potential danger of an electric shock (due to water ingress), of slips and trips (caused by wet and slippery flooring), risk of injury due to falling ceiling tiles (caused by longstanding roof decay) and damage to health due to working in damp conditions. Staff sickness could increase and staff retention could be affected, due to the poor working conditions resulting in low staff morale and impacting financial budgets. This situation could also lead to complaints from service users and staff, resulting in reputational damage to the Health Board.</p> <p>Risk location, Withybush General Hospital.</p>	Regular planned maintenance where required. Patch repairs when items fail.	Safety - Patient, Staff or Public	3	4	12	There are several associated Health and Safety risks due to potential falling objects / water leaks, slips/trips and risk of injury to patients and staff. Staff do not have access to carry out routine maintenance	<p>Develop capital bid to replace building facia,</p> <p>Repair building facia panels when capital funds are released.</p>	Arnold, Malcolm	Completed	<p>capital bid completed 14/4/2025 reference WGH-04-2025</p> <p>no further progress.</p>	Health and Safety Committee	1	2	2	full repairs will give assurance the building fabric will remain intact, covering all health and safety aspects or departmental disruption.	Treat	6-May-26

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1262	Estates & Facilities	Estates & Facilities	E&F: Pembrookeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	18-Oct-17	<p>There is a risk of of business disruption and environment hazards due to potential oil leaks from corroded oil tanks and supply pipework.</p> <p>This is caused by that the condition of the Oil storage tanks and supply pipework have deteriorated and failed annual soundness testing. this will lead to inevitable failure and allow all the contents into the bund. The concern is both the containment of the spill and the loss off emergency fuel for both the back up generators and main boiler plant.</p> <p>This will lead to an impact/affect on to business disruption, environmental hazards, enforcement from natural recourses from potential river contamination. reputational damage, lack of emergency generation fuel services. potential loss of generation.</p> <p>Risk location, Withybush General Hospital.</p>	condition monitoring and Pipe work surveys where required.	Safety - Patient, Staff or Public	3	4	12	monitoring in place for leaks but pipework is beyond repair and fails soundness testing. funding required to replace silos and supply pipework.	<p>Attended a meeting with Head of Property Performance and a capital bid is to be drawn up for removal.</p> <p>No further progress to report.</p> <p>We have carried out a reinspection of the pipework and the flanges onto the vessels and are noticeably deteriorating. we have to limit the volume of oil in th e tanks as they are quite corroded. This will limit fuel supplies to Hospital in times of availability of gas through normal times.</p> <p>develop capital bid and design for tank replacement</p> <p>replace old oil tanks when capital funds are released.</p>	<p>Elliott, Rob</p> <p>Elliott, Rob</p> <p>Elliott, Rob</p> <p>Arnold, Malcolm</p> <p>Arnold, Malcolm</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>31/03/2027</p>	<p>Continuous monitoring being carried out. completed</p> <p>No further progress.completed</p> <p>No further progress to report. completed</p> <p>No further progress</p> <p>Capital bid submitted April 2026</p> <p>no further progress</p>	Health and Safety Committee	1	3	3	New bunded silos and new supply lines will prevent oil loss. condition monitoring would highlight any issues. capital funding required to achieve this target risk rating	Treat	8-Jun-26

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2105	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	9-Jul-25	<p>There is a risk of of failure to the Emergency lighting at St Brynachs Day Hospital, part of the Bro Cerwyn facility during periods of outages or periods of faults taking out the protection circuits.</p> <p>This is caused by the installed lighting becoming obsolete as the Software and parts of the Hardware becoming aged and not supported. Tests are becoming more difficult to achieve.</p> <p>This will lead to an impact/affect on the working of the hospital in periods of outages with the electricity. The Emergency lighting also forms part of the Regulatory Reform Order inspections and also does not support compliance to HTM 05 and 06.</p> <p>Risk location, Canolfan Bro Cerwyn St Nons and St Caradogs, Pembrokeshire.</p>	Testing of units are still being carried out but more and more failures are being reported.	Safety - Patient, Staff or Public	4	3	12	The current score will raise higher as the test and maintenance does not enhance the lighting.	<p>Develop capital bid to replace the lighting</p> <p>Install new Emergecny lighting system when capital funds are release.</p>	Arnold, Malcolm	Completed	<p>Capital bid submitted 09/07/2025 ref:</p> <p>no further progress</p>	Health and Safety Committee	3	1	3	Capital funding and continued planned maintenance will reduce this to the target risk score.	Treat	8-Jun-26

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2106	Estates & Facilities	Estates & Facilities	E&F: Pembrookeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	9-Jul-25	<p>There is a risk of of failure to the Emergency lighting at Withybush General Hospital Renal Dialysis Unit during periods of outages or periods of faults taking out the protection circuits.</p> <p>This is caused by the installed lighting becoming obsolete as the Software and parts of the Hardware becoming aged and not supported. Tests are becoming more difficult to achieve.</p> <p>This will lead to an impact/affect on the working of the hospital in periods of outages with the electricity. The Emergency lighting also forms part of the Regulatory Reform Order inspections and also does not support compliance to HTM 05 and 06.</p> <p>Risk location, Withybush General Hospital.</p>	Testing of units are still being carried out but more and more failures are being reported.	Safety - Patient, Staff or Public	4	3	12	The current score will raise higher as the test and maintenance does not enhance the lighting.	<p>develop capital bid for emergency lighting replacement</p> <p>install new emergency lighting system when capital funds are released.</p>	Arnold, Malcolm	Completed	<p>Capital bid submitted 09/07/2025 Ref: WGH-CB-11-2025</p> <p>capital bid to be re evaluated and resubmitted.</p>	Health and Safety Committee	3	1	3	Capital funding and continued planned maintenance will reduce this to the target risk score.	Treat	26-May-26

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2119	Estates & Facilities	Health and Safety	Health and Safety	Severs, James	Chiffi, Simon	TH6	Vaughn, Gemma	22-Jul-25	<p>There is a risk of patient and staff harm due to lack of manual handling training spaces</p> <p>This is caused by lack of staff and lack of suitable training venues</p> <p>This will lead to an impact/affect on patient safety - inappropriate assessment of patient mobility and manual handling techniques leading to injury</p> <p>staff safety - in correct manual handling can lead to musculoskeletal disorders</p> <p>incident reporting - increase in incidents and severity leading to an increase in RIDDOR reportable absences</p> <p>potential litigation - failure to action could be deemed as a deficiency against health and safety legislation and increase the risk of prosecution.</p> <p>increase in injury claims - staff and patient claims may increase</p> <p>Health Board reputational damage.</p> <p>Risk location, Health Board wide.</p>	<p>Training diary for 2026 has been generated and information provided to management as to the number of staff and training venues required to achieve the requires training demand.</p> <p>Use of Post Grad Medical Education Centre at PPH has helped with additional spaces in 2025.</p> <p>Course numbers have been increased in Carmarthen (by decluttering the training space) to a maximum capacity of 16.</p> <p>Training venue secured in Ceredigion for 16 staff in 2025.</p>	Safety - Patient, Staff or Public	3	4	12	<p>The risk remains at a high level as the current projected figures to maintain compliance with mandatory manual handling training for Levels 1 and 2 for 2026 is 6000 (5500 +10%) which is currently not feasible.</p> <p>With an additional external trainer, or a Band 5, the HB could achieve around 33% of the expected target (i.e., 2000) but this request has been refused due to the current financial climate and historic financial issues within the wider HS&S Team. (cost of external trainer equates to £250,000). The recruitment of a Band 2 (15 hrs) would increase capacity by a further 800 places and increase compliance with the mandatory training to around 50% (2800) but this request has also been refused due to the current financial climate.</p> <p>Without a recruitment campaign, the only way to achieve target would be to remove the clinical work from the Band 6 roles (x WTE 2.6) to enable another 2000 training places, i.e., a total of 4800 - 80% but this would preclude complex clinical cases. To achieve 100% compliance, the MH Manager would also have to provide training at least 3 days per week which would impact on their capacity to wholly fulfil their role.</p>	<p>Calculate costings for external trainer to cover the shortfall.</p> <p>To put onto TRAC for a full time Band 5 and a 15 hr Band 2 post.</p> <p>SBAR to be presented to the HSSC with a request for support with funding requests.</p> <p>Liase with L&D regarding TNA review</p> <p>Work with L&D and Property services to evaluate and secure training space to cover delay in move to Carmarthen Hwb</p>	Vaughn, Gemma	Completed	<p>Costings of £250,000 per annum to cover the shortfall.</p> <p>FSG have declined funding for these posts.</p> <p>New Action. completed and options appraisal presented. TNA review ongoing</p> <p>TNA completed and scheduled for Estates and Facilities CCG meeting</p> <p>Move to Ystwyth building Hafan Derwen scheduled 10 Feb 26</p>	Health and Safety Committee	1	4	4	<p>If the department were suitably staffed and suitable training space on each site were available all staff would receive regular MH training enabling them to undertake appropriate assessments of all handling activities and utilise appropriate techniques. This would reduce the risk of injury and likelihood of prosecution/effective PI claim.</p>	Treat	28-May-26

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2078	Estates & Facilities	Estates & Facilities	E&F: Pembrookshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	22-May-25	<p>There is a risk of of harm to patients, staff and public due to falling concrete (from height) from the outside of the main hospital building.</p> <p>This is caused by degradation of cladding from weathering over time. internal corrosion to rebar causing concrete failure and spalling, to the extent that its failing, cracking and sever cases falling from height. This cladding is the original covering. Structural engineer visual surveys have been completed which has highlighted the worst of the spalling and cracks.</p> <p>This will lead to an impact/affect on</p>	<p>Visual structural survey in place to identify the worst areas.</p> <p>Protective barriers or scaffolding in place to prevent spalling from reaching the floor.</p> <p>Access restricted and controlled though Estates permit access only.</p> <p>Temporary emergency patch repairs completed.</p>	Safety - Patient, Staff or Public	3	4	12	<p>Current controls have reduced the risk however this risk remains high with scaffolding in place to mitigate the incidents of spalling and falling concrete from height evidenced near high use exit door. Facia panels show signs of degradation, regular surveys are being undertaken but can only identify the worst panels for emergency patch repair. Only full repair or replacement will fully mitigate the risk.</p>	Provide barrier protection to prevents staff and public access.	Arnold, Malcolm	Completed	85 % completed. site visit planned to determine how all the protections can be achieved whilst still maintaining service. completed 07/07/2025	Health and Safety Committee	1	4	4	Full replacement or over cladding would reduce most of the risk but there is always risk of potential fall of concrete from height. Funding is required to fully mitigate the risk.	Treat	26-May-26

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									<p>patients, staff and visitors due to injury from falling debris which could lead to complaints/legal claims from service users and staff, resulting in reputational and financial damage to the Health Board. Disruption to service delivery as access to areas, movement of staff, deliveries etc will become restricted due to protective scaffolding required to prevent risk of injury due to falling concrete. Internal water ingress is a possibility as the panels decay further. these situations could result in poor working conditions resulting in low staff morale and impacting on financial budgets.</p> <p>Risk location, Withybush General Hospital.</p>								<p>full inspection of fascia panels required to determine extent of deterioration.</p>	Williams, Paul -	30/09/2026-31/03/2026 30/09/2026	<p>no progress yet</p> <p>drone survey completed and issued to Curtains for review and develop cost analysis</p> <p>Lewis construction organised to start concrete panel testing. Curtains and Beton Bauen involved.</p> <p>FEB 2026 Capital invested survey and planned repair ongoing, managed by discretionary capital.</p>								
															<p>carry out emergency repairs to panels identified from Curtains visual survey</p>	Williams, Paul -	31/03/2026 30/09/2026	<p>M. Arnold</p> <p>initial meeting scheduled for 26th May. Curtains, Baton Bauen, Lewis construction. operations, capital, and property.</p> <p>Design consideration on repairs to be completed after full inspection of the panels is achieved.</p> <p>FEB 2026 Curtains Report has been received. Repair costs to be established and funded.</p>										

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2201	Estates & Facilities	Estates & Facilities	E&F: Specialist Services (Catering/Laundry)	Severs, James	Severs, James	Brock, Elin	Jones, Peter -	12-Sep-25	<p>There is a risk of harm to Portering staff when reacting and responding to incidents of a violent and aggressive nature.</p> <p>The risk has recently increased from a risk score of 6 to a 12 (High)</p> <p>This is caused by unpredictability of the situations the Portering Staff react to; including lack of knowledge of the perpetrator; their own physical ability to perform restraint techniques; lack of personal protective equipment; lack of body worn video to record the event and actions taken; and lack of training for public disorder type scenarios.</p> <p>Annual refresher training opportunities have been missed resulting in porters requiring the full 3-day course.</p> <p>The lack of an in house or contracted security team on acute sites places more emphasis and risk on portering staff.</p> <p>This will lead to an impact/affect on health and safety of the Portering staff themselves; lack of evidence in the potential for criminal charges to be brought against the Health Board or individuals relating to physical restraint; Potential prosecution by Health and Safety Executive for breach of Management of Health and Safety at Work Regulations (Not ensuring the Health, safety and welfare of staff so far as is reasonably practicable.</p> <p>Risk location, Health Board wide.</p>	<p>Porters are provided with Reducing Restrictive Practice (RRP) training that includes 3 day plus 1-day annual refresher.</p> <p>2. Verbal de-escalation used to prevent aggressive behaviours.</p> <p>3. Porters are requested to "buddy up" when aggressive behaviour is reported to portering team. In high-risk areas like ED, mental health wards, late shifts, porters are requested to attend incidents in pairs and not attend alone.</p> <p>4. Porters are requested to report incidents on Datix and Synbiotix to learn from events, log data for processing track trends and activity.</p>	Safety - Patient, Staff or Public	3	4	12	<p>Untrained, ill equipped, physically compromised porters undertaking security roles due to lack of trained security staff employed by the Health Board.</p>	<p>Quotes to be obtained for body armour to better equip staff when managing incidents of violence and aggression. The aim is to enhance staff safety and ensure they have the appropriate level of protection when responding to potentially high-risk situations. Quote for 16 sets of Body Armor - 4 per Acute site</p> <p>Quotes to be obtained for body-worn video cameras to better evidence incidents of violence and aggression. The use of these cameras will support investigations and provide reliable footage to assist in the potential prosecution of individuals involved. This initiative aims to enhance staff safety, promote accountability, and deter aggressive behaviour across sites - 24 BWV- 6 per Acute site</p> <p>A needs analysis and risk assessment which identifies appropriate physical measures to be conducted.</p> <p>Submit a paper to Executive Team by no later than June 11th 2026 to present security staffing options</p>	<p>Scarfi, Charles</p> <p>Scarfi, Charles</p> <p>Richards, Jill</p> <p>Brock, Elin</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>06/11/2026</p>	<p>Quotes received and sent to facilities management. Presented to the next Security Management Group (03/11/25) with discussion around how funding mechanism will work. FMs now sending questionnaire to porters to seek support for PPE - completed by 1.3.26</p> <p>Quotes received and sent to facilities management. Presented to the next Security Management Group (03/11/25) with discussion around how funding mechanism will work.</p> <p>Facilities Management have conducted a needs analysis and risk assessment which identifies appropriate physical measures. They will be presented to the next Security Management Group (03/11/2025) with discussion around how funding mechanism will work.</p> <p>Paper will be submitted by no later than 11th June 2026</p>	Health and Safety Committee	2	3	6	<p>There is a recognised need to recruit trained security staff that will be able be better equipped and to manage public disorder events. With better compliance with Reducing Restrictive Practice Training, PPE and Body Worn Video being issued to Porters will mitigate the risk down. PPE and BWV could be provided by March 2026</p>	Treat	16-Feb-26

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1549	Estates & Facilities	Health and Safety	Health and Safety	Severs, James	Severs, James	Springthorpe, Adam	Springthorpe, Adam	21-Oct-22	<p>There is a risk of that staff will not receive the level of training identified by the TNA which is benchmarked against the All Wales V&A Passport (AWVAP) scheme. There is also a further risk of HSE scrutiny.</p> <p>This is caused by the Training Team not having adequate resources to deliver the AWVAP course (Modules C and D) and additional courses that focus on understanding behaviours that challenge to the wider Health Board, as highlighted by the Health and Safety Executive (HSE) review conducted in 2019.</p> <p>Inability of operational services to release staff to attend the required training.</p> <p>This will lead to an impact/affect on both staff and patient safety, with staff not being aware of relevant skills and techniques to ensure their own safety, and patient safety by applying unsafe restraint techniques if not adequately trained. This could risk catastrophic harm to the patient. Potential for HSE fines for not fulfilling and sustaining the actions stated in the Health Boards evidence submitted to the HSE in 2019.</p> <p>Risk location, Health Board wide.</p>	<p>The Reducing Restrictive Practice (RRP) Team offer 3 core courses for Modules C and D of the AWVAP and refreshers courses for each. The team also provide online training sessions for RRP and Care Planning. Classroom training is prioritised for higher risk areas, this is based on a HB-wide Training Needs Analysis.</p> <p>When notified via Datix incident reporting the RRP team link with departments and provide practical advice and assistance and offer training where appropriate. Contact will be made by the RRP Team if there are multiple Datix reports or if the severity of the incident indicates that follow up is necessary (i.e., severe incidents).</p> <p>The RRP Team liaise with the HB V&A Case Manager in the identification of incidents where training may be of benefit.</p> <p>There is an approved Health Board policy on Reducing Restrictive Practice.</p> <p>The RRP Team have a presence in clinical areas (when possible) - focussed on specific sites where risks are identified.</p> <p>Systematic monitoring and review of the V&A incidents which inform training needs in clinical environments, supported by the V&A Case Manager and departmental V&A risk assessments.</p>	Safety - Patient, Staff or Public	3	4	12	<p>Despite the various training courses being delivered and based upon the current arrangements in place, it is inevitable that staff who have yet to attend training will continue to deliver healthcare to patients who present with challenging behaviours without the appropriate training.</p> <p>Following a change in Exec-lead in Mid-2024, a new Training Needs Analysis has been undertaken, completed in October 2024, to help plan how best to tackle the training needs of the organisation going forwards. A task and finish group was set up to look at this workstream with other training teams, however, this work appears to be on hold. The likelihood score is reduced from the inherent risk score due to the level of training currently being delivered.</p>	<p>Additional Training Resource:</p> <p>Undertake a cost benefit analysis of recruiting additional staff and considering income generation.</p> <p>Creation of Practice Leaders:</p> <p>Practice Leaders to provide clinical support and advice, supervised by the core Reducing Restrictive practice team. This would provide an extra layer of assurance in higher risk areas.</p> <p>Creation of Practice Leaders:</p> <p>Mental Health to up skill a member of each inpatient area to work as practice leaders.</p> <p>Certifying the training module with the restraint reduction network (RRN) charity with the purpose to use the course for income generation.</p>	Springthorpe, Adam	3+10/3/2023 31/12/2026	<p>Income generation to increase staff resource- Certification of training model confirmed November 2024.</p> <p>Most recent TNA (which identified that 12.9WTE extra trainers would be required to be fully compliant). No opportunity to income generate at present due to staffing levels.</p> <p>James Severs has indicated that he may consider income generation as part of a wider review of training provision in 2026.</p> <p>Creation of practice leaders.</p> <p>We have one practice leader in one area (Bryngolau) with more to follow if this proves successful (At Nov 25).</p> <p>A further 6 are undertaking the RRP Level 4 qualification in April 2026 and at which point will be considered as practice leaders (8 Month Course).</p> <p>This action overlaps with the previous one.</p> <p>This is covered by the 'Additional Training Resource' Action above.</p>	Health and Safety Committee	2	3	6	The TNA process and training review will take time to complete and implement.	Treat	28-May-26

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

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1596	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire West	Severs, James	Chiffi, Simon	Day, Simon	Hilli, Paul	16-Feb-23	<p>There is a risk of of avoidable harm to patients, staff, and visitors caused by fire related deficiencies, identified by the fire officer during fire risk assessments.</p> <p>This is caused by the lack of fire alarm detection, missing/damaged fire doors, issues with fire compartmentation, inadequate coverage of emergency lighting etc etc.</p> <p>This will lead to an impact/affect on patients, staff , and visitors should a fire occur.</p> <p>Risk location, Glangwili General Hospital.</p>	Estates operations staff carry out fire alarm testing on a weekly basis, and Merlin Fire the maintenance provider undertake the annual testing/maintenance. Estates operations also undertake PPM's and repairs on the fire doors. The fire officer carries out fire risk assessments on an annual basis.	Safety - Patient, Staff or Public	2	5	10	<p>Fire deficiencies are identified by the fire officer during fire risk assessments. Estates operations staff attempt to close out the low risk deficiencies that require little to no funding. For the remaining high risk deficiencies that cant be directly funded, capital bids will need to be raised in order to address the issues. Some of these outstanding issues will be directly linked to the ongoing fire precaution scheme, however, it's worth noting that it may be a few years before the issues are addressed under the project.</p>	<p>Fire deficiencies are identified by the fire officer during fire risk assessments. Estates operations staff attempt to close out the low risk deficiencies that require little to no funding. For the remaining high risk deficiencies that cant be directly funded, capital bids will need to be raised in order to address the issues. Some of these outstanding issues will be directly linked to the ongoing fire precaution scheme, however, it's worth noting that it may be a few years before the issues are addressed under the project.</p>	Jones, Kevin	29/03/2024-30/03/2025 30/03/2026-30/03/2027	<p>Maintenance team are addressing the smaller issue and information is being collated to submit for further capital funding.</p> <p>Capital bids need developing to address the issues that require significant funding.</p>	Health and Safety Committee	1	1	1	The target score will be achieved when funding is provided.	Treat	18-May-26

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1546	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	5-Dec-22	<p>There is a risk of that the water services will remain non compliant and pathogens will be detected in increased sampling.</p> <p>This is caused by no flow or, compared to pipe size, not enough flow in pipework with resting in warm ceilings causing problems with pathogen growth. Oversize pipes are being used which do not allow an adequate flow of water and due to poor set up will not prevent any problems with Pseudomonas, Legionella or excessive TVC from occurring. Poor understanding of the system. Use of Vulcathene flex pipe of a large size being used and stepped down excessively.</p> <p>This will lead to an impact/affect on closure of services. Sickness of patients/staff/visitors coming into contact with contaminated water. Reputational damage of the Health Board and possible enforcement or Health and Safety Executive (HSE) prosecution in the event of a serious incident occurring.</p> <p>Risk location, Pembrokeshire, Withybush General Hospital.</p>	<p>Currently a frequent flushing regime is in process with extended temperature testing and monitoring.</p> <p>Pipes identified as large are removed as required.</p> <p>Empty rooms within Residential Blocks are also a major problem.</p>	Safety - Patient, Staff or Public	2	5	10	<p>The pipework requires to be addressed as soon as possible to alleviate any further problems. We are unable to control excess water, non functioning valves and also dead ends.</p> <p>Constant problems are being recorded in all areas.</p> <p>Constant flushing and monitoring of the system in line with HTM 04 are in place but this is not a resolution.</p> <p>Renal now clear following tank chlorination and increased flushing. Renal now placed on the annual flushing programme with external contractors.</p> <p>Very high legionella scores have been detected in Residential blocks and has been entered as a separate Datix to the main hospital. Legionella SG 1 as identified by contractors testing the water systems of the Residential Blocks at WGH. Large counts have been identified and remedial work needed to allow treatment of systems. There is a lot of Pipe Alterations and valves needed prior to treatment due to the poor installation carried out in the removal of heat sources. Scores of CFU vary from 120 to 14400.</p>	<p>Pipe alterations at St Thomas complete and good results received back from Carmarthen Laboratory. Next block being surveyed for same treatment.</p> <p>Capital bid required to replace alkathene main water supply to residences blocks.</p> <p>Parts have been ordered for alteration of rest of Blocks but needs planning due to length of outage.</p> <p>St Thomas has been completed but the other blocks have not been started. An anomaly in supply is compounded by the use of Alkathene Pipe.</p> <p>Pipework alterations are required as we are unable to control temps. Scheme to be compiled and entered into capital bid.</p> <p>Water Board Inspection indicates water pipes too large. Capital bid to replace</p>	Arnold, Malcolm	<p>24/03/2023-30/04/2024-30/03/2025</p> <p>30/09/2025-31/03/2026 30/09/2026</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>Survey carried out for alterations. no further action</p> <p>Update 17/07/2024 capital bid required to alter all residences domestic pipework. signs of lead solder found during welsh water audit.</p> <p>Main cold water supply requires upgrade from duct system to residences. non compliance with welsh water capital bid required</p> <p>December 2025 no further progress</p> <p>feb 2026 NFP</p> <p>Inspections carried out. no further action</p> <p>Capital bid required to upgrade main water supply and main residences block connections.</p> <p>December 2025 no further action</p> <p>feb 2026 Close not a risk item</p> <p>No further progress made.</p> <p>Not a risk action close</p> <p>New Action</p> <p>no further action</p> <p>feb 2026 NFA</p> <p>No further progress.</p> <p>not a risk item Close</p>	Health and Safety Committee	1	2	2	capital investment and ongoing maintenance and testing would reduce this risk	Treat	26-May-26

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2309	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire West	Severs, James	Chiffi, Simon	Day, Simon	Hill, Paul	16-Mar-26	<p>There is a risk of that the organisation's automatic door sets may cause harm to service users, staff, or visitors because they do not comply with current safety standards. The absence of monitored safety sensors increases the likelihood of the doors colliding with a person, child, or object during operation.</p> <p>This is caused by legacy automatic door operators that are not compatible with the monitored safety sensor systems required to meet current safety and compliance standards. As a result, the existing operators cannot be upgraded to incorporate the required safety features, meaning multiple door sets require full replacement with new compliant operator packages.</p> <p>This will lead to an impact/affect on on the safety of patients, staff, and visitors, including potential injury from door collisions, compromised safeguarding for vulnerable individuals such as children or those with reduced mobility, and an increased likelihood of incidents requiring investigation. It may also result in non-compliance with statutory or regulatory standards, reputational damage, operational</p>	<p>Planned Preventative Maintenance (PPM): Regular servicing and inspection of all automatic door sets are carried out in accordance with the organisation's maintenance schedule. This helps ensure faults are identified early and that door performance remains as safe as reasonably practicable.</p> <p>Maintenance Contract with J Manny: A formal maintenance agreement is in place with J Manny, providing professional support for reactive repairs, technical assessments, and routine maintenance activities. Technicians identify safety issues during visits and advise on required upgrades or replacement components where possible.</p> <p>Local Operational Awareness: Estates and facilities staff are aware of the non-compliant door sets and monitor reported issues, escalating concerns appropriately when doors demonstrate malfunctioning behaviour or safety risks.</p> <p>Incident and Fault Reporting: Staff are encouraged to report door faults or safety concerns promptly through internal reporting systems, enabling timely maintenance intervention.</p>	Statutory duty/inspections	2	5	10	<p>The original risk score of 15 reflected a moderate to high level of concern due to the potential for injury arising from non-compliant automatic door sets lacking monitored safety sensors. At that stage, the organisation had limited assurance that existing controls could reliably prevent a collision or harm event. Following the implementation and strengthening of control measures " including the formal maintenance contract with J Manny, structured planned preventative maintenance (PPM), increased local monitoring, and improved fault/incident reporting " the overall level of unmanaged risk has been partially reduced. These controls provide a more consistent level of oversight, earlier identification of faults, and clearer escalation pathways when concerns arise. While these measures do not eliminate the underlying design non-compliance, they reduce the likelihood of an unmitigated failure going</p>	<p>Capital bid submitted on the 16/03/2026 requesting funding for £65,000 to replace non-compliant door operators across the GGH site.</p> <p>Capital Bid to be submitted for major infrastructure works to site. This has been identified as major infrastructure/backlog improvements.</p>	Hill, Paul	31/03/2027	<p>Awaiting capital funding to replace door operators.</p> <p>New Action. no further action Feb 2026 Work ongoing at major capital to improve water systems</p>	Health and Safety Committee	1	3	3	<p>Once all non-compliant automatic door sets have been fully replaced with new operator packages that incorporate monitored safety sensors and meet current safety standards, the underlying hazard will be substantially reduced. The new systems will provide continuous monitoring of door movement and obstruction, ensuring that the doors automatically stop or reverse if a person, child, or object is detected. This introduces a robust, engineered safety control that directly eliminates the primary cause of the original risk. The improved door sets will no longer rely on administrative controls, human vigilance, or reactive maintenance to prevent collisions. Instead, safety will be built into the design and operation of the equipment, greatly reducing both the likelihood and potential severity of harm. With compliant technology</p>		18-May-26

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									disruption, and potential legal or financial consequences for the organisation. Risk location, Glangwili General Hospital.					unnoticed and help ensure that any issues are addressed more promptly. Consequently, the risk score has been adjusted down from 15 to 10, reflecting an improved but still incomplete risk position. The lowered score acknowledges that existing controls offer some protective benefit, but the residual risk remains until the door sets are fully upgraded to meet modern safety standards.									installed across all affected areas, the organisation will meet statutory safety requirements, significantly strengthening assurance around user safety. As a result, the residual risk becomes low and manageable, and a final target score of 3 is justified. This reflects a safe environment where modern engineering controls, compliance with standards, and ongoing maintenance provide strong, sustained protection against harm.			
2335	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire West	Severs, James	Chiffi, Simon	Day, Simon	Hill, Paul	5-May-26	There is a risk of failure of the existing Thorlux Scanlight emergency lighting system, which is circa 20 years old and now contains obsolete components that cannot be readily repaired or replaced. This is caused by the age and condition of the existing Thorlux Scanlight emergency lighting system, which is approximately 20 years old and has reached end of life. The equipment contains obsolete components with no manufacturer support, preventing effective repair or replacement of failed fittings. As a result, the system has progressively deteriorated and no longer meets current British Standards. This will lead to an impact/affect on the safety of patients, staff, and visitors due to inadequate emergency illumination during a power failure, increasing the risk of slips, trips, and delayed or unsafe evacuation. It may also result in non-compliance with statutory fire safety standards, potential enforcement action, and reputational damage to the Health Board. Risk location, Glangwili General Hospital.	The Thorlux Scanlight system operates as a self-testing system, with faults identified through automatic testing regimes and monitored accordingly. A site-wide emergency generator is in place, capable of restoring power within approximately 15 seconds in the event of a mains failure. However, due to the obsolescence of the Thorlux system and unavailability of replacement parts, failed components cannot be effectively repaired or replaced.	Safety - Patient, Staff or Public	2	5	10	The current risk score has been reduced from 15 to 10 to reflect the presence of mitigating controls, most notably the provision of a site-wide emergency generator capable of restoring power within approximately 15 seconds in the event of mains failure. This reduces the likelihood and duration of a complete loss of lighting across the site. Additionally, faults within the existing self-testing system are identified and monitored. However, the risk remains due to the age, obsolescence, and non-compliance of the Thorlux Scanlight system, and the inability to repair or replace failed components.	Obtain quotation and develop capital bid to replace obsolete emergency lighting system.	Hill, Paul	31/03/2027	Capital bid submitted for £430,672.50 to replace obsolete emergency lighting system. Currently awaiting funding.	Health and Safety Committee	1	3	3	The target risk score of 3 will be achieved following full replacement of the existing Thorlux Scanlight emergency lighting system with a modern, compliant system designed and installed in line with current British Standards. The new system will provide reliable emergency illumination, supported by maintainable components, routine testing, and an effective PPM regime, ensuring ongoing compliance and significantly reducing the likelihood of system failure and risk to life safety.		5-May-26

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2197	Estates & Facilities	Estates & Facilities	E&F: Ceredigion	Severs, James	Chiffi, Simon	Day, Simon	Jones, Eiflyn	21-Oct-25	<p>There is a risk of harm to patients, staff and visitors due to operational failure of Fire Doors.</p> <p>This is caused by failed fire doors due to their condition and age.</p> <p>This will lead to an impact/affect on patients, staff and visitors coming to harm in the event of a fire. If there are gaps in the doors/damage to the doors, they compromise fire containment and can lead to catastrophic spread of smoke and flames.</p> <p>Risk location, Bronglais General Hospital.</p>	Pre Planned Maintenance checks in place (six-monthly/annually/quarterly) to check the condition of the fire doors. Repairs are undertaken where possible.	Safety - Patient, Staff or Public	2	5	10	The likelihood of patient harm is currently reduced as there are trained carpenters on site to check and repair the majority of the fire doors, as and when required. The risk remains high as not all fire doors are compliant.	To apply for a Capital Bid of £195,000	Jones, Eiflyn	49/4/2026 to 31/03/2026	<p>16/12/2025 - Bid submitted in June and July of 2025, £96k for post grad building fire doors and £195k for B1, B2 B7 and B15. Bid currently not approved.</p> <p>24/02/2026 - Bid currently not approved.</p> <p>23/04/2026 - Bid currently not approved.</p>	Health and Safety Committee	1	4	4	All fire doors across BGH would need to be compliant with standards in order to fully mitigate the risk. Funding is required to achieve this.	Treat	23-Apr-26

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2085	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire West	Severs, James	Chiffi, Simon	Day, Simon	Hill, Paul	30-May-25	<p>There is a risk of of harm to patients, staff, and visitors.</p> <p>This is caused by failed fire doors due to their condition and age.</p> <p>This will lead to an impact/affect on Failed fire doors put lives at risk. They compromise fire containment, endanger patients and staff, and can lead to catastrophic spread of smoke and flames. This could lead to further fire enforcements, HSE investigations, fines and/or custodial sentences, and adverse publicity/reduction in stakeholder confidence.</p> <p>Risk location, Glangwili General Hospital.</p>	We have planned preventative maintenance checks in place to check the condition of fire doors.	Safety - Patient, Staff or Public	2	5	10	We have suitably trained carpenters checking fire doors across the GGH estate as part of their PPM schedule. Capital bids are continuously submitted for fire doors requiring full replacement.	<p>Capital bids will be constantly submitted requesting funding to replace fire doors as and when they are identified as requiring replacement. This will be an ongoing process.</p> <p>37 fire doors identified as requiring full replacement.</p> <p>39 fire doors identified as requiring full replacement.</p> <p>Capital funding required to replace 25 fire doors.</p>	Hill, Paul	Completed	<p>Capital bids will be constantly submitted requesting funding to replace fire doors as and when they are identified as requiring replacement. This will be an ongoing process.</p> <p>Capital funding received in the sum of £90k (D365) to address some failed fire doors.</p> <p>Capital bid submitted on the 25/06/2025, requesting funding of £142,000 to replace 37 fire doors across the GGH estate.</p> <p>Capital bid submitted on the 21/07/2025, requesting funding of £150,000 to replace 39 fire doors across the GGH estate.</p> <p>Capital bid submitted on the 25/11/2025, requesting funding of £96,250.00 to replace 25 fire doors across the GGH estate.</p>	Health and Safety Committee	1	5	5	Once all fire doors are operationally safe the risk rating will reduce to moderate.	Treat	18-May-26

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2163	Estates & Facilities	Estates & Facilities	E&F: Operations Compliance	Severs, James	Chiffi, Simon	Chiffi, Simon	Day, Simon	19-May-25	<p>There is a risk of of harm to maintenance staff who are working Out of Hours due to the inability to maintain minimum safe staffing levels required for working in high-risk areas, such as confined spaces.</p> <p>This is caused by insufficient availability of On Call staff who are able to cover the minimum staffing levels and the Maintenance Procedure document for On Call being out of date and not consistently applied across all sites.</p> <p>This will lead to an impact/affect on staff safety as there are heightened risks for lone workers, particularly in terms of monitoring their safety throughout night shifts. Operational disruption could occur if maintenance procedures were unable to be completed during out of hours. Non compliance with regulations (e.g., Health and Safety at Work act) could incur penalties. There could also be a financial impact to the Health Board staff sustained injury whilst working out of hours, resulting in legal claims/compensation.</p> <p>Risk location, Health Board wide.</p>	Operational Maintenance Policy (No 144) Contract Control Policy (No 541) On Call Maintenance Procedure document is in place.	Safety - Patient, Staff or Public	2	5	10	<p>There are heightened risks for lone workers, particularly in terms of monitoring their safety throughout night shifts. Furthermore, the inability to adhere to permit-to-work arrangements out of hours due to insufficient staff on call adds to the overall risk. These factors potentially compromise worker safety and the effectiveness of emergency responses.</p> <p>Despite the current controls in place, until the group formalises and ratifies a new agreed procedure that reduces the risk to maintenance staff who are working Out of Hours, the risk remains high.</p>	To create a working group to review the On Call Maintenance Procedure.	Day, Simon	17/11/2025	New Action	Health and Safety Committee	1	5	5	Agreed maintenance procedure to be put in place (that complies with the Health and Safety at Work Act, all regulatory guidance and law) and increased staffing levels, would enable the target risk score to be achieved.	Treat	13-Feb-25

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1382	Estates & Facilities	Estates & Facilities	E&F: Pembrokehire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	<p>19-Apr-19</p> <p>There is a risk of of harm to patients and staff at WGH.</p> <p>This is caused by the reinforced autoclaved aerated concrete (RAAC) planks that were used during the construction of WGH becoming insecure with the potential for large pieces to break off and/or planks collapsing into corridors and ward areas.</p> <p>This will lead to an impact/affect on a potential injury or possible death if a sudden collapse of planks were to occur within an occupied area of the hospital. Other impacts include closure of large areas of the hospital to undertake visual inspections and/or remedial works, breaches in statutory duties, negative media coverage, and loss of confidence from stakeholders.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Specialist structural engineers (Curtins) engaged to undertake a programme of visual inspection of planks at WGH - plank by plank surveys are underway at pace, scheduled to finish March 2024.</p> <p>Process in place to prop identified critical planks within 24 hours to make immediate area safe and to be used or to area to remain closed until safe to re-occupy areas.</p> <p>Principal contractor appointed to provide propping and undertaking remedial works, and assurance has been obtained from the engineers where areas are safe to be re-occupied.</p> <p>Legal advice sought on corporate manslaughter and acted upon promptly.</p> <p>Business Continuity Incident declared on 15Aug23 and Command Control Structure (Bronze) established to coordinate and manage Health Board response.</p> <p>A Management Plan is being established to manage the ongoing risks of RAAC, to include: A planned maintenance card is also included in the Maintenance Scheme for the Direct Labour Force to visually check at different point throughout the hospital.</p> <p>Continue to monitor any water ingress on failing roof systems and promptly take any remedial works necessary.</p> <p>During any work above ceiling tiles it has also been passed on to the craftsmen that it is requested that a visual inspection is also carried out.</p> <p>Restriction and controlled access systems in place to certain areas of the site.</p> <p>Introduced specialist RAAC plank training to provide awareness for site teams and how they should operate where RAAC Planks are identified.</p> <p>Areas have been identified to reduce to loading on the RAAC planks.</p>	Safety - Patient, Staff or Public	2	5	10	<p>Project plans are in place in terms of when remedial actions will be undertaken, and capital has been secured to fund these works. Works in ward areas are completed. Remedial works on other areas are due to commence in April 2024, with a view to completion by March 2025.</p> <p>There will be ongoing re-surveys in all ward areas from October 2024 onwards. All ground floor areas scheduled for 2025. Risk score is unlikely to reduce until all works are completed in March 2025. □</p>	<p>Complete direct award to structural engineering specialists under a compliant Framework.</p> <p>Survey work of all RAAC Planks at WGH.</p> <p>Establish funding to carry out reparatory works of RAAC planks.</p> <p>Develop the necessary tender documentation to commission review of all other sites (including Community, Primary Care, General Practitioners Practices, leased properties etc,) which were constructed within a timeline of 1960 to 1995, which will be competitively tendered (forming part of the portfolio survey).</p>	Elliott, Rob	Completed	<p>The compliant Framework, and all supporting documentation, has gone through to Shared Services at a senior level and will be considered shortly for approval by the DOF of the UHB. It is hopeful the framework will be approved by the end of April 2023.complected</p> <p>Timescale amended to March 2024 for all RAAC plank by plank surveys at WGH to be completed. As of February 2024 all P1 (critical) planks have been surveyed. By March 2024 all planks will have been risk categorised, with follow on surveys to take place in 24/25. completed</p> <p>The level of funding required is currently unknown and will be dependent on the findings of the surveys as we proceed. Welsh Government have provided funding for the P1 (critical) planks. A revised date of March 2024 has been placed against this action, as we envisage all survey work to be completed by this date. completed</p> <p>The tender documentation is being developed currently and is hopeful to be agreed by the end of May 2023. completed</p>	Health and Safety Committee	1	5	5	The target risk score is based on the level risk following visual surveys, propping and remedial works being completed on critical P1 planks identified at WGH.	Treat	26-May-26

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										<p>Weekly inspection of props undertaken on site, and rectified as required.</p> <p>Assessment process in place for service re-occupation to ensure their safety and that the area is able to be used effectively, managed via service site management.</p> <p>Capital funding received to undertake remedial works to address P1 planks.</p> <p>Remedial works in Wards 7,9, 11 & 12 complete and the pot wash area of kitchen.</p>								<p>Surveys have started and remedial work carried out in Potwash area. Other remedial work is required.</p> <p>Detailed plank by plank surveys across WGH by Curtins (dependent on access)</p> <p>Undertaking remedial works resulting from surveys (c£13m).</p> <p>Development of Management Plan to manage the position/access to areas/staff training until the works being remediated</p> <p>Fast Track Visual Surveys being arranged to identify critical (P1 planks) requiring emergency propping or areas closed off.</p> <p>Complete remedial work in all affected ground floor areas.</p>	Elliott, Rob	Completed	Continual progress being made with extra inspections.completed															
																Elliott, Rob	Completed	Visual inspections have been completed, and detailed plank inspections are due to commence in October 2023. Funding has been agreed for remedial works. Remedial works in Wards 7,9, 11 & 12 complete and the pot wash area of kitchen. completed <input type="checkbox"/>																		
																Elliott, Rob	Completed	Funding has been secured for FY2023/24 and FY 2024/25 for £13m. Remedial works are scheduled to be complete across the site by March 2025. MA update all remedial works have been completed																		
																Elliott, Rob	Completed	Management Plan has been implemented and monitored via weekly Bronze meetings. completed																		
																Elliott, Rob	Completed	Fast track visual surveys completed in August 2023. completed																		
																Elliott, Rob	Completed	Remedial work to OPDA (Outpatients Department A) has started, with all other affected ground floor areas to be completed by March 2025. MA update all works completed																		

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1539	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	27-Jan-16	<p>There is a risk of harm to patients/staff/visitors plus service disruption</p> <p>This is caused by operational failure of Pneumatic fire dampers and fire door detents to close in the event of a fire, due to their age and condition</p> <p>This will lead to an impact/affect on the safety of patient, staff and general public, HSE investigations and further fire brigade enforcement, fines and/or custodial sentences, adverse publicity/reduction in stakeholder confidence.</p> <p>Risk location, Prince Philip Hospital.</p>	Pre-planned Maintenance (PPM) checks in place to check operation of dampers that have not failed	Safety - Patient, Staff or Public	2	5	10	Based on ppm checks and engineering reports. Surveys have been carried out to determine the pneumatic dampers and door detents for replacement	<p>Remove weight (e.g. pipework, cabling, duck work, etc) from planks where possible to reduce the risk of deterioration and excessive weight.</p> <p>carry out ongoing resurvey work to both second floor and ground floor RAAC areas.</p>	Elliott, Rob	Completed	<p>New action- work ongoing and the timescale will be re-assessed as work is progressed.</p> <p>MA Update</p> <p>All remedial works completed</p>	Health and Safety Committee	1	5	5		Treat	27-Apr-26
2042	Estates & Facilities	Estates & Facilities	E&F: Pembrokehire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	25-Mar-25	<p>There is a risk of Harm to patients, staff and visitors plus service disruption.</p> <p>This is caused by Operational failure of fire safety doors in the event of a fire due to their age and condition.</p>	Pre planned maintenance (ppm checks) in place to check on condition of doors. Continued ppm list identifying condition of current doors within WGH locality. Localised repairs and third party accredited improvements where	atient, Staff or Public	2	5	10	Based on PPM checks and engineering reports. Surveys have been carried to determine fire door replacements. Phased project in place to replace doors on a risk based approach. Risk is	capital bid to replace defective doors highlighted on LOFSM	Arnold, Malcolm	Completed	Capital bid in progress. Update Capital bid submitted 25/03/2025 Capital Bid Reference No WGHCB10224 and WGHCB23225	Health and Safety Committee	1	5	5	Capital funding is required to replace doors and fully mitigate the risk.	Treat	8-Jun-26

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									This will lead to an impact/affect on the safety of patients, staff, and general public. HSE investigations, Mid and west wales fire brigade fire enforcement, fines and or custodial sentences , adverse publicity / reduction in stake holder confidence. Risk location, Withybush General Hospital.	necessary.	Safety - Pa				high as fire doors have been identified as non compliant with current legislation and unable to be repaired to required standard. Capital funding is required to replace doors and fully mitigate the risk.	install new fire doors on completion of capital funds being made available.	Arnold, Malcolm	29/08/2025-31/03/2026 30/09/2026	30/06/2025 no further progress 20/08/2025 still waiting for funds to be released. FEB 2026 Order replaced for RED RAG door replacement works to be completed by 20 march 2026 . Additional funding expected 2026 financial year.	Health an						
1873	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	31-May-24	There is a risk of to tenants and staff in the residential blocks of a failure to identify a gas leakage on the main incoming gas mains due to the lack of ventilation. This is caused by unvented/non compliant gas meter storage. Currently, the installation does not comply with current regulations. Failure to comply would potentially lead to enforcement notices/litigation. This will lead to an impact/affect on supply of heating and hot water to the residential blocks for tenants and the possibility of unknown natural gas leakage in the building. Financial and reputational harm to the Health Board if gas leaks were to occur. Health and safety of the tenants would be adversely affected by any gas leaks and displacement of tenants. Risk location, Prince Philip Hospital.	Currently local PPM (Planned Preventative Maintenance) in place for boiler/appliance testing (monthly).	Safety - Patient, Staff or Public	2	5	10	Current risk score is high as despite current controls in place (monthly monitoring), natural ventilation ductwork is required to mitigate the risk. Capital funding has been sought.	Quotations obtained for additional ventilation, Fire curtains removed from Fire door installation to be re-instated by Discretionary Capital Team. Capital bid to be submitted. Further TEF funding required to ventilate Blocks	Evans, Stewart	Completed 31/03/2027	Costs partly received 15.07.2024 Awaiting TEF funding	Health and Safety Committee	1	5	5	Funding required to move gas meters to outside	Treat	27-Apr-26

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1096	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	27-Jan-16	<p>There is a risk of of harm to patients/staff/visitors plus service disruption.</p> <p>This is caused by operational failure of Fire Safety Doors in the event of a fire due to their age and condition.</p> <p>This will lead to an impact/affect on the safety of patients, staff and general public, HSE investigations and further fire brigade enforcement, fines and/or custodial sentences, adverse publicity/reduction in stakeholder confidence.</p> <p>Risk location, Prince Philip Hospital.</p>	Pre Planned Maintenance (PPM) checks in place to check on condition of doors.	Safety - Patient, Staff or Public	2	5	10	Based on PPM checks and engineering reports. Surveys have been carried out to determine the fire door replacements, and additional fire doors required .	<p>PPM monitoring/surveys. Identified on infrastructure backlog maintenance. Currently under review.</p> <p>"Costs received for individual Dampers from Contractors"</p>	Evans, Stewart	Completed	<p>"Minimum funding from statutory funds will only allow for survey and drop test. External contractors have carried out drop tests, and funding has been received for remedial work following the drop tests. Capital bid to be costed and submitted for dampers that require replacement. "</p> <p>Currently on backlog infrastructure works. Identified as priority 2 in infrastructure backlog maintenance meeting 11th August 2022 ,site visit due 9th Sept 2022 with design team. EFAB bid has been submitted to Welsh Government in November 2022, awaiting response." Meeting with project team on 19.01.23 to prioritise risk before submitting business case to WG No change 04.04.23 No change 12.06.23 All investments in LOFS are now agreed with the Fire Service. The final phase beyond April 2025 will potentially require a new business case to be submitted. 18/80 dampers have been replaced. Work remains ongoing.</p>	Health and Safety Committee	1	5	5	Ongoing investment required	Treat	27-Apr-26

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															Replacement of obsolete dampers.	Evans, Stewart	30/03/2027-31/03/2024-30/09/2024 31/03/2025-31/03/2026-31/03/2027	Capital bid currently being costed and to be submitted by the end of August 2021. Once funding received this work will go out to tender. This is identified on the backlog infrastructure list. Expecting funding for damper repairs and upgrade. Awaiting funding for further damper replacements. DCP currently replacing 14 dampers picked up as defective following testing. 14 dampers replaced from DCP Scheme, remainder requires TEF 2025-26. Work ongoing.													
															Replacement, and additional fire doors, to be put in place following survey.	Evans, Stewart	Completed	All investments in LOFS are now agreed with the Fire Service. The final phase beyond April 2025 will potentially require a new business case to be submitted. Completed													
															Some Fire Doors to be changed at Amman Valley Hospital and Residences PPH , Hazard rooms, where identified on Wards at PPH.	Evans, Stewart	28/03/2025-31/03/2025 31/03/2026-31/03/2027	Identified for TEF (Targeted Estates Funding) funding - work ongoing.													

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471	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	25-Sep-17	<p>There is a risk of serious harm to pedestrians resulting from a road traffic accident occurring on the PPH access road between the Acute Medical Admissions Unit (AMAU) and staff car park.</p> <p>This is caused by no pavement or pedestrian walkway available along this stretch of road and curvature of road limiting the view of motorists using this area.</p> <p>This will lead to an impact/affect on death or serious harm to a pedestrian or motorist.</p> <p>Risk location, Prince Philip Hospital.</p>	There are existing speed restrictions in place such as speed warning signs and a two way mirror to help with visibility around the corner of the site.	Safety - Patient, Staff or Public	2	5	10	Based on a site investigation by the Operations Compliance Manager. This risk remains high until road resurfacing/markings has taken place.	Installation of a pedestrian foot path or hatched area along this stretch of road is recommended, along with road re-surfacing and road markings.	Evans, Stewart	31/03/2027 31/03/2020 31/03/2026 31/03/2027	Ops have been to review the area and quotations sought for a designated hatched area along the roadway. Capital bid has not been supported since 2018/19. EFAB bid to Welsh Government was unsuccessful. Another EFAB bid will be submitted for 2025/26.	Health and Safety Committee	1	5	5	Investment needed to provide pathway from AMAU to new DSU staff car park	Treat	1-Jun-26
1746	Estates & Facilities	Estates & Facilities	E&F: Ceredigion	Severs, James	Chiffi, Simon	Day, Simon	Jones, Eifyn	27-Jun-23	<p>There is a risk of failure to the emergency lighting system at Bronglais Hospital during periods of electrical outages or faults tripping out the protection circuits.</p> <p>This is caused by the current emergency lighting systems being non-compliant or obsolete.</p> <p>This will lead to an impact/affect on an impact/effect on the operational continuity of the hospital in the event of a power cut. Potential risk to patient and staff safety if emergency lighting failure during an evacuation. The emergency lighting also forms part of the Regulatory Reform Order inspections, letters of fire safety matters and do not comply with BS5266 (British Standard for emergency lighting).</p> <p>Risk location, Bronglais General Hospital.</p>	Monthly testing of existing units.	Safety - Patient, Staff or Public	3	3	9	Risk is high as we only test and maintain what is installed and this does not comply with BS5622 regulations. This failing has been recognised by the Fire Service and is an action that has been raised in LOFSMs and is detailed on AMaT (see attached document). Funding is required in order to mitigate this risk.	Submission of business case to Welsh Government to support necessary upgrades to the site.	Jones, Eifyn	31/03/2024 31/03/2025 31/03/2026 31/03/2027	17/02/2025 - No funding agreed. 15/05/2025 - WG have provided funding however emergency lighting is not on the prioritised list. To review funding options with Capital Development Manager. 14/07/2025 - Funding options to be discussed. 16/09/2025 - Ongoing discussions with NWSSP and Welsh gov to secure monies to proceed with RIBA stage 3 & 4 designs for market testing and inclusion in Business case documents. 17/11/2025 - Comments as 16/09/2025. 26/01/2026 - No Updates 12/02/2026 - Scheme currently not in the top 10 prioritised list. 24/03/2026 - No Updates	Health and Safety Committee	1	1	1	Funding is required in order to purchase and install the new equipment to fully mitigate this risk.	Treat	23-Apr-26

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

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1929	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	2-Sep-24	<p>There is a risk of of failure of the fire alarm monitoring of the site in its entirety due to the aged/failing equipment.</p> <p>This is caused by failure of equipment.</p> <p>This will lead to an impact/affect on the site monitoring of fire alarms.</p> <p>Risk location, Prince Philip Hospital.</p>	continued maintenance from contractor.	Service/Business interruption/disruption	3	3	9	Currently the aged equipment is starting to show signs of failure, replacement panels are necessary to mitigate loss of monitoring.	Capital Bid Submitted	Evans, Stewart	31/03/2027	Awaiting Capital Bid outcome	Health and Safety Committee	3	1	3	Additional funding required. TEF bid of Â£280k 25-26 unsupported.	Treat	27-Apr-26
1965	Estates & Facilities	Estates & Facilities	E&F: Ceredigion	Severs, James	Chiffi, Simon	Day, Simon	Jones, Eiflyn	9-Jun-24	<p>There is a risk of of significant to patients, staff and visitors in the event of a fire evacuation.</p> <p>This is caused by potential failure of fire alarm systems.</p> <p>This will lead to an impact/affect on the ability to safely evacuate premises in the event of a fire.</p> <p>Risk location, Bronglais General Hospital.</p>	Pre planned maintenance contract in place to test the systems regularly. Regular inspections of systems.	Safety - Patient, Staff or Public	3	3	9	System does not operate when required, despite regular maintenance and visual inspections of equipment. There is a risk of harm to patients, staff and the general public in the event of a fire due to non compliant systems, in accordance with fire safety regulations. A Fire Enforcement notice could be served if not remedied.	Infrastructure Business Case currently being developed.	Jones, Eiflyn	31/03/2027	<p>16/05/2025 - Possible funding available via Targeted Estates Funding route</p> <p>14/07/2025 - In discussion with compliance on funding route.</p> <p>16/09/2025 - ongoing discussion with compliance on funding route</p> <p>17/11/2025 - Funding approved for replacing obsolete detectors. Obtaining quotations from contractor.</p> <p>26/01/2026 - Funding reduced. GGH and PPH only.</p> <p>26/03/2026 - Possibly funded from 2026/2027 TEF budget awaiting confirmation.</p> <p>01/06/2026 - No updates to report at present.</p>	Health and Safety Committee	1	3	3	Funding is required in order to purchase and install the new equipment to fully mitigate this risk.	Treat	1-Jun-26

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1348	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	21-Mar-19	<p>There is a risk of of potential harm to staff from equipment becoming faulty electrically. Defective Equipment also being plugged into fixed equipment which is unable to safely operate to eliminate danger.</p> <p>This is caused by defective or not sufficient load carrying capacities to allow correct and safe operation of electrical equipment.</p> <p>This will lead to an impact/affect on the safety of all patients, staff and visitors whilst electrical equipment is being used in their vicinity.</p> <p>Risk location, Pembrokeshire, Withybush General Hospital.</p>	A small percentage of fixed electrical equipment is tested annually by contractors plus the DLO carry out safety checks daily on both equipment and fixed wiring. Failure to fund testing will cause a backlog and will not comply with Firecode Works.	Safety - Patient, Staff or Public	3	3	9	The current budget is not sufficient to carry out all testing and identify all problems but we are keeping on managing problematic areas.	Further testing of Portable and Fixed Wiring is required to minimise risks with Electrical Equipment. Further funding and resources must be made available	Arnold, Malcolm	31/03/2022-30/03/2025-30/09/2025 31/03/2026-30/09/2026	<p>Currently testing has been carried out and we are awaiting results schedules from Contractors</p> <p>no further action</p> <p>5 year fixed wiring testing contract has been awarded.</p> <p>All electrical work on site must be completed by certified CP LV electricians and permitted by APLV for WGH site.</p> <p>Update 17/07/2024 tender process underway with procurement to award external contractors to carry out fixed wire testing.</p> <p>local testing completed to Creche/child health/ Pembroke county.</p> <p>orders placed to carry out PAT testing</p> <p>14/04/2025 main contract has commenced with all community premises.</p>	Health and Safety Committee	2	2	4	Capital investment would reduce this risk, and ongoing planned maintenance	Treat	8-Jun-26
															Testing of local boards carried out by internal craftsmen but not complete	Arnold, Malcolm	Completed	No further progress. completed								
															Further testing has been carried out on site and waiting for EICR report to be given. This is only part of the hospital and requires extra Work and Funding.	Elliott, Rob	Completed	Further testing is being carried out. completed								

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

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1261	Estates & Facilities	Estates & Facilities	E&F: Pembrookshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	14-Oct-21	<p>There is a risk of that the roof and ceiling will become too badly corroded to allow the office to be used. The subframe is also showing signs of external corrosion of the frame and skirts on the floor level of the units.</p> <p>This is caused by weather conditions and inevitably the age of the units.</p> <p>This will lead to an impact/affect on closure of the offices as there are water leaks being permanently reported. The trial of using a compound on the roof was abandoned as the roof was giving way. Unfortunately the whole of the roof is not in a very good condition.</p> <p>Risk location, Withybush General Hospital.</p>	Monitoring and used to be coating of the leak area but now unable to walk on roof.	Safety - Patient, Staff or Public	4	2	8	The sub frame of the building is in poor condition and will not allow more maintenance.	<p>Continual Inspections to be carried out.</p> <p>Units are subject to adverse weather and are corroding badly. No further work can be determined.</p> <p>Continuing maintenance and inspection being carried out.</p> <p>Units are subject to adverse weather and are corroding badly. No further work can be determined. Partial improvements have been carried out to a part of the roof. More funding required.</p>	Arnold, Malcolm	23/09/2021-30/03/2025-30/10/2025 31/03/2026 30/09/2026	<p>Frames are deteriorating. update 17/07/2024 north side of building subsided by 100 mm due to frame corrosion. structural survey completed, waiting for action plan and cost to repair the structure. Property team to carry out building survey for suitability.</p> <p>Update 19/02/2025 North Side works complete. Still evidence of corrosion to frame on the west side. to be monitored</p> <p>No further progress. Emergency works to the roofs completed June 2024 capital bid in place for full replacement. completed</p> <p>Continuous patching up of external areas. Update 17/07/2024 emergency patch repair to one section of the roof completed June 2024. Capital bid in place to replace fully. Update 19/02/2025 Capital funds release Or placed with contractor. mobilisation of scaffolding no on site. Start date to be confirmed roof completed</p> <p>No further progress. completed</p>	Health and Safety Committee	2	1	2	Capital investment and regular maintenance will achieve the target risk score.	Treat	8-Jun-26

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947	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	3-Aug-17	<p>There is a risk of avoidable harm to patients, visitors and staff at Tenby Cottage Hospital.</p> <p>This is caused by the brick Pavement and Driveway into Hospital sliding down towards the bottom of the carpark allowing excessive gaps and holes to appear which are trip hazards.</p> <p>This will lead to an impact/affect on personnel that are entering the Hospital being exposed to the danger of such potholes, possible trips and falls, claims and complaints.</p> <p>Risk location, Pembrokeshire, Withybush General Hospital.</p>	<p>Sand is being placed between the joints but has not any long-term effect. Slippage is still occurring.</p> <p>Inspections being carried out by Estates staff but there is not a great deal that maintenance are able to do.</p>	Safety - Patient, Staff or Public	4	2	8	<p>Limited to allowing sand to be used to assist with the gaps but these are getting bigger with the volume of slippage, however the gaps are worsening.</p> <p>Further reports that there is still slippage happening at the Hospital. Unable to close off as this is the main entrance.</p>	<p>Removal of hard standing and either tarmac complete area or install concrete dividers to stop creep of brickwork.</p>	Arnold, Malcolm	30/09/2020-31/12/2024-30/04/2024 30/04/2025-30/03/2026 30/09/2026	<p>New quotes to be required, after which a Capital bid will be raised.</p> <p>Update 16/07/2024 order placed for localised repair to main car park entrance and trip hazards at building entrance. Trip hazards completed</p> <p>Update 29/07/2024 Main entrance localised works still to be repaired . Contractor to mobilise for weekend working. date TBC.</p> <p>22-08-2024 final repairs scheduled for weekend 31/08/2024</p> <p>30/04/2025 update. No further plans for full removal and replacement. ongoing maintenance where required.</p>	Health and Safety Committee	1	2	2	<p>Vehicle usage will always cause wear and tear to the car park. Continuous planned maintenance and defect repair when required. Full replacement for a more hard wearing tarmac the preferred solution.</p>	Treat	6-May-26
									<p>Further reports that there is still slippage happening at the Hospital. Unable to close off as this is the main entrance.</p>	Elliott, Rob	Completed	Completed	No further progress. update order placed for localised repair at main entrance. mobilisation to be confirmed. completed													
									Brick Walkways are deteriorating and larger gaps appearing. Filling put in to minimise gaps but do not last long.	Elliott, Rob	Completed	Completed	No further actions. completed													
									Inspections being carried out but there is not a great deal that maintenance are able to do.	Elliott, Rob	Completed	Completed	No further progress to report. completed													
									Removal of hard standing and either tarmac complete area or install concrete dividers to stop creep of brickwork. No requests have been carried out for costing of tarmac.	Elliott, Rob	Completed	Completed	No further progress completed													
									Local repairs to blockwork entrances	Arnold, Malcolm	Completed	Completed	Purchase order placed to repair trip hazard around entrances. Works have been completed.													

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505	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	1-Jan-18	<p>There is a risk of avoidable service disruption due to high voltage (HV) electrical infrastructure problems.</p> <p>This is caused by the Bus Section and HV Breakers (Health Board Assets) are single point of failure. These are manufactured by South Wales Switch Gear in 1987 and are beyond life expectancy. An external audit by NWSSP-SES has confirmed this issue. Experiencing power outages could result in HV system failure. The HV Breaker is currently oil circuit cooled which degrades quicker than more modern methods of protection, and is more prone to failure.</p> <p>This will lead to an impact/affect on loss of electricity at the PPH site, potential service disruption (non-critical services).</p> <p>Risk location, Prince Philip Hospital.</p>	<p>Visual inspections and PPM's are in place to check components.</p> <p>External service contract in place with Western Power for routine annual maintenance checks over a 5 year plan.</p> <p>If electrical failure did occur the back up generator would generate prioritising essential services.</p>	Service/Business interruption/disruption	2	4	8	<p>Information has been received from external authorising engineers. External service contract in place with The National Grid for routine annual maintenance checks over a 5 year plan. These old systems result in parts being difficult to obtain.</p> <p>Funding is required to address the components as per a risk based approach.</p>	<p>Capital funding granted to address the issues as identified and for the replacement work to be undertaken.</p>	Evans, Stewart	31/03/2021-31/03/2024-31/05/2024 04/11/2024-31/01/2025-31/03/2027	<p>This risk has been identified on the property and infrastructure backlog system. This will now be considered as part of the future infrastructure programme for HDUHB. This has been moved to priority 1 for the WG infrastructure bids. Unlikely to change until end of financial year.</p>	Health and Safety Committee	1	3	3	<p>Listed on Priority 2 of the current run schemes by MCP team for replacement. Funding required for replacement.</p>	Treat	27-Apr-26

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1353	Estates & Facilities	Estates & Facilities	E&F: Pembrookeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	9-Feb-18	<p>There is a risk of of the condition of the wiring used in the hospital being in a poor condition. Tray work covers have not been put back leaving exposed cores and the use of twin flat grey has been used without containment. Some of the cables could be live.</p> <p>This is caused by use of the wrong specification of cable to be included in small schemes by various parties.</p> <p>This will lead to an impact/affect on the safety of personnel doing maintenance in ceiling voids.</p> <p>Risk location, Withybush General Hospital.</p>	Fixed testing has not identified any problems as there are no complete circuits to measure. Formal discussions with Electrical Staff is carried out.	Safety - Patient, Staff or Public	4	2	8	The issues are now being realised by Contractors during the fire Code works. Discussions are frequent and isolations are being done by officers.	<p>No further work carried out to infrastructure except for normal maintenance.</p> <p>As more areas are being exposed it is showing more and more non -compliant electrical services. Remedial works are required.</p> <p>Poor quality wiring is being identified through Fire code and RAAC contractual works. Ongoing identification, Fixed electrical testing contract in place. Permit to work by CP appointed contractor only. ongoing.</p> <p>Funding and a contract required to test such a large area.</p> <p>This problem is as bad as first reported as there is much more Twin and earth being found as further works are being carried out.</p>	<p>Arnold, Malcolm</p> <p>Elliott, Rob</p> <p>Arnold, Malcolm</p> <p>Elliott, Rob</p> <p>Elliott, Rob</p>	<p>Completed</p> <p>Completed</p> <p>23/09/2022-30/09/2025-30/09/2025 31/03/2026-30/09/2026</p> <p>Completed</p> <p>Completed</p>	<p>Upgrades to electrical wiring on second floor wards as part of RAAC repairs. other areas no further progress Update:17/07/2024 Ground floor RAAC areas have had electrical infrastructure (dis boards replaced. Wiring change where needed. completed</p> <p>No further progress into problems carried out. completed</p> <p>ongoing identification and modification when identified. 27/03/2025 update Fixed wiring inspection project under way to achieve 100% over 5 years. Defects identified from inspections will require funding.</p> <p>completed</p> <p>No further progress. completed</p>	Health and Safety Committee	3	1	3	capital investment and regular maintenance will reduce this risk	Treat	8-Jun-26

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991	Estates & Facilities	Estates & Facilities	E&F: Pembrokehire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	11-Sep-17	<p>There is a risk of of leaks being detected in the natural gas pipework at Withybush Hospital.</p> <p>This is caused by the Mains Gas pipework not being up to Gas Safe standards and is showing signs of corrosion and wear due to age of installation. Labelling and isolation/solenoids, and valves are not up to current standards. Soundness tests need to be completed to verify condition of distribution system.</p> <p>This will lead to an impact/affect on possible closure of services whilst leaks are repaired. Isolation of gas main would be a reality, which will impact the main WGH kitchen and impact on nutritional needs to the patients. If gas main shut down was needed, this would impact the renal dialysis resulting in loss of heating and domestic water.</p> <p>This has been identified as part of LOFSM</p> <p>Risk location, Withybush General Hospital.</p>	<p>Constant monitoring and inclusion of local contractor.</p> <p>SOP in place for emergency closure of kitchen, and alternative food supply.</p>	Safety - Patient, Staff or Public	4	2	8	<p>The unit is being monitored at the moment but further works are imminently required. When the line was installed the guidelines were not as significant a problem but having changed legislation this is not now the case. No further progress on the 2019 report received from a commercial gas contractor due to lack of funding to carry out effective repairs and ongoing annually soundness tests. Funding still awaited.</p> <p>28/01/2025 update : this still sits as a high risk gas safe non conformity. early resolution required.</p>	<p>Inspection carried out and recommendations have been accepted. Capital bid required to eradicate problems.</p> <p>No further progress on the report received from a commercial gas contractor.</p> <p>Capital bid required to eradicate problems.</p> <p>Capital bid submitted 19/07/2024 waiting for funding to refurbish the Commercial gas system to latest Gas safe regulations.</p>	Arnold, Malcolm	Completed	<p>Capital Bid has been submitted to complete recommendations. Update 14/07/2024 system resurveyed and new costs established to prepare a new capital bid.</p> <p>No further progress. 16/07/2024 updated quote received to prepare capital bid</p> <p>Costs to be reviewed which will be incorporated into the Capital bid. completed</p> <p>no further progress 26/03/2025 no further progress 12/09/2025 capital funds have now ben approved waiting on cost centre to progress the works 15/04/2026 Major elements of the project now completed, waiting for final commission, and snagging before formal sign off.</p>	Health and Safety Committee	4	1	4	capital investment and regular statutory maintenance will reduce this risk	Treat	8-Jun-26

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1068	Estates & Facilities	Estates & Facilities	E&F: Ceredigion	Severs, James	Chiffi, Simon	Day, Simon	Jones, Eifyn	1-Aug-12	<p>There is a risk of avoidable harm to staff from potential electrical shocks on defective systems.</p> <p>This is caused by lack of periodic inspections of electrical systems. Currently testing 20% of the installation annually.</p> <p>This will lead to an impact/affect on serious injury and closure of facilities. Failure to undertake this along with a potential incident would result in Health and Safety Executive (HSE) investigations or prosecutions. (Linked to HB wide risk 425).</p> <p>Risk location, Bronglais General Hospital.</p>	<p>Portable appliance testing (PAT) is undertaken on a rolling programme.</p> <p>Fixed boards are also tested on a rolling programme.</p> <p>Visual checks are continually carried out by maintenance staff.</p> <p>Low Voltage (LV) operational group formed to discuss issues of Electrical Safety and Compliance.</p> <p>Ward testing on a rolling 5 year basis.</p>	Safety - Patient, Staff or Public	2	4	8	<p>Ongoing management as per regulations and guidance documentation.</p> <p>Contractors have now been appointed and will carry out the testing up until 2029 (for 5 years). The score remains high until completion of the testing works (2029).</p>	<p>Bid for additional Capital funding for more testing to take place, which will help the UHB achieve British Standards.</p> <p>Contractors have now been appointed and will carry out the testing up until 2029 (for 5 years)</p>	Jones, Eifyn	Completed	<p>Tender evaluation process completed. Tender award in process.</p> <p>16/05/2025 - Targeted Estates Funding to be utilised to address the remedial works following the EICR's.</p> <p>14/07/2025 - Contract documents are being produced. PO's can then be generated via our framework contractors.</p> <p>16/09/2025 - Awaiting completion of contract documents before PO's can be generated via the framework route.</p> <p>17/11/2025 - Awaiting completion of contract documents.</p> <p>26/01/2026 - Contractor expected on site by 31/03/2026</p> <p>26/03/2026 - Contractor on site carrying out remedial works and further testing.</p> <p>01/06/2026 - Remedials work complete, this years EICR's in progress.</p>	Health and Safety Committee	1	4	4	20% of the site to be tested annually, 100% completion expected by March 2029.	Treat	1-Jun-26
1069	Estates & Facilities	Estates & Facilities	E&F: Ceredigion	Severs, James	Chiffi, Simon	Day, Simon	Jones, Eifyn	1-Aug-12	<p>There is a risk of avoidable harm to patients.</p> <p>This is caused by medical gas plant and equipment failure at BGH.</p> <p>This will lead to an impact/affect on patients if a serious incident or failure was to occur. Also this has the potential to affect services causing disruption, resulting in closure of facilities. Possible enforcement and Health and Safety Executive (HSE) prosecution in the event of a serious incident occurring. (Linked to HB wide risk 434).</p> <p>Risk location, Bronglais General Hospital.</p>	<p>Pre planned maintenance is being carried out. Visual inspections are also being undertaken and a Health Board wide Medical gas group has been established.</p> <p>Designated nurse officer medical gas training has also been undertaken.</p>	Safety - Patient, Staff or Public	2	4	8	<p>As per guidance documentation and external advice from authorising engineers.</p>	To implement all actions listed in the Authorising Engineers (AE's) reports.	Jones, Eifyn	31/03/2026	<p>16/05/2025 - Some actions completed from 2024/25 statutory budget. Awaiting allocation for 2025/2026.</p> <p>14/07/2025 - Confirmation of £10k budget, prioritised list to be generated.</p> <p>16/09/2025 - Finalising list prior to issuing PO.</p> <p>17/11/2025 - Working through list to complete actions.</p> <p>26/01/2026 - PO raised.</p> <p>26/03/2026 - Work to be completed by 31/03/2026</p> <p>01/06/2026 - Statutory budget allocation for 2026/2027 set at £10k.</p>	Health and Safety Committee	1	4	4	It is anticipated that the target score will be following this years statutory allocation.	Treat	1-Jun-26

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1332	Estates & Facilities	Health and Safety	Health and Safety	Severs, James	Severs, James	Springthorpe, Adam	Springthorpe, Adam	23-Aug-21	<p>There is a risk of avoidable patient and staff harm from hazardous substances.</p> <p>This is caused by the UHB not being fully aware of its compliance to the Control of Substances Hazardous to Health Regulations 2002 (COSHH)</p> <p>This will lead to an impact/affect on the safety of patients, staff and general public, closure of services, HSE investigations and prosecution, adverse publicity/reduction in stakeholder confidence.</p> <p>Risk location, Health Board wide.</p>	<p>HS&S Officer (Chemical Engineering Specialist) providing support/advice to departments.</p> <p>HS&S Officer is supporting Health Board Ventilation Group with Estates colleagues - surveyed Local Exhaust Ventilation systems across PPH, GGH, WGH & BGH. Also assisting Water Safety Group and Sharps Safety Groups (re: work-related biological agent exposure).</p> <p>Undertaken chemical waste audits with Environmental team, and provide ongoing support to team with specialist advice regarding safe handling and disposal of waste.</p> <p>HS&S Officer attending Sharps Safety Group - measures to reduce risk of exposure to sharps (and possible exposure to biological agents) being implemented.</p> <p>Assisting annual ISO 14001 audits covering some COSHH aspects. HDUHB COSHH policy and procedure - updated policy approved Jan 2022, contained two new COSHH forms (substance-based and task-based) Induction training for Managers - includes COSHH for Managers session. Over 500 managers trained since 2020.</p> <p>Annual COSHH audits of prioritised departments undertaken - initial program (April 2020, early pandemic) assessed key departments on all acute sites and support provided on highest risks. Other audits taken as and when possible. Annual audits undertaken.</p> <p>Centralised HDUHB database of identified substances and COSHH data - initiated</p>	Safety - Patient, Staff or Public	2	4	8	<p>We are likely to be compliant with many aspects of COSHH (due to existing control measures, training, etc), however the COSHH assessment is needed for many substance, and this will record where we are compliant and what remedial actions are necessary. Risk has been reduced slightly due to a few recent changes. Firstly, the estates inventory is significantly reduced from previous audits. Estates do not use substances of high concern. The GGH Laundry has closed so there is no longer use of the most hazardous substances in the largest quantities. HSDU now use the most hazardous substances but these are well controlled. Audits of general wards are underway and are not finding significant hazards. There is a possible risk remaining from some environmental exposures such as surgical smoke and Entonox. New processes such as HPV disinfection have introduced new but well-managed risks. Hotel Services have undergone a supplier change for their substances. Progress is ongoing towards reducing risk to a Moderate.</p>	Completion of >50% of required COSHH assessments using forms in HDUHB COSHH Policy 703	Sellek, Gerard	30/4/2022 31/06/2026	<p>The following COSHH aspects are complete: Endoscopy/HSDU, Podiatry, Estates boiler treatment/feed water testing chemicals, liquid nitrogen complete, some MHL sites, Entonox exposure; HS&S has set up a database of all substances found and assessments required/completed. The initial aim was for local managers to complete risk assessments. This is possible for small numbers of assessments, but due to overall HDUHB staff workload, HS&S generally will need to set up the assessments and then reviewed/completed locally except where local staff have the time to do so. This has been successful when undertaken. Every ward on every acute site has been visited and assessed for COSHH risks. New COSHH Intranet site under development which is intended to become the central repository for COSHH lists, MSDS's and COSHH Assessments.</p>	Health and Safety Committee	1	4	4	<p>Developing COSHH compliance for the Health Board is a huge task, but one that is always ongoing behind the scenes within the H&S Team. Compliance will therefore take time to fully implement.</p>	Treat	28-May-26

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

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

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1099	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	1-Aug-12	<p>There is a risk of of avoidable harm to staff and Patients from potential electrical shocks on defective systems.</p> <p>This is caused by lack of periodic inspections of electrical systems.</p> <p>This will lead to an impact/affect on serious injury and closure of facilities. Failure to undertake this along with a potential incident would result in Health and Safety Executive (HSE) investigations or prosecutions. (Linked to HB wide Risk 425).</p> <p>Risk location, Amman Valley Hospital, Prince Philip Hospital.</p>	<p>Portable appliance testing (PAT) testing is undertaken on a rolling programme. Fixed boards are also tested on a rolling programme as and when funds are made available.</p> <p>Visual checks are continually carried out by maintenance staff.</p> <p>Low Voltage (LV) operational group formed to discuss issues of Electrical Safety and Compliance.</p>	Safety - Patient, Staff or Public	2	4	8	<p>Electrical Testing Inspections to be undertaken on a regular basis to ensure safe systems. To include visual checks through regular PPMs. Fixed testing has been carried out and continues to be undertaken.</p> <p>LV Safety Group have received returned tenders for 24-25 period. 40K allocated for testing. Principal contractor appointed to undertake tests for April 26-27.</p> <p>Fixed testing ongoing for 2025-26, remedial works has been funded from TEF.</p>	Evans, Stewart	27/03/2024-10/07/2024-31/03/2025 31/03/2026-31/03/2027	Additional Capital Funding required to provide Satisfactory test reports	Health and Safety Committee	1	4	4	Ongoing investment required	Treat	27-Apr-26	
1106	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	1-Aug-12	<p>There is a risk of of avoidable harm to patients and the loss of services.</p> <p>This is caused by medical gas plant and equipment failure , and oxygen supply to COVID ward area's due to pipe sizing</p> <p>This will lead to an impact/affect on patients if a serious incident or failure was to occur. Also this has the potential to affect services causing disruption, resulting in closure of facilities. Possible enforcement and Health and Safety Executive (HSE) prosecution in the event of a serious incident occurring.</p> <p>Risk location, Prince Philip Hospital.</p>	<p>Pre planned maintenance is being carried out. Visual inspections are also being undertaken and a Health Board wide Medical gas group has been established. Designated nurse officer medical gas training has also been undertaken.</p>	Safety - Patient, Staff or Public	2	4	8	<p>Guidance documentation and external advice from Authorising Engineers advises that all plant has a life span - anything over 10 years increases the risk of being unable to replace worn/damaged parts. Despite the controls in place, the risk cannot be fully mitigated until funding is in place to replace the equipment.</p> <p>TEF Funding required from 2026-27 allocation.</p>	Evans, Stewart	30/03/2027	Order to be placed for the increased pipe size installation feeding Ward 1 & AMAU.	Health and Safety Committee	1	4	4	Investment required for aged plant replacement.	Treat	27-Apr-26	

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1133	Estates & Facilities	Estates & Facilities	E&F: Pembrokehire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	12-Jun-17	<p>There is a risk of of patient, staff and visitor harm (slips, trips and falls)</p> <p>This is caused by unsafe surface conditions of pathways and roads at WGH.</p> <p>This will lead to an impact/affect on Health Board reputational damage with complaints received and patient safety incidents recorded. An increasing number of legal claims could be received if surfaces not made good.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Routine planned maintenance in place to check roads and pathways. Emergency pot hole repairs, where identified.</p> <p>In severe weather, established gritting policy.</p>	Safety - Patient, Staff or Public	2	4	8	<p>Risk remains high. Planned maintenance completed, emergency pot hole repairs undertaken but funding is required to replace road surface. An incident occurred outside A&E on the service duct covers (which forms the pathway) at the end of March 2025. CCTV evidence of a member of the public falling over. All duct covers have now been reset but a legal claim is anticipated.</p>	<p>monitor conditions of roads and paths during inclement weather</p> <p>Road surfaces are deteriorating to the extent of further potholes appearing.</p> <p>Carry out condition survey of roads for capital funding.</p> <p>develop capital bid to resurface priority 1 roadways and car parks (areas to be completed within two years</p> <p>Capital bids for priority two (within 5 years) and priority 3 (within 10 years) on hold</p> <p>Resurface priority roads and car parks on release of capital funds</p>	Arnold, Malcolm	Completed	<p>no further action completed</p> <p>No further progress update 17/07/2024 planed maintenance task in CAFM to check condition. pot hole filled with emergency fill materials. funding application to welsch government to resurface road conditions. currently denied. ongoing</p> <p>06/08/2025 MA condition survey completed highlighted priority 1,2,3 areas.</p> <p>Capital bid completed reference WGH-CB-13-2025</p> <p>no further progress</p>	Health and Safety Committee	1	4	4	<p>Funding is required to mitigate this risk. However, there is always going to be a risk of slips trips and falls due to wear and tear on road surfaces and pathways, coupled with possible mobility issues of patients and members of the public which increases the risk of falls.</p>	Treat	26-May-26

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2353	Operational Allied Health Professions & Health Sciences	AHP&HS: Physiotherapy	AHP&HS: Physiotherapy	Carruthers, Andrew	Quarrie, Sara	Davies, John	Evans, Nick	26-May-26	<p>There is a risk of that patients or staff could come to harm</p> <p>This is caused by insufficient air conditioning within the Hydrotherapy pool area. Guidance is that the air temperature should be 5 deg C below water temp. Air and pool temp were both 36 deg C on 26/05/26.</p> <p>This will lead to an impact/affect on Patient and staff satisfaction, use of the hydrotherapy pool during periods of extreme heat</p> <p>Risk location, Carmarthenshire.</p>	<ul style="list-style-type: none"> . Carmarthenshire County Council exploring options . Staff having more regular breaks . Cutting sessions short . Increased hydration . Checking on patient and staff checking on each other more frequently 	Safety - Patient, Staff or Public	2	4	8	As staff are aware of the risk, they are completing the management as shown above, but as the air temperature is excessively high there is a risk of the staff or patients coming to harm, or, should the risk continue, sessions may have to be stood down which will effect capacity and throughput of patients.	<p>Email sent to CCC to ask for mitigation options and timescales</p> <p>Staff to ensure they take regular breaks, regular hydration, shorter sessions, check on patients more regularly and check on each other regularly. Email regarding ensuring hydration and checking on patients and each other more often sent.</p> <p>CCC to develop options to better manage air temperature in Hydrotherapy Pool area</p>	Evans, Nick	Completed	Action completed	Health and Safety Committee	1	4	4	When the air temp and water temp is at the normal state, there is minimal risk due to the thermocline.		27-May-26
2278	Estates & Facilities	Estates & Facilities	E&F: Fire	Severs, James	Severs, James	Chiffi, Simon	Evans, Paul	31-Oct-25	<p>There is a risk of of not having fully accurate information to determine our agreed fire safety engineering strategies for a selection of our buildings to meet the requirements of Regulation 38 of Building Regulations, BS9999 and the Regulatory Reform (Fire Safety) Order 2005.</p> <p>This is caused by having incomplete or the lack of data in many cases to support the verification of fire safety engineering strategies within estates operations/fire team, for a selection of our estate buildings. In addition to this a lack of complete transparency of ownership and responsibility of the individual components of a fire strategy between operational estates and the fire team.</p> <p>This will lead to an impact/affect on potentially increased or additional</p>	<p>Established PPM regimes across a range of fire safety engineering components. Regular KPI reporting to Fire Safety Groups and IGG.</p> <p>Fire Door barcoding is currently being rolled out across the estate</p> <p>Fire Door Surveys</p> <p>Fire Compartmentation Surveys</p> <p>CAD and Fire team appointed to manage and update fire safety engineering drawings (fire strategy) providing advice to the operational estates managers to ensure they can fulfil their responsibilities to address other agreed elements of the strategy.</p> <p>Fully developed and dated phased FIRE STRATEGY GAP analysis on what sites require strengthening and updating and who is responsible for completion of each phase of work.</p> <p>Tef funding agreed to address and improve a range of fire infrastructure items</p>	Service/Business interruption/disruption	4	2	8	This risk score is based on the information and evidence within both estates and fire compliance teams.	To fully agree and complete the FIRE STRATEGY GAP analysis document that is shared between all stakeholders.	Evans, Paul	31/03/2027	The FSG are tracking this and the progress of completion. Document agreed, now agreeing appropriate timelines for completion for all sites, this will be reviewed regularly.	Health and Safety Committee	4	1	4	This risk score is based on the information and evidence within both estates and fire compliance teams.	Treat	20-May-26

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									operational maintenance frequencies for planned maintenance work, lack of clarity in some cases on what elements of the building form part of the strategy (i.e. fire door locations or fire compartmentation walls) in addition, for more complex buildings, potentially outdated cause and affect matrix to determine what and how engineering components perform and react when fire alarms are activated. Risk location, Health Board wide.	Fire safety drawings are available and accessible from the estates drawing portal Cause and affect matrix documents are available for complex sites Boris system has been implemented to record the findings of the Fire Risk Assessments and assignment of actions to nominated staff. Fully approved job descriptions for specific roles in estates that are responsible for fire safety						To meet and fully agree the appropriate ownership of actions that are created from Fire Risk Assessments. Looking at the questions asked in the FRA's to ensure clarity of ownership/responsibility of actions raised.	Evans, Paul	31/03/2026 01/07/2026	The FSG are tracking the progress of this action. Meetings have taken place and this will be addressed by the revised date provided.								