

Date: 5th August 2025
Ref: CORP 25/26 – 080)

Dear xxx

Freedom of Information request: Blood Donation Locations, Aberavon Beach Hotel (CORP 25/26 – 080)

Thank you for your request for information which the Trust received on 11th July 2025.

Your Request:

1. Completed Risk Assessments (Aberavon Beach Hotel)

Your response confirmed that Venue Risk Assessments were conducted on the following dates:

- 05/02/2025
- 04/03/2025
- 16/04/2025
- 28/05/2025
- 03/06/2025

Please provide full copies of the completed Venue Risk Assessment forms for each of the above dates. Personal data may be redacted where appropriate, but findings, ratings, assessor comments, and any resulting actions should be shown in full.

2. Internal Communications and Incident Discussion

In relation to the incident that occurred on 4 March 2025, I request:

- Any emails, internal correspondence, or reports referencing the incident;
- Any discussions regarding venue safety or continued suitability of the Aberavon Beach Hotel;
- Any communication between WBS and hotel staff or management about venue safety or follow-up actions.

This includes correspondence between staff in operations, donor care, planning, health and safety, and legal or risk teams.

3. Training and Guidance Materials

Please provide:

- Any training materials or internal guidance issued to WBS staff for completing Venue Risk Assessments;
- Any documents outlining required procedures for identifying trip hazards, signage, accessibility barriers, or other physical risks.

Mae Ymddiriedolaeth GIG Prifysgol Felindre yn hapus i dderbyn gohebiaeth yn y Gymraeg neu'r Saesneg.
Velindre University NHS Trust is happy to receive communication in Welsh or English.

4. Venue Selection and Review Policy

Please supply a copy of the current Welsh Blood Service or Velindre Trust policy or procedure governing:

- Venue selection and approval for donation events;
- Responses to venue-related incidents;
- Evaluation or removal of venues following safety concerns;
- Consideration or review of alternative venues.

Please find the Trust's response below:

1. Completed Risk Assessments (Aberavon Beach Hotel)

Your response confirmed that Venue Risk Assessments were conducted on the following dates:

- 05/02/2025
- 04/03/2025
- 16/04/2025
- 28/05/2025
- 03/06/2025

Please provide full copies of the completed Venue Risk Assessment forms for each of the above dates. Personal data may be redacted where appropriate, but findings, ratings, assessor comments, and any resulting actions should be shown in full.

These are contained in Appendix 1 below.

2. Internal Communications and Incident Discussion

In relation to the incident that occurred on 4 March 2025, I request:

- Any emails, internal correspondence, or reports referencing the incident;

Please see Appendix 2 and 3 below.

- Any discussions regarding venue safety or continued suitability of the Aberavon Beach Hotel;

Appendix 3 confirms that a telephone discussion between the Operations Manager and Venue Manager took place. There is no further documentation.

- Any communication between WBS and hotel staff or management about venue safety or follow-up actions.

This includes correspondence between staff in operations, donor care, planning, health and safety, and legal or risk teams.

No further information other than contained in the above Appendices is held

Mae Ymddiriedolaeth GIG Prifysgol Felindre yn hapus i dderbyn gohebiaeth yn y Gymraeg neu'r Saesneg.
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3. Training and Guidance Materials

Please provide:

- Any training materials or internal guidance issued to WBS staff for completing Venue Risk Assessments;
- Any documents outlining required procedures for identifying trip hazards, signage, accessibility barriers, or other physical risks.

Please see [Appendix 4](#) below.

4. Venue Selection and Review Policy

Please supply a copy of the current Welsh Blood Service or Velindre Trust policy or procedure governing:

- Venue selection and approval for donation events;
- Responses to venue-related incidents;
- Evaluation or removal of venues following safety concerns;
- Consideration or review of alternative venues.

These are covered within the Standard Operating Procedure in [Appendix 4](#).

I trust this answers your request for information, however, should you not be satisfied with the information supplied or the process of supplying it, you have a right to complain and request a review. Please note that you must submit a request for a review within 40 days of the date of this letter.

You should forward your complaint to:

Mr Ian Bevan via FOI.VUNHST@wales.nhs.uk
Head of Information Governance
Velindre University NHS Trust
2, Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff, CF15 7QZ

Should you wish to take your complaint further, if you are still unhappy with the decision after review, you can contact the:

Information Commissioner's Office - Wales
2nd Floor,
Churchill House,
Churchill Way,
Cardiff, CF10 2HH
Telephone: 0330 414 6421 / email: wales@ico.org.uk

Mae Ymddiriedolaeth GIG Prifysgol Felindre yn hapus i dderbyn gohebiaeth yn y Gymraeg neu'r Saesneg.
Velindre University NHS Trust is happy to receive communication in Welsh or English.



Yours sincerely

Non Gwilym
Interim Director of Corporate Governance
Velindre University NHS Trust
2 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

DRAFT

Mae Ymddiriedolaeth GIG Prifysgol Felindre yn hapus i dderbyn gohebiaeth yn y Gymraeg neu'r Saesneg.
Velindre University NHS Trust is happy to receive communication in Welsh or English.



Appendix 1

VENUE RISK ASSESSMENT REVIEW FORM

Venue DATIX ID:
 (office use only):

3583

DATE:		TEAM:		Venue:	
05/02/25		CRST B		Aberavon Beach Hotel	
Does todays Venue Layout differ from the Master Layout (Visio)?					
Please tick	No	<input checked="" type="checkbox"/>	Please sign the form and return to Collections Planning.	Yes	If 'Yes' please complete comments section stating reasons for Venue Layout change. Use CP-014 to add supporting diagrams where required. Please sign the form and return to Collections Planning.
Do the Vehicle Access, Egress and Parking arrangements differ from the Master Venue Risk Assessment?					
Please tick	No	<input checked="" type="checkbox"/>	Please sign the form and return to Collections Planning.	Yes	If 'Yes' please complete comments section stating reasons for Master Venue Risk Assessment to be reviewed. Please sign the form and return to Collections Planning.
Does todays Risk Rating Differ from the Master Venue Risk Assessment?					
Please tick	No	<input checked="" type="checkbox"/>	Please sign the form and return to Collections Planning.	Yes	If 'Yes' please complete comments section stating reasons for Master Venue Risk Assessment to be reviewed. Please sign the form and return to Collections Planning.
Are then any amendments/concerns to the Fire Risk Assessment					
Please tick	No	<input checked="" type="checkbox"/>	Please sign the form and return to Collections Planning.	Yes	If 'Yes' please complete comments section stating reasons for Master Venue Risk Assessment to be reviewed. Please sign the form and return to Collections Planning.
If the venue is deemed as having critical risks on the day of session, please call Operational Management Team immediately					
Issues on the Day / Other Comments					
Was the contact/venue spoken to regarding any issues that arose on the day ?		<input checked="" type="checkbox"/> Yes/No	Please document what action was taken to rectify issue		
Permanent Changes					
Risk Assessment Completed by (Print Name):			Risk Assessment Completed by (Signature):		
[Redacted]			[Redacted]		
Risk Assessor to return form to the Planning Administration Team once fully signed					
The following section is to be completed by the Planning Administration Team					
Are there any actions to raise on DATIX?					
Please tick	No	<input checked="" type="checkbox"/>	Yes	Ensure all actions are added to DATIX. Actions and Comments must be acknowledged below by the relevant Operations Manager prior to scanning and uploading this form to the DATIX Venue Risk Assessment Record	
Planning Team comments:					
List actions for DATIX:					
Transport/Operations /Planning Manager Review (Print Name):			Transport/Operations/Planning Manager Review (Signature):		
Relevant Manager to return form to the Planning Administration Team once fully signed					

VENUE RISK ASSESSMENT REVIEW FORM

Venue DATIX ID:
 (office use only):

3583

DATE:	TEAM:	Venue:
04/03/25	EMST B	ABERAVON BEACH HOTEL

Does today's Venue Layout differ from the Master Layout (Visio)?

Please tick	No	<input checked="" type="checkbox"/>	Please sign the form and return to Collections Planning.	Yes		If 'Yes' please complete comments section stating reasons for Venue Layout change. Use CP-014 to add supporting diagrams where required. Please sign the form and return to Collections Planning.
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Do the Vehicle Access, Egress and Parking arrangements differ from the Master Venue Risk Assessment?

Please tick	No	<input checked="" type="checkbox"/>	Please sign the form and return to Collections Planning.	Yes		If 'Yes' please complete comments section stating reasons for Master Venue Risk Assessment to be reviewed. Please sign the form and return to Collections Planning.
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Does today's Risk Rating Differ from the Master Venue Risk Assessment?

Please tick	No	<input checked="" type="checkbox"/>	Please sign the form and return to Collections Planning.	Yes		If 'Yes' please complete comments section stating reasons for Master Venue Risk Assessment to be reviewed. Please sign the form and return to Collections Planning.
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Are there any amendments/concerns to the Fire Risk Assessment?



Please tick	No	<input checked="" type="checkbox"/>	Please sign the form and return to Collections Planning.	Yes		If 'Yes' please complete comments section stating reasons for Master Venue Risk Assessment to be reviewed. Please sign the form and return to Collections Planning.
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If the venue is deemed as having critical risks on the day of session, please call Operational Management Team immediately

Issues on the Day / Other Comments

Was the contact/venue spoken to regarding any issues that arose on the day?	Yes/No	<input checked="" type="checkbox"/>	Please document what action was taken to rectify issue
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Permanent Changes

Risk Assessment Completed by (Print Name):		Risk Assessment Completed by (Signature):	
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Risk Assessor to return form to the Planning Administration Team once fully signed

The following section is to be completed by the Planning Administration Team

Are there any actions to raise on DATIX?

Please tick	No	<input checked="" type="checkbox"/>	Yes		Ensure all actions are added to DATIX. Actions and Comments must be acknowledged below by the relevant Operations Manager prior to scanning and uploading this form to the DATIX Venue Risk Assessment Record
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Planning Team comments:

List actions for DATIX:

Transport/Operations /Planning Manager Review (Print Name):	Transport/Operations/Planning Manager Review (Signature):
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Relevant Manager to return form to the Planning Administration Team once fully signed

WELSH BLOOD SERVICE
MASTER VENUE RISK ASSESSMENT FORM

DATIX ID:
 (office use only): **3583**

TYPE:	DATE:	TEAM:	VENUE:	VERSION:
Alternative/ New	16/09/25	EAST C	ABERAVON BEACH HOTEL	2
Established				

TRANSPORT/ VEHICLES

ACCESS FOR EQUIPMENT VEHICLE

PARKING FOR OTHER CLINIC VEHICLES

Barrier Access	Yes	No	<input checked="" type="checkbox"/>
Gated Entrance	Yes	No	<input checked="" type="checkbox"/>
Height/Weight Restriction	Yes	No	<input checked="" type="checkbox"/>
Narrow/ Tight Access	Yes	No	<input checked="" type="checkbox"/>
Obstructed	Yes	No	<input checked="" type="checkbox"/>
Reversing Manoeuvre	Yes	No	<input checked="" type="checkbox"/>

Close Proximity to Venue	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Disabled Parking Bay	Yes		No	<input checked="" type="checkbox"/>
Double Yellow Lines	Yes		No	<input checked="" type="checkbox"/>
Gradient/ Slope	Yes		No	<input checked="" type="checkbox"/>
Inadequate Lighting	Yes		No	<input checked="" type="checkbox"/>
Moved After Setting Down	Yes		No	<input checked="" type="checkbox"/>
Off Road	Yes	<input checked="" type="checkbox"/>	No	

PARKING FOR EQUIPMENT VEHICLE

Disabled Parking Bay	Yes	No	<input checked="" type="checkbox"/>
Double Yellow Lines	Yes	No	<input checked="" type="checkbox"/>
Gradient/ Slope	Yes	No	<input checked="" type="checkbox"/>
Inadequate Lighting	Yes	No	<input checked="" type="checkbox"/>
Moved After Unloading	Yes	No	<input checked="" type="checkbox"/>
Off Road	Yes	No	<input checked="" type="checkbox"/>
Public Highway	Yes	No	<input checked="" type="checkbox"/>
Uneven Surface	Yes	No	<input checked="" type="checkbox"/>
Venue Car Park	Yes	No	<input checked="" type="checkbox"/>

Public Highway	Yes		No	<input checked="" type="checkbox"/>
Uneven Surface	Yes		No	<input checked="" type="checkbox"/>
Venue Car Park	Yes	<input checked="" type="checkbox"/>	No	

PARKING FOR DONOR VEHICLES

Disabled Parking Bays?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Pay & Display Car Park	Yes		No	<input checked="" type="checkbox"/>
Public Highway	Yes		No	<input checked="" type="checkbox"/>
Venue Car Park	Yes	<input checked="" type="checkbox"/>	No	

Comments

TRANSPORT ASSESSMENT

Impact	Description	Likelihood	Description	Risk Rating
1	Insignificant	5	Almost Certain	1
2	Minor	4	Likely	
3	Moderate	3	Possible	
4	Major	2	Unlikely	
5	Catastrophic	1	Rare	

MANUAL HANDLING/ ACCESS FOR CLINIC EQUIPMENT

DISTANCE FROM EQUIPMENT VEHICLE TO ACCESS DOORS

CLINIC LOCATION

Please tick approx distance:

Less than 20m <input checked="" type="checkbox"/>	20m - 50m	50m +
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Please tick as appropriate:

Basement	Ground Floor <input checked="" type="checkbox"/>	1st Floor	2nd Floor	3rd Floor	Other
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DISTANCE FROM ACCESS DOORS TO CLINIC AREA

If other please state location:

ADDITIONAL INFORMATION

Please tick approx distance:

Less than 20m <input checked="" type="checkbox"/>	20m - 50m	50m +
Less than 20m with lift	20m - 50m with lift	50m + with lift
Less than 20m with steps	20m - 50m with steps	50m + with steps

If with steps please state how many:

Obstacles (E.g. Fire Doors)	Yes	<input checked="" type="checkbox"/>	No	
Furniture to be Moved?	Yes	<input checked="" type="checkbox"/>	No	
Trolley / Rollcage Access?	Yes	<input checked="" type="checkbox"/>	No	
Ramps Required?	Yes	<input checked="" type="checkbox"/>	No	

Comments

MANUAL HANDLING ASSESSMENT

Impact	Description	Likelihood	Description	Risk Rating
1	Insignificant	5	Almost Certain	1
2	Minor	4	Likely	
3	Moderate	3	Possible	
4	Major	2	Unlikely	
5	Catastrophic	1	Rare	

STAFF/ DONOR WELFARE/ FACILITIES

Adequate Tables/ Chairs Available?	Yes	<input checked="" type="checkbox"/>	No	
Disabled Access Available	Yes	<input checked="" type="checkbox"/>	No	
Disabled Toilets Available	Yes	<input checked="" type="checkbox"/>	No	
Running Hot/Cold Water for Domestic Use E.g. Drinking Water	Yes	<input checked="" type="checkbox"/>	No	

Running Hot/Cold Water in Toilets (for Hand Washing)	Yes	<input checked="" type="checkbox"/>	No	
Sanitary Bins Available	Yes	<input checked="" type="checkbox"/>	No	
Staff Rest/Break Area Available	Yes	<input checked="" type="checkbox"/>	No	
Toilet Facilities Adequate	Yes	<input checked="" type="checkbox"/>	No	

Comments

WELFARE ASSESSMENT

Impact	Description	Likelihood	Description	Risk Rating
1	Insignificant	5	Almost Certain	1
2	Minor	4	Likely	
3	Moderate	3	Possible	
4	Major	2	Unlikely	
5	Catastrophic	1	Rare	

CLINICAL SUITABILITY/SAFETY

Adequate Heating	Yes	<input checked="" type="checkbox"/>	No		Electrical Sockets Adequate	Yes	<input checked="" type="checkbox"/>	No	
Adequate Lighting	Yes	<input checked="" type="checkbox"/>	No		Electrical Sockets suitably Sited?	Yes	<input checked="" type="checkbox"/>	No	
Adequate Space between Bleed Beds?	Yes	<input checked="" type="checkbox"/>	No		Extension Cables Required	Yes	<input checked="" type="checkbox"/>	No	
Adequate Ventilation	Yes	<input checked="" type="checkbox"/>	No		Fire Exits Obstructed	Yes		No	<input checked="" type="checkbox"/>
Carpet in Clinic area	Yes	50% <input checked="" type="checkbox"/>	No		General Décor / Cleanliness Adequate	Yes	<input checked="" type="checkbox"/>	No	
					Mobile Phone Signal adequate	Yes	<input checked="" type="checkbox"/>	No	
<u>Comments</u>					More than One Room Available for Clinic Use	Yes		No	<input checked="" type="checkbox"/>
					Slippery Floor Signs Required?	Yes		No	<input checked="" type="checkbox"/>

SAFETY ASSESSMENT

Impact	Description	Likelihood	Description	Risk Rating
1	Insignificant	5	Almost Certain	1
2	Minor	4	Likely	
3	Moderate	3	Possible	
4	Major	2	Unlikely	
5	Catastrophic	1	Rare	

OVERALL RISK RATING

VENUE	Overall Risk Rating	Risk Level	Action
The overall venue risk rating is derived from the above assessments. Take the highest score and write it in the risk rating box. Then please tick the appropriate risk level.	4	1-3	Low This level of risk is considered acceptable. No action is required over and above existing procedures
		4-6	Moderate Monitoring of risks with view to effort being made to reduce these within a 6 month period
		8-12	Significant Management consideration of risks and reduction of these before the next planned session
		15-25	Critical Senior Management attention required with a view to immediate action being taken to reduce risk

Overall Comments

Risk Assessment Completed by (Print Name):

[Redacted Name]

Risk Assessment Completed by (Signature):

[Redacted Signature]

VENUE RISK ASSESSMENT REVIEW FORM

Venue DATIX ID: **3583**
 (office use only):

DATE:	TEAM:	Venue:
28/05/25	EAST B	ABERAVON BEACH HOTEL

Does today's Venue Layout differ from the Master Layout (Visio)?

Please tick	No	<input checked="" type="checkbox"/>	Please sign the form and return to Collections Planning.	Yes	<input type="checkbox"/>	If 'Yes' please complete comments section stating reasons for Venue Layout change. Use CP-014 to add supporting diagrams where required. Please sign the form and return to Collections Planning.
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Do the Vehicle Access, Egress and Parking arrangements differ from the Master Venue Risk Assessment?

Please tick	No	<input checked="" type="checkbox"/>	Please sign the form and return to Collections Planning.	Yes	<input type="checkbox"/>	If 'Yes' please complete comments section stating reasons for Master Venue Risk Assessment to be reviewed. Please sign the form and return to Collections Planning.
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Does today's Risk Rating Differ from the Master Venue Risk Assessment?

Please tick	No	<input checked="" type="checkbox"/>	Please sign the form and return to Collections Planning.	Yes	<input type="checkbox"/>	If 'Yes' please complete comments section stating reasons for Master Venue Risk Assessment to be reviewed. Please sign the form and return to Collections Planning.
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Are there any amendments/concerns to the Fire Risk Assessment



Please tick	No	<input checked="" type="checkbox"/>	Please sign the form and return to Collections Planning.	Yes	<input type="checkbox"/>	If 'Yes' please complete comments section stating reasons for Master Venue Risk Assessment to be reviewed. Please sign the form and return to Collections Planning.
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If the venue is deemed as having critical risks on the day of session, please call Operational Management Team immediately

Issues on the Day / Other Comments

Was the contact/venue spoken to regarding any issues that arose on the day?	Yes/No	<input checked="" type="radio"/>	Please document what action was taken to rectify issue
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Permanent Changes

Risk Assessment Completed by (Print Name):		Risk Assessment Completed by (Signature):	
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Risk Assessor to return form to the Planning Administration Team once fully signed

The following section is to be completed by the Planning Administration Team

Are there any actions to raise on DATIX?

Please tick	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Ensure all actions are added to DATIX. Actions and Comments must be acknowledged below by the relevant Operations Manager prior to scanning and uploading this form to the DATIX Venue Risk Assessment Record
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Planning Team comments:

List actions for DATIX:

Transport/Operations /Planning Manager Review (Print Name):	Transport/Operations/Planning Manager Review (Signature):

Relevant Manager to return form to the Planning Administration Team once fully signed

VENUE RISK ASSESSMENT REVIEW FORM

Venue DATIX ID:
 (office use only):

3583

DATE:	TEAM:	Venue:
03/06/25	EATA-	ARROWON BREECH HOTEL.

Does todays Venue Layout differ from the Master Layout (Visio)?

Please tick	No	<input checked="" type="checkbox"/>	Please sign the form and return to Collections Planning.	Yes	<input type="checkbox"/>	If 'Yes' please complete comments section stating reasons for Venue Layout change. Use CP-014 to add supporting diagrams where required. Please sign the form and return to Collections Planning.
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Do the Vehicle Access, Egress and Parking arrangements differ from the Master Venue Risk Assessment?

Please tick	No	<input checked="" type="checkbox"/>	Please sign the form and return to Collections Planning.	Yes	<input type="checkbox"/>	If 'Yes' please complete comments section stating reasons for Master Venue Risk Assessment to be reviewed. Please sign the form and return to Collections Planning.
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Does todays Risk Rating Differ from the Master Venue Risk Assessment?

Please tick	No	<input checked="" type="checkbox"/>	Please sign the form and return to Collections Planning.	Yes	<input type="checkbox"/>	If 'Yes' please complete comments section stating reasons for Master Venue Risk Assessment to be reviewed. Please sign the form and return to Collections Planning.
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Are then any amendments/concerns to the Fire Risk Assessment

Please tick	No	<input checked="" type="checkbox"/>	Please sign the form and return to Collections Planning.	Yes	<input type="checkbox"/>	If 'Yes' please complete comments section stating reasons for Master Venue Risk Assessment to be reviewed. Please sign the form and return to Collections Planning.
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If the venue is deemed as having critical risks on the day of session, please call Operational Management Team immediately

Issues on the Day / Other Comments

Was the contact/venue spoken to regarding any issues that arose on the day ?	Yes/No	<input checked="" type="checkbox"/>	Please document what action was taken to rectify issue
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Permanent Changes

Risk Assessment Completed by (Print Name):	Risk Assessment Completed by (Signature):
[Redacted]	[Redacted]

Risk Assessor to return form to the Planning Administration Team once fully signed

The following section is to be completed by the Planning Administration Team

Are there any actions to raise on DATIX?

Please tick	No	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	Ensure all actions are added to DATIX. Actions and Comments must be acknowledged below by the relevant Operations Manager prior to scanning and uploading this form to the DATIX Venue Risk Assessment Record
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Planning Team comments:

List actions for DATIX:

Transport/Operations /Planning Manager Review (Print Name):	Transport/Operations/Planning Manager Review (Signature):

Relevant Manager to return form to the Planning Administration Team once fully signed

Appendix 2



Gwasanaeth Gwaed Cymru
Welsh Blood Service

Cyfarwyddwr | Director – Mr Alan Prosser
Heol Cwm Elái | Ely Valley Road
Tonysguboriau | Talbot Green
Pontyclun, CF72 9WB

Our Ref: [REDACTED]



22nd April 2025

Dear [REDACTED]

I hope you are well.

Please find enclosed information as requested. I have redacted any names mentioned for data protection purposes.

I have also enclosed an acknowledgement form for your completion and please return to us in envelope provided.

Kind regards



Enc

Croesewir gohebiaeth yn y Gymraeg. Correspondence is welcomed in Welsh.

gwaedcymru.org.uk
welshblood.org.uk
0800 252 266





Gwasanaeth Gwaed Cymru
Welsh Blood Service

Cyfarwyddwr | Director – Mr Alan Prosser
Heol Cwm Elái | Ely Valley Road
Tonysguboriau | Talbot Green
Pontyclun, CF72 9WB

ORF-032
Issue 1
Effective Date 27/03/14
Ref [REDACTED]

Acknowledgement of Receipt of Requested Information

I, [REDACTED] acknowledge receipt of a letter dated 14th April 2025 sent giving the information I requested held on me by the WBS. This letter was received on 14th April 2025.

I confirm that the information provided is accurate/not accurate.* (*Please delete as applicable.) If the information is not accurate please detail any anomalies in the space below.

Signed: _____

Date: _____

Please return this form to [REDACTED]

Croesewir gohebiaeth yn y Gymraeg. Correspondence is welcomed in Welsh.

gwaedcymru.org.uk
welshblood.org.uk
0800 252 266



Donor Medical Comments

Donor Number: [REDACTED]

Date Range: 05/03/2025 - 10/04/2025

Entered By User: All

Date	Comment	User
10/04/2025	Donor returned call. Donor well other than needed to see GP in relation to ongoing issues with nose. Referral has been made to Ear Nose and throat in relation to this as GP suggests that will require surgery to correct. Donor is extremely happy with all care and follow up received from WBS and does not wish to raise any formal concern. Discussed sending of information and donor would like to receive any follow up documentation and logging of the incident.	[REDACTED]
10/04/2025	Further call to donor for further discussion prior to sending requested information, no reply and message left to return call.	[REDACTED]
01/04/2025	Donor would like to request copy of accident/incident form and follow up provided. Advised donor that will send out appropriate forms as per protocol for completion and return with appropriate ID to request same. Incident no [REDACTED] as provided by [REDACTED]. Donor taking case further against Aberavon Hotel.	[REDACTED]
20/03/2025	[REDACTED] Spoke with [REDACTED] who is unaware of the accident at Aberavon Beach Hotel. [REDACTED] not available at present to discuss any further. Email sent to donor advising that will provide an update at earliest convenience regarding the logging of this incident. Follow up date for 27/03/25	[REDACTED]
14/03/2025	[REDACTED] Follow up call to donor, donor apologised that missed call yesterday. Recovering well and only very small cut to nose which is healing. bruising and swelling almost resolved. Donor is in process of obtaining all evidence from accident at Aberavon Beach Hotel. Advised that will ensure that all logged with WBS should this be required. Follow up courtesy called arranged for next Thurs 20/03	[REDACTED]
13/03/2025	[REDACTED] DHCSW called donor message and freephone number left. Follow up call arranged for 14/03/2025	[REDACTED]
07/03/2025	Further call arranged for Thursday which is her day off but aware can make contact at any time if any concerns arise. Donor extremely grateful for the follow up from WBS. Follow up call 13/03/25	[REDACTED]
07/03/2025	[REDACTED] Follow up call as arranged. Donor feeling very sore generally with swelling to nose (broken, lacerated). C/o bilateral black eyes and bruising to shoulder. Donor not having much success in contact with hotel and has now taken this to health and safety at Best Western hotel chain. Taking paracetamol for discomfort and encouraged to ensure that takes regularly max 8 tablets in 24 hours.	[REDACTED]

Donor Medical Comments

Donor Number: [REDACTED]

Date Range: 05/03/2025 - 10/04/2025

Entered By User: All

Date	Comment	User
	Employers have been very supportive and hopes to attend work next week.	
05/03/2025	<p>cont... Donor stated the yellow mark indicating step has worn off, very poor response from hotel staff, donor asked to document it in the accident book and was declined a copy.</p> <p>Donor praised care from WBS staff which I will forward to Ops Manager and team. I said I would report the incident to relevant department.</p> <p>Further follow up arranged for 07/03/2025</p>	[REDACTED]
05/03/2025	<p>.cont.. .Vasovagal leaflet given, along with strict worsening advice. 111 and 999. Said would not be alone, and was going straight to minor injuries. Gave head injury advice, nausea, double vision, felling tired or disorientated</p> <p>DHCSW contacted donor, returned to hospital, donor suffered concussion, a broken nose, which has been glued and taped, bruising to shoulder and knee, feeling very unwell...cont</p>	[REDACTED]
05/03/2025	<p>[REDACTED] Donor, fell over a step, at the donation venue whilst coming to give blood, hit face on glass door. No LOC, but crawled to reception area. RN notified by maintenance staff. Cut to bridge of nose graze to right shoulder, and left knee.</p> <p>First aid given. Plaster on nose, moved to a donation chair for safety, speaking in full sentences. Denied Loss of consciousness. Called sister in law who came to collect. And took to minor injuries Port Talbot...cont</p>	[REDACTED]



WELSH BLOOD SERVICE

Confidential Incident Record Form (IRF)

PLEASE USE BLOCK CAPITALS

Datix ID: [REDACTED]

COMPLETING THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY OF ANY KIND ON ANY PERSON. ANY EQUIPMENT INVOLVED IN THE INCIDENT SHOULD BE SAFELY RETAINED. ANY OTHER RELEVANT INFORMATION SHOULD BE ATTACHED TO THE FORM.

A. Person Reporting the Incident (Employees only)

Forename [REDACTED]	Surname [REDACTED]	Job Title RN	Department (Please state which collections team/clinic) EASE B
------------------------	-----------------------	-----------------	---

B. Is the Incident a Near Miss? Please circle Yes

No

Incident Category/Sub Category (Tick one category) ↓

Accident					
Bite - Animal/ Human	Choke - Object/Food/ Fluid	Contact -Electricity	Contact -Hot/ Cold Surface	Contact - Object	
Cut from Material/Object	Fainting Episode	Poisoning/ Infection	Scratching/ Itching	Slip/Trip/Fall	
Chemical Exposure/Spillage					
Chemical Burn	Exposure Chemical	Exposure General	Leakage	Mixture	Spillage
Infection Control			Dignity at Work		
Risk of Infection	Poor Hygiene Conditions		Dignity at Work Issue		
Fire					
Unwanted Fire Signal	Fire Incident →	Cooking	Electrical	Smoking	
Ill Health					
Asthma/Breathing Difficulties	Back/Neck Arm Pain		Bleeding Nose	Cardiac Problems/Chest Pains	
Fit/Faint at Work	Nausea	RSI	Staff Ill Health at Work		Syncope
Sharps		Manual Handling		Stress	
Dirty needle	Unused needle	Donor/Patient Handling	Moving an Inanimate Load		Work Related Stress
Violence & Aggression					
Aggressive or Threatening Behaviour/ Intimidation		Allegations Made	Deliberate Damage	Email Abuse	Harassment/ Bullying
Inappropriate Comments/ Gestures	Physical Assault	Robbery	Racial Abuse/ Harassment	Self Harm	Sexual Assault/ Harassment
Staff Attitude	Staff Behaviour	Suspected Abuse	Telephone Abuse/ Rage	Unsolicited Mail/Email	Verbal Assault/ Abuse

C. Where & When Did The Incident Occur?

Exact Location Aberavon Beach Hotel	Date of Incident (DD/MM/YYYY) 04/03/2025	Time of Incident (HH:MM) 15-02
--	---	-----------------------------------

D. Description of Incident (continue on separate sheet if necessary)

Donor came to give a blood donation. Tripped on a step from the car park and hit face on glass door, no loss of consciousness. Crawled to reception area, blood service RN notified by maintenance staff. First aid given. Plaster on nose, consciousness level assessed as ok. Moved to a donation chair in reception. Contacted sister in law who came to collect her and go to minor injuries in Port Talbot. Worsening advice, 111 or 999 given. Fainting leaflet given. With donor for 20 mins speaking in full sentences. Hotel staff completed accident form. Donor had chocolate buns and cold drink before leaving.



WELSH BLOOD SERVICE

Confidential Incident Record Form (IRF)

PLEASE USE BLOCK CAPITALS

E. Immediate Action Taken (continue on separate sheet if necessary)

F. Person Involved in Incident (Full Name)

Mr/Mrs/Miss/Ms

Forename

Surname

Person Type (Tick) ↓

Staff Donor Visitor Volunteer Contractor Other (Specify)

Please state job title:

Gender Male Female Donor Number

Date of Birth (DD/MM/YYYY)

Did you go off duty as a result of the incident? Yes/No No

Was the activity being undertaken authorised and part of normal work? Yes/No No

G. Injury or Ill Health Details

G1. Which part of the body was affected? (e.g. left leg)

Nose, Left Knee, Right Shoulder

G2. What type of injury was sustained? (Tick) ↓

<input type="checkbox"/> Abrasion	<input type="checkbox"/> Amputation	<input checked="" type="checkbox"/> Bruise	<input type="checkbox"/> Burn/Scald	<input checked="" type="checkbox"/> Cut	<input type="checkbox"/> Crush Injury	<input type="checkbox"/> Death	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Eye Injury	<input type="checkbox"/> Fracture
<input checked="" type="checkbox"/> Laceration	<input type="checkbox"/> Loss of Sight	<input type="checkbox"/> Needlestick	<input type="checkbox"/> Puncture	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Scratching/itching	<input type="checkbox"/> Sprain/ Strain	<input type="checkbox"/> Swelling	<input type="checkbox"/> Syncope Related	<input type="checkbox"/> Unconscious

H. Did the person seek or receive any medical attention (Tick) ↓

None First Aid Occupational Health A&E *Minor Injuries* Advised to see GP

I. Details of any Witnesses to the Incident (Statements by witnesses to be attached to this form (ORF-010))

Witness Details 1

Witness Details 2

J. Violence and Aggression Incidents ONLY – Details of Aggressor (If Known): Name

Staff Donor Visitor Contractor Volunteer Other (Specify)

K. Department Manager (Complete Section)

Risk Assessment

Impact	Likelihood	Rating	Print Name:
1 Insignificant	5 Certain	=IMPACT x LIKELIHOOD	Manager Signature
2 Minor	4 Likely		
3 Moderate	3 Possible		
4 Major	2 Unlikely		
5 Catastrophic	1 Rare		
Further Investigation Required Yes/No			Date Received

Investigation to be carried out by

Comments

Date Investigation Completed

Feedback given to incident reporter by (remember to attach evidence)

Section to be completed IF RIDDOR Reportable By: Risk Management Section

Notification Number

Notifier Name

RETURN FORM TO Health Safety & Environmental Compliance Manager

Use in conjunction with SOP: 025/ORG

Incidents

Datix Cymru Concerns Management System

Incident Form (V5B)

The fields displayed in blue font are to be completed, as this data is required for NHS Executive National Reportable Incidents and is included in the National Reportable Incident templates

Incident Details

What type of form was used to report this incident? Logged in form

Current approval status Closed

Name and reference

ID [REDACTED]

Date Reported (dd/mm/yyyy) 06/03/2025

DWEB reference number (if applicable)

Vehicle Registration Number
Where a vehicle was involved in the incident

Booking or CAS Number if applicable (WAST)

Laboratory Specimen Number

Name and reference
Name of Person Affected [REDACTED]

Name and reference
Incident Manager [REDACTED] - Operational Manager 2107
This is your Line Manager or the person responsible for the management of the incident

Incident Severity

Reporter's initial harm assessment Low

This incident is graded on potential harm caused by the Health Body
The All Wales Grading Framework is part of the PTR Regs. For a copy of the framework please right click over the underlined text and select 'open link in new window.' [Grading Framework](#)

Details

Details
Incident date (dd/mm/yyyy) 04/03/2025

Time (hh:mm)

Details
Description Donor came to give blood donation, tripped on a step from the car park and her face on the glass door, no loss of consciousness. Crawled to reception area, blood service RN notified by maintenance staff, first aid given, plaster on nose, consciousness level assessed all ok. Moved to donation chair in reception, contacted sister-in-law who came to collect her and go to minor injuries in Port Talbot. Worsening advice, 111 and 999. fainting leaflet given. With donor for 20 mins speaking in full sentences. Hotel staff completed accident form. Donor had chocolate biscuit and cold drink before leaving.

Please provide a brief description of the incident ensuring that **no identifiable information** is included in this box. Please **DO NOT** put: Names,

Hospital/NHS Number, Date of Birth,
Acronyms eg GP, HV, DN, BP

Details

Brief Description of actions taken N.A

Please provide a brief description of any immediate actions taken, ensuring that **no identifiable information** is included in this box.

Please **DO NOT** put: Names,
Hospital/NHS Number, Date of Birth,
Acronyms eg GP, HV, DN, BP

Incident Type

Incident Type
Who was affected? Patient/Service User

Incident Type
Classification Accident, Injury

Incident Type
Category Slip, trip or fall

Incident Type
Sub Category Fall on level surface (external)

Additional Information

Additional Information
Are there any Additional Factors relating to this Incident?
e.g. Business Continuity, Covid-19 No

Additional Information
Does this incident have Information Governance considerations?
The answer should be 'yes' if the incident involves personal or sensitive data, including near misses. For example, a breach of confidentiality, theft, loss or misuse of personal data, information security, etc. For further advice, please contact your information governance team No

Additional Information
Does this incident have any safeguarding elements? No

Additional Information
Was any equipment involved in the incident? No

Additional Information
Did medication have a direct impact on this incident? No

Additional Information
Were temporary staff involved in the incident? No

Responsible Service

This is the Service responsible for ensuring that this incident is reviewed, investigated, and closed

Responsible Service
Incident Service Velindre University NHS Trust / Welsh Blood Service / Blood Collections Services / Collections Operations

Where did the incident happen?

Where did the incident happen?
Location of Incident Velindre University NHS Trust / Welsh Blood Service / Community Blood Donation Clinics / Meet and Greet / Triage area

Exact location

Communication

Communication

Is this incident highly confidential (not for circulation)? No

This may include highly confidential information (staff/ service user/ patient) which requires restricted access. This may include Freedom to Speak up Safely

Who else needs access to this Incident?

Communication

Who have you informed of the incident? Line Manager

People Involved

ID	Contact Type	ID Number Type	ID Numbers	Subtype	Surname	Forenames	Date of birth	Age (Persons)	Language	Primary Contact Number	Approval status
█	Patient/Service User			Patient/Service User	█	█					Approved

Other Contacts

ID	Contact Type	Role (Persons)	ID Number Type	ID Numbers	Subtype	Surname	Forenames	Date of birth	Age (Persons)	Language	Primary Contact Number	Approval status
█	Employee/Member of Staff	Reporter			Administrative and Clerical	█	█					Approved

Additional Reporter Details

Reporters Location

This would be your usual place of work

Reporters Service

This would be Service/Dept in which you work/are employed

Incident Investigation

Incident Investigation

Does this incident need external reporting? No

Certain incidents and events are reportable to external agencies such as the NHS Wales Executive, Welsh Government, Health and Safety Executive (HSE) including RIDDOR, Medicines Healthcare Regulatory Agency (MHRA), Never Events and SMIL

Management Review

Management Review

Investigator(s) █ - Health, Safety and Environmental Officer


Please add all the staff that will be reviewing or investigating this incident in this field

Management Review

Management Review

Date Management Review started 01/04/2025 (dd/mm/yyyy)

Management Review

<p>Manager's interim harm assessment This incident is graded on potential harm caused by the Health Body The All Wales Grading Framework is part of the PTR Regs. For a copy of the framework please right click over the underlined text and select 'open link in new window.' Grading Framework</p>	Low
<p>Management Review Following the initial review, has the grading changed</p>	No
<p>Management Review Is this incident about nursing care? If this incident was partly or wholly around nursing care - Select 'Yes' If you are unsure, then select 'Yes' OR if this incident occurred in an area that involved nurses providing direct or indirect care - Select Yes This could be in any setting including a patient's home. A nurse does not have to be present for the incident to be about nurse care The following are some of the incidents that you would select Yes for this question (this is not an exhaustive list) : - patient fall - pressure damage - medication error - extravasation</p>	No
<p>Management Review What were the findings of the management review?</p>	<p>Donor tripped and fell on a step in the venue carpark on their way to donate. Tripped on step and hit face on glass door. Was given assistance by WBS staff - first aid and monitored for 20 mins Relative called and advice given to go to A&E or phone ambulance if worsening conditions.</p> <p>Aberavon beach hotel are responsible for their premisses including maintenance. Incident happened on their site. Hotel staff including maintenance and reception informed and they completed their own incident form They will need to investigate the incident, determine cause and prevent reoccurrence</p>
<p>Management Review Are further immediate actions required at this time?</p>	Hotel staff informed
<p>Is there any early learning identified for sharing internally and externally?</p>	
<p>Management Review Does this require a focused review? If yes, please complete the focused review panel: Extravasation, Falls, Pressure Ulcer, Sharps, Manual Handling</p>	No
<p>Does this incident involve a patient related radiation incident (ionising or non-ionising) ? If yes, please apply the national incident coding taxonomy Guidance on how to apply the coding can be found here. Please note the coding taxonomy does not apply to incidents involving staff, members of the public or slips, trips or falls. For any queries related to applying the coding taxonomy please contact MEG.learningsystem@ukhsa.gov.uk</p>	
<p>Management review completed by</p>	
<p>Date Management review completed</p>	01/04/2025
<p>Further investigations following management review?</p>	Management Actions Sufficient-Close

Yorkshire Contributory Factors Framework

Domain 1: Situational Factors

Domain 1: Situational Factors
Team Factors: Was there any failure or team function? No
For example; Conflicting Team Goals, Poor Delegation, Lack of respect for colleagues, Absence of feedback

Domain 1: Situational Factors
Individual Staff Factors: Were there any reasons this incident was more likely to occur with the particular staff involved? No
For example; fatigue, stress, rushed, distraction, inexperience

Domain 1: Situational Factors
Task characteristics: Did the task features make the incident more likely? No
For example; unfamiliar task, monotonous task, difficult task

Domain 1: Situational Factors
Patient factors: Were there any reasons this incident was more likely to occur to this particular patient? No
For example; Language barrier, unusual physiology, uncooperative, intoxicated, complex medical history

Domain 2: Local Working Conditions

Domain 2: Local Working Conditions
Workload and staffing issues: Was there a mismatch between workload and staff provision around the time of the incident? No
For example; High unit workload, staff sickness, insufficient staff

Domain 2: Local Working Conditions
Leadership, Supervision and Roles: Was there any failure of team function? No
For example; inappropriate delegation, remote supervision, unclear responsibilities

Domain 2: Local Working Conditions
Drugs, Equipment and Supplies: Were there difficulties obtaining the correct drugs and/or working equipment and/or supplies? No
For example, unavailable drugs, inadequate maintenance, equipment not working, no supply delivery

Domain 3: Organisational Factors

Domain 3: Organisational Factors
Physical environment: Did the environment hinder your work in any way? No
For example: Poor layout, poor visibility (eg position of nurses' station), lack of space, poor lighting, excessive noise/heat/cold, poor access to patient.

Domain 3: Organisational Factors
Support from other departments: Were there any problems from other departments? No
This includes support from IT, HR, porters, estates or clinical services such as radiology, phlebotomy, pharmacy,

biochemistry, blood bank, microbiology, physiotherapy, medical or surgical specialities, theatres, GP, ambulances etc

Domain 3: Organisational Factors
Scheduling and Bed Management: Did any time or bed pressures play a role in the incident? No

For example: Delay in the provision of care, Difficulties finding a bed, Transfer to an appropriate ward, Lack of out of hours support

Domain 3: Organisational Factors
Staff training and Education: Were there any issues with staff skill or knowledge? No

For example: Inadequate training, Training not standardised, No protected time for teaching, No regular/yearly updates

Domain 4: External Factors

Domain 4: External Factors
Design of Equipment, Supplies and Drugs: Was there any characteristic about the equipment, disposables or drugs that was unhelpful? No

Domain 4: External Factors
National policies: Have any national policies influenced this incident? No

Domain 5: Communication and Culture

Domain 5: Communication and Culture
Safety culture: Did the lack of safety culture in your clinical area contribute to this incident? No

Domain 5: Communication and Culture
Verbal and Written communication: Did poor written or verbal communication worsen the situation? No

Causal Factors Framework Summary

Causal Factors Framework Summary
Which are the most important contributory factors for this incident? Hotel premises - donor tripped on step and banged head on glass door
WBS staff provided assistance, advice and monitored the donor. Also called a relative to pick up the donor
Hotel informed and completed their own incident form.

Conclusion

Conclusion
Is this incident related to the five harms of Covid 19? N/A

Conclusion
Conclusion Nothing further for WBS to do
Care given at the time using RNs expertise to treat and monitor and advise.
Hotel to log incident, investigate and mitigate

Conclusion
Post Investigation Harm Assessment Low
This incident is graded on potential harm caused by the Health Body
The All Wales Grading Framework is part of the PTR Regs. For a copy of the framework please right click over the underlined text and select 'open link in new window.' [Grading Framework](#)

Conclusion
Result Harm

Conclusion
Recommendations See above - correct process followed, hotel informed.

Conclusion
Lessons learned See above

Conclusion
Feedback to Incident reporter Thanks for reporting
The information in the field will be sent back to the reporter when the Incident is closed.
To include the outcome, learning and actions taken as relevant.

Conclusion
Date Review/Investigation Completed 01/04/2025
(dd/mm/yyyy)
Please now inform the person responsible for closing the record that the review/investigation is completed.

Approval Status

Approval Status
Closed (dd/mm/yyyy) 01/04/2025

Approval Status
Person Responsible for Closing the Incident [REDACTED] - Health, Safety and Environmental Officer

Corporate Review

Type of Corporate Specialist Review

Datix Cymru - Local System Leads

Was a review undertaken within 72 hours?

Corrections made to records?

Progress notes

Author and date	Note
[REDACTED] 27/06/2025 15:47:04	during the period between the accident being reported and the next session we had booked I contacted the venue and spoke to the manager , he assured me that they had been visited and all the agreed actions had been put in place.
[REDACTED] 27/06/2025 08:39:02	Brief update [REDACTED] Actions taken: 26/06/2025 – meeting held with [REDACTED] present 26/06/2025 – [REDACTED] & [REDACTED] (Managers within the Blood Donation team) returned to venue to undertake a risk assessment – venue met the criteria for being safe to use Actions agreed: - [REDACTED] to contact the complainant to o acknowledge her email o provide her with the relevant information for proceeding with a FOI request. o Ascertain if the complainant would like to proceed with a formal complaint - [REDACTED] to update the previous datix raised on the system from March with the additional information gained today (risk assessment & pictures) & conversations had with the venue managers & the email from the complainant - [REDACTED] to link Donor Adverse event / incident on datix and feedback - [REDACTED] to update all relevant parties - [REDACTED] to attend the venue to undertake an independent Health & Safety risk assessment We will update you with any relevant information after we have spoken with the complainant.
Reynish, Julie 26/06/2025 13:05:27	Alan Prosser made aware of FOI potential.

Actions

No actions

Notifications, Communication & Feedback

Emails may take a little time to appear here after a record is saved. If you're looking for an email that was sent recently, please check back later.

Recipient Name	Recipient E-mail	Date/Time	User ID	Telephone Number	Job title	Originated from	Status
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Clinical Governance Data Co-Ordinator	Level 1 Form	Sent
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Advanced Practitioner in Donor care	Level 1 Form	Sent
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Donor Experience Manager	Level 1 Form	Sent
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Operational Manager 4121	Level 1 Form	Sent
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Quality Improvement Manager	Level 1 Form	Sent
[REDACTED]	[REDACTED]k	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Head of Collection Services	Level 1 Form	Sent
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Quality & Risk Development Manager	Level 1 Form	Sent
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Operational Manager 2107	Level 1 Form	Sent
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Regulatory Affairs Manager	Level 1 Form	Sent
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Quality and Service Development Nurse	Level 1 Form	Sent
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Head of Validation & Risk Management	Level 1 Form	Sent
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Health, Safety and Environmental Officer	Level 1 Form	Sent
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Head of Transfusion Services	Level 1 Form	Sent
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Transport and Logistics Manager	Level 1 Form	Sent
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Director of Nursing, AHP's & Medical Scientists	Level 1 Form	Sent
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Head of Resource, Planning and Logistics	Level 1 Form	Sent
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Resource and Clinic Planning Manager	Level 1 Form	Sent
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Senior Operations Manager 2355	Level 1 Form	Sent
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Clinic Collection Assistant 4845	Level 1 Form	Sent
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Deputy Medical Director	Level 1 Form	Sent
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Interim Head of General Services	Level 1 Form	Sent
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Director of Estates	Level 1 Form	Sent
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Deputy Head of Quality, Safety & Assurance	Level 1 Form	Sent
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Education Practice Development & Innovation Lead Nurse	Level 1 Form	Sent
[REDACTED]	W [REDACTED]	06/03/2025 11:53:58	[REDACTED]	[REDACTED]	Education, Practice Development & Innovation Lead Nurse	Level 1 Form	Sent

Recipient Name	Recipient E-mail	Date/Time	User ID	Telephone Number	Job title	Originated from	Status
[REDACTED]	[REDACTED]	06/03/2025 11:53:58	[REDACTED]		Head of Health & Safety	Level 1 Form	Sent

Communication and feedback

Recipients

Message

Message history

Date/Time	Sender	Recipient	Body of Message	Attachments
10/04/2025 10:06:13	[REDACTED]	[REDACTED]	<p>This is a feedback message from [REDACTED]. Incident form reference is [REDACTED]. The feedback is:</p> <p>Hi All</p> <p>Please see Incident this is recorded against the reporters details it should be against the donor s name and details. Can we also ensure that the risk assessment for the venue did not identify any risks at time of risk assessment.</p> <p>donor is requesting information regarding the venue risk assessment Please can somebody contact the donor to discuss.</p> <p>Best Wishes [REDACTED] Please go [REDACTED] [REDACTED] to view the incident.</p>	
10/04/2025 10:06:13	[REDACTED]	[REDACTED]	<p>This is a feedback message from [REDACTED]. Incident form reference is [REDACTED]. The feedback is:</p> <p>Hi All</p> <p>Please see Incident this is recorded against the reporters details it should be against the donor s name and details. Can we also ensure that the risk assessment for the venue did not identify any risks at time of risk assessment.</p> <p>donor is requesting information regarding the venue risk assessment Please can somebody contact the donor to discuss.</p> <p>Best Wishes [REDACTED]</p>	
10/04/2025 10:06:13	[REDACTED]	[REDACTED]	<p>This is a feedback message from [REDACTED]. Incident form reference is 22301 The feedback is:</p> <p>Hi All</p> <p>Please see Incident this is recorded against the reporters details it should be against the donor s name and details. Can we also ensure that the risk assessment for the venue did not identify any risks at time of risk assessment.</p> <p>donor is requesting information regarding the venue risk assessment Please can somebody contact the donor to discuss.</p> <p>Best Wishes [REDACTED]</p>	

Documents

Date Uploaded	Uploaded By	Type	Document Description	ID
2025-03-06	[REDACTED]	Action Plan	scan_br124790_2025-03-06-09-19-33.pdf	42245
2025-06-26	[REDACTED]	Email	FOI request	45727

Date Uploaded	Uploaded By	Type	Document Description	ID
2025-06-26	[REDACTED]	Email	FOI Request.msg	45728
2025-06-26	[REDACTED]	Email	JC clarity on incident	45736
2025-06-26	[REDACTED]	Email	clarity risk assessment	45737
2025-06-27	[REDACTED]	Email	Email trail FOI Request.msg	45747
2025-06-27	[REDACTED]	Email	AP feedback	45748
2025-06-27	[REDACTED]	Email	AP feedback	45749
2025-06-27	[REDACTED]	Email	FOI information (IB)	45750
2025-06-27	[REDACTED]	Email	Guidance from FOI department	45762
2025-06-27	[REDACTED]	Photo	IMG_1649.jpg	45768
2025-06-27	[REDACTED]	Photo	IMG_1652.jpg	45769
2025-06-27	[REDACTED]	Photo	IMG_1651.jpg	45770
2025-06-27	[REDACTED]	Photo	IMG_1650.jpg	45771
2025-06-27	[REDACTED]	Email	contact with donor	45772
2025-06-27	[REDACTED]	Email	contact	45773
2025-06-27	[REDACTED]	Email	donor reply	45774
2025-07-03	[REDACTED]	Action Plan	04.03.2025 R.pdf	45922
2025-07-03	[REDACTED]	Action Plan	03.06.2025 R.pdf	45923
2025-07-03	[REDACTED]	Action Plan	Master Venue Risk Assessment V1.pdf	45924
2025-07-03	[REDACTED]	Action Plan	Master Risk Assessment V2.pdf	45925

Linked records

 **Linked Feedback (1)**

ID	Handler	Name	First received	Description	Link notes
[REDACTED]	[REDACTED]	[REDACTED]	01/07/2025	<p>I would like to speak to someone regarding the fact that the Welsh blood service are continuing to use the Aberavon beach hotel for donations. After I had a serious incident there I would like to speak to the person who decided to continue using the site and how they made this decision. I would also like to point out some of the additional issues I have found about the hotel since researching it including the fact that it is not a welcoming location for wheelchair users and disabled guests. Overall I can't understand how your health and safety department continue choose to use this location. Thank you for forwarding my concern. As I await a detailed response from the relevant department, I would be grateful if you could ask them to provide clarification on the following points regarding the Aberavon Beach Hotel venue. I would also like to acknowledge that the Welsh Blood Service staff present on the day of my fall in March 2025 acted promptly and professionally. I received immediate first aid and support, and I am grateful for the care they provided. I have since received a copy of my medical notes, which confirm that an incident report was made. However, I have not received any information regarding what, if any, actions were taken in relation to health and safety at the hotel following the incident. Given the seriousness of what occurred and additional concerns that have since come to light, I would appreciate further information on the following points: 1. Post-Incident Actions • Was a full risk assessment or site review carried out following the incident? • What actions, if any, were taken</p>	Linked to Incident 20301

ID	Handler	Name	First received	Description	Link notes
				<p>based on the findings of the report? • Were any formal communications issued to the hotel as a result? 2. Venue Suitability • What criteria are used to determine whether a donation venue is safe and appropriate? • What accessibility standards must venues meet to be used or retained? • When was the last formal risk assessment undertaken at the Aberavon Beach Hotel? • Has the Welsh Blood Service received any feedback about this location's accessibility or safety from other donors or staff? 3. Decision to Continue Using the Venue • Who made the decision to continue using the Aberavon Beach Hotel after the incident? • On what basis was that decision made? • Have any alternative venues been explored in light of the issues raised? Please consider this request as one made under the Freedom of Information Act. I would also be grateful if all correspondence and documentation bearing my name or donor ID number related to this incident and subsequent communications could be included in your response.</p>	

Appendix 3

[REDACTED] (Welsh Blood Service, Health & Safety & Environmental Compliance Manager)

From: [REDACTED] (Welsh Blood Service, Blood Donation Services)
Sent: 02 July 2025 15:41
To: [REDACTED]
Subject: FW: Follow up-PII INCLUDED

[REDACTED]

[REDACTED]



welshblood.org.uk
0800 252266
gwaedcymru.org.uk

Mae Ymddiriedolaeth GIG Prifysgol Felindre yn hapus i dderbyn gohebiaeth yn y Gymraeg neu'r Saesneg. A fydddech cystal â gwneud eich anghenion iaith yn glir i ni ar ôl derbyn yr e-bost hwn a gallwn gynllunio ein Cyfathrebu yn unol â hynny. Os na fyddwch yn darparu eich dewis iaith, byddwn yn cymryd yn ganiataol mai Saesneg yw eich dewis iaith. Diolch

Velindre University NHS Trust is happy to receive communication in Welsh or English. Please make your language preference clear to us upon receipt of this email and we can plan our communication accordingly. If you do not provide your language preference, we will assume that your language preference is English. Thank you.

From: [REDACTED]
Sent: 09 April 2025 10:40
To: [REDACTED]

[REDACTED]

Subject: FW: Follow up-PII INCLUDED

I have spoken to the hotel and asked if any of the H&S issues are relating to the room we use.

The Manager has assured me that none of the issues were relating to the ballroom which is the room we use.

Thanks

[REDACTED]

#hello my name is...



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

Mae Ymddiriedolaeth GIG Prifysgol Felindre yn hapus i dderbyn gohebiaeth yn y Gymraeg neu'r Saesneg. Ni fydd derbyn gohebiaeth yn Gymraeg yn achosi unrhyw oedi. A fydddech cystal â gwneud eich anghenion laith yn glir i ni ar ôl derbyn yr e-bost hwn a gallwn gynllunio ein Cyfathrebu yn unol â hynny.

Velindre University NHS Trust is happy to receive communication in Welsh or English. Receiving Welsh Language Communication will not lead to any delay. Please make your language preference clear to us upon receipt of this email and we can plan our communication accordingly.

From [REDACTED]

Sent: 08 April 2025 16:28

[REDACTED]

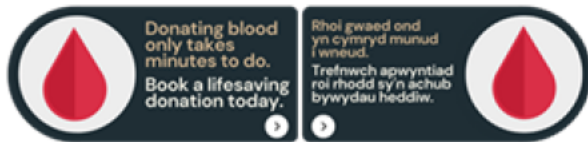
Subject: FW: Follow up-P11 INCLUDED

Hi [REDACTED]

I know the MVRA was completed and signed off, based on the below would you want to re-assess?

Thanks

[REDACTED]



Diolch/Thanks

[REDACTED]

Gwasanaeth Gwaed Cymru | Welsh Blood Service
GwaedCymru.org.uk | WelshBlood.org.uk

Mae Ymddiriedolaeth GIG Prifysgol Felindre yn hapus i dderbyn gohebiaeth yn Gymraeg neu'r Saesneg. Ni fydd derbyn gohebiaeth yn Gymraeg yn achosi unrhyw oedi.

A fydddech cystal â gwneud eich anghenion Iaith yn glir i ni ar ôl derbyn yr e-bost hwn a gallwn gynllunio ein Cyfathrebu yn unol â hynny.

Velindre University NHS Trust is happy to receive communication in Welsh or English. Receiving Welsh language Communication will not lead to any delay.

Please make your language preference clear to us upon receipt of this email and we can plan our communication accordingly.

From: [REDACTED] (Welsh Blood Service, Clinical Services) [REDACTED]

Sent: 08 April 2025 11:19

To: [REDACTED]
[REDACTED]

Subject: FW: Follow up

Hi all

Please see email below in relation to the lady that sustained a fall incident at the Aberavon Hotel on her way in to donate. I have made [REDACTED] aware of the contents in relation to Health and Safety concerns currently under investigation.

Kind Regards

[REDACTED]

From: [REDACTED] >

Sent: 08 April 2025 11:00

To: [REDACTED]

Subject: Re: Follow up

WARNING: This email originated from outside of NHS Wales. Do not open links or attachments unless you know the content is safe.

Hi [REDACTED]

I am sending the forms today but have applied copies here just in case.

On another note I'm not sure if you are connected to the people that choose the locations for the blood drives but I have been informed by the health and safety department at Neath Port Talbot CBC that they found several health and safety issues not related to my fall during their visit to the hotel that they are investigating so I would think before using this site in future for the safety of staff and visitors

Kind regards

[REDACTED]

On 1 Apr 2025, at 15:46, [REDACTED]

Hi [REDACTED]

You are very welcome 😊

Kind regards

[REDACTED]

From: [REDACTED]
Sent: 01 April 2025 15:30
To: [REDACTED]
Subject: Re: Follow up

WARNING: This email originated from outside of NHS Wales. Do not open links or attachments unless you know the content is safe.

No problem at [REDACTED]

There is no rush and I appreciate all the help and the support the team have given me the past month.

Kind regards

[REDACTED]

On 1 Apr 2025, at 15:16, [REDACTED] wrote:

Hi [REDACTED]

These have been prepared and will be sent out 1st class tomorrow, unfortunately the post has been collected today.

Regards

[REDACTED]

From: [REDACTED]

Sent: 01 April 2025 13:15

To: [REDACTED]

Subject: Re: Follow up

WARNING: This email originated from outside of NHS Wales. Do not open links or attachments unless you know the content is safe.

H [REDACTED]

Of course my DOB is [REDACTED]

Kind regards

[REDACTED]

On 1 Apr 2025, at 13:12, [REDACTED] wrote:

Hi [REDACTED]

Would you provide you DOB or donor number to locate your record?

Regards

[REDACTED]

From: [REDACTED]

Sent: 01 April 2025 12:50

To: [REDACTED]

Subject: Re: Follow up

WARNING: This email originated from outside of NHS Wales. Do not open links or attachments unless you know the content is safe.

[REDACTED]

Yes please that would be a great help I'm sure you have my address but just in case

[REDACTED]

Thanks in advance

Kind regards

[REDACTED]

On 1 Apr 2025, at 12:36, [REDACTED] (Blood Service, Clinical Services)

[REDACTED] wrote:

Hello [REDACTED]

Thank you so much for your patience. Would you like to request the relevant forms from us and follow up documentation? I can get the forms sent out today for completion which follows our protocol for release of confidential information.

Kind regards

[REDACTED]

From: [REDACTED]

Sent: 01 April 2025 09:29

To: [REDACTED]

Subject: Re: Follow up

WARNING: This email originated from outside of NHS Wales. Do not open links or attachments unless you know the content is safe.

Hi [REDACTED]

Just checking in again as I haven't heard anything, sorry to be a pain.

Kind regards

[REDACTED]

On 27 Mar 2025, at 12:25, [REDACTED] wrote:

Hi [REDACTED]

Is there any news on the report please

Kind regards

[REDACTED]

On 21 Mar 2025, at 15:37, [REDACTED] (Welsh Blood Service, Clinical Services) [REDACTED] wrote:

Good afternoon [REDACTED]

I will update you once I have spoken with the other Ops manager, but yes we will endeavour to support you.

Kind regards

[REDACTED]

From: [REDACTED] >

Sent: 20 March 2025 13:11

To: [REDACTED]
[REDACTED]

Subject: Re: Follow up

WARNING: This email originated from outside of NHS Wales. Do not open links or attachments unless you know the content is safe.

Thanks [REDACTED]

Would it be possible to have a copy of the report when it is closed

Kind regards

[REDACTED]

On 20 Mar 2025, at 13: [REDACTED]

Service, Clinical Services) [REDACTED]

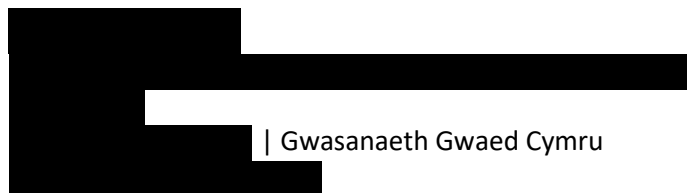
wrote:

Good afternoon [REDACTED]

Hope you are recovering well. I know you were for a follow up call today, but the Ops manager is currently off unwell. I don't have any update for you but will ensure I can provide this at the earliest opportunity. For now the incident is logged in our DATIX system with the follow up notes have been added appropriately.

I will speak with you soon.

Kind regards



Donor contact centre: 0800 252266

Gwasanaeth Gwaed Cymru | Welsh Blood Service
Heol Cwm Elai | Ely Valley Road
Tonysguboriau | Talbot Green
Llantrisant
CF72 9WB

<image005.png>

Appendix 4

ASSESSMENT OF CLINIC VENUES

A member of staff may only perform this task if authorised to do so by the individual in charge of the working area

INTRODUCTION

This SOP details the management responsibilities and criteria for Clinic venues in accordance with the Guidelines for the Blood Transfusion Services in the United Kingdom and in accordance with detailed local minimum criteria.

The Collections Department will have responsibility for ensuring that all new, reinstated and replacement venues and the continuing assessment of all current venues is carried out. Any existing venues, which deteriorate to such an extent that they fail to meet the minimum criteria (Document Register, CP 012) will require to be replaced, if the venue management cannot guarantee to make required improvements by the time the next clinic is due.

SAFETY PRECAUTIONS

N/A

REFERENCES

None

MATERIALS

- CP 011- Master Venue Risk Assessment (MVRA)
- CP 012 – Minimum Criteria for Venues
- CP 013 – Roll Cage and Tail lift Assessment Form
- CP 014 – Venue Layout Form
- CP 015 – Visio Mastercopy Layout Form
- CP 016 – Venue Risk Assessment Review Form
- CSD 027- Team Daily Performance
- CSD 047 – Venue Fire Safety Check List Form
- Master Venue Risk Assessment & Visio Sheet- E:/drive/All Users/Master Venue Risk Assessment & Visio
- Collection Site Folders- E:/drive/Collections /Planning/All Wales Collections Planning/ Collection Sites
- Datix System
- SOP: 042/BCT
- SOP: 044/BCT
- SOP: 013/CPL

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ASSESSMENT OF CLINIC VENUES

VUNHST Risk Assessment & Risk Register Policy

EQUIPMENT

N/A

Criteria for Venues

1. The Guidelines for the Blood Transfusion Services in the UK Section 1, Annex 2 lays down the General Considerations and Health and Safety Factors to be considered when selecting/assessing venues. Account is taken of the fact that environmental control may not be within the power of the Welsh Blood Service. In addition, premises may often be accepted, from necessity, as the only local venue available and therefore the ideal cannot always be achieved.
2. The minimum criteria are laid down in CP 012. All venues must reach these standards. Supplementary lighting is available for use in venues where there are temporary difficulties with light. Portable Fans are available for venues that have insufficient cooling systems.
3. All new and replacement venues are required to have a Master Venue Risk Assessment Form (CP 011), a Roll Cage Assessment Form (CP 013) and a Venue Layout Form (CP 014) completed prior to the date of the scheduled clinic.

A Venue Risk Assessment Review Form (CP 016) will be required to be completed on the day, at all subsequent clinics with the exception of Trailer clinics once a Master Venue Risk Assessment form has been completed.

PROCEDURE

1. Master Venue Assessment Form (MVRA) – CP 011

CP 011 incorporates a risk scoring matrix in line with **VUNHST Risk Assessment & Risk Register Policy** and is designed to provide up to date information relating to a venue.

- 1.1 It incorporates the minimum criteria but is also designed to provide additional information regarding potential future developments, which may affect venue requirements. It may be necessary to accept a venue on a one off basis in emergency situations and at the exigencies of the service, which may not usually be acceptable. The rationale for this one-off must always be documented and approved by the Interim Supply Chain Lead – Collection Services. Health and Safety regulations, and risk reduction should always be considered
- 1.2 The Master Venue Risk Assessment Form (MVRA) will be completed by the relevant operational manager/ nominated person for every new, alternative or replacement clinic. The operational manager/ nominated person completing the MVRA form should

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ASSESSMENT OF CLINIC VENUES

return it to Planning Admin Section in Talbot Green. This department will be responsible for monitoring risk factor scores.

- 1.3 All completed forms are entered and scanned into Datix by the Planning Admin Section in accordance with **SOP: 013/CPL**. Once scanned into the Datix system, the Master Venue Risk Assessment form will then be placed into the Datix sub-folder of the specific venue in the Collection Sites folder located in edrive/Collections/ Planning/All Wales Collections Planning/ Collection Sites/Datix.
- 1.4 Once entered onto Datix, the ID number of the Master Venue Risk Assessment form is to be documented in the Master Venue Risk Assessment & Visio spreadsheet located in E:\drive\All Users\Master Venue Risk Assessment & Visio by the Planning Admin section. The Planning team will then create a link with the MVRA & Visio spreadsheet to the new Master Venue Risk Assessment located in Datix sub-folder in Collection Sites folders.
- 1.5 The Planning Admin Section will refer any significant Risk Factors to the Transport/Operational Managers to action via the DATIX system.

Venue Risk Assessment Review Forms– CP 016

Every Clinic with the exception of Trailer and Talbot Green clinics will have a Master Venue Risk Assessment Form (CP 011) located in the DATIX system. To ensure that the safety and suitability of a venue does not deteriorate to an unsuitable standard in which to hold a clinic, a Venue Risk Assessment Review Form (CP 016) must be completed on each and every visit.

For trailer clinics, the Collection Team will need to ensure any issues relating to suitability are documented on the Team Daily Performance (CSD-027).

If, on attendance to the clinic there has been a significant permanent change to the venue then a Master Venue Risk Assessment form (MVRA-CP 011) must be re submitted to the Planning Admin Section.

- 2. The Supervisor or nominated person is required to complete a Venue Risk Assessment Review Form (CP 016) at each visit to clinic (**SOP: 042/BCT**).

This must be done prior to the start of clinic.

- 2.1 The Venue Risk Assessment Review form is to be completed by referencing the relevant Master Venue Risk Assessment form (MVRA-CP 011) for the venue in which they are in.
- 2.2 **It is the responsibility of the nominated person to access the relevant Master Venue Risk Assessment Form (MVRA CP 011) prior to attending each venue.**

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ASSESSMENT OF CLINIC VENUES

- 2.3 The staff member completing the Venue Risk Assessment Review Form (CP 016) should return it to Planning Admin Section in Talbot Green where it will be reviewed and authorised by an Operational Manager and then scanned and held in DATIX (**SOP: 013/CPL**)

Once scanned into Datix, any Review Forms that have Actions to be raised must be stored in the Datix sub-folder in Collection Sites Folder.

- 2.4 The Planning Admin Section will arrange to check that all Venue Risk Assessment Review forms due each day are received and chase up any outstanding forms with the Collection team.

3. Roll Cage and Tail Lift Assessment Form (CP 013)

A Roll Cage and Tail Lift Assessment Form (CP 013) must be completed on the initial assessment of every clinic with exception of trailer clinics. This form is returned to the Planning Admin Section Located in Talbot Green.

These forms will be used to form part of the suitability assessment for new and existing clinics. All returned forms will be scanned and held in 'Venue Documents- Rollcage,Venue Layout,Visio' folder located in E:\drive\Collections\Planning\All Wales Collection Planning\Collection Sites..

The hardcopy of CP 013 can now be disposed of.

4. Venue Layout Forms (CP 014) and Visio Mastercopy Layout form (CP 015)

Each venue is to be assessed in terms of venue layout taking into consideration the WBS workflow and use of donation chairs.

It is the responsibility of the RN/Supervisor of the team to access the relevant Visio Mastercopy Layout Form (CP 015) prior to attending each venue to ensure the required layout is adhered to.

- 4.1 Visio Mastercopy Venue layouts (CP 015) can be accessed via edrive/All Users/Master Venue Risk Assessments & Visio..
- 4.2 If a Venue Layout form has not been completed the RN/Supervisor will draw out the proposed layout on the Venue Layout form (CP 014) to include the areas listed at the top of the document. Each area will be marked with the corresponding number and area identified on top of the Venue Layout form (CP 014). This process is only required to be completed once for each clinic or if there is an amendment to host venue layout itself.

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ASSESSMENT OF CLINIC VENUES

- 4.3 The completed Venue Layout form (CP 014) will be sent back to the Planning Admin Section, who will ensure the plan is suitable to be transferred into Visio format. Completed Venue Layout forms (CP 014) from North Wales are to be scanned and sent electronically to South Wales Planning Admin Section.
- 4.4 Once the Venue Layout forms (CP 014) have been deemed suitable, they are to be transferred into Visio format by Collections Planning Section and will become the Visio Mastercopy Layout Forms (CP 015).
- 4.5 Once the Visio format has been completed, it is stored in 'Venue Documents -Rollcage, Venue Layout, Visio' folder located in edrive /Collections/Planning /All Wales Collections Planning/Collection Sites / North or South Collection Sites. Planning Admin section will then transfer the Visio format to PDF and create a link from the Visios to the Master Venue Risk Assessments & Visio spreadsheet located in edrive/ All Users/ Master Venue Risk Assessments & Visio.
- 4.6 The hardcopy of Venue Layout form (CP 014) shall be scanned and saved in 'Venue Documents- Rollcage, Venue Layout, Visio' folder located in E:\drive\Collections\Planning\All Wales Collections Planning\Collection Sites.
- 4.7 The hardcopy of CP 014 can now be disposed of.

NOTE: Due to operational requirements e.g. staffing issues, there may be occasions when the number of donation chairs set up on clinic may differ from what is depicted on the Visio Mastercopy layout Form (CP 015). On such occasions the layout of the clinic must be followed but with a reduced number of chairs.

There is not a requirement to complete a new Venue Layout Form (CP 014) in this instance.

5. Venue Fire Safety Audit Checklist Forms

All staff should make themselves conversant with the emergency procedures relevant to the site in which they are occupied. When staff are at venues including Bloodmobiles, used for blood donation sessions, they must be familiar with **SOP: 044/BCT** -Fire Safety and Emergency Evacuation Procedure – Blood Donation Clinic Venues, including Bloodmobile Clinics.

- 5.1 **SOP: 044/BCT** states that the Clinic Supervisor or nominated team member will be responsible for ensuring that the necessary checks are carried out at the start of each clinic and the Venue Fire Safety Check List (CSD 047) is completed.

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ASSESSMENT OF CLINIC VENUES

- 5.2 The Clinic Supervisor or nominated team member will send the completed CSD 047 to the Planning Admin Section located in Talbot Green.
- 5.3 The Venue Fire Safety Check List Form will then be scanned and held in DATIX (**SOP: 013/CPL**)
- 5.4 The hard copy of Venue Fire Safety Check List (CSD 047) can now be disposed of.

6. Closure of a Clinic

On rare occasions a venue may be found to be in a condition which does not meet the minimum criteria. The RN/Supervisor will be expected to liaise with the venue host to try and rectify the problem and to keep the relevant Operations Manager informed of the problem and of progress made.

If the problem is unable to be resolved the RN/Supervisor will make the decision to close the clinic.

Examples of when it might be necessary to close a clinic are: -

- 6.1 Dirty, unkempt premises unable to be cleared of debris by venue staff.
- 6.2 Health and Safety risk presented by inadequate toilet facilities, heating and water supply (if emergency fresh water supply for drinking/washing cannot be sent to the venue).
- 6.3 Lack of lighting which prevents safe venesection, observation and care of donors (if supplementary lighting has been requested, set up and does not improve matters).

Monitoring of Risk and Improvement Actions

Datix is used to record and monitor all venue risk assessments. Moderate and high risks identified are passed to the appropriate manager to consider any risk reductions and discuss issues with venue hosts.

ATTACHMENTS

None

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MINIMUM ACCEPTABLE CRITERIA FOR CLINIC VENUES

Venues must only be selected and used if they comply with the following minimum standards

The venue must support:

- Access routes, which includes paths, corridors and doorways must:
- Allow compliance to all relevant WBS SOPs
- Be adequately lit
- Be free from obstructions and wide enough to allow free passage of roll cages
- Have a suitable and accessible set down and pick up point provided for blood collection drivers and/or team vehicles used for transport during a session. This must be suitable for using the tail lift.
- Have safe parking for team vehicles that is within a convenient walking distance from the venue or alternative parking identified by Transport Department
- Have access for drivers to pick up blood during the day.
- Have no steep slopes and be of a suitable surface for the use of roll cages.
- The venue must be able to support the minimum number of six chairs, but option for more can be accommodated. The venue should ideally comprise of a single room where possible.

- **Desirable Room Size**

• 10 Chairs	• 150 Sq. M
• 8 Chairs	• 130 Sq. M
• 6 Chairs	• 105 Sq. M

- Reasonable staff and donor access around each chair for circulation.
- Defined emergency exits.
- Supervisors and RNs having clear visibility of screening, Donation area and Post Donation Care
- Accommodate a screen in the refreshment area should a donor become unwell
- Donation area should not be in an area of the building where members of the public will need to walk through to gain access to another activity / area within the building.

MINIMUM ACCEPTABLE CRITERIA FOR CLINIC VENUES

- Adequate space between each booth and through the use of background music to provide privacy and confidentiality.
- Electric power sockets to support electrical equipment and conform to British Safety Standards.
- Either a telephone line or mobile signal.
- Suitability for wheelchair access
- Access to drinking water and sink facilities
- One male and one female toilet with hand washing facilities -

These must be clean and in good working order. There should be separate bins for sanitary waste. With regard to Donors with a disability an accessible WC should be present.

- Adequate lighting.
- Minimum of 7 tables.
- Adequate heating and ventilation for public use.
- The most suitable temperature for the clinic is between 18 – 24 degrees centigrade.

If the ambient temperature rises above 24 degrees, the supervisors/registered nurse must ensure the cooling fans/air conditioning are in operation and ensure staff have access to water at regular intervals. If all of the above fails to reduce the temperature of the clinic a dynamic risk assessment must be carried out by the supervisor/registered nurse. The clinical operations manager must be informed immediately when the temperature is above 24 degrees.

- Level and intact flooring coverings.
- Adult size upright chairs
- Fire escape routes that are clear and sign posted.
- Unobstructed and operable fire doors
- A safe fire assembly point.
- An adequate means of raising the alarm and procedures for fire.

MINIMUM ACCEPTABLE CRITERIA FOR CLINIC VENUES

- Fire extinguishers that have been inspected in the last 12 months
- Up-to-date contact, name, telephone number (if available) and address on Clinic Dossier.
- General level of cleanliness
- No evidence of vermin or pests.