Bundle Audit & Risk Assurance Committee 7 May 2019

2.1 Legislative Assurance Framework

Presenter: Charlotte Beare

SBAR Legislative Assurance Framework 2018/19 ARAC May 2019

Appendix 1 - LAF Exception Reporting

Appendix 2 - LAF Full Document

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	07 May 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Assurance Arrangements in Relation to Health Board Statutory Obligations (Legislative Assurance Framework)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joanne Wilson, Board Secretary
SWYDDOG ADRODD: REPORTING OFFICER:	Claire Bird, Assurance Officer Charlotte Beare, Head of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The statutory obligations of the Hywel Dda University Health Board (UHB) are wide ranging and complex, with compliance with general law as well as NHS specific legislation being required. The UHB is also subject to accreditation and review by a number of inspection and regulatory bodies. This report outlines the actions being taken to ensure that the UHB can be confident that it is complying with existing requirements and is in a position to respond to new legislation.

Cefndir / Background

The legal obligations of the UHB are wide ranging and complex. In order to provide the Board with a level of assurance of compliance, the Legislative Assurance Framework has been reviewed focusing on those matters that present the highest risk in terms of likelihood and impact of non-compliance. This report updates the Audit and Risk Assurance Committee on the current status of these obligations. The Audit and Risk Assurance Committee is reminded, as informed when this process was first introduced, that it is not a framework that confirms compliance with all legal requirements as such a development would require considerable resource.

Although the database is maintained by the assurance officer, with periodic reviews undertaken to ensure it is up to date, the reviews necessitate the updating to be completed by the identified lead officer/responsible individual. The database is therefore populated and collated from information gathered across the UHB.

A critical element of compliance is demonstrating the type and level of assurance that is relied upon. The type of assurance relates to the 3 lines of defence, where first line of assurance is provided by management systems, the second line is provided from oversight and the third line relates to independent and more objective assurance and focuses on the role of internal Audit and other external auditors/regulators. The level of assurance follows the internal audit gradings of substantial, reasonable, limited or no assurance.

Asesiad / Assessment

Following learning from other NHS organisations, the framework has been further developed, and now captures:-

- Primary legislation requirement as set out in European law, UK Public Acts or Welsh Government measures
- Relevant Statutory Instruments issued as Regulations and Orders
- Licences issued by Regulatory Authorities as part of statutory arrangements
- Summary of requirement
- Regulatory/monitoring body, where applicable
- Powers that can be enacted by the Inspectorate /regulatory body
- Executive and Operational lead arrangements
- Type of assurance (linked to 3 lines of defence model)
- Assurance level (this is determined by the appropriate operational lead) and Datix risk score, if there is limited or no assurance.
- Key controls in place to assist the UHB in complying with the legislation
- Date of last inspection and outcome (including actions, where identified)
- Link to Health and Care Standards in Wales

It should be noted that the framework does not extend to healthcare professional regulation and certification; neither does it extend to compliance with Alert Notices, which are subject to a separate process.

During 2018/19, services from across the UHB were asked to undertake a baseline assessment of the relevant key laws/legislation (not all legal requirements are included as such a development would require considerable resource) which comes under their remit. The framework provides a snapshot of the information received along with the type and level of assurance (these were assessed by the operational leads and have not been audited as part of this exercise).

Where an assurance rating of 'limited' or 'no assurance' has been given, these have been extracted and can be found within the exception report in appendix 1. Services were also asked to undertake a risk assessment for these areas (if not already in place) so the impacts are understood and the planned actions detail how risks of limited compliance will be managed/mitigated. Documenting and understanding of the level of risk will help to inform UHB's annual prioritisation process going forward. These will also be included in the performance management reviews undertaken with services.

The legislative assurance framework (appendix 2 provides the full list of legislation assessed) will be further reviewed and updated by December 2019 in order that it can be used to inform the Internal Audit Plan 2020/21.

Whilst it is impossible to provide the Committee with full assurance on compliance with all legal requirements, given the broad scope of work undertaken by the UHB and that the LAF does not list all legislation or include any case law that may be applicable to the UHB, the LAF does enable UHB to understand where there are areas of concern and provide a source of information which can be used to triangulate with other sources of information and assurance.

Initial discussions have been held with the Chair of ARAC with the outputs of these discussions assisting ARAC to discharge its duties. Legislative assurance is due to be discussed by Audit Committee Chairs in July 2019 and the UHB's legislative assurance framework will be reviewed following the outcome of the discussion.

Argymhelliad / Recommendation

For the Audit and Risk Assurance Committee to be informed of the detail contained in the framework and the level of assurance it provides to the Committee and Board.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	5.2.3 the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements; and
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Please see appendix 1 for relevant datix risk register references and scores.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Specific legislation and general law.
Rhestr Termau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Contained within the report

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Dependent on individual legislation/law
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Dependent on individual legislation/law
Gweithlu: **Workforce:**	Dependent on individual legislation/law

Risg: **Risk:**	Dependent on individual legislation/law
Cyfreithiol: **Legal:**	Dependent on individual legislation/law
Enw Da: **Reputational:**	Dependent on individual legislation/law
Gyfrinachedd: **Privacy:**	Dependent on individual legislation/law
Cydraddoldeb: **Equality:**	Dependent on individual legislation/law

Legislation	Requirements/ Description	Assurance category	Assurance type	Assurance level	Datix risk score (only applicable for limited/low assurance)	Key controls	Third Party Assurance	Comments
Counter Terrorism & Security Act 2015	To establish a safe and secure environment in any healthcare setting. To work in partnership and raise awareness to safeguard individuals from radicalisation &extremism. To establish a safe and secure environment in any healthcare setting.	Written	Oversight/ Committee	Limited	Corporate risk no. 652 in place (risk score 12, High) to address gaps in controls to be completed by September 2020 with a target score of 4.	Local prevent forum established including emergency planning, safeguarding and Health Safety and security, Chaired by the Director of Public Health and reported to the Emergency Planning and Health & Safety Sub Committee. May 2018- approval of the overarching violence & aggression policy. January 2019- approval of the lockdown policy but site plans are in development to be completed in September 2019 but dependent on resource. CCTV policy expired and under review with regards to GDPR compliance. Violent patient marker procedure- agreed and is continuing to be developed- currently out for global consultation. Work plan in place to address improvements to the fabric of external doors as well as the inclusion of lock down capability. Housekeeping and review of personal I.D/access cards completed. Review of future working practices currently taking place, including access controls and CCTV management.	The Counter Terrorism Security Adviser (CTSA) undertook a site inspection of all Acute Hospital Sites in December 2017. 14 recommendations provided, plan of work in place to address the recommendations including lockdown procedures.	Reporting mechanisms, and roles and responsibilities, for the local prevent forum currently being reviewed. 'Obligatory response to violent and aggression agreement' reported to the Exec Team January 2019 - informing of agreement between the UHB, police and Crown Prosecution service. Plans to conduct a pilot for body warn videos for Health Staff at A&E.
Environment (Wales) Act 2016 Section 2 - Carbon Management	Section 2 - Statutory emission reduction target; in 2050 must be min 80% lower than the baseline year. Interim targets for 2020/30 and 40.	Certificate	Independent/ third party verification	Limited	Service risk no. 550 in place (risk score 12, High) to address gaps in controls to be completed by December 2019 with a target score of 9.	Utility and maintenance procedures Planned Preventative Maintenance Action taken by Operational Teams, reported to BPPAC via the Capital Estates Information Management & Technology Sub Committee (CEIM&T), and compliance is both internally and externally audited	Externally audited 6 monthly as part of ISO 14001 obligations. Last audit September 2018	Part 2 - Requires significant action to meet targets, best achieved through integration with Transforming Clinical Services (TCS), service delivery plans, completion and delivery of a carbon strategy, and through staff behavioural change. Annual sustainability report submitted to WG as part of the UHB annual report. This report summarises the UHB stage of compliance.
Equality Act 2010	To protect individuals from a variety of forms of discrimination. The act simplifies, strengthens and harmonises the current legislation to provide Britain with a new law which protects individuals from unfair treatment and promotes a fair and more equal society. It ensures consistency in what employers and employees need to do to make their workplace a fair environment and comply with the law. The act includes a new public sector equality duty and identifies 9 protected characteristics. The general duty is to ensure that public bodies consider how they can positively contribute to a fairer society through eliminating unlawful discrimination, advancing equality of opportunity and foster good relations.	Written	Oversight/ Committee	Limited	Directorate have been asked to undertake risk assessment	Strategic Quality plan and set Strategic Quality plan objectives in place. Strategic Quality plan annual report each year which is considered by a range of committees (W&OD, staff partnership, improving experience and QSEAC) and endorsed by the Board prior to publication. Induction programme delivered for all new members of staff to raise awareness of obligations. Diversity and inclusion intranet section provides further information on the Act and how to complete a equality impact assessment.	Equality and Human Rights Commission undertake periodic reviews. For 2018/19 the focus of their review was to look at access to MH services for people from protective characteristic groups, workforce diversity and what is place to increase this, and gender pay outcomes. National feedback is expected at end of March 2019. Initial feedback indicates more work is required to be fully compliant.	Department is currently carrying out a risk assessment to address gaps in controls.

Legislation	Requirements/ Description	Assurance category	Assurance type	Assurance level	Datix risk score (only applicable for limited/low assurance)	Key controls	Third Party Assurance	Comments
Workplace (Health, Safety and Welfare) Regulations 1992	Requirements in respect to health and safety of a person in a 'workplace' (maintenance, ventilation, temperature, lighting, room dimensions etc.)	Written	Departmental/ Operational	Limited	Directorate have been asked to undertake risk assessment	Planned preventative Maintenance (PPM) regime in place. PPM figures reported to monthly facilities performance meetings. Internal KPI targets to adhere to. Compliant for high risk areas only. Not fully Health Technical Memorandum (HTM) compliant, other areas are prioritised. Service requesting additional staff to be HTM compliant. HTM defines frequency for maintenance programmes. Workplace inspection checklist available to managers (those responsible for areas).	None - Not subject to a third party inspection/audit but if incident occurs HSE will investigate and result in possible fine.	Department is currently carrying out a risk assessment to address gaps in controls.
Medical Devices Regulations 2002 (Amended 2003)	The UHB has to comply with the statutory medical device regulations (MDR) for medical devices and medical equipment to protect and promote patient safety	Written	Oversight/ Committee	Limited	Corporate risk no. 384 in place (risk score 12, High) to address gaps in controls to be completed by April 2019 with a target score of 9. Directorate risk no. 385 in place (risk score 8, High) to address gaps in controls to be completed by September 2018 with a target score of 4. Directorate risk no. 387 in place (risk, 12, High) to address gaps in controls to be completed by April 2018 with a target score of 8.	Medical and Non-Medical Devices Control Group reviewing performance. HSE Action Plan is nearing completion. Management information including regular reports provided to Medical and Non Medical Control Group for scrutiny. Identification of devices and categorisation and inventory refresh complete and new database procured and commissioned. System review processes operating to ensure missed inspections are not allowed to go unchecked. 5 tier risk stratification system developed for the UHB device holding which facilitates high risk devices targeted for first attention. Increased capital allocation has been realised. Strategic replacement plan for the UHB's medical device holding now in place and servicing capital decision making. Improved ultrasound governance in place. Training Needs Analysis has been undertaken in conjunction with L&D Team. Servicing and inspection capacity restored to 2015 levels in clinical engineering. Broader control over all aspects of medical device management to include radiology and estates now in place. Pathology outstanding.	The Health & Safety Executive issued an Improvement Notice on the UHB in 2017. The Health & Safety Executive are the regulating body and may choose to attend and inspect any of our sites at any time.	The UHB needs to safeguard staff and patients against medical devices issues and improve its systems and governance. Given the number devices within the UHB, there is a probability that an adverse event will happen from time to time however the planned actions and focus on high risk devices should mean that enforcing authorities will see the merits of the systems that have been developed to protect patients and staff safety.

Legislation	Requirements/ Description	Assurance category	Assurance type	Assurance level	Datix risk score (only applicable for limited/low assurance)	Key controls	Third Party Assurance	Comments
Control of Substances Hazardous to Health (COSHH) Regulations 2002	Part A. Refers to exposure of chemicals used by operational estates staff including water Safety infrastructure and requirements for risk assessments undertaken. Part B. Legionella ventilation systems and requirements for risk assessments undertaken.	Written	Independent/ third party verification	Limited	Directorate risk no. 223 in place (risk score 9, High) to address gaps in controls to be completed by March 2020 with a target score of 8. Capital funding awarded in 19/20.	COSHH risk assessments carried out. Contract now in place to undertake ductwork cleaning on a prioritised basis (ventilation system cleaning). Approved COSHH policy and procedure. Quarterly Water safety group report to Infection Prevention & Control Sub Committee who report to BPPAC.	NWSSP undertook Water Safety internal audit in March 2019 which provided a limited assurance rating. 12 recommendations were made, 4 of which were actioned during the field work and the remaining 8 to be actioned in April 2019. Governed by Authorising Engineers audits, rolling programme of audits on annual basis.	
Human Rights Act 1998	Fundamental rights and freedom for everyone in the UK. The act sets out the human rights in a series of articles, taken from the European Convention on human rights. Requires all public bodies to protect and respect human rights.	Written	Oversight/ Committee	Limited	Directorate have been asked to undertake risk assessment	Produce Strategic Quality plan and set Strategic Quality plan objectives. Publish a Strategic Quality plan annual report each year which is considered by a range of committees (Workforce & Organisational Development (W&OD) Sub Committee, staff partnership, improving experience and QSEAC) and endorsed by the Board prior to publication. Deliver an induction programme for all new members of staff to raise awareness of obligations. Diversity and inclusion intranet section provides further information on the Act and how to complete a equality impact assessment.	Equality and Human Rights Commission undertake periodic reviews. For 2018/19 the focus of their review was to look at access to MH services for people from protective characteristic groups, workforce diversity and what is place to increase this, and gender pay outcomes. National feedback is expected at end of March 2019.	Department is currently carrying out a risk assessment to address gaps in controls.
Medicines Act 1968 (c.67)	Requirement for WDLA (Wholesale Dealer's Licence) as a result of the new regulations on the Responsible Pharmacist.	Licences	Oversight/ Committee	No assurance	Directorate risk no. 405 in place (risk score 10, High). Risk action plan currently being reviewed and updated to address gaps in controls.	Currently maintaining existing service through standard operating procedures and processes. Risk reported to Medicines Management Sub Committee	The application for the Wholesale Dealer's Licence is currently on hold while discussions continue with Powys Teaching Health Board for additional funding to support submission and maintain the license.	UHB could potentially be subject to a fine if MHRA were to review. Financial loss through losing contract with Powys Teaching Health Board and to supply Welsh Ambulance Service Trust leading to reputational loss.
National Health Service Finance (Wales) Act 2014	Provisions for duty to: 1) ensure, in a rolling 3 year period, that aggregate expenditure does not exceed aggregate approved limits and; 2) duty to prepare and submit a 3 year Integrated Medium Term Plan to the WG	Written	Independent/ third party verification	No assurance	Corporate risk no. 646 in place (risk score 12, High) to address gaps in controls to be completed by March 2019	Plans are reviewed by the Board and submitted to WG for approval. The status of plans is reported in Board papers and in the annual reports and audited accounts.	Finance Delivery Unit (which report to NHS Wales) challenge the annual plan. WAO Structured Assessment reviews compliance with these duties.	

Legislation	Requirements/ Description	Assurance category	Assurance type	Assurance level	Datix risk score (only applicable for limited/low assurance)	Key controls	Third Party Assurance	Comments
Safeguarding Vulnerable Groups Act 2006	Established Independent Safeguarding Authority (ISA), provisions for decisions about individuals barred from working with children. Vetting of new employers of workforce responsibility.	Written	Oversight/ Committee	Limited	Directorate risk no. 179 in place (risk score 8, High) to address gaps in controls to be completed by March 2019	Pre employment checks assured by Resourcing. Compliance with DBS 3 yearly checks are reported by Directorates / Services to Strategic Safeguarding Sub Committee, which reports to QSEAC. The UHB is waiting for further guidance from WG following a Special Review by HIW in ABMU.	No	Head of Safeguarding works in partnership with workforce and OD to oversee compliance withe the legislation.
Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015	Statutory duty to comply with the National Training Framework. Duty of obligation to the act. Partnership working for early identification and intervention of Violence, Domestic Abuse and Sexual Violence.	Written	Oversight/ Committee	Limited	Service risk no. 703 in place (risk score 10, High) to address gaps in controls to be completed by September 2019 with a target risk score of 5.	All agencies need to adhere to the act, but based on partnership approach to delivering through the Mid and West Wales Violence against Women, Domestic Abuse and Sexual Violence and Safeguarding Executive Board. UHB engages and works with partner agencies to support delivery against key priorities. As a result of the strategic group 6 key strategic priorities were launched in November 2018. Reported at the Strategic Safeguarding Committee (Sub Committee of Quality, Safety & Experience Assurance Committee)	1) Internal Audit Safeguarding of Children & Vulnerable Adults Feb 2019 provided Reasonable assurance rating- concerns of training and DBS compliance (UHB awaiting guidance from WG). 2)Health Inspectorate Wales (HIW) include safeguarding standards as part of all of their UHB inspections. Care Inspectorate Wales (CIW) inspect Local Authorities with which UHB engage in. 3) HIW inspection of Adult Safeguarding in NHS Wales took place in 2009. 4) Required to report training compliance for Group 1 , 2 and 6 to WG.	Whilst systems are in place, the UHB has not met its mandatory training targets for: Group 1 mandatory training at approximately 69%. UHB have been waiting guidance from WG in relation to Group 2 Ask and Act which had delayed training. 'Ask and Act' (level 2) training programme received in January 2019- now in process of putting training plan to take forward Group 2 element. Presentation on WADASV Group 6 to Board took place 28/02/19.
Well-being of Future Generations (Wales) Act 2015	Imposes statutory duties on named public bodies to create a Public Services Board within each local authority area. Duty for the UHB to work in partnership with Local Authorities, Natural Resources Wales and the Fire and Rescue services to publish a Well-being Assessment and a Well-being Plan. Individual public bodies, including the UHB, have a duty to publish their own Well-being Objectives and to provide an Annual Report.	Written	Independent/ third party verification	Limited	Directorate have been asked to undertake risk assessment	The UHB has published its own Well-being Objectives and to provide an Annual Report to Board. Wellbeing statement and objectives were signed off by the Board March 2017. Annual report signed off in May 2018 covering 2017-18. Included as part of the Corporate Induction Programme of all new employees to raise awareness of legislation. Executive team established a Well-being of Future Generations Task and Finish Group including representation across the organisation including the 7 corporate areas of change.	WAO undertook preliminary examination audit in 2017/18 and an all Wales report was published in May 2018. WAO are currently undertaking an audit of the UHB to assess the extent to which the UHB is in accordance with the sustainable development principles when taking steps to meet its well-being objectives. Report due end of July 2019. Feedback from Equality and Human Rights Commission review is awaited which will inform an action plan to address areas of non-compliance.	Department is currently carrying out a risk assessment to address gaps in controls.

Primary Legislation	Secondary Legislation	Requirements/ Description	Regulatory/ Monitoring Body	Powers	Substantive/ Administrative	Specialty	Executive Lead	Operational Lead	Assurance category	Licences	Assurance type	Assurance level	Datix risk score (only applicable for limited/low assurance)	Key controls	Has this legislation been subject to a third party inspection/audit? Please specify by who and date of last inspection/audit	Frequency of site inspection if applicable?	Comments	Health & Care Standard
Abortion Act 1967	N/A	An Act to amend and clarify the law relating to termination of pregnancy by registered medical practitioners. Requirement for the opinion of two registered medical practitioners	UK Government	Court proceedings	Substantive	Obstetrics and gynaecology	Deputy Chief Executive/ Director of Operations	Service Delivery Manager for Sexual Health & Gynaecology	Written	N/A	Departmental/ Operational	Reasonable	N/A	The Hywel Dda abortion group which meets quarterly to discuss any risks, performance and operational issues.	No	N/A	None	Standard 3.1 Safe and Clinically Effective Care
Abortion Act 1967	Abortion Regulations 1991	Provision for the preservation and disposal of certificates, notice to be given to Chief Medical Officer (HSA4 form) and restrict the disclosure of such notices and information. The HSA1 form must be kept with the patient notes for 3 years from the date of termination.	UK Government	Court proceedings	Substantive	Obstetrics and gynaecology	Deputy Chief Executive/ Director of Operations	Service Delivery Manager for Sexual Health & Gynaecology	Written	N/A	Departmental/ Operational	Reasonable	N/A	Continuous Reporting mechanism to central government. Risks discussed at the Hywel Dda abortion group meets quarterly to discuss any risks, performance and operational issues. Protocols and checklists in place across all sites, nurse checks legal documentation is completed before she can administer the medication.	No	N/A	None	Standard 3.1 Safe and Clinically Effective Care
Blood Safety and Quality Regulations 2005/50 (as amended)	Medicines and Healthcare Products Regulatory Agency	The supply and use of blood, blood products and blood components	Medicines and Healthcare Regulatory Authority	Enforcement	Substantive	Laboratory Services - Blood Transfusion, HDUHB	Director of Therapies & Health Science	Pathology Quality Manager	Written	N/A	Independent/ third party verification	Reasonable	N/A	Internal audit schedule to monitor ongoing compliance. Monthly quality management meetings. Policies and procedures. Staff training and education. Bi-monthly transfusion leads meetings. Hywel Dda University Health Board (UHB) Blood Transfusion Group.	Last inspections (all undertaken by MHRA): BGH 17/02/09 GGH 26/03/13 PPH 11/03/10 WGH 25/02/14	No set frequency.	Annual compliance reports submitted to MHRA.	Standard 2.8 Blood Management
Bribery Act 2010	N/A	An Act to make provision about offences relating to bribery.	Ministry of Justice	Criminal proceedings	Substantive	Finance	Director of Finance	Assistant Director of Finance (Finance Systems and Statutory Reporting)	Written	N/A	Oversight/ Committee	Substantial	N/A	The UHB's Counter Fraud Team can undertake investigations into potential Bribery Act offences. The UHB has standalone policies and specific procedures designed to prevent bribery with the organisation ensuring compliance with s7 liability under the Act. Included in Standing Orders and SFIs.	No	N/A	Reports/expected incidents are reported to the Finance Committee.	Standard 7.1 Workforce
Carbon Reduction Commitment Energy Efficiency Order 2010, Carbon Reduction Commitment Energy Efficiency Scheme 2013	All parts	Monitoring and reporting of carbon emissions associated with electricity and gas consumption. Purchase allowances to cover carbon emissions	Department of Business Energy and Industrial Strategy (BEIS)	Enforcement, fines if action not undertaken in line with requirements	Administrative	Environment Team	Deputy Chief Executive / Director of Operations	Director of Facilities, Estates & Capital Management Head of Property Performance Environment Team	Written	CRC3469360	Independent/ third party verification	Substantial	N/A	Part of ISO 14001 legal compliance checks and information (such as renewal deadlines) are kept on a local legal documentation register. Action take by operational teams / Environment Team	Externally audited as part of ISO 14001 obligations Annual Internal Audit undertaken of Carbon Reduction Commitment submissions by Shared Services Assurance and Audit Team. Last audit inspection August 2018 (no rating issued).	Annual	• Allowances purchased annually in 'forecast sale'. This is the last year of the scheme. Final report to be completed for July 2019 and allowances purchased or sold as appropriate. • Action plan in place to address audit recommendations (to achieve best practice). • Written submission to BEIC (via online reporting platform).	2.1 Managing Risk & Promoting Health &Safety
Climate Change Levy (Combined Heat and Power) Exemptions Certificates Regulations 2001	N/A	Combined Heat and Power Quality Assurance (CHPQA) - CHP unit operations requirement to meet specification criteria to receive Climate Change Levy (CCL) relief	Department of Business Energy and Industrial Strategy (BEIS)	Enforcement, fines if action not undertaken in line with requirements	Administrative	Facilities / Estates at all applicable sites (sites with fuel oil and generator oil use)	Deputy Chief Executive / Director of Operations	Director of Facilities, Estates & Capital Management Head of Property Performance Environment Team	Certificate	PPH - F04428938 BGH - F04393438 WGH - (Awaiting certificate)	Independent/ third party verification	Substantial	N/A	Part of ISO 14001 legal compliance checks and information (such as renewal deadlines) are kept on a local legal documentation register. Action take by operational teams / Environment Team	Annual CHPQA returns in February / March 2019. Last external inspection by CHPQA: BGH - Awaiting audit date from CHPQA, continually delayed. WGH – last October 2018. PPH – No audit yet undertaken by CHPQA. GGH - N/A - CHP substandard (climate change levy not claimed). As of Feb 2019 we have no pending audits scheduled	6 monthly via ISO 14001 audits	CHPQA returns sent annually to cover the previous calendar year (covering consumption, operation and compliance with standard criteria). BGH CHPQA certificate F04393438 expires 31/12/19 WGH CHPQA certificate (awaiting new certificate from CHPQA) PPH CHPQA certificate F04428938 expires 31/12/19 2018 performance data submitted to CHPQA in time for March 2019 deadline – currently awaiting certificate for Withybush CHP - all certificates are valid until December 2019. As of 2016/17 the CHP unit in GGH does not quality for the scheme - due to the age of the unit it does not meet the CHPQA performance / efficiency criteria. UHB therefore does not claim for the exemption for the climate change levy. Currently looking into the feasibility of acquiring a donor CHP of similar size from Lampeter University.	Standard 2.1 Managing Risk and Promoting Health and Safety
Children Act 1989, 2004	N/A	Identification and intervention of children at risk of abuse (linked to Social Services & Wellbeing Act, section 7).	Welsh Government (WG)	UHB would be held to account	Substantive	All Services	Director of Nursing, Quality & Patient Experience	Head of Safeguarding	Written	N/A	Independent/ third party verification	Reasonable	N/A	Staff mandatory training. Adherence to All Wales Child Protection Procedures 2008. UHB Safeguarding Intranet page available with quick reference to resources. Single point of contact in Safeguarding team for advice and support for UHB Staff. UHB Safeguarding Children Supervision Policy in place. Engagement with Regional Partnership Board, Executive Safeguarding Board and local operational groups within Local Authorities.	1) Internal Audit Safeguarding of Children & Vulnerable Adults Feb 2019 provided Reasonable assurance rating- concerns of training and DBS compliance (UHB awaiting guidance from WG). 2) Health Inspectorate Wales (HIW) include safeguarding standards as part of all of their UHB inspections. Care Inspectorate Wales (CIW) inspect Local Authorities with which UHB engage in.	N/A	Reported at the Strategic Safeguarding Committee (Sub Committee of Quality, Safety & Experience Assurance Committee).	Standard 2.7 Safeguarding Children and Safeguarding Adults at Risk
Charities Act 2011 and other charity legislation	N/A	Charitable Trust (UHB) and its agents must comply with provisions and associated guidance from Charity Commission for England & Wales. Have a duty to present accounts to Charities Commission & fill in database query form by 31st January each year. Charitable Funds accounts audited by WAO. Charity Commission is the regulator and has power to investigate.	Charities Commission	Enforcement	Administrative	Finance	Director of Partnerships and Corporate Services	Senior Finance Business Partner (Financial Accounting & Statutory Accounts)	Written	N/A	Independent/ third party verification	Substantial	N/A	Processes Policies Accounting System not inspected. Recent Charitable Funds Internal Audit with a substantial rating. This looked at the financial aspects. Annual audit by Wales Audit office (WAO) audit. Charitable Funds Committee reports directly to the Board.	Recent Charitable Funds Internal Audit with a substantial rating. This looked at the financial aspects. Annual audit by Wales Audit office audit.	None	Charitable Funds Committee reports directly to the Board.	Standard 3.5 Record Keeping
Civil Contingencies Act 2004	N/A	• Assess local risks and use this to inform emergency planning; • Put in place emergency plans • Put in place business continuity management arrangements; • Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency; • Share information with other local responders to enhance co-ordination; • Co-operate with other local responders to enhance co-ordination and efficiency.	WG	WG Resilience Team or the Health Emergency Preparedness Unit would work with the UHB to resolve compliance issues.	Substantive	All services	Director of Public Health	Head of Health Emergency Planning	Written	N/A	Oversight/ Committee	Substantial	N/A	UHB Civil Contingencies Strategy 2018-19. UHB Major Incident Plan 2019-20. HEPCG Annual Work Plan 2019-20 (based on identified health risks in the Dyfed Powys (DP) Community Risk Register). UHB Business Continuity Planning Policy. UHB Business Impact Analysis Template. UHB Business Continuity Plan Template. DP Joint Major Incident Procedures Manual. DP Local Resilience Forum (LRF) Warning & Informing Group Terms of Reference. HEPCG Terms of Reference. Examples of participation in multi-agency exercises – many examples available.	Annual Report submitted to WG (WG) January 2019	Ad hoc	In the last year this act been devolved from UK Government to WG. At present, if there are any compliance issues, the WG Resilience Team or the Health Emergency Preparedness Unit would work with UHB to resolve the issues.	Standard 2.1 Managing Risk and Promoting Health and Safety

Primary Legislation	Secondary Legislation	Requirements/ Description	Regulatory/ Monitoring Body	Powers	Substantive/ Administrative	Specialty	Executive Lead	Operational Lead	Assurance category	Licences	Assurance type	Assurance level	Datix risk score (only applicable for limited/low assurance)	Key controls	Has this legislation been subject to a third party inspection/audit? Please specify by who and date of last inspection/audit	Frequency of site inspection if applicable?	Comments	Health & Care Standard
Computer Misuse Act	N/A	The Computer Misuse Act is designed to protect computer users against wilful attacks and theft of information. Offences under the act include hacking, unauthorised access to computer systems and purposefully spreading malicious and damaging software (malware), such as viruses. It is a legal requirement that all members of staff comply with the Computer Misuse Act.	Crown Prosecution Service	Fines Prosecution	Substantive	All services	Director of Planning, Performance & Commissioning	Assistant Director of Informatics	Written	N/A	Independent/ third party verification	Reasonable	N/A	Monitoring usage of systems within the UHB. Cyber security communication to staff via global emails,etc. Discussions at IGSC and at an All Wales level for possibility of e-learning module of becoming mandatory- work in progress. Referred to in the Informatics Policies.	Security Assessment undertaken by Stratia Consultancy on the assessment report and security improvement plan for the UHB in January 2018.	N/A	Reported via the Information Governance Sub Committee (IGSC) with onward assurance to BPPAC.	Standard 3.4 Information Governance and Communications Technology
Coroners and Justice Act 2009	The Coroners (Investigations) Regulations 2013	HM Coroner Issue of Regulation 28 Directives to change practice/ specific improvements required	Chief Coroner, appointed by Lord Chancellor	Chief Coroner, legal action could be taken against the HB for any serious breaches, resulting in potential for fines/ court order demanding actions/ loss of reputation	Substantive	All Services	Director of Nursing, Quality & Patient Experience	Assistant Director of Legal Services & Patient Experience	Written	N/A	Oversight/ Committee	Substantial	N/A	Guidance document for management of inquests in place. Regulation 28 reports reported to Quality, Safety and Experience Assurance Committee (QSEAC). Delivery of recommendations are monitored via the Executive Team Performance Review, and reported to QSEAC via the Audit tracker paper.	No	N/A	Process followed following receipt of regulation 28. Regulation 28 issued in December 2017. Report provided to Coroner on proposed actions. Received by QSEAC in February 2018 with subsequent assurance reports on implementation	Standard 6.3 Listening and Learning from Feedback 3.3 Quality Improvement, Research & Innovation
Counter Terrorism & Security Act 2015	N/A	To establish a safe and secure environment in any healthcare setting. To work in partnership and raise awareness to safeguard individuals from radicalisation &extremism. To establish a safe and secure environment in any healthcare setting.	Home Office Contest Boards (Local Authorities-regional and local). Welsh NHS prevent forum.	Accountability through the legislation	Substantive	All Services	Director of Public Health	Director of Facilities, Estates & Capital Management	Written	N/A	Oversight/ Committee	Limited	Corporate risk no. 652 in place (risk score 12, High) to address gaps in controls to be completed by September 2020 with a target score of 4.	Local prevent forum established including emergency planning, safeguarding and Health Safety and security, Chaired by the Director of Public Health and reported to the Emergency Planning and Health & Safety Sub Committee. May 2018- approval of the overarching violence & aggression policy. January 2019- approval of the lockdown policy but site plans are in development to be completed in September 2019 but dependent on resource. CCTV policy expired and under review with regards to GDPR compliance. Violent patient marker procedure- agreed and is continuing to be developed- currently out for global consultation. Work plan in place to address improvements to the fabric of external doors as well as the inclusion of lock down capability. Housekeeping and review of personal I.D/access cards completed. Review of future working practices currently taking place, including access controls and CCTV management.	The Counter Terrorism Security Adviser (CTSA) undertook a site inspection of all Acute Hospital Sites in December 2017. 14 recommendations provided, plan of work in place to address the recommendations including lockdown procedures.	N/A	Reporting mechanisms, and roles and responsibilities, for the local prevent forum currently being reviewed. 'Obligatory response to violent and aggression agreement' reported to the Exec Team January 2019 - informing of agreement between the UHB, police and Crown Prosecution service. Plans to conduct a pilot for body warn videos for Health Staff at A&E. Datix risk no. 652 in place (risk score 12, High) to address gaps in controls to be completed by September 2020 with a target score of 4.	Standard 2.1 Managing Risk and Promoting Health and Safety
Council Directive 93/42/EEC 1993 and subsequent amendments 2007/47/EEC concerning medical devices.	Medical Devices Directive 1998 WG Decontamination Plan	Under the Medical Devices Directives there is a duty of care to ensure that all medical devices are appropriately reprocessed and decontaminated prior to further use, ensuring no associated harm is caused to patients	Medicines and Healthcare Regulatory Authority Notified Body SGS Yarsley UK.	Removal of Accreditation	Substantive	Hospital Sterilisation and Decontamination Endoscopy	Deputy Chief Executive/ Director of Operations	Head of Decontamination, Regional HSDU Managers, Endoscopy Managers. Endoscopy Sisters Deputy Director of Operations	Certificate	Certificate No: GB89813990	Independent/ third party verification	Substantial	N/A	All 4 HSDUs are routinely audited both internally by ISO 13485 trained auditors and externally by the notified body	All 4 HSDUs were audited for compliance with the transition to the revised ISO 13485 in 2018 who were all in compliance with the standard. This also applies to the Endoscope Decontamination Units at Prince Philip and West Wales Hospitals. All 4 Endoscope Decontamination are also audited by the Joint Advisory Group (JAG) on an annual basis and were last audited in 2018.	Annually	The endoscope decontamination unit at Withybush has been centralised into the HSDU department and work is underway to ensure this unit is certified to ISO 13485 within the next 18 months.	Standard 2.9 Medical Devices, Equipment and Diagnostic Systems
Criminal Finances Act 2017	N/A	The Act introduced an offence of the failure to prevent the facilitation of tax evasion. Entities will be guilty of an offence unless they can demonstrate that they have 'reasonable procedures' in place to prevent the facilitation	UK Government	Criminal proceedings	Administrative	Finance	Director of Finance	Assistant Director of Finance (Finance Systems and Statutory Reporting)	Verbal	N/A	Departmental/ Operational	Substantial	N/A	Processes Policies Systems are in place to consider the tax status of individuals under IR35 & CIS	No	N/A	None	Standard 7.1 Workforce
Data Protection Act 2018	Data Protection Act 2018 (Section 36(2)) (Health Research) Regulations 2018 The Data Protection (Charges and Information) Regulations 2018	The Data Protection Act 2018 came into force on 25/05/18 alongside the General Data Protection Regulation (GDPR). The Act is the UK's implementation of the General Data Protection Regulation (GDPR).	Information Commissioners Office WAO	Monetary penalty notice Non criminal enforcement. Prosecution Individuals have the right seek compensation through the courts	Substantive	All services	Director of Planning, Performance & Commissioning	Head of Information Governance	Written	N/A	Independent/ third party verification	Substantial	Datix Risk 343 (Directorate risk, 16, High) Datix Risk 345 (Service risk, 6, Moderate)	Currently updating procedures in line with the new legislation. Mandatory training, and tailored training for information asset owners to help develop the UHB information asset register. Quarterly Information Asset Owners group to report on progress to Information Governance Sub Committee (IGSC), which reports to the Business Planning and Performance Assurance Committee (BPPAC) Data Protection policy currently being reviewed to be approved at the next IGSC.	Internal Audit undertook a GDPR audit in March 2019. The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with GDPR compliance was substantial, and resulted in no recommendations. UHB could volunteer to be audited by the Information Commissioners Office. At present no mandatory third party inspection is undertaken.	N/A	None	Standard 3.4 Information Governance and Communications Technology
Energy Performance of Buildings (E&W) 2012	N/A	Require an advisory report for every building over 250 m2 frequently visited by the public. A Display Energy Certificate (DEC) must be prominently located Energy Performance Certificates (EPC) are required when a building is constructed or rented out	Local Authorities	Enforcement, fines if action not undertaken in line with requirements	Administrative	Environment Team	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management Head of Property Performance Environment Team	Certificate	Multiple (held by Environment Team)	Independent/ third party verification	Substantial	N/A	Part of ISO 14001 legal compliance checks and information (such as renewal deadlines) are kept on a local legal documentation register. Action take by operational teams / Environment Team	Externally audited as part of ISO 14001 obligations. Last audit September 2018	6 monthly via ISO 14001 audits	Completed and up to date. Annual compliance ongoing.	Standard 2.1 Managing Risk and Promoting Health and Safety
The Energy Efficiency (Private Rented Property) (England & Wales) Regulations 2016	N/A	To improve the energy efficiency of private rented property in England & Wales. Duties on the landlords of rented domestic & non-domestic properties.	Local Authorities	Enforcement, fines if action not undertaken in line with requirements	Administrative	Environment Team	Deputy Chief Executive / Director of Operations	Director of Facilities, Estates & Capital Management Head of Property Performance Environment Team	Certificate	Multiple (held by Environment Team)	Independent/ third party verification	Substantial	N/A	Part of ISO 14001 legal compliance checks and information (such as renewal deadlines) are kept on a local legal documentation register. Action take by operational teams / Environment Team	Externally audited as part of ISO 14001 obligations. Last audit September 2018	6 monthly via ISO 14001 audits	Energy assessment surveys were undertaken at all qualifying premises by an external consultant during February 2017. Energy Performance Certificates (EPC) were issued by the consultant based on the survey results. These all met the minimum criteria set out by the regulations. Surveys and certificates are valid for 10 years.	Standard 2.1 Managing Risk and Promoting Health and Safety
Environment (Wales) Act 2016 Section 2 - Carbon Management	N/A	Section 2 - Statutory emission reduction target; in 2050 must be min 80% lower than the baseline year. Interim targets for 2020/30 and 40.	WG	Improvement notice from WG	Substantive	This applies to all staff in all sections of the UHB to use resources efficiently.	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management Head of Property Performance Environment Team	Certificate	N/A	Independent/ third party verification	Limited	Service risk no. 550 in place (risk score 12, High) to address gaps in controls to be completed by December 2019 with a target score of 9.	Utility and maintenance procedures Planned Preventative Maintenance Action taken by Operational Teams, reported to BPPAC via the Capital Estates Information Management & Technology Sub Committee (CEIM&T), and compliance is both internally and externally audited	Externally audited as part of ISO 14001 obligations. Last audit September 2018	6 monthly via ISO 14001 audits	Part 2 - Requires significant action to meet targets, best achieved through integration with Transforming Clinical Services (TCS), service delivery plans, completion and delivery of a carbon strategy, and through staff behavioural change. Annual sustainability report submitted to WG as part of the UHB annual report. This report summarises the UHB stage of compliance.	Standard 2.1 Managing Risk and Promoting Health and Safety

Primary Legislation	Secondary Legislation	Requirements/ Description	Regulatory/ Monitoring Body	Powers	Substantive/ Administrative	Specialty	Executive Lead	Operational Lead	Assurance category	Licences	Assurance type	Assurance level	Datix risk score (only applicable for limited/low assurance)	Key controls	Has this legislation been subject to a third party inspection/audit? Please specify by who and date of last inspection/audit	Frequency of site inspection if applicable?	Comments	Health & Care Standard
Environment (Wales) Act 2016 Section 4 - Waste Management	N/A	Section 4 - Ban on food waste to drain, for clean, recyclable material to be separated before collection	WG	Improvement notice from WG	Substantive	This applies to all staff in all sections of the UHB to correctly segregate waste.	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management Head of Property Performance Environment Team	Certificate	N/A	Independent/ third party verification	Substantial	Datix Risk 551 - Carbon (Service risk, 12, High)	Waste Policy and Procedures	Externally audited as part of ISO 14001 obligations. Last audit September 2018	6 monthly via ISO 14001 audits	Source segregated recycling has already been introduced at 2 acute sites and across the UHB wide within 2 years. Waste strategy to be renewed. Annual sustainability report submitted to WG as part of the UHB annual report. This report summarises the UHB stage of compliance.	Standard 2.1 Managing Risk and Promoting Health and Safety
Environment (Wales) Act 2016 Section 6 - Biodiversity and Resilience of Ecosystems	N/A	Section 6 - Duty to seek to maintain and enhance biodiversity in the exercise of their functions. Must prepare and publicise a plan on how to meet the duty – every 3 years, 1st by Dec 19	WG	Improvement notice from WG	Substantive	Applies to site management in terms of biodiversity.	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management Head of Property Performance Environment Team	Certificate	N/A	Independent/ third party verification	Reasonable	N/A	Green Health Network reported to the Executive Team. Action taken by Operational Teams, reported to BPPAC via the CEIM&T Committee, and compliance is both internally and externally audited	Externally audited as part of ISO 14001 obligations. Last audit September 2018	6 monthly via ISO 14001 audits	Part 6 - gaining clarification on requirements. Planned to complete 1st report as part of 19/20 environmental Objectives and targets. Annual sustainability report submitted to WG as part of the UHB annual report. This report summarises the UHB stage of compliance.	Standard 2.1 Managing Risk and Promoting Health and Safety
Environmental Permitting Regulations (England and Wales) 2016 Chapter 5 - Waste Management	N/A	Chapter 5 - waste exemptions for waste storage (S1, S2), sorting and denaturing control drugs for disposal (T28), preparatory treatment (baling) (T4).	Natural Resource Wales (NRW)	Enforcement, fines if action not undertaken	Administrative	Chapter 5 - Facilities, Pharmacy	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management Head of Property Performance Environment Team	Certificate	WME011595, WME011588, WME011601, WME011591	Independent/ third party verification	Substantial	N/A	Part of ISO 14001 legal compliance checks and information (such as renewal deadlines) are kept on a local legal documentation register. Action taken by Operational Teams and Environment Team	Externally audited as part of ISO 14001 obligations. Last audit September 2018	6 monthly via ISO 14001 audits	All permits and exemptions currently in date (renewal July 2019 for the waste exemptions)	Standard 2.1 Managing Risk and Promoting Health and Safety
Environmental Protection Act 1990 c.43 Part II Section 34	N/A	Relate to duty of care (DoC) of the producer (UHB) to ensure waste from site is appropriately stored, transported and disposed of	NRW	Enforcement, fines if action not undertaken and subsequently cause a pollution event	Administrative	All staff dealing with the disposal of waste	Deputy Chief Executive / Director of Operations	Director of Facilities, Estates & Capital Management Head of Property Performance Environment Team	Licences	Multiple (held by Environment Team)	Independent/ third party verification	Reasonable	Datix Risk 551 (Service risk, 12, High)	Waste Policy and Procedures. Audit Schedule (Pre Acceptance Waste Audit, DoC) Training (Paperwork, Handling) Part of ISO 14001 legal compliance checks. Action taken by Operational Teams, reported to BPPAC via the CEIM&T Committee, and compliance is both internally and externally audited	Externally audited as part of ISO 14001 obligations. Last audit September 2018	6 monthly via ISO 14001 audits	All Pre Acceptance Waste Audits up to date (annual acute sites as of September 2018). Information kept on ISO legal compliance documentation register. Clinical DoC audits undertaken regularly (part of all Wales consortium). Non clinical DoC audits now over 3 years old and require revisits. Contractor paperwork - copies of permits and licences kept on ISO legal compliance documentation register.	Standard 2.1 Managing Risk and Promoting Health and Safety
Equality Act 2010	N/A	To protect individuals from a variety of forms of discrimination. The act simplifies, strengthens and harmonises the current legislation to provide Britain with a new law which protects individuals from unfair treatment and promotes a fair and more equal society. It ensures consistency in what employers and employees need to do to make their workplace a fair environment and comply with the law. The act includes a new public sector equality duty and identifies 9 protected characteristics. The general duty is to ensure that public bodies consider how they can positively contribute to a fairer society through eliminating unlawful discrimination, advancing equality of opportunity and foster good relations.	Equality and Human Rights Commission	Court proceedings	Substantive	All Services	Director of Partnerships and Corporate Services	Head of Strategic Partnerships, Diversity and Inclusion	Written	N/A	Oversight/ Committee	Limited	Directorate have been asked to undertake risk assessment	Strategic Quality plan and set Strategic Quality plan objectives in place. Strategic Quality plan annual report each year which is considered by a range of committees (W&OD, staff partnership, improving experience and QSEAC) and endorsed by the Board prior to publication. Induction programme delivered for all new members of staff to raise awareness of obligations. Diversity and inclusion intranet section provides further information on the Act and how to complete a equality impact assessment.	Equality and Human Rights Commission undertake periodic reviews. For 2018/19 the focus of their review was to look at access to MH services for people from protective characteristic groups, workforce diversity and what is place to increase this, and gender pay outcomes. National feedback is expected at end of March 2019. Initial feedback indicates more work is required to be fully compliant.	N/A	None	Standard 1.1 Health Promotion, Protection and Improvement Incorporates all aspects of Health Care Standards
European Communities Act 1972:	The Late Payment of Commercial Debts Regulations 2013	Where a supplier is seeking additional payments under the provisions of this act any payments have to be approved by the Director of Finance.	UK Government	Enforcement	Substantive	Finance	Director of Finance	Assistant Director of Finance (Finance Systems and Statutory Reporting)	Written	N/A	Independent/ third party verification	Substantial	N/A	Processes, policies and accounting System. Arrangement in place with Oxygen finance for prompt payment to suppliers. 95% on Key Performance Indicator that the UHB pay suppliers within 30 days. KPI reported to the Finance Committee.	No	None	None	Standard 3.5 Record Keeping
European Communities Act 1972	The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008	Disclosure requirement of the UHB audit fees.	UK Government	Enforcement	Substantive	Finance	Director of Finance	Assistant Director of Finance (Finance Systems and Statutory Reporting)	Written	N/A	Independent/ third party verification	Substantial	N/A	Processes Audit fees signed off by the Audit and Risk Assurance Committee (ARAC). Accounting System.	WAO undertake annual reporting which is reported to the ARAC which is within the public domain. Fees are disclosed within WAO plan presented to ARAC.	Annual	None	Standard 3.5 Record Keeping
European Communities Act 1972	The Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017	Duty to ensure evidence is provided regarding the identity to those payments are made – including employees.	UK Government	Criminal proceedings	Substantive	Finance	Director of Finance	Assistant Director of Finance (Finance Systems and Statutory Reporting)	Written	N/A	Oversight/ Committee	Substantial	N/A	Systems are in place via HR, Procurement and Finance to ensure appropriate evidence if identity is present. Any concerns would be raised to the Counter Fraud team and reported to the Finance Committee.	No	None	None	Standard 3.5 Record Keeping
European Communities Act 1972	National Health Service (Reimbursement of the Cost of EEA Treatment) Regulations 2010	Identification and charging of overseas visitors for NHS treatment	UK Government	N/A	Administrative	Finance	Director of Finance	Assistant Director of Finance (Finance Systems and Statutory Reporting)	Written	N/A	Departmental/ Operational	Substantial	N/A	Identification and charging of overseas visitors for NHS treatment Policy. Awareness programme and training. Identification and charging of overseas visitors for NHS treatment Policy approved by Finance Committee November 2018.	No	None	None	Standard 3.5 Record Keeping
European Communities Act 1972	The Public Contracts Regulations 2015	Complying with procurement regulations. The regulations enable buyers to run procurements faster, with less red tape, and with a greater focus on getting the right supplier and best tender in accordance with sound commercial practice.	UK Government	Civil proceedings	Substantive	Finance	Director of Finance	Head of Procurement	Certificate	N/A	Independent/ third party verification	Substantial	N/A	Included in Standing Orders and Standing Financial Instructions (SFI).	NHS Wales Shared Services Partnership (NWSSP) Procurement has its own Audit and Quality inspection processes which are validated by SGS audit services. Hywel Dda Frontline team was rated as fully compliant with ISO9001 for process and procedures June 2018.	N/A	Model SFI's are currently being reviewed and revised by WG.	Standard 7.1 Workforce
Female Genital Mutilation 2003 (Amended by the Serious Crime Act 2015)	N/A	A person who works in a regulated profession in England and Wales must make a notification under this section (an "FGM notification") if, in the course of his or her work in the profession, the person discovers that an act of female genital mutilation appears to have been carried out on a girl who is aged under 18.	WG	UHB would be held to account for elements	Substantive	All Services	Director of Nursing, Quality & Patient Experience	Head of Safeguarding	Written	N/A	Oversight/ Committee	Reasonable	N/A	All Wales procedures adapted locally. Included in Children Safeguarding training.	No	N/A	UHB are reporting on these to WG.	Standard 2.7 Safeguarding Children and Safeguarding Adults at Risk

Primary Legislation	Secondary Legislation	Requirements/ Description	Regulatory/ Monitoring Body	Powers	Substantive/ Administrative	Specialty	Executive Lead	Operational Lead	Assurance category	Licences	Assurance type	Assurance level	Datix risk score (only applicable for limited/low assurance)	Key controls	Has this legislation been subject to a third party inspection/audit? Please specify by who and date of last inspection/audit	Frequency of site inspection if applicable?	Comments	Health & Care Standard
Food Safety Act 1990	Food Safety Regulations	Provision for the framework for all food legislation; that food must comply with food safety requirements, must be "of the nature, substance and quality demanded", and must be correctly described (labelled).	Local Authority Environmental Health	Enforcement notice	Administrative	All Services	Deputy Chief Executive/ Director of Operations	Director of Estates, Facilities & Capital Management Head of Specialist Services	Written	N/A	Independent/ third party verification	Substantial	N/A	Pembrokeshire County Council are now the primary authority for food hygiene advice to the UHB. Internal inspections of premises take place on annual basis. Ongoing compliance with recommendations from local environmental health officers (EHO). All of the UHB's catering premises have attained the highest Food Standards Agency Score of 5.	Environmental Health Office have inspected as follows: BGH – 12/12/17 PPH – 07/02/19 GGH – 29/01/19 WGH –21/03/18 Llandovery Hospital – 05/12/18 Hafan Derwen – 26/09/18 Amman Valley Hospital – 17/12/18 Tregaron - 04/09/17 South Pembroke Hospital- 31/10/17	Environmental Health Office frequency of visits based on results of previous visit.	None	Standard 2.5 Nutrition and Hydration
Fraud Act 2006	N/A	Provision for criminal liability for fraud and obtaining services dishonestly	Crown Prosecution Service UK Government	Criminal proceedings	Substantive	Finance	Director of Finance	Assistant Director of Finance (Finance Systems and Statutory Reporting)	Written	N/A	Oversight/ Committee	Substantial	N/A	The UHB employs Accredited Counter Fraud Specialists (LCFS) to cover investigations into potential Fraud Act offences. LCFS are trained and specialise in Fraud investigations and work within the constraints of the legislation and the NHS Counter Fraud Authority's Counter Fraud Manual. Counter Fraud Policy supporting investigation work into Fraud Act offences.	Work around investigation of potential Fraud Act offences is covered in the NHS Counter Fraud Standards and performance against those standards is subject to inspection. The UHB was inspected in this area in 2018/19 and was rated 'Green' for all applicable standards.	NHS Counter Fraud Authority Quality Assurance inspection dates for 2019/20 are due to be confirmed and the UHB may be one of organisations selected for inspection.	NHS Counter Fraud Authority Quality Assurance inspection assess their particular standards but do not cover all aspects of the WG Directive.	Standard 7.1 Workforce
Freedom of information Act 2000	N/A	Freedom of Information: requirements including release of information, timescales, and management of Publication Scheme and disclosure log.	Information Commissioners Office	Decision notices Enforcement notices	Substantive	All Services	Director of Partnerships and Corporate Services	Head of Corporate Office	Written	N/A	Oversight/ Committee	Reasonable	N/A	Compliance reported to Information Governance Sub Committee. Freedom of Information Policy Staff guide document. Training provided to services and other departments to aid with understanding and compliance. SharePoint monitoring system automatically chases to aid with compliance.	An Internal Audit of FOI was undertaken in December 2017 resulting in a limited assurance rating. All recommendations within the report have now been addressed.	N/A	None	Standard 3.2 Communicating Effectively Standard 3.5 Record Keeping
(Regulation (EU) 2016/679): General Data Protection Regulations. Apply from May 2018	N/A	This is a regulation in EU law on data protection and privacy for all individuals within the European Union (EU) and the European Economic Area (EEA). It also addresses the export of personal data outside the EU and EEA areas. The GDPR aims primarily to give control to individuals over their personal data and to simplify the regulatory environment for international business by unifying the regulation within the EU.	Information Commissioners Office WAO	Monetary penalty notice Non criminal enforcement. Prosecution Individuals have the right seek compensation through the courts	Substantive	All services	Director of Planning, Performance & Commissioning	Head of Information Governance	Written	N/A	Independent/ third party verification	Substantial	Datix Risk 343 (Directorate risk, 16, High) Datix Risk 345 (Service risk, 6, Moderate)	Currently updating procedures in line with the new legislation. Mandatory training, and tailored training for information asset owners to help develop the UHB information asset register. Quarterly Information Asset Owners group to report on progress to Information Governance Sub Committee (IGSC), which reports to the Business Planning and Performance Assurance Committee (BPPAC). Data Protection policy currently being reviewed to be approved at the next IGSC.	Internal Audit undertook a GDPR audit in March 2019. The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with GDPR compliance was substantial, and resulted in no recommendations. UHB could volunteer to be audited by the Information Commissioners Office. At present no mandatory third party inspection is undertaken.	N/A	None	Standard 3.4 Information Governance and Communications Technology
Access to Health Records Act 1990 (deceased patient only)	N/A	The Access to Health Records Act provides individuals with the rights to request access to records of a deceased individual. It is a legal requirement that all members of staff comply with the Access to Health Records Act.	To be confirmed by the service	To be confirmed by the service	Substantive	All services	Deputy Chief Executive/ Director of Operations	Health Records Manager	Written	N/A	Oversight/ Committee	Substantial	N/A	General Data Protection Regulation (GDPR) and Data Protection Act 2018. Mandatory training for all health records staff and tailored training for information asset owners to help develop the UHB information asset register. Quarterly Information Asset Owners group to report on progress to Information Governance Sub Committee (IGSC), which reports to the Business Planning and Performance Assurance Committee (BPPAC) Access to Health Records Policy and Data Protection policy currently being reviewed to be approved at the next IGSC meeting in April 2019.	No	N/A	None	Standard 3.4 Information Governance and Communications Technology
General Law Welsh Government Directions 2006	N/A	Responsible for promoting the counter fraud message. The detection, prevention and investigation of any reports of suspected fraud against the UHB, the pursuance of sanctions and the recovery of any subsequent identified losses.	NHS Counter Fraud Authority	Non-compliance or poor performance against WG Directions	Substantive	All Services	Director of Finance	Lead Local Counter Fraud Specialist	Written	N/A	Oversight/ Committee	Substantial	N/A	Counter Fraud Policy. Counter Fraud work is also subject to annual work planning which is consulted on and approved by ARAC. Counter Fraud report to ARAC on progress against workplan. Each annual workplan is devised to meet the Counter Fraud Standards and mitigate identified fraud risk.	The UHB was inspected by NHS Counter Fraud Authority Quality Assurance (QA) Team in June 2018 on two areas of the NHS Counter Fraud Standards - namely Hold to Account and Prevent and Deter work. The Inspection resulted in Green ratings for all standards assessed. Annual Self-assessment reviews against the NHS Counter Fraud Standards are undertaken in March/April of every year. These have been submitted annually and have been rated as full compliance ('green' RAG rating) for the last 4 years.	Ad hoc- NHS Counter Fraud Authority Quality Assurance inspection dates for 2019/20 are due to be confirmed and the UHB may be one of organisations selected for inspection. Inspection usually takes place every two years. A desktop thematic assessment exercise is planned which will not involve visit but will be assessed by NHS Counter Fraud Authority against the counter fraud standards.	NHS Counter Fraud Authority Quality Assurance inspection assess their particular standards but do not cover all aspects of the WG Directive.	Standard 3.4 Information Governance and Communications Technology
Goods Vehicles (Licensing of Operators) Act 1995	N/A	Any vehicle above 3.5 tonnes that are used to carry goods requires an operator's licence. The licence is allocated to the locality where the vehicles are kept and run from (for the UHB the locality is the Laundry service at Glangwili General Hospital). The UHB is required to have a dedicated member of staff that holds a Certificate of Professional Competence (CPC) in Road Haulage. UHB required to pay fee every five years, (current fee expires in 28/02/22), and notify the Office of the Traffic Commissioner for Wales of any changes to vehicles within a set period.	Office of the Traffic Commissioner for Wales	Removal of licence if vehicles deemed unroadworthy. Enforcement to stop trading resulting in outsourcing for the transport of all linen to hospital sites.	Substantive	Transport services	Deputy Chief Executive/ Director of Operations	Laundry Manager (CPC holder)	Licences	OG1107435	Departmental/ Operational	Substantial	N/A	Each vehicle inspected every six weeks by external body Euro Commercials. Drivers undertake five sessions of training every five years (7.5 hours per session) paid by the UHB to achieve their license. Freight Transport Association contract	No official third party inspection/audit. Office of the Traffic Commissioner for Wales can undertake roadside checks of vehicles and driver hours,etc. Independent monitoring of vehicles and driver hours are undertaken by the Freight Transport Association (FTA) via electronic key card situated in all vehicles.	N/A	Office of the Traffic Commissioner for Wales must be notified if the CPC holder is leaving the UHB and informed of the new holder, or temporary stand in arrangement, within six months. If the Office discover the UHB are not taking appropriate steps to attain a new CPC holder the six month period may be reduced.	Standard 2.1 Managing Risk and Promoting Health and Safety
Hazardous Waste (England and Wales) Regulations 2005	N/A	All sites producing over 500kg hazardous waste must register annually with NRW. Appropriate paperwork must be kept for all hazardous waste collections (consignment notes - 3 years)	NRW	Enforcement, fines if action not undertaken and subsequently cause a pollution event	Administrative	All Services	Deputy Chief Executive / Director of Operations	Director of Facilities, Estates & Capital Management Head of Property Performance Environment Team	Licences	Multiple (held by Environment Team)	Independent/ third party verification	Reasonable	Datix Risk 551 (Service risk, 12, High)	Waste Policy and Procedures Waste Paperwork training. Action take by operational teams / Environment Team	Externally audited as part of ISO 14001 obligations. Last audit September 2018	6 monthly via ISO 14001 audits	Most recent renewal of Hazardous Waste Producer Registrations - November 2018 Wider training is required for all staff who handle or retain waste collection paperwork.	Standard 2.1 Managing Risk and Promoting Health and Safety

Primary Legislation	Secondary Legislation	Requirements/ Description	Regulatory/ Monitoring Body	Powers	Substantive/ Administrative	Specialty	Executive Lead	Operational Lead	Assurance category	Licences	Assurance type	Assurance level	Datix risk score (only applicable for limited/low assurance)	Key controls	Has this legislation been subject to a third party inspection/audit? Please specify by who and date of last inspection/audit	Frequency of site inspection if applicable?	Comments	Health & Care Standard
Human Tissue Act (2004) (c.30)	N/A	Compliance with HTA codes and standards for Research. Procurement, processing, testing, storage, distribution and import/export/disposal of human tissues and cells for human application with informed consent. Biennial submission of report to the HTA.	Human Tissue Authority (HTA)	Improvement notice Enforcement Removal of HTA Licence.	Substantive	All Services	Medical Director and Director of Clinical Strategy	Chair of Respiratory Medicine (Designated Individual)	Licences	Human Tissue Authority Licence No 12630	Departmental/ Operational	Reasonable	N/A	There is a UHB Pathology Research & Biobank Lead who oversees implementation of the Biobank Policy and provides assurance that procedures are complied with, to mitigate risk and assist delivery of objectives, to ensure the UHB is compliant with the HTA legislation.	The UHB holds the HTA's research licence (No.12630) valid from 08/03/16 which covers PPH as the hub and BGH, GGH and WGH as satellite sites. REC reference: 17/WA/0056 – Ethical approval received on 29/03/17.	N/A – licence granted on the 08/03/16 following pre-licensing site visit on the 12-13/03/15. Presently no future site inspections scheduled.	None	2.4 Infection Prevention and Control (IPC) and Decontamination Standard 3.3 Quality Improvement, Research and Innovation
Human Tissue Act (2004) (c.30)	N/A	Post Mortem Examination	HTA	Enforcement	Substantive	Cellular Pathology and Mortuary Services	Director of Therapies & Health Science	Chair of Respiratory Medicine (Designated Individual)	Licences	Carmarthenshire licence number 12136 includes BGH and WGH as satellite sites	Independent/ third party verification	Reasonable	N/A	Internal audit schedule. Policies and procedures. Staff training and education.	Yes - last HTA inspection 11/02/16	No set frequency.	HDUHB holds a licence with the HTA for making of a Post Mortem Examination - licence includes PPH, BGH,GGH and WGH. Compliance data submitted every two years (last submitted 2017). The HTA either formally visit or ask for proof of compliance on a two yearly cycle - the response by questionnaire may provoke a need for a visit. There are currently no planned visits.	2.4 Infection Prevention and Control (IPC) and Decontamination Standard 3.3 Quality Improvement, Research and Innovation
Health Act 2006 (c.28)	Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008 (under Health Act 2006) - Regulations on the management of Controlled Drugs (Jan 2009)	Regulations on the Management of Controlled Drugs (Jan 2009) - Legal requirement of safe storage and restriction relating to production, supply, possession and destruction of controlled drugs.	Home Office	Improvement Notice, Closure, Removal of Accreditation, Criminal.	Substantive	All services	Medical Director & Director of Clinical Strategy	Head of Medicines Management.	Written	N/A	Oversight/ Committee	Reasonable	N/A	Medicines Policy (covers all aspects of CD management), Standard Operating Process (SOP), Audit. Controlled drugs are reviewed and monitored through Medicines Event Review Group(MERG) and Local Intelligence Network (LIN) (mandatory network set up by the WG), which the Medical Director is a member of, and is reported into the Medicines Management Sub Committee. Monitoring of medicines usage is undertaken through the medicines management teams.	Internal audit undertook an audit on Management of Controlled Drugs in April 2019 which scored a reasonable assurance rating. The audit made six recommendations, three of which are completed and another three to be implemented by July 2019. An annual internal audit is undertaken at each hospital site by the Pharmacy department to provide assurance of controls surrounding control drugs. This is monitored through the Medicines Event Review Group(MERG) and Local Intelligence Network (LIN) and reported into Medicines Management Subcommittee.	N/A	None	Standard 2.6 Medicines Management
Health and Safety at Work Act 1974	N/A	Covers all aspects of Health and Safety and all legislation listed below falls under the umbrella of this legislation.	Health and Safety Executive	Enforcement of improvement notice	Substantive	All Services	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management	Written	N/A	Departmental/ Operational	Reasonable	N/A	Health & Safety Policy - Version 3 has been approved at the Emergency Planning and Health & Safety Sub Committee on 06/03/19. The policy is the CEO's statement of how the UHB complies with the act. Health & Safety information is available on the Health & Safety intranet pages as well as on the Health & Safety section of the Corporate Policies page. All staff undertake Health, Safety and Welfare training as part of the mandatory training framework. Workplace inspection checklist available to all managers with responsibility for work areas. Any incidents are reported on RIDDOR. Reported through RIDDOR form by a member of the Health & Safety team. Standard item on RIDDOR on every agenda for the HSEPSC. Timeframe targets reported to BPPAC.	Internal Audit on Health & Safety took place in 2016 with a reasonable rating, 5 recommendations outstanding. Internal programme of inspection, focusing this year on community leasehold properties ongoing. Management is continual to ensure an appropriate level of compliance. The HSE are the regulating body and may choose to attend and inspect any of our sites at any time.	N/A	Last improvement notice from HSE received December 2017 -Improvement Notice signed off by HSE confirming they were satisfied that the positive action that had been taken that demonstrated the UHB commitment to preventing a reoccurrence of the above incident. Current compliance rate for the Health, Safety and Welfare E-Learning module is 79.51% @ 25/03/2019.	Standard 2.1 Managing Risk and Promoting Health and Safety People's health, safety and welfare are actively promoted and protected.
Health and Safety at Work Act 1974	Management of Health and Safety at Work Regulations 1999	Measures to encourage improvements in the safety and health of employees. Risk Assessment Health Surveillance Violence and Aggression Lone Working	Health and Safety Executive	Enforcement of improvement notice	Substantive	All Services	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management Assistant Director of WOD	Written	N/A	Awaiting confirmation of assurance level from directorate	Substantial	N/A	Risk assessment undertaken for all staff working in critical/ hazardous areas and annual health surveillance programme (e.g. Asbestos) for staff at risk is undertaken by Occupational Health Service (however this is not mandatory therefore the staff member could decline the check). Workplace inspection checklist available to managers (those responsible for areas). Lone working policy updated February 2018.	No	N/A	Reporting provided through risk assessments to appropriate assurance committee structure	Standard 2.1 Managing Risk and Promoting Health and Safety
Health and Safety at Work Act 1974	Workplace (Health, Safety and Welfare) Regulations 1992	Requirements in respect to health and safety of a person in a 'workplace' (maintenance, ventilation, temperature, lighting, room dimensions etc.)	Health and Safety Executive	Enforcement of improvement notice	Substantive	All Services	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management	Written	N/A	Departmental/ Operational	Limited	Directorate have been asked to undertake risk assessment	Risk assessment undertaken for all staff working in critical/ hazardous areas and annual health surveillance programme (e.g. Asbestos) for staff at risk is undertaken by Occupational Health Service (however this is not mandatory therefore the staff member could decline the check). Workplace inspection checklist available to managers (those responsible for areas). Lone working policy updated February 2018.	No	N/A	Not subject to a third party inspection/audit but if incident occurs HSE will investigate and result in possible fine.	Standard 2.1 Managing Risk and Promoting Health and Safety
Health and Safety at Work Act 1974	Provision and use of work equipment (PUWER) Regulations 1998	Employer duties for suitability/maintenance of work equipment, used safely by trained people	Health and Safety Executive	Enforcement of improvement notice	Substantive	All Services	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management	Written	N/A	Departmental/ Operational	Substantial	N/A	General maintenance undertaken by management. Rolling programme of internal inspections purchased from a servicing company is taking place as part of PPM regime.	Zurich insurance inspections are carried out to assess equipment that is listed on their schedules. Annual rolling programme.	Annual rolling programme.	N/A	Standard 2.1 Managing Risk and Promoting Health and Safety
Health and Safety at Work Act 1974	Manual Handling Operations Regulations 1992	Provisions for minimum health and safety requirements for manual handling of loads	Health and Safety Executive	Enforcement of improvement notice	Substantive	All Services	Director of Workforce & Organisational Development	Assistant Director of Workforce OD (Learning and Development)	Verbal	N/A	Departmental/ Operational	Reasonable	N/A	Manual handling advisors train workforce as part of mandatory training, to ensure staff are using equipment properly. Manual handing teams continue to promote and manage manual handling – working closely with compliance team on fire compliance and bariatric evacuations. Rolling programme of inspections by the Manual Handling team who then apply additional training if issues are identified, alongside the scheduled training programme if required.	No	N/A	N/A	Standard 2.1 Managing Risk and Promoting Health and Safety

Primary Legislation	Secondary Legislation	Requirements/ Description	Regulatory/ Monitoring Body	Powers	Substantive/ Administrative	Specialty	Executive Lead	Operational Lead	Assurance category	Licences	Assurance type	Assurance level	Datix risk score (only applicable for limited/low assurance)	Key controls	Has this legislation been subject to a third party inspection/audit? Please specify by who and date of last inspection/audit	Frequency of site inspection if applicable?	Comments	Health & Care Standard
Health and Safety at Work Act 1974, Provision and Use of Work Equipment Regulations 1998	Medical Devices Regulations 2002 (Amended 2003) (subordinate to the Consumer Protection Act). Council Directive 93/42/EEC MHRA Device Bulletin DB2006(05) – entitled 'Managing Medical Devices	The UHB has to comply with the statutory medical device regulations (MDR) for medical devices and medical equipment to protect and promote patient safety'	Medicines and Healthcare Regulatory Authority Health and Safety Executive	Enforcement notice	Substantive	All Services	Deputy Chief Executive/ Director of Operations	Strategic & Operational Improvement Lead	Written	N/A	Oversight/ Committee	Limited	Corporate risk no. 384 in place (risk score 12, High) to address gaps in controls to be completed by April 2019 with a target score of 9. Directorate risk no. 385 in place (risk score 8, High) to address gaps in controls to be completed by September 2018 with a target score of 4. Directorate risk no. 387 in place (risk, 12, High) to address gaps in controls to be completed by April 2018 with a target score of 8.	Medical and Non-Medical Devices Control Group reviewing performance. HSE Action Plan is nearing completion. Management information including regular reports provided to Medical and Non Medical Control Group for scrutiny. Identification of devices and categorisation and inventory refresh complete and new database procured and commissioned. System review processes operating to ensure missed inspections are not allowed to go unchecked. 5 tier risk stratification system developed for the UHB device holding which facilitates high risk devices targeted for first attention. Increased capital allocation has been realised. Strategic replacement plan for the UHB's medical device holding now in place and servicing capital decision making. Improved ultrasound governance in place. Training Needs Analysis has been undertaken in conjunction with L&D Team. Servicing and inspection capacity restored to 2015 levels in clinical engineering. Broader control over all aspects of medical device management to include radiology and estates now in place. Pathology outstanding.	The Health & Safety Executive issued an Improvement Notice on the UHB in 2017	The Health & Safety Executive are the regulating body and may choose to attend and inspect any of our sites at any time.	The UHB needs to safeguard staff and patients against medical devices issues and improve its systems and governance. Given the number devices within the UHB, there is a probability that an adverse event will happen from time to time however the planned actions and focus on high risk devices should mean that enforcing authorities will see the merits of the systems that have been developed to protect patients and staff safety. Risk action plan in place to be completed by 30/04/19 with a target score of 9. Avoidable harm to patients resulting from equipment in service with known issues, due to lack of alert procedure, which compromise its safety. System agreed between operational teams and Patient Safety team. Work is ongoing to source funding for ECRI alert tracker system.	Standard 2.9 Medical Devices, Equipment and Diagnostic Systems
Health and Safety at Work Act 1974	The Personal Protective Equipment Regulations 2002	Impose health and safety requirements with respect to the provision of protective equipment for persons at work	Health and Safety Executive	Enforcement of improvement notice	Substantive	All Services	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management	Verbal	N/A	Departmental/ Operational	Substantial	N/A	General maintenance by management. Equipment purchased through maintenance programme. e.g. 'Face fitting' masks continuing to be carried out. Staff raise further equipment needs through managers. Large rolling stock of equipment always kept on hospital sites.	No	N/A	Need to standardised the kit purchased by the UHB. Additional training to be provided by monthly Health & Safety DVD sessions.	Standard 2.1 Managing Risk and Promoting Health and Safety
Health and Safety at Work Act 1974	Health and Safety (Display Screen Equipment) Regulations 1992	Minimum Health and Safety requirements for work with display screen equipment (DSE), such as PCs, laptops, tablets and smartphones.	Health and Safety Executive	Enforcement of improvement notice	Substantive	All Services	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management	Verbal	N/A	Departmental/ Operational	Reasonable	N/A	Display Screen Equipment Policy under review (due to expire in June 2019) - discussions with Occupational Health to create a workplace assessment procedure (including what to do if not compliant etc). DSE assessment part of mandatory training for those that use display screen equipment, and manager's action to set training needs. Occupational Health and 'Moving & Handling' services provide support, Health & Safety team will get involved if any wider spread issues (not individual) arise. Current compliance rate for the Display Screen Equipment E-Learning module is 78.67% @ 25/03/2019. RIDDOR considered for staff who are symptomatic due to DSE in terms of reportable occupational diseases - Occupational Health to assess and make decision in conjunction with the Health & Safety Team.	No	N/A	None	Standard 2.1 Managing Risk and Promoting Health and Safety
Health and Safety at Work Act 1974	Control of Asbestos Regulations 2012	Duty to manage Asbestos in non domestic premises	Health and Safety Executive	Enforcement of improvement notice	Substantive	All Services	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management	Written	N/A	Departmental/ Operational	Substantial	N/A	Extensive survey by external consultant to assess condition of asbestos across the UHB. Rolling programme of capital investment to address actions identified. Staff trained to undertake asbestos sampling and asbestos awareness. Policy and procedures in place. Any incidents/ breaches/ concerns reported to Emergency Planning and Health & Safety Sub Committee. If breach occurs this would be reported under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).	No- Last NWSSP audit took place in 2009.	N/A	None	Standard 2.1 Managing Risk and Promoting Health and Safety
Health and Safety at Work Act 1974	Electricity at Work Regulations 1989	Construction and maintenance of electrical systems, requirements with regard to the carrying out of work	Health and Safety Executive	Enforcement of improvement notice	Substantive	All Services	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management	Written	N/A	Departmental/ Operational	Substantial	N/A	Fixed electrical testing on a range of distribution boards continues to be undertaken by external contractors annually. Compliance reported to monthly senior operational management meeting.	UHB subject to annual authorising engineers audits. March 2019 (and will continue for 2019/20)	Annual	None	Standard 2.1 Managing Risk and Promoting Health and Safety
Health and Safety at Work Act 1974	Control of Substances Hazardous to Health (COSHH) Regulations 2002	Part A. Refers to exposure of chemicals used by operational estates staff including water Safety infrastructure and requirements for risk assessments undertaken. Part B. Legionella ventilation systems and requirements for risk assessments undertaken.	Health and Safety Executive	Enforcement of improvement notice	Substantive	All Services	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management	Written	N/A	Independent/ third party verification	Limited	Directorate risk no. 223 in place (risk score 9, High) to address gaps in controls to be completed by March 2020 with a target score of 8. Capital funding awarded in 19/20.	COSHH risk assessments carried out. Contract now in place to undertake ductwork cleaning on a prioritised basis (ventilation system cleaning). Approved COSHH policy and procedure. Quarterly Water safety group report to Infection Prevention & Control Sub Committee who report to BPPAC.	NWSSP undertook Water Safety internal audit in March 2019 which provided a limited assurance rating. 12 recommendations were made, 4 of which were actioned during the field work and the remaining 8 to be actioned in April 2019. Governed by Authorising Engineers audits, rolling programme of audits on annual basis.	Annual	None	Standard 2.1 Managing Risk and Promoting Health and Safety
Health and Safety at Work Act 1974	Ionising Radiation Regulations 2017	Management of radiation protection as required by Ionising Radiations Regulations 1999. Safety of employees and members of the public exposed to radiation to comply with the requirements of the Ionising Radiations Regulations 1999	Health and Safety Executive	Enforcement of improvement notice	Substantive	All Services	Director of Therapies & Health Science	Director of Facilities, Estates & Capital Management Head of Radiology	Certificate	N/A	Oversight/ Committee	Substantial	N/A	Radon testing has been undertaken across the UHB. Remedial work on risk reduction has also been undertaken to a selection of properties where required. A radon maintenance contract now in place to review the existing remedial works undertaken to ensure they remain effective. Remedial work to reduce levels. continuous testing to assess levels. Compliance reported to Emergency Planning and Health & Safety Sub Committee, and the Ionising Radiation Committee for information.	No	N/A	None	Standard 2.1 Managing Risk and Promoting Health and Safety
Health and Safety at Work Act 1974, Basic Safety Standards Directives BSSD 2013/59/Euratom	Ionising Radiation (Medical Exposure) Regulations 2018	Requirements of Ionising Radiation (Medical Exposure) Regulations 2018. Safety of patients exposed to radiation to comply with the requirements of the Ionising Radiation (Medical Exposure) Regulations. Requirement for Employer License and ARSAC license.	Health Inspectorate Wales	Improvement notice Removal of certificate	Substantive	All services	Director of Therapies & Health Science	Head of Radiology	Certificate	N/A	Independent/ third party verification	Substantial	N/A	Reporting to Medical Exposure Committee Policies and procedures including employer procedures Medical Physics expert employed to oversee/ support compliance against this regulation	HIW Ionising Radiation (Medical Exposure) Regulations inspection took place at BGH Radiology department in November 2018. No immediate concerns were raised and the improvement plan is on track to be completed by June 2019. All incidents are reported to HIW and are investigated.	Ad hoc	None	Standard 2.1 Managing Risk and Promoting Health and Safety

Primary Legislation	Secondary Legislation	Requirements/ Description	Regulatory/ Monitoring Body	Powers	Substantive/ Administrative	Specialty	Executive Lead	Operational Lead	Assurance category	Licences	Assurance type	Assurance level	Datix risk score (only applicable for limited/low assurance)	Key controls	Has this legislation been subject to a third party inspection/audit? Please specify by who and date of last inspection/audit	Frequency of site inspection if applicable?	Comments	Health & Care Standard
Health and Safety at Work Act 1974	Gas Safety (Installation and Use) Regulations 1998	General provisions gas fittings, meters/regulators, installation pipework, gas appliances. Gas safety (natural gas) Maintenance Competent persons Training	Health and Safety Executive Welsh Health Estates	Removal of Gas Safety certificate	Substantive	All Services	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management	Written	N/A	Departmental/ Operational	Substantial	N/A	Rolling programme of inspections. Issue of qualified gas safe fitters working across the UHB to undertake gas safety checks, also engage contractors. Statistics on PPM reported to Senior Operational management meeting. Reported to Senior Operational management meeting.	No	N/A	None	Standard 2.1 Managing Risk and Promoting Health and Safety
Health and Safety at Work Act 1974	Gas Safety Management Regulations 1996	Preparation and acceptance of safety causes with regards conveyance of gas. Requirements in respect of gas escapes. Medical Gases Authorised person Training Competent persons Authorising Engineers	Health and Safety Executive	Enforcement of improvement notice	Substantive	All Services	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management	Written	N/A	Departmental/ Operational	Reasonable	N/A	Training for Authorised Persons and Competent Persons for the UHB on medical gas has been completed and continues to be updated as and when required. Statistics on PPM reported to senior operational management meeting.	Authorising engineer audits takes place on medical gas (last audit December 2018). Status of audits reported to Health & Safety Committee.	Annual	None	Standard 2.1 Managing Risk and Promoting Health and Safety
Health and Safety at Work Act 1974	Working at Height Regulations 2005	Health and safety requirements with respect to working at height. Risk assessment Training Equipment Permit to work	Health and Safety Executive	Enforcement of improvement notice	Substantive	All Services	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management	Verbal	N/A	Departmental/ Operational	Reasonable	N/A	Full programme of working at heights training undertaken across the UHB. Risk assessments now in place and equipment purchased to support working at height arrangements. Working at height equipment being maintained as per regulations. Any incidents are reported on RIDDOR and investigated.	No	N/A	None	Standard 2.1 Managing Risk and Promoting Health and Safety
Health and Safety at Work Act 1974	Confined Space Regulations 1997	Duties Emergency arrangements Exemption certificates Risk assessment Training Equipment Permit to work	Health and Safety Executive	Enforcement of improvement notice	Substantive	All Services	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management	Verbal	N/A	Departmental/ Operational	Reasonable	N/A	Full programme of training has been undertaken in 2018 across all sites for staff who are expected to work in confined spaces. Review of evacuation equipment has also been undertaken e.g. Gas monitors and breathing apparatus. Confined Space policy being reviewed (for approval May 2019) at Emergency Planning and Health & Safety Sub Committee.	In 2018 external consultants were appointed by UHB to assess all confined spaces and series of recommendations provided to UHB.	N/A	None	Standard 2.1 Managing Risk and Promoting Health and Safety
Health and Safety at Work Act 1974	Construction (Design and Management) Regulations 2015	Applying regulatory requirements to all major and new projects. Requirements/prohibitions Notification of project Health & Safety provisions	Health and Safety Executive	Enforcement of improvement notice	Substantive	All Services	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management	Verbal	N/A	Departmental/ Operational	Reasonable	N/A	UHB will appoint a principle designer on any project (involving more than one contractor & sub-contractor) to manage the construction phase plan including health and safety risks.	No	N/A	None	Standard 2.1 Managing Risk and Promoting Health and Safety
Health and Safety at Work Act 1974	Lifting Operations and Lifting Equipment Regulations 1998	Employer duties for lifting/lowering equipment (includes attachments used for anchoring, fixing/supporting)	Health and Safety Executive	Enforcement of improvement notice	Substantive	All Services	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management	Verbal	N/A	Departmental/ Operational	Reasonable	N/A	Inspection and insurance audits are carried out annually on all lifting equipment. All actions are addressed in accordance with recommendations.	Rolling programme of Zurich inspections throughout the year	Annual	None	Standard 2.1 Managing Risk and Promoting Health and Safety
Health and Safety at Work Act 1974	Reporting of Injures Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013	Requires certain events to be notified to HSE with regards fatal and certain non fatal work related incidents	Health and Safety Executive	Enforcement of improvement notice	Substantive	All Services	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management	Written	N/A	Oversight/ Committee	Reasonable	N/A	Notifications are undertaken by the UHB to the HSE when required. The UHB has implemented a new protocol / flowchart to raise awareness of RIDDOR. Reported to Emergency Planning and Health & Safety Sub Committee	No	N/A	None	Standard 2.1 Managing Risk and Promoting Health and Safety
Health and Safety at Work Act 1974	Pressure Systems Safety Regulations 2000	Safety requirements with regards pressure systems used at work. Requirements for record keeping	Health and Safety Executive	Enforcement of improvement notice	Substantive	All Services	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management	Verbal	N/A	Departmental/ Operational	Reasonable	N/A	Inspection and insurance audits are carried out annually on all lifting equipment. All actions are addressed in accordance with recommendations.	Rolling programme of Zurich insurance inspections throughout the year	Annual	None	Standard 2.1 Managing Risk and Promoting Health and Safety
Health and Safety at Work Act 1974	Control of Noise at Work Regulations 2005	Risk Assessment Monitoring test Health Surveillance Equipment (e.g. Ear defenders as applicable)	Health and Safety Executive	Enforcement of improvement notice	Substantive	All Services	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management	Verbal	N/A	Departmental/ Operational	Substantial	N/A	Inspection and management is continual to ensure an appropriate level of compliance.	No	N/A	None	Standard 2.1 Managing Risk and Promoting Health and Safety
Health and Safety at Work Act 1974	Emergency Workers Act 2017	Obligatory response to violence in health care in Wales	Anti Violence Collaborative, Regional	Criminal proceedings	Substantive	All Services	Director of Nursing, Quality and Patient Experience	Director of Facilities, Estates & Capital Management	Written	N/A	Oversight/ Committee	Reasonable	N/A	Case Manager role in place to implement the obligatory response. Violent patient marker procedure- agreed and is continuing to be developed- currently out of global consultation. Violence and Aggression policy. Alternative Health Care Provider scheme for the most violent patients. Annual figures of violent instants provided to WG and reported to the Emergency Planning and Health & Safety Sub Committee	No	N/A	Welsh Health Circular in development for UHBs to comply with this legislation, due in late 2019.	Standard 2.1 Managing Risk and Promoting Health and Safety
Health and Safety at Work Act 1974	Provision and Use of Work Equipment Regulations 1998	Annual insurance check for pressurised equipment, such as boilers and other plant/equipment.	Health and Safety Executive	Enforcement of improvement notice	Substantive	All Services	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management	Written	N/A	Departmental/ Operational	Substantial	N/A	General maintenance overseen by management. Rolling programme of internal inspections via zurich insurance inspectors.	Via Zurich insurance inspectors to assess equipment that is listed on their schedules. Last inspection November 2018.	Annual	None	Standard 2.1 Managing Risk and Promoting Health and Safety
Health and Safety at Work Act 1974	Health & Safety (First Aid regulations) 1981 (amended 1997 & 2013).	Statutory duty to undertake a risk assessment to establish first aid needs. To ensure there is adequate first aid provision for people at work.	Health and Safety Executive	Enforcement of improvement notice	Substantive	All Services	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management	Written	N/A	Departmental/ Operational	Reasonable	N/A	First Aid at Work Procedure approved May 2018. Local managers to assess their own needs using the Checklist For Assessment of First Aid Needs contained in the First Aid at Work Procedure. Procedure available on the Corporate Policies and Health & Safety intranet pages.	No	N/A	Current reliance on identified first aiders being trained externally. Business Case and Option Appraisals produced for someone to be employed internally as a first aid trainer within the Learning & Development (L&D) Department to deliver 'Emergency First Aid at Work' training. This has been approved but is yet to be implemented by L&D. Procedure contains information on first aid equipment, boxes and supplies. It also contains template First Aid Notices and a register for departments to log their own	Standard 2.1 Managing Risk and Promoting Health and Safety
Health Service Medical Supplies (Costs) Act 2017	N/A	An Act to make provision in connection with controlling the cost of health service medicines and other medical supplies; to make provision in connection with the provision of pricing and other information by those manufacturing, distributing or supplying those medicines and supplies, and other related products, and the disclosure of that information	UK Government	Enforcement	Administrative	Finance	Director of Finance	Senior Finance Business Partner(Primary Care)	Written	N/A	Independent/ third party verification		N/A	Processes Policies Requirement is imposed on those supplying drugs to NHS and is covered in contracts with suppliers of drugs and in reimbursements made to primary care contractors.	Department of Health (awaiting inspection/audit dates from Directorate)	N/A	None	Standard 7.1 Workforce
Health and Social Security Act 1984 / 2001	N/A	Amendments to NHS Act 1977 in relation to general ophthalmic services. Finance - stat sick pay, reimbursement of the cost of certain treatments in EU	UK Government	Enforcement	Administrative	Finance	Director of Finance	Senior Finance Business Partner(Primary Care)	Written	N/A	Departmental/ Operational	Substantial	N/A	Processes, policies and accounting system	No	N/A	Systems in place with shared services who make payments on behalf of the UHB and whose systems are subject to WAO and internal audit. Assurance from reports goes to the ARAC.	Standard 7.1 Workforce

Primary Legislation	Secondary Legislation	Requirements/ Description	Regulatory/ Monitoring Body	Powers	Substantive/ Administrative	Specialty	Executive Lead	Operational Lead	Assurance category	Licences	Assurance type	Assurance level	Datix risk score (only applicable for limited/low assurance)	Key controls	Has this legislation been subject to a third party inspection/audit? Please specify by who and date of last inspection/audit	Frequency of site inspection if applicable?	Comments	Health & Care Standard
Health and Social Care Act, 2001	NHS Funded Nursing Care in Care Homes (Guidance 2004) National Health Service (Nursing Care in Residential Accommodation) (Wales), Directions 2004 Continuing NHS Healthcare, The National Framework for Implementation in Wales, 2014 Sustainable Care Planning in Wales (2011).	Legal framework for acting and making decisions on behalf of individuals who are assessed as requiring on-going nursing input within the community or care home setting.	WG	N/A	Substantive	All adult services (18 and over)	Director of Primary Care, Community & Long Term Care	Head of Long Term Care	Written	N/A	Independent/ third party verification	Reasonable	N/A	The Long Term Care Team provide face to face support. The UHB Long Term Care Panel ensures that there is a robust and consistent process in place to assess all submissions for on going long term care - either funded through FNC or CHC. Panel ensures that the UHB operates in compliance with the Guidance. Training is provided to ward and community staff on FNC and CHC by the Long Term Care Specialist Nurses. Notification on DATIX of any concerns. Joint Escalating Concerns and Safeguarding meetings established with all 3 Local Authorities servicing the UHB footprint.	WG undertake an annual audit of cases. Quarterly figures are sent to WG.	Annual.	None	Standard 6.1 Planning Care to Promote Independence Standard 6.2 Peoples Rights
Human Rights Act 1998	N/A	Fundamental rights and freedom for everyone in the UK. The act sets out the human rights in a series of articles, taken from the European Convention on human rights. Requires all public bodies to protect and respect human rights.	Equality and Human Rights Commission	Court proceedings	Substantive	All Services	Director of Partnerships and Corporate Services	Head of Strategic Partnerships, Diversity and Inclusion	Written	N/A	Oversight/ Committee	Limited	Directorate have been asked to undertake risk assessment	Produce Strategic Quality plan and set Strategic Quality plan objectives. Publish a Strategic Quality plan annual report each year which is considered by a range of committees (Workforce & Organisational Development (W&OD) Sub Committee, staff partnership, improving experience and QSEAC) and endorsed by the Board prior to publication. Deliver an induction programme for all new members of staff to raise awareness of obligations. Diversity and inclusion intranet section provides further information on the Act and how to complete a equality impact assessment.	Equality and Human Rights Commission undertake periodic reviews. For 2018/19 the focus of their review was to look at access to MH services for people from protective characteristic groups, workforce diversity and what is place to increase this, and gender pay outcomes. National feedback is expected at end of March 2019.	N/A	None	Standard 1.1 Health Promotion, Protection and Improvement 3.2 Communicating 3.3 Effectively Quality Improvement, Research and Innovation 3.4 Information Governance and Communications Technology 3.5 Record Keeping 4.1 Dignified Care 4.2 Patient Information 5.1 Timely Access 6.1 Planning Care to Promote Independence 6.2 Peoples Rights 6.3 Listening and Learning from Feedback 7.1 Workforce
Late Payment of Commercial Debts (Interest) Act 1998	N/A	Provisions for statutory interest where a public sector buyer has not paid an undisputed and valid invoice within 30 days (or any earlier payment date agreed in the contract).	UK Government	Enforcement	Substantive	Finance	Director of Finance	Assistant Director of Finance (Finance Systems and Statutory Reporting)	Written	N/A	Oversight/ Committee	Substantial	N/A	Processes Policies Arrangement in place with Oxygen finance for prompt payment to suppliers. 95% on Key Performance Indicator that the UHB pay suppliers within 30 days. KPI reported to the Finance Committee.	No	None	None	Standard 7.1 Workforce
Medicines Act 1968 (c.67)	N/A	Licenses for sterile & aseptic manufacture of "specials", "investigational medicinal products" and radiopharmaceuticals	Medicines and Healthcare Regulatory Authority	Improvement Notice, Closure, Removal of Accreditation.	Substantive	Medicines Management	Medical Director & Director of Clinical Strategy	Head of Medicines Management	Licences	N/A	Departmental/ Operational	Reasonable	N/A	N/A - UHB does not require the license	N/A - does not require the license	N/A - does not require the license	Compliant to the Act as Section 10 Unlicensed units the MHRA standards are not applicable. None of the aseptic sites are licensed for any of these activities as the current work they undertake does not require licensing. Medicines are produced on an individual patient basis or a very small scale not deemed to require a license from MHRA under current legislation. The UHB are currently not compliant with the Quality Assurance for Aseptic Preparation Services (QAAPS) Standards which are best practice and refer to the Department of Health Executive Letter EL(97)52.	Standard 2.6 Medicines Management
Medicines Act 1968 (c.67)	N/A	Requirement for WDLA (Wholesale Dealer's Licence) as a result of the new regulations on the Responsible Pharmacist.	Medicines and Healthcare Products Regulatory Agency	Enforcement , Removal of Accreditation, Criminal	Substantive	Medicines Management	Medical Director & Director of Clinical Strategy	Head of Medicines Management	Licences	N/A	Oversight/ Committee	No assurance	Directorate risk no. 405 in place (risk score 10, High). Risk action plan currently being reviewed and updated to address gaps in controls.	Currently maintaining existing service through standard operating procedures and processes. Risk reported to Medicines Management Sub Committee	The application for the Wholesale Dealer's Licence is currently on hold while discussions continue with Powys Teaching Health Board for additional funding to support submission and maintain the license.	N/A	UHB could potentially be subject to a fine if MHRA were to review. Financial loss through losing contract with Powys Teaching Health Board and to supply Welsh Ambulance Service Trust leading to reputational loss.	Standard 2.6 Medicines Management
Misuse of Drugs Act 1971 (c.38)	Misuse of Drugs Regulations 2001	Legal requirement of the scheduling of controlled drugs.	Crown Prosecution Service	Improvement Notice, Closure, Removal of Accreditation.	Substantive	All services	Medical Director & Director of Clinical Strategy	Head of Medicines Management.	Written	N/A	Independent/ third party verification	Reasonable	N/A	Medicines Policy (covers all aspects of CD management), Standard Operating Process (SOP), Audit. Controlled drugs are reviewed and monitored through Medicines Event Review Group(MERG) and Local Intelligence Network (LIN) (mandatory network set up by the WG), which the Medical Director is a member of, and is reported into the Medicines Management Sub Committee. Monitoring of medicines usage is undertaken through the medicines management teams.	No - Annual internal audit is undertaken at each hospital site by the Pharmacy department to provide assurance of controls surrounding control drugs. This is monitored through the Medicines Event Review Group(MERG) and Local Intelligence Network (LIN) and reported into Medicines Management Subcommittee. Internal audit currently undertook audit on management of controlled drugs in April 2019 which scored a reasonable assurance rating. 6 recommendations were made, 3 of which have been completed and the remaining 3 to be implemented by July 2019.	N/A	None	Standard 2.6 Medicines Management Standard 2.1 Managing Risk and Promoting Health and Safety
Mental Capacity Act 2005	N/A	Legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Everyone working with and/or caring for, an adult who may lack capacity must comply with this act when making decisions or acting for that person.	Health Inspectorate Wales	To protect adults who lack capacity to make decisions for themselves from abuse via two criminal offences of ill treatment or wilful neglect (via office of the public guardian and the Court of Protection).	Substantive	All adult services (16 and over)	Deputy Chief Executive/ Director of Operations	Head of Consent and Mental Capacity	Written	N/A	Oversight/ Committee	Reasonable	N/A	The Consent and Mental Capacity team provide face to face support. Mental Capacity Act and Consent Group (Chaired by Director of Operations). Policies. Provision of training (mandatory, face to face and ad hoc training). Notification of Datix concerns. Issues raised to Court as applicable. Mental Capacity Act and Consent group report to the Operational QSE and the Mental Health & Learning Disabilities QSE Sub Committees.	No	N/A	None	Standard 2.7 Safeguarding Children and Safeguarding Adults at Risk Standard 4.2 Patient Information
Mental Capacity Act 2005	Deprivation of Liberties Safeguards (amendment to the MCA 2005)	To provide safeguards for people who lack capacity specifically to consent to treatment or care in either a hospital or care home that, in their own best interests, can only be provided in circumstances that amount to a Deprivation of Liberty,	Health and Safety Executive Care Inspectorate Wales	Visit hospitals and care home. Interview people accommodated in hospitals and care homes. Require the production of, and inspecting, relevant records. Report annually summarising activity and findings about the operations of DoLS.	Substantive	All adult services (18 and over)	Director of Primary Care, Community & Long Term Care	Head of Long Term Care	Written	N/A	Oversight/ Committee	Reasonable	N/A	The Deprivation of Liberty Safeguards (DoLS) team provide support. Mental Capacity Act and Consent Group (chaired by Director of Operations). Policies. Provision of ad hoc training. Issues raised to Court as applicable. Mental Capacity Act and Consent group report to the Operational QSE and the Mental Health & Learning Disabilities QSE Sub Committees.	Figures are provided to CSSIW / HIW each year which are used to produce an annual DoLS report that covers all health boards and local authorities.	N/A		Standard 2.7 Safeguarding Children and Safeguarding Adults at Risk Standard 4.2 Patient Information

Primary Legislation	Secondary Legislation	Requirements/ Description	Regulatory/ Monitoring Body	Powers	Substantive/ Administrative	Specialty	Executive Lead	Operational Lead	Assurance category	Licences	Assurance type	Assurance level	Datix risk score (only applicable for limited/low assurance)	Key controls	Has this legislation been subject to a third party inspection/audit? Please specify by who and date of last inspection/audit	Frequency of site inspection if applicable?	Comments	Health & Care Standard
Mental Health Act 2007 (c.12)	N/A	The Mental Health Act is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder. The 2007 Act amended the Mental Health Act 1983 and the extended the rights of victims by amending the Domestic Violence, Crime and Victims Act 2004 and amended the Mental Capacity Act (MCA) 2005 to introduce new deprivation of liberty safeguards.	Health Inspectorate Wales	Improvement notices and enforcements.	Substantive	Mental Health & Learning Disabilities Directorate	Deputy Chief Executive/ Director of Operations	Director of Mental Health & Learning Disabilities	Written	N/A	Independent/ third party verification	Substantial	N/A	Mental Health Act administration department monitoring the compliance of the Act. Ad hoc training provided. Policies. Improvement plans implemented following visits by HIW. Quarterly Mental Health Legislation Scrutiny group (chaired by Head of Adult Mental Health Services) and compliance to the act reported to the Mental Health Legislation Assurance Committee quarterly, chaired by the UHB Vice Chair, which reports annually to ARAC.	Recent HIW inspections include: - North Ceredigion Community Mental Health Team February 2019. -Thematic Review of Community Mental Health Teams March 2019 - Cwm Seren visit January 2019. - Bryngofal April 2019.	As determined by HIW	None	Standard 2.1 Managing Risk and Promoting Health and Safety 2.7 Safeguarding Children and Safeguarding Adults at Risk 3.5 Record Keeping 4.1 Dignified Care 4.2 Patient Information 6.1 Planning Care to Promote Independence 6.2 Peoples Rights
Mental Health (Wales) Measure 2010	N/A	It is a legal requirement in Wales for the UHB to meet the targets for the four parts of the Measure. Part 1 – The development of Local Primary Mental Health Support Services with associated targets to meet waiting times for assessment and treatment. Part 2 – Care and Treatment Planning. Ensure that all individuals receiving secondary mental health care have a valid Care and Treatment Plan. There will be an additional focus on quality forthcoming. Part 3 – Gives the right to adults who are discharged from secondary services to refer themselves back to those services. Part 4 – Offer every inpatient access to an independent mental health advocate	WG	Improvement notices	Substantive	All inpatient services	Deputy Chief Executive/ Director of Operations	Director of Mental Health & Learning Disabilities	Written	N/A	Independent/ third party verification	Reasonable	N/A	Targets are monitored monthly and any concerns and action plans are addressed through the Mental Health Quality, Safety and Experience Assurance Sub-committee and the Directorate Business, Planning and Performance Assurance Group.	Delivery Unit 90 day reviews (frequency can be increased if concerns are raised).	N/A	Last inspected external to the UHB by the Delivery Unit in April 2017. This was an all Wales review of the Quality of Care and Treatment Planning in Adult Mental Health and Learning Disabilities Services. The report is taken to the Mental Health and Learning Disabilities Quality, Safety and Experience Assurance Sub-Committees where the action plan is monitored. The report is also taken to the Mental Health Legislation Assurance Committee (MHLAC). Inspections are determined by Welsh Government. Associated WG Performance Targets for parts 1 and 3 of the measure. Part 1 and 2 are substantial. Part 3 is not within target for two occasions (numbers are small)	Standard 2.1 Managing Risk and Promoting 2.7 Safeguarding Children and Safeguarding Adults at Risk 3.5 Record Keeping 4.1 Dignified Care 4.2 Patient Information 5.1 Timely Access 6.1 Planning Care to Promote Independence 6.2 Peoples Rights
National Health Act (Wales) Act 2006 (c. 42, part 12, Chapter 2. Public Involvement and Consultation)	N/A	The Act places a duty to involve and consult with those that receive the service in the planning of those services, development and consideration of proposals , and decisions to be made by the UHB affecting the operation of those services.	WG Community Health Council	Court proceedings	Substantive	All Services	Director of Partnerships and Corporate Services	Head of Public & Patient Engagement	Written	N/A	Oversight/ Committee	Reasonable	N/A	When a piece of engagement or consultation work is to be undertaken, the process for engagement and consultation is developed and signed off by the Board. UHB and CHC have agreed a joint framework for continuous engagement and consultation, signed off at the January 2019 Board, to ensure consistency across the UHB. In SBAR template reported to committees includes a section for providing information on how public and patients have been engaged with. Action plan in place to address areas of poor practice within the UHB.	For the TCS consultation, the Consultation Institute were contracted to undertake a Quality Assurance of the consultation process, reported to the Board in September 2018. Good practice was achieved during the consultation.	N/A	None	Standard 4.2 Patient Information
National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011	All parts of legislation.	Sets out the responsibilities and arrangements for the management of Concerns (Claims, Complaints and Incidents) and the redress procedures.	WG WAO / Welsh Risk Pool on behalf of WG	WG would hold HB to account for any failures in compliance.	Substantive	All Services	Director of Nursing, Quality & Patient Experience	Assistant Director (Legal Services & Patient Experience)	Written	N/A	Independent/ third party verification	Reasonable	N/A	Audited annually by the WRP Peer Assessment Process; independent audit arrangements. Putting Things Right action plan in place. All Wales review has recently been undertaken – further guidance is currently being developed on an all Wales basis, led by WG. This review of the legislation has been deferred by WG. Concerns Internal Audit report recommendations are received and tracked by ARAC. Lessons learnt arrangements and oversight of arrangements undertaken by Quality, Safety, Experience and Assurance Committee.	Concerns Internal Audit Report, October 2018 provided a reasonable assurance rating. Welsh risk pool (WRP) provides assurance to WG on the implementation and arrangements in place to meet the requirements.	WRP Peer Assessments to take place on an annual basis from June/July 2019.	None	3.3 Quality Improvement, Research & Innovation 6.3 Listening and Learning from Feedback
National Health Service Act 1977	National Health Service (General Medical Services contracts) (Wales) Regulations 2004	Administration of general medical services contracts	WG	Monitoring and appellant function	Substantive	Primary Care	Director of Primary Care, Community & Long Term Care	Assistant Director of Primary Care	Written	N/A	Independent/ third party verification	Substantial	N/A	Contracts in place. Monitoring visits. Managerial and clinical performance reviews. Administration of enhanced services. Monitoring of patient complaints. Reports to Primary Care Application Committee (PCAC), with a summary report provided to the Board.	Programme of inspections for GP practices determined by HIW. Community Health Council inspect practices on ad hoc basis.	Determined by Health Inspectorate Wales	None	Standard 3.1 Safe and Clinically Effective Care
National Health Service Act 1977	National Health Service (General Dental Services contracts and personal dental services agreements) (Wales) 2006	Administration of general dental services contracts and personal dental services	WG	Monitoring and appellant function	Substantive	Primary Care	Director of Primary Care, Community & Long Term Care	Assistant Director of Primary Care	Written	N/A	Independent/ third party verification	Substantial	N/A	Contracts in place. Monitoring visits. Managerial and clinical performance reviews. Administration of enhanced services. Monitoring of patient complaints. Reports to Primary Care Application Committee (PCAC), with a summary report provided to the Board.	Programme of inspections for dental practices determined by HIW.	Determined by Health Inspectorate Wales	None	Standard 3.1 Safe and Clinically Effective Care
National Health Service Act 1977	The National Health Service (Primary Medical Services and Primary Dental Services) (Wales) (Amendment and Transitional Provision) Regulations 2016	Providers of services under the contracts or agreements in respect of which provision is made by the GMS Contract Regulations, the GDS Regulations and the PDS Regulations may choose to be a "health service body" and so for their contract to be an NHS contract. Providers who choose to be a health service body may also choose to cease to be such a body and for their contract to cease to be an NHS contract.	WG	Monitoring and appellant function	Substantive	Primary Care	Director of Primary Care, Community & Long Term Care	Assistant Director of Primary Care	Written	N/A	Independent/ third party verification	Substantial	N/A	Contracts in place. Monitoring visits. Managerial and clinical performance reviews. Administration of enhanced services. Monitoring of patient complaints. Reported to Primary Care Application Committee (PCAC), with a summary report provided to the Board.	Programme of inspections for dental practices determined by HIW.	Determined by Health Inspectorate Wales	None	Standard 3.1 Safe and Clinically Effective Care
National Health Service Act 1977	Community Pharmacy Regulations 2005	Administration of community pharmacy services	WG	Monitoring and appellant function	Substantive	Primary Care	Director of Primary Care, Community & Long Term Care	Assistant Director of Primary Care	Written	N/A	Oversight/ Committee	Substantial	N/A	Contracts in place. Monitoring visits. Managerial and clinical performance reviews. Administration of enhanced services. Monitoring of patient complaints. Reports to Primary Care Application Committee (PCAC), with a summary report provided to the Board.	General Pharmaceutical Council (GPhC) inspect pharmacies and look for evidence they are meeting the standards for registered pharmacies.	Ad hoc	None	Standard 3.1 Safe and Clinically Effective Care

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National Health Service Act 1977	The Local Health Boards (Consultation with Local Dental Committees) (Wales) Regulations 2010	Local Health Board, in the exercise of its functions relating to primary dental services, must consult any committee recognised by it under section 69 of the NHS (Wales) Act 2006	WG	Monitoring compliance function	Substantive	Primary Care	Director of Primary Care, Community & Long Term Care	Assistant Director of Primary Care	Verbal	N/A	Departmental/ Operational	Substantial	N/A	Awareness of the regulation within the primary care team and guidance provided by the Head of Dental & Optometry Services.	No	N/A	None	Standard 3.1 Safe and Clinically Effective Care
National Health Service Act 1977	The National Health Service (Performers Lists) (Wales) (Amendment) Regulations 2016	These Regulations provide for lists for performing primary medical care to be kept by Local Health Boards in accordance with the provisions of section 28X of the Act	WG	Monitoring compliance function	Substantive	Primary Care	Director of Primary Care, Community & Long Term Care	Assistant Director of Primary Care	Verbal	N/A	Departmental/ Operational	Substantial	N/A	Compliance undertaken by NWSSP on behalf of the UHB. Annual list cleansing and verification on application to join the performer list. Annual service level agreement (SLA) reviews with Shared Services.	No	N/A	None	Standard 3.1 Safe and Clinically Effective Care
National Health Service Act 2006	The Health Service Branded Medicines (Control of Prices and Supply of Information) Regulations 2008	These Regulations control the price of presentations of medicines which are supplied for health service purposes. They also require the supply of information relating to those presentations to the Secretary of State.	UK Government	Enforcement	Administrative	Finance	Director of Finance	Senior Finance Business Partner(Primary Care))	Written	N/A	Independent/ third party verification	Substantial	N/A	Processes Policies Requirement is imposed on those supplying drugs to NHS and is covered in contracts with suppliers of drugs and in reimbursements made to primary care contractors.	Department of Health (awaiting inspection/audit dates from Directorate)	None	None	Standard 7.1 Workforce
National Health Service (Wales) Act 2006	The National Health Service (Travelling Expenses and Remission of Charges) (Wales) Regulations 2007	Provisions for people in receipt of certain benefits or low income to claim back certain charges and travel expenses	WG	N/A	Administrative	Finance	Director of Finance	Assistant Director of Finance (Finance Systems and Statutory Reporting)	Verbal	N/A	Departmental/ Operational	Substantial	N/A	Systems are in place for the reimbursement of expenses.	No	N/A	None	Standard 3.5 Record Keeping
National Health Service (Wales) Act 2006	National Health Service (General Medical Services) (Wales) Regulations 2004	Framework for general medical services contracts. Conditions that must be met by a contractor before LHB may enter into a general medical services contract	WG	Enforcement	Administrative	Finance	Director of Finance	Senior Finance Business Partner(Primary Care)	Written	N/A	Oversight/ Committee	Substantial	N/A	Processes Policies Compliance checks are undertaken by the primary care section of the shared services agency together with primary care managers in the UHB. Reported to the Primary Care Applications Committee.	No	N/A	None	Standard 7.1 Workforce
National Health Service (Wales) Act 2006	National Health Service (Amendments concerning Supplementary and Independent Nurse Prescribing) (Wales) Regulations 2003	Amendments to Pharmaceutical, General Medical Services and Charges for Drugs and Appliances Regulations.	WG	Enforcement	Administrative	Medicines Management	Director of Nursing, Quality & Patient Experience	Head of Medicines Management	Written	N/A	Oversight/ Committee	Substantial	N/A	Non medical prescribing policy. Database of independent prescribers for audit and monitoring. Annual updates with Swansea university. Reports to senior nursing team meeting and Medicines Management Sub Committee.	No	N/A	The financial aspects of this act are covered by the arrangements in place with NWSSP for the reimbursement of primary care contractors.	Standard 2.6 Medicines Management
National Health Service Act 1977	The National Health Service (Charges to Overseas Visitors) (Amendment) (Wales) Regulations 1989	These Regulations amend the National Health Service (Charges to Overseas Visitors) Regulations 1989 which provide for the making and recovery of charges in respect of certain services provided under the National Health Service Act 1977 to certain persons not ordinarily resident in the United Kingdom ("overseas visitors").	UK Government	N/A	Administrative	Finance	Director of Finance	Assistant Director of Finance (Finance Systems and Statutory Reporting)	Written	N/A	Departmental/ Operational	Substantial	N/A	Identification and charging of overseas visitors for NHS treatment Policy. Awareness programme and training. Identification and charging of overseas visitors for NHS treatment Policy approved by Finance Committee November 2018.	No	None	None	Standard 3.5 Record Keeping
National Health Service Act 1977	The National Health Service (General Medical Services Contracts) (Wales) Regulations 2004	These Regulations set out, for Wales, the framework for general medical services contracts under section 28Q of the 1977 Act	WG	Enforcement	Administrative	Finance	Director of Finance	Senior Finance Business Partner(Primary Care)	Written	N/A	Independent/ third party verification	Substantial	N/A	The financial aspects of this act are covered by the arrangements in place with shared services for the reimbursement of primary care contractors.	Welsh Government (awaiting inspection/audit dates from Directorate)	N/A	None	Standard 7.1 Workforce
National Health Service Act 1977	The National Health Service (Primary Medical Services and Primary Dental Services) (Wales) (Amendment and Transitional Provision) Regulations 2016	Providers of services under the contracts or agreements in respect of which provision is made by the GMS Contract Regulations, the GDS Regulations and the PDS Regulations may choose to be a "health service body" and so for their contract to be an NHS contract. Providers who choose to be a health service body may also choose to cease to be such a body and for their contract to cease to be an NHS contract.	WG	Enforcement	Administrative	Finance	Director of Finance	Senior Finance Business Partner(Primary Care)	Written	N/A	Independent/ third party verification	Substantial	N/A	Processes Policies The financial aspects of this act are covered by the arrangements in place with shared services for the reimbursement of primary care contractors	Welsh Government (awaiting inspection/audit dates from Directorate)	N/A	None	Standard 7.1 Workforce
National Health Service Act 1977	The Primary Medical Services (Sale of Goodwill and Restrictions on Subcontracting) (Wales) Regulations 2004	These regulations restrict the sale of goodwill by certain primary medical services performers or providers in all circumstances (regulation 3). They also, in effect, prohibit certain forms of sub-contracting of clinical services by general medical services contractors	WG	Enforcement	Administrative	Finance	Director of Finance	Senior Finance Business Partner(Primary Care)	Written	N/A	Independent/third party verification	Substantial	N/A	Processes Policies Compliance checks are undertaken by the primary care section of the shared services agency together with primary care managers in the UHB.	Welsh Government (awaiting inspection/audit dates from Directorate)	N/A	None	Standard 7.1 Workforce
National Health Service Act 1977	The National Health Service (Dental Charges) Regulations 2005	Provision for the making and recovery of charges for the provision of dental treatment and the supply of dental appliances under the 1977 Act	WG	Enforcement	Administrative	Finance	Director of Finance	Senior Finance Business Partner(Primary Care)	Written	N/A	Independent/ third party verification	Substantial	N/A	Processes Policies The financial aspects of this act are covered by the arrangements in place with shared services for the reimbursement of primary care contractors.	Welsh Government (awaiting inspection/audit dates from Directorate)	N/A	None	Standard 7.1 Workforce
National Health Service Act 1977	National Health Service (Optical Charges and Payments) Regulations 1997	Provisions for payments in respect of sight test costs and supply/repair of optical appliances (amended by General Ophthalmic Services and Optical Charges and Payments) (Amendment) (Wales) Regulations 2016)	WG	Enforcement	Administrative	Finance	Director of Finance	Senior Finance Business Partner(Primary Care)	Written	N/A	Independent/ third party verification	Substantial	N/A	Processes Policies The financial aspects of this act are covered by the arrangements in place with shared services for the reimbursement of primary care contractors.	Welsh Government (awaiting inspection/audit dates from Directorate)	N/A	None	Standard 7.1 Workforce
National Health Service Act 1977	National Health Service (General Dental Services) Regulations 2006	Provisions for the framework for general dental service contracts	UK Government	Enforcement	Administrative	Finance	Director of Finance	Senior Finance Business Partner(Primary Care)	Written	N/A	Independent/ third party verification	Substantial	N/A	Processes Policies The financial aspects of this act are covered by the arrangements in place with shared services for the reimbursement of primary care contractors.	Welsh Government (awaiting inspection/audit dates from Directorate)	N/a	None	Standard 7.1 Workforce

Primary Legislation	Secondary Legislation	Requirements/ Description	Regulatory/ Monitoring Body	Powers	Substantive/ Administrative	Specialty	Executive Lead	Operational Lead	Assurance category	Licences	Assurance type	Assurance level	Datix risk score (only applicable for limited/low assurance)	Key controls	Has this legislation been subject to a third party inspection/audit? Please specify by who and date of last inspection/audit	Frequency of site inspection if applicable?	Comments	Health & Care Standard
National Health Service Act 1977	National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Wales) Regulations 2007	Provisions for making and recovering charges and the exemption and remission from charges	WG	Enforcement	Administrative	Finance	Director of Finance	Senior Finance Business Partner(Primary Care)	Written	N/A	Departmental/ Operational	Substantial	N/A	Processes Policies Systems are in place for the collection of the relevant charges. These systems are subject to internal audit review.	No	N/A	None	Standard 7.1 Workforce
National Health Service Act 1977	The National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000	Provision for certain National Health Service bodies and local authorities to enter into arrangements ("partnership arrangements") for the exercise of specified functions.	WG	Enforcement	Administrative	Finance	Director of Finance	Senior Finance Business Partner(Primary Care)	Written	N/A	Independent/ third party verification	Substantial	N/A	Processes Policies Such arrangements are covered by pooled budget arrangements details of which are included in the Heath Boards annual report and accounts	Welsh Government (awaiting inspection/audit dates from Directorate)	N/A	None	Standard 7.1 Workforce
National Health Service Finance (Wales) Act 2014	N/A	Provisions for duty to: 1) ensure, in a rolling 3 year period, that aggregate expenditure does not exceed aggregate approved limits and; 2) duty to prepare and submit a 3 year Integrated Medium Term Plan to the WG	WG WAO	Removal of Executive Directors. Escalation and intervention arrangements by WG.	Administrative	Finance	Director of Finance	Assistant Director of Finance (Corporate Finance)	Written	N/A	Independent/ third party verification	No assurance	Corporate risk no. 646 in place (risk score 12, High) to address gaps in controls to be completed by March 2019	Plans are reviewed by the Board and submitted to WG for approval. The status of plans is reported in Board papers and in the annual reports and audited accounts.	Finance Delivery Unit (which report to NHS Wales) challenge the annual plan. Act reviewed as part of WAO Structured Assessment.	Annual through Structured Assessment.	None	Standard 3.5 Record Keeping
National Health Service & Community Care Act 1990	N/A	Further provisions for health authorities in accordance with NHS Act 1977; the financing of the practices of medical practitioners	UK Government	Enforcement	Administrative	Finance	Director of Finance	Senior Finance Business Partner(Primary Care)	Written	N/A	Independent/ third party verification	Substantial	N/A	Processes Policies The financial aspects of this act are covered by the arrangements in place with shared services for the reimbursement of primary care contractors.	Welsh Government (awaiting inspection/audit dates from Directorate)	N/A	None	Standard 7.1 Workforce
Numerous Finance Acts	N/A	The UHB has a legal requirement to follow tax and VAT legislation. HRMC also have numerous and varied investigative powers.	HMRC	Criminal proceedings	Substantive	Finance	Director of Finance	Senior Finance Business Partner (Corporate Reporting)	Written	N/A	Oversight/ Committee	Reasonable	N/A	Processes, policies and accounting system. Reports provided to the Finance Committee.	WAO Structured Assessment reviews compliance with these duties.	None	None	Standard 3.5 Record Keeping
Nurse Staffing Levels (Wales) Act 2016	N/A	Section 25a- The UHB pays due regard to nurse staffing levels required to provide sensitive care to patients through both provided and commissioned services. Section 25b- Requirement to calculate, maintain and report on the nurse staffing levels in medical and surgical adult wards.	WG	Challenged through judicial review NHS Wales Joint Escalation and Intervention Arrangements	Substantive	All nursing services (Provided and commissioned)	Director of Nursing, Quality & Patient Experience	Nurse Staffing Programme Lead	Written	N/A	Oversight/ Committee	Reasonable	N/A	Key clinical policy (no. 409) contains the operational framework for the duty to calculate and duty to maintain nurse staffing levels in acute adult wards. Nurse Staffing Level Act Implementation Group, that reports to the Nursing Workforce Management Group (Sub group of the W&OD Sub Committee), is responsible for operationlising the requirements of the act and statutory guidance. Ongoing communication plan to raise profile of the Nursing Staffing Levels Act. Reporting requirement to WG on 3 yearly basis to the extent the nurse staffing level has been maintained, the impact the levels have had on specified care quality outcomes and the actions taken as a result. Actions managed through escalation process.	Internal Audit currently undertaking review of the Nurse Staffing Levels to be completed by April 2019.	N/A	The Health and Social Care (Community Health and Standards) Act 2003 gives Health Inspectorate Wales the role of monitoring the standard of NHS services, therefore monitoring the implementation of this Act is within their remit to whatever degree they choose to exercise it. Annual report provided to the Board, and requirement to provide Board with presentation including calculation of nurse staffing levels on annual basis. The Board has delegated the monitoring of compliance to QSEAC (compliance matrix reported to QSEAC). Two key issues require resolution which currently have a moderate impact: 1). The UHB is required to have a process to record and review when staffing levels are varied from the planned roster- currently do not have a single robust mechanism to do this (risk no. 647, risk level 12). 2). Phased implementation of the uplifts to the agreed calculated nurse staffing levels not currently taking place. Risk assessment currently under construction by the Nurse Staffing Programme Lead.	Standard 7.1 Workforce Including having an awareness of the following standards: 2.2 Preventing Pressure and Tissue Damage, 2.3 Falls Prevention, 2.6 Medicines Management, 6.3 Listening and Learning from Feedback
Occupiers Liability Act 1957 – Section 2	N/A	Duty of care at Health Board premises to ensure that any visitors to its premises will be safe and will not come to any associated harm.	Health and Safety Executive	Enforcement of improvement notice	Substantive	All Services	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management	Written	N/A	Departmental/ Operational	Substantial	N/A	Compliant in terms of arrangements the UHB have in place. Gritting policy approved and on intranet. Winter signage (alerts visitors to take care when entering sight) installed at GGH, PPH and WGH and maintenance contract in place to ensure winter signage is continuously serviced. Currently reviewing if winter signage appropriate for BGH. Reported to monthly senior operational management meeting.	No	N/A	None	Standard 2.1 Managing Risk and Promoting Health and Safety
Pollution Prevention and Control Act 1999	Environmental Permitting (England and Wales) Regulations 2016	Compliance with permits issued by Natural Resources Wales for the use, storage and disposal of radioactive substances.	NRW	Advisory powers terminate work Prosecution	Substantive	Radio-pharmacy/ Nuclear Medicine	Director of Therapies & Health Science	Radiation Protection Supervisor	Written	Open sources and radioactive waste permit-EPR/NB3793NK. Seales sources category 5 permit-CE0699.	Independent/ third party verification	Substantial	N/A	Appointed Radioactive Waste Advisor (RWA) provides local assurance and performs compliance audits at least every two years. Lead Radiation Protection Supervisors in place who appreciate the legal issues and monitor day to day activity. Ionising radiation safety policy ratified by Radiation Protection Committee in 2018 but has not been through the UHB official approval process therefore no overall framework in place.	The UHB had an inspection by Natural Resources Wales on 13/03/18 to check compliance against the UHB permits. This included the Nuclear Medicine and Radiopharmacy departments. No issues highlighted as a result.	Natural Resources Wales inspect the UHB every two years (but can inspect in advance if issues are raised).	None	2.1 Managing Risk and Promoting Health and Safety 2.6 Medicines Management
Proceeds of Crime Act 2002	N/A	An Act to make provision about benefits from criminal conduct and/or money laundering. Organisations must undertake due diligence on both the financial and reputational dealings of potential partners	UK Government	Criminal proceedings	Administrative	Finance	Director of Finance	Assistant Director of Finance (Finance Systems and Statutory Reporting)	Verbal	N/A	Oversight/ Committee	Substantial	N/A	Shared Services Central Team check new suppliers on Companies House and European Commission but all other checks are carried out by North Wales supplier maintenance team(have asked them to confirm what checks they carry out).	No	N/A		Standard 7.1 Workforce
Public Services (Social Value) Act 2012	N/A	An Act to require public authorities to have regard to economic, social and environmental well-being in connection with public services contracts	WG	Enforcement	Substantive	Finance	Director of Finance	Head of Procurement	Written	N/A	Oversight/ Committee	Substantial	N/A	NWSSP – Procurement Services Sustainable Procurement Policy. NWSSP-PS Wellbeing of Future Generations Act (WFGA) Objectives. All Wales NHS Standard Conditions of Contract To encourage local suppliers to bid for business NWSSP Procurement Services endeavours to facilitate the involvement of local companies to provide products/services to NHS Wales. A Sustainable Risk Assessment (SRA) is undertaken for all contracts tendered over £25k NWSSP report directly in to WG on progress against Sustainability and WFGA. Compliance is managed through NWSSP Senior Management Team and Quarterly Service Reviews.	NWSSP Procurement has an annual Audit and Quality inspection process in place which are validated by SGS audit services.	N/A	None	Standard 7.1 Workforce

Primary Legislation	Secondary Legislation	Requirements/ Description	Regulatory/ Monitoring Body	Powers	Substantive/ Administrative	Specialty	Executive Lead	Operational Lead	Assurance category	Licences	Assurance type	Assurance level	Datix risk score (only applicable for limited/low assurance)	Key controls	Has this legislation been subject to a third party inspection/audit? Please specify by who and date of last inspection/audit	Frequency of site inspection if applicable?	Comments	Health & Care Standard
Public Services Ombudsman (Wales) Act 2005	Public Service Ombudsman, Section 16	Issue of Section 16 Report re improvements required as result of a complaint. The UHB is not responsible for meeting the requirements of the act, but complying with requests and recommendations from the Ombudsman.	Public Service Ombudsman	Enforcement/ public interest reports resulting in fines/ improvement actions and loss of reputation. Potential for legal action.	Substantive	All Services	Director of Nursing, Quality & Patient Experience	Assistant Director of Patient Experience	Written	N/A	Oversight/ Committee	Substantial	N/A	Concerns/ Putting Things right process takes account of the Ombudsman process. Ombudsman Liaison Manager tracks all recommendations from section 16 reports. Section 16 reports are reported to the Board and implementation of recommendations is monitored through to the Improving Experience Sub Committee which reports to QSEAC. Recommendations from Section 16 reports tracked and	Two section 16 reports were issued during the year.	N/A	No outstanding recommendations. Subject to compliance check in 12 months. As of April 2019 new act has just been passed - will need to update this when issued.	3.3 Quality Improvement, Research & Innovation 6.3 Listening and Learning from Feedback
Public Health (Wales) Act 2017	Provisions at Part 5 relating to the intimate piercing of children	Makes it an offence to intimately pierce children and young people under the age of 18 in Wales. The Act includes an exemption for the intimate body piercing of children under the age of 18 where performed in the course of a medical procedure by a registered medical practitioner, a registered nurse or registered midwife. Such instances would include the removal of an intimate body piercing to prevent, treat or alleviate disease or ill health etc, including to enable effective birth control.	Local Authorities	Through Local Authority teams	Substantive	All services	Director of Public Health	Operationally lead through collaboration with Local Authorities	Verbal	N/A	Departmental/ Operational	Substantial	N/A	Enactment and issues of Act is undertaken through the Local Authorities. Welsh Health Circular (WHC)-008-2018 circulated to make the UHB aware of new law on intimate piercing in Wales which came into force on 01/02/2018. WHC has been circulated to Director of Public Health, Medical Director and Director of Nursing, Quality and Patient Experience. WHC sent out via the global email April 2018.	No - inspections undertaken through local authority	N/A	None	Standard 3.1 Safe and Clinically Effective Care
Public Health (Control of Diseases) Act 1984 (c.22)	Health Protection (Notification) (Wales) Regulations 2010	Cases of notifiable diseases, death and disposal of bodies	WG WAO	Not known- historically the UHB has consistently applied the requirements of the act	Substantive	All services	Director of Public Health	Director of Public Health, Consultant in Communicable Disease & Control	Written	N/A	Departmental/ Operational	Substantial	N/A	Public Health Wales - Health Protection Procedure. Compliance managed through Health Protection Team. If outbreak occurs Consultant in Public Health would become involved. Continued surveillance of diseases at local and national level for monitoring purposes.	No	N/A	None	Standard 1.1 Health Promotion, Protection and Improvement 2.1 Managing Risk & Promoting Health & Safety
The Privacy and Electronic Communications (EC Directive) Regulations 2003.	N/A	The Privacy and Electronic Communications Regulations are derived from European law. They implement European Directive 2002/58/EC, also known as 'the e-privacy Directive'. The e-privacy Directive complements the general data protection regime and sets out more-specific privacy rights on electronic communications. It recognises that widespread public access to digital mobile networks and the internet opens up new possibilities for businesses and users, but also new risks to their privacy.	Information Commissioners Office WAO	Monetary penalty notice Criminal prosecution Non criminal enforcement	Substantive	All services	Director of Planning, Performance & Commissioning	Head of Information Governance	Verbal	N/A	Departmental/ Operational	Reasonable	N/A	Information Governance team advise colleagues on the compliance to the regulations. Will be introduced into the IG Training package that IG Team provides.	UHB could volunteer to be audited by the Information Commissioners Office. At present no mandatory third party inspection is undertaken.	N/A	The EU is in the process of replacing the e-privacy Directive with a new e-privacy Regulation to sit alongside the GDPR. However, the new Regulation is not yet agreed. For now, PECR continues to apply alongside the GDPR.	Standard 3.4 Information Governance and Communications Technology
Regulatory Reform Act 2001	The Regulatory Reform (Fire Safety) Order 2005	This Order reforms the law relating to fire safety in non-domestic premises. It replaces fire certification under the Fire Precautions Act 1971 with a general duty to ensure, so far as is reasonably practicable, the safety of employees, a general duty, in relation to non-employees to take such fire precautions as may reasonably be required in the circumstances to ensure that premises are safe and a duty to carry out a risk assessment.	Mid & West Wales Fire and Rescue Service	Enforcement of improvement notice	Substantive	All Services	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management	Written	N/A	Independent/ third party verification	Reasonable	N/A	A review of evacuation equipment was previously undertaken. Training on the use of the equipment continues to be carried out. Fire risk assessments and fire training is continually undertaken and reported to the Emergency Planning and Health & Safety Sub Committee. Capital funding is secured annually to prioritise and manage items of risk of fire safety accordingly.	Follow up Fire Precuations follow up Internal Audit was completed in April 2019 and scored a reasonable assurance rating. Two recommendations were outstanding to be completed by August 2019.	N/A	None	Standard 2.1 Managing Risk and Promoting Health and Safety
Regulation and Inspection of Social Care (Wales) Act 2016	N/A	The Act places the quality of services and improvement at the heart of regulation. It strengthens protection for those who need it , establishes a regulatory system that is in-line with the Social Services and Well-Being (Wales) Act 2014 and creates a regulatory system that is centred around people who need care and support, and the social care workforce. On the 14th December 2016, the Minister issued a written statement announcing the Act will now be implemented in 3 phases as opposed to 2. phase 1 and 2 is relevant to Lg Term Care. Phase 1 : regulations relating to the new system of workforce registration and regulation required by the Act, operated by Social Care Wales (3.4.17) Phase 2: The new statutory framework for regulation of social care provision in domiciliary care and adult residential settings, children's residential care settings, secure accommodation for children and residential family centres in Wales (April 2018) Phase 3: The new statutory framework for regulation of social care provision in voluntary adoption agencies and adoption support agencies . fostering services, adult placements and advocacy services in Wales (April 2019).	Care Inspectorate Wales	CIW have the powers to regulate and inspect the Social Care (Wales) Act and Social Care Legislation.	Substantive	All adults and Children	Director of Nursing, Quality & Patient Experience	Head of Long Term Care : for General Adult Nursing Placements (Other Operational leads will be responsible for their area e.g. MH/ Children's services).	Written	N/A	Independent/ third party verification	Reasonable	N/A	There are processes in place to monitor the compliance of providers. Provider Performance Escalating Concerns processes Joint Implementation and Monitoring Panel Home Operations Support Group.	WG is responsible for oversight during implementation.	n/a	None	Standard 3.3 Quality Improvement, Research and Innovation
Regulation of Investigatory Powers Act 2000	N/A	Provision relating to interception of communications, intrusive investigative techniques and access to encrypted data (RIPA). Provision to ensure surveillance activities (CCTV), when conducted by public authorities, are regulated and compliant with HRA 1998	UK Government	Criminal proceedings	Substantive	Finance	Director of Finance	Assistant Director of Finance (Finance Systems and Statutory Reporting)	Written	N/A	Oversight/ Committee	Substantial	N/A	The UHB employs Accredited Counter Fraud Specialists (LCFS) to cover investigations into potential Fraud Act offences. This accreditation covers working with RIPA for investigation purposes, further the use of RIPA in investigations is covered in the Counter Fraud Manual. The process for RIPA authority for covert surveillance is set out in the legislation. Additional considerations are also covered in the Counter Fraud Manual. The UHB's Counter Fraud Team are not authorised to undertake covert surveillance and would need to utilise the Counter Fraud Specialists Wales Team.	The UHB has access to CFS Wales Team who can attain RIPA authority in relation to investigations where necessary. The process is fully compliant with the relevant legislation and CFS Wales would be subject to inspection of that aspect.	NHS Counter Fraud Authority Quality Assurance inspection dates for 2019/20 are due to be confirmed and the UHB may be one of organisations selected for inspection.	The Counter Fraud team run reports of actions from investigations (anonymised) to ARAC for assurance. Any issues would be brought to the attention of ARAC attention.	Standard 7.1 Workforce
Road Traffic Act 1988	N/A	Provisions for compulsory insurance or security against third-party risks. Provision for payment for hospital treatment of traffic casualties	UK Government	N/A	Substantive	Finance	Director of Finance	Assistant Director of Finance (Finance Systems and Statutory Reporting)	Written	N/A	Oversight/ Committee	Substantial	N/A	Outsourced to the Compensation Recovery Unit of the Department of Works and Pensions. This function is undertaken on behalf of the NHS by the Compensation Recovery Unit of the Department of Works and Pensions. Recoveries are disclosed in the UHB annual accounts	No	N/A	None	Standard 7.1 Workforce
Social Security and Housing Benefits Act 1982	N/A	An Act to make provision for the payment of statutory sick pay by employers, war pensions and law relating to social security	UK Government	Enforcement	Administrative	Finance	Director of Finance	Assistant Director of Finance (Finance Systems and Statutory Reporting)	Written	N/A	Departmental/ Operational	Substantial	N/A	Included as a part of HR payroll procedures.	No	N/A	None	Standard 7.1 Workforce

Primary Legislation	Secondary Legislation	Requirements/ Description	Regulatory/ Monitoring Body	Powers	Substantive/ Administrative	Specialty	Executive Lead	Operational Lead	Assurance category	Licences	Assurance type	Assurance level	Datix risk score (only applicable for limited/low assurance)	Key controls	Has this legislation been subject to a third party inspection/audit? Please specify by who and date of last inspection/audit	Frequency of site inspection if applicable?	Comments	Health & Care Standard
Safeguarding Vulnerable Groups Act 2006	N/A	Established Independent Safeguarding Authority (ISA), provisions for decisions about individuals barred from working with children. Vetting of new employers of workforce responsibility.	WG	UHB would be held to account for elements	Substantive	All Services	Director of Nursing, Quality & Patient Experience	Directorate General Managers	Written	N/A	Oversight/ Committee	Limited	Directorate risk no. 179 in place (risk score 8, High) to address gaps in controls to be completed by March 2019	Pre employment checks assured by Resourcing. Compliance with DBS 3 yearly checks are reported by Directorates / Services to Strategic Safeguarding Sub Committee, which reports to QSEAC. The UHB is waiting for further guidance from WG following a Special Review by HIW in ABMU.	No	N/A	Head of Safeguarding works in partnership with workforce and OD to oversee compliance withe the legislation.	Standard 2.7 Safeguarding Children and Safeguarding Adults at Risk
Smoke-Free Premises (Wales) Regulations 2007	N/A	Smoke-Free Premises (Wales) prohibits smoking within enclosed or substantially enclosed premises, with some exemptions applied. This also applies to vehicles (also with some exemptions). Clear signage should be provided to identify premises and vehicles where smoking is not permitted. Enforcement through penalty notices is permitted by designated enforcement authorities (County councils and county borough councils).	Welsh Government	None	Administrative	All Services	Director of Public Health	Principal in Public Health	Verbal	N/A	Oversight/ Committee	Reasonable	N/A	Clear signage provided. Smoke detection systems in place to identify smoking in premises. Audio system in place to encourage compliance. Smoking cessation services are available on each hospital site to support compliance. Smoke Free Sites Group reports to the Emergency Planning and Health & Safety Sub Committee. Ongoing consultation with patients, staff and public about compliance with this and with the voluntary ban on smoking on hospital premises.	No	N/A	Ongoing consultation with patients, staff and public about compliance with this and with the voluntary ban on smoking on hospital premises. Situation will change in Summer 2019 when Public Health (Wales) Act introduces legislation to enable enforcement of the smoke free sites policy. Measures to implement this have yet to be agreed between HDUHB and the three local authorities.	Standard 1.1 Health Promotion, Protection and Improvement
Social Services and Well-being (Wales) Act 2014 (Parts 2 and 9 - to be confirmed)	N/A	Imposes duties on local authorities and health boards requiring them to work to promote the well-being of those who need care and support, or carers who need support. Requirement to establish Regional Partnership Boards across the UHB footprint. Duty to establish pooled funding arrangements, publish a Regional Population Assessment and an Area Plan to set out how the needs will be met and resourced.	WG	Court proceedings	Substantive	All Services	Director of Partnerships and Corporate Services	Wider Executive Team	Written	N/A	Oversight/ Committee	Reasonable	N/A	Regular reports provided to BPPAC on the work of the Regional Partnership Board (RPB). Proposed establishment of a Regional Leadership Group to provide corporate oversight of the RPB, its programme and expenditure, and appropriate links with other local and regional transformation programmes. In addition it is proposed to establish a new integrated executive group across the UHB and 3 LAs to support joint working and integration at an operational level, and oversee delivery of the regional strategies.	No	N/A	The March 2019 Board will consider arrangements to strengthen RPB governance and assurance mechanisms, linking the RPB work programme to the delivery of the UHB Health & Care Strategy. Under query- looking to possibly amalgamate with Part 9, Pooled Funds (row below).	Incorporates all aspects of Health Care Standards
Social Care and Well Being (Wales) Act 2014 (Part 9, Section 137, Pooled Funds).	N/A	The Social Services and Wellbeing (Wales) Act 2014 became law in April 2016. The Act provides a new legislative framework for Wales, aimed at improving the wellbeing of people who need care and support and carers who need support. Its core principles provide a basis for changing the shape of services and the way in which they are delivered. Part 9 of the Act requires Local Authorities and Local Health Boards to establish formal partnership arrangements, in particular for adult care home accommodation by April 2018.	WG	WG have not specified to date.	Substantive	Adults (Pooled Funds)	Director of Partnerships and Corporate Services	Head of Long Term Care (Pooled Funds Care Homes).	Written	N/A	Oversight/ Committee	Reasonable	N/A	A Regional Governance Framework is being developed to oversee the Governance and decision making around implementing the SCWBA (Part 9). Reporting Structures in Place. Programme Manager in post, responsible for reporting through the Board/ Cabinet structures. Shadow LA/ HB Executive Board has been established and meets on a weekly basis.	WG is responsible for oversight during implementation. The Regional Partnership Board provides updates to WG on local implementation on behalf of the 4 statutory partners.	N/A	Delivery of the Requirement f the Part 9 of the Act (Pooled Funds in Care Homes) is led by the Regional Partnership Board on behalf of the 4 statutory organisations (Hywel Dda UHB, Carmarthenshire County Council, Pembrokeshire County Council, Ceredigion County Council). Under query- looking to possibly amalgamate with row above.	Standard 5.1 Timely Access
Social Services and Well-being (Wales) Act 2014 (Part 6 and part 7)	The Care Planning, Placement and Case Review (Wales) Regulations (CPPCR) 2015	Duty to report child/adult at risk. Duty to co-operate. Ensure training of staff to ensure they are aware of their responsibility.	WG	Holding Local Authorities to account, for which UHB is a statutory partner in particular to section 6 and 7 of the Act).	Substantive	All Services	Director of Nursing, Quality & Patient Experience	Head of Safeguarding	Written	N/A	Oversight/ Committee	Reasonable	N/A	Staff mandatory training. UHB Safeguarding Adult at Risk policy (interim). Adherence to All Wales child protective procedures 2008. UHB Intranet page available for safeguarding. Single point of contact in Safeguarding team for advice and support for UHB Staff. The UHB complies with the duty to comply with requests by local authority for assistance to make sure that the assessment for looked-after children (LAC) takes place. Engagement with Regional Partnership Board, Executive Safeguarding Board and local operational groups within Local Authorities. Reported at the Strategic Safeguarding Committee (Sub Committee of Quality, Safety & Experience Assurance Committee).	1) Internal Audit Safeguarding of Children & Vulnerable Adults Feb 2019 provided Reasonable assurance rating- concerns of training and DBS compliance (UHB awaiting guidance from WG). 2) Health Inspectorate Wales (HIW) include safeguarding standards as part of all of their UHB inspections. Care Inspectorate Wales (CIW) inspect Local Authorities with which UHB engage in. 3) HIW inspection of Adult Safeguarding in NHS Wales took place in 2009.	N/A	None	Standard 2.7 Safeguarding Children and Safeguarding Adults at Risk
Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015	N/A	Statutory duty to comply with the National Training Framework. Duty of obligation to the act- Partnership working for early identification and intervention of Violence, Domestic Abuse and Sexual Violence.	WG	UHB would be held to account for elements	Substantive	All Services	Director of Nursing, Quality & Patient Experience	Head of Safeguarding	Written	N/A	Oversight/ Committee	Limited	Service risk no. 703 in place (risk score 10, High) to address gaps in controls to be completed by September 2019 with a target risk score of 5.	All agencies need to adhere to the act, but based on partnership approach to delivering through the Mid and West Wales Violence against Women, Domestic Abuse and Sexual Violence and Safeguarding Executive Board. UHB engages and works with partner agencies to support delivery against key priorities. As a result of the strategic group 6 key strategic priorities were launched in November 2018. Reported at the Strategic Safeguarding Committee (Sub Committee of Quality, Safety & Experience Assurance Committee)	1) Internal Audit Safeguarding of Children & Vulnerable Adults Feb 2019 provided Reasonable assurance rating- concerns of training and DBS compliance (UHB awaiting guidance from WG). 2)Health Inspectorate Wales (HIW) include safeguarding standards as part of all of their UHB inspections. Care Inspectorate Wales (CIW) inspect Local Authorities with which UHB engage in. 3) HIW inspection of Adult Safeguarding in NHS Wales took place in 2009. 4) Required to report training compliance for Group 1 , 2 and 6 to WG.		Whilst systems are in place, the UHB has not met its mandatory training targets for: Group 1 mandatory training at approximately 69%. UHB have been waiting guidance from WG in relation to Group 2 Ask and Act which had delayed training. 'Ask and Act' (level 2) training programme received in January 2019- now in process of putting training plan to take forward Group 2 element. Presentation on WADASV Group 6 to Board took place 28/02/19.	Standard 2.7 Safeguarding Children and Safeguarding Adults at Risk
Water Industries Act 1999	N/A	Regulates discharges to foul sewers. Consents or exemptions required relating to the volume and quality of effluent	Welsh Water	Enforcement, fines if action not undertaken	Administrative	Facilities (Laundry) Hydrotherapy Labs	Deputy Chief Executive / Director of Operations	Director of Facilities, Estates & Capital Management Head of Property Performance Environment Team	Certificate	D3/2015	Independent/ third party verification	Substantial	N/A	Part of ISO 14001 legal compliance checks and information (such as permit conditions) are kept on a local legal documentation registers. Action taken by Operational Teams, Environment Team and Laundry.	Externally audited as part of ISO 14001 obligations. Last audit September 2018	6 monthly via ISO 14001 audits	Exemptions for Hydrotherapy Pool and Labs (given certain conditions) in place since 2012 Most recent laundry permit variation as of October 2015. Exemption for washing laundry vehicles (given certain conditions) in place since August 2016. All details held by the Environment Team.	Standard 2.1 Managing Risk and Promoting Health and Safety
Water Act 2003 Water Resources Act 1991	Part 1 - Water Abstraction Licences and Exemptions c. 57 c. 17 Water Resources (Abstraction and Impounding) Regulations 2006	Protect sustainable use of resources - water abstraction	NRW	Enforcement, fines if action not undertaken	Administrative	Facilities, WGH	Deputy Chief Executive/ Director of Operations	Director of Facilities, Estates & Capital Management Head of Property Performance Environment Team and Facilities	Licences	Pending	Independent/ third party verification	Substantial	N/A	Part of ISO 14001 legal compliance checks and information (such as permit conditions) are kept on a local legal documentation registers. Action taken by Operational Teams, Environment Team and Estates Dept.	Externally audited as part of ISO 14001 obligations. Last audit September 2018	6 monthly via ISO 14001 audits	Until January 2018, the WGH borehole was in an exempt area and did not require a borehole abstraction licence. Existing operations have until December 2019 to be granted a licence to abstract. As of Feb 2019 - completing the application. Note - the borehole has not been in operation since August 2017	Standard 2.1 Managing Risk and Promoting Health and Safety

Primary Legislation	Secondary Legislation	Requirements/ Description	Regulatory/ Monitoring Body	Powers	Substantive/ Administrative	Specialty	Executive Lead	Operational Lead	Assurance category	Licences	Assurance type	Assurance level	Datix risk score (only applicable for limited/low assurance)	Key controls	Has this legislation been subject to a third party inspection/audit? Please specify by who and date of last inspection/audit	Frequency of site inspection if applicable?	Comments	Health & Care Standard
Water Resources (Control of Pollution) (Oil Storage) (Wales) Regulations 2016	N/A	General requirements relating to the storage of oil in containers with a capacity greater than 201 litres	NRW	Enforcement, fines if action not undertaken and subsequently cause a pollution event	Administrative	Facilities / Estates at all applicable sites (sites with fuel oil and generator oil use)	Deputy Chief Executive / Director of Operations	Director of Facilities, Estates & Capital Management Head of Property Performance Environment Team	Licences	N/A	Independent/ third party verification	Reasonable	Datix Risk 518 (Directorate risk, 8, High).	Part of ISO 14001 legal compliance checks and information (such as permit conditions) are kept on a local legal documentation registers. Action taken by Operational Teams, Environment Team and Estates Dept. Reported to BPPAC via the CEIM&T Committee, and compliance is both internally and externally audited	Externally audited as part of ISO 14001 obligations. Last audit September 2018	6 monthly via ISO 14001 audits	Surveys undertaken by external specialist contractor as requested by UHB to determine level of compliance February 2017. Ongoing routine compliance inspections undertaken in-house. High priority actions address and remaining recommended actions to be undertaken prior to deadline of 15th March 2020.	Standard 2.1 Managing Risk and Promoting Health and Safety
Well-being of Future Generations (Wales) Act 2015	N/A	Imposes statutory duties on named public bodies to create a Public Services Board within each local authority area. Duty for the UHB to work in partnership with Local Authorities, Natural Resources Wales and the Fire and Rescue services to publish a Well-being Assessment and a Well-being Plan. Individual public bodies, including the UHB, have a duty to publish their own Well-being Objectives and to provide an Annual Report.	Future Generations Commissioner WAO (WAO)	Recommendations advised by WAO Good practice guidance from Future Generations Commissioner	Substantive	All Services	Director of Partnerships and Corporate Services	Head of Strategic Partnerships, Diversity and Inclusion	Written	N/A	Independent/ third party verification	Limited	Directorate have been asked to undertake risk assessment	The UHB has published its own Well-being Objectives and to provide an Annual Report to Board. Wellbeing statement and objectives were signed off by the Board March 2017. Annual report signed off in May 2018 covering 2017-18. Included as part of the Corporate Induction Programme of all new employees to raise awareness of legislation. Executive team established a Well-being of Future Generations Task and Finish Group including representation across the organisation including the 7 corporate areas of change.	WAO undertook preliminary examination audit in 2017/18 and an all Wales report was published in May 2018. WAO are currently undertaking an audit of the UHB to assess the extent to which the UHB is in accordance with the sustainable development principles when taking steps to meet its well-being objectives. Report due end of July 2019. Feedback from Equality and Human Rights Commission review is awaited which will inform an action plan to address areas of non-compliance.	N/A	None	Incorporates all aspects of Health Care Standards
Welsh Language Act 1993	N/A	To ensure that Welsh and English languages are treated on the basis of equality when delivering health services to the public, and that Welsh speakers have access to Welsh medium services as required.	Welsh Language Commissioner	Enforcement by fine	Substantive	All Services	Director of Partnerships and Corporate Services	Head of Corporate Office and Welsh Language Services Manager	Written	N/A	Oversight/ Committee	Substantial	N/A	Improving Experience Sub Committee monitors the actions and progress, but Board updated regularly.	No	N/A	None	Standard 6.2 Peoples Rights
Welsh Language (Wales) Measure 2011	N/A	To ensure that Welsh and English languages are treated on the basis of equality when delivering health services to the public, and that Welsh speakers have access to Welsh medium services as required.	Welsh Language Commissioner	Enforcement by fine	Substantive	All Services	Director of Partnerships and Corporate Services	Head of Corporate Office and Welsh Language Services Manager	Written	N/A	Oversight/ Committee	Substantial	N/A	Improving Experience Sub Committee monitors the actions and progress, but Board updated regularly.	No	N/A	None	Standard 6.2 Peoples Rights