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# Assurance and Risk Report

*Health and Safety Committee – 9 September 2025*

# Situation



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



\*Operational risks are reported to the Health and Safety Sub-Committee, and last presented at its meeting in August 2025.

# Risk Management - Overview



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

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

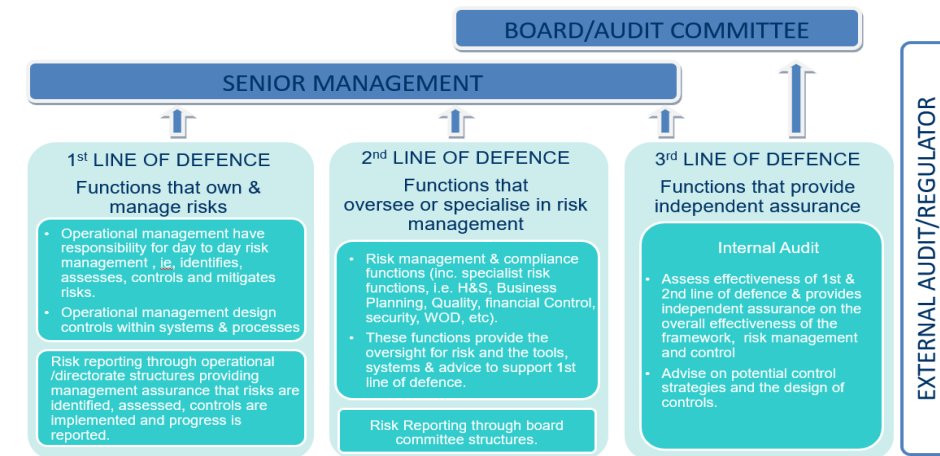
The Health Board operates within the widely accepted “Three Lines of Defence” model to ensure the appropriate responsibility is allocated for the management, reporting and escalation of risk.

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

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

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

A revised approach to risk tolerance was agreed by the Board at its meeting in March 2025 to reflect the organisation’s readiness to bear the risk after risk treatment, in order to achieve its objectives. Risk leads are required to provide a rationale for the target risk score (TRS), and an expected date when the TRS will be achieved. These are mandatory fields on Datix as of 1 July 2025, and therefore where risks do not currently have this detail, risk leads will be asked to provide by the next report to HSC.



# Corporate Risks Assigned to HSC



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

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

These risks have been identified by individual Directors via a top down and bottom-up approach and are either:

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

There are 4 risks currently aligned to HSC (out of the 20 currently on the CRR).

Due to the sensitive nature of risk, the following risks are reported in detail to the In-Committee meeting:

- 1860 – Risk of serious harm to staff due to violence & aggression in the workplace; and
- 1861 – Risk of harm to staff, patients public and critical assets due to insufficient physical security measures and systems

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

# Corporate Risks assigned to HSC

## - Reported to In-Committee



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Due to the sensitive nature of risks 1860 and 1861, the following risks will be reported in detail to the In-Committee meeting.

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score
1861 - Risk of harm to staff, patients public and critical assets due to insufficient physical security measures and systems	Director of Allied Health Professions and Health Sciences	Executive Director of Allied Health Professions and Health Sciences	16 →	12	31/03/2026
1860 - Risk of serious harm to staff due to violence & aggression in the workplace	Director of Allied Health Professions and Health Sciences	Executive Director of Allied Health Professions and Health Sciences	15 →	9	04/01/2027

# Corporate Risks assigned to HSC



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score
1745 – Risk of not being able to safely deliver services due to ageing estate and infrastructure across the Health Board	Director of Allied Health Professions and Health Sciences	Executive Director of Allied Health Professions and Health Sciences	15 →	10	TBC

## Rationale for Current Risk Score of Risk 1745

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

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

## Rationale for Target Risk Score

The target risk score is directly linked to the amount of funding the Health Board (HB) will receive to address the current issues faced across the organisation and our ability to successfully deliver these improvements to reduce risk. Backlog figures are being reviewed in order to inform the current risk score, and to determine any future reduction

# Corporate Risks assigned to HSC



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score
1433 – Risk to the ability to maintain routine and emergency services in the event of a severe pandemic	Director of Public Health	Executive Director of Public Health	12 →	8	31/03/2026
<b>Rationale for Current Risk Score of Risk 1433</b>					
<p>The national security and risk assessment was reviewed and re-published in November 2022; this remains unaltered. The previous pandemic influenza risk has been changed into 2 new risks, one generic pandemic event and 2 emerging infectious diseases. Current likelihood scored at a 3 to reflect the risk of the Health Board being unable to respond to the scale and severity of the pandemic - not the likelihood of the pandemic actually occurring.</p>					
<b>Rationale for Target Risk Score</b>					
<p>A Cabinet Review of Influenza Preparedness was due just prior to COVID-19 which delayed publication. This workstream has now recommenced and together with outcomes and learning points from COVID-19 will inform our future planning approach for pandemic response. The Government Respiratory Pandemic Guidance was due late Summer 2024, but final draft for consultation is out currently with publication due soon after (no date given as yet). It is hoped to reduce either the likelihood and/or impact score following consideration and implementation of these reviews/recommendations and subsequent review of internal planning arrangements.</p>					

# Audits and Inspections - Overview



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

- Evidence that all recommendations from the Royal Colleges / Health Inspectorate Wales (HIW) and other reviews specific to Hywel Dda UHB are discharged and either verified or delivered or scheduled for delivery within the Health Board's longer-term improvement plan (*TI criteria 12*); and
- Demonstrate a prompt response to any HIW inspections, concerns, incidents, never-events, coroners requests and regulation 28s (*TI criteria 38*) – *which has replaced the previous criteria of 'Effective response from the Health Board to external reports and reviews including those from Audit Wales, the Ombudsman, Royal Colleges and HIW resulting in sustainable improvements.'*
- The Board acts on, and addresses appropriately, concerns raised through NHS regulators such as HIW.

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

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

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

Status	Explanation
Green	Recommendation has been confirmed as completed by the service / directorate lead ( <i>AMAT Status: Complete and awaiting approval / Fully Complete</i> )
Amber	Recommendation is currently in progress, and within the agreed <b>original</b> timeframe for implementation ( <i>AMAT Status: Partially Complete / In Progress</i> )
Red	Recommendation is in progress, but has exceeded its agreed <b>original</b> timeframe for implementation (i.e. overdue) ( <i>AMAT Status: Overdue / Partially Complete (Overdue)</i> )
External	Recommendations considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation. Due to current system limitations, the action title has been amended to include the phrase "external" to denote this status.

# Audits and Inspection Reports assigned to HSC

## 1 of 2 – Internal Audit & Royal College of Nursing Reports



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49 reports have been assigned to HSC to enable them to undertake their responsibility as set out in their Terms of Reference. This slide summarises the progress of 1 Internal Audit reports and 2 Royal College of Nursing report. A summary of the 46 Letters of Fire Safety Matters can be found on the next slide. Appendix 2 contains all overdue and external recommendations:

Date of report	Report Issued By	Report Title	Report Assurance Rating	Status of Report	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendations in original report	Red (behind schedule)	Amber (on schedule)	Green (complete)	External Recs	Any Barrieris to Completion Note
Nov-23	Internal Audit	Estates Condition	Limited	Open	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Jul-24	<del>Jul-24</del> Oct-24 Dec-25	8	0	1	6	1	Health Board will need direction on how to proceed with the surveys to ensure this is in line with Welsh Government requirements and funding opportunities.
Mar-25	Royal College	RCN Workplace Inspection - WGH A&E Department	N/A	Open	Community & Integrated Medicine	Chief Operating Officer	Aug-25	Aug-25	20	6	1	13	0	No progress updates or revised completion dates provided.
Feb-25	Royal College	RCN Health and safety workplace inspection- Corridor care and safe staffing BGH EUCC February 2025	N/A	Open	Community & Integrated Medicine	Chief Operating Officer	Sep-25	Sep-25	11	0	9	2	0	No progress updates or revised completion dates provided.

# Audits and Inspection Reports assigned to HSC

## 2 of 2 – Letters of Fire Safety Matters

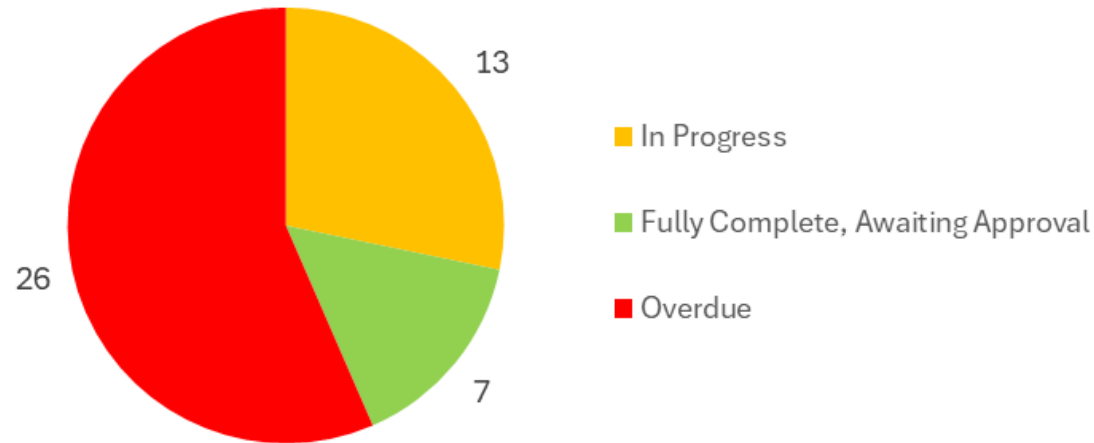


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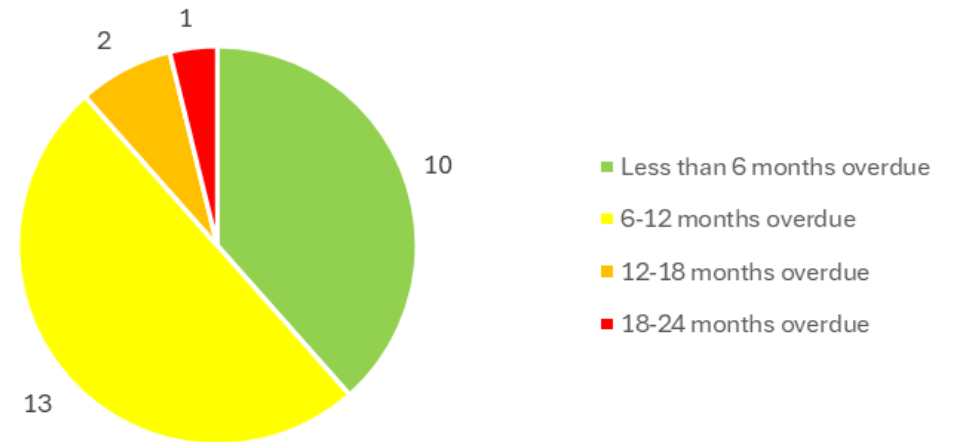
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There are 46 Letters of Fire Safety Matters (LOFSM) currently open.

### Letters of Fire Safety Matters



### Length of time LOFSMs reports are overdue from original completion date



26 LOFSMs\* have surpassed their original completion dates, with 56 recommendations which have exceeded their original timescales.\*

- 13 overdue LOFSMs are currently unable to be completed as awaiting outcomes of capital funding bids. Corresponding risks have been entered the risk register for ongoing monitoring and management until funding is secured.
- 13 overdue LOFSMs have revised completion dates ranging from September 2025 to December 2027, with Mid and West Wales Fire and Rescue Service (MWWFRS) informed accordingly. Reasons for the revised timeframes include recommendations forming part of the Phase 2 Fire Project, delays in the undertaking of compartmentation survey work by specialist external contractors, and delays in the revision of fire strategy drawings (advised by NHS Wales Shared Services Partnership). There is regular dialogue between the Health Board's Head of Fire Safety and MWWFRS in respect of fire safety visits and the LOFSMs.

\*Appendix 2 details the overdue recommendations



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

## Risk Management

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

## Audits, Inspections and Regulatory Reports

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



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Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Aug-25	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
1745	Risk of not being able to safely deliver services due to ageing estate and infrastructure across the Health Board (HB)	Severs, James	Safety - Patient, Staff or Public	3×5=15	3×5=15	→	2×5=10	01/01/1900	<a href="#">3</a>
1433	Risk to the ability to maintain routine and emergency services in the event of a severe pandemic	Gjini, Ardiana	Service/Business interruption/disruption	3×4=12	3×4=12	→	2×4=8	31/03/2026	<a href="#">9</a>

**Assurance Key:**

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

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

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

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

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

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

<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Safety - Patient, Staff or Public
<b>Inherent Risk Score (L x I):</b>	4x5=20
<b>Current Risk Score (L x I):</b>	3x5=15
<b>Target Risk Score (L x I):</b>	2x5=10
<b>Expected Date To Achieve TRS:</b>	01/01/1900
<b>Trend:</b>	↔

Date	Current Risk Score	Target Risk Score	Tolerance Level
Oct-23	15	10	5
Dec-23	15	10	5
Feb-24	15	10	5
Apr-24	15	10	5
Jun-24	15	10	5
Aug-24	15	10	5
Oct-24	15	10	5
Dec-24	15	10	5
Feb-25	15	10	5
May-25	15	10	5
Jul-25	15	10	5

**Rationale for CURRENT Risk Score:**

The current risk score is based upon the level of detailed information the Estates department has for its buildings, plant and infrastructure, including external reports, risk information and Estates and Facilities Performance Management System (EFPMS) data submitted to Welsh Government (WG), clearly articulating the scale of backlog and deficiencies across the Health Board. The programme business case (PBC) has been under development with WG since 2018/19.

NHS Wales Shared Services Partnership (NWSSP) has supported a three-year investment programme for major infrastructure. WG are in support of this plan (with a £5m capital expenditure limit per year).

The Major Infrastructure project is included as a WG Priority Project for Hywel Dda UHB. Negotiations are ongoing with WG to secure funding for the development of business cases for the implementation of these projects. These negotiations will be aided by a piece of work which seeks to ascertain approximate costs, timescales and deliverability of the priorities across the acute sites.

Minimal funding has been received to date (circa £1.5m) for lift shaft improvements at Bronglais General Hospital (BGH) and electrical infrastructure at Glangwili General Hospital (GGH), with fees for the first year of plan secured.

A report has been developed by the Major Infrastructure Team and NHS Wales Shared Services Partnership (NWSSP) Estates detailing the consequences of infrastructure failure in relation to patient services and its impact on patient care. This report was presented to Strategy & Planning Committee in April 2025.

**Rationale for TARGET Risk Score:**

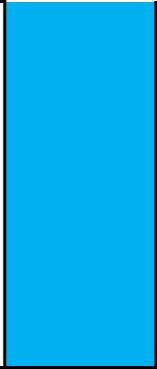
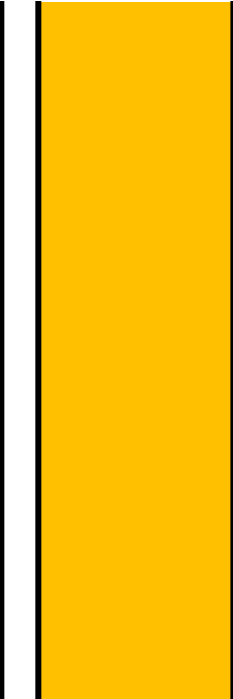



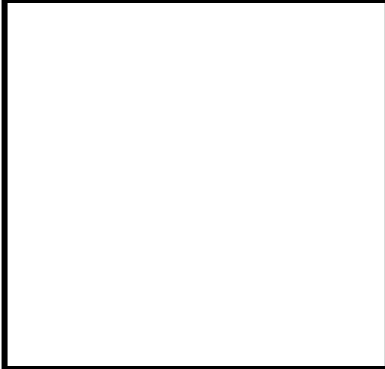
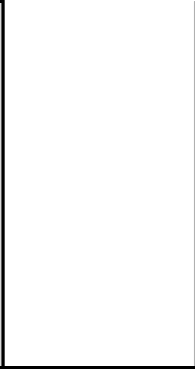

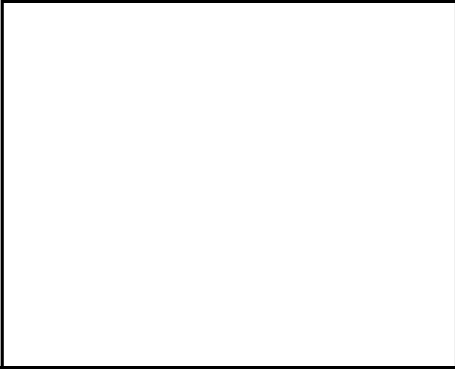
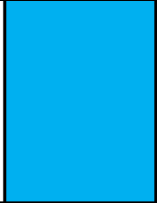
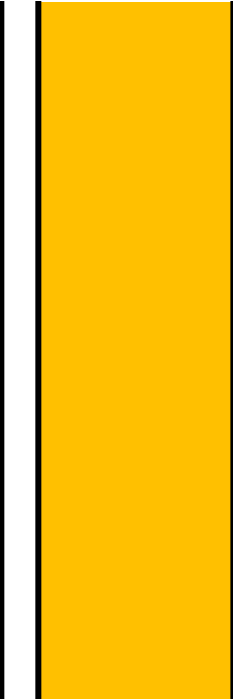




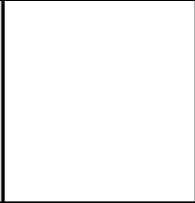



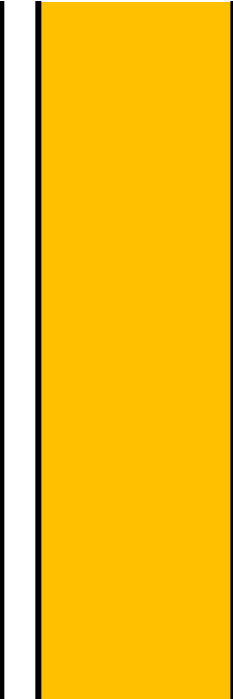



The target risk score is directly linked to the amount of funding the Health Board (HB) will receive to address the current issues faced across the organisation and our ability to successfully deliver these improvements to reduce risk. ☒

Backlog figures are being reviewed in order to inform the current risk score, and to determine any future reduction. ☒

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<p>Planned and Preventative Maintenance regimes</p> <p>Computer-aided facility management (CAFM) system to report and prioritise breakdowns across site. Questionnaires have now been included in CAFM, to measure the performance of our maintenance service. Also to feedback any suggestions on improvements.</p> <p>Condition appraisals (estate survey) and NWSSP-SES audits</p> <p>Backlog database identifies costs of works across the estate</p> <p>Operational Estates staff on site to deal with breakdowns (on-call 24/7)</p> <p>Targeted Estates Funding (TEF) funding bids have been successful to support Discretionary Capital Programme (DCP) (25/26 investment of circa £6.347m including HB's 30% contribution) Tef project group established to deliver this investment.</p> <p>Risks are identified by Estates and services and these inform prioritisation of DCP funding</p> <p>Skilled and trained Estates workforce in place.</p> <p>Site walkarounds in place</p>	<p>Limited Discretionary Capital Programme (DCP) funding to address the £250m backlog</p> <p>WG support for the Major Infrastructure Programme has not been confirmed</p> <p>Statutory, mandatory and essential maintenance jobs are prioritised over routine helpdesk jobs (on average only 50% of helpdesk jobs are completed)</p> <p>Reduction in annual capital funding and statutory allocations to address key items.</p> <p>Increased backlog of circa £250m+</p> <p>Operational resource pressures across the acute sites.</p>	<p>Undertake general environmental monthly walkarounds across the 4 acute sites to increase understanding and proactive management of day to day estate defects.</p>	Evans, Paul	Completed	Completed
	<p>Development of Major infrastructure Programme for 4 main hospitals and securing external funding</p>	<p>Elliott, Rob</p>	<p><del>31/03/2024</del> <del>31/12/2024</del> <del>31/03/2025</del> <del>30/06/2025</del> 31/08/2025</p>	<p>The HB are now undertaking workshops directly with NWSSP-SES to determine the preferred options, accounting for risk mitigation, technical implications, deliverability and cost. This exercise is due for completion August 2025. At this point we will be engaging with WG directly to secure the resources to progress these works via the appropriate business process. On a positive note this project is one of the supported priority project by WG for investment in HB estate.</p>	
	<p>Increasing number of maintenance checks, specifically in relation to fire compliance.</p>	<p>Undertake general environmental quarterly walkarounds for all community in-patient facilities (including Mental Health facilities) to increase understanding and proactive management of day to day estate defects.</p>	Evans, Paul	Completed	Completed
	<p>A Healthier Mid and West Wales (AHMWW) PBC submitted to WG in February 2022 remains not endorsed. Agreement required with Welsh Government on next steps and broader strategic direction.</p>	<p>Davies, Lee</p>	31/10/2024	<p>Nuffield Trust report on clinical strategy received and presented to Board. Management response to be agreed through Strategic Development &amp; Operational Delivery Committee (SDODC). Meeting with Deputy Chief Executive, NHS Wales and Director of Finance, NHS Wales has been held and there will be an Infrastructure Investment Board (IIB) meeting in February (date to be confirmed).</p>	

		the re-introduction of regular (documented) site walkabouts by operational estates and general hospital management. To potentially identify and target defects or site issues that can potentially be quickly addressed, minimising the impact of compounding backlog issues across our sites.	Day, Simon	31/03/2025	Need to establish dates, areas of focus and resource plan by the end of March 25 to commence these walkabouts for the new financial year 25-26.
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ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance <span style="background-color: #00aaff; color: white; padding: 2px;"> </span> Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed  Further action necessary to address the gaps	By Who	By When	Progress
Backlog figures	Regular review of 'environment' themed risks identified on operational service risk registers	1st								
Number of failures		1st								
Cost increases due to inflation	Feedback questionnaire on CAFM maintenance system to measure effectiveness of maintenance service and to offer additional feedback or suggestions on all closed maintenance requests	2nd								
Number of call-outs		2nd								
	Health and Safety Committee review of risks above tolerance									
	Independent Member & Executive Director Walkabouts									

External surveys are undertaken, including Authorised Engineers Audits across each engineering discipline in line with Welsh Health Technical Memorandums (WHTMs)	3rd													
NWSSP-SES Internal Audit on Estates Condition October 2024 (Limited Assurance)	3rd													
Receipt of WHTM audit reports from NWSSP	3rd													

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

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

<b>Risk ID:</b>	<b>1433</b>	<b>Corporate Risk Description:</b>	There is a risk of the Health Board being unable to maintain routine and emergency service provision across the organisation in the event of a severe pandemic event. This is caused by a novel virus/bacteria (or emerging variant or mutation of concern) causing a pandemic as declared by the World Health Organisation (WHO) and the subsequent ability of the Health Board to respond to the scale and severity of the outbreak. This could lead to an impact/affect on patients being able to access appropriate and timely treatment, the HB being able to maintain safe and effective levels of staffing, financial loss, adverse publicity/reduction in stakeholder confidence, increased mortality and ill-health across our population.
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<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Service/Business interruption/disruption
<b>Inherent Risk Score (L x I):</b>	4x5=20
<b>Current Risk Score (L x I):</b>	3x4=12
<b>Target Risk Score (L x I):</b>	2x4=8
<b>Expected Date To Achieve TRS:</b>	31/03/2026

<b>Does this risk link to any Directorate (operational) risks?</b>	
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<b>Trend:</b>	↔
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**Rationale for CURRENT Risk Score:**  
 The national security and risk assessment was reviewed and re-published in November 2022, this remains unaltered. The previous pandemic influenza risk has been changed into 2 new risks, one generic pandemic event and 2 emerging infectious diseases. Current likelihood scored at a 3 to reflect the risk of the Health Board being unable to respond to the scale and severity of the pandemic - not the likelihood of the pandemic actually occurring.

**Rationale for TARGET Risk Score:**  
 A Cabinet Review of Influenza Preparedness was due just prior to COVID-19 which delayed publication. This workstream has now recommenced and together with outcomes and learning points from COVID-19 will inform our future planning approach for pandemic response. The Government Respiratory Pandemic Guidance was due late Summer 2024, but final draft for consultation is out currently with publication due soon after (no date given as yet). It is hoped to reduce either the likelihood and/or impact score following consideration and implementation of these reviews/recommendations and subsequent review of internal planning arrangements.

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

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
	Further action necessary to address the controls gaps			

<p># Major Incident Plan (detailing internal command and control structures)                  # Well established command and control structures for managing pandemic response both nationally and locally                  # Continuation of current COVID-19 and wider national immunisation programmes                  # Extensive knowledge across Health Board in managing a pandemic event                  # COVID-19 response measures which can be adapted to respond to any future pandemic event                  # Local Resilience Forum (LRF) multi-agency plans for managing pandemic influenza (approved by Strategic LRF 14/11/18 now under review also awaiting the Gov Respiratory Pandemic Guidance)                  # LRF Excess Deaths Plan (which supports the LRF multi-agency pandemic influenza management arrangements) developed as a recommendation</p>	<p>Lack of ratified Pandemic Response Framework reviewed which broadens remit from Influenza focus to generic pandemic events.</p>	<p>Pandemic Response Framework reviewed which broadens remit from Influenza focus to generic pandemic events.</p>	<p>Hussell, Sam</p>	<p><del>31/07/2025</del>                  31/05/2024                  31/08/2024                  31/10/2024                  30/05/2025                  31/12/2024                  12/02/2025                  30/05/2025                  30/09/2025</p>	<p>Awaiting publication of UK Gov Respiratory Pandemic Planning Guidance, final draft version out for consultation currently and content being used to inform Pandemic Response Framework.</p>
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from Exercise Cygnus. Plan was ratified by the LRF Health Group.  
 # Health Board Pandemic Influenza Response Framework and associated plan(currently under review)  
 # Quality assurance process via national & local exercise programmes.  
 # Access to national counter measures stockpile  
 # Regional Health Protection service across HB and key partners  
 # Continuous learning from COVID-19  
 # Pandemic Planning Group re-established  
 # Preparations underway to participate in Exercise Pegasus - national Tier 1 Pandemic Exercise scheduled across 3 phases of play in Sept, Oct and Nov 2025.

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ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance <span style="background-color: #FFC0CB; border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed  Further action necessary to address the gaps	By Who	By When	Progress
	Planning via Emergency Preparedness, Resilience & Response (EPRR) including LRF workstream reports to Health & Safety Committee	1st			Vaccine Equity Strategy - Board 30 May 2024  Vaccination Delivery Programme Update - Board via SDODC (Sep 23)  Major Incident Plan - Board via H&SC and Exec Team (Jul 25)	None identified.				
	Operational pandemic reporting structures from HB to WG	2nd								
	National, regional & local command & control structures	2nd								
	National groups operational for vaccination programme planning & delivery	3rd								
	Emergency Planning Advisory Group (EPAG) Wales meetings re Pandemic response and future planning	3rd								

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
Internal Audit Estates Condition (Limited)	R1. The HB should ensure that all sites have appropriate surveys in accordance with the five-year recommended cycle. These surveys should be undertaken by individuals who are appropriately skilled to ensure that the estimated cost of remedial works is appropriate to inform the (Estates and Facilities Performance Management System) EFPMS.	<b>External-</b> Accepted – Noting financial pressures, the HB will risk assess each site to evaluate survey requirements prior to approaching the market.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/04/2024	30/04/2024	There are 3 principal barriers to arrange surveys, having clear direction on the approach to surveys and the funding from shared services and WG, via this current all Wales review in line with the all Wales approach, secondly having the resource, as a number of delivery options being explored and finally the funding as an exercise to address 6 facet surveys across the HB estate is estimated at c. £300k - £400k, so having external funding support would be needed.
Mid and West Wales Fire and Rescue Letter of Fire Safety Matters Premises: Health Care Centre, Doctors Surgery, Maes Yr Eglwys, Solva, Pembrokeshire, SA62 6TW	R7. Fire resisting doors to store cupboards need not be fitted with a self-closing device providing that they are kept locked shut when not in use. Located at. <ul style="list-style-type: none"> <li>• Ground floor Boiler room store cupboard</li> <li>• Storeroom cleaner cupboard</li> <li>• Storeroom for oxygen by front door</li> </ul>	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/12/2024	31/05/2025	
Mid and West Wales Fire and Rescue Letter of Fire Safety Matters Premises: Health Care Centre, Doctors Surgery, Maes Yr Eglwys, Solva, Pembrokeshire, SA62 6TW	R8. The intumescent strips and cold smoke seals on the following fire resisting doors were found to be damaged/missing. The strips and seals should be replaced in order to prevent the passage of smoke and flame. <ul style="list-style-type: none"> <li>• The fire door at the bottom of the stairs</li> <li>• The meeting room on the first floor with small kitchen.</li> </ul> The intumescent strips and cold smoke seals should conform to a relevant standard e.g. BS 8214:2016 - Timber-based fire door assemblies – Code of Practice. Compliance with this or an equivalent standard will normally satisfy the requirement	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/12/2024	31/05/2025	
Mid and West Wales Fire and Rescue Letter of Fire Safety Matters Premises: Health Care Centre, Doctors Surgery, Maes Yr Eglwys, Solva, Pembrokeshire, SA62 6TW	R9. During the inspection the self-closing devices on the doors located at. <ul style="list-style-type: none"> <li>• At the bottom of the stairs</li> <li>• Kitchen area ground floor had no door closer</li> </ul> Were found to be ineffective/missing and should therefore be checked and maintained to a satisfactory standard so that the doors close completely into the rebate. Self-closing devices should conform to a relevant standard e.g. BS 8214:2016 - Timber-based fire door assemblies – Code of Practice. Compliance with this or an equivalent standard will normally satisfy the requirement.	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/12/2024	31/05/2025	
Mid and West Wales Fire and Rescue Letter of Fire Safety Matters Premises: Health Care Centre, Doctors Surgery, Maes Yr Eglwys, Solva, Pembrokeshire, SA62 6TW	R10. Establish procedures to be followed in case of fire and nominate people to put those procedures into effect.	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/12/2024	31/05/2025	
Mid and West Wales Fire and Rescue Service - Letter of Fire Safety Matters Premises: Hafan Derwen, Jobs Well Road, Carmarthen SA31 3BB	R8. The inner room situation located within R73 is unacceptable, because the outer room is higher fire risk with the number of electricals coming into this room.	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/07/2025	31/07/2025	

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Block 1, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	<p>R3. Where a fire door is required to be fitted with an air transfer grille, it should only be fitted with one that is capable of sealing both by thermal initiation and by interface with smoke sensors either directly or via a fire alarm panel.</p> <p>The air transfer grill should conform to a relevant standard e.g. BS 8214:2016.</p> <p>Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses.</p> <p>Compliance with these standards will normally satisfy the requirement</p>	Full action plan held by Estates.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/08/2024	31/08/2024	22/10/2024 - This work will be captured under Phase 2 of the fire project. Phase 2 of the fire project is expected to begin in August 2025, and is forecasted to end in August 2027.
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Block 1, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	<p>R5. The following doors should be replaced with fire doors providing 30 minutes fire resistance. Panels or partitions above or at the sides of the doors should provide a similar degree of fire resistance.</p> <ul style="list-style-type: none"> <li>• Day Room R08 (Teifi)</li> <li>• Office R36 (Picton)</li> <li>• Bathroom R21 (Picton)</li> <li>• Clinical Room R06 (Picton)</li> </ul> <p>Fire resisting doors need to be fitted with</p> <ul style="list-style-type: none"> <li>• A self-closing device</li> <li>• Intumescent strips and smoke seals.</li> <li>• Three brass/steel hinges.</li> </ul> <p>Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses.</p> <p>BS 8214:2016 - timber-based fire door assemblies – Code of practice. Compliance with this or an equivalent standard will normally satisfy the requirement</p>	Full action plan held by Estates.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/08/2024	31/08/2024	22/10/2024 - This work will be captured under Phase 2 of the fire project. Phase 2 of the fire project is expected to begin in August 2025, and is forecasted to end in August 2027.
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Block 1, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	<p>R10. The following 30 minute fire resisting doors were found to be damaged/defective. These doors must be repaired/replaced.</p> <ul style="list-style-type: none"> <li>• 006 A/B Stem corridor GF.</li> <li>• Store Room R34 Stem corridor GF</li> </ul> <p>Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses.</p> <p>BS 8214:2016 - Timber-based fire door assemblies – Code of Practice</p> <p>Compliance with this or an equivalent standard will normally satisfy the requirement</p>	Full action plan held by Estates.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/08/2024	31/08/2024	22/10/2024 - This work will be captured under Phase 2 of the fire project. Phase 2 of the fire project is expected to begin in August 2025, and is forecasted to end in August 2027.

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Block 1, West Wales General Hospital, Dolgwiili, Carmarthen, SA31 2AF	<p>R11. During the inspection the self-closing devices on the doors located at;</p> <ul style="list-style-type: none"> <li>• 6 x Doors leading on to stairwells from GF, FF &amp; SF.</li> </ul> <p>Were found to be missing and should therefore be installed and maintained to a satisfactory standard so that the doors close completely into the rebate.</p> <p>Self-closing devices should conform to a relevant standard e.g. BS 8214:2016 - Timber-based fire door assemblies – Code of Practice.</p> <p>Compliance with this or an equivalent standard will normally satisfy the requirement.</p>	Full action plan held by Estates.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/08/2024	31/08/2024	22/10/2024 - This work will be captured under Phase 2 of the fire project. Phase 2 of the fire project is expected to begin in August 2025, and is forecasted to end in August 2027.
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Block 5 Cysgod Y Cwm Ward, Amman Valley Hospital, Folland Road, Glanamau, Ammanford SA18 2BQ	<p>R2. In the event of fire, breaches in compartmentation, will allow fire and smoke to spread unchecked throughout the building. This would have an impact on the means of escape and render the evacuation strategy of the building ineffective. All breaches in compartmentation as directed within the report should be fire stopped to provide the appropriate fire resistance in accordance with building regulations. The fire resistance should conform to a relevant standard e.g. Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings Other Than Dwelling Houses. Compliance with this or an equivalent standard will normally satisfy the requirement.</p>	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/06/2025	30/06/2025	Discussion with Paul Evans regarding incorrect drawings and fire compartmentation lines. Paul is arranging a new fire compartmentation survey, where recommendations can be made to form compartmentations in line with the fire strategy. Findings not yet discussed with Estates.
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Block 5 Cysgod Y Cwm Ward, Amman Valley Hospital, Folland Road, Glanamau, Ammanford SA18 2BQ	<p>R3. Fire resisting doors were found to be defective and not up to current standards. These doors must be repaired/replaced. For example</p> <ul style="list-style-type: none"> <li>• C/C doors 00005661/2 - door closure catching, holding the door open.</li> <li>• Ward doors 00005651/2 – not closing into rebate.</li> <li>• C/C doors 0005654/5 – door selector preventing the doors from closing properly.</li> <li>• Lounge 0005630 Self closing device required.</li> <li>• Dirty utilities 00005663 and 00005645 both have bolts on the outside of the door – these need to be removed and replaced with an approved alternative.</li> <li>• A door survey was carried out by Ventro dated 9th August 2021, carry out work identified.</li> </ul> <p>Put in place a regime/routine to monitor doors and to ensure doors do not fall below standard. Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses.</p> <p>BS 8214:2016 - Timber-based fire door assemblies – Code of Practice Compliance with this or an equivalent standard will normally satisfy the requirement</p>	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/06/2025	30/06/2025	Capital Bid submitted 24.03.2025. Please refer to CB 25/26 - 4. Works cannot be undertaken until approval.

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Block 5 FF, Library, Secretaries offices & Chapel, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	<p>R5. The following 30 minute fire resisting doors were found to be damaged/defective. These doors must be repaired/replaced.</p> <ul style="list-style-type: none"> <li>•10125 (Frame)</li> <li>•1003</li> <li>•007A/B (Gap)</li> <li>•009A/B (Gap)</li> </ul> <p>Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses.</p> <p>BS 8214:2016 - Timber-based fire door assemblies – Code of Practice</p> <p>Compliance with this or an equivalent standard will normally satisfy the requirement</p>	Full action plan held by Estates.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/06/2025	30/06/2025	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Block 5 GF, EBME, Physiotherapy, and CT Scanner, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	<p>R5. The following 30 minute fire resisting doors were found to be damaged/defective. These doors must be repaired/replaced.</p> <ul style="list-style-type: none"> <li>•023A/B</li> <li>•005A/B (Hole in frame for wiring)</li> <li>•026A/B (Gap)</li> <li>•014A/B (Gap)</li> <li>•021A/B (Gap)</li> </ul> <p>Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses.</p> <p>BS 8214:2016 - Timber-based fire door assemblies – Code of Practice</p> <p>Compliance with this or an equivalent standard will normally satisfy the requirement</p>	Full action plan held by Estates.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/06/2025	30/06/2025	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: CCU, Towy Ward and Stem Corridor, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF.	<p>R3. The opening in the wall in the following location:</p> <ul style="list-style-type: none"> <li>•From R45 into Service Duct</li> </ul> <p>should be in-filled with non-combustible materials, to provide 60 minutes standard of fire resistance.</p> <p>The fire separation should conform to a relevant standard e.g. Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings other than dwelling houses.</p> <p>Compliance with this or an equivalent standard will normally satisfy the requirement.</p>	Full action plan held by Estates.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/08/2024	31/08/2024	

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: CCU, Towy Ward and Stem Corridor, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF.	<p>R8. The intumescent strips and cold smoke seals on the following fire resisting doors were found to be damaged/missing. The strips and seals should be replaced in order to prevent the passage of smoke and flame.</p> <ul style="list-style-type: none"> <li>•1001</li> </ul> <p>The intumescent strips and cold smoke seals should conform to a relevant standard e.g. BS 8214:2016 - Timber-based fire door assemblies – Code of Practice</p> <p>Compliance with this or an equivalent standard will normally satisfy the requirement</p>	Assurance & Risk Officer to ensure all actions are complete and evidence uploaded prior to closure of report	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	02/04/2026	02/04/2026	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Central Core, GF Block 6, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	<p>R2. The following doors should be replaced with fire doors providing 30 minutes fire resistance. Panels or partitions above or at the sides of the doors should provide a similar degree of fire resistance.</p> <ul style="list-style-type: none"> <li>•Door in Sub-compartment wall leading to R30</li> </ul> <p>Fire resisting doors need to be fitted with</p> <ul style="list-style-type: none"> <li>•A self-closing device</li> <li>•Intumescent strips and smoke seals.</li> <li>•Three brass/steel hinges.</li> </ul> <p>Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses.</p> <p>BS 8214:2016 - timber-based fire door assemblies - Code of practice</p> <p>Compliance with this or an equivalent standard will normally satisfy the requirement.</p>	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/06/2024	30/09/2024	22/10/2024 - This work will be captured under Phase 2 of the fire project. Phase 2 of the fire project is expected to begin in August 2025, and is forecasted to end in August 2027.
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Residential Blocks 4 and 7, Prince Philip Hospital, Dafen Road, Llanelli Sa14 8QF	<p>R5. The following 30-minute fire resisting door located at was found to be damaged/defective. These doors must be repaired/replaced.</p> <ul style="list-style-type: none"> <li>•1013 - Kitchen (FF - Block 7)</li> </ul> <p>Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses.</p>	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	28/02/2025	28/02/2025	Capital Bid submitted awaiting approval. Please refer to CB 25/26 - 3. Estates cannot action until approval.

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Residential Blocks 4 and 7, Prince Philip Hospital, Dafen Road, Llanelli SA14 8QF	R6. Door/ door hardware designed to prevent the passage of smoke and fire are not adequately maintained.  During the inspection the doors located at; <ul style="list-style-type: none"> <li>•0005 - Laundry (GF Block 4)</li> <li>•0012 - Kitchen (GF Block 4)</li> <li>•0008 - Boiler room (GF Block 4)</li> <li>•1001 - Stairwell (FF Block 4)</li> <li>•0002 - Service riser (GF Block 7)</li> <li>•1001 - Stairwell (FF Block 7)</li> </ul> were found to be unable to close fully and should therefore be checked and maintained to a satisfactory standard so that the doors close completely into the rebate.	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	28/02/2025	28/02/2025	Capital Bid submitted awaiting approval. Please refer to CB 25/26 - 3. Estates cannot action until approval.
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Template 17, (Pathology First Floor), Prince Philip Hospital, Dafen Road, Dafen, Llanelli. SA14 8QF	R2. Wedges, hooks and any other devices in use at the present time as a means of holding the self-closing doors in the open position shall be removed to ensure that the doors are effectively self-closing.	Action plan held by Estates team.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/09/2024	30/09/2024	This is a service led action and is outside of the gift of Estates to complete.
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Template 17, (Pathology First Floor), Prince Philip Hospital, Dafen Road, Dafen, Llanelli. SA14 8QF	In the event of fire, breaches in compartmentation, will allow fire and smoke to spread unchecked throughout the building. This would have an impact on the means of escape and render the evacuation strategy of the building ineffective.  All breaches in compartmentation should be fire stopped to provide the appropriate fire resistance in accordance with building regulations.  The fire resistance should conform to a relevant standard e.g. Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings Other Than Dwelling Houses.  Compliance with this or an equivalent standard will normally satisfy the requirement.	Action plan held by Estates team.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/09/2024	30/09/2024	Fire Compartmentation Drawings need to be reviewed by the Fire Management Team. These are currently incorrect - Please provide up to date, verified drawings.
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Template 17, (Pathology First Floor), Prince Philip Hospital, Dafen Road, Dafen, Llanelli. SA14 8QF	R4. Where a fire door is required to be fitted with an air transfer grille, it should only be fitted with one that is capable of sealing both by thermal initiation and by interface with smoke sensors either directly or via a fire alarm panel.  The air transfer grill should conform to a relevant standard e.g. BS 8214:2016.  Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses.  Compliance with these standards will normally satisfy the requirement.	Action plan held by Estates team.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/09/2024	30/09/2024	Capital Bid submitted. Please refer to Estates CB 25/26-2 tracker.

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Withybush General Hospital, Fishguard Road, Haverfordwest, SA61 2PZ, Block 24 ACDU	<p>R2. The intumescent strips and cold smoke seals on the following fire resisting doors to be damaged/missing. The strips and seals should be replaced in order to prevent the passage of smoke and flame.</p> <p>- ACDU Door AFD77 - ACDU Door GF765</p> <p>The intumescent strips and cold smoke seals should conform to a relevant standard e.g.</p> <p>BS 8214:2016 - Timber-based fire door assemblies - Code of Practice</p> <p>Compliance with this or an equivalent standard will normally satisfy the requirement.</p>	Assurance & Risk Officer to ensure all evidence has been uploaded and all actions complete prior to closure of this report. This action can only be completed by the A&R Officer.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/07/2026	31/07/2026	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters- Letter of Fire Safety Matters Premises: Block 2 and Block 3, Amman Valley Hospital, Folland Road, Glanamman, Ammanford SA18 2BQ	R1. The fire safety measures evaluated in the fire risk assessment must be implemented.	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/07/2025	31/07/2025	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters- Letter of Fire Safety Matters Premises: Block 2 and Block 3, Amman Valley Hospital, Folland Road, Glanamman, Ammanford SA18 2BQ	<p>R2. In the event of fire, breaches in compartmentation, will allow fire and smoke to spread unchecked throughout the building. This would have an impact on the means of escape and render the evacuation strategy of the building ineffective. All breaches in compartmentation as directed within the report should be fire stopped to provide the appropriate fire resistance in accordance with building regulations.</p> <p>The fire resistance should conform to a relevant standard e.g. Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings Other Than Dwelling Houses. Compliance with this or an equivalent standard will normally satisfy the requirement.</p>	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/07/2025	31/07/2025	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters- Letter of Fire Safety Matters Premises: Block 2 and Block 3, Amman Valley Hospital, Folland Road, Glanamman, Ammanford SA18 2BQ	<p>R3. Fire resisting doors were found to be defective and not up to current standards. These doors must be repaired/replaced in line with</p> <ul style="list-style-type: none"> <li>Carry out work identified in door survey carried out by Ventro dated 9th August 2021.</li> <li>The fire risk assessment. Put in place a regime/routine to monitor doors and to ensure doors do not fall below standard.</li> </ul> <p>Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 8214:2016 - Timber-based fire door assemblies – Code of Practice</p> <p>Compliance with this or an equivalent standard will normally satisfy the requirement</p>	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/07/2025	31/07/2025	

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters- Letter of Fire Safety Matters Premises: Block 2 and Block 3, Amman Valley Hospital, Folland Road, Glanaman, Ammanford SA18 2BQ	R4. The routes to emergency exits from premises and the exits themselves must be kept clear and free of obstruction at all times to allow persons to evacuate the premises as quickly and safely as possible.	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/07/2025	31/07/2025	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters- Letter of Fire Safety Matters Premises: Block 2 and Block 3, Amman Valley Hospital, Folland Road, Glanaman, Ammanford SA18 2BQ	R5. Fire doors fitted with Dorgard hold open devices should conform to a relevant standard e.g. BS 7273-4:2015 - Actuation of release mechanisms for doors Fire doors should conform to a relevant standard e.g., Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 8214:2016 - timber-based fire door assemblies – Code of practice Compliance with this or an equivalent standard will normally satisfy the requirement	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/07/2025	31/07/2025	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters- Letter of Fire Safety Matters Premises: Block 6 Day Surgical Unit, Amman Valley Hospital, Folland Road, Glanaman, Ammanford SA18 2BQ	R1. The fire safety measures evaluated in the fire risk assessment must be implemented.	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/07/2025	31/07/2025	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters- Letter of Fire Safety Matters Premises: Block 6 Day Surgical Unit, Amman Valley Hospital, Folland Road, Glanaman, Ammanford SA18 2BQ	R2. In the event of fire, breaches in compartmentation, will allow fire and smoke to spread unchecked throughout the building. This would have an impact on the means of escape and render the evacuation strategy of the building ineffective. All breaches in compartmentation as directed within the report should be fire stopped to provide the appropriate fire resistance in accordance with building regulations. The fire resistance should conform to a relevant standard e.g. Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings Other Than Dwelling Houses. Compliance with this or an equivalent standard will normally satisfy the requirement	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/07/2025	31/07/2025	

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters- Letter of Fire Safety Matters Premises: Block 6 Day Surgical Unit, Amman Valley Hospital, Folland Road, Glanamman, Ammanford SA18 2BQ	R3, Fire resisting doors were found to be defective and not up to current standards. These doors must be repaired/replaced in line with <ul style="list-style-type: none"> <li>Carry out work identified in door survey carried out by Ventro dated 9th August 2021.</li> <li>The fire risk assessment. Put in place a regime/routine to monitor doors and to ensure doors do not fall below standard. Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 8214:2016 - Timber-based fire door assemblies – Code of Practice Compliance with this or an equivalent standard will normally satisfy the requirement</li> </ul>	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/07/2025	31/07/2025	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters- Letter of Fire Safety Matters Premises: Block 6 Day Surgical Unit, Amman Valley Hospital, Folland Road, Glanamman, Ammanford SA18 2BQ	R4. • Confirmation the air conditioning/ventilation system is arranged so that the system shuts down on operation of the fire alarm system. <ul style="list-style-type: none"> <li>The theatre vent must be fitted with approved dampers. Mechanical ventilation and air conditioning systems should conform to a relevant standard e.g., Section 6 General provisions of Approved Document B Volume 2 Buildings other than dwelling houses. Compliance with this or an equivalent standard will normally satisfy the requirement.</li> </ul>	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/07/2025	31/07/2025	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters- Letter of Fire Safety Matters Premises: Block 6 Day Surgical Unit, Amman Valley Hospital, Folland Road, Glanamman, Ammanford SA18 2BQ	R5. Where a fire door is required to be fitted with an air transfer grille, it should only be fitted with one that is capable of sealing both by thermal initiation and by interface with smoke sensors either directly or via a fire alarm panel. The air transfer grill should conform to a relevant standard e.g. BS 8214:2016. Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. Compliance with these standards will normally satisfy the requirement	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/07/2025	31/07/2025	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters- Letter of Fire Safety Matters Premises: Block 6 Day Surgical Unit, Amman Valley Hospital, Folland Road, Glanamman, Ammanford SA18 2BQ	R6. The existing fire warning system must be extended as necessary to conform fully to BS 5839-1:2017 Category L1 All work involving the fire alarm should be carried out in accordance with BS 5839-1:2017.	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/07/2025	31/07/2025	

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters- Letter of Fire Safety Matters Premises: Llandoverly Hospital, Llanfair Road, Llandoverly SA20 0LA	R3. The following doors should be replaced with fire doors providing 30 minutes fire resistance. Panels or partitions above or at the sides of the doors should provide a similar degree of fire resistance. All doors on the first floor in order to protect the means of escape. Fire resisting doors need to be fitted with <ul style="list-style-type: none"> <li>• A self-closing device</li> <li>• Intumescent strips and smoke seals.</li> <li>• Three brass/steel hinges.</li> </ul> Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 8214:2016 - timber-based fire door assemblies – Code of practice Compliance with this or an equivalent standard will normally satisfy the requirement	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/12/2024	31/12/2024	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters- Letter of Fire Safety Matters Premises: Llandoverly Hospital, Llanfair Road, Llandoverly SA20 0LA	R7. Nominate a sufficient number of competent persons to implement procedures insofar as they relate to the evacuation of relevant persons from the premises.	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/12/2024	31/12/2024	Nominating sufficient competent persons is not the responsibility of estates operations. I am unable to complete this action. Please reassign this action to the fire team or service.
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: BLOCK 3 ST NON'S, BRO CERWYN, FISHGUARD ROAD, HAVERFORDWEST, SA61 2PG	R1. The door to the dining area Room 42 is sticking holding the self-closing doors in the open position. (doors to RM42 close to RM40) This need to be addressed to ensure that the door is effectively self-closing.	Assurance & Risk Officer to ensure all actions are complete and evidence uploaded prior to closure of report	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	02/04/2026	02/04/2026	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Aeron Block, Bronglais Hospital, Aberystwyth SY23 1ER	R4. An assessment is required to be undertaken to ensure that the internal and external routes are illuminated by emergency lighting that will operate if the local lighting circuit fails.	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/10/2024	31/10/2024	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: BLOCK 1 PATIENT INFORMATION / AMBULANCE CONTROL, WITBYBUSH GENERAL HOSPITAL, FISHGUARD ROAD, HAVERFORDWEST, SA61 2PZ	R3. The following fire resisting doors should be kept locked shut at all material times except when in immediate use. <ul style="list-style-type: none"> <li>• Bin stores within the lift cores on all floor</li> </ul>	Assurance & Risk Officer to ensure all evidence has been uploaded and all actions complete prior to closure of this report. This action can only be completed by the A&R Officer.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/07/2026	31/07/2026	

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Block 2: Labs, Withybush General Hospital, Fishguard Road, Haverfordwest, SA61 2PZ	R1. During the inspection breaches in compartmentation were identified above the entrance to the labs within the main entrance corridor (above doors 0020 A & B). The breaches in compartmentation would not support the existing evacuation strategy. In the event of fire, breaches in compartmentation, will allow fire and smoke to spread unchecked throughout the building. This would have an impact on the means of escape and render the evacuation strategy of the building ineffective. All breaches in compartmentation should be fire stopped to provide the appropriate fire resistance in accordance with building regulations. The fire resistance should conform to a relevant standard e.g. Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings Other Than Dwelling Houses. Compliance with this or an equivalent standard will normally satisfy the requirement.	Assurance & Risk Officer to ensure all actions are complete and evidence uploaded prior to closure of report	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	02/04/2026	02/04/2026	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Block 2: MDU / Ward 5 & 6 area, Withybush General Hospital, Fishguard Road, Haverfordwest, SA61 2PZ	R1. During the inspection it was noted that fire door 1001A was damaged. This door set should be repaired or replaced. The fire doors should conform to a relevant standard e.g., Appendix B (including Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. Compliance with this or an equivalent standard will normally satisfy the requirement.	Assurance & Risk Officer to ensure all actions are complete and evidence uploaded prior to closure of report	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	02/04/2026	02/04/2026	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Dyfi Block, Bronglais Hospital, Aberystwyth SY23 1ER	R4. An assessment is required to be undertaken to ensure that the internal and external routes are illuminated by emergency lighting that will operate if the local lighting circuit fails.	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/10/2024	31/10/2024	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: EBME / Management Block, Bronglais Hospital Aberystwyth SY23	R1. An Assessment should be undertaken throughout the building to ensure. 1. All openings in the walls, floors, partitions, and ceilings throughout the premises (e.g., EBME - Workshops) that are provided for the passage of service piping, ducts, or cables, are to be sealed or bushed to at least 30-minute standard of fire resistance	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/10/2024	31/10/2024	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: EBME / Management Block, Bronglais Hospital Aberystwyth SY23	R8. All emergency exit routes (externally) should allow people to flow quickly to a place of safety. (e.g., Grass / loose stone on exit routes) Grass should be removed and a more suitable material used.	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/10/2024	31/10/2024	

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Education Centre, Bronglais Hospital, Aberystwyth. SY23 1ER	<p>R5. An assessment should be undertaken to ensure that all fire doors meet the required standard. A number of fire resisting doors were found to have defects.</p> <ul style="list-style-type: none"> <li>All fire resisting doors throughout the premises are to be examined and repaired or replaced to ensure that they are effectively self-closing onto their rebates. Gaps between door edge and frame are to be no more than 3 mm.</li> <li>Self-closing devices on all fire resisting doors are to be checked and if required be adjusted, repaired, or replaced so that the doors close completely into their rebates.</li> <li>All self-closing devices are to be regularly inspected and maintained.</li> <li>All fire doors should have intumescent strips and smoke seals.</li> <li>All self-closing devices are to be regularly inspected and maintained.</li> <li>Fitted in accordance with the British Standard 8214.</li> </ul>	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/10/2024	31/10/2024	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Hafren Block, Bronglais Hospital, Aberystwyth SY23 1ER	R4. An assessment is required to be undertaken to ensure that the internal and external routes are illuminated by emergency lighting that will operate if the local lighting circuit fails	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/10/2024	31/10/2024	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Llys Steffan Health Clinic, Hafan Deg Road, Lampeter, Ceredigion, SA48 7BJ.	<p>R1. During the inspection breaches in compartmentation were identified along the external escape route outside of room 7. The breaches in compartmentation would not support the existing evacuation strategy.</p> <p>An assessment of the compartmentation throughout all escape routes should be undertaken. Any breaches found should be remedied promptly. All breaches in compartmentation should be fire stopped to provide the appropriate fire resistance in accordance with building regulations.</p> <p>The fire resistance should conform to a relevant standard e.g. Appendix A (including Table A1 A2) of Approved Document B Volume 2 Buildings Other Than Dwelling Houses.</p> <p>The uninsulated glazing located on both escape routes to provide a minimum period of 30 minutes fire resisting, in frames fixed shut.</p> <p>The glazing should conform to a relevant standard e.g. Table A4 approved Document B Volume 2 Buildings other than dwelling houses. S 476-22: 1987 Fire tests on building materials and structures. Methods for determination of the fire resistance of non-loadbearing elements of construction, in terms of integrity for a period of minutes.</p>	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/12/2024	31/12/2024	

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Llys Steffan Health Clinic, Hafan Deg Road, Lampeter, Ceredigion, SA48 7BJ.	R6. Provide an emergency lighting system (which is to be independent of all other systems), to illuminate both external escape routes.  On completion of the emergency lighting system, the commission certificate is to be completed by a competent person and a copy made available to the Fire and Rescue Authority .  This system is to be designed and installed in accordance with the latest ersion of BS5266-1. Compliance with this or an equivalent standard will normally satisfy the requirement	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/12/2024	31/12/2024	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: PRINCE PHILLIP HOSPITAL, BRYNGWYN MAWR, LLANELLI, SA14 8QF BFS/KS/AMD/00106219	Item 1- R2. The following door should be replaced with fire doors providing 30/60 minutes fire resistance (Dependant on the location of the door). Panels or partitions above or at the sides of the doors should provide a similar degree of fire resistance.  ● Bryngofal – door 690, door from main corridor to command area and the cut door in the medical infirmary.  ● Residential blocks (2 to 7) - a number of flat / bedroom doors within these residences (for this action refer to point 1 fire door survey).	Full action plan held by Estates.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/03/2025	31/03/2025	Funding required. Capital bid has been submitted - Reference No: CB2526-3. Outcome awaited.
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Purple Block, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER June 2024	R5. It was identified during the inspection that a large section of the ceiling between Level 3 and the Level 4 attic space is not fire rated. It was explained to me that the attic space has been 'zoned off' to reduce the risk of extended fire spread from the ward into the attic space. Your fire risk assessment is to be reviewed and updated to include this information	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/12/2024	31/12/2024	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: SOUTH PEMBS HOSPITAL, FORT ROAD, PEMBROKE DOCK, SA72 6FY	R7. It was noted in the inspection that the emergency lighting installed may not be to the standard of BS5266-1:2016 Provide an emergency lighting system (which is to be independent of all other systems), to illuminate: • In all Internal and External escape routes. On completion of the emergency lighting system, the commission certificate is to be completed by a competent person and a copy made available to the Fire and Rescue Authority.	Full action plan held by Estates.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/03/2025	31/03/2025	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: SOUTH PEMBS HOSPITAL, FORT ROAD, PEMBROKE DOCK, SA72 6FY	R9. Remove all items stored within plant rooms and boiler rooms. It was noted whilst carrying out the inspection that there were items of rubbish / items stored unnecessarily within the attic plant room (Rubbish etc) and the Boiler room on the LGF (old detector heads etc).	Assurance & Risk Officer to ensure all actions are complete and evidence uploaded prior to closure of report	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	02/04/2026	02/04/2026	

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Teifi Block, Bronglais Hospital, Aberystwyth SY23 1ER	R3. An assessment is required to be undertaken to ensure that the internal and external routes are illuminated by emergency lighting that will operate if the local lighting circuit fails.	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/10/2024	31/10/2024	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Template 1, (X-Ray & External Plant Room) Prince Philip Hospital, Dafen Road, Dafen, Llanelli. SA14 8QF	R3. Where a fire door is required to be fitted with an air transfer grille, it should only be fitted with one that is capable of sealing both by thermal initiation and by interface with smoke sensors either directly or via a fire alarm panel.  The air transfer grill should conform to a relevant standard e.g. BS 8214:2016.  Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses.  Compliance with these standards will normally satisfy the requirement	Full action plan held by Estates.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	30/06/2024	30/06/2024	Capital Bid Submitted - CB2526-1 - Currently out on multi-quote. Due to finish on 27th June, following which the contractor can be instructed.
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Tenby Surgery Gas Lane, Tenby SA70 8AG	R2. Extend the existing fire detection and warning system based on the findings of the fire risk assessment All work involving the fire alarm system should be carried out in accordance with BS5839-1:2017.	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/10/2024	31/10/2024	
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Tenby Surgery Gas Lane, Tenby SA70 8AG	R3. The fire resisting door to the server room needs to be fitted with • Intumescent strips and smoke seals. Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 8214:2016 - timber-based fire door assemblies – Code of practice Compliance with this or an equivalent standard will normally satisfy the requirement	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/10/2024	31/10/2024	

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Tenby Surgery Gas Lane, Tenby SA70 8AG	R4. During the inspection breaches in compartmentation were identified within the cupboard under the stairs. The breaches in compartmentation would not support the existing evacuation strategy. In the event of fire, breaches in compartmentation, will allow fire and smoke to spread unchecked throughout the building. This would have an impact on the means of escape and render the evacuation strategy of the building ineffective. All breaches in compartmentation should be fire stopped to provide the appropriate fire resistance in accordance with building regulations. During the inspection breaches in compartmentation were identified within the cupboard under the stairs. The breaches in compartmentation would not support the existing evacuation strategy. In the event of fire, breaches in compartmentation, will allow fire and smoke to spread unchecked throughout the building. This would have an impact on the means of escape and render the evacuation strategy of the building ineffective. All breaches in compartmentation should be fire stopped to provide the appropriate fire resistance in accordance with building regulations.	Assurance & Risk Officer to ensure all evidence has been uploaded and all actions complete prior to closure of this report. This action can only be completed by the A&R Officer.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/07/2026	31/07/2026	
RCN Workplace Inspection - WGH A&E Department	Risk assessments for Corridor Care in the ED WGH should be completed to ensure that the department is meeting the Health and safety at work regulations. Protocols and escalation for increasing rapid flow patients, which identify the hazards, risks and the appropriate action to taken.  Fire evacuation plans should be visible with specific departmental training.  Violence and aggression Risk Assessments are under review, but will need specific protocols /actions for the security of patients, and staff within the ED.	Raise awareness of the Display Screen Equipment policy within the ED to ensure compliance with all the computers used.	Community & Integrated Medicine	Director of Nursing, Quality and Patient Experience	30/06/2025	30/06/2025	
RCN Workplace Inspection - WGH A&E Department	Risk assessments for Corridor Care in the ED WGH should be completed to ensure that the department is meeting the Health and safety at work regulations. Protocols and escalation for increasing rapid flow patients, which identify the hazards, risks and the appropriate action to taken.  Fire evacuation plans should be visible with specific departmental training.  Violence and aggression Risk Assessments are under review, but will need specific protocols /actions for the security of patients, and staff within the ED.	When the ED is fully surged and Corridor Care is in use, ensure that all staff take the required rest breaks.	Community & Integrated Medicine	Director of Nursing, Quality and Patient Experience	30/06/2025	30/06/2025	

Inspection Title	Recommendation	Action	Clinical Care Group/ Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
RCN Workplace Inspection - WGH A&E Department	<p>Risk assessments for Corridor Care in the ED WGH should be completed to ensure that the department is meeting the Health and safety at work regulations. Protocols and escalation for increasing rapid flow patients, which identify the hazards, risks and the appropriate action to taken.</p> <p>Fire evacuation plans should be visible with specific departmental training.</p> <p>Violence and aggression Risk Assessments are under review, but will need specific protocols /actions for the security of patients, and staff within the ED.</p>	Infection control to review the hand washing / hand basin facilities for the Corridor Care allocated spaces	Community & Integrated Medicine	Director of Nursing, Quality and Patient Experience	30/06/2025	30/06/2025	
RCN Workplace Inspection - WGH A&E Department	<p>Risk assessments for Corridor Care in the ED WGH should be completed to ensure that the department is meeting the Health and safety at work regulations. Protocols and escalation for increasing rapid flow patients, which identify the hazards, risks and the appropriate action to taken.</p> <p>Fire evacuation plans should be visible with specific departmental training.</p> <p>Violence and aggression Risk Assessments are under review, but will need specific protocols /actions for the security of patients, and staff within the ED.</p>	All staff must undertake their Mandatory Manual Handling, aiming at 85% compliance.	Community & Integrated Medicine	Director of Nursing, Quality and Patient Experience	30/06/2025	30/06/2025	Staff not released to attend training resulting in lower compliance
RCN Workplace Inspection - WGH A&E Department	<p>Risk assessments for Corridor Care in the ED WGH should be completed to ensure that the department is meeting the Health and safety at work regulations. Protocols and escalation for increasing rapid flow patients, which identify the hazards, risks and the appropriate action to taken.</p> <p>Fire evacuation plans should be visible with specific departmental training.</p> <p>Violence and aggression Risk Assessments are under review, but will need specific protocols /actions for the security of patients, and staff within the ED.</p>	Ensure that all staff are aware and have access to physiological well being services and that the individual stress risk assessments are completed and actioned.	Community & Integrated Medicine	Director of Nursing, Quality and Patient Experience	30/06/2025	30/06/2025	
RCN Workplace Inspection - WGH A&E Department	<p>Risk assessments for Corridor Care in the ED WGH should be completed to ensure that the department is meeting the Health and safety at work regulations. Protocols and escalation for increasing rapid flow patients, which identify the hazards, risks and the appropriate action to taken.</p> <p>Fire evacuation plans should be visible with specific departmental training.</p> <p>Violence and aggression Risk Assessments are under review, but will need specific protocols /actions for the security of patients, and staff within the ED.</p>	All staff to have access and training in incident reporting and provided with appropriate feedback.	Community & Integrated Medicine	Director of Nursing, Quality and Patient Experience	30/06/2025	30/06/2025	