

Regulations or Topic Area	Executive Lead	Management Lead	Authorising Engineer (where applicable)	CCGs Covered or Affected	Measures / Metrics Available	Measures / Metrics to Consider or Introduce	Policy in Existence	Overseeing Group (where applicable)	Risk Register Entries	What the Regulations Require	How will compliance be achieved?	Control Measures	Responsibility to Employees	Enforcing Agency	Training Requirement	On H&S Level 1?	On MH&SI Course?
Management of Health and Safety at Work Regulations 1999 (MHSWR)	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	N/A	All CCGs	L1 Health, Safety & Welfare Training Compliance MH&SI Training compliance - Total attendees, not currently splittable by CCG	Workplace Inspection Checklist Forms completed by departments. Risk assessments in place	Covered by the general Health & Safety Policy	H&S Committee	N/A	The MHSWR sets out specific duties for employers and employees to ensure workplace safety through proactive risk management. An overarching set of regulations, the principles of which are relevant to many regulations on this list.	• Undertake "suitable and sufficient" risk assessments to employees and others affected by work activities. • Apply the principles of prevention. • Implement procedures to manage risks effectively. • Appoint competent persons to assist with health and safety duties. • Allocate resources to maintain safety standards. • Provide health monitoring where risks to health are identified (e.g. exposure to hazardous substances). • Ensure employees receive appropriate health and safety training. • Prepare and communicate procedures for serious and imminent dangers.	Apply a hierarchy of controls: • Avoid risks; • Evaluate unavoidable risks; • Combat risks at source; • Adapt work to the individual; • Keep up with technical progress; • Replace dangerous with less dangerous; • Prioritise collective over individual protection; • Provide clear instructions.	The Health Board must: • Provide health monitoring where risks to health are identified (e.g. exposure to hazardous substances). • Ensure employees receive appropriate health and safety information, instruction & training. • Appoint competent persons to assist with health and safety duties. • Allocate resources to maintain safety standards.	The Health and Safety Executive (HSE) enforces compliance with these regulations. Failure to follow them can lead to significant penalties, including unlimited fines. Health Boards must also consult with employee representatives, such as union safety representatives, on their proposals for controlling risk and providing health surveillance where required.	- All staff - General overview (On H&S L1). - Managers - Risk assessment knowledge required. Included in MH&SI. - Risk assessment training is also available via the Risk and Assurance Team. - Basics of the regulations are taught on the Level 2 Manual Handling course for all Patient Handlers, through PowerPoint slides and then reinforced when undertaking practicals.	Yes - 5 Slides	Yes
Workplace (Health, Safety and Welfare) Regulations 1992 (WHSWR)	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	N/A	All CCGs	Risk Stratification H&S Site Inspections MH&SI Training compliance (Covers Workplace H&S Management)	Workplace Inspection Checklist Forms completed by departments	Covered by the general Health & Safety Policy	H&S Sub-Committee	N/A	The WHSWR set out essential health, safety, and welfare requirements for workplaces, ensuring a safe and conducive working environment for employees. WHSWR sets requirements on issues such as ventilation, temperature, lighting, cleanliness, room dimensions, floor conditions, falls or falling objects, transparent and translucent doors, gates and walls, windows, traffic routes, sanitary conveniences and washing facilities.	• Conduct suitable and sufficient risk assessments to employees and others affected by work activities. • Apply the principles of prevention. • Implement procedures to manage risks effectively. • Appoint competent persons to assist with health and safety duties. • Allocate resources to maintain safety standards and purchase appropriate equipment. • Ensure employees receive appropriate health and safety information, instruction & training. • Regular workplace inspections to be carried out to maintain standards.	Apply a hierarchy of controls: • Avoid risks; • Evaluate unavoidable risks; • Combat risks at source; • Adapt the workplace to suit individual requirements; • Keep up with technical progress; • Replace dangerous with less dangerous; • Conduct regular inspections to ensure standards are met and provide guidance where required; • Provide clear instructions.	The Health Board must: • Provide a safe working environment following the requirements set by WHSWR. • Ensure employees receive appropriate health and safety training. • Appoint competent persons to assist with health and safety duties. • Allocate resources to maintain safety standards. • Where applicable, suitable metrics are taken to ensure the relevant levels are met.	The Workplace (Health, Safety and Welfare) Regulations are enforced by the Health and Safety Executive (HSE). This regulatory framework ensures that workplaces meet minimum health, safety, and welfare standards, and any breaches can lead to penalties for employers or individuals responsible for the workplace. Health Boards must also consult with employee representatives, such as union safety representatives, on their proposals for managing risk and providing a safe place of work.	- All staff - General overview (On H&S L1). - Managers - Workplace Requirements. MH&SI teaches about workplace assessment in line with these Regs.	Yes - 1 Slide	Yes
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	N/A	All CCGs	RIDDOR Stats - Now available via the H&S Dashboard MH&SI Training compliance (Covers RIDDOR for Managers)	N/A	The RIDDOR Reporting Decision Flowchart is on the Corporate Policies page. RIDDOR is covered by the over-arching Incident, Near Miss and Hazard Reporting Procedure (Owned by Patient Safety).	H&S Sub-Committee	N/A	RIDDOR requires employers and other responsible persons to report certain serious workplace incidents to the relevant enforcing authority (i.e. the HSE for the Health Board).	Report the following incidents to the HSE within mandated timeframes: • Work-related fatalities; • Specified injuries to workers; • Over-7-day incapacitation; • Non-fatal injuries to non-workers (within a specific definition); • Occupational diseases; • Dangerous occurrences.	Not applicable.	The Health Board as the employer is the "responsible person" under RIDDOR. This means: • Managers and supervisors must ensure incidents are identified and escalated; • Designated officers (e.g. Members of the Health & Safety Team) must submit reports via the HSE portal.	The HSE enforces compliance with these regulations. Failure to report relevant work-related incidents can lead to significant penalties, including unlimited fines.	- All staff - General overview (On H&S L1). - Managers - Reporting requirements. Included in MH&SI. - Basics of the regulations are taught on the Level 2 Manual Handling course for all Patient Handlers, through PowerPoint slides and then reinforced when undertaking practicals.	Yes - 2 Slides	Yes
Personal Protective Equipment at Work Regulations 1992 (PPE)	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	N/A	All CCGs	Infection Prevention & Control Level 1 training compliance Qualitative Face-Fit Train-the-Tester (for RPE) Training completed	Ask IP&C	COSHH Policy and Procedure Fit-Testing for RPE Procedure Personal Protective Equipment (PPE) Policy and Procedure Asbestos Policy	Infection Prevention Strategic Steering Group / Health & Safety Sub-Committee	N/A	The Personal Protective Equipment at Work Regulations establish the requirements for employers to provide suitable and sufficient personal protective equipment (PPE) to employees (including Limb (b) workers) exposed to health and safety risks while at work.	Employers must ensure that they comply with these regulations by: • Providing PPE free of charge to employees. • Ensuring that PPE is suitable for its intended use and fits properly. • Maintaining records of risk assessments and PPE provided. Ensuring re-usable PPE is subject to periodic documented safety/condition checks.	Provision of PPE: Employers must ensure that suitable PPE is provided to employees from reputable suppliers to a specific and known standard. The reporting of defects to be monitored with appropriate changes made if required. Risk Assessment: Employers are required to conduct a risk assessment to determine the necessity of PPE and ensure that it is appropriate for the risks involved. Maintenance, Replacement & Instruction: Employers must maintain PPE in good condition and replace as and when required. They are also responsible for providing information, instruction, and training to employees on the proper use and maintenance of PPE. Compatibility: When multiple items of PPE are required, employers must ensure that they are compatible and do not interfere with each other's effectiveness.	Provision of PPE: Employers must ensure that suitable PPE is provided to employees who may be exposed to risks to their health or safety while at work. Where applicable, PPE should be fitted and suitably tested to suit the individual. Risk Assessment: Employers are required to conduct a risk assessment to determine the necessity of PPE and ensure that it is appropriate for the risks involved. Maintenance and Replacement: Employers are responsible for providing information, instruction, and training to employees on the proper use, care and maintenance of PPE. Reporting Defects: Employees must be informed about how to report any defects or issues and be provided with suitable alternatives if required.	The enforcement of the PPE Regulations is primarily carried out by the Health and Safety Executive (HSE). The HSE is responsible for ensuring compliance with these regulations, which are designed to protect employees from work-related hazards. The regulations require employers to provide suitable PPE to employees and limb (b) workers who may be exposed to risks that cannot be adequately controlled by other means. The HSE conducts inspections and audits to ensure that employers are in compliance with these regulations and that employees are using PPE correctly. Failure to report relevant work-related incidents can lead to significant penalties, including unlimited fines.	- All staff - NHS Wales Infection Prevention & Control Level 1 Mandatory Training (All staff, 3 yearly) and General overview on H&S L1. - PPE Users - Staff that need to use PPE must be trained in safe and correct usage. - Additional training via NHS Wales Infection Prevention and Control - Level 2 Mandatory Training (Specified staff, yearly).	Yes - 1 Slide	Partially i.e. COSHH / Needstick s
Manual Handling Operations Regulations 1992	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	N/A	All CCGs	L1 Manual Handling Training Compliance L2 Manual Handling Training Compliance Incident statistics MH&SI Training compliance (Covers Manual Handling for Managers)	MH risk assessments in place MH audit data	Manual Handling Policy	H&S Sub-Committee	1540 - Operational 2119 - Operational	The Manual Handling Operations Regulations 1992 (MHOR), as amended, place legal duties on employers to protect employees from the risks of injury associated with manual handling tasks.	• Avoid the need for hazardous manual handling operations where reasonably practicable; • If manual handling cannot be avoided, employers must make a suitable and sufficient assessment of the risk of injury; • Take steps to reduce the risk of injury from manual handling operations.	• Redesigning tasks or using mechanical aids to eliminate manual handling altogether. • Undertaking a suitable and sufficient risk assessment considering: the task (e.g. twisting, stooping, reaching), the load (e.g. weight, shape, stability), the working environment (e.g. space constraints, floor conditions) and the individual's capability (e.g. physical fitness, training). • Taking steps to reduce the risk of injury which could involve: Using handling aids (e.g. trolleys, hoists), improving workplace layout, providing training and supervision, or rotating tasks to reduce repetitive strain.	• Employers must avoid the need for hazardous manual handling operations where reasonably practicable; • If manual handling cannot be avoided, employers must make a suitable and sufficient assessment of the risk of injury; • Employers must take steps to reduce the risk of injury from manual handling operations.	The Health and Safety Executive (HSE) enforces compliance with these regulations. Failure to follow them can lead to significant penalties, including unlimited fines. Health Boards must also consult with employee representatives, such as union safety representatives, on their proposals for controlling manual handling risks. Affected employees may also be able to make a personal injury claim for conditions such as musculo-skeletal injuries.	- General - NHS Wales Level 1 Manual Handling Mandatory Training (All staff, 2 yearly). - Additional training delivered for all inanimate load handlers and people handlers in line with the All Wales Manual Handling Passport. (Various courses dependent on role - repeated periodically). Taught through PowerPoint slides and then reinforced when undertaking practicals. - Training for designated Workplace Assessors. - Management arrangements covered on MH&SI.	Mentioned briefly (Not required as other mandatory general training in place)	Yes
Health and Safety (Display Screen Equipment) Regulations 1992 (as amended) (DSE)	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	N/A	All CCGs	DSE E-learning Training Compliance MH&SI Training compliance (Covers DSE for Managers)	Completed workstation checklists	Display Screen Equipment (DSE) and Workstation Assessment Procedure	H&S Sub-Committee	N/A	The Health and Safety Display Screen Equipment Regulations 1992 set out requirements for employers to ensure the health and safety of employees who use display screen equipment (DSE) regularly. The DSE Regulations were established to protect workers from health risks associated with prolonged use of display screen equipment including computers, laptops, and tablets.	• A suitable and sufficient analysis of workstations used by employees to assess health and safety risks. • Workstations which use DSE meet specific requirements to secure the health, safety, and welfare of users. • Employers must provide eye tests for DSE users upon request.	Assessment of Workstations: Employees to carry out individual assessments of their workstations to highlight health and safety risks in relation to DSE. Additional Equipment: Additional equipment may be required based on the outcome of individual assessments e.g. footrest, laptop stand. Training: Employers must provide training on the safe use of DSE and how to recognize hazards. Eye Tests: Employers must offer eye and eyesight tests for designated users if required. Ergonomic Setup: Employers must ensure workstations are set up ergonomically to prevent musculoskeletal disorders. Frequent Breaks: Employers must arrange for breaks or changes of activity away from DSE to prevent eye strain and other health issues.	• Risk Assessments: To be completed in the form individual assessments to reduce the health risks associated with DSE usage, including ergonomic design and proper workstation setup. • Workstation Setup: Ensure that workstations are ergonomically designed and appropriately adjustable to suit the individual, prevent musculoskeletal problems and eye strain. • Employee Training: Provide training on safe DSE use, including proper posture and adjustments to workstations. • Regular Eye Tests: Offer regular eye tests to employees who use DSE for significant periods to detect any visual issues. • Breaks and Activity Changes: Encourage regular breaks and changes in activity to prevent strain and fatigue.	The Health and Safety Executive (HSE) enforces compliance with these regulations. Failure to follow them can lead to significant penalties, including unlimited fines. Health Boards must also consult with employee representatives, such as union safety representatives, on their proposals for controlling DSE based risks. Affected employees may also be able to make a personal injury claim for conditions such as musculo-skeletal injuries, eye strain and repetitive strain injuries.	- All staff - General overview (On H&S L1). - DSE Users - ESR Mandatory DSE Training (All 'Admin & Clerical' staff, No repeat). Module is also available to DSE Users that fall outside of this category, however not mandatory. - Managers - Covered in detail on MH&SI.	Yes - 2 Slides	Yes

Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH)	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	Authorising Engineer - Ventilation, Water, Medical Gas (NWSSP-SES)	Estates & Facilities CCG / All CCGs	Bespoke COSHH Training figures (i.e. Estates etc)	COSHH Assessments in place	Overarching Control of Substances Hazardous to Health Policy and Procedure, plus the following Policies/Procedures that cover COSHH aspects: - Fit-Testing for RPE - Training completed - MH&SI Training compliance (Covers COSHH for Managers)		1332 - Operational	- Minimise emission, release, and spread; - Consider routes of exposure; - Select control measures proportionate to the risk (reasonably practicable); - Select effective and reliable control measures; - Personal Protective Equipment; - Review effectiveness of controls; - Provide information and training; - Assess new procedures or control measures for additional/new risks;	- Employers must identify hazardous substances that their employees (or others at risk) may be exposed to. - Employers must ensure COSHH risk assessments are completed: by studying Material Safety Data Sheets, conducting environmental monitoring (where needed), assessing control measures in use (or needed), recording safe systems or work, safe handling and storage, and recording/developing emergency procedures. - Employers must ensure safe systems of work are developed and followed, control measures are used (and maintained), and that incidents are reported. - Employers must ensure engagement of staff: consultation, incorporating of risk assessments in to training and awareness. - Periodic review processes and closing the PDCA loop.	Apply the hierarchy of risk: Eliminate substances - Substitute substances for safer versions (new products/different form) - Engineered controls (e.g. Local Exhaust Ventilation) - Safe systems of work and other procedural controls - PPE (not a control measure but the last line of defence) Risk assessment Information and Training Maintenance of control measures Emergency procedures and rehearsal Additional controls for pregnancy, relevant underlying conditions, lone working, confined spaces, security.	- COSHH assessments are completed for identified substances to give employees the opportunity to consult a condensed record of hazards with procedures for safe handling and emergencies. - training is provided to ensure employees can use the control measures provided. - control measures and safe systems of work are used by employees so exposure is minimised - control measures are maintained in accordance with COSHH and internal standards (e.g. WHM) to ensure they remain effective and reliable.	The Health and Safety Executive (HSE) enforces compliance with these regulations. Failure to follow them can lead to significant penalties, including fines. Health Boards must also consult with employee representatives, such as union safety representatives, on their proposals for controlling risk and providing health surveillance. Affected employees may also be able to make a personal injury claim if they are affected by a chemical used in the workplace.	- All staff - General overview of COSHH and Latex (On H&S L1). - RPE Fit Testers - Training via H&S Team. - RPE Users - Appropriate use - cascade via fit testers. - Chemical users must receive training on safe use. Advanced Users: - Hotel Services staff trained in use of DiffX. - HSDU - Annual COSHH & Spill Training via supplier. - Catering - COSHH training via supplier. - Estates - Bespoke COSHH awareness session created by GS and delivered by Ops Compliance. Other Users: - Exploring creating a COSHH awareness course for lower-risk end users to supplement the H&S L1. - Managers - COSHH for Managers - Training via MH&SI. Exploring creating a supplementary guidance course on practical COSHH assessment to assist managers in addition to their MH&SI learning.	Yes 1 Slide COSHH 1 Slide Latex	Yes, COSHH & Latex
REACH (Amendment) Regulations 2023	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	Authorising Engineer - Ventilation (NWSSP-SES)	Estates & Facilities CCG (Carpenters) Allied Health & Health Sciences CCG (Plaster Technicians)	Bespoke di-isocyanate training delivered for Carpenters & Plaster Technicians - number of staff trained internally, Training from external providers.	None	Referred to in Control of Substances Hazardous to Health Policy and Procedure	H&S Sub-Committee	See 1332 (COSHH) - Operational	Workers must receive suitable training covering the health risks from di-isocyanates before using di-isocyanates in work (above 0.1%) in an industrial setting, including healthcare. - The level of training required must be determined, according to the nature of the work. - The Regulations define what each level of training is required to cover.	- Identification of the nature of the work being undertaken to identify the correct training level requirements and to support COSHH assessment of substances. - Follow the COSHH assessment process for the substances being handled. - Apply the hierarchy of risk so that isocyanates can be eliminated where feasible; - Managers must ensure correct handling and that new risks are not introduced.	- Di-isocyanates must have special regard due to their specific risks and specific legislative requirements; while they need COSHH management, they should be regarded in their own category. - Application of the COSHH Regulations including risk assessment. - All necessary control measures required by the COSHH Regulations.	The Health Board must ensure compliance with the COSHH Regulations, apply the hierarchy of risk to eliminate, reduce, and manage the exposure to isocyanates; eliminate isocyanate use where there is a technical alternative of lower risk. The Health Board must also ensure that contractors do not use isocyanates unless it is technically unavoidable (e.g. fire stopping) to avoid risks to its employees (and others).	The HSE enforces compliance with these regulations. Failure to report relevant work-related incidents can lead to significant penalties, including unlimited fines. Affected employees may also be able to make a personal injury claim if they are able to show sensitisation has occurred and this was most likely a result of substances they handled before controls were in place. This may be from a previous employer in many cases.	Specific short course for low-risk users developed for isocyanate users (limited to Plaster Room Technicians & Estates Carpenters). Delivery has started recently. Plaster room staff have already received external training in this area, but internal training is tailored to our own environment and is linked to specialist support in-house.	No	No
Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR)	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	N/A	Estates & Facilities CCG / All CCGs	None	No. of DSEAR Assessments completed.	Referred to in Control of Substances Hazardous to Health Policy and Procedure. Ideally this will eventually have its own Policy.	H&S Sub-Committee	See 1332 (COSHH) - Operational	Risk Assessment; Elimination of reduction of risk from hazardous substances (i.e. hazards to life/health from fire and explosion); provision of general safety measures to reduce risk of fire and explosion; categorisation of risk areas (zoning); warning signs; information and training; emergency procedures;	- Identification of areas that require a full assessment, and areas that only require a partial assessment - Completion of DSEAR assessments by a multi-disciplinary internal team. - Ensuring areas are zoned according to the regulations and then clearly labelled. - Ensuring equipment is suitably specified for the zone they are used in, and any ignition sources are suitably controlled within those zones.	Risk Assessment: full DSEAR risks assessments where needed, limited risk assessments for areas exempt from zoning requirements. - There is a large cross-over with the COSHH Regulations and the Regulatory Reform Order (Fire Safety); general compliance with the above will bring the Health Board close to compliance with DSEAR.	The Health Board must ensure: - areas that require zoning are suitable assessed and marked. - intrinsically safe equipment is supplied for high risk areas, with controls on high risk tasks such as hot work to reduce the risk of fires and explosions	The Health and Safety Executive (HSE) enforces compliance with these regulations. The local enforcing Fire and Rescue Service can impose penalties for failures relating to fire safety, including unlimited fines. Fire/explosion related penalties can be severe due to the impact of fire on large numbers of people. Health Boards must also consult with employee representatives, such as union safety representatives, on their proposals for controlling manual handling risks. Affected employees may also be able to make a personal injury claim for injuries sustained in fires and explosions.	DSEAR practical basics are/will be covered by COSHH Awareness.	No	No
Work at Height Regulations 2005	James Severs, Director of Allied Health Professions and Health Science	Simon Day, Head of Maintenance & Engineering	N/A	Estates & Facilities CCG	Ladder inspections completed / compliance (H&S have this info) Insurance Inspection Report DATIX Incidents Work at Height Training Compliance	No. of high-risk areas risk assessed	Safe Working at Height Policy	H&S Sub-Committee (& currently a Work at Height / HAVS / Noise Working Group).	N/A	Identify tasks that expose workers to working at height and the associated risks. The regulations require employers to introduce control measures to minimise exposure. If exposure cannot be reduced, ensure that work at height is properly planned, supervised, and carried out safely.	- Avoid the need for working at height operations where reasonably practicable. - If working at height cannot be avoided, employers must make a suitable and sufficient assessment of the risk of injury. - Act on recommendations as a result of an assessment.	•Undertaking a suitable and sufficient risk assessment considering: the task including height, load (if applicable), the working environment and the individual's capability. •Where applicable, suitable and sufficient equipment to be available for staff to use when working at height. •Working at height equipment to be inspected on a regular basis. •Health Board to provide information, instruction and training to staff in the safe use of equipment and working at height. •Minimize Fall Distance and Consequences: Implement fall arrest systems like harnesses and lanyards, safety nets, airbags, or rope access techniques to limit injury in case of a fall. •Safe Working Environment: Monitor weather conditions, ground stability, proximity hazards (e.g., power lines), and lighting. Stop work or adjust procedures if conditions become unsafe. •Personal Protective Equipment (PPE): PPE such as helmets, safety harnesses, and high-visibility clothing should be used as a last line of defence, with proper training on usage and frequent inspection.	•Redesigning tasks or using mechanical aids to eliminate working at height where possible. •Baking steps to reduce the risk of injury which could involve: improving workplace layout, or rotating tasks to reduce physical strain. •Providing training, supervision and guidance dependant on the task. •Employers must avoid the need for working at height operations where reasonably practicable. •If working at height cannot be avoided, employers must make a suitable and sufficient assessment of the risk of injury. •Employers must take steps to reduce the risk of injury from working at height operations including the implementation of precautions such as fall prevention systems and edge protection barriers. •Emergency and Rescue Planning: Prepare for potential incidents with rescue strategies, first aid, and clearly communicated emergency plans. Method statements can document risks and required precautions, ensuring the team knows necessary steps if conditions change.	The Health and Safety Executive (HSE) enforces compliance with these regulations. Failure to follow them can lead to significant penalties, including unlimited fines. Health Boards must also consult with employee representatives, on their proposals for controlling falling at height risks. Affected employees may also be able to make a personal injury claim for injuries sustained as a result of working at height.	- Formal training for Estates Staff. - Formal training for ladder inspectors. - Guidance & Team Brief available for all low risk / short duration users via the Policy.	No	Part - Role of RP
Control of Vibration at Work Regulations 2005	James Severs, Director of Allied Health Professions and Health Science	Simon Day, Head of Maintenance & Engineering	N/A	Estates & Facilities CCG	HAVS Training Compliance Tool rating compliance - The HAVS database calculates tool exposures and acts as the risk assessment.	N/A	Control of Vibration Policy	H&S Sub-Committee (& currently a Work at Height / HAVS / Noise Working Group).	N/A	Identify tasks that expose workers to vibration. Introduce Control Measures to Reduce Exposure Responsibility to Employees/Follow Up	Undertake a "suitable and sufficient" risk assessment to identify which employees are at risk from vibration and to what extent. The assessment should consider: •The magnitude, type, and duration of exposure. •Any manufacturer information about vibration levels. •The effects of vibration on employees who may be particularly at risk e.g. staff operating machinery, drills, fork lift trucks, floor polishers, etc. •The availability of lower-vibration tools and equipment	•Technical measures: Using low-vibration tools, ensuring proper maintenance of equipment to prevent avoidable increases in vibration. •Organisational measures: Reducing exposure time through job rotation, providing regular breaks, and changing work processes.	Health Boards must provide sufficient information, instruction, and training to employees and their representatives on: •The health risks associated with vibration. •The control measures and exposure limits. •How to recognise and report symptoms of vibration-related health issues, such as Hand-Arm Vibration Syndrome (HAVS). Appropriate health surveillance, such as regular health checks, must be provided for any employees exposed at or above the EAV to monitor for injuries. Records of these checks must be kept and updated. If any health effects are detected, the Health Board must review its risk assessment and control measures and offer advice and potentially alternative duties to the affected employee.	The Health and Safety Executive (HSE) enforces compliance with these regulations. Failure to follow them can lead to significant penalties, including fines. Health Boards must also consult with employee representatives, such as union safety representatives, on their proposals for controlling risk and providing health surveillance. Affected employees may also be able to make a personal injury claim for conditions such as HAVS.	- In-House training sessions delivered to all Estates staff.	No	No
Control of Noise at Work Regulations 2005	James Severs, Director of Allied Health Professions and Health Science	Simon Day, Head of Maintenance & Engineering	N/A	Estates & Facilities CCG	None	Noise Training Compliance (Training due to be delivered for Estates staff in Jan/Feb 2026). Completed noise assessments from specific departments / areas Tool rating compliance	Control of Noise at Work Policy	H&S Sub-Committee (& currently a Work at Height / HAVS / Noise Working Group).	N/A	Employers have a legal duty to prevent or reduce risks to health and safety from exposure to noise at work.	Undertake a "suitable and sufficient" risk assessment to determine which employees are at risk from noise and to what extent, comparing any measurements against legal thresholds. Evaluate duration and frequency of exposure and consider any existing control measures.	Control measures follow a clear hierarchy: 1. Eliminate or Reduce Noise at Source, i.e. use quieter machinery or processes, maintain equipment to prevent excessive noise from wear or faults, or modify work methods to reduce noise. 2. Engineering Controls i.e. install acoustic enclosures, barriers, or screens, use sound-absorbing materials in walls, ceilings, and floors, or isolate noisy equipment from work areas. 3. Administrative Controls i.e. limit the time employees spend in noisy areas, rotate tasks to reduce individual exposure, or schedule noisy work when fewer people are present. 4. Hearing Protection i.e. provide suitable ear defenders or earplugs when noise cannot be reduced sufficiently, ensure protection is properly fitted, maintained, and used consistently or make hearing protection mandatory in designated hearing protection zones.	The Health Board must provide employees with information, instruction, and training on: •Risks from noise. •Measures taken to reduce exposure. •Proper use of hearing protection. •Health surveillance procedures. Appropriate health surveillance, such as regular hearing checks, should be provided for employees exposed above the upper action value (85 dB(A)). Records of these checks must be kept and updated. If any health effects are detected, the Health Board must review its risk assessment and control measures and offer advice and potentially alternative duties to the affected employee.	The Health and Safety Executive (HSE) enforces compliance with these regulations. Failure to follow them can lead to significant penalties, including unlimited fines. Health Boards must also consult with employee representatives, on their proposals for controlling risk and providing health surveillance. Affected employees may also be able to make a personal injury claim for conditions such as Noise Induced Hearing Loss.	- In-House training sessions to be delivered to all Estates staff in January 2026.	No	Not Specifically

Health and Safety (Sharp Instruments in Healthcare) Regulations 2013	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	N/A	All CCGs	Needlestick incident data MH&SI Training compliance (Covers Needlestick Management)	Infection Prevention & Control Level 2 training compliance	Exposure Management including Needlestick (Sharps) Injuries Policy and Procedure	Infection Prevention Strategic Steering Group (IPSSG) and H&S Sub-Committee	N/A	Avoid the unnecessary use of sharps; use safer sharps; avoid the recapping of sharps; disposal bins and instructions for safe disposal near the point of use; information and training; duty on employees to report sharps incidents; recording and reporting; treatment and follow-up;	Undertake a COSHH risk assessment to document risks from biological agent exposure via sharps injuries, and record equipment to be used, safe practices, incident response, PPE, and immunisation requirements; - Risk assess the use of non-safe sharps where there is no safe version available.	Technical measures: - Provide sharps fitted with safety devices, where a safe version is technically feasible. Organisational measures: - Clear immediate actions post-injury, with appropriate training. - Timely triaging of affected staff in Emergency Departments with effective clinical follow up - Timely immediate follow-up by Occupational Health; appropriate monitoring/ongoing prophylaxis	- The Health Board must provide timely and appropriate follow-up treatment, especially where exposure to a blood borne virus is suspected. Eliminate the use of sharps and non-safe sharps where possible, with associated training. Managers must ensure sharps injuries are reported in a timely manner to ensure that appropriate immediate actions and follow-ups are conducted.	The Health and Safety Executive (HSE) enforces compliance with these regulations. Failure to follow them can lead to significant penalties, including unlimited fines. Health Boards must also consult with employee representatives, such as union safety representatives, on their proposals for controlling risk and providing health surveillance. Affected employees may also be able to make a personal injury claim if they contract a blood borne virus from a sharp injury or require long term monitoring.	- Sharps users require training. - HCW's - An introduction is provided through skills to Care Clinical Induction via IP&C. This is consolidated should staff go on to further training, cannulation, blood glucose monitoring etc. - Registered Professionals - Safe handling of sharps is part of their initial training, then refreshed via mandatory infection control sessions. - IP&C Level 2 for staff with direct patient contact (Yearly via e-learning, face-to-face every 3 years). - Management arrangements covered on MH&SI.	Mentioned briefly	Yes
Health and Safety (First Aid) Regulations 1981	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	N/A	All CCGs	MH&SI Training compliance (Covers 1st Aid Management Req)	First Aid arrangements in place	First Aid at Work Procedure	H&S Sub-Committee	N/A	The Health and Safety (First-Aid) Regulations 1981 set out the legal requirements for first aid provision in UK workplaces.	•Undertake a risk assessment to establish departmental first aid requirements, using the Checklist for Assessment of First Aid Needs; •Manager to formally identify first aiders within their department; •Book training for first aiders if not trained within the last three years; •Provide first aid boxes and ensure that they are kept adequately stocked; •Prominently display First Aid Notices giving the location of first aid boxes and the names, locations and contact details of departmental first aiders.	•Trained first aiders (or suitable GMC/RCN/HCPC qualified staff); •First aid boxes; •First aid notices.	The Health Board must inform all employees of the first-aid arrangements and ensure signage and communication are clear and accessible. While not a legal requirement, the HSE strongly recommends that employers also consider non-employees (e.g. visitors, contractors, pupils) in their first-aid needs assessment.	The Health and Safety Executive (HSE) enforces compliance with these regulations. Failure to follow them can lead to significant penalties, including unlimited fines.	- First Aiders Require Training - Staff requiring this go external for training to become a first aider - no training available internally. - Management arrangements covered on MH&SI.	Yes - 1 Slide	Yes
Confined Spaces Regulations 1997	James Severs, Director of Allied Health Professions and Health Science	Simon Day, Head of Maintenance & Engineering	N/A	Estates & Facilities CCG	Confined spaces training compliance Confined spaces risk assessments in place	N/A	Confined Space and Restricted Access Space Policy	Compliance and Site Ops Monthly Meeting	2163 - Operational	Under the Confined Spaces Regulations 1997, employers have a legal duty to protect workers from risks associated with working in confined spaces. These regulations apply to any space that is substantially enclosed and poses foreseeable risks such as injury from hazardous substances, fire, explosion, or lack of oxygen.	•First priority: Assess whether the work can be done without entering the confined space. •If entry is required, undertake a suitable and sufficient risk assessment, implement safe systems of work, provide emergency arrangements, undertake atmospheric testing and monitoring, and ensure workers, supervisors and rescuers are suitably trained and competent.	•Safe systems of work: Including a permit-to-work system for high-risk tasks and procedures for isolation of energy sources (e.g., gas, electricity), ventilation and atmospheric testing, safe entry and exit, use of PPE and communication tools. •Atmospheric testing and monitoring: Using calibrated and reliable equipment to test for oxygen levels, flammable gases, and toxic substances before and during entry. •Emergency arrangements: Prepare a site-specific rescue plan, provide suitable rescue equipment (e.g., harnesses, breathing apparatus) and ensure trained personnel are available and drills are practiced regularly. •Training and competence: Ensuring all involved staff are suitably trained and experienced on hazards of confined spaces, safe working procedures and the emergency response. •Signage and Communication: Clearly mark confined spaces and restricted areas. Utilising radios or other communication tools to maintain contact with workers inside.	Health Boards must provide sufficient information, instruction, and training to employees and their representatives on the hazards of confined spaces, safe systems of work, use of PPE and communication equipment and the emergency response. Health surveillance, such as medical fitness assessments, may be required depending on specific risks identified.	The Health and Safety Executive (HSE) enforces compliance with these regulations. Failure to follow them can lead to significant penalties, including unlimited fines.	- Formal training for Estates Staff, both entrants and rescuers.	No	No
Control of Asbestos Regulations 2012	James Severs, Director of Allied Health Professions and Health Science	Paul Evans, Head of Estates Risk & Compliance	N/A	Estates & Facilities CCG	Asbestos awareness training compliance Asbestos Management Plans & Annual Re-Inspection Programme	NNLW training compliance R&D Surveying Statutory Asbestos Budget Spend	Asbestos Policy	Compliance and Site Ops Monthly Meeting	N/A Previous risk 222 is now 'Archived/Closed'.	The Control of Asbestos Regulations 2012 governs the management of asbestos in workplaces and public buildings. It requires duty holders to identify and manage asbestos-containing materials (ACMs), ensuring that risks are assessed and appropriate measures are taken to protect individuals from exposure.	If there are suspected ACMs, then an asbestos survey will be required. This should form part of an asbestos register, a key part of an asbestos management plan. The register should include, as a minimum: •All known and presumed ACMs in your buildings. •The type of ACM. •How much asbestos there is and its condition, including dates of the original and last inspection. •The potential of each ACM to release fibres (a material assessment) and likelihood of disturbance (a priority assessment) during the day-to-day running of the building. •Where asbestos is presumed to be located if the surveyor has been unable to access areas (these locations should be kept to a minimum).	•Assess if there are ACMs present, the amount, where they are and their condition. •Presume materials contain asbestos unless there is strong evidence that they do not. •Document, and keep up to date, a record or register of the location and condition of the ACMs or presumed ACMs. •Assess the risk of anyone being exposed to airborne fibres from the ACMs. •Create an asbestos management plan to manage the risk, put the plan into action, monitor and review it every 12 months or sooner if necessary. •Monitor the condition of any ACMs or suspected ACMs. •Provide information on the location and condition of the ACMs to anyone who may work on or disturb them such as contractors or the emergency services.	The creation of a bespoke asbestos management plan that sets out the procedures and arrangements to manage the risk from ACMs in your premises. The plan should include: •Persons responsible for managing asbestos including deputies. •The asbestos register, including the site plan showing the location of ACMs and areas not inspected. •The schedule for monitoring the condition of ACMs. •How the asbestos register is shared with workers or contractors doing maintenance work. •Control arrangements to ensure that ACMs are not disturbed. •Emergency procedures if ACMs are disturbed.	The Health and Safety Executive (HSE) enforces compliance with these regulations. Failure to follow them can lead to significant penalties, including unlimited fines. Health Boards must also consult with employee representatives, such as union safety representatives, on their proposals for controlling risk and providing health surveillance (where applicable). Affected employees may also be able to make a personal injury claim for conditions such as asbestosis.	- Formal training for Estates Staff. - Additional training for asbestos samplers and non-licensed work. - Basic Asbestos Awareness e-learning module available to all staff via the L&D course catalogue.	No	No
Construction (Design and Management) Regulations 2015 (CDM)	James Severs, Director of Allied Health Professions and Health Science	Paul Evans, Head of Estates Risk & Compliance	N/A	Estates & Facilities CCG	In-house audit last year of basic Contractor Control requirements (signing-in, induction, asbestos awareness training etc)	Internal Audit Major Capital Projects Discretionary Capital Projects	Contractor Control Policy	Compliance and Site Ops Monthly Meeting	N/A	The Construction (Design and Management) Regulations 2015 (CDM 2015) are essential for managing health, safety, and welfare in construction projects. The regulations apply to all building and construction work, including new builds, demolitions, refurbishments, extensions, conversions, repairs, and maintenance. They ensure that safety is a key part of the planning and delivery process, promoting risk prevention and collaboration among all parties involved. The regulations are designed to improve risk management and encourage a culture of safety throughout the project lifecycle.	The CDM Regulations aims to improve health and safety in the industry by: •Sensibly plan the work so the risks involved are managed from start to finish. •Have the right people for the right job at the right time. •Cooperate and coordinate your work with others. •Have the right information about the risks and how they are being managed. •Communicate this information effectively to those who need to know. •Consult and engage with workers about the risks and how they are being managed.	Under the CDM regulations, a construction phase plan is required for every construction project. There will be responsibilities for: •Preparing a plan. •Organising the work. •Working together with others to ensure health and safety. The majority of projects applicable to the CDM regulations will be led and strictly controlled by the Health Board's Design Team.	Identifying the main dangers on site and how they will be controlled e.g. •The need for scaffolding if working at height. •How structures and excavations will be supported to prevent collapse. •How you will prevent exposure to asbestos and building dust. •How you will keep the site safe and secure for staff, contractors and members of the public. •Making sure that there are suitable and sufficient toilet, washing and rest facilities. •A nominated person responsible for ensuring the work is completed safely. •Adequate supervision to be provided, dependant on the work.	The CDM Regulations are enforced by the Health and Safety Executive (HSE) in the UK. The HSE has the authority to inspect construction sites, investigate accidents, and take enforcement action when necessary to ensure compliance with these regulations. Affected employees may also be able to make a personal injury claim for injuries sustained while using equipment subject to PUWER.	- Specific training for those within Estates involved in CDM projects. - Contractor induction training for all contractors working on H&S sites.	No	Part - Role of RP
Provision and Use of Work Equipment Regulations 1998 (PUWER)	James Severs, Director of Allied Health Professions and Health Science	Simon Day, Head of Maintenance & Engineering	N/A	Estates & Facilities CCG / All CCGs (for manual handling element)	Insurance inspections PPM Records Training Records	Manual handling PUWER compliance via Clinical Engineering (Service contract) - AS has e-mailed Clin Eng for info. PAT (or similar) testing statistics or documentation?	Referred to in the Manual Handling Policy and Medical Devices Policy. Also, covered by the Operational Maintenance Policy, but not expressly mentioned.	Compliance and Site Ops Monthly Meeting	N/A	Provision and Use of Work Equipment Regulations 1998 (PUWER) places responsibilities organisations whose employees use work equipment, whether owned by them or not. Some work equipment is subject to other Health and Safety legislation in addition to PUWER. For example, lifting equipment must also meet the requirements of LOLER, and personal protective equipment must meet the PPE Regulations.	PUWER requires that equipment provided for use at work is: •Suitable for the intended use. •Safe for use, maintained in a safe condition and inspected to ensure it is correctly installed and does not subsequently deteriorate. •Used only by people who have received adequate information, instruction and training. •Accompanied by suitable health and safety measures, such as protective devices and controls. These will normally include guarding, emergency stop devices, adequate means of isolation, clearly visible markings and warning devices.	If the organisation uses work equipment or is involved in providing work equipment, the risks from the equipment must be appropriately managed including: •Ensuring the equipment is constructed or adapted to be suitable for the purpose it is used or provided for. •Take account of the working conditions and health and safety risks in the workplace when selecting equipment. •Ensure work equipment is only used for suitable purposes. •Ensure work equipment is maintained in an efficient state, in efficient working order and in good repair. •Where a machine has a maintenance log, keep this up to date. •Where the safety of work equipment depends on the manner of installation, it must be inspected after installation and prior to use. •Where work equipment is exposed to deteriorating conditions liable to result in dangerous situations, it must be inspected to ensure faults are detected in good time so the risk to health and safety is managed.	•Ensuring that all staff using, supervising or managing the use of work equipment are provided with sufficient information, instruction & training which should include the correct use of the equipment, the risks that may arise from its use and the precautions to take. •Where the use of work equipment is likely to involve a specific risk to health & safety, ensure that the use of the equipment is restricted to staff trained and appointed to use it. •Take effective measures to prevent access to dangerous parts of machinery e.g. fixed guarding. •Ensure that work equipment is provided with appropriately identified controls for starting, stopping and controlling it, and that these control systems are safe. •Take appropriate measures to ensure maintenance operations and regular inspections on work equipment.	The Health and Safety Executive (HSE) enforces compliance with these regulations. Failure to follow them can lead to significant penalties, including unlimited fines. Health Boards must also consult with employee representatives, such as union safety representatives, on their proposals for controlling risk and providing health surveillance (where applicable). Affected employees may also be able to make a personal injury claim for injuries sustained while using equipment subject to PUWER.	- One overview slide in NHS Wales Level 1 Manual Handling Mandatory Training (All staff, 2 yearly). - Basics of the regulations are taught on the Level 2 Manual Handling course for all Patient Handlers, through PowerPoint slides and then reinforced when undertaking practicals. - Training for all Estates staff on equipment safety and PUWER delivered by Operations Compliance.	Mentioned briefly	Part - MH

Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)	James Severs, Director of Allied Health Professions and Health Science	Simon Day, Head of Maintenance & Engineering	N/A	Estates & Facilities CCG / All CCGs (for manual handling element)	Insurance Inspection Reports Maintenance Records Training Records	Manual handling LOLER compliance via Clinical Engineering (Service contract) - AS has e-mailed Clin Eng for info.	Referred to in the Manual Handling Policy. Also, covered by the Operational Maintenance Policy, but not expressly mentioned.	H&S Sub-Committee	N/A	The Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) sets out legal requirements for the safe use, inspection, and maintenance of lifting equipment to protect workers and the public. LOLER applies to all workplaces where lifting operations are carried out using lifting equipment such as cranes, hoists, lifts, slings, forklifts, and other machinery capable of lifting loads such as patient beds.	All lifting operations involving lifting equipment must be properly planned by a competent person, appropriately supervised and carried out in a safe manner. LOLER also requires that all equipment used for lifting is fit for purpose, appropriate for the task, suitably marked and subject to statutory periodic 'thorough examination'. Records must be kept of all thorough examinations and any defects found must be reported to both the person responsible for the equipment and the relevant enforcing authority.	Under LOLER, both employers and employees have specific duties: For Employers: •Ensure lifting equipment is suitable for the task and used safely. •Conduct regular inspections of equipment and lifting accessories by competent, trained personnel. •Provide adequate training to operators on the safe use of lifting equipment. •Maintain records of all inspections, maintenance, and safety checks. •Plan lifting operations to prevent hazards, ensuring loads are stable and controlled. For Employees: •Use lifting equipment safely following training and workplace procedures. •Report defects or unsafe equipment immediately. •Follow load limits and instructions specified for each piece of equipment.	LOLER regulations are essential for preventing accidents involving lifting operations. Employers must provide safe equipment, competent supervision, and thorough inspections, while workers must operate equipment correctly and report hazards. Complying with LOLER not only fulfils legal obligations but also enhances workplace safety and reliability.	The Health and Safety Executive (HSE) enforces LOLER in the UK. Non-compliance can lead to legal action, fines, or even prosecution, especially if accidents or injuries occur due to negligence.	- One overview slide in NHS Wales Level 1 Manual Handling Mandatory Training (All staff, 2 yearly). - Basics of the regulations are taught on the Level 2 Manual Handling course for all Patient Handlers, through PowerPoint slides and then reinforced when undertaking practicals. - Note: Regulatory Maintenance Provision and LOLER Checks are all undertaken via contracted services.	No	Part - MH
Control of Artificial Optical Radiation at Work Regulations 2010	James Severs, Director of Allied Health Professions and Health Science	Laser Protection Adviser	N/A	Planned & Specialist Care CCG	None	AS awaiting reports back from LPA (via Clin Eng).	Medical Laser Safety Policy	Radiation Protection Group (Currently a reporting group of the H&S Sub-Committee)	N/A	The Control of Artificial Optical Radiation at Work Regulations 2010 protects workers from health risks due to exposure to artificial optical radiation, including lasers. The regulations require to: - Conduct risk assessments; - Implement control measures; - Provide training and information; - Monitor exposure and maintain equipment safely.	•Conduct a suitable and sufficient risk assessment for all medical lasers used within the Health Board. The risk assessment should identify laser classification (Class 3B or Class 4 are high-risk), assess risks to eyes, skin, and respiratory system, evaluate fire hazards and electrical safety and consider patient-specific risks (e.g. photosensitivity, implants). •Ensure that the Laser Protection Adviser (LPA) is consulted. •Ensure that Laser Protection Supervisors (LPS) are appointed. •Provide suitable and sufficient training. •Ensure protocols are in place and adhered to and records kept.	Training and Competence: Ensure operators are trained in laser physics and safety, emergency procedures and equipment handling and maintenance. Protective Equipment: •Eye protection: Use wavelength-specific goggles for staff and patients. •Skin protection: Cover exposed areas if necessary. •Smoke evacuation: Use local exhaust ventilation or laser plume extractors to remove airborne contaminants. Controlled Environment: Designate a Laser Controlled Area (LCA) with warning signs and restricted access, non-reflective surfaces to reduce scatter and interlocks or key switches on equipment. Equipment Safety: Regularly inspect and calibrate laser devices, ensure emergency stop functions are operational and follow manufacturer guidelines for maintenance and servicing. Emergency Preparedness procedures	The Health Board must ensure that staff are suitably trained and competent to use medical lasers and understand the risks involved. All necessary PPE must be provided.	The Health and Safety Executive (HSE) enforces compliance with these regulations. Failure to follow them can lead to significant penalties, including unlimited fines. Affected employees may also be able to make a personal injury claim for injuries arising from laser activities (both from staff and patients).	- Laser Protection Supervisors & Laser Users - Require training to undertake roles. Provided externally.	No	Yes - Small Section
Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R)	James Severs, Director of Allied Health Professions and Health Science	Radiation Protection Adviser	N/A	Allied Health & Health Sciences CCG / All CCGs	Metrics monitored via the Radiation Protection Group	H&S to Confirm	Ionising Radiation Safety Policy	Radiation Protection Group	N/A	The Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) is legislation designed to ensure the safe administration of ionising radiation in medical settings, protecting patients and service users from unnecessary or unintended exposures.	1.Patient Safety: Ensure that exposures to ionising radiation are justified, optimised, and as low as reasonably practicable while achieving the intended clinical benefit. 2.Duty Holder Accountability: Clearly define responsibilities for all duty holders, including the employer, referrer, IR(ME)R practitioner, and operator. 3.Normal Recognition of Specialists: •The formal recognition of Medical Physics Experts (MPEs) to guarantee proper training and competence. •Licensing requirements for practitioners and employers handling radioactive substances. 4.Incident Reporting and Learning: Notification of significant accidental or unintended exposures (SAUEs), including underexposures in radiotherapy. 5.Professional Development: Ensure all entitled duty holders are appropriately trained and competent for their specific roles.	•Employer: - Establish written procedures, protocols, and quality assurance programs. - Ensure entitled duty holders are competent and trained. - Monitor exposures, clinical audits, and accidental/unintended exposures. - Appoint qualified MPEs and maintain equipment QA programs. Referrer: - A registered healthcare professional authorised to request examinations. - Responsible for providing sufficient clinical information and adhering to referral guidelines. - Must be informed of SAUEs and involved in decision-making regarding incident communication. IR(ME)R Practitioner: - Justifies exposures by weighing clinical benefit against potential radiation risks. - Must document the authorisation, remain competent, and follow employer procedures. Operator: - Performs practical aspects of exposure under employer procedures. - Responsible for ensuring exposures are conducted according to prescribed protocols and doses.	•Justification: Every exposure must have a net clinical benefit. •Optimisation: Doses should be as low as reasonably practicable (ALARP) consistent with the intended purpose. •Adequate Training: Duty holders must demonstrate competence and entitlement for their tasks. •Documentation and Audit: Comprehensive recording of procedures, exposures, and outcomes is required for safety and compliance.	The Healthcare Inspectorate Wales (HIW) is the responsible authority. The HIW can impose enforcement actions, legal penalties, and fines on healthcare providers in Wales for breaches of regulations, primarily under the Care Standards Act 2000 and related legislation.	- Radiographer training, or local training for non-professional staff. If staff have modality there is additional training (CT/Fluoro). - Non-radiographers encouraged to undertake eIRMER on ESR. - Non-medical referrers undertake eIRMER to be able to refer. - Medical staff encouraged to attend also (but technically do not need to as they have an automatic right to refer). - Specific training for Radiation Protection Supervisors (RPS).	No	No
Ionising Radiation Regulations 2017 (IRR17)	James Severs, Director of Allied Health Professions and Health Science	Radiation Protection Adviser	N/A	Allied Health & Health Sciences CCG / All CCGs	Metrics monitored via the Radiation Protection Group Any relevant Radon monitoring results Full portfolio of our estate RADON compliance Risk Assessment	N/A	Ionising Radiation Safety Policy	Radiation Protection Group	N/A	The Ionising Radiations Regulations (IRR17) was introduced to ensure that exposure to ionising radiation is kept as low as reasonably practicable (ALARP) and does not exceed specified dose limits. It applies to anyone working with ionising radiation, including employers, employees, and self-employed individuals. The regulations cover: - Occupational exposures and public protection. - Work involving radioactive substances, radon gas (above 300 Bq/m ³ annual average), and radiation-emitting equipment	Duty of Employers: Employers must ensure exposure to ionising radiation is as low as reasonably practicable (ALARP) and does not exceed specified dose limits. This includes carrying out risk assessments, establishing safe systems of work, and providing personal protective equipment (PPE) as a last resort. Graded Regulatory Approach: Notification (Regulation 5): Employers notify HSE about specific low-risk work involving ionising radiation. Registration (Regulation 6): Medium-risk work requires registration with HSE before commencement. Consent (Regulation 7): High-risk work requires explicit consent from HSE.	Radiation Protection Arrangements: Appoint a Radiation Protection Adviser (RPA) to provide expert advice and ensure compliance with control measures. Appoint a Radiation Protection Supervisor (RPS) to oversee workplace compliance, implement local rules, and supervise radiation protection arrangements. Develop local rules for controlled and supervised areas, specify responsibilities, and define emergency procedures. Dose Limits and Monitoring: Enforce limits on effective doses for workers, equivalent doses for tissues (including specially reduced eye lens limits of 20 mSv/year), and control public exposure. Establish monitoring procedures including personal dosimetry, area monitoring, and health surveillance for classified workers.	Designated Areas: Areas with higher radiation levels must be controlled or supervised, with restricted access and clearly defined local rules. Health Surveillance: Employers must provide medical assessments and maintain health records for employees exposed above certain levels to detect early signs of radiation-induced effects. Radioactive Substances and Equipment: Rules exist for the safe storage, transport, and use of radioactive sources, sealed sources, or radioactive equipment. Duty holders must track and account for these materials. Emergency Preparedness: Employers must have plans for radiation accidents, including containment, reporting, decontamination, and coordination with authorities.	The Health and Safety Executive (HSE) enforces IRR17 in Great Britain. Employers must maintain records, conduct risk assessments, and ensure all regulatory requirements are met. Inspections, investigations, and enforcement actions may be undertaken to verify compliance, with penalties for non-compliance, including unlimited fines.			
Electromagnetic Fields at Work Regulations 2016	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	N/A	Estates & Facilities CCG	None	Risk assessments completed (Which is none at present).	No Policy at present.	Radiation Protection Group	N/A	There are widespread exemptions relating to the medical use of Electromagnetic Fields in Magnetic Resonance Imaging for human health. Exemptions apply if: - the exposure to EMF is ALARP - the workers are protected from the effects of the exposure	Risk assessment: - what EMFs are employees exposed to? - can EMF exposure exceed exposure limits? - are there any biophysical effects from exposure? - Procedures to manage risk Has the risk been reduced to level of ALARP? Understanding situations where a staff member is present during an MRI scan or needs to enter the scanner bore (with or without a scan occurring). Information and Training Detecting, reporting, and managing health effects.	- Management of direct effects: Risk assessment - Development of procedures to manage the risk from exposure to EMF in an MRI facility during a scan. Management of indirect effects - Controls on pacemakers and other ICDs coming within the MRI EMF zones - Control of ferromagnetic substances within the MRI EMF zones (which can be heated or become projectiles). Heating effects on the human body: controls for pregnant staff.	- Responsibility to Employees during clinical work Information and training regarding the risks and their management. Ensuring employees have the means and training to report relevant EMF issues, both symptoms and incidents. Responsibility to Employees volunteering to undertake MRI scans for research: - It is not considered an occupational exposure if recruited for a Research Study. - Conduct a risk assessment if employee is volunteering outside an approved study.	The Health and Safety Executive (HSE) enforces the Electromagnetic Fields at Work Regulations in Great Britain. Due to the ability to claim an exemption for healthcare under an existing HSE certificate, provided we conduct the risk assessments e.g. using templates from MRI Special Interest Group of the British Institute of Radiology, we would be able to meet the requirements without onerous work. It is likely we are already in good practical compliance due to the requirements of running MRI facilities but requires documentation.	- None at present.	No	No

Health and Safety (Safety Signs and Signals) Regulations 1996	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	N/A	All CCGs	N/A	Number of actions identified by Built Environment audits relating to signage. Doesn't show compliance (what we have already) but shows detection and resolution of defects.	Covered by the general Health & Safety Policy, there are overlapping Policies such as the Control of Substances Hazardous to Health Policy, DSEAR Regulations, and Fire Safety Policy due to requirements of chemical labelling, hazardous area zoning signage, and fire safety.	H&S Sub-Committee	N/A	Safety signs are required where there is a significant hazard in the workplace that has not been removed or is not fully controlled by other means. Signs are: prohibition, warning, mandatory, or emergency. Signs may be permanent, transitory, or temporary. The Regulations ONLY apply to hazards to employees. HASAWA and MHSWR require duties on employers with regard to information on hazards for non-employees.	Ensure safety signs are used effectively Signs are used on containers and pipes. Signs are used to identify obstacles, dangerous locations, and intended traffic routes. Acoustic and illuminated signs are used when appropriate. Hand signs are used effectively when necessary, without endangering the person giving them. Compliance measures for other regulations (medical gases etc.) with signage requirements.	Safety signs. DSEAR and COSHH assessments highlighting suitable signage for hazardous substances and hazardous areas. Built environment audits highlighting additional signage requirements such as safe walkways, prohibited areas, and other hazards. Verbal signals are used effectively when needed, either live or recorded.	The main duty of employers to employees is to ensure safety signs are in place. It is also a duty on employees to ensure safety signs are used effectively, that is, clearly visible, not confused by other signs, not used excessively (which may encourage workers to disregard them), and the most appropriate sign for the hazard or other requirement.	The HSE, local authority (building control) and Fire & Rescue Service are all relevant enforcement authorities due to involvement in Fire safety, Building Regulations, and compliance with statutes.	- None at present. Covered in general by many other existing courses.	No	No
Safety Representatives and Safety Committees Regulations 1977	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	N/A	All CCGs	N/A	N/A	Covered by the general Health & Safety Policy	TU H&S Group	N/A	The Safety Representatives and Safety Committees Regulations 1977 give trade union-appointed safety representatives specific rights and outline employer duties to support workplace health and safety consultation. <u>These regulations apply where a recognised trade union is present in the workplace.</u>	Under the regulations, recognised trade unions can appoint safety representatives to represent employees on health and safety matters. There is no fixed number, but the union must consider the size and nature of the workforce. Safety reps have the right to: •Investigate potential hazards and complaints; •Conduct workplace inspections (usually every 3 months); •Represent employees in discussions with the employer and HSE inspectors; •Inspect documents relevant to health and safety; •Receive information from the employer about risks and preventive measures; •Be consulted on health and safety arrangements, including risk assessments and training.	Not applicable.	Employers must: •Consult Safety Reps on health and safety issues; •Establish a safety committee within 3 months if requested by 2 or more Safety Reps. The committee should facilitate consultation on health and safety matters; include management and employee representatives, meet regularly and keep records of discussions; •Provide facilities and assistance (e.g. access to documents, meeting space); Allow Safety Reps paid time off for performing their duties and attending approved training courses; •Not discriminate or victimise safety reps for carrying out their role.	The HSE is the enforcing agency for the Safety Representatives and Safety Committees Regulations 1977. HSE ensures that employers comply with their legal duties to consult trade union-appointed safety representatives and establish safety committees when required. They can investigate complaints, inspect workplaces, and take enforcement action if necessary.	- TU Safety Reps undergo training via their Trade Union.	No	No
Health and Safety (Consultations with Employees) Regulations 1996	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	N/A	All CCGs	N/A	N/A	Covered by the general Health & Safety Policy	N/A	N/A	The Health and Safety (Consultation with Employees) Regulations 1996 require UK employers to consult employees on matters affecting their health, safety, and welfare at work—even if no recognised trade union is present. These regulations ensure that all workers have a voice in workplace safety.	Under the regulations, Employers must consult employees directly or through elected representatives of employee safety (RoES) regarding risk assessments, preventive and protective measures, health and safety training, emergency procedures and the introduction of new technologies that may affect safety.	Not applicable.	Employers must: •Consult employees directly or through elected representatives of employee safety (RoES) regarding risk assessments, preventive and protective measures, health and safety training, emergency procedures and the introduction of new technologies that may affect safety. •Give employees or their reps relevant health and safety information, including hazards and risks, measures in place to control risks, emergency arrangements and results of risk assessments •If employees choose to elect RoES, allow fair elections, provide time and resources for reps to perform their duties, consult reps on the same matters as they would trade union safety reps. Reps are entitled to reasonable time off for performing consultation duties and attending appropriate training.	The HSE is the enforcing agency for the Health and Safety (Consultation with Employees) Regulations 1996. HSE ensures that employers meet their legal duty to consult employees or elected representatives on health and safety matters. They can investigate complaints, inspect workplaces, and take enforcement action if employers fail to comply.	- TU Safety Reps undergo training via their Trade Union.	No	No
Regulatory Reform (Fire Safety) Order 2005 (RRO)	James Severs, Director of Allied Health Professions and Health Science	Richard Jupp, Head of Fire Safety	N/A	Estates & Facilities CCG All CCGs	Target of >90% Fire training compliance for Levels 1, 2 & 3 only, achieved by completing various courses and/or face to face sessions. Target of >90% of Fire Risk Assessments completed within the specific timeframe allocated. Findings / Actions arising from Fire Risk Assessments to be completed within the agreed timelines specified. Letters of Fire Safety Matters (LoFSMs). Fire Enforcement Notices (ENs)	Monitored through the Fire Safety Group Target of 100% of findings/actions from Fire Risk Assessments completed or implemented to be introduced Target of 100% of required actions or outcomes from LoFSMs completed or implemented to be introduced Target of 100% of required actions from Fire ENs completed or implemented to be introduced.	Fire Safety Policy (Including TNA)	Fire Safety Group.	813 Corporate Risk Risk of non-compliance with the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure	The Regulatory Reform (Fire Safety) Order 2005 (RRO) is a statutory law that sets out the minimum fire safety standards for non-domestic premises, emphasizing the responsibility of employers to maintain a safe working environment. It requires individuals designated as "responsible persons" to carry out risk assessments, ensure adequate fire safety measures are in place, and provide training to employees.	As a 'responsible person' to comply with the law, an employer must make sure: •Works premises reach the required standards •Fire Risk Assessments are completed •Employees are provided with adequate fire safety training	The Responsible Person is required to: •Carry out a suitable and sufficient fire risk assessment, recording significant findings, especially if employing five or more persons •Implement preventive and protective measures based on the risk assessment, which includes fire detection, alarm systems, firefighting equipment, and emergency escape routes. •Consider risks posed by dangerous substances, including storage and handling to minimize hazards. •Establish emergency procedures, train occupants and staff, and maintain fire safety equipment. •Maintain records and provide information to employees and other relevant persons, including those especially at risk such as young persons. In multi-occupied buildings, the responsibilities can be shared between landlords, employers, or other controlling parties, with duty holders required to coordinate their fire safety measures to ensure collective compliance.	The RRO outlines the responsibilities of Responsible Persons to employees in the context of fire safety. Responsible Persons must ensure that all employees take reasonable care for their own safety and the safety of others in the workplace. This includes providing information and training on fire safety measures, maintaining clear emergency escape plans, and ensuring regular fire safety training sessions. It is also the duty of Responsible Persons to consult employees on fire safety matters and provide information to them.	Local fire and rescue authorities are the main bodies responsible for enforcing the RRO across England and Wales, including workplaces, commercial buildings and public buildings. The authorities carry out inspections, audits, and actions to ensure fire safety compliance. Depending on the severity of non-compliance, Inspectors appointed by enforcing authorities have the powers to issue verbal advice, non-statutory notices, or statutory enforcement notices. The maximum penalties for non-compliance enforced by the Fire and Rescue Service are unlimited fines.	Level 1 – All staff must complete this training biennially. Level 2 – Nursing staff must complete this training annually. Level 3 - Fire Response Team Specialised Training, completed annually. Level 4 - Fire Safety Warden Training is a voluntary role and staff would receive updates every 2 years. Level 5 - Fire Training for Managers banded at 8B+ staff. This is also the MH&S Fire Module. No repeat.	No (Not required as other mandatory general training in place)	Yes
Electricity at Work Regulations 1989	James Severs, Director of Allied Health Professions and Health Science	Simon Day, Head of Maintenance & Engineering	NWSSP-SES Authorising Engineer Low Voltage (AE LV) NWSSP-SES Authorising Engineer High Voltage (AE HV)	Estates & Facilities CCG	WHTM 06-01 AE Audit, DATIX incidents, AMaT Tracking, Training Records, maintenance PPM, Records of completed EICR / PAT testing.	External Audit, Internal Audit	Electrical Safety Policy (Low Voltage)	Electrical Safety Group (Currently a reporting group of the H&S Sub-Committee)	PPH (1101)	The EAW Regulations were established to ensure the safety of electrical systems and equipment in the workplace. The Regulations set out essential safety requirements to prevent electrical hazards in the workplace, imposing duties on employers and employees to ensure electrical systems are safe and properly maintained.	Employers and duty holders must ensure that electrical systems are designed, installed, and maintained to prevent danger. This includes ensuring that only trained competent individuals work on or near electrical systems. Employers must maintain records of inspections, maintenance, and any incidents related to electrical safety.	Risk Assessment: Assessments must be conducted to identify potential electrical hazards and implement appropriate safety measures. Strength and Capability of Equipment: Electrical equipment must not be overloaded or used beyond its designed capacity. Insulation and Protection: Live conductors must be adequately insulated and protected to prevent accidental contact. Earthing and Bonding: Conductors that may become energized due to faults must be properly earthed or otherwise protected to prevent electric shock. Maintenance and Inspection: Regular inspection, testing, and maintenance of electrical systems are required to ensure ongoing safety. This includes Electrical Installation Condition Reports (EICR) and Portable Appliance Testing (PAT). Work on Live Conductors: Specific precautions must be taken when working on or near live conductors, including ensuring that only trained personnel perform such tasks and that appropriate safety measures are in place.	•Conducting regular assessments to identify potential electrical hazards and ensure risks are properly controlled. •Arranging routine inspections, testing, and maintenance of electrical equipment to ensure it remains in safe working order. •Ensuring that only qualified and trained personnel are authorized to carry out work on electrical systems. •Providing adequate training and information to employees about electrical safety and any potential hazards in their working environment. •Ensuring that employees have the appropriate PPE, such as insulated gloves or protective workwear where necessary. •Cooperating with employees on matters of health and safety, which might involve participating in training sessions, contributing to risk assessments, and following the company's safety policy.	The enforcement of the EAW Regulations requirements is primarily the responsibility of the Health and Safety Executive (HSE). Duty holders, including employers and employees, have the legal obligation to comply with these regulations to ensure the safety of all individuals working in the vicinity of electrical systems. Any breaches can lead to penalties for employers (unlimited fines) or individuals responsible for the workplace.	- Partially covered in Level 1&2 - General Fire Safety Training. All Staff, repeated annually. - Competent Person and Authorised Person training for specific Estates staff for both High-Voltage and Low-Voltage electricity in line with WTHMs. - Manual Handling Level 2 includes charging batteries and electrical checks before using equipment.	No	No

Water Supply (Water Fittings) Regulations 1999 - Water safety is also covered by COSHH & MHSWR	James Severs, Director of Allied Health Professions and Health Science	Simon Day, Head of Maintenance & Engineering / Senior Nurse IP / Consultant Microbiologist	Authorising Engineer (AE) Water	Estates & Facilities CCG / All CCGs	AE Audit AMaT Actions Report Training Records	WHTM 04-01 Approved Code of Practice L8	Water Safety Policy	Water Safety Group (Currently a reporting group of the H&S Sub-Committee)	N/A	COSHH Regulations require employers to protect staff and others from chemical and biological exposure linked to work activities. In this context, it is protection from water-borne organisms and biofilms in water systems.	- Application of suitable engineering provisions to ensure water is safe to drink and use. - Testing/monitoring including routine microbial and temperature testing. - Flushing of low use outlets; removal of redundant outlets. - Approval processes and risk assessment for water coolers or other relevant water-related equipment.	Water Safety Plan (WSP) and Governance A comprehensive Water Safety Plan is in place, developed in accordance with HTM 04-01 and national water hygiene standards. A multidisciplinary Water Safety Group (WSG) meets regularly to review risks, incidents, monitoring results, and compliance performance. The Responsible Person (RP) and Deputy RP are formally appointed and oversee operational compliance.	The Health Board must ensure, so far as is reasonably practicable, the health, safety, and welfare of its employees, through implementing the listed control measures, where practicable and relevant. Risk Assessment and Control Measures Legionella and Pseudomonas aeruginosa risk assessments are completed by competent specialists and reviewed at least every two years or after system changes.	The Health and Safety Executive (HSE) enforces compliance with the COSHH Regulations. Failure to follow them can lead to significant penalties, including unlimited fines.	- General management requirements - Covered briefly by the MH&SI course. - Competent Person and Authorised Person training for specific Estates staff in line with WTHMs.	No	Yes - Small Section
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Other Topic Areas (Without Direct Regulations)

Violence & Aggression (Inc: Emergency Workers Act 2017)	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	N/A	All CCGs	Reducing Restrictive Practice Team training compliance. E-Learning V&A Module A training compliance Incident statistics (Data from Brett's reports & new Datix).	V&A/Security Risk Assessments in place No. of security calls No. of police calls / attendances	Violence and Aggression Policy Lone Working Policy Violent Patient Marker Policy Security Management Policy Reducing Restrictive Practice Policy	Security Management Group (Currently a reporting group of the H&S Sub-Committee)	1860 - Corporate 1861 - Corporate 1549 - Operational	The Health and Safety at Work etc. Act 1974 (HSWA) requires employers to ensure, so far as is reasonably practicable, the health, safety, and welfare of employees. This includes protection from physical violence, verbal abuse, and threats. The Management of Health and Safety at Work Regulations 1999 (MHSWR), employers must conduct risk assessments that include the potential for violence and aggression. Employers must also implement control measures, provide training, and appoint competent persons. (There is also a moral duty to protect employees from violence and aggression at work).	•Conduct a suitable and sufficient risk assessment: Identify roles, locations, or situations where violence or aggression is likely (e.g. lone working, public-facing roles, night shifts), consider past incidents, employee feedback, and industry-specific risks, and evaluate both physical and psychological harm. •Implement Control Measures •Provide Training and Support •Establish Clear Reporting Procedures •Support Affected Employees •Monitor incident trends	•Environmental controls: Install CCTV, panic alarms, secure entry systems, and adequate lighting. •Procedural controls: Introduce lone worker policies, buddy systems, and incident reporting protocols. •Staffing controls: Providing a suitably trained security response to deal with incidents and to act as a physical deterrent. Avoid understaffing in high-risk areas and ensure adequate supervision. •Training: Training staff to recognize warning signs of aggression, de-escalate confrontational situations, respond safely to threats or violence and look after their personal safety.	The Health Board must ensure, so far as is reasonably practicable, the health, safety, and welfare of its employees, through implementing the listed control measures, where relevant. Health Boards must provide sufficient information, instruction, and training to employees and their representatives on: •Recognizing warning signs of aggression, de-escalating confrontational situations, responding safely to threats or violence and looking after their personal safety; •Environmental, procedural and staffing controls in place for their safety. Health Boards should also support affected employees by: •Providing access to counselling or employee assistance programmes; •Offering time off or adjustments for recovery if needed; •Following up to ensure wellbeing and prevent recurrence.	The Health and Safety Executive (HSE) enforces compliance with the HSWA and MHSWR. Failure to follow them can lead to significant penalties, including unlimited fines. Health Boards must also consult with employee representatives, such as union safety representatives, on the management of violence and aggression in the workplace. Affected employees may also be able to make a personal injury claim for injuries sustained through violence and aggression incidents in the workplace.	- General - NHS Wales Violence & Aggression Modules A&B (All staff on commencement, Currently not refreshed - in line with the All Wales Passport, Module B should be refreshed periodically for patient facing staff, with the frequency dependent on role). - All Wales Violence and Aggression Passport (Modules A-C) (A&Es, MIUs, Estates, Community any other lone workers). - Restraint Reduction Full Course 3 days (Modules A-D) (Mental health inpatient services, CAMHS Crisis team, LD Liaison and porters). - Restraint Reduction Short Course 2 days (Modules A-D) (Paeds, general acute staff and those approved through training needs analysis i.e., community staff needing clinical holding procedures). - Refresher courses for each of the above. - Identifying Restrictive Practice and Care planning: Teams course (This is new, in response to an Ombudsmen report. It will need to be completed by all patient facing staff). - The management of V&A is on the MH&SI.	Mentioned briefly (Not required as other mandatory general training in place)	Yes
Security	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	N/A	Estates & Facilities CCG (Porters) All CCGs	Security Risk Assessments Incident statistics Police calls/ attendances (STORM) Absconded patients	Target of >90% of Security Risk Assessments completed to be introduced. Target of >90% of findings/actions from Security Risk Assessments completed or implemented to be introduced A reducing target to be introduced for number of security calls or incidences; number of police calls and attendances; number of absconded patients	Security Management Policy CCTV Policy and Documentation	Security Management Group (Currently a reporting group of the H&S Sub-Committee)	1860 Corporate Risk Risk of serious harm to staff due to violence & aggression in the workplace 1861 Corporate Risk Risk of harm to staff, patients public and critical assets due to insufficient physical security measures and system	The Health and Safety at Work etc. Act 1974 (HSWA) requires employers to ensure, so far as is reasonably practicable, the health, safety, and welfare of employees. This includes protection from intruders, violence and unsafe premises. The Management of Health and Safety at Work Regulations 1999 (MHSWR), employers must conduct risk assessments that include security threats (e.g. unauthorised access, theft, violence). The Workplace (Health, Safety and Welfare) Regulations 1992 (WHSWR) requires workplaces to be maintained in a safe condition, including secure access and exit routes. The Health Board is also in the 24 month implementation period of the Terrorism Protection of Premises Act (2025) (aka Martyr's Law) which requires public venues and events to implement security measures and preparedness plans to protect people from terrorist attacks.	Conduct a suitable and sufficient risk assessment including site and perimeter security, staff and patient safety, access control, information and data security, asset and equipment protection, emergency preparedness, incident reporting and review. Additional requirements under Martyr's Law, for all Qualifying Premises and Events (200-799 people): • Notify the regulator (Security Industry Authority – SIA); • Implement public protection procedures, including evacuation, invacuation, lockdown and communication plans. Additionally, for Enhanced Tier Premises and Events (800+ people i.e. All acute sites): • Implement additional protection measures, such as: Monitoring and surveillance, movement control, physical security (e.g. barriers, bag checks), information security and document procedures and measures; • Designate a senior responsible person.	Physical Security Measures: •Access control systems: Keycards, biometric scanners, PIN codes for restricted areas. •CCTV surveillance: Strategically placed cameras to monitor entrances, exits, and sensitive zones. •Security personnel: Trained guards or reception staff to monitor activity and respond to incidents. •Secure entry points, lighting and fencing. Procedural Controls: •Visitor management: Sign-in procedures, visitor badges, escorted access. •Lone worker protocols: Check-in systems, mobile alerts, and emergency contact procedures. •Incident reporting: Clear systems for logging and investigating security breaches or suspicious behaviour. •Emergency plans: Lockdown, evacuation, and communication protocols for threats or attacks. •Martyr's Law compliance: Implement terrorism protection procedures. Human and Cultural Measures: •Clear policies: Workplace violence, harassment, and acceptable use policies. Technological Controls: •Remote monitoring: Real-time alerts and mobile access to security systems. •Asset tracking: RFID tags or GPS for high-value equipment.	The Health Board must ensure, so far as is reasonably practicable, the health, safety, and welfare of its employees, through implementing the listed control measures, where practicable and relevant. The Terrorism Protection of Premises Act (2025) will be enforced by the Security Industry Authority (SIA), however there will not be enforcement until the end of the implementation period. Maximum fines from the SIA are £18m. Affected employees may also be able to make a personal injury claim for injuries sustained through violence and aggression incidents in the workplace caused by insufficient security measures. Health Boards should also consult with employee representatives, such as union safety representatives, on the management of security in the workplace.	- Restraint Reduction Full Course 3 days (Modules A-D) (Porters). - Management arrangements covered on MH&SI.	No	Yes	
Medical Gas	James Severs, Director of Allied Health Professions and Health Science	Simon Day, Head of Maintenance & Engineering	NWSSP-SE5 Authorising Engineer (AE) Authorised Person MGPS (AP)	Estates & Facilities CCG	AE Audit AMaT Actions Report Training Records	HTM 02-01 (2006)	Medical Gas Policy	Medical Gas And Pipeline Systems Safety Group & the Medical Gas Cylinder Group (Currently a reporting group of the H&S Sub-Committee)	N/A	Multiple regulations covering safe plant, protection from fire, patient safety (reliable oxygen supplies), safe use of gas cylinders.	Planned Preventive Maintenance (PPM) Compliance - A full MGPS asset register is maintained within the CAFM system, ensuring all plant, alarms, AVSUs, manifolds, and terminal units are captured. Authorised Person (AP) - A formally appointed AP(MGPS) provides technical governance and ensures all maintenance activities comply with WHTM 02-01.	Planned Preventive Maintenance (PPM) Controls Authorised Person (AP) Appointment Controls Competent Person (CP) Appointment Compliance Documentation & Record-Keeping NWSSP Authorising Engineer (AE) Audit	The Health Board must ensure, so far as is reasonably practicable, the health, safety, and welfare of its employees, through implementing the listed control measures, where practicable and relevant.	The Health and Safety Executive (HSE) enforces compliance with the COSHH Regulations. Failure to follow them can lead to significant penalties, including unlimited fines.	- General management requirements - Covered briefly by the MH&SI course. - Partially covered in Level 1&2 - General Fire Safety Training. All Staff, repeated annually. - Competent Person and Authorised Person training for specific Estates staff in line with WTHMs.	No	Yes - Small Section
Ventilation Covered by COSHH	James Severs, Director of Allied Health Professions and Health Science	Simon Day, Head of Maintenance & Engineering	Authorising Engineer - Ventilation (NWSSP-SES)	Estates & Facilities CCG / All CCGs	AE Audit AMaT Actions Report Training Records	(HTM) 03-01: Specialised Ventilation for Healthcare Premises (Part A and Part B, 2021).	Estates Ventilation Policy; Welsh Healthcare Technical Memorandum 03-01.	Ventilation Safety Group (Currently a reporting group of the H&S Sub-Committee)	2256, 215	COSHH Regulations require servicing every 14 months (so that servicing is done at a different time of year). A competent person is required although WHTM requires a P601 certificate as proof of competence for critical ventilation systems and LEV systems.	- A database of LEV systems has been set up and is being maintained. - This is being linked to the Estates CAFM system to ensure servicing records can be obtained for auditing, to ensure they are being maintained on time and by competent persons.	Planned Preventive Maintenance (PPM) Controls Authorised Person (AP) Appointment Controls Competent Person (CP) Appointment Compliance Documentation & Record-Keeping NWSSP Authorising Engineer (AE) Audit	The Health Board must ensure, so far as is reasonably practicable, the health, safety, and welfare of its employees, through implementing the listed control measures, where practicable and relevant.	The Health and Safety Executive (HSE) enforces compliance with the COSHH Regulations. Failure to follow them can lead to significant penalties, including unlimited fines.	- General management requirements - Covered briefly by the MH&SI course. - Competent Person and Authorised Person training for specific Estates staff in line with WTHMs.	No	Yes - Small Section
Decontamination Covered by COSHH	James Severs, Director of Allied Health Professions and Health Science	Simon Day, Head of Maintenance & Engineering	Authorising Engineer - NWSSP	Estates & Facilities CCG	AE Audit AMaT Actions Report Training Records	WHTM 01-01	Decontamination Policy	Decontamination Safety Group (Currently a reporting group of the H&S Sub-Committee)	N/A	The COSHH Regulations require employers to protect staff and others from chemical and biological exposure linked to work activities. Decontamination will primarily be about biological protection in a healthcare setting.	- Procedures and training for decontaminating equipment, and surfaces where there is a spillage of body fluids and blood.	Planned Preventive Maintenance (PPM) Controls Authorised Person (AP) Appointment Controls Competent Person (CP) Appointment Compliance Documentation & Record-Keeping NWSSP Authorising Engineer (AE) Audit	The Health Board must ensure, so far as is reasonably practicable, the health, safety, and welfare of its employees, through implementing the listed control measures, where practicable and relevant.	The Health and Safety Executive (HSE) enforces compliance with the COSHH Regulations. Failure to follow them can lead to significant penalties, including unlimited fines.	- Competent Person and Authorised Person training for specific Estates staff in line with WTHMs.	No	No
Lifts	James Severs, Director of Allied Health Professions and Health Science	Simon Day, Head of Maintenance & Engineering	N/A	Estates & Facilities CCG	Insurance Inspection Reports Maintenance Records Training Records	WHTM 08 Specialist Services	No Policy at present.	Compliance and Site Ops Monthly Meeting	N/A	The Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) sets out legal requirements for the safe use, inspection, and maintenance of lifts to protect workers and the public. LOLER is a UK regulation that applies to all workplaces where lifting operations are carried out including the use of lifts.	LOLER requires that all lifts are fit for purpose, appropriate for the task, suitably marked and subject to statutory periodic thorough examination. Records must be kept of all thorough examinations and any defects found must be reported to the responsible person.	•Ensure the lifts lifting are suitable for the task and used safely. •Conduct regular inspections by competent, trained personnel. •Maintain records of all inspections, maintenance, and safety checks. •Ensure that Safe Working Loads (SWL) are not exceeded at any time. •Report defects or unsafe equipment immediately. •Ensure that emergency procedures are in place and adhered to should a failure occur.	LOLER regulations are essential for preventing accidents involving lifting operations. Employers must provide safe equipment and thorough inspections, while workers must operate equipment correctly and report hazards. Complying with LOLER not only fulfils legal obligations but also enhances workplace safety and reliability.	The Health and Safety Executive (HSE) enforces LOLER in the UK. Non-compliance can lead to legal action, unlimited fines, or even prosecution, especially if accidents or injuries occur due to negligence.	- Note: Regulatory maintenance provision and LOLER checks are all undertaken via contracted services. No internal AE, AP or CPs in line with WHTMs as all required work is via external contracts. - Training for specific Estates staff to release trapped passengers (This training is booked, commencing soon).	No	No

Slips/Trips/Falls	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	N/A	All CCGs	Incident statistics MH&SI Training compliance (Covers Slip/Trip/Fall Management)	WICF Slips, Trips & Falls Workplace checklists	Workplace Slips, Trips & Falls Policy	H&S Sub-Committee	N/A	The Workplace Health, Safety and Welfare Regulations 1992 (WHSWR) require any floor surface to be in good condition, suitable for its purpose and kept free from hazard or obstruction which may cause a person to slip, trip or fall.	The policy outlines H&S's requirement to assess the risks associated with non-patient slips, trips and falls on its premises and to make provision to remove or reduce the associated risks of harm occurring.	Employee Responsibilities: •If you have an accident or a near miss, make sure you report it to your line manager promptly. The Health Board can use this information to prevent future accidents. (All incidents and near misses must be reported via the Datix system). •If you see a spillage, clean it up or make arrangements for it to be cleaned. •Report any damaged floors or mats. •Play your part and keep the workplace tidy. •If you see items on the floor where someone could trip over them, remove them or arrange for them to be removed or for the situation to be made safe. •If you are given PPE, wear it and look after it. Report any faults or damage to your employer and make arrangements for a replacement. •Tell your employer about any work situation that you think is dangerous, or if you notice that something has gone wrong with their health and safety arrangements.	•Investigate all STF (Slip, Trip & Falls) incidents ensuring that a post incident risk assessment is completed; •Ensure good housekeeping standards are adhered to in their areas to minimise STF hazards. This includes ensuring that all articles are stored in designated areas; •Promptly remove equipment that is not safe or suitable for its purpose; •Raise awareness in relation to the management of STFs. •Ensuring cleaning regimes are adequately risk assessed and sufficient safety equipment is provided for employees so they may comply with the preventative and protective measures designed to reduce STFs; •Ensuring floor surfaces replaced or newly fitted as part of a modification, extension or new build comply with standards of slip resistance/surface roughness; •Ensuring adequate control of contractors to ensure potential hazards associated with their work that may cause persons to slip, trip or fall are eliminated where possible or are adequately controlled; •Ensuring sufficient arrangements are in place to deal promptly with leaks and other defects which may cause a person to slip and fall; •Ensuring that arrangements are in place for gritting of external areas in the event of adverse weather conditions.	The Health and Safety Executive (HSE) enforces compliance with the HSWA and MHSWR. Failure to follow them can lead to significant penalties, including unlimited fines. Health Boards must also consult with employee representatives, such as union safety representatives, on the management of Slips, Trips & Falls in the workplace. Affected employees may also be able to make a personal injury claim for injuries sustained through Slip, Trips & Falls related incidents in the workplace.	Awareness information on slips, trips and falls prevention and/or reduction is included in: •Health Board corporate induction for new starters; •Local induction; •The Mandatory Health & Safety E-learning module. In addition to the training modules, managers should make their employees aware of the findings of any STF risk assessments that have been conducted and any subsequent controls that have been put in place. •Managers should also ensure that the findings of any investigations into STF related incidents and the lessons learned are shared with the relevant employees. •The HSE has a free online learning tool, called the Slips and Trips eLearning Package, referred to as 'STEP'. This tool is designed for both employers and workers in all sectors, providing help on assessing and managing slip and trip risks in the workplace. It provides an overview of slips and trips, how they are caused and how to prevent them, from introductory to advanced level.	Yes	Yes
New & Expectant Mothers	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	N/A	All CCGs	MH&SI Training compliance (Covers New & Expectant Mothers Management)	Pregnancy Care Plan Form 1s in place	New and Expectant Mothers / Birthing Parents Procedure	H&S Sub-Committee	N/A	The H&S also has statutory obligations under the Management of Health and Safety at Work Regulations 1999 and the Workplace (Health, Safety and Welfare) Regulations 1992 to ensure the health, safety and welfare of all new and expectant members of staff, as far as is reasonably practicable. It is important to recognise that pregnancy is not an illness and, provided that there are adequate arrangements in place, it should be possible for employees within the scope of this procedure to continue to work safely.	H&S will take reasonably practicable steps to ensure that safe working environments are provided and that risks are eliminated or reduced to the lowest practicable level, and that employees, their unborn child or their babies/toddlers are not harmed. H&S considers that the welfare of all employees is important and will endeavour to ensure that each person's needs are assessed on an individual basis, following the Pregnancy Care Plan.	H&S will assess and record any general risk(s) that may be present in the workplace to employees covered by this procedure. Where significant risk(s) are identified, H&S will take all reasonable steps to eliminate the risk(s) or reduce them to the lowest practicable level, then inform staff (and others if appropriate) who may be affected by the risk assessment. Where an employee has formally told H&S that they are a new or expectant mother or birthing parent, H&S will, in conjunction with the employee, review their risk assessments and determine if any personal factors need to be assessed. Where significant risk cannot be removed or adequately controlled, H&S will, in conjunction with the Workforce Department, make suitable changes in the working conditions, tasks, hours of employment or redeploy the employee to avoid the risk.	Managers must comply with the procedure. In particular they must: •Identify and assess risks and take action to control any general risks present in their areas of responsibility to employees who are pregnant or may become pregnant, are new mothers or birthing parents or who are breast-feeding. •Conduct a detailed risk assessment specific to the individual following an employee informing them that they believe that this procedure applies to them. •Refer the newly pregnant employee to the Occupational Health Service, providing the service with a copy of the current Pregnancy Care Plan. •When informed that an employee plans to continue breast-feeding when they return to work: oRe-assess the detailed risk assessment specific to the individual. oProvide suitable breast-feeding facilities. It is recommended that nursing mothers or birthing parents are provided with a private, healthy, and safe environment in which to express and store milk. Toilets are not suitable for this.	The Health and Safety Executive (HSE) enforces compliance with the HSWA and MHSWR. Failure to follow them can lead to significant penalties, including unlimited fines. Health Boards must also consult with employee representatives, such as union safety representatives, on behalf of employees covered by this procedure.	Managers are informed of the Policy and its scope via routes such as the Manager's H&S Induction training. Health Board Employees must: • Assist H&S to ensure their wellbeing and inform their manager if they believe that this procedure applies to them; • Co-operate and adhere to advice given by the Occupational Health Service; • Obtain information or guidance from their Midwife, General Practitioner and Occupational Health Service etc. • Inform their manager, in writing, as early as possible, if they plan to continue breast-feeding when they return to work and will require suitable facilities in which to express and store milk. The Occupational Health Service will respond to a manager's referral in a timely manner and, in accordance with the Pregnancy Care Plan, offer the employee an appointment to attend for a confidential assessment. The assessment will include: • A specific assessment for the employee; • Health and wellbeing in pregnancy advice. - New/expectant mothers are discussed in terms of individual capability as part of the Manual Handling risk assessments are taught on the Level 2 Manual Handling course for all Patient Handlers, through PowerPoint slides and then reinforced when undertaking practicals.	Yes	Yes
Latex	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	N/A	All CCGs	Incident statistics MH&SI Training compliance (Covers Latex Management)	?? Data from OH	Latex Policy	H&S Sub-Committee	N/A	The aim of the policy is to provide guidance and raise awareness of the latest issues which affect patients and staff. The H&S recognises the general duties imposed by the Health and Safety at Work Act, and the Control of Substances Hazardous to Health (COSHH) Regulations and as such has an obligation to minimise latex exposure so far as is reasonably practicable.	The policy objectives are to: •Prevent symptoms due to latex allergy in both staff and patients. •Ensure safe treatment for latex allergic staff and patients. •Ensure safe working practices for latex allergic staff. Latex is a natural product made from the rubber tree plant. It is used extensively in the manufacturing industry. Latex consists of natural proteins and chemicals. Some individuals can be allergic to the proteins naturally found in latex and others are sensitive to the chemicals used in the manufacturing process.	•Warn all potentially affected workers of the hazards associated with latex. •Do not wear latex gloves for longer than is necessary. •Avoid the use of oil-based emollient hand creams or lotions when wearing latex gloves. The hand cream provided by the H&S is not oil based. •Cover any open wounds with waterproof dressings when in work. Change dressings when they are soiled or become non-adherent. •Always wash and thoroughly dry hands immediately following the removal of gloves. •Ensure information on patient allergies are ascertained and recorded in patients' history. However, this should be extended to include specific questions which may detect known or possible occurrence of latex allergy prior to admission at consultation stage e.g. Ante-Natal clinic, Out-patient clinic, Pre-op assessment clinic, routine admission and on first assessment in the Community. •Staff must be aware of the potential dangers to patients posed by latex sensitisation e.g. gloves, catheters, condoms, elasticated bandages and wound dressings. •All new staff must complete a health assessment questionnaire. All clinical staff are asked to complete the screening Occupational Health Service Latex Allergy Health Questionnaire. •All clinical staff are likely to a greater or lesser extent to be exposed to latex. An annual health	Managers must ensure that, if a member of staff reports symptoms as identified in the Policy following exposure to latex products, a risk assessment is carried out. The Policy contains the Latex Allergy Risk Assessment Form that should be used for this purpose. The manager should discuss any activities that may result in contact with latex products and document these using this form. The risk assessment highlights any controls that are already in place and any additional controls required. The assessment can be undertaken with assistance from the Health, Safety and Security Department and/or Occupational Health nursing staff if required. Health surveillance should be provided where appropriate.	The Health and Safety Executive (HSE) enforces compliance with the HSWA, MHSWR & COSHH. Failure to follow them can lead to significant penalties, including unlimited fines. Health Boards must also consult with employee representatives, such as union safety representatives, on the management of Latex in the workplace. Affected employees may also be able to make a personal injury claim in relation to a reaction due to Latex exposure related incidents in the workplace.	Ensure that staff are given the necessary information, instruction and training to enable them to manage NRL (Natural Rubber Latex) allergies and comply with the policy, including the need for reporting concerns: •Reporting NRL allergic reactions suffered by patients via the incident reporting process (Datix). •Reporting symptoms suggestive of NRL allergy in staff to the Occupational Health Department.	1 Slide Latex	Yes

Workplace Stress, Depression & Anxiety	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	N/A	All CCGs	None MH&SI Training compliance (Covers Workplace Stress, Depression & Anxiety Management)	Sickness data from ESR ?? Data from OH or Staff Psychological Wellbeing Service	This policy deals with the development of organisational culture, practices and work environments where the mental health and psychological wellbeing of all its employees are prioritised and valued. It gives information and guidance about the actions needed to promote wellbeing and resilience as well as to prevent and reduce work related stressors, and how to support staff who may be experiencing difficulties. There is a strong and well-established business case for investing in employee health and wellbeing and NHS organisations that prioritise staff health and wellbeing perform better, have improved patient satisfaction, stronger quality scores, better outcomes and lower rates of sickness absence. Stress, anxiety and depression continue to be one of the top four most common cause of absence in the UK. Stress is also more prevalent in public service industries (including health) and by occupation, jobs that are common across public service industries (such as healthcare workers and service professionals) show higher levels of stress as compared to all jobs. The Health Board recognises the contribution of psychosocial factors in the development of musculoskeletal disorders and the link between work-related musculoskeletal disorders and stress.	H&S Sub-Committee	N/A	The Staff Psychological Wellbeing Policy deals with the development of organisational culture, practices and work environments where the mental health and psychological wellbeing of all its employees are prioritised and valued. It gives information and guidance about the actions needed to promote wellbeing and resilience as well as to prevent and reduce work related stressors, and how to support staff who may be experiencing difficulties. There is a strong and well-established business case for investing in employee health and wellbeing and NHS organisations that prioritise staff health and wellbeing perform better, have improved patient satisfaction, stronger quality scores, better outcomes and lower rates of sickness absence. Stress, anxiety and depression continue to be one of the top four most common cause of absence in the UK. Stress is also more prevalent in public service industries (including health) and by occupation, jobs that are common across public service industries (such as healthcare workers and service professionals) show higher levels of stress as compared to all jobs. The Health Board recognises the contribution of psychosocial factors in the development of musculoskeletal disorders and the link between work-related musculoskeletal disorders and stress.	This policy aims to: Acknowledge the link between productive, healthy working conditions and employee mental health and psychological wellbeing. Emphasise the importance of employee psychological wellbeing across all levels of the organisation and acknowledge that staff health and wellbeing lie at the heart of what we do. Contribute to the development of organisational culture, practices and work environments where the mental health and psychological wellbeing of all its employees are prioritised and valued. Promote an approach to psychological wellbeing and mental health at work that is proactive and preventative rather than just reactive and treatment focused. Help develop a culture that is supportive and non-judgemental of people experiencing stress or mental health problems and reduce the potential for discrimination and stigma in relation to these problems.	The Health and Safety Executive's (HSE) Management Standards for Work Related Stress define the characteristics or culture of an organisation where the risks of work-related stress are being effectively managed and controlled. The Management Standards cover six key aspects of work design that, if not managed properly, are associated with poor health and wellbeing, lower productivity, and increased sickness absence. The six areas are: • Demands: Includes issues like workload, work patterns, and the work environment • Control: How much say the person has in the way they do their work. • Support: Includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues. • Relationships: Includes promoting positive working to avoid conflict and dealing with unacceptable behaviour. • Role: Whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles. • Change: How organisational change (large or small) is managed and communicated in the organisation.	•Embed employee psychological wellbeing in organisational culture, systems, and infrastructure, demonstrating its importance through role modelling, behaviour and decision making. •Strengthen the role of line managers in promoting psychological wellbeing through compassionate leadership style and management practices. •Be proactive in challenging any stigma attached to the experience of work-related stress, mental health problems, or the use of support services. •Actively work to provide the necessary conditions to support wellbeing and resilience in the workplace (as outlined in the HSE Stress Management Standards framework). •Ensure that local systems are in place for identifying and addressing stress in the workplace and that any actions taken are monitored and reviewed. •Adopt a compassionate leadership style and embed psychological wellbeing in team culture, demonstrating its importance through role modelling, behaviour and decision making. •Be respectful and considerate of others, listening to concerns and be willing to offer help or when needed. •Raise any concerns about stress at work early on and take part in stress risk assessment procedures when these are required.	The Health and Safety Executive (HSE) has a long term strategic commitment to reducing work-related ill health, with a specific focus on mental health and stress. The HSE is actively investigating potential breaches of health and safety legislation regarding work-related stress conditions. Organizations that fail to demonstrate reasonably practicable measures to mitigate risks to employees' health and safety could face severe regulatory penalties, including turnover-based fines and even custodial sentences for directors and managers.	Staff Psychological Wellbeing Service: •Provide an organisational lead on issues relating to employee resilience, psychological wellbeing and mental health at work. •Provide specialist advice, consultation and learning opportunities on building a culture of wellbeing and resilience at work for leaders, teams, and individual employees. •Provide consultation and support on conducting stress risk assessments and psychologically informed organisational health interventions to build a culture of wellbeing and resilience. •Provide a range of appropriate psychological interventions including access to an equitable confidential advice and psychological therapy / counselling service for all employees. •Provide referrals and signposting to Hywel Dda UHB Local Primary Mental Health Care Support Services or outside specialist agencies where required. •Support individuals who have been off sick with psychological or stress related, difficulties and provide specialist advice on return-to-work plans within the agreed limits of confidentiality. Occupational Health Department. •Proactively promote employee health and wellbeing in alignment with wider public health and health promotion strategies. •Provide advice, support and guidance to managers and employees on wellbeing at work. •Encourage employees to access the Staff Psychological Wellbeing Service where appropriate.	No	Yes
Ligature Risk Management	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	N/A	Predominantly MHL D CCG	Incident statistics	Ligature Risk Assessments in place	Assessment and Management of Environmental Ligature risks Procedure	H&S Sub-Committee	N/A	The Assessment and Management of Environmental Ligature Risks procedure has been developed to help staff to address ligature risk in a balanced, objective and systematic way using an audit tool. It should be seen as an integral part of other measures to reduce the risk of suicide. The procedure primarily applies to all adult, dementia, older adult, rehabilitation, forensic and learning disability inpatient/service user units and residential learning disability settings. The procedure also covers community-based settings.	The aim of the procedure will be achieved by the following objectives: •To ensure that in-patient/service user areas of the MHL Directorate are as free from environmental ligature risk as possible, noting that it is unlikely that all risks can be entirely removed in a therapeutic environment to be considered completely "ligature-free". Therefore, "Ligature-resistant" is the preferred approach and one recognised by the NHS Wales Delivery Unit's guidance All Wales Principles and Standards of Practice in the Assessment and Management of Ligature Points. •It is unlikely that a service can remove every potential ligature point from every ward area. However, when possible, they should be made safe or replaced by 'anti ligature' fittings that cause a ligature to fall off or collapse when a certain weight is applied"	These are examples of controls but should be localised to incorporate risks identified in within a Ligature Point Audit: •Individual risk assessments, safety planning and use of enhanced observations. •Visible nursing staff available on the ward. •Undertake regular checks of the environment to be completed by staff. •Make sure that doors that are supposed to be locked are kept locked. •Consider placing higher a risk patient / service user closer to the nursing office where they can be more easily observed. •Be mindful that rooms that have been adapted to meet the needs of disabled patient / service user contain increased risks (for example handrails, manual handling equipment). •Report all new potential anchor point risks to Estates team in a timely manner. •Installation of anti-ligature fittings wherever possible (collapsible curtain rails, magnetic door hooks, mastic around pinpoints and fire alarms).	The procedure has been developed to help staff to address ligature risk in a balanced, objective and systematic way using an audit tool. It should be seen as an integral part of other measures to reduce the risk of suicide. Clinical risk assessment, therapeutic observation and engagement form part of the overall strategy for managing ligature risk and patient/service user safety. In addition, the impact of procedural, relational, environmental factors when completing assessments and the dynamic nature of assessments tailored to the individual. Managing the risk of ligatures in a mental health inpatient/service user environment is neither a discrete activity nor precise science. It requires consideration of things that may cause a hazard and the likelihood of that object being used to cause harm and becoming a risk. This will be based on many facets including the purpose of the space, the client or patient/service user group using it, individual client risks, visibility and supervision of the area and the policies and procedures put in place to reduce the hazard.	The Health and Safety Executive (HSE) enforces compliance with the HSWA and MHSWR. Failure to follow them can lead to significant penalties, including unlimited fines.	The aim of the procedure is to provide guidance for identifying potential ligature points and ligature risks and recording the findings. Departmental training as part of an induction provides staff with an awareness guide (appendices 1-5) that helps to draw out the aims and purpose of the procedure in relation to anti ligature assessment and management. Environmental ligature point audits (including annual reviews) to be undertaken by appropriately trained staff.	No	No
HSIS6 – Managing the risk of hot water and surfaces in Health & Social care	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	N/A	All CCGs	Incident statistics	None	No Policy at present.	H&S Sub-Committee	N/A	Managing the risks from hot water and surfaces (HSIS6) explains the risks associated with hot water and hot surfaces in health and social care premises and sets out guidance to help control them. It covers the risks vulnerable people may be exposed to when bathing or showering, or where there are hot surfaces such as pipes or radiators. The guidance aims to help health and social care providers comply with their legal duties.	Health and social care providers often care for people who are vulnerable to the risk of scalding or burns. These include: •Children; •Older people; •People with reduced mental capacity, mobility or temperature sensitivity; •People who cannot react appropriately, or quickly enough, to prevent injury. If hot water used for showering or bathing is above 44 °C there is increased risk of serious injury or fatality. Contact with surfaces above 43 °C can lead to serious injury. Particular care needs to be taken to manage these risks where water temperatures are circulated above 50 °C to control legionella.	Engineering controls can include: Hot Water •Thermostatic mixing valves (TMVs). •Temperature-restricted, instant water heaters. •Installation of 'healthcare standard' showers. Hot surfaces •Providing low surface temperature heat emitters. •Excising sources of heat out of reach. •Guarding the heated areas (e.g. providing radiator covers, covering exposed pipework). •Reducing the flow temperatures, although this should not reduce their effectiveness or increase risk from legionella.	Responsibly to Patients: Potential scalding and burning risks should be assessed in the context of the vulnerability of those being cared for. A risk assessment of the premises should be carried out to identify what controls are necessary and how the systems will be managed and maintained. The results of the general risk assessment should be taken into account when completing an individual's care assessment / plan. Maintenance and monitoring: Controls to manage the risk from hot water or surfaces should be adequately maintained. Maintenance schedules should take into account local conditions (for example hard water or limescale) and the risk of valve failure. Staff should be instructed to report any obvious defects immediately, and to take the facility out of use if necessary. Where there are vulnerable individuals and whole-body immersion, widely recognised professional bathing practice involves testing of outlet temperatures using a thermometer to provide additional reassurance.	The Health and Safety Executive (HSE) enforces compliance with the HSWA and MHSWR. Failure to follow them can lead to significant penalties, including unlimited fines. There is also the possibility of a personal injury claim from affected persons in relation to an injury sustained from hot water / surfaces while in Health / Social care.	Adequate training and supervision should be provided to ensure that staff who maintain the premises, or assist vulnerable people, understand the risks and precautions.	No	No

Facilities Regulations & Standards

Food and Environmental Protection Act 1985	James Severs, Director of Allied Health Professions and Health Science	Peter Jones, Head of Facilities	N/A	Estates & Facilities CCG / All CCGs	Procurement processes and procedures. For waste disposal arrangements see also Workplace Recycling Regulations (effective from 06.04.26). Not measured as part of EHO standard audit regime.	None	No specific policy. Will be covered by procurement protocols. Food waste is referred to in other waste policies		Workplace Recycling Regs - 551	- only approved products may be sold, supplied, advertised or used, - only products specifically approved for the purpose may be applied from the air, - a recognised storemans certificate of competence is required for stores who sell or supply pesticides for agricultural use, - a recognised certificate of competence (BASIS), is required by anyone who gives advice when selling or supplying pesticides for agricultural use, and - users of pesticides must comply with the conditions of approval relating to its use.	Procurement and Waste Management protocols	Compliance with procurement and waste management protocols	HSE		No	No
Food Safety Act 1990	James Severs, Director of Allied Health Professions and Health Science	Peter Jones, Head of Facilities	N/A	Estates & Facilities CCG / All CCGs	Compliance with all food safety measures Food Hygiene & Safety Procedures. Structural/cleaning issues. Pest control. Food handler training				2076, 2115, 2200, 2262	It regulates selling and purchasing to sell food. It also monitors the preparation and presentation of food, including packaging, labelling and advertising.	Response to EHO annual inspection reports with follow up on AMAT. Completion of HACCP documentation and rigorous following of its defined processes.				No	No
Food Standards Act 1999	James Severs, Director of Allied Health Professions and Health Science	Peter Jones, Head of Facilities	N/A	Estates & Facilities CCG / All CCGs	Compliance with food hygiene ratings are reported via 3 As report to CCG				2076, 2115, 2200, 2262	Ensuring that members of the public are kept adequately informed and advised in respect of making informed decisions about food that they consume.				No	No	
Food Hygiene (Wales) Regulations 2006	James Severs, Director of Allied Health Professions and Health Science	Peter Jones, Head of Facilities	N/A	Estates & Facilities CCG / All CCGs	E&F CCG assess training compliance		Overarching Catering Policy for the provision of food is provided			Enforces food hygiene standards in food production and food handling in Wales.		Provision of adequate and safe food and drink		Catering Assistants/Ward Based Caterers Food Safety Level 2 HACCP Level 3	No	No

Food Hygiene Rating (Wales) Act 2013	James Severs, Director of Allied Health Professions and Health Science	Peter Jones, Head of Facilities	N/A	Estates & Facilities CCG / All CCGs	Food Hygiene Premises rating score. Demonstrate that food rating is on display		requires. Hazard Analysis and Critical Control points (HACCP) document is current and in use. Is currently going through controlled documentation governance process	require our users to go through Nutrition Hydration group & CCG structure		A food business establishment must inform the public of its food hygiene rating. Failure to inform the public is a criminal offence; punishable by a fine or a fixed penalty.	Regular ward and main kitchen inspections using online audit tool. Daily supervision of records.	for on-premises consumption. Handle and store food safely to prevent harm; Maintain the expected quality, nature, and substance of food; Provide accurate information to consumers	Local Authority - Environmental Health	HACCP Level 4 Allergen Awareness Level 2 Catering Supervisors Food Safety Level 3 HACCP Level 3 Allergen Awareness Level 2	No	No	
Food Hygiene Rating (Wales) Regulations 2013	James Severs, Director of Allied Health Professions and Health Science	Peter Jones, Head of Facilities	N/A	Estates & Facilities CCG / All CCGs						Response to EHO recommendations following annual inspections				No	No		
Food Information (Wales) Regulations 2014	James Severs, Director of Allied Health Professions and Health Science	Peter Jones, Head of Facilities	N/A	Estates & Facilities CCG / All CCGs	none				The Food information (Wales) Regulations 2014 establish requirements for food labelling and allergen information to ensure consumer safety and informed choices in Wales.					No	No		
Food Hygiene Rating (Promotion of Food Hygiene Rating) (Wales) Regulations 2016	James Severs, Director of Allied Health Professions and Health Science	Peter Jones, Head of Facilities	N/A	Estates & Facilities CCG / All CCGs	none									No	No		
All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients	James Severs, Director of Allied Health Professions and Health Science	Peter Jones, Head of Facilities	N/A	Estates & Facilities CCG / All CCGs	EFPMs data. Incident statistics. Patient concerns/compliments data	Patient feedback; food waste target; average cost per patient meal; meal ordering accuracy; restaurant revenue; no of meals produced for patients; no of meals produced for sale; on time meal delivery;	Safe Management of Food Brought into Hospital Settings for Individual Patient Consumption Guideline - 276 Guidelines and Operational systems to ensure the provision of access to food across 24 hours for all inpatients - 211	Nutrition & Hydration group	2076, 2115, 2200, 2262	The All Wales Nutrition and Catering Standards for Food and Fluid Provision are designed to ensure that patients in hospital receive adequate nutrition tailored to their individual needs. These standards emphasise the importance of nutrition in patient care and aim to improve the overall quality of food services in healthcare settings.	Regular audits	Provision of safe food and drink	Internal		No	No	
National Standards for Cleaning in NHS Wales (2009, Revised 2021)	James Severs, Director of Allied Health Professions and Health Science	Peter Jones, Head of Facilities	N/A	Estates & Facilities CCG / All CCGs	Synbiotix data. Compliance with audit schedule (% completed) Compliance with audit outcomes (% meeting required standard)	Star Rating	Environmental Cleaning Policy (2024) - 232	EHG / IPSSG	1825	The National Standards set out a framework of organisational and managerial standards for cleaning activities along with cleaning outcome requirements based on risk-assessments. These have been designed to be used as: • the basis for specifications for all service-level agreements and contracts • standards against which the service provider can be benchmarked as part of an ongoing management process; and • the basis for the auditing of cleanliness services. Audit scores will be reported through the All-Wales Monitoring Tool and the Estates and Facilities Performance Monitoring System (EPPMS) as required	Service specifications devised to detail the required cleaning provision in line with identified area risk levels. Cleaning checklists completed daily. Regular monitoring using the Synbiotix system following the required cleaning audit frequency schedule.	Regular Synbiotix audits. Monthly reports to local IP&C groups and EHG	Provision of a safe and hygienic working environment.	Internal		No	No