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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **09/09/2025**
Time **9:30 AM - 11:30 AM**
Location **Microsoft Teams Meeting/Ystwyth Boardroom ; Ystwyth Board
Room Avocor (Hywel Dda UHB - Generic Account)**

Health & Safety Committee Meeting

Health and Safety Committee

NHS Wales

Agenda - 9 September 2025

1 GOVERNANCE

9:30 AM, 0 min

1.1 Welcome and Apologies

9:30 AM, 2 min

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

1.2 Declarations of Interest

9:32 AM, 2 min

All

1.3 Minutes of Previous Meeting Held on 3 July 2025

9:34 AM, 6 min

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

1.4 Matters Arising and Table of Actions from Meeting held on 3 July 2025

9:40 AM, 5 min

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

1.5 Health and Safety Sub-Committee Update

9:45 AM, 10 min

Jonathan Arthur (Hywel Dda UHB - Deputy Director of Health Sciences)

1.6 Assurance and Risk Report

9:55 AM, 10 min

Rachel Williams (Hywel Dda UHB - Head of Assurance and Risk)

2 HEALTH AND SAFETY UPDATES

10:05 AM, 0 min

2.1 Staff Story

10:05 AM, 15 min

2.2 Internal Audit Update Report

10:20 AM, 15 min

Tim Harrison (Hywel Dda UHB - Head of Health, Safety and Security)

2.3 Management of Actions for Health and Safety Inspections

10:35 AM, 15 min

Tim Harrison (Hywel Dda UHB - Head of Health, Safety and Security)

2.4 Health and Safety Site Audit Process

10:50 AM, 15 min

Tim Harrison (Hywel Dda UHB - Head of Health, Safety and Security)

3 FOR INFORMATION

11:05 AM, 0 min

3.1 HSC Workplan

11:05 AM, 5 min

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

4 ANY OTHER BUSINESS

11:10 AM, 5 min

All

5 MATTERS FOR ESCALATION TO BOARD

11:15 AM, 5 min

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

6 DATE AND TIME OF NEXT MEETING

11:20 AM, 0 min

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1

9:30 AM, 0 Mins

1 - GOVERNANCE

1.1

9:30 AM, 2 Mins

1.1 - Welcome and Apologies

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

1.2

9:32 AM, 2 Mins

1.2 - Declarations of Interest

All

1.3

9:34 AM, 6 Mins

1.3 - Minutes of Previous Meeting Held on 3 July 2025

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

| For approval

Attachments

[2025-07-03 - Health Safety Committee Meeting - Minutes.pdf](#)

MINUTES OF THE Health and Safety Committee MEETING

Date of Meeting: **9:30 AM, Thursday 03 July 2025**
Venue: **Microsoft Teams Meeting/ Ystwyth Boardroom**

Present: Ann Murphy, Independent Board Member (*Chair*)
Michael Imperato, Independent Board Member
Sarah Harraway, Independent Board Member

In Attendance: James Severs Executive Director of Allied Health Professions and Health Science
Keith Jones, Director of Operational Planning & Performance (*deputising for Andrew Carruthers, Chief Operating Officer*)
Sam Hussell, Head of Health Emergency Planning (*Deputising for Ardiana Gjini, Executive Director of Public Health*)
Anthony Dean, Staff Side Representative
Tim Harrison, Head of Health, Safety and Security
Jonathan Arthur, Deputy Director of Health Sciences
Chantal Patel, Independent Board Member
Simon Chiffi, Head of Operations
Karen Ryan, Head of Occupational Health
Joanne Wilson, Director of Corporate Governance/Board Secretary
Tomos Jones, Audit Wales
Ruth Poynting, Committee Services Officer (minutes)

Apologies: Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience
Adam Springthorpe, Health & Safety Manager
Andrew Carruthers, Chief Operating Officer
Ardiana Gjini, Executive Director of Public Health
Amanda Glanville, Assistant Director of People Development

Minutes Ref.	Item	Action
HSC(25)017	Welcome and Apologies Ms Ann Murphy welcomed all to the meeting and apologies were noted as above.	
HSC(25)018	Declarations of Interest There were no declarations of interest.	
HSC(25)019	Minutes of the Previous Meeting held on 6 May 2025 Mr James Severs noted that the previous minutes refer to the Committee as a group. This will be updated throughout.	

Subject to the above amendment, the minutes of the previous meeting were APPROVED.

Decision:

The minutes of the previous meeting were APPROVED.

HSC(25)020

Matters Arising and Table of Actions from Meeting held on 6 May 2025

The Table of Actions was reviewed, in terms of matters arising, the following was noted:

HSC(24)131: Dr Jonathan Arthur noted that the Violence and Aggression Management Plan and the portering role has been escalated and a plan has been created to improve compliance. The report on this matter is still in development.

Mr Simon Chiffi provided a brief overview advising that work is ongoing to improve rates of Reducing Restrictive Practice training in Withybush Hospital (WGH) and Bronglais Hospital (BGH). Site plans have been developed with site leads and the Reducing Restrictive Practice Lead Trainer with a deadline for completion of September 2025.

HSC(25)008: Mr Tim Harrison informed the Committee that the Mandatory Training Group deferred the proposal for Manager Health and Safety Training at its meeting in July 2025. It was noted that a new date to present this proposal is being arranged.

Decision:

The Committee NOTED the table of actions.

HSC(25)021

Health and Safety Sub Committee Update

Dr Arthur informed the Committee that the substructure for the Health and Safety Sub Committee (HSSC) is under review.

Two extraordinary meetings took place on 27 June 2025, one for the Fire Safety Group and another for the Security Management group. These meetings outlined the responsibilities of each group and reinforced their purpose. Each group will meet once a month for the next six months.

Security management was highlighted as an area for improvement. The Terms of Reference (ToRs) for the Security Management Group will be updated to reflect the two new subgroups for Violence and Aggression Management and Security Systems.

The Fire Safety Group has implemented an enhanced training plan with additional fire safety training sessions which commenced on 12 May 2025. Additionally, the level 2 Fire Safety course has been made available through the Electronic Staff Record (ESR) to help increase uptake. Ms Sam Hussell highlighted that there has been an issue with ESR not automatically showing compliance

once the course is completed, therefore staff need to manually check the course has registered.

While there has been a reduction in the number of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) incidents over the past year there are still concerns over the timeliness in reporting. The HSSC has requested an update on the current position along with a trajectory for improvement.

Ms Chantal Patel inquired about the reasons behind staff non-attendance at Fire Safety training. Dr Arthur explained that it is often a challenge to release staff from their operational duties to attend training.

The Committee discussed the remit of the HSSC. Mr Severs advised the intention to reinforce HSC as an assurance Committee with operational discussions taking place in HSSC. The Health and Safety workplan is being developed over the next month to support this structure.

The Committee agreed to advise the Board of concerns raised around training, stating that an alert is not currently required due to the plans that have been put in place.

The Terms of Reference for HSSC were APPROVED with the understanding that further changes are expected following the governance structure review.

Decision:

The HSC agreed to advise the Board of training concerns and APPROVED the HSSC Terms of Reference.

HSC(25)022

Corporate Risks Assigned to HSC

Mr Severs informed the Committee that a review of risk scores for risks 1860 and 1861 has been initiated with updates expected within the next six weeks. Progress will be monitored through the Security Management Group.

Members noted that: The Security Management Group has been tasked with oversight of Risk 813. In terms of Risk 1433, the national position on this risk is still pending.

Ms Murphy noted the importance of clear timelines for risk 813, particularly in response to any enforcement notices.

The Committee was ASSURED by the progress against the risks within its remit.

Decision:

The HSC was ASSURED by the Corporate Risks update.

HSC(25)023

Staff/Patient Story

Mr Harrison explained that a porter had been identified to attend the meeting to share his personal experience with violence and aggression however there was a scheduling conflict on the day that has prevented this. The Committee agreed to defer this item to the September 2025 meeting.

Decision:

The Staff Story was DEFERRED.

HSC(25)024

Internal Audit Update Report and Associated Actions

Mr Harrison provided background on the update report, explaining that it originated from an internal audit conducted last year. The audit identified five key findings including a lack of oversight on Mandatory Training, inadequate risk stratification of outstanding internal audit actions and delays in RIDDOR reporting

To improve oversight of some mandatory training the Mandatory Training Group will consider adding Manual handling training for managers as a mandated course. This was originally scheduled for discussion at the Mandatory Training Group meeting in July however this has been deferred, and an alternative date is yet to be arranged. 789 staff have been identified that require this training.

Clinical Care Groups (CCG) will be issued with the relevant outstanding audit actions and asked to review each risk using a Risk Assessment and Decision (RAD) rating system.

Ms Patel queried the RIDDOR compliance figure of 66% and its implications. Mr Harrison clarified that this figure relates to the timeliness of RIDDOR reports and how many of these are reported on time. Challenges include determining whether incidents are RIDDOR reportable. This is particularly noted in instances of absences of seven days or more. Efforts are ongoing to raise awareness among CCGs, with H&S teams supporting reporting. Mr Harrison added that all Health Boards are reporting similar levels of compliance.

Ms Hussell queried whether existing systems for absence reporting could automatically flag the need for RIDDOR reports. While it was noted that this could cause some conflict with unrelated absence reporting the Committee agreed it could be beneficial to further consider these processes and move away from purely human reporting.

Ms Joanne Wilson noted that the Audit Management and Tracking (AMaT) system has not been fully updated. The Committee agreed that this item will remain as an advisory to Board until the system reflects an improved picture of compliance.

Decision:

The Committee were not fully assured by the report and chose to ADVISE the Board of outstanding actions.

HSC(25)025

Monitoring of H&S Annual Work Plan

Mr Severs stated that, as part of the overall governance structure review, a workplan is being developed against the standards of the organisation as opposed to individual pieces of work.

The Committee felt assured that work is taking place to strengthen this process.

Decision:

The Committee were ASSURED by the workplan update with the understanding that this work is still under review.

HSC(25)026

Compliance with Health and Safety, Fire, and Security Training

Mr Harrison highlighted difficulties around delivering training highlighted in the report, particularly around poor attendance for Manual Handling and Violence and Aggression training.

Additionally, low compliance in one area can impact reported figures in others, as Level 1 Manual Handling Training compliance is often recorded through the completion of Level 2 training.

A room in Aberystwyth University has been secured to allow for manual handling and other forms of training in Ceredigion.

In response to a query from Ms Harraway Mr Harrison stated that there is no consistent follow-up with staff who register for courses but do not attend.

Themes are being recorded, with workplace pressures cited as a key barrier.

Work is ongoing to deliver more training in the workplace with workforce assessors.

Mr Severs highlighted a need to ensure flexibility and capacity in training delivery. To achieve this, operational barriers must be understood, and core issues must be addressed. To support this a robust system to provide real time feedback to CCGs may be necessary. To be discussed further.

JS/KJ

The Committee acknowledged that, although efforts are underway to improve compliance, concerns remain regarding the actual figures.

Ms Harraway queried whether the Committee is assured that training is sufficient, accessible, and appropriately scaled. Mr Harrison confirmed that Violence and Aggression and Manual Handling training follows the All-Wales standard and that HDdUHB offers an accredited course, unique in Wales. Where necessary delivery methods are reviewed for efficiency.

Decision:

The Committee were ASSURED by the update.

HSC(25)027

Major Incident Annual Plan: 2025/26

Ms Hussell informed the Committee that the Major Incident Plan (MIP) goes through an annual review process to align with the Civil Contingencies act. It is reviewed through the Emergency Preparedness, Resilience & Response (EPRR) group, endorsed by the Executive Team, then presented to HSC and subsequently to the Board.

Key updates to the 2025/26 plan include work on streamlining the notification and activation process as there has historically been some duplication in notifications received by the Switchboard. Additionally, work has taken place with the Executive team to ensure a 24/7 Gold On Call process.

Ms Hussell highlighted the report detailing Exercise Tendley, a four day emergency response exercise that took place on the railway tracks adjacent to the GGH site. This exercise tested the hospital coordination centre and included the mortuary service for the first time. The exercise proved beneficial, and lessons were identified to strengthen processes.

Decision:

The Committee APPROVED the Major Incident Plan 2025/26 for further approval by the Board and NOTED the outcome of Exercise Tendley.

HSC(25)028

Business Continuity & Planning Policy

Ms Hussell presented the policy as part of the annual review process. While the document received a slight refresh, there were no significant amendments requiring the Committee's attention or concern.

Decision:

HSC APPROVED the Business Continuity and Planning Policy.

HSC(25)029

HSC Workplan

The Committee noted the report and acknowledged that the workplan for HSC will be reviewed following updates to the HSSC and CCG structure.

Decision:

HSC NOTED the Committee workplan.

HSC(25)030

Any Other Business

No other items were raised for discussion.

HSC(25)031

Matters for Escalation to Board

There were no matters the Committee wished to alert the Board of.

The following will be presented as advisory:

- Training concerns identified in the **Health and Safety Sub-Committee (HSSC) Update Report** and the **Compliance with Health and Safety, Fire, and Security Training** report.

- Delays in RIDDOR reporting identified in the **HSSC Update Report**.
- Outstanding actions noted in the **Internal Audit Update Report and Associated Action** report.

HSC(25)032

Date and Time of Next Meeting

9 September 2025

1.4

9:40 AM, 5 Mins

1.4 - Matters Arising and Table of Actions from Meeting held on 3 July 2025

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

| For discussion

Attachments

[HSC Table of Actions 9 Sept 2025.pdf](#)

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

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
HSC(24)131	Health and Safety Sub Committee Update <ul style="list-style-type: none"> To report back to the Committee after a discussion with JS on the timeline for the Violence and Aggression Management Plan and the issue with the Portering Role 	JA	May 2025	In progress: Detailed training recovery plan to improve the current compliance with restraint training has been approved at the Estates & Facilities QH&S governance meeting. The projected trajectory for improvement is December 2025.
HSC(24)138	Bariatric Report <ul style="list-style-type: none"> Further update report to be brought to either HSC or HSSC 	JB	Nov 2025	In progress: Forward planned for November 2025
HSC(25)009	H&S Annual Work Plan 2025/26 <ul style="list-style-type: none"> To provide assurance to HSSC around the management of stress in the workforce in collaboration with the Psychological Wellbeing Group and report back to HSC. 	TH, KR	November 2025	In progress: Forward planned for November 2025.
HSC(25)024	Internal Audit Update Report <ul style="list-style-type: none"> To update the AMaT system to show progress against actions for Health & Safety Final Internal Audit Report 2024/25 (HDD-2425-23) 	TH	September 2025	Complete Shared Services reviewed all evidence submitted via AMaT and found sufficient work has been completed against the actions in Health & Safety Final Internal Audit Report 2024/25 (HDD-2425-23)

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
HSC(25)026	Compliance with Health and Safety, Fire, and Security Training <ul style="list-style-type: none"> To discuss operational factors affecting staff attendance at training courses. 	KJ/AC, JS	September 2025	Complete Scheduled for discussion with Service Directors at the next Senior Operations meeting.

Key: JB-Jeni Bryant, JS- James Severs, AC-Andrew Carruthers, CSO- Committee Services Officer, JB – Jeni Bryant, JA – Jonathan Arthur, KJ – Keith Jones

1.5

9:45 AM, 10 Mins

1.5 - Health and Safety Sub-Committee Update

*Jonathan Arthur
(Hywel Dda UHB -
Deputy Director of
Health Sciences)*

| For assurance

Attachments

[HSSC 3As report August 25 \(003\).pdf](#)

COMMITTEE UPDATE REPORT/ ADRODDIAD DIWEDDARU'R HEALTH & SAFETY SUB COMMITTEE

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 5 August 2025

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Dr Jonathan Arthur, Vice Chair

KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

Alert¹ (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)
The Health & Safety Sub-Committee had no matters to **alert** members of the The Health & Safety Committee

Advise² (to monitor)/ **Cynghori** (i fonitro)

The Health & Safety Sub-Committee wish to **advise** members of the Health & Safety Committee that:

Restrictive Practice Training for Porterage Workforce

- The HSSC has requested a formal improvement plan to be submitted to the Estates Integrated Governance Group (IGG) Quality, Health and Safety (QHS) concerning portering staff compliance with restrictive practice training. The target compliance rate is set at 85%. The improvement plan will outline current compliance levels; detail planned interventions and provide a timeline with defined milestones to reach the target compliance rate.

Security Management Group (SMG)

- Jonathan Arthur, Deputy Director of Health Science has taken on the role of Chair for the SMG, with Elin Brock Interim Assistant Director of Facilities serving as Vice Chair. The SMG Terms of Reference (ToR) has been updated to account for these changes, including the establishment of two new task and finish groups, which will focus on violence and aggression and security systems.
- Detailed action plans have been developed for risk 1860 (violence and aggression) and 1861 (security management), these will be prioritised by the SMG. These action plans will align to the updated risks on the DATIX system.
- An overarching action plan has been developed to clarify the Health Board's position regarding national guidance and legislation, such as the Security Management Framework Document for NHS Trusts in Wales (2005) and aspects related to Martyn's Law. This plan will guide the Group (SMG) in effectively advancing necessary actions.
- In line with the HSC request, a formal review of the Health Board's compliance with Martyn's Law, will be undertaken, which will be coordinated with the Corporate Legal Team. The applicability of the 2005 NHS Security

¹ There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

² There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

Management Framework, considering Martyn's Law, requires clarification through a legal review to determine precedence.

Electrical Safety Group and Medical Gas Pipeline Systems Safety Group

- AAAs reports for both groups were received, though there was confusion about assurance and regulatory objectives for H&SSC functions. The reports focused on operational and business continuity. Additional guidance on governance processes will be provided to relevant leads as required.

Fire Safety Group (FSG)

- Jo Bradburn, Deputy Director of Allied Health Professions, has taken on the role of Chair of the FSG and a new agenda format and new fire safety compliance metrics have been developed.
- A formal improvement plan is in development to address actions recorded in the BORIS system. This plan will outline a clear trajectory for improvement, with the aim of systematic closure of actions and ensuring sustained compliance.
- Fire safety training uptake has improved across the Health Board, although some areas remain below the 85% compliance target. The Health Board remains approximately 7% below the 85% compliance target for Level 2 fire safety training. Fire safety training compliance has been consistently raised at Integrated Quality Finance and Performance Delivery (IQFPD) Group meetings over the past two months.
- The fire safety audit was submitted ahead of the FSG meeting. A detailed action plan comprising 33 actions has been developed, aligned to a specified timeline and designed to address key compliance gaps.

Compliance and Site Operations Group

- Following an independent audit substantial revisions have been made to the Control of Contractors Policy, including updated policy content, enhanced questionnaires, and improved documentation. The revised policy is expected to be finalised and made available for global consultation by August 2025, prior to presentation to HSSC for approval.

Radiation Protection Group

- Although the Ionising Radiation Safety Policy has been approved by the RPG its publication has been delayed due to operational pressures within Radiology. Support is to be provided to the Radiology Team to ensure the policy is finalised within the next month.
- Concerns have been raised regarding dosimeter performance, following recent audits indicating unusual readings within theatre environments. These audits are conducted by Radiation Protection Supervisors from Swansea Bay University Health Board (SBUHB) who are currently investigating potential issues with dosimeters used on C-arm equipment.

Trade Union Health and Safety Group

- Concerns have been raised regarding the increase in staff smoking on Health Board sites, including high-risk areas such as near main gas lines and oxygen cylinders. Although this was not included in the Fire Safety Group report, the Fire Safety Manager will follow up to explore the matter further and identify appropriate actions.

Critical Estates Infrastructure Risks

- The Major Capital Team provided an update on key infrastructure developments, highlighting estate-related risks underpinned by business continuity for ten priority projects costing between £50 - £80M, with a detailed plan expected by September 2025. In the interim, the Estates and Facilities IGG QHS will develop a short-term action plan, which will be escalated to HSSC and subsequently to the Health and Safety Committee.

Assure³ (to note)/ Sicrhau (i nodi)

The Health & Safety Sub-Committee wish to **assure** members of the Health & Safety Committee that:

Security Management Group

- The anticipated completion dates for Phase 2 of the CCTV implementation project have now been finalised.

Fire Safety Group

- There are currently no overdue fire risk assessments are recorded in BORIS. A strategic plan is being developed to address outstanding actions over the coming months.
- Training sessions are scheduled for all 620 action approvers. These sessions aim to reinforce the importance of regular access to BORIS, encourage timely action sign-off and improve understanding of system functionality and compliance expectations.

Health and Safety

- The H&S Team will work in collaboration with occupational health colleagues to share learning from incidents including Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).
- A risk stratification matrix has been implemented aligned with the Audit Management and Tracking (AMaT) system to categorise risks. Clinical Control Groups (CCGs) will be responsible for the management of their own risks.
- Individual care groups reports have been produced, outlining risk stratification, numbered actions aligned with the original inspection reports and clear expectations for remediation and ongoing monitoring through AMAT.

Review of Risks/ Adolygiad o Risgiau

Discussed within the body of the AAA report

Sharing of learning/ Rhannu dysgu

Not Applicable

Recommendation/ Argymhelliad

The Committee is asked to:

- Note the items the Committee is advising them of
- Be assured on the items that the Committee is providing assurance on

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

1.6

9:55 AM, 10 Mins

1.6 - Assurance and Risk Report

*Rachel Williams
(Hywel Dda UHB -
Head of Assurance
and Risk)*

| For assurance

Attachments

[HSC Public Governance Arrangements September 2025 FINAL.pdf](#)

[Appendix 1- Health Safety Committee Corporate Risks - Aug25.pdf](#)

[Appendix 2 - Health Safety Committee - Overdue actions.pdf](#)



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Assurance and Risk Report

Health and Safety Committee – 9 September 2025

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



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.

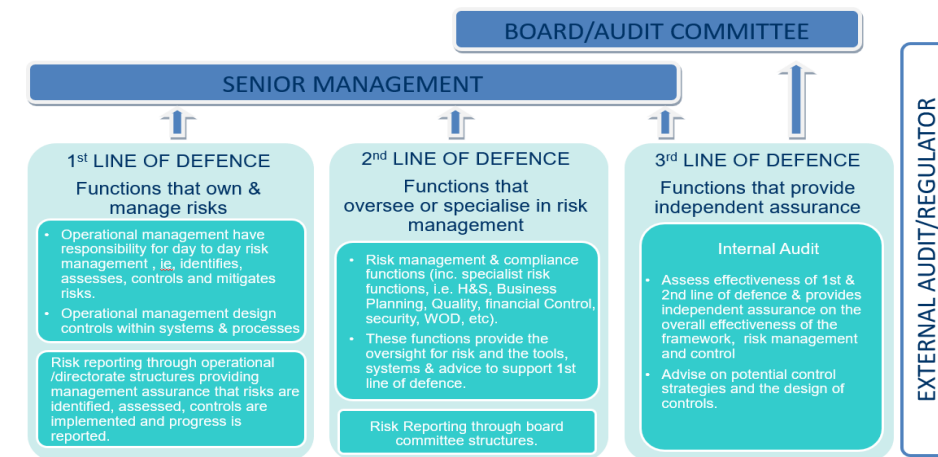
The Health Board operates within the widely accepted “Three Lines of Defence” model to ensure the appropriate responsibility is allocated for the management, reporting and escalation of risk.

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

Rationale for Current Risk Score of Risk 1433

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.

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 original timeframe for implementation (<i>AMAT Status: Partially Complete / In Progress</i>)
Red	Recommendation is in progress, but has exceeded its agreed original 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	Jul-24 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

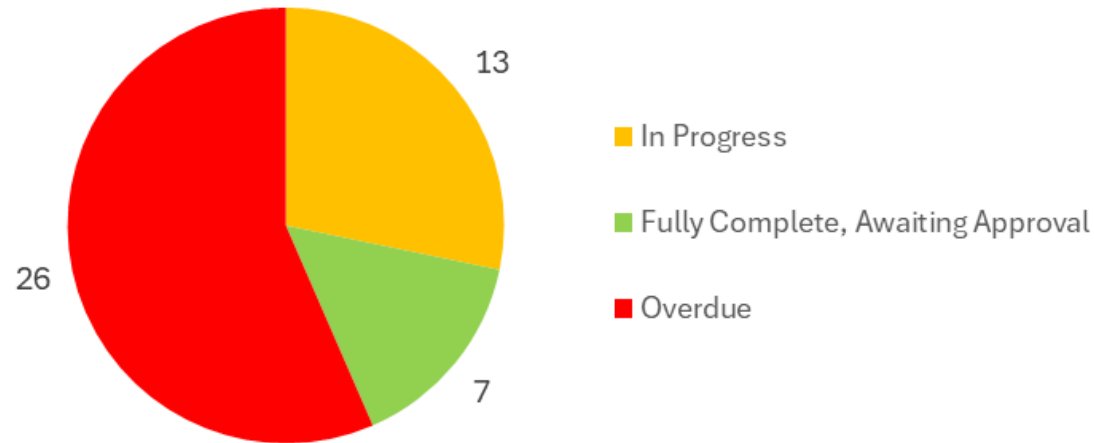


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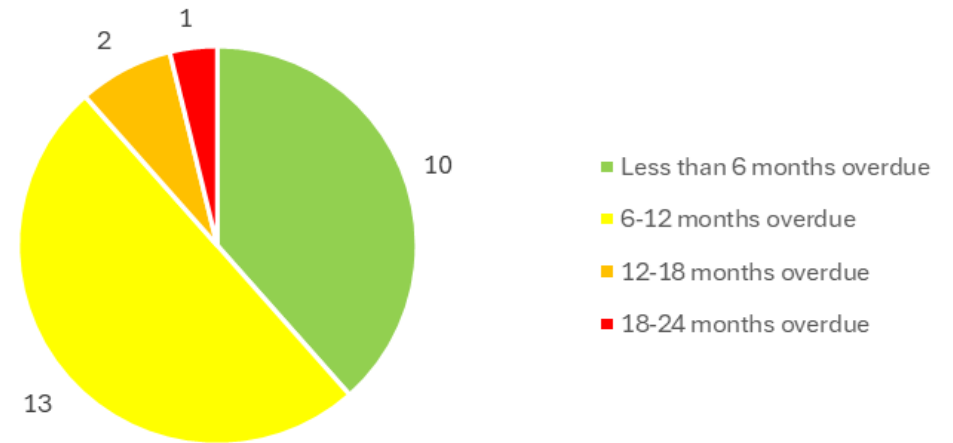
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There are 46 Letters of Fire Safety Matters (LOFSM) currently open.

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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SAFE | SUSTAINABLE | ACCESSIBLE | KIND






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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	3
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	9

Assurance Key:

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

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

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

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

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

Risk ID:	1745	Principal Risk Description:	There is a risk of not being able to deliver safe, effective and timely services across the HB estate, including acute, community and mental health facilities. This risk also impacts the HB's non clinical estate, educational facilities and managed practices. This is caused by further deterioration of our aging buildings and infrastructure with significant amount of the estate beyond its life expectancy. Multiple points of failure, delays in addressing reported defects and limited capital to address the increasing backlog of estate environmental issues. This could lead to an impact/affect on patient experience, our ability to deliver care in line with expected standards resulting in increased scrutiny and critical reports from auditors, regulators and inspectorates, such as 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).
Does this risk link to any Directorate (operational) risks?			1795,33,39

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

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>31/03/2024 31/12/2024 31/03/2025 30/06/2025 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 & 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>	

		<p>the re-introduction of regular (documented) site walkabouts by operational estates and general hospital management. To potentially identify and target defects or site issues that can potentially be quickly addressed, minimising the impact of compounding backlog issues across our sites.</p>	<p>Day, Simon</p>	<p>31/03/2025</p>	<p>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.</p>
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ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
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	[Blue Cell]	[Yellow Cell]	[Vertical Lines]	[Empty Cell]	[Empty Cell]	[Empty Cell]	[Empty Cell]
NWSSP-SES Internal Audit on Estates Condition October 2024 (Limited Assurance)	3rd	[Blue Cell]			[Empty Cell]	[Empty Cell]	[Empty Cell]	[Empty Cell]
Receipt of WHTM audit reports from NWSSP	3rd	[Blue Cell]			[Empty Cell]	[Empty Cell]	[Empty Cell]	[Empty Cell]

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

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

Risk ID:	1433	Corporate Risk Description:	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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Risk Rating:(Likelihood x Impact)	
Domain:	Service/Business interruption/disruption
Inherent Risk Score (L x I):	4x5=20
Current Risk Score (L x I):	3x4=12
Target Risk Score (L x I):	2x4=8
Expected Date To Achieve TRS:	31/03/2026

Does this risk link to any Directorate (operational) risks?	
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Trend:	↔
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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>31/07/2025 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 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.	External- 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"> • Ground floor Boiler room store cupboard • Storeroom cleaner cupboard • Storeroom for oxygen by front door 	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/12/2024	31/05/2025	
Mid and West Wales Fire and Rescue Letter of Fire Safety Matters Premises: Health Care Centre, Doctors Surgery, Maes Yr Eglwys, Solva, Pembrokeshire, SA62 6TW	R8. The intumescent strips and cold smoke seals on the following fire resisting doors were found to be damaged/missing. The strips and seals should be replaced in order to prevent the passage of smoke and flame. <ul style="list-style-type: none"> • The fire door at the bottom of the stairs • The meeting room on the first floor with small kitchen. The intumescent strips and cold smoke seals should conform to a relevant standard e.g. BS 8214:2016 - Timber-based fire door assemblies – Code of Practice. Compliance with this or an equivalent standard will normally satisfy the requirement	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/12/2024	31/05/2025	
Mid and West Wales Fire and Rescue Letter of Fire Safety Matters Premises: Health Care Centre, Doctors Surgery, Maes Yr Eglwys, Solva, Pembrokeshire, SA62 6TW	R9. During the inspection the self-closing devices on the doors located at. <ul style="list-style-type: none"> • At the bottom of the stairs • Kitchen area ground floor had no door closer Were found to be ineffective/missing and should therefore be checked and maintained to a satisfactory standard so that the doors close completely into the rebate. Self-closing devices should conform to a relevant standard e.g. BS 8214:2016 - Timber-based fire door assemblies – Code of Practice. Compliance with this or an equivalent standard will normally satisfy the requirement.	Full action plan held by Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/12/2024	31/05/2025	
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"> • Day Room R08 (Teifi) • Office R36 (Picton) • Bathroom R21 (Picton) • Clinical Room R06 (Picton) <p>Fire resisting doors need to be fitted with</p> <ul style="list-style-type: none"> • A self-closing device • Intumescent strips and smoke seals. • Three brass/steel hinges. <p>Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses.</p> <p>BS 8214:2016 - timber-based fire door assemblies – Code of practice. Compliance with this or an equivalent standard will normally satisfy the requirement</p>	Full action plan held by Estates.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/08/2024	31/08/2024	22/10/2024 - This work will be captured under Phase 2 of the fire project. Phase 2 of the fire project is expected to begin in August 2025, and is forecasted to end in August 2027.
Mid and West Wales Fire and Rescue Service Letter of Fire Safety Matters Premises: Block 1, West Wales General Hospital, Dolgwili, Carmarthen, SA31 2AF	<p>R10. The following 30 minute fire resisting doors were found to be damaged/defective. These doors must be repaired/replaced.</p> <ul style="list-style-type: none"> • 006 A/B Stem corridor GF. • Store Room R34 Stem corridor GF <p>Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses.</p> <p>BS 8214:2016 - Timber-based fire door assemblies – Code of Practice</p> <p>Compliance with this or an equivalent standard will normally satisfy the requirement</p>	Full action plan held by Estates.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/08/2024	31/08/2024	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"> • 6 x Doors leading on to stairwells from GF, FF & SF. <p>Were found to be missing and should therefore be installed and maintained to a satisfactory standard so that the doors close completely into the rebate.</p> <p>Self-closing devices should conform to a relevant standard e.g.</p> <p>BS 8214:2016 - Timber-based fire door assemblies – Code of Practice.</p> <p>Compliance with this or an equivalent standard will normally satisfy the requirement.</p>	Full action plan held by Estates.	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/08/2024	31/08/2024	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"> • C/C doors 00005661/2 - door closure catching, holding the door open. • Ward doors 00005651/2 – not closing into rebate. • C/C doors 0005654/5 – door selector preventing the doors from closing properly. • Lounge 0005630 Self closing device required. • 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. • A door survey was carried out by Ventro dated 9th August 2021, carry out work identified. <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"> •10125 (Frame) •1003 •007A/B (Gap) •009A/B (Gap) <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"> •023A/B •005A/B (Hole in frame for wiring) •026A/B (Gap) •014A/B (Gap) •021A/B (Gap) <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"> •From R45 into Service Duct <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.	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. •1001 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	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	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. •Door in Sub-compartment wall leading to R30 Fire resisting doors need to be fitted with •A self-closing device •Intumescent strips and smoke seals. •Three brass/steel hinges. 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	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	R5. The following 30-minute fire resisting door located at was found to be damaged/defective. These doors must be repaired/replaced. •1013 - Kitchen (FF - Block 7) 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.	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"> •0005 - Laundry (GF Block 4) •0012 - Kitchen (GF Block 4) •0008 - Boiler room (GF Block 4) •1001 - Stairwell (FF Block 4) •0002 - Service riser (GF Block 7) •1001 - Stairwell (FF Block 7) 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	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. - ACDU Door AFD77 - ACDU Door GF765 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.	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	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	
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	R3. Fire resisting doors were found to be defective and not up to current standards. These doors must be repaired/replaced in line with • Carry out work identified in door survey carried out by Ventro dated 9th August 2021. • The fire risk assessment. Put in place a regime/routine to monitor doors and to ensure doors do not fall below standard. Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 8214:2016 - Timber-based fire door assemblies – Code of Practice Compliance with this or an equivalent standard will normally satisfy the requirement	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/07/2025	31/07/2025	

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"> Carry out work identified in door survey carried out by Ventro dated 9th August 2021. The fire risk assessment. Put in place a regime/routine to monitor doors and to ensure doors do not fall below standard. Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 8214:2016 - Timber-based fire door assemblies – Code of Practice Compliance with this or an equivalent standard will normally satisfy the requirement 	Full action plan held with Estates	Estates & Facilities	Executive Director of Allied Health Professions and Health Sciences	31/07/2025	31/07/2025	
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"> 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. 	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 • A self-closing device • Intumescent strips and smoke seals. • Three brass/steel hinges. 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. • Bin stores within the lift cores on all floor	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	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. <ul style="list-style-type: none"> 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. 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. All self-closing devices are to be regularly inspected and maintained. All fire doors should have intumescent strips and smoke seals. All self-closing devices are to be regularly inspected and maintained. Fitted in accordance with the British Standard 8214. 	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.	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>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	

2 - HEALTH AND SAFETY UPDATES

2.1

10:05 AM, 15 Mins

2.1 - Staff Story

| For assurance

2.2

10:20 AM, 15 Mins

2.2 - Internal Audit Update Report

*Tim Harrison (Hywel
Dda UHB - Head of
Health, Safety and
Security)*

| For assurance

Attachments

[SBAR HS Internal Audit Paper - Sept 25 V1.1.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 September 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health and Safety Internal Audit Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Tim Harrison, Head of Health, Safety & Security Adam Springthorpe, Health & Safety Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report is presented to the Health and Safety Committee (HSC) to provide an update on the completion of the final outstanding actions towards compliance with the Health & Safety Internal Audit Report 2024/25 (HDD-2425-23).

Cefndir / Background

The Hywel Dda University Health Board (HDdUHB) Health, Safety and Security (HSS) Department were subject to an internal audit undertaken July-November 2024 by Shared Services Partnership Audit and Assurance Services. The purpose of the audit was to review the arrangements for ensuring compliance with Health & Safety Regulations within HDdUHB. The final report was issued on 15 January 2025 with an overall finding of limited assurance.

The matters arising from the report requiring management attention included:

- Lack of oversight of (non-mandatory) H&S training participation rates [Finding 1 – Medium];
- Insufficient monitoring of actions arising from H&S site visits, significant volume of outstanding actions and weakness in the methodology for prioritising actions [Finding 2 – High];
- Non-compliance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reporting timescales [Finding 3 – Medium];
- Poor Executive Director attendance at Health & Safety Committee [Finding 4 – Medium];
- Gaps in assurance reporting to the Health & Safety Committee [Finding 5 – High].

Asesiad / Assessment

A detailed report on actions to comply with Findings 1-3 was presented to the HSC in July 2025 ([Internal Audit Update Report and Associated Actions](#)), therefore the focus of this report is on Findings 4 and 5 concerning corporate governance arrangements.

Finding 4: Poor Executive Director attendance at Health & Safety Committee

The Internal Audit Report reviewed HSC papers and minutes for the period January – November 2024 and noted poor attendance by some Executive Directors or nominated representatives.

In response, the Executive Director of Allied Health Professions and Health Science has liaised with Senior Management to ensure representation at the HSC and attendance is now monitored on an ongoing basis. Evidence was provided in the form of minutes of the HSC from both January and May 2025, evidencing increased senior management representation.

Finding 5: Gaps in assurance reporting to the Health & Safety Committee

A number of discrepancies were noted in the Internal Audit Report between the Terms of Reference for the HSC and the contents of the reports presented at meetings. The report also noted an absence of reporting on incidents, inspections and training compliance.

In response to this finding, the workplans for both the HSC and Health and Safety Sub-Committee (HSSC) have been updated to incorporate the gaps identified by the audit. The new workplans for both HSC and HS-SC were submitted as evidence demonstrating inclusion of the identified gaps.

In addition, a selection of meeting agendas, reports and minutes were also submitted as evidence, demonstrating monitoring and reporting in relation to the identified gaps including:

- The HSC 03/07/25 meeting book which includes the agenda, reports for the meeting and the minutes of the previous meeting.
- The Meeting HSC 06/05/25 meeting book, including content as noted above.
- The agenda, minutes and the H&S Update Report (including Health and Safety training figures) from the HSSC in April 25.

A copy of the Health and Safety Dashboard - Specification and Project Plan was also submitted, which includes the agreed timeline for delivery. The dashboard will allow for the monitoring and reporting of both incident statistics and training compliance data to both the HSC/HSSC and directly to the Clinical Care Groups (CCGs).

Internal Audit Completion and Sign-off

On 21 August 2025, confirmation was received from Shared Services Partnership Audit and Assurance Services that they had reviewed all evidence submitted via the Audit Management and Tracking System (AMaT) and were satisfied that sufficient work had been completed to sign-off Health & Safety Final Internal Audit Report 2024/25 (HDD-2425-23).

Argymhelliad / Recommendation

The Health & Safety Committee is asked to:

TAKE ASSURANCE

- That the Health, Safety and Security Team has made sufficient progress to ensure compliance with Health & Safety Final Internal Audit Report 2024/25 (HDD-2425-23).

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

2.1 Provide assurance around the UHB arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers contractors etc.

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 9 Digital plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:

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

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	No direct costs.
Ansawdd / Gofal Claf: Quality / Patient Care:	There is a positive impact on staff and patient safety, health and wellbeing through compliance with health and safety regulations.

Gweithlu: Workforce:	Potential for adverse future staffing impacts if health and safety legislation is not complied with as they relate to employee safety.
Risg: Risk:	Risk to health and safety management.
Cyfreithiol: Legal:	A breach of health and safety regulations, such as the Workplace (Health, Safety and Welfare) Regulations 1992, could result in the issue of prohibition or improvement notices or criminal proceedings.
Enw Da: Reputational:	Prosecutions and claims due to breaches in legislation or personal injury claims can lead to negative publicity.
Gyfrinachedd: Privacy:	Not Applicable.
Cydraddoldeb: Equality:	No evidence gathered to indicate a negative impact on any protected group/s.

2.3

10:35 AM, 15 Mins

2.3 - Management of Actions for Health and Safety Inspections

Tim Harrison (Hywel Dda UHB - Head of Health, Safety and Security)

| For assurance

Attachments

[SBAR Management of Actions from HS Inspections Sept 25 V1.0.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 September 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Management of Actions from Health and Safety Inspections
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Tim Harrison, Head of Health, Safety & Security Adam Springthorpe, Health & Safety Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report is presented to the Health and Safety Committee (HSC) to provide an update on the management of actions from health and safety (H&S) inspections. The report focuses on the monitoring of historic H&S inspection actions from the risk stratification exercise.

Cefndir / Background

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

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

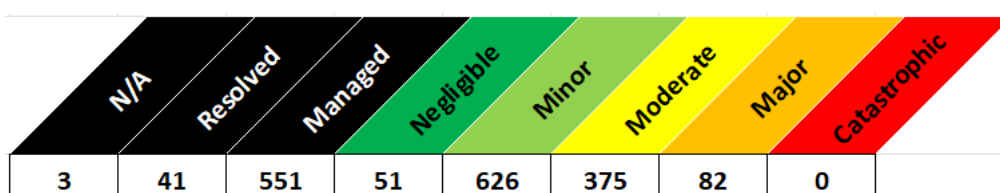
In response, the HSS Team pursued two routes to improve H&S inspection performance:

1. Undertaking a risk stratification exercise in order to quantify and visualise the risk of the outstanding unmanaged or unresolved risks from the visits undertaken in 2023 and 2024 – This is the focus of this paper.
2. Establish a new improved system for all inspections going forward. The planned approach includes utilising the Audit Management and Tracking System (AMaT) that is used elsewhere in HDdUHB (detailed in item 2.4 on the agenda 'Health and Safety Site Audit Process').

Asesiad / Assessment

As outlined in the [July 2025 Internal Audit Update Report](#) to the HSC, the HSS Team proceeded to review all outstanding unmanaged or unresolved risks from the inspections undertaken in 2023 and 2024. Each risk was evaluated to determine whether its impact was negligible, minor, moderate, major or catastrophic, and subsequently colour coded using the recognised green to red risk-rating scale. The purpose of the risk-rating is to assist managers to focus attention on the hazards that present the highest risk and help prioritise corrective actions.

Early assurance was taken from the risk stratification exercise that there were no outstanding unmanaged or unresolved risks rated as catastrophic. The totals in each risk category were as follows:



The completed list was split by Clinical Care Group (CCG) and presented to each of the CCG Quality, Health and Safety meetings attended by the HSS Team during July and August 2025. The full version of the risk stratification exercise, split by Care Group, can be found in Appendix 1.

Clinical Care Group Requirements

The CCGs have been requested to instruct managers to review all outstanding actions and provide feedback to the HSS Team for central monitoring and reporting. The HSS Team recommends that negligible and minor risks be tolerated, allowing focus to shift toward reducing the currently identified 82 major and 375 moderate risks - those that present a higher level of concern. However, it remains the responsibility of each CCG to determine the level of risk they are willing to tolerate.

Action owners are requested to report the status of their outstanding actions to the HSS Team, indicating whether each action has been:

- Resolved or eliminated;
- Mitigated to a minor or negligible level;
- Is being actively managed or tolerated;
- Is outstanding.

A process document detailing the requirements of the risk stratification exercise has been developed. It was presented to the Estates and Facilities Integrated Governance Group Quality, Health and Safety meeting on 19 August 2025 for approval and escalation to the Integrated Quality, Financial Performance and Delivery (IQFPD).Group

The CCG's have now had time to review their outstanding risks and report back to the HSS Team. Progress will be shared at future meetings.

Prior to presenting to the CCGs, the split by CCG were as follows:

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

Argymhelliad / Recommendation

The Health & Safety Committee is asked to:

TAKE ASSURANCE

- That the H&S inspection risk stratification work allows the Health Board to fully understand and manage the residual risks from historic HSS Team inspections.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)



Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Provide assurance around the UHB arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers, contractors etc.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable

Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 9 Digital plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

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

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

Appendix 1 – Full Risk Stratification Findings, Split by Care Group

		Key: 																											
Site Name	Department	Action 1	Action 2	Action 3	Action 4	Action 5	Action 6	Action 7	Action 8	Action 9	Action 10	Action 11	Action 12	Action 13	Action 14	Action 15	Action 16	Action 17	Action 18	Action 19	Action 20	Action 21	Action 22	Action 23	Action 24	Action 25	Action 26	Action 27	
Primary Care Clinical Care Group (to include Medicines Management)																													
1 Ashgrove Medical Centre	Full Site																												
2 Brynteg (Branch Surgery)	Full Site						M					M		M	M	M													
3 Johnston Surgery (Branch)	Full Site	M			M			M	M									M											
4 Meddyfa'r Minafon -	Full Site																												
5 Meddyfa'r Sam - Pontyates	Full Site																												
6 Solva Surgery	Full Site	M								M		M															M	R	M
7 Tenby Surgery	Full Site				M		M				M			M													M		M
Planned and Specialist Care Clinical Care Group (covering Scheduled Care, Cancer & Oncology, and Children, Women & Family Health Clinical Service Groups)																													
1 BGH	Endoscopy	M				M																							
2 BGH	Theatres				M				M	M																			
3 GGH	Labour Ward / Delivery Room	M			M			M	M																				
4 GGH	Picton Ward	M									M	M	M																
Allied Health and Health Sciences Clinical Care Group																													
1 BGH	Pathology	M	M	R	M	R			M			M	M		M	M													
2 GGH	Mortuary				M				M	M					M	M	M	M											
3 WGH	Physiotherapy	M			M	M						M	M	M															
Estates and Facilities Group																													
1 Amman Valley Hospital	Medical Gas Stores									M	M	M	M																
2 Llandovery Cottage Hospital	Medical Gas Stores				M			M	M	M																			
3 Tregaron Hospital	Medical Gas Stores							M	M	M																			
4 South Pembrokeshire	External Areas				M					M	M	M	M																
5 BGH	External Areas		M																										
6 BGH	Medical Gas Stores					M			M	M	M	M																	
7 GGH	Boiler Room	M			M	M	M						M	M	M													M	
8 GGH	External Areas	M							M						M	R												M	
9 GGH	Gwili Railway Carpark	M	M	M	M	M	M	M	M	M																			
10 GGH	Medical Gas Stores																												
11 PPH	Block 5 (H&S Office)	N/A			M	M			M					M															
12 PPH	External Areas				M					M																			
13 PPH	Hotel Services - Housekeeping, Laundry and																												
14 PPH	Hotel Services, Estates & Facilities office																												
15 PPH	Medical Gases Stores			M							M	M	M	M	M														
16 WGH	Medical Gas Stores						M			M	M	M																	
17 WGH	Waste Compound Area	M	M																										
Mental Health and Learning Disabilities Clinical Care Group																													
1 22 Wellfield Road (MHLD)	Full Site	M				M	M			M																			
2 Brynmair Clinic (MHLD)	Full Site	M			M																								
3 Canolfan Bro Cerwyn St Nons	Bro Cerwyn centre	R	R			M																							
4 Canolfan Bro Cerwyn St Nons	St Brynach Day Hospital						M	M	M																				
5 Canolfan Bro Cerwyn St Nons	St Caradog Ward	M																											
6 Canolfan Bro Cerwyn St Nons	St Non's Ward		R	R					R	R	R																		
7 Gorwelion (MHLD)	Full Site		M	R	R	R																							
8 Hafan Denwen	Cwm Seren - Low Secure Unit																												
9 Hafan Denwen	Cwm Seren - PICU					M																							
10 Hafan Denwen	Block 5 (St Brides)					M	M																						
11 Hafan Denwen	Block 6 (Ty Bryn)	M					M																						
12 Hafan Heddi (MHLD)	Full Site								M	M	M	M																	
13 Havenway Resource Centre	Full Site																												
14 Llanion House North Building	Full Site																												
15 Swyn-y-Gwynt Day Hospital	Full Site								M	R	M	M	M																
16 Ty Myddfai - Psychotherapy	Full Site																												
17 BGH	Community Mental Health Team (CMHT) Enlli	M	M																										
18 BGH	Enlli Ward																												
19 PPH	Bryngofal Ward																												
20 PPH	Bryngolau Ward																												
21 PPH	Crisis Resolution Home Treatment Team -	M	M	M			M			M	M	M																	
22 GGH	Heddfan	M																											
23 GGH	Morlais Ward					M	M				M																		
Community and Integrated Medicine Clinical Care Group (covering Carmarthenshire Integrated System, Pembrokeshire Integrated System and Ceredigion Integrated System and TUEC)																													
Beonplais																													
1 BGH	Cardiac Rehab Office																												
2 BGH	Clinical Decisions Unit				M						M	M	M																

2.4

10:50 AM, 15 Mins

2.4 - Health and Safety Site Audit Process

*Tim Harrison (Hywel
Dda UHB - Head of
Health, Safety and
Security)*

| For assurance

Attachments

[SBAR HS Site Audit Process Sept 25.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 September 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health and Safety Site Inspection Process
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Tim Harrison, Head of Health, Safety & Security Adam Springthorpe, Health & Safety Manager

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report is presented to the Health and Safety Committee (HSC) to provide an update on the development of the new health and safety site inspection process.

Cefndir / Background

As outlined in agenda item 2.3 'Management of Actions from Health and Safety Inspections', the Health, Safety and Security (HSS) Team complete an ongoing programme of H&S inspections of each department, ward and building currently managed by Hywel Dda University Health Board (HDdUHB). The purpose of the inspections is to ensure compliance with health and safety legislation and provide guidance and recommendations as part of a continuous improvement process.

With the old site visit system there were an unacceptable number of actions that, to the knowledge of the HSS Team, had not been resolved. One of the main concerns was that feedback was rarely received from departments following the submission of the site visit report, and the H&S Advisor that undertook the visits did not have time to re-visit every site.

To address the findings of the 2024 Internal Audit of Health and Safety, the HSS Team pursued two routes to improve H&S inspection performance:

1. Undertaking a risk stratification exercise in order to quantify / visualise the risk of the outstanding unmanaged/unresolved risks from the visits undertaken in 2023 and 2024 (item 2.3);
2. Develop a new improved system for all inspections going forward, utilising the Audit Management and Tracking System (AMaT) that is used elsewhere in HDdUHB.

As reported to HSC in July, the HSS Team temporarily paused the site visit programme to concentrate on exploring the feasibility of utilising AMaT. In theory, using AMaT would allow for:

- Ownership of recommended actions e.g. Department manager, Senior Sister etc;
- Regular updates on the completion of on-going actions;
- Updated reports to be generated if required e.g. meetings;
- Site visit evidence if required e.g. third party audit;
- Site visit report to be stored in an accessible location;

- A reduction in report writing time.

Asesiad / Assessment

The HSS Team has developed a draft Health and Safety Site Inspection Procedure to support the new improved health and safety inspection process. A Document Approval Form (DAF) was submitted to the Policies Team as per the official process for all new policies and procedures. The new draft Procedure has been assigned written control document number 1389.

The actual process of undertaking the inspection has not changed significantly from the previous process. The main changes are to the reporting and monitoring arrangements. The new Procedure includes inspection planning, completion and reporting in the main body, including a number of appendices as follows:




- Example Topic Areas for H&S Site Inspections;
- Properties that Require H&S Site Inspections;
- Methodology for the Prioritisation of Inspections.

The Procedure was presented to the Estates and Facilities Intergrated Governance Group Quality, Health and Safety meeting on 19 August 2025 for local approval, and has now been issued for global consultation. Once complete, the Procedure will be presented to the Health and Safety Sub-Committee for final approval.

H&S Inspection Reporting

Following a new H&S inspection, a report is issued that documents all hazards observed, unsafe practices witnessed and areas of non-compliance. Each hazard observed is accompanied by recommended corrective actions to eliminate or control the hazards. Each hazard is then risk assessed by the inspector based on their assessment of the risk presented at the time of the site inspection, then categorised using the same classification as detailed in the risk stratification exercise.

Once a report has been completed, all moderate, major and catastrophic hazards and their recommended corrective actions are recorded on the Inspection module of the Audit Management and Tracking (AMaT) system. The responsible manager is then able to update each action using the system, as and when hazards are controlled or eliminated, or to document that a decision has been made to tolerate an identified risk.

Negligible	Report Only
Minor	Report Only
Moderate	Must Do 
Major	Must Do 
Catastrophic	Must Do 

All actions on AMaT are then assigned a timeframe within which to address the risk. These timeframes should be seen as a guide only, with the final decision on any timeframes at the discretion of the Inspector.

The AMaT system will automatically notify a manager should an action become overdue. The system also generates a weekly round-up e-mail to bring outstanding actions to the attention of the responsible manager.

H&S Inspection Action Monitoring

The first H&S inspection reports completed under the new draft 1389 Health and Safety Site Inspection Procedure have been issued and all moderate, major and catastrophic hazards and their recommended corrective actions have been recorded on the AMaT system.

The HSS Team is evaluating the outputs from AMaT, however the table 1 shows an export of the completion status of actions from the first reports added to the AMaT system (Note: 'Health & Safety' indicates test reports on the system). In time, it is anticipated that AMaT exports will be categorised by Clinical Care Groups to allow reporting and monitoring.

By speciality	In progress	Partially complete	Partially complete overdue	Overdue	Total	Awaiting approval	Rejected	Approved	Unable to complete	Total
Totals	44	3	5	4	56	0	0	5	0	61
Cered Comm - District Nursing Tregaron/Llanilar	4	0	0	0	4	0	0	0	0	4
Community Mental Health Team - Carmarthen	7	0	0	0	7	0	0	0	0	7
Community Mental Health Team - Llanelli	9	0	0	3	12	0	0	0	0	12
Community Mental Health Team - South Pems	5	0	0	0	5	0	0	0	0	5
Community Mental Health Team - South Ceredigion	5	0	0	0	5	0	0	0	0	5
General Practice (GP)	10	3	0	1	14	0	0	2	0	16
Health and Safety	0	0	5	0	5	0	0	3	0	8
Oncology and Cancer Services	4	0	0	0	4	0	0	0	0	4

Table 1

The conducting of new Health and Safety Site Inspections has now been temporarily suspended until the draft 1389 Health and Safety Site Inspection Procedure has been formally approved.

Argymhelliad / Recommendation

The Health & Safety Committee is asked to:

TAKE ASSURANCE

- That a new health and safety inspection process and procedure has been created to better manage actions raised from all new health and safety inspections completed.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

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

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Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	<ul style="list-style-type: none"> • Health and Safety Sub-Committee • Estates and Facilities Intergrated Governance Group Quality, Health and Safety

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct costs.
Ansawdd / Gofal Claf: Quality / Patient Care:	There is a positive impact on staff and patient safety, health and wellbeing through compliance with health and safety regulations.
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Risg: Risk:	Risk to health and safety management.
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Enw Da: Reputational:	Prosecutions and claims due to breaches in legislation or personal injury claims can lead to negative publicity.

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

3 - FOR INFORMATION

3.1

11:05 AM, 5 Mins

3.1 - HSC Workplan

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

| For information

Attachments

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

HEALTH & SAFETY COMMITTEE WORK PLAN APRIL 2025 – MARCH 2026

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

AGENDA ITEM/ ISSUE	Purpose	LEAD	Responsible Officer	6 May 2025	3 July 2025	9 Sept 2025	11 Nov 2025	13 Jan 2026	10 March 2026
GOVERNANCE & RISKS									
Welcome and Apologies	N/A	Chair	All	✓	✓	✓	✓	✓	✓
Declarations of Interests	N/A	Chair	CSO	✓	✓	✓	✓	✓	✓
Minutes from previous meeting	N/A	Chair	CSO	✓	✓	✓	✓	✓	✓
Matters Arising (not on agenda)	N/A	Chair	All	✓	✓	✓	✓	✓	✓
Table of Actions (ToAs)	N/A	Chair	CSO	✓	✓	✓	✓	✓	✓
Review of Terms of Reference (TORs)	Approval	Chair	JW						✓
HSC Self-Assessment Outcome Report 2025/26	Assurance	Chair	JW						✓
Health & Safety Committee Annual Report 2025/26	Assurance	Chair	JS				✓		
Health and Safety Sub-Committee Update	Assurance	JS	JS	✓	✓	✓	✓	✓	✓
Assurance and Risk Report	Assurance	JS	RW		✓	✓		✓	
H&S Sub-Committee TOR	Approval	JS	JS						✓
HEALTH AND SAFETY UPDATES									
Staff/Patient Story	Assurance	JS	various	✓	✓	✓	✓	✓	✓
H&S Dashboard and Compliance report (cover the work of reporting groups and other legislation) (3.1, 3.2, 3.3, 3.4, 3.11, 3.12, 3.14, 3.18)	Assurance	JS	TH	✓	✓	✓	✓	✓	✓
<i>Site Visit Report and associated actions</i>	Assurance	JS	TH		✓			✓	
<i>Safety Management Systems and Audits, and associated corrective actions</i> * (3.7 & 3.10)	Assurance	JS	TH			✓			✓

AGENDA ITEM/ ISSUE	Purpose	LEAD	Responsible Officer	6 May 2025	3 July 2025	9 Sept 2025	11 Nov 2025	13 Jan 2026	10 March 2026
Accident, Incident and Notifiable Statistics Process Review* Including V&A (3.8)	Assurance	JS	TH	✓			✓		
Monitoring of H&S Annual Work Plan (3.9)	Assurance	JS	TH	✓	✓	✓	✓	✓	✓
Review of efficacy of the health, safety, fire and security training programmes (3.13)	Assurance	JS	TH		✓			✓	
Health and Safety Policy (3.17) <i>not due for review until Sep27)</i>	Approval	JS	TH						
Produce Health and Safety Annual Report for Board (3.19)	Approval	JS	TH					✓ draft	✓ final
Electrical Infrastructure Risks	Assurance	JS		✓					
Risk 1745 – Estates Condition	Assurance	JS		D	✓				
RAAC Assurance Report	Assurance	JS		✓					
Trade Union Health & Safety Group Update	Assurance				✓				
Bariatric Report	Assurance		JB				✓		
Stress in the Workplace	Assurance	JS	TH/KR				✓		
EMERGENCY PLANNING									
Critical Threat Level Response Framework		AG	SH						
Major Incident Annual Plan: 2025/26 (3.6)		AG	SH		✓				
PREVENT and CONTEST: Update 6-monthly update		AG	TH		IC		IC?		
Counterterrorism Assessment Report: Gap Analysis & Response to Martyn's Law					IC				
Policies									
Business Continuity & Planning Policy	Approval	AG	SH		✓				
Administration									
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Draft agenda to go to Executive Team	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓

AGENDA ITEM/ ISSUE	Purpose	LEAD	Responsible Officer	6 May 2025	3 July 2025	9 Sept 2025	11 Nov 2025	13 Jan 2026	10 March 2026
before the meeting									
Disseminate agenda/papers 7 days prior to meeting	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Issue a draft TOA within two days of the meeting	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Circulate minutes and TOA to the Lead Director within 7 days of meeting	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Issue minutes and TOA to Members (including the Committee Chair) following Lead Director review	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓

Chair: Ann Murphy **Vice Chair:** Delyth Raynsford **Lead Executive:** James Severs

JS James Severs

TH Tim Harrison

JW Joanne Wilson

CW Charlotte Wilmshurst

CSO Committee Services Officer

AC Andrew Carruthers

SA Shaun Ayres

D Deferred

AG Ardiana Gjini

SH Sam Hussell

4

11:10 AM, 5 Mins

4 - ANY OTHER BUSINESS

All

5 - MATTERS FOR ESCALATION TO BOARD

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

6 - DATE AND TIME OF NEXT MEETING

Tuesday 11 November 2025, 9.30am-11.30am