Date	**10/03/2026**
Time	**9:30 AM - 11:30 AM**
Location	**Microsoft Teams; HDD Picton - Dolau Cothi**

Health & Safety Committee Meeting

Health and Safety Committee

NHS Wales

Agenda - 10 March 2026

1 GOVERNANCE

9:30 AM, 0 min

1.1 Welcome and Apologies

9:30 AM, 0 min
Ann Murphy (Hywel Dda UHB - RCN Trade Union Rep - Independent Board Member)

1.2 Declarations of Interest

9:30 AM, 0 min
All

1.3 Minutes of Previous Meeting Held on 13 January 2026

9:30 AM, 5 min
Ann Murphy (Hywel Dda UHB - RCN Trade Union Rep - Independent Board Member)

1.4 Matters Arising and Table of Actions from Meeting held on 13 January 2026

9:35 AM, 5 min
Ann Murphy (Hywel Dda UHB - RCN Trade Union Rep - Independent Board Member)

1.5 Assurance and Risk Report

9:40 AM, 10 min
James Severs (Hywel Dda UHB - Executive Director of Allied Health Professions and Health Science)

2 HEALTH AND SAFETY UPDATES

9:50 AM, 0 min

2.1 Health and Safety Assurance Report

9:50 AM, 10 min
Adam Springthorpe (Hywel Dda UHB - Health & Safety Manager)

2.2 Individual Regulation Assurance Reports

10:00 AM, 10 min
Paul Evans (Hywel Dda UHB - Head of Estates Risk & Compliance), Simon Chiffi (Hywel Dda UHB - Head of Operations)

2.3 Health and Safety Operational Compliance Report Template

10:10 AM, 10 min
Adam Springthorpe (Hywel Dda UHB - Health & Safety Manager)

3 FOR INFORMATION

10:20 AM, 0 min

3.1 HSC Workplan

10:20 AM, 0 min
Ann Murphy (Hywel Dda UHB - RCN Trade Union Rep - Independent Board Member)

4 ANY OTHER BUSINESS

10:20 AM, 5 min
All

5 MATTERS FOR ESCALATION TO BOARD

10:25 AM, 5 min
Ann Murphy (Hywel Dda UHB - RCN Trade Union Rep - Independent Board Member)

6 DATE AND TIME OF NEXT MEETING

10:30 AM, 0 min

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9:30 AM, 0 Mins

1 - GOVERNANCE

1.1 **9:30 AM, 0 Mins**

1.1 - Welcome and Apologies

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

1.2 **9:30 AM, 0 Mins**

1.2 - Declarations of Interest

All

1.3

9:30 AM, 5 Mins

1.3 - Minutes of Previous Meeting Held on 13 January 2026

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

For approval

Attachments

2026-01-13 - Health Safety Committee Meeting - Minutes.pdf

MINUTES OF THE Health and Safety Committee MEETING

Date of Meeting:	**9:30 AM, Tuesday 13 January 2026**
Venue:	**Microsoft Teams meeting; Conference Room, Parc Dewi Sant**

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

In Attendance:
Adam Springthorpe, Health & Safety Manager
James Severs, Executive Director of Allied Health Professions and Health Science
Jonathan Arthur, Deputy Director of Health Sciences
Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience (*part*)
Simon Chiffi. Head of Operations
Joanne Wilson, Director of Corporate Governance/Board Secretary
Karen Ryan, Head of Occupational Health
Gareth Cottrell, Deputy Chief Operating Officer (*deputising for Andrew Carruthers, Chief Operating Officer*)
Heather Hinkin, Assistant Director People Management
Janice Cole-Williams, Assistant Director of Nursing (*part*) (*deputising for Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience*)
Sam Hussell, Head of Health Emergency Planning (*deputising for Ardiana Gjini, Executive Director of Public Health*)
Ruth Poynting, Committee Services Officer (*Minutes*)

Apologies:
Anthony Dean, Staff Side Representative
Andrew Carruthers, Chief Operating Officer
Ardiana Gjini, Executive Director of Public Health

Minutes Ref.	Item	Action
HSC(26)001	**Welcome and Apologies** Ms Ann Murphy welcomed all to the meeting and apologies were noted as above.	
HSC(26)002	**Declarations of Interest** There were no declarations of interest.	
HSC(26)003	**Minutes of Previous Meeting Held on 11 November 2025** The minutes of the meeting held 11 November 2025 were ACCEPTED as an accurate record. **Decision:** The minutes of the meeting held 11 November 2025 were APPROVED as an accurate record.	

HSC(26)004 **Matters Arising and Table of Actions from Meeting held on 11 November 2025**

HSC(25)053: Mr Adam Springthorpe advised that a meeting took place with Louise O'Connor in which an agreement was made that an annual report would be developed to share data on Personal Injury claims. This item will now be closed.

Decision: The Committee NOTED the Table of Actions.

HSC(26)005 **Review of Health and Safety Committee (HSC) Terms of Reference (ToRs)**

The HSC Terms of Reference have been updated to reflect the governance changes following the decommissioning of the Health and Safety Sub-Committee and updated reporting arrangements. Mr James Severs thanked the Corporate Governance Team for their support in developing these changes.

CSO

Ms Murphy noted several references to 'Chairman' within the Terms of Reference and requested that these are updated to the more gender neutral term 'Chair'.

Subject to the agreed amendments, the Committee APPROVED the updated Terms of Reference.

Decision: The Committee APPROVED the updated Terms of Reference for onward submission to Board on 29 January 2026.

HSC(26)006 **Health and Safety Sub-Committee Table of Actions**

Mr Severs explained that a meeting was held to distribute the outstanding actions remaining following the final Health and Safety Sub-Committee (HSSC) meeting in October 2025 to individual leads across the organisation. Overarching responsibility for these actions will now be held by the newly established Health and Safety Compliance Group.

The Committee noted that the table's format lacks clarity, as there is no key to indicate relevant job titles or names. A point was raised regarding the clarity of responsibility columns in the action table, suggesting that job titles or full names should be used instead of initials to enhance transparency

The Committee were ASSURED that the outstanding actions have been resolved or delegated to the relevant lead.

Decision: The Committee NOTED the Health and Safety Sub-Committee Table of Actions.

HSC(26)007 **Assurance and Risk Report**

The Assurance and Risk Report was discussed, with Ms Joanne Wilson highlighting a lack of revised dates for outstanding actions. There is an ongoing action for all directorates to address any

recommendations over six months old, particularly those lacking implementation dates or barriers beyond individual areas' control.

Ms Sarah Harraway raised concerns about the lack of updates on corridor care, a topic discussed in previous meetings. The system is currently under significant pressure, impacting the ability to discharge patients and manage admissions effectively. This has resulting in patients being cared for in non-designated spaces, including corridors and emergency departments. Mr Gareth Cottrell assured that efforts are being made to maintain patient dignity and safety, with additional staffing resources and measures in place. Regular walkarounds are also taking place. Ms Sharon Daniel added that the Executive Team have approved staffing for the Urgent Care Centre (UCC) in Bronglais Hospital (BGH). This is now being implemented through the Clinical Care Group (CCG). Focus is also being applied to the healthcare support work element in Glangwili Hospital (GGH).

Mr Severs provided assurance that three new members of security staff have been appointed and work is ongoing to implement security measures for porters including the implementation of body armour and personal video recording.

There is a need to distinguish between actual violence and aggression incidents and challenging behaviours exhibited by unwell patients. This distinction will be added to the risk assessment in quarter four.

Mr Simon Chiffi clarified that risk 813 – *Risk of non-compliance with the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure* has been reviewed due to training attendance improvements. Estate condition remains a driver of this risk and will therefore not be fully mitigated until late 2029 following the completion of the project in BGH.

Ms Sam Hussell provided assurance that it is expected that risk 1433 - *Risk to the ability to maintain routine and emergency services in the event of a severe pandemic* will meet the target risk date of March 2026. An exercise has taken place to measure readiness in the case of an emergency and lessons learned from this exercise will be combined with the Government Respiratory Pandemic Guidance following its publication.

In response to a query from Ms Murphy on the status of acquired sites such as Solva surgery Mr Chiffi advised that actions have been completed on these sites however they may still be awaiting final inspections or gathering evidence.

The Committee agreed to ADVISE the Board of outstanding actions that need to be updated.

Decision: The Committee agreed to ADVISE the Board of outstanding actions outlined in the Assurance and Risk Report.

HSC(26)008 **Health and Safety Assurance Report**

Mr Severs introduced the report, noting that this template has been developed to provide an overarching view to the Committee, and welcomed any comments on the format.

Reports outlining the levels of training are now being shared with the Clinical Compliance Groups (CCGs). This is expected to improve compliance with Level 2 Manual Handling. Mr Adam Springthorpe added that this work reinforces the importance of the workplace assessor role, which involves observing staff in practice to reduce the number of times they are required to repeat training.

Ownership of this will transfer to the operational teams with the Integrated Quality, Financial Performance and Delivery Group (IQFPDG) holding the overarching responsibility.

The Committee provided positive feedback on the format of the report and the accessibility of information if provides. Mr Springthorpe assured that more information on RIDDOR compliance will be provided in the next report as this information is now available on the dashboard.

Ms Harraway raised concerns around absconding patients, noting that feedback received during a recent walkaround and suggested that the majority of absconding cases are due to sites being non-smoking areas. Patients take smoking breaks on the main road which then results in them absconding. The Committee considered whether exceptions could be made to smoking rules in extraordinary circumstances.

The Committee agreed to ADVISE the Board that while progress is being made to improve oversight of Health and Safety across the organisation, assurance will only be received when the CCGs report back to the Committee.

Decision: The Committee were assured that progress is being made to improve oversight however agreed to ADVISE the Board of ongoing concerns in the Health and Safety Assurance Report.

HSC(26)009 **Site Visit Report and Associated Actions**

Members were advised that individual actions from the Site Visit Report were presented to CCGs who then given three to four months to review each risk and provide an update to the Health and Safety Team. Following the receipt of updates, the CCGs have been asked to determine whether each risk can be tolerated or requires further monitoring.

Mr Springthorpe noted that the majority of these actions were historic. Future actions will be tracked on the Audit Management and Tracking (AMaT) system which will prompt owners of the actions on a weekly basis.

Although individual teams have worked with services such as Dyfed-Powys Police and Mid and West Wales Fire and Rescue Service for some time, a more robust and coordinated relationship has recently been established. Additionally, the Health and Safety Team maintains close relationships with operational managers across all sectors.

Mr Severs noted that the operational work underway through the IQFPDG process and internal business meetings with CCGs is progressing well and helping to strengthen communication. He highlighted that the current Quality, Health and Safety reporting template is primarily focused on patient safety and patient experience. To address this, new templates are being developed that will enable CCG leadership teams to clearly define their reporting priorities and demonstrate their performance against them.

The Committee agreed that while they were assured of the improved oversight of the action tracking process they can not be fully assured of the progress against the actions due to the lack of clear timescales and will therefore ADVISE the Board that this work is still ongoing.

The Operational Team were asked to update on the outstanding Health and Safety actions within their remit. AC/GC

Decision: The Committee agreed to ADVISE the Board that they were not able to gain assurance from the Site Visit Report and Associated Actions due to a lack of clear timescales.

HSC(26)010 **HSC Workplan**

This workplan will be updated in line with the updated Terms of Reference.

Mr Springthorpe advised that the Trade Union Health and Safety Report is shared with the Health and Safety Compliance Group and does not need to be shared with HSC directly.

Decision: The Committee NOTED the HSC Workplan.

HSC(26)011 **ANY OTHER BUSINESS**

Mr Severs noted that a detailed paper on Stress at Work will be shared at the People, Organisational Development & Culture Committee (PODCC) in February 2026. This report will link with data also being presented on sickness rates across the organisation and avoid duplication of reports.

HSC(26)012 **MATTERS FOR ESCALATION TO BOARD**

The Committee agreed to advise the Board of the following:

- Outstanding actions relating to Corporate Risks identified in the Assurance and Risk Report
- Processes to review, monitor, and enhance health and safety regulatory compliance are being developed as detailed in the Health and Safety Assurance Report.
- Further assurance is needed on progress against the actions outlined in the Site Visit Report and Associated Actions.

DATE AND TIME OF NEXT MEETING

Tuesday, 10 March 2026, 9:30 am - 11:30 am.

1.4

9:35 AM, 5 Mins

1.4 - Matters Arising and Table of Actions from Meeting held on 13 January 2026

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

For discussion

Attachments

HSC Table of Actions 10 March 2026.pdf

HEALTH & SAFETY COMMITTEE (HSC)/ PWYLLGOR IECHYD A DIOGELWCH
10 March 2026
TABLE OF ACTIONS/TABL GWEITHREDOEDD

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
HSC(25)009	**H&S Annual Work Plan 2025/26** • To provide assurance to HSSC around the management of stress in the workforce in collaboration with the Psychological Wellbeing Group and report back to HSC.	**TH, KR**	**November 2025**	**Complete:** Assurance received in the People Organisational Development and Culture Committee 17 February
HSC(26)005	**Review of Terms of Reference** • To change all references to 'Chairman' in the ToR to Chair or Chairperson.	**CSO**	**January 2026**	**Complete:** ToRs updated and approved at Public Board 29/01/26.
HSC(26)009	**Site Visit Report and Associated Actions** • For Operational leads to update on the outstanding Health and Safety Actions in their remit	**AC,GC**	**May 2026**	**In Progress**

Key: JB-Jeni Bryant, JS- James Severs, AC-Andrew Carruthers, CSO- Committee Services Officer, JB – Jeni Bryant, JA – Jonathan Arthur, KJ – Keith Jones, LOC – Louise O'Connor, SH – Sarah Harraway

1.5

9:40 AM, 10 Mins

1.5 - Assurance and Risk Report

James Severs (Hywel Dda UHB - Executive Director of Allied Health Professions and Health Science)

For assurance

Attachments

HSC Public Governance Arrangements March 2026 19022026.pdf

Health Safety Committee Public Operational Risk Register - 19022026.pdf

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Assurance and Risk Report

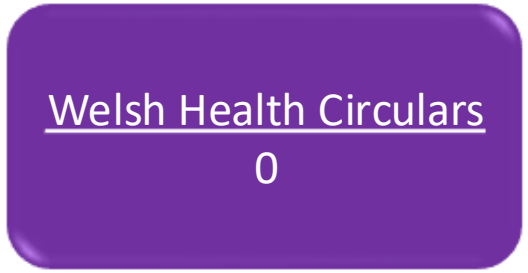
Health and Safety Committee – 10 March 2026

Situation

This report provides the Health and Safety Committee (HSC) with the status of operational risks and Welsh Health Circulars within its remit.

The Committee is asked to seek assurance from Lead Executive Directors that risks are being managed effectively, and that WHCs are being implemented by the Health Board.

Corporate risks, audit and inspection recommendations and Ministerial Directions are reported at alternate meetings, and due to be presented to HSC at its next meeting in May 2026.



Risk Management - Overview

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

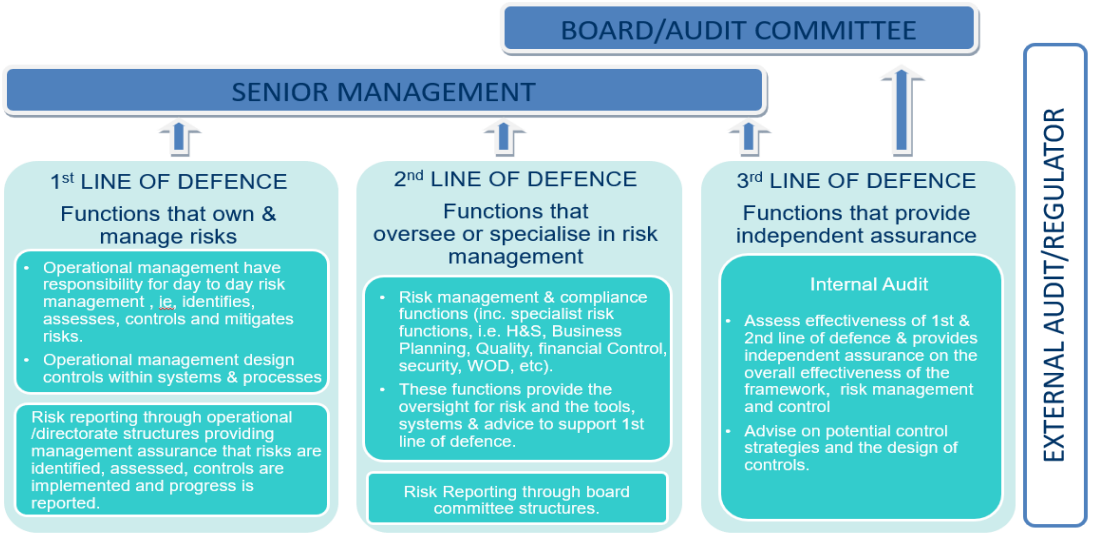
The Health Board's risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either Principal, Corporate or Operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval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

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

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

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

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



Operational Risks assigned to HSC

54 risks are currently aligned to HSC, with 50 identified as reportable to HSC based on the following criteria:

- HSC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks have been identified at operational level on Datix risk module;
- The current risk score is 'extreme' or 'high'; and
- The current risk score is either equal to or exceeds the target risk score.

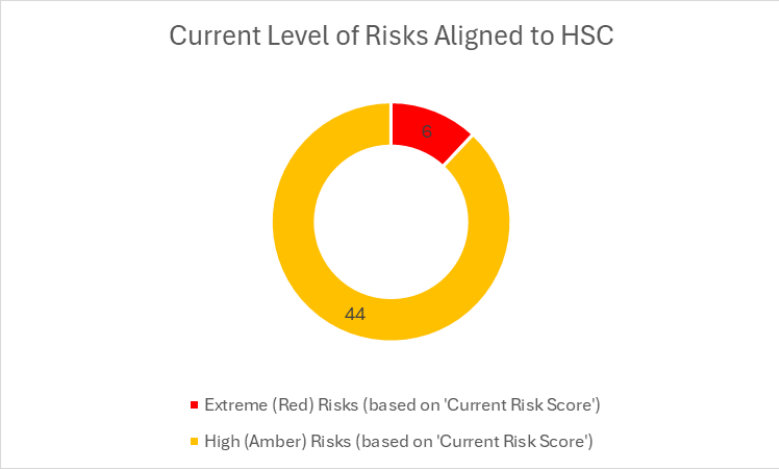
Following the review of Health and Safety Governance arrangements, operational risks previously aligned and reported to the Health and Safety Sub-Committee (HSSC) have been re-assigned to the most appropriate Board-level committee, based on their risk impact. A summary of the risks previously assigned to HSSC and their subsequent re-allocation to Committees are noted in the table on this slide. Of the 96 reportable operational risks to HSSC in August 2025, the adjacent table details to which Committee these risks have been aligned to for ongoing reporting.

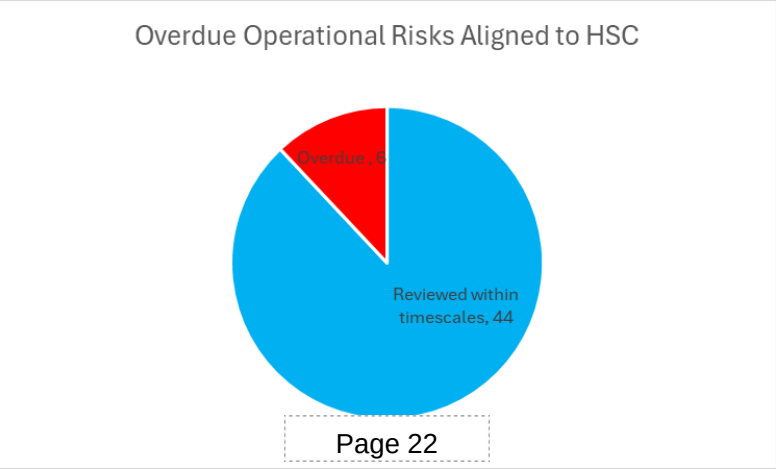
Total Number of Open Risks meeting criteria for reporting to HSC	**50**
Risks re-aligned to HSC	50*
EXTREME (RED) Risks (based on CRS)	6
HIGH (AMBER) Risks (based on CRS)	44

Risks previously assigned to HSSC	**96**
Risks re-aligned to HSC	45
Risks re-aligned to QSEC	40
Risks re-aligned to SPC	6
Risks closed since previous report to HSSC	5

The following slides summarise the reportable operational risks aligned to HSC. The Risk Register attached at **Appendix 1,** provides full detail of reportable risks.

**Due to their sensitive nature, 2 risks are being reported to in-committee to provide discussion and assurance.*





Risks re-aligned to HSC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
2244 - Risk of being unable to use inpatient beds at Withybush General Hospital (WGH) due to water leaks originating from the roof and concrete panels.	Community & Integrated Medicine	Chief Operating Officer	20	4	31/03/2028	03/02/2026
2211 - Risk to patients and staff due to a lack of assurance of safe estate as a consequence of the aging roof covering WGH	Estates & Facilities	Director of Allied Health Professions & Health Sciences	20	5	31/03/2028	14/01/2026
1864 - Risk of harm to patients, staff and general public due to failing or lack of safety mechanisms on the automated doors	Estates & Facilities	Director of Allied Health Professions & Health Sciences	16	4	31/01/2028	30/01/2026
1934 - Risk of non-compliance with Letters of Fire Safety Matters due to ageing building (Health Board wide)	Estates & Facilities	Director of Allied Health Professions & Health Sciences	16	8	31/03/2027	05/01/2026
1263 - Risk to patient safety due to ongoing issues with Vermin (Pigeons), WGH.	Estates & Facilities	Director of Allied Health Professions & Health Sciences	16	8	31/03/2030	04/02/2026
1969 - Risk of harm to patients and staff due to building and roof condition of Winch Lane surgery	Estates & Facilities	Director of Allied Health Professions & Health Sciences	15	2	03/06/2027	04/02/2026
951 - Risk of avoidable harm to staff and patients due to the incorrect fire alarm system reporting at WGH	Estates & Facilities	Director of Allied Health Professions & Health Sciences	12	1	28/04/2028	04/02/2026

Risks re-aligned to HSC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1270 - Risk of electrical shock to staff/patients/visitors due to standard of secondary electrical wiring	Estates & Facilities	Director of Allied Health Professions & Health Sciences	12	2	29/03/2030	16/12/2025
2054 - Risk of harm to patients and staff due to facia deterioration at block 7 and block 24	Estates & Facilities	Director of Allied Health Professions & Health Sciences	12	2	30/03/2026	14/01/2026
2056 - Risk of business disruption due to building cladding covering of the IT building having degraded to the extent that its failing	Estates & Facilities	Director of Allied Health Professions & Health Sciences	12	2	29/05/2026	14/01/2026
1270 - Risk of electrical shock to staff/patients/visitors due to standard of secondary electrical wiring.	Estates & Facilities	Director of Allied Health Professions & Health Sciences	12	2	29/03/2030	16/12/2025
1262 - Risk of business disruption and environmental risks from leaking oil from corroded tanks and pipework	Estates & Facilities	Director of Allied Health Professions & Health Sciences	12	3	29/03/2030	16/12/2025
2105 - Risk of patient harm due to lack of whole site provision of emergency lighting system St Brynach's Day Hospital	Estates & Facilities	Director of Allied Health Professions & Health Sciences	12	3	30/04/2026	16/12/2025
2106 - Risk of patient harm due to lack of whole site provision of emergency lighting system Renal Dialysis unit WGH	Estates & Facilities	Director of Allied Health Professions & Health	12	3	30/04/2026	16/12/2025

Risks re-aligned to HSC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
2078 - Risk of harm to patients, staff and public due to deterioration of WGH building fabric panels	Estates & Facilities	Director of Allied Health Professions & Health Sciences	12	4	30/04/2026	04/02/2026
2119 - Risk of patient and staff harm due to lack of manual handling training spaces	Estates & Facilities	Director of Allied Health Professions & Health Sciences	12	4	31/07/2026	16/12/2025
1549 - Risk of harm to staff and patients due to inadequate resources to deliver the All-Wales Violence and Aggression Passport course	Estates & Facilities	Director of Allied Health Professions & Health Sciences	12	6	31/12/2026	20/11/2025
1007 - Risk of staff/patient harm due to lack of Violence & Aggression training for porters & hotel services staff (HB wide)	Estates & Facilities	Director of Allied Health Professions & Health Sciences	12	6	31/12/2025	29/10/2025
2201 - Risk of harm to Portering staff when responding to violence and aggression incidents (HB wide)	Estates & Facilities	Director of Allied Health Professions & Health Sciences	12	8	31/03/2026	23/10/2025
1596 - Risk of harm to patients, staff and visitors due to fire related deficiencies identified during fire risk assessments	Estates & Facilities	Director of Allied Health Professions & Health Sciences	10	1	31/12/2026	19/01/2026

Risks re-aligned to HSC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1546 - Risk of harm to service users due to inadequate water flow through pipes to prevent bacterial growth/water borne diseases	Estates & Facilities	Director of Allied Health Professions & Health Sciences	10	2	30/04/2030	04/02/2026
2062 - Risk of harm to patients, staff and visitors due to faulty/damaged fire doors on Morlais Ward	Estates & Facilities	Director of Allied Health Professions & Health Sciences	10	3	31/12/2025	19/01/2026
2197 - Risk of harm to patients, staff and visitors due to operational failure of fire doors Bronglais General Hospital (BGH)	Estates & Facilities	Director of Allied Health Professions & Health Sciences	10	4	31/03/2030	16/12/2025
2163 - Risk of harm to out of hours maintenance staff due to non-compliance with Health & Safety At Work Act	Estates & Facilities	Director of Allied Health Professions & Health Sciences	10	5	17/09/2030	01/12/2025
2042 - Risk of harm to patients, staff, and visitors due to operational failures of fire safety doors (FSD) WGH	Estates & Facilities	Director of Allied Health Professions & Health Sciences	10	5	30/09/2026	04/02/2026
2085 - Risk of harm to patients, staff and visitors due to operational failure of fire doors	Estates & Facilities	Director of Allied Health Professions & Health	10	5	31/12/2030	19/01/2026

Risks re-aligned to HSC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1873 - Risk of harm to tenants and staff due to inability to identify gas leaks in residential blocks.	Estates & Facilities	Director of Allied Health Professions & Health Sciences	**10**	**5**	31/01/2030	18/12/2025
1382 - Risk to patients and staff due to a lack of assurance of safe estate as a consequence of RAAC (WGH)	Estates & Facilities	Director of Allied Health Professions & Health Sciences	**10**	**5**	29/03/2030	27/08/2025
1539 - Risk of harm to patients/staff/visitors in the event of a fire due to operational failure of fire dampers and door detents, Prince Philip Hospital (PPH)	Estates & Facilities	Director of Allied Health Professions & Health Sciences	**10**	**5**	29/03/2030	29/12/2025
471 - Risk of serious harm to patients, staff and visitors due to no walkway on access road between Acute Medical Assessment Unit (AMAU) and staff car park	Estates & Facilities	Director of Allied Health Professions & Health Sciences	**10**	**5**	31/01/2030	05/01/2026
1096 - Risk of harm to patients, staff, visitors and non-compliance with LOFSM due to operational failure of fire safety doors at PPH	Estates & Facilities	Director of Allied Health Professions & Health Sciences	**10**	**5**	29/03/2030	18/12/2025

Risks re-aligned to HSC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1746 - Risk of patient, staff and visitor harm due to lack of whole site provision of emergency lighting across BGH	Estates & Facilities	Director of Allied Health Professions & Health Sciences	9	1	31/03/2030	26/01/2026
934 - Risk of avoidable harm to patients, visitors, staff and contractors due to contact with asbestos containing materials WGH	Estates & Facilities	Director of Allied Health Professions & Health Sciences	9	2	30/04/2030	16/12/2025
1965 - Risk of harm to patients, staff and visitors due to potential failure of fire alarm system	Estates & Facilities	Director of Allied Health Professions & Health Sciences	9	3	31/03/2026	26/01/2026
1929 - Risk of fire alarm monitoring failure due to aged/failing equipment	Estates & Facilities	Director of Allied Health Professions & Health Sciences	9	3	31/01/2028	18/12/2025
1348 - Risk of harm due to failure to carry out electrical fixed and portable equipment testing at WGH	Estates & Facilities	Director of Allied Health Professions & Health Sciences	9	4	30/04/2030	16/12/2025

Risks re-aligned to HSC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1136 - Risk of avoidable falls and trips due to surface conditions of paths and roadways at WGH	Estates & Facilities	Director of Allied Health Professions & Health Sciences	9	6	30/04/2030	04/02/2026
947 - Risk of patient, staff and visitor harm due to condition of external roads and walkways (Tenby Cottage Hospital)	Estates & Facilities	Director of Allied Health Professions & Health Sciences	8	2	30/04/2026	14/01/2026
505 - Risk of avoidable service disruption due to high voltage electrical infrastructure affecting PPH	Estates & Facilities	Director of Allied Health Professions & Health Sciences	8	3	31/03/2028	29/12/2025
1353 - Risk of electrical shock to staff due to condition of electrical wiring (WGH)	Estates & Facilities	Director of Allied Health Professions & Health Sciences	8	3	30/04/2030	16/12/2025
1332 - Risk of patient and staff harm due to a failure to comply with Control of Substances Hazardous to Health (COSHH) Regulations	Estates & Facilities	Director of Allied Health Professions & Health Sciences	8	4	31/12/2026	25/11/2025

Risks re-aligned to HSC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1068 - Risk of electrical shock from defective systems due to lack of periodic inspections (BGH)	Estates & Facilities	Director of Allied Health Professions & Health Sciences	8	4	31/03/2029	26/01/2026
1069 - Risk of patient harm and business interruption due to Medical Gas Plant and equipment failure (BGH)	Estates & Facilities	Director of Allied Health Professions & Health Sciences	8	4	31/03/2026	26/01/2026
991 - Risk of business interruption due to evidence of corrosion of natural gas pipework (WGH).	Estates & Facilities	Director of Allied Health Professions & Health Sciences	8	4	30/04/2030	14/01/2026
1133 - Risk of slips, trips and falls due to unsafe surface conditions of pathways and roads at WGH.	Estates & Facilities	Director of Allied Health Professions & Health Sciences	8	4	31/12/2030	16/12/2025
1106 - Risk of avoidable harm to patients due to failure of medical gas plant and equipment	Estates & Facilities	Director of Allied Health Professions & Health Sciences	8	4	29/03/2030	18/12/2025

Risks re-aligned to HSC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1099 - Risk of electrical shock from defective systems due to lack of periodic inspections PPH/Amman Valley Hospital (AVH)	Estates & Facilities	Director of Allied Health Professions & Health Sciences	8	4	30/12/2030	29/12/2025
2278 - Lack of fully developed fire safety engineering strategies within Estates	Estates & Facilities	Director of Allied Health Professions & Health Sciences	8	4	31/12/2029	29/01/2026
1261 - Risk of office closure due to corrosion of ceiling and roof at Child Health Accommodation (WGH)	Estates & Facilities	Director of Allied Health Professions & Health Sciences	8	2	31/03/2027	16/12/2025

Risks closed since previous report to HSSC

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Rationale and date of risk closure
785 - Risk of major service disruption to business continuity at Theatres 1& 2, PPH due to ageing and non-compliant Air Handling Units	Planned and Specialist Care	Chief Operating Officer	Risk closed 30 July 2025 and re-articulated (*2122 - Risk of the inability to undertake surgery due to ageing air handlings units*, CRS of 12 and reportable to QSEC)
1234 - Risk to patient and staff safety due to inadequate ventilation in clinical areas in Out-Patient Department B (old area) at WGH.	Planned and Specialist Care	Chief Operating Officer	Risk closed 17 July 2025 as a result of a capital bid submission, with the matter considered to be a managed issue
1516 - Risk of patient and staff harm due to cracking of brickwork surrounding lift shaft, BGH	Estates and Facilities	Director of Operational Allied Health Professions and Health Sciences	Risk closed 11 November 2025 as structural works complete and risk mitigated.
1874 - Risk to patients and staff due to failed perimeter fence, Elderly Services, PPH.	Estates and Facilities	Director of Operational Allied Health Professions and Health Sciences	Risk closed 17 July 2025 as fence replaced and risk mitigated.
1994 - Risk that onward referrals from Clinical Musculoskeletal Assessment and Treatment service being misdirected/wrong pathway by medical records	Operational Allied Health Professions and Health Sciences	Chief Operating Officer	Risk closed 11 September 2025 as the frequency and volume of such incidents reduced, and considered a managed issue.

Risk themes

Risk owners can allocate themes to their risks, which allows the Health Board to share risk information on specific areas with relevant experts as part of the second line of defence. Risks are allocated to a committee based on their main impact on reporting. Risk themes are assigned based on any additional impacts or contributory factors, with each theme aligned to the appropriate committee for oversight. Risk themes provide assurance that a holistic approach to risk management is undertaken and enables the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks, or generic type of risk. Theme owners are provided with a thematic risk register on a bi-monthly basis to identify trends, or risk clusters, and to consider whether there are gaps in controls in the Health Board's control framework, and to determine whether further action is required to prevent risks from materialising.

The following themes are currently aligned to HSC as of February 2026:

Theme	Definition	Number of risks
Accommodation/ Property	Accommodation and strategic property matters such as estate & property strategy, property asset data, space management, legal title, leasehold tenancies, disposal & acquisitions, and boundaries.	23
Estates	Risks directly relating to the physical performance and condition of the organisation's estate infrastructure and its engineering assets that directly impact the delivery of our clinical and non-clinical services.	108
Fire	Risks relating to fire safety and fire management, or risks which are impacted by the fire safety works taking place across the Health Board.	17
Health & Safety	Health and Safety includes amongst other topics the following manual handling, violence and aggression, workplace hazards and chemical/substances safety (COSHH).	120
Natural Environment	A risk which may impact any of the following; emissions to air (carbon), pollution to land, discharge to water, use of natural resources (utilities/materials consumption), solid waste management or hazardous waste.	4
Security	Physical security related to a breech or malfunction in infrastructure such as doors, access systems or alarm systems (e.g. someone gaining unlawful access) or related to dedicated security staff employed by the Health Board. Physical security could also be attributed to the absconding[illegible]s whilst under care in premises of Hywel Dda.	18

Recommendations

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

Risk Management

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

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Health and Safety Committee Operational Risk Register

Date: February 2026

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Date expected to achieve target risk score	Detailed Risk Decision	Review date
2244	Community & Integrated Medicine	Pembrokeshire Integrated System	Withybush General Hospital: WGH	Carruthers, Andrew	Skitt, Peter	Svetz, Jess	Johns, Helen	1-Oct-25	There is a risk of of inpatient beds at Withybush General Hospital (WGH) becoming unusable This is caused by This is caused by water ingress from the roof and concrete panels, resulting in leaks affecting patient bed areas. This will lead to an impact/affect on This will lead to an impact/effect on bed capacity, disruption to patient care and patients access to the correct pathways, Potential delays in patient care/ treatments due to reduction in inpatient capacity and/or unpredicted emergency movements of patients. Increased risk of overcrowding in the Emergency Department, potential safety hazards within clinical environment. Increased operational pressures on the health board, patients, and staff if the risk materialises. Risk location, Withybush General Hospital.	When water ingress occurs, the situation is assessed promptly by estates and management. Patients are moved to a safe area to avoid potential hazards, including falling or saturated ceiling tiles. Estates have implemented temporary measures in the attic space to divert water into buckets for containment. Affected bed areas, and in some cases entire bays, are closed, with patents and staff relocated to another ward or suitable area where capacity allows. Vigilance of staff to identify early signs of water ingress and escalate to estates and management team.	Safety - Patient, Staff or Public	4	5	20	The current risk score of 20 reflects that, although several control measures are in place-such as prompt assessment, relocation of patients to safe areas, temporary containment measures, and staff vigilance â€“there are still significant limitations that prevent the likelihood of harm from being reduced further. Key gaps remain, including limited availability of alternative patient spaces and potential staff constraints, which affect the consistency and effectiveness of the response when water ingress occurs. As a result, the likelihood of the risk materialising is reduced from its inherent level but remains high, while the potential impact on patient safety and service delivery remains severe. Therefore, the current controls lower the risk but do not sufficiently mitigate it to achieve a lower score.	Ensure areas are identified throughout WGH that could support inpatient capacity in the event of patients needing to be moved from ward / bay areas. Replace affected roof areas	Hawkings, David Chiffi, Simon	31/12/2026 31/03/2028	Ensure all of the clinical site team are completing this action. Estates have submitted through Welsh Government to replace most affected areas.	Health and Safety Committee	2	2	4	Full repair of the roof would completely stop all leaks coming from that source, but we may continue to have leaks that a driven in dependant on wind direction due to the concrete panels.	3/31/2028	Treat	3-Feb-26

Health and Safety Committee Operational Risk Register

Date: February 2026

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2211	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	5-Nov-25	There is a risk of of closure of wards and departments due to the failing roof structure. Water, in it's current state, is entering into the building through material failure. This is caused by the structure of the roof (constructed of concrete tiles which, due to wear and tear/age are becoming porous and allowing water ingress) and lack of funding to replace the roof. This will lead to an impact/affect on a potential injury or possible death if enough water penetrated the existing RAAC panels below causing sudden collapse of planks were to occur within an occupied area of the hospital. Other impacts include closure of large areas of the hospital due to ceiling collapse, Datix incidents negative media coverage, and loss of confidence from stakeholders. Risk location, Withybush General Hospital.	Process in place to monitor any water ingress on failing roof systems and promptly take any remedial works necessary Small sections of roof have undergone repair / replacement but porous tiles remain the issue Specialist structural engineers (Curtin's) engaged to undertake addition inspection of RAAC planks directly affected by water leaks. The WGH roof is in the first batch of 3 projects in the MIIP programme with Welsh government, targeted spring 2027.	Business objectives/projects	4	5	20	Risk remains extreme despite some controls in place. Surveys have been completed the roof forms part of major capital expenditure from welsh government through the MIIP programme. Funding will be required to replace whole roof and fully mitigate the risk.	targeted leak prevention,	Arnold, Malcolm	Completed	ongoing targeted leak prevention	Health and Safety Committee	1	5	5	Capital funding from welsh government MIIP programme to Target localised Leaking areas only, Capital funding to replace the full roof covering required to fully mitigate this risk	3/31/2028	Treat	14-Jan-26
																major capital team project to replace the most affected areas through welsh government MIIP programme	Elliott, Rob	31/03/2028	WGH roof remains one of 3 items listed for the welsh government MIIP programme. Structural engineers/ designers capital team surveys have been completed, project start date to be confirmed.								
																develop CAFM planned maintenance for weekly inspection of known leak areas and carry out first aid response	Arnold, Malcolm	Completed	completed								
																engage with roofing contractors to perform localised water sealing around steel columns	Arnold, Malcolm	31/03/2026	ongoing identification and locally sealing by Wales roof solutions.								
																Review of RAAC panels around leaking areas	Arnold, Malcolm	Completed	Curtains structural engineers have attended site and reviewed known leaking areas exposed to the RAAC. Curtains have confirmed there has been no degradation to the RAAC panels. however have expressed their concern on the risks of continued leaks onto the RAAC roofs with the potential catastrophic failure if water is aloud to penetrate the RAAC panels								

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1864	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	10-Jun-24	There is a risk of of injury/entrapment of patients, staff and the general public as well as interruption to services/site, due to automated door failure throughout PPH. This is caused by defective or non-existent safety mechanisms which are required for safe operation of the automatic doors. This will lead to an impact/affect on patients, staff and visitors if injury/entrapment occurred due to the failure of the automated doors. Closure of services/site if doors became inaccessible. Risk to Health Board finances as automated doors do not currently comply with safety standards/current regulations. Adverse impact on Health Board's reputation if a patient safety incident occurred resulting in increased numbers of claims/complaints. Risk location, Prince Philip Hospital.	Contract is in place to provide regular maintenance to automated doors throughout PPH site.	Safety - Patient, Staff or Public	4	4	16	Current risk score is high as despite the automated doors undergoing regular planned maintenance, the risk of staff, patient or visitor harm remains as the doors are non compliant with current safety standards due to defective or non-existent safety mechanisms which are required for safe operation. Capital bid has been submitted for safety devices, capital bid to be submitted as part of security risks highlighted by Head of Nursing.	Capital Bid submitted on 12.06.2024	Evans, Stewart	03/01/2026	Awaiting approval of Capital Bid	Health and Safety Committee	1	4	4	Funding required. Former capital bid rejected.	1/31/2028		30-Jan-26

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Date expected to achieve target risk score	Detailed Risk Decision	Review date
1263	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	24-Oct-17	There is a risk of to patient and staff safety. This is caused by areas that are frequented by pigeons which is becoming very messy with droppings and carcasses of dead birds. Operational constraints with ongoing contractors refusing to work on equipment that is covered with droppings and a cost to trap and despatch birds only to be inundated with fresh supplies. This will lead to an impact/affect on closures of departments and infection increases such as happened in a Scottish Hospital. Potential serious harm to patients which in severe cases could lead to death. Potential Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) incident and HSE investigation. Risk location, Withybush General Hospital.	Netting placed over multiple areas within the Health Board, preventing the roosting of birds in these areas. Continuous cleaning of known areas. Vermin mesh screens are placed within the ventilation duct entrances. Routine humane trapping taking place 3 to 4 times a year. Bi-monthly Ventilation Safety Group and monthly Ventilation Sub Group.	Safety - Patient, Staff or Public	4	4	16	This is an extreme scoring risk due to the high risk of transferable disease (reported deaths due to wild birds roosting in ventilation systems). An increased numbers of complaints received (Datix) during the year from staff and visitors due to dead carcasses, or pigeon mess, covering Critical plant, pathways and entrances. Contractors are still refusing to work on machines due to droppings. Estates are required to clean which is a health & safety hazard. External companies are required to remove due to known hazards.	develop Capital bid to provide bird mesh covering over external external critical ventilation plant Develop SLA with external pest control company for ongoing humane trapping and disposal.	Arnold, Malcolm Arnold, Malcolm	~~31/03/2024~~ ~~31/05/2024~~ ~~30/03/2025~~ ~~30/09/2025~~ ~~31/01/2026~~ 30/09/2026 **Completed**	Costs have been received and a Capital bid is to be submitted. Ongoing. update 26/03/2025 Various plant have had covering completed. an number of critical ventilation plant still require netting to prevent roosting. costs to be established This Item has been added to the all Wales Rentokil contract.	Health and Safety Committee	2	4	8	Risk can never be fully mitigated due to inability to prevent wild birds from roosting.	3/31/2030	Treat	4-Feb-26

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1934	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	1-Oct-24	There is a risk of of enforcement from the Fire service for non-compliance of the building structure. This is caused by Aged and non-compliant building. This will lead to an impact/affect on services and health and safety of the building and it's occupants. Risk location, Health Board wide.	PPM (Planned Preventative Maintenance)/Training for staff to maintain building fabric of what is currently installed on site.	Safety - Patient, Staff or Public	4	4	16	Score remains extreme, despite some controls in place, as these are insufficient to mitigate the risk. Possible enforcement action if funding is not allocated.	On-going Capital Bids are required as the Fire Service visit and issue LoFSM.	Evans, Stewart	31/03/2026	Ongoing.	Health and Safety Committee	2	4	8	Target risk score can be achieved if funding were allocated and revised Fire Strategy implemented (this will be ongoing as Shared Services sign off the revised Fire Strategy).	3/31/2027	Treat	5-Jan-26
																Estates Manager has requested a meeting with the AE to verify existing drawings and to work out a new fit for purpose fire strategy plan for PPH.	Evans, Stewart	~~07/07/2026~~ 31/03/2027	Met with Richard Jupp and Anthony Pitcher (NWP SSP) on 12th August to update plans for Fire Strategy for Amman Valley Inpatient area. Further plans to be updated for Carmarthenshire East locality.								
																Capital Funding Refused for the following Fire Doors: â—¯Bryngofal - door 690, door from main corridor to command area and the cut door in the medical infirmary. â—¯Residential blocks (2 to 7) - a number of flat / bedroom doors within these residences (for this action refer to point 1 fire door survey) Need to review in conjunction with other priorities.	Day, Simon	31/03/2026	Capital funding refused. To review in 2026 and ascertain priority.								

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Date expected to achieve target risk score	Detailed Risk Decision	Review date
1969	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Chiffi, Simon	Day, Simon	21-Nov-24	There is a risk of of harm to patients, staff and visitors at Winch lane surgery. This is caused by the deterioration to the building fabric and roof structure where both gable ends have severe rot causing the roof to dip. There is a potential for large pieces of roof to break off and/or collapse. This area is open to the public. The fabric of the building has signs of cracks possible from water ingress/subsidence. This will lead to an impact/affect on a potential injury or possible death if a sudden collapse of the roof were to occur within an occupied area of the Health Centre. Other impacts include closure of the service, breaches in statutory duties, negative media coverage, and lose of confidence from stakeholders. Risk location, Haverfordwest Health Centre.	Gable ends have been fenced off from public access.	Service/Business interruption/disruption	3	5	15	The Health Board has engaged a specialist structural engineer to inspect both the building fabric and roof covering. Areas of severe roof degradation have been sectioned off from access by public to mitigate the risk of harm but until funding is received to enact the required repairs, the risk of harm to patients, staff and visitors remains extreme. As of August 2025 no response has been received following the submission of the capital bid.	Repair winch lane roof when capital funds made available.	Arnold, Malcolm	~~30/09/2025~~ ~~31/03/2026~~ 30/09/2026	As of September 2025, no response from Capital Bid submission. FEB 2026 NFP	Health and Safety Committee	1	2	2	Capital funding and ongoing planned maintenance will reduce this risk to the target risk score.	6/30/2027	Treat	4-Feb-26

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Date expected to achieve target risk score	Detailed Risk Decision	Review date
951	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	1-Feb-17	There is a risk of avoidable harm to staff and patients in the event of a fire at WGH. This is caused by the Fire Alarm system not correctly reporting when the system is in Fire, due to the incomplete set up during the commissioning of the system at its implementation. Any fire will be detected but the report sent to the Panel Indication may not be correct and therefore there could be a delay in the appropriate/correct response. This will lead to an impact/affect on possible injuries or fatalities if a fire occurs. Possible enforcement or prosecution. Major disruptions to the delivery of essential services. Adverse publicity/reduction in stakeholder confidence. Risk location, Withybush General Hospital.	Currently we have Verified all detectors and identified where all interfaces are positioned. We have verified position of all power supplies for doors and Dampers and following on from zone verification this can be completed and sent for programming. Verification of loops and detectors have been completed. Fire alarm contractors have updated the 'cause and affect' system, and ongoing system verifications are taking place.	Safety - Patient, Staff or Public	3	4	12	Fire alarm contractors have updated the 'cause and affect' system, and ongoing system verifications are taking place. This will be undertaken in conjunction with the Capital fire improvement works. Current risk score remains high as there are still gaps in cover.	Implement phase of works to bring all computer graphics up to date with the units connected to the Fire Alarm system, including elements of alterations to get the system to work in the new Zones.	Arnold, Malcolm	**Completed**	All information has been passed to FSC about all the verification works that have been carried out. This quotation has come back and has been passed for payment. Computer graphic update to be scheduled in line with new decant ward commissioning Graphics update completed. ongoing minor alterations required. completed	Health and Safety Committee	1	1	1	ongoing contractor maintenance and funding to keep the system up to date will ensure this risk is held at a low level.	4/28/2028	Treat	4-Feb-26
																Implement new Cause and effect. Further work required to identify short falls and errors in cause and effect. all works listed on RPS report. costs established and funding agreed through phase two fire improvements	Arnold, Malcolm	~~30/09/2023~~ ~~30/03/2025~~ ~~30/09/2025~~ ~~31/03/2026~~ 31/09/2026	26/03/2025 update phase 1 Fire alarm L1 upgrade commenced. floor plans and drawing updated, gap analysis in cover developed and agreed. Installation of addition devices or alterations of existing devices has commenced. estimated completion April 2026. 02/2026 update L1 coverage completed. Phase two C&E works capital order to be placed by major capital project lead.							
																FSC Autronica are in process of rewriting new 'cause and affect' scheme.	Elliott, Rob	**Completed**	Cause and affect' completed and installed. further work required and identified on RP report. capital funds required to achieve full L1 compliance. Completed. update 17/07/2024 funding agreed through phase two fire improvements							

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																Complete system verifications at WGH.	Arnold, Malcolm	~~31/12/2023~~ ~~01/09/2024~~ ~~30/03/2025~~ ~~30/03/2026~~ 31/09/2026	This is in progress. Gaps in system design, system component replacement, and verifications identified on Report. capital funding required to achieve full L1 now completed. FEB 2026 funding approved through phase two fire improvement works order to be placed for C&E review / repair.								
2056	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Chiffi, Simon	Day, Simon	14-Apr-25	There is a risk of There is a risk of business disruption due to the building cladding covering of the IT building having degraded to the extent that its failing. This is caused by This cladding is the original covering, This situation has been reported by external building contractors who have confirmed that the cladding is beyond economical repair and has reached its end of life. This will lead to an impact/affect on This will lead to an impact/effect of disruption to service delivery as rooms are becoming unusable and are being closed due to water damage. There is a risk of harm to patients and staff due to the potential danger of an electric shock (due to water ingress), of slips and trips (caused by wet and slippery flooring), risk of injury due to falling ceiling tiles (caused by longstanding roof decay) and damage to health due to working in damp conditions. Staff sickness could increase and staff retention could be affected, due to the poor working conditions resulting in low staff morale and impacting financial budgets. This situation could also lead to complaints from service users and staff, resulting in reputational damage to the Health Board. Risk location, Withybush General Hospital.	Regular planned maintenance where required. Patch repairs when items fail.	Safety - Patient, Staff or Public	3	4	12	There are several associated Health and Safety risks due to potential falling objects / water leaks, slips/trips and risk of injury to patients and staff. Staff do not have access to carry out routine maintenance	Develop capital bid to replace building facia,	Arnold, Malcolm	**Completed**	capital bid completed 14/-4/2025 reference WGH-04-2025	Health and Safety Committee	1	2	2	full repairs will give assurance the building fabric will remain intact, covering all health and safety aspects or departmental disruption.	5/29/2026	Treat	14-Jan-26
																Repair building facia panels when capital funds are released.	Arnold, Malcolm	~~30/09/2025~~ ~~30/12/2025~~ 31/03/2026	no further progress.								

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2054	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Chiffi, Simon	Day, Simon	10-Apr-25	There is a risk of Of business disruption due to the building soffit cladding covering of the block 7 and block 24 This is caused by degradation to the extent that its failing. This cladding is the original covering, This situation has been reported by external building contractors who have confirmed that the cladding is beyond economical repair and has reached its end of life. This will lead to an impact/affect on This will lead to an impact/effect of disruption to service delivery as rooms are becoming unusable and are being closed due to water damage. There is a risk of harm to patients and staff due to the potential danger of an electric shock (due to water ingress), of slips and trips (caused by wet and slippery flooring), risk of injury due to falling ceiling tiles (caused by longstanding roof soffet decay) and damage to health due to working in damp conditions. Staff sickness could increase and staff retention could be affected, due to the poor working conditions resulting in low staff morale and impacting financial budgets. This situation could also lead to complaints from service users and staff, resulting in reputational damage to the Health Board. Risk location, Withybush General Hospital.	localised repairs to prevent isolated objects from detaching. regular condition planned maintenance inspections. emergency repairs / isolation of areas where needed. structural survey required	Safety - Patient, Staff or Public	3	4	12	facia panels show signs of degradation, regular surveys will can only identify the worst panels for emergency patch repair. only replacement will reduce the risk to low.	capital bid to be created for the replacement facia.	Arnold, Malcolm	Completed	completed and submitted to MAggie Anniston 10/04/2025 ref: WGH-03-2025	Health and Safety Committee	1	2	2	capital investment and ongoing maintenance will achieve target risk score.	3/30/2026	Treat	14-Jan-26
																replace failing facia panels block 7 and block 24 when capital funding approved.	Arnold, Malcolm	~~30/09/2025~~ 31/03/2026	no further progress Capital funding approved for panel testing which is ongoing. High level light weight panel above x ray order placed to replace the panels . works ongoing.								

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1270	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	15-Oct-19	There is a risk of that the wiring carried out by small schemes in the past is not up to standards of safety in Healthcare buildings. One such area which was exposed during the fire code work of two small rooms required extra isolations due to way in which the wiring and compartmentations had been carried out. This is caused by using the wrong type of materials to allow circuits that carry 240v no compartmentation. Twin Flat, metal Conduit, Plastic C all in same area. This will lead to an impact/affect on earthing and exposure to live equipment being available. Risk location, Withybush General Hospital.	Visual Inspections and periodic testing being carried out.	Safety - Patient, Staff or Public	4	3	12	We are unable to change the cabling but are monitoring the situation.	The wiring in places is in a poor condition which has been exposed by the firecode works.	Elliott, Rob	Completed	No progress to report. update works to improve top floor wards completed as part of RAAC works completed permit to work in place on electrical work.	Health and Safety Committee	2	1	2	Capital investment and regular maintenance and testing would achieve the target risk score	3/29/2030		16-Dec-25
																New wiring required or more protection in Distribution Boards.	Arnold, Malcolm	~~29/12/2023~~ ~~30/04/2024~~ ~~30/03/2025~~ 30/03/2026	No further progress update 17/07/2025 Wiring replaced top floor RAAC wards where necessary/ Ground floor/ lower ground floor capital bids required possibly when identified during 2nd phase fire improvement works								
																Fixed wiring inspections contract to be implemented.	Arnold, Malcolm	Completed	A new fixed wiring test programme over 5 years to test 100% of all distribution boards. completed All Electrical work on site must be completed by CP qualified electricians with APLV permit approval.								

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2106	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	9-Jul-25	There is a risk of of failure to the Emergency lighting at Withybush General Hospital Renal Dialysis Unit during periods of outages or periods of faults taking out the protection circuits. This is caused by the installed lighting becoming obsolete as the Software and parts of the Hardware becoming aged and not supported. Tests are becoming more difficult to achieve. This will lead to an impact/affect on the working of the hospital in periods of outages with the electricity. The Emergency lighting also forms part of the Regulatory Reform Order inspections and also does not support compliance to HTM 05 and 06. Risk location, .	Testing of units are still being carried out but more and more failures are being reported.	Safety - Patient, Staff or Public	4	3	12	The current score will raise higher as the test and maintenance does not enhance the lighting.	develop capital bid for emergency lighting replacement	Arnold, Malcolm	**Completed**	Capital bid submitted 09/07/2025 Ref: WGH-CB-11-2025	Health and Safety Committee	3	1	3	Capital funding and continued planned maintenance will reduce this to the target risk score.	4/30/2026	Treat	16-Dec-25
																install new emergency lighting system when capital funds are released.	Arnold, Malcolm	30/04/2026	no further progress								
2105	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	9-Jul-25	There is a risk of of failure to the Emergency lighting at St Brynachs Day Hospital, part of the Bro Cerwyn facility during periods of outages or periods of faults taking out the protection circuits. This is caused by the installed lighting becoming obsolete as the Software and parts of the Hardware becoming aged and not supported. Tests are becoming more difficult to achieve. This will lead to an impact/affect on the working of the hospital in periods of outages with the electricity. The Emergency lighting also forms part of the Regulatory Reform Order inspections and also does not support compliance to HTM 05 and 06. Risk location, Canolfan Bro Cerwyn St Nons and St Caradogs, Pembrokeshire.	Testing of units are still being carried out but more and more failures are being reported.	Safety - Patient, Staff or Public	4	3	12	The current score will raise higher as the test and maintenance does not enhance the lighting.	Develop capital bid to replace the lighting	Arnold, Malcolm	**Completed**	Capital bid submitted 09/07/2025 ref:	Health and Safety Committee	3	1	3	Capital funding and continued planned maintenance will reduce this to the target risk score.	4/30/2026	Treat	16-Dec-25
																Install new Emergecny lighting system when capital funds are release.	Arnold, Malcolm	30/04/2026	no further progress								

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1262	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	18-Oct-17	There is a risk of of business disruption and environment hazards due to potential oil leaks from corroded oil tanks and supply pipework. This is caused by that the condition of the Oil storage tanks and supply pipework have deteriorated and failed annual soundness testing. this will lead to inevitable failure and allow all the contents into the bund. The concern is both the containment of the spill and the loss off emergency fuel for both the back up generators and main boiler plant. This will lead to an impact/affect on to business disruption, environmental hazards, enforcement from natural recourses from potential river contamination. reputational damage, lack of emergency generation fuel services. potential loss of generation. Risk location, .	condition monitoring and Pipe work surveys where required.	Safety - Patient, Staff or Public	3	4	12	monitoring in place for leaks but pipework is beyond repair and fails soundness testing. funding required to replace silos and supply pipework.	Attended a meeting with Head of Property Performance and a capital bid is to be drawn up for removal.	Elliott, Rob	Completed	Continuous monitoring being carried out. completed	Health and Safety Committee	1	3	3	New bunded silos and new supply lines will prevent oil loss. condition monitoring would highlight any issues. capital funding required to achieve this target risk rating	3/29/2030	Treat	16-Dec-25
																No further progress to report.	Elliott, Rob	Completed	No further progress.completed								
																We have carried out a reinspection of the pipework and the flanges onto the vessels and are noticeably deteriorating. we have to limit the volume of oil in th e tanks as they are quite corroded. This will limit fuel supplies to Hospital in times of availability of gas through normal times.	Elliott, Rob	Completed	No further progress to report. completed								
																develop capital bid and design for tank replacement	Arnold, Malcolm	~~16/09/2022~~ ~~30/09/2025~~ 31/03/2026	No further progress								

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2078	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	22-May-25	There is a risk of of harm to patients, staff and public due to falling concrete (from height) from the outside of the main hospital building. This is caused by degradation of cladding from weathering over time. internal corrosion to read bar causing concrete failure and spalling, to the extent that its failing, cracking and sever cases falling from height. This cladding is the original covering. Structural engineer visual surveys have been completed which has highlighted the worst of the spalling and cracks. This will lead to an impact/affect on patients, staff and visitors due to injury from falling debris which could lead to complaints/legal claims from service users and staff, resulting in reputational and financial damage to the Health Board. Disruption to service delivery as access to areas, movement of staff, deliveries etc will become restricted due to protective scaffolding required to prevent risk of injury due to falling concrete. Internal water ingress is a possibility as the panels decay further. these situations could result in poor working conditions resulting in low staff morale and impacting on financial budgets. Risk location, Withybush General Hospital.	Visual structural survey in place to identify the worst areas. Protective barriers or scaffolding in place to prevent spalling from reaching the floor. Access restricted and controlled though Estates permit access only. Temporary emergency patch repairs completed.	Safety - Patient, Staff or Public	3	4	12	Current controls have reduced the risk however this risk remains high with scaffolding in place to mitigate the incidents of spalling and falling concrete from height evidenced near high use exit door. Facia panels show signs of degradation, regular surveys are being undertaken but can only identify the worst panels for emergency patch repair. Only full repair or replacement will fully mitigate the risk.	Provide barrier protection to prevents staff and public access.	Arnold, Malcolm	Completed	85 % completed. site visit planned to determine how all the protections can be achieved whilst still maintaining service. completed 07/07/2025	Health and Safety Committee	1	4	4	Full replacement or over cladding would reduce most of the risk but there is always risk of potential fall of concrete from height. Funding is required to fully mitigate the risk.	4/30/2026	Treat	4-Feb-26
																full inspection of facia panels required to determine extent of deterioration.	Williams, Paul -	~~30/09/2025~~ ~~31/03/2026~~ 30/09/2026	no progress yet drone survey completed and issued to Curtains for review and develop cost analysis Lewis construction organised to start concrete panel testing. Curtains and Beton Bauen involved. FEb 2026 Capital invested survey and planned repair ongoing, managed by discretionary capital.								
																carry out emergency repairs to panels identified from Curtains visual survey	Williams, Paul -	~~31/03/2026~~ 30/09/2026	M. Arnold initial meeting scheduled for 26th May. Curtains, Baton Bauen, Lewis construction. operations, capital, and property. Design consideration on repairs to be completed after full inspection of the panels is achieved. FEB 2026 Curtains Report has been received. Repair costs to be established and funded.								

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2119	Estates & Facilities	Health and Safety	Health and Safety	Severs, James	Chiffi, Simon	TH6	Vaughn, Gemma	22-Jul-25	There is a risk of of patient and staff harm due to lack of manual handling training spaces This is caused by lack of staff and lack of suitable training venues This will lead to an impact/affect on patient safety - inappropriate assessment of patient mobility and manual handling techniques leading to injury staff safety - in correct manual handling can lead to musculoskeletal disorders incident reporting - increase in incidents and severity leading to an increase in RIDDOR reportable absences potential litigation - failure to action could be deemed as a deficiency against health and safety legislation and increase the risk of prosecution. increase in injury claims - staff and patient claims may increase Health Board reputational damage. Risk location, Health Board wide.	Training diary for 2026 has been generated and information provided to management as to the number of staff and training venues required to achieve the requires training demand. Use of Post Grad Medical Education Centre at PPH has helped with additional spaces in 2025. Course numbers have been increased in Carmarthen (by decluttering the training space) to a maximum capacity of 16. Training venue secured in Ceredigion for 16 staff in 2025.	Safety - Patient, Staff or Public	3	4	12	The risk remains at a high level as the current projected figures to maintain compliance with mandatory manual handling training for Levels 1 and 2 for 2026 is 6000 (5500 +10%) which is currently not feasible. With an additional external trainer, or a Band 5, the HB could achieve around 33% of the expected target (i.e., 2000) but this request has been refused due to the current financial climate and historic financial issues within the wider HS&S Team. (cost of external trainer equates to Â£250,000). The recruitment of a Band 2 (15 hrs) would increase capacity by a further 800 places and increase compliance with the mandatory training to around 50% (2800) but this request has also been refused due to the current financial climate. Without a recruitment campaign, the only way to achieve target would be to remove the clinical work from the Band 6 roles (x WTE 2.6) to enable another 2000 training places, i.e., a total of 4800 - 80% but this would preclude complex clinical cases. To achieve	Calculate costings for external trainer to cover the shortfall.	Vaughn, Gemma	Completed	Costings of £250,000 per annum to cover the shortfall.	Health and Safety Committee	1	4	4	If the department were suitably staffed and suitable training space on each site were available all staff would receive regular MH training enabling them to undertake appropriate assessments of all handling activities and utilise appropriate techniques. This would reduce the risk of injury and likelihood of prosecution/effective PI claim.	7/31/2026	Treat	16-Dec-25
																To put onto TRAC for a full time Band 5 and a 15 hr Band 2 post.	Vaughn, Gemma	Completed	FSG have declined funding for these posts.								
																SBAR to be presented to the HSSC with a request for support with funding requests.	Vaughn, Gemma	Completed	New Action. completed and options appraisal presented. TNA review ongoing								
																Liaise with L&D regarding TNA review	Vaughn, Gemma	Completed	TNA completed and scheduled for Estates and Facilities CCG meeting								
																Work with L&D and Property services to evaluate and secure training space to cover delay in move to Carmarthen Hwb	Vaughn, Gemma	Completed	Move to Ystwyth building Hafan Derwen scheduled 10 Feb 26								

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															100% compliance, the MH Manager would also have to provide training at least 3 days per week which would impact on their capacity to wholly fulfil their role. Do Not Attend rates are also having a detrimental effect on compliance rates. Options appraisal presented Oct 25. Slippage on move to Carmarthen Hwb - Temp Location Ystwyth (capacity 24) New Executive-led (JS) T&F group established 13/11/25 to consider training TNAs and training venue issues (MH, RRP & Resus).	View Canolfan Rheidol and Padarn surgery options with L&D - Ceredigion. Date TBC	Vaughn, Gemma	30/01/2026	new action								

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1007	Estates & Facilities	Estates & Facilities	E&F: Specialist Services (Catering/Laundry)	Severs, James	Chiffi, Simon	Chiffi, Simon	Jones, Peter -	4-Nov-20	There is a risk of porters and hotel services staff not being able to appropriately assist with outbursts of behavioural or clinical violence and aggression in acute or complex settings. This is caused by the large number of new hotel services and porters recruited that have not received appropriate training per the V&A passport scheme. Large numbers of porters are recruited and may be requested to assist with outbursts of behavioural or clinical violence and aggression. The health board has obligations to provide safe health care and comply with appropriate Information, Instruction, Supervision and Training for staff. There is currently limited capacity for training of correct Restrictive Physical Intervention (RPI) techniques and protocols being introduced. This will lead to an impact/affect on safety of patients and staff in ward and department settings. Safety of participants in RPI, leading to the likelihood of increased sickness. Increased likelihood of harm and adverse incidents including litigation or reputational harm. The health board staff and patients, reputation and finances are potentially compromised due to a lack of training and resilience due to likelihood of sickness and increased demand including confused or violent patients in acute or complex settings. Risk location, Health Board wide.	Training courses have restarted and porter staff are undertaking the training. All relevant staff will be booked on asap. Due to reduced capacity available in the training sessions , it is taking longer to complete all the sessions and therefore the date has been amended . On the larger sites it is not necessary to train all staff , clinical waste and mail room porters do not require this training. V&A training figures reported via the performance dashboard and discussed with H&S colleagues.	Safety - Patient, Staff or Public	3	4	12	Current compliance has improved with GGH (%), PPH (%), WGH (70% tbc) and BGH (53% tbc) as of 29th October 2025. There is a high risk of staff/patient harm until compliance is achieved across all sites. Teams providing the training are also compromised in how much training they can deliver and the location of the training.	All relevant portering staff to receive face to face V&A training.	Jones, Peter -	Completed	Face to face training has resumed (reduced to 6 people per training sessions due to social distancing guidelines), with front line staff having already been trained, or are booked in for a training session in the near future.	Health and Safety Committee	2	3	6	Increasing the compliance levels of training to 85% across the Health Board will reduce the risk and enable achievement of the target risk score.	12/31/2025	Treat	29-Oct-25
																consideration to extend and obtain training to facilitate large numbers of staff in Covid complaint manner including internal delivery or external agencies.	Wood, Rachel	Completed	Closed. Action no longer relevant. Face to face training has resumed.								
																Training compliance remains low across HB acute portering teams, with the exception of PPH. A training plan to address non-compliance on BGH,WGH,GGH has been developed by Rachel Wood week ending 21.06.24. Need to report on delivery of plan.	Jones, Peter -	Completed	New training plan developed, by Rachel Wood, Reducing Restrictive Practice Lead Trainer. Training plan to be reviewed.								
																Outline plan for progression of training to improve from current level of compliance to 85% by the end of December.	Richards, Jill	Completed	Outline plan was presented to IGG (Quality Health & Safety) on 19th August. Is due to be presented to IQFPD as part of 3As reporting. Completed.								

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1549	Estates & Facilities	Health and Safety	Health and Safety	Severs, James	Severs, James	Springthorpe, Adam	Springthorpe, Adam	21-Oct-22	There is a risk of that staff will not receive the level of training identified by the training needs analysis. There is also a further risk of Health and Safety Executive (HSE) scrutiny. This is caused by the Training Team not having adequate resources to deliver the All-Wales Violence and Aggression Passport course and additional courses that focus on understanding behaviours that challenge to the wider Health Board, as highlighted by the Health and Safety Executive (HSE) review conducted in 2019. Inability of operational services to release staff to attend the required training. This will lead to an impact/affect on both staff and patient safety, with staff not being aware of relevant skills and techniques to ensure their own safety, and patient safety by applying unsafe restraint techniques if not adequately trained. Potential for HSE fines for not fulfilling and sustaining the actions stated in the Health Boards evidence submitted to the HSE in 2019. Risk location, Health Board wide.	The Prevention and Management of Violence and Aggression (PAMOVA)Team offer a variety of training courses and refreshers such as All-Wales Violence and Aggression Passport, Restraint reduction, and Reducing Restrictive Practice Care Planning and Liberty Protection Safeguards (RRPCP & LPS). Training is prioritised for higher risk areas. when notified via Datix incident reporting the team link with departments and provide practical advice and assistance and offer training where appropriate. Where risks are identified the PAMOVA team provide training - usually person specific training to reduce risk to staff and patient. PAMOVA Team liaise with the HB V&A case manager in the identification of incidents where training may be of benefit Health Board policy on Reducing Restrictive Practice PAMOVA team have a presence in clinical areas (when possible) - focussed on specific sites where risks are identified. Where possible trainers have worked independently so 2 courses can be facilitated at once. Systematic monitoring and review of the V&A incidents which inform training needs in clinical environments.	Safety - Patient, Staff or Public	3	4	12	Despite the various training courses being delivered and based upon the current arrangements in place, it is inevitable that staff who have yet to attend training will continue to deliver healthcare to patients who present with challenging behaviours without the appropriate level of skills to deal with them safely. Following a change in Exec-lead in Mid-2024, a new Training Needs Analysis has been undertaken, completed in October 2024, to help plan how best to tackle the training needs of the organisation going forwards. Further work required. The likelihood score is reduced from the inherent risk score due to the level of training currently being delivered.	Additional Training Resource: Undertake a cost benefit analysis of recruiting additional staff and considering income generation.	Springthorpe, Adam	31/03/2023 31/12/2026	Income generation to increase staff resource-Certification of training model confirmed November 2024. Most recent TNA (which identified that 12.9WTE extra trainers would be required to be fully compliant). No opportunity to income generate at present due to staffing levels. James Severs has indicated that he may consider income generation as part of a wider review of training provision in 2026.	Health and Safety Committee	2	3	6	The TNA process and training review will take time to complete and implement.	12/31/2026	Treat	20-Nov-25
																Creation of Practice Leaders: Practice Leaders to provide clinical support and advice, supervised by the core Reducing Restrictive practice team. This would provide an extra layer of assurance in higher risk areas.	Wood, Rachel	~~31/07/2023~~ 31/12/2026	Creation of practice leaders. We have one practice leader in one area (Bryngolau) with more to follow if this proves successful (At Nov 25). A further 6 are undertaking the RRP Level 4 qualification in April 2026 and at which point will be considered as practice leaders (8 Month Course).							
																Creation of Practice Leaders: Mental Health to up skill a member of each inpatient area to work as practice leaders.	Wood, Rachel	**Completed**	This action overlaps with the previous one.							
																Certifying the training module with the restraint reduction network (RRN) charity with the purpose to use the course for income generation.	Wood, Rachel	**Completed**	This is covered by the 'Additional Training Resource' Action above.							

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																Conversation to be had with the ESR team with the intention of the V&A and restraint reduction training courses to be captured electronically.	Wood, Rachel	Completed	ESR- A conversation has been had with Learning and Development (L&D). L&D have agreed to create a new system for registration on courses which will mean when a participant attends a course, this will be automatically uploaded to ESR. This will streamline the attendance recording.								
																TNA review	Wood, Rachel	Completed	I have reviewed the training needs and will be looking at the Restraint Reduction in Older Adult Care (formerly Behaviours that Challenge) course being offered to Qualified nurses only (excluding mental health older adult areas where all staff will receive the 2 day training) in 2024. The rationale for this is the theoretical element focusses heavily on the Legal and Ethical aspects of Restrictive Practice and how to care plan any restrictive interventions or preventative strategies. This needs to be led by Qualified Nurses. Healthcare Support Workers will be offered the All Wales Violence and Aggression Passport (1 day course) and additional online teaching (via MS Teams) on Restrictive Practice. This will be reviewed 6 months into 2024 then again at 12 months. October 2024 - A new TNA has been completed following a change in Exec-Lead. This new TNA gives a helicopter perspective of the training needs in order to plan the approach to all new training going forwards.								

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2201	Estates & Facilities	Estates & Facilities	E&F: Specialist Services (Catering/Laundry)	Severs, James	Severs, James	Chiffi, Simon	Jones, Peter -	12-Sep-25	There is a risk of of harm to Portering staff when reacting and responding to incidents of a violent and aggressive nature. The risk has recently increased from a risk score of 6 to a 12 (High) due to the lack of appropriate personal protective equipment and the training compliance for BGH (0%) & WGH (38.46%). There is a training mitigation plan in place to increase compliance to 85 % by 03/12/25. The risk for the Health Board is that untrained staff risk their own personal safety. This is caused by unpredictability of the situations the Portering Staff react to; including lack of knowledge of the perpetrator; their own physical ability to perform restraint techniques; lack of personal protective equipment; lack of body worn video to record the event and actions taken; and lack of training for public disorder type scenarios. Annual refresher training opportunities have been missed resulting in porters requiring the full 3-day course. The lack of an in house or contracted security team on acute sites places more emphasis and risk on portering staff. This will lead to an impact/affect on health and safety of the Portering staff themselves; lack of evidence in the potential for criminal charges to be brought against the Health Board or individuals relating to physical restraint; Potential prosecution by Health and Safety Executive for breach of Management of Health and Safety at Work Regulations (Not ensuring the Health, safety and welfare of staff so far as is reasonably practicable. Risk location, Health Board wide.	Porters are provided with Reducing Restrictive Practice (RRP) training that includes 3 day plus 1-day annual refresher. 2. Verbal de-escalation used to prevent aggressive behaviours. 3. Porters are requested to â€œbuddy upâ€ when aggressive behaviour is reported to portering team. In high-risk areas like ED, mental health wards, late shifts, porters are requested to attend incidents in pairs and not attend alone. 4. Porters are requested to report incidents on Datix and Synbiotix to learn from events, log data for processing track trends and activity.	Safety - Patient, Staff or Public	3	4	12	Untrained, ill equipped, physically compromised porters undertaking security roles due to lack of trained security staff employed by the Health Board.	Quotes to be obtained for body armour to better equip staff when managing incidents of violence and aggression. The aim is to enhance staff safety and ensure they have the appropriate level of protection when responding to potentially high-risk situations. Quote for 16 sets of Body Armor - 4 per Acute site	Scarf, Charles	Completed	Quotes received and sent to facilities management. Presented to the next Security Management Group (03/11/25) with discussion around how funding mechanism will work.	Health and Safety Committee	2	4	8	There is a recognised need to recruit trained security staff that will be able be better equipped and to manage public disorder events. With better compliance with Reducing Restrictive Practice Training, PPE and Body Worn Video being issued to Porters will mitigate the risk down. PPE and BWV could be provided by March 2026	3/31/2026	Treat	23-Oct-25
																Quotes to be obtained for body-worn video cameras to better evidence incidents of violence and aggression. The use of these cameras will support investigations and provide reliable footage to assist in the potential prosecution of individuals involved. This initiative aims to enhance staff safety, promote accountability, and deter aggressive behaviour across sites - 24 BWV- 6 per Acute site	Scarf, Charles	Completed	Quotes received and sent to facilities management. Presented to the next Security Management Group (03/11/25) with discussion around how funding mechanism will work.								
																A needs analysis and risk assessment which identifies appropriate physical measures to be conducted.	Richards, Jill	Completed	Facilities Management have conducted a needs analysis and risk assessment which identifies appropriate physical measures. They will be presented to the next Security Management Group (03/11/2025) with discussion around how funding mechanism will work.								

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1596	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire West	Severs, James	Chiffi, Simon	Day, Simon	Hill, Paul	16-Feb-23	There is a risk of of avoidable harm to patients, staff, and visitors caused by fire related deficiencies, identified by the fire officer during fire risk assessments. This is caused by the lack of fire alarm detection, missing/damaged fire doors, issues with fire compartmentation, inadequate coverage of emergency lighting etc etc. This will lead to an impact/affect on patients, staff , and visitors should a fire occur. Risk location, Glangwili General Hospital.	Estates operations staff carry out fire alarm testing on a weekly basis, and Merlin Fire the maintenance provider undertake the annual testing/maintenance. Estates operations also undertake PPM's and repairs on the fire doors. The fire officer carries out fire risk assessments on an annual basis.	Safety - Patient, Staff or Public	2	5	10	Fire deficiencies are identified by the fire officer during fire risk assessments. Estates operations staff attempt to close out the low risk deficiencies that require little to no funding. For the remaining high risk deficiencies that cant be directly funded, capital bids will need to be raised in order to address the issues. Some of these outstanding issues will be directly linked to the ongoing fire precaution scheme, however, it's worth noting that it may be a few years before the issues are addressed under the project.	Fire deficiencies are identified by the fire officer during fire risk assessments. Estates operations staff attempt to close out the low risk deficiencies that require little to no funding. For the remaining high risk deficiencies that cant be directly funded, capital bids will need to be raised in order to address the issues. Some of these outstanding issues will be directly linked to the ongoing fire precaution scheme, however, it's worth noting that it may be a few years before the issues are addressed under the project.	Jones, Kevin	~~29/03/2024~~ ~~30/03/2025~~ 30/03/2026	Maintenance team are addressing the smaller issue and information is being collated to submit for further capital funding. Capital bids need developing to address the issues that require significant funding.	Health and Safety Committee	1	1	1	The target score will be achieved when funding is provided.	12/31/2026	Treat	19-Jan-26
1546	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	5-Dec-22	There is a risk of that the water services will remain non compliant and pathogens will be detected in increased sampling. This is caused by no flow or, compared to pipe size, not enough flow in pipework with resting in warm ceilings causing problems with pathogen growth. Oversize pipes are being used which do not allow an adequate flow of water and due to poor set up will not prevent any problems with Pseudomonas, Legionella or excessive TVC from occurring. Poor understanding of the system. Use of Vulcathene flex pipe of a large size being used and stepped down excessively. This will lead to an impact/affect on closure of services. Sickness of patients/staff/visitors coming into contact with contaminated water. Reputational damage of the Health Board and possible enforcement or Health and Safety Executive (HSE) prosecution in the event of a serious incident occurring. Risk location, Pembrokeshire,	Currently a frequent flushing regime is in process with extended temperature testing and monitoring. Pipes identified as large are removed as required. Empty rooms within Residential Blocks are also a major problem.	Safety - Patient, Staff or Public	2	5	10	The pipework requires to be addressed as soon as possible to alleviate any further problems. We are unable to control excess water, non functioning valves and also dead ends. Constant problems are being recorded in all areas. Constant flushing and monitoring of the system in line with HTM 04 are in place but this is not a resolution. Renal now clear following tank chlorination and increased flushing. Renal now placed on the annual flushing programme with external contractors. Very high legionella scores have been detected in Residential blocks and has been entered as a separate Datix to the main hospital. Legionella SG 1 as identified by contractors	Pipe alterations at St Thomas complete and good results received back from Carmarthen Laboratory. Next block being surveyed for same treatment. Capital bid required to replace alkathene main water supply to residences blocks.	Arnold, Malcolm	~~24/03/2023~~ ~~30/04/2024~~ ~~30/03/2025~~ ~~30/09/2025~~ ~~31/03/2026~~ 30/09/2026	Survey carried out for alterations. no further action Update 17/07/2024 capital bid required to alter all residences domestic pipework. signs of lead solder found during welsh water audit. Main cold water supply requires upgrade from duct system to residences. non compliance with welsh water capital bid required December 2025 no further progress feb 2026 NFP	Health and Safety Committee	1	2	2	capital investment and ongoing maintenance and testing would reduce this risk	4/30/2030	Treat	4-Feb-26
																Parts have been ordered for alteration of rest of Blocks but needs planning due to length of outage.	Arnold, Malcolm	**Completed**	Inspections carried out. no further action Capital bid required to upgrade main water supply and main residences block connections. December 2025 no further action feb 2026 Close not a risk item							

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									Withybush General Hospital.						testing the water systems of the Residential Blocks at WGH. Large counts have been identified and remedial work needed to allow treatment of systems. There is a lot of Pipe Alterations and valves needed prior to treatment due to the poor installation carried out in the removal of heat sources. Scores of CFU vary from 120 to 14400.	St Thomas has been completed but the other blocks have not been started. An anomaly in supply is compounded by the use of Alkathene Pipe.	Arnold, Malcolm	**Completed**	No further progress made. Not a risk action close								
																Pipework alterations are required as we are unable to control temps. Scheme to be compiled and entered into capital bid.	Arnold, Malcolm	~~30/03/2025~~ ~~30/09/2025~~ ~~30/12/2025~~ ~~31/03/2026~~ 30/09/2026	New Action no further action feb 2026 NFA								
																Water Board Inspection indicates water pipes too large. Capital bid to replace	Arnold, Malcolm	**Completed**	No further progress. not a risk item Close								
																Capital Bid to be submitted for major infrastructure works to site. This has been identified as major infrastructure/backlog improvements.	Arnold, Malcolm	~~31/03/2025~~ ~~30/09/2025~~ ~~30/12/2025~~ ~~31/03/2026~~ 30/09/2026	New Action. no further action FEb 2026 Work ongoing at major capital to improve water systems								
2062	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire West	Severs, James	Chiffi, Simon	Day, Simon	Hill, Paul	1-May-25	There is a risk of of fire spreading through certain areas of Morlais Ward. This is caused by Faulty/damaged fire doors that are beyond economical repair. This will lead to an impact/affect on Loss of service, danger to lives. Risk location, Glangwili General Hospital.	We have a PPM schedule in place. The building is covered by a fire alarm system. Building is occupied 24hrs a day and staff are vigilant.	Safety - Patient, Staff or Public	2	5	10	The current control measures have reduced the score from extreme to high. Even with the control measures in place the doors still require replacing, and are currently not capable of providing the correct level of fire protection. This has been identified by a recent visit from MWWFRS and the Health Board have received a letter of fire safety matters to address these doors.	Funding of £35k provided to replace 3No fire doors in Morlais.	Hill, Paul	~~31/12/2025~~ ~~24/01/2026~~ 31/03/2026	Works 99% completed. Currently waiting on one replacement component.	Health and Safety Committee	1	3	3	The target score will be achieved once the fire doors have been replaced.	12/31/2025	Treat	19-Jan-26

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2197	Estates & Facilities	Estates & Facilities	E&F: Ceredigion	Severs, James	Chiffi, Simon	Day, Simon	Jones, Elfyn	21-Oct-25	There is a risk of of harm to patients, staff and visitors due to operational failure of Fire Doors. This is caused by failed fire doors due to their condition and age. This will lead to an impact/affect on patients, staff and visitors coming to harm in the event of a fire. If there are gaps in the doors/damage to the doors, they compromise fire containment and can lead to catastrophic spread of smoke and flames. Risk location, Bronglais General Hospital.	Pre Planned Maintenance checks in place (six-monthly/annually/quarterly) to check the condition of the fire doors. Repairs are undertaken where possible.	Safety - Patient, Staff or Public	2	5	10	The likelihood of patient harm is currently reduced as there are trained carpenters on site to check and repair the majority of the fire doors, as and when required. The risk remains high as not all fire doors are compliant.	To apply for a Capital Bid of £195,000	Jones, Elfyn	~~19/12/2025~~ 31/03/2026	16/12/2025 - Bid submitted in June and July of 2025, £96k for post grad building fire doors and £195k for B1, B2 B7 and B15. Bid currently not approved.	Health and Safety Committee	1	4	4	All fire doors across BGH would need to be compliant with standards in order to fully mitigate the risk. Funding is required to achieve this.	3/31/2030	Treat	16-Dec-25
471	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	25-Sep-17	There is a risk of serious harm to pedestrians resulting from a road traffic accident occurring on the PPH access road between the Acute Medical Admissions Unit (AMAU) and staff car park. This is caused by no pavement or pedestrian walkway available along this stretch of road and curvature of road limiting the view of motorists using this area. This will lead to an impact/affect on death or serious harm to a pedestrian or motorist. Risk location, Prince Philip Hospital.	There are existing speed restrictions in place such as speed warning signs and a two way mirror to help with visibility around the corner of the site.	Safety - Patient, Staff or Public	2	5	10	Based on a site investigation by the Operations Compliance Manager. This risk remains high until road resurfacing/marking has taken place.	Installation of a pedestrian foot path or hatched area along this stretch of road is recommended, along with road re-surfacing and road markings.	Evans, Stewart	~~31/03/2026~~ ~~31/03/2026~~ 31/03/2026	Ops have been to review the area and quotations sought for a designated hatched area along the roadway. Capital bid has not been supported since 2018/19. EFAB bid to Welsh Government was unsuccessful. Another EFAB bid will be submitted for 2025/26.	Health and Safety Committee	1	5	5	Investment needed to provide pathway from AMAU to new DSU staff car park	1/31/2030	Treat	5-Jan-26

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2163	Estates & Facilities	Estates & Facilities	E&F: Operations Compliance	Severs, James	Chiffi, Simon	Chiffi, Simon	Day, Simon	19-May-25	There is a risk of of harm to maintenance staff who are working Out of Hours due to the inability to maintain minimum safe staffing levels required for working in high-risk areas, such as confined spaces. This is caused by insufficient availability of On Call staff who are able to cover the minimum staffing levels and the Maintenance Procedure document for On Call being out of date and not consistently applied across all sites. This will lead to an impact/affect on staff safety as there are heightened risks for lone workers, particularly in terms of monitoring their safety throughout night shifts. Operational disruption could occur if maintenance procedures were unable to be completed during out of hours. Non compliance with regulations (e.g., Health and Safety at Work act) could incur penalties. There could also be a financial impact to the Health Board staff sustained injury whilst working out of hours, resulting in legal claims/compensation. Risk location, Health Board wide.	Operational Maintenance Policy (No 144) Contract Control Policy (No 541) On Call Maintenance Procedure document is in place.	Safety - Patient, Staff or Public	2	5	10	There are heightened risks for lone workers, particularly in terms of monitoring their safety throughout night shifts. Furthermore, the inability to adhere to permit-to-work arrangements out of hours due to insufficient staff on call adds to the overall risk. These factors potentially compromise worker safety and the effectiveness of emergency responses. Despite the current controls in place, until the group formalises and ratifies a new agreed procedure that reduces the risk to maintenance staff who are working Out of Hours, the risk remains high.	To create a working group to review the On Call Maintenance Procedure.	Day, Simon	17/11/2025	New Action	Health and Safety Committee	1	5	5	Agreed maintenance procedure to be put in place (that complies with the Health and Safety at Work Act, all regulatory guidance and law) and increased staffing levels, would enable the target risk score to be achieved.	9/17/2030	Treat	1-Dec-25
1539	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	27-Jan-16	There is a risk of of harm to patients/staff/visitors plus service disruption This is caused by operational failure of Pneumatic fire dampers and fire door detaunts to close in the event of a fire, due to their age and condition This will lead to an impact/affect on the safety of patient, staff and general public, HSE investigations and further fire brigade enforcement, fines and/or custodial sentences, adverse publicity/reduction in stakeholder confidence. Risk location, Prince Philip Hospital.	Pre-planned Maintenance(ppm) checks in place to check operation of dampers that have not failed	Safety - Patient, Staff or Public	2	5	10	Based on ppm checks and engineering reports. Surveys have been carried out to determine the pneumatic dampers and door detaunts for replacement	Funding required for upgrade works on Pneumatic Dampers and Pneumatic Fire Door detaunts	Williams, Paul -	31/03/2026	Cost received on individual damper replacements, currently on Infrastructure back log engineering Maintenance as priority, Property Dept taking this to WG for funding.	Health and Safety Committee	1	5	5	Highlighted on Infrastructure list with MCP. Funding required	3/29/2030	Treat	29-Dec-25

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2085	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire West	Severs, James	Chiffi, Simon	Day, Simon	Hill, Paul	30-May-25	There is a risk of of harm to patients, staff, and visitors. This is caused by failed fire doors due to their condition and age. This will lead to an impact/affect on Failed fire doors put lives at risk. They compromise fire containment, endanger patients and staff, and can lead to catastrophic spread of smoke and flames. This could lead to further fire enforcements, HSE investigations, fines and/or custodial sentences, and adverse publicity/reduction in stakeholder confidence. Risk location, Glangwili General Hospital.	We have planned preventative maintenance checks in place to check the condition of fire doors.	Safety - Patient, Staff or Public	2	5	10	We have suitably trained carpenters checking fire doors across the GGH estate as part of their PPM schedule. Capital bids are continuously submitted for fire doors requiring full replacement.	Capital bids will be constantly submitted requesting funding to replace fire doors as and when they are identified as requiring replacement. This will be an ongoing process.	Hill, Paul	Completed	Capital bids will be constantly submitted requesting funding to replace fire doors as and when they are identified as requiring replacement. This will be an ongoing process. Capital funding received in the sum of £90k (D365) to address some failed fire doors.	Health and Safety Committee	1	5	5	Once all fire doors are operationally safe the risk rating will reduce to moderate.	12/31/2030	Treat	19-Jan-26
																37 fire doors identified as requiring full replacement.	Hill, Paul	31/03/2026	Capital bid submitted on the 25/06/2025, requesting funding of £142,000 to replace 37 fire doors across the GGH estate.								
																39 fire doors identified as requiring full replacement.	Hill, Paul	31/03/2026	Capital bid submitted on the 21/07/2025, requesting funding of £150,000 to replace 39 fire doors across the GGH estate.								
																Capital funding required to replace 25 fire doors.	Hill, Paul	31/03/2026	Capital bid submitted on the 25/11/2025, requesting funding of £96,250.00 to replace 25 fire doors across the GGH estate.								

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2042	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	25-Mar-25	There is a risk of of Harm to patients, staff an visitors plus service disruption. This is caused by Operational failure of fire safety doors in the event of a fire due to their age and condition. This will lead to an impact/affect on the safety of patients, staff, and general public. HSE investigations, Mid and west wales fire brigade fire enforcement, fines and or custodial sentences , adverse publicity / reduction in stake holder confidence. Risk location, Withybush General Hospital.	Pre planned maintenance (ppm checks) in place to check on condition of doors. Continued ppm list identifying condition of current doors within WGH locality. Localised repairs and third party accredited improvements where necessary.	Safety - Patient, Staff or Public	2	5	10	Based on PPM checks and engineering reports. Surveys have been carried to determine fire door replacements. Phased project in place to replace doors on a risk based approach. Risk is high as fire doors have been identified as non compliant with current legislation and unable to be repaired to required standard. Capital funding is required to replace doors and fully mitigate the risk.	capital bid to replace defective doors highlighted on LOFSM	Arnold, Malcolm	Completed	Capital bid in progress. Update Capital bid submitted 25/03/2025 Capital Bid Reference No WGHCB10224 and WGHCB23225	Health and Safety Committee	1	5	5	Capital funding is required to replace doors and fully mitigate the risk.	9/30/2026	Treat	4-Feb-26
																install new fire doors on completion of capital funds being made available.	Arnold, Malcolm	~~29/08/2025~~ ~~31/03/2026~~ 30/09/2026	30/06/2025 no further progress 20/08/2025 still waiting for funds to be released. FEB 2026 Order replaced for RED RAG door replacement works to be completed by 20 march 2026 . Additional funding expected 2026 finacial year.								
1873	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	31-May-24	There is a risk of to tenants and staff in the residential blocks of a failure to identify a gas leakage on the main incoming gas mains due to the lack of ventilation. This is caused by unvented/non compliant gas meter storage. Currently, the installation does not comply with current regulations. Failure to comply would potentially lead to enforcement notices/litigation. This will lead to an impact/affect on supply of heating and hot water to the residential blocks for tenants and the possibility of unknown natural gas leakage in the building. Financial and reputational harm to the Health Board if gas leaks were to occur. Health and safety of the tenants would be adversely affected by any gas leaks and displacement of tenants. Risk location, Prince Philip Hospital.	Currently local PPM (Planned Preventative Maintenance) in place for boiler/appliance testing (monthly).	Safety - Patient, Staff or Public	2	5	10	Current risk score is high as despite current controls in place (monthly monitoring), natural ventilation ductwork is required to mitigate the risk. Capital funding has been sought.	Quotations obtained for additional ventilation, Fire curtains removed from Fire door installation to be re-instated by Discretionary Capital Team. Capital bid to be submitted.	Evans, Stewart	Completed	Costs partly received 15.07.2024	Health and Safety Committee	1	5	5	Funding required to move gas meters to outside	1/31/2030	Treat	18-Dec-25
																Further TEF funding required to ventilate Blocks	Evans, Stewart	31/03/2026	Awaiting TEF funding								

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1382	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	19-Apr-19	There is a risk of of harm to patients and staff at WGH. This is caused by the reinforced autoclaved aerated concrete (RAAC) planks that were used during the construction of WGH becoming insecure with the potential for large pieces to break off and/or planks collapsing into corridors and ward areas. This will lead to an impact/affect on a potential injury or possible death if a sudden collapse of planks were to occur within an occupied area of the hospital. Other impacts include closure of large areas of the hospital to undertake visual inspections and/or remedial works, breaches in statutory duties, negative media coverage, and loss of confidence from stakeholders. Risk location, Withybush General Hospital.	Specialist structural engineers (Curtins) engaged to undertake a programme of visual inspection of planks at WGH - plank by plank surveys are underway at pace, scheduled to finish March 2024. Process in place to prop identified critical planks within 24 hours to make immediate area safe and to be used or to area to remain closed until safe to re-occupy Principal contractor appointed to provide propping and undertaking remedial works, and assurance has been obtained from the engineers where areas are safe to be re-occupied. Legal advice sought on corporate manslaughter and acted upon promptly. Business Continuity Incident declared on 15Aug23 and Command Control Structure (Bronze) established to coordinate and manage Health Board response. A Management Plan is being established to manage the ongoing risks of RAAC, to include: A planned maintenance card is also included in the Maintenance Scheme for the Direct Labour Force to visually check at different point throughout the hospital. Continue to monitor any water ingress on failing roof systems and promptly take any remedial works necessary. During any work above ceiling tiles it has also been passed on to the craftsmen that it is requested that a visual inspection is also carried out. Restriction and controlled access systems in place to certain areas of the site. Introduced specialist RAAC plank training to provide awareness for site teams and how they should operate	Safety - Patient, Staff or Public	2	5	10	Project plans are in place in terms of when remedial actions will be undertaken, and capital has been secured to fund these works. Works in ward areas are completed. Remedial works on other areas are due to commence in April 2024, with a view to completion by March 2025. There will be ongoing re-surveys in all ward areas from October 2024 onwards. All ground floor areas scheduled for 2025. Risk score is unlikely to reduce until all works are completed in March 2025.□	Complete direct award to structural engineering specialists under a compliant Framework.	Elliott, Rob	Completed	The compliant Framework, and all supporting documentation, has gone through to Shared Services at a senior level and will be considered shortly for approval by the DOF of the UHB. It is hopeful the framework will be approved by the end of April 2023.completed	Health and Safety Committee	1	5	5	The target risk score is based on the level risk following visual surveys, propping and remedial works being completed on critical P1 planks identified at WGH.	3/29/2030	Treat	27-Aug-25
																Survey work of all RAAC Planks at WGH.	Elliott, Rob	Completed	Timescale amended to March 2024 for all RAAC plank by plank surveys at WGH to be completed. As of February 2024 all P1 (critical) planks have been surveyed. By March 2024 all planks will have been risk categorised, with follow on surveys to take place in 24/25. completed								
																Establish funding to carry out reparatory works of RAAC planks.	Elliott, Rob	Completed	The level of funding required is currently unknown and will be dependent on the findings of the surveys as we proceed. Welsh Government have provided funding for the P1 (critical) planks. A revised date of March 2024 has been placed against this action, as we envisage all survey work to be completed by this date. completed								
																Develop the necessary tender documentation to commission review of all other sites (including Community, Primary Care, General Practitioners Practices, leased properties etc,) which were constructed within a timeline of 1960 to 1995, which will be competitively tendered (forming part of the portfolio survey).	Elliott, Rob	Completed	The tender documentation is being developed currently and is hopeful to be agreed by the end of May 2023. completed								
																Surveys have started and remedial work carried out in Potwash area. Other remedial work is required.	Elliott, Rob	Completed	Continual progress being made with extra inspections.completed								

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										where RAAC Planks are identified. Areas have been identified to reduce to loading on the RAAC planks. Weekly inspection of props undertaken on site, and rectified as required. Assessment process in place for service re-occupation to ensure their safety and that the area is able to be used effectively, managed via service site management. Capital funding received to undertake remedial works to address P1 planks. Remedial works in Wards 7,9, 11 & 12 complete and the pot wash area of kitchen.						Detailed plank by plank surveys across WGH by Curtins (dependent on access)	Elliott, Rob	Completed	Visual inspections have been completed, and detailed plank inspections are due to commence in October 2023. Funding has been agreed for remedial works. Remedial works in Wards 7,9, 11 & 12 complete and the pot wash area of kitchen. completed □								
																Undertaking remedial works resulting from surveys (c£13m).	Elliott, Rob	Completed	Funding has been secured for FY2023/24 and FY 2024/25 for £13m. Remedial works are scheduled to be complete across the site by March 2025. MA update all remedial works have been completed								
																Development of Management Plan to manage the position/access to areas/staff training until the works being remediated	Elliott, Rob	Completed	Management Plan has been implemented and monitored via weekly Bronze meetings. completed								
																Fast Track Visual Surveys being arranged to identify critical (P1 planks) requiring emergency propping or areas closed off.	Elliott, Rob	Completed	Fast track visual surveys completed in August 2023. completed								
																Complete remedial work in all affected ground floor areas.	Elliott, Rob	Completed	Remedial work to OPDA (Outpatients Department A) has started, with all other affected ground floor areas to be completed by March 2025. MA update all works completed								
																Remove weight (e.g. pipework, cabeling, duck work, etc) from planks where possible to reduce the risk of deterioration and excessive weight.	Elliott, Rob	Completed	New action- work ongoing and the timescale will be re-assessed as work is progressed. MA Update All remedial works completed								

Health and Safety Committee Operational Risk Register

Date: February 2026

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																carry out ongoing resurvey work to both second floor and ground floor RAAC areas.	Arnold, Malcolm	31/03/2026	Second floor completed. Ground Floor resurvey due October 2025								

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1096	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	27-Jan-16	There is a risk of of harm to patients/staff/visitors plus service disruption. This is caused by operational failure of Fire Safety Doors in the event of a fire due to their age and condition. This will lead to an impact/affect on the safety of patients, staff and general public, HSE investigations and further fire brigade enforcement, fines and/or custodial sentences, adverse publicity/reduction in stakeholder confidence. Risk location, Prince Philip Hospital.	Pre Planned Maintenance (PPM) checks in place to check on condition of doors.	Safety - Patient, Staff or Public	2	5	10	Based on PPM checks and engineering reports. Surveys have been carried out to determine the fire door replacements, and additional fire doors required .	PPM monitoring/surveys. Identified on infrastructure backlog maintenance. Currently under review.	Evans, Stewart	Completed	"Minimum funding from statuary funds will only allow for survey and drop test. External contractors have carried out drop tests, and funding has been received for remedial work following the drop tests. Capital bid to be costed and submitted for dampers that require replacement. "	Health and Safety Committee	1	5	5	Ongoing investment required	3/29/2030	Treat	18-Dec-25
																"Costs received for individual Dampers from Contractors"	Williams, Paul	~~31/03/2023~~ 31/03/2024 ~~30/04/2025~~ 31/03/2026	Currently on backlog infrastructure works. Identified as priority 2 in infrastructure backlog maintenance meeting 11th August 2022 ,site visit due 9th Sept 2022 with design team. EFAB bid has been submitted to Welsh Government in November 2022, awaiting response." Meeting with project team on 19.01.23 to prioritise risk before submitting business case to WG No change 04.04.23 No change 12.06.23 All investments in LOFS are now agreed with the Fire Service. The final phase beyond April 2025 will potentially require a new business case to be submitted. 18/80 dampers have been replaced. Work remains ongoing.							

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																Replacement of obsolete dampers.	Evans, Stewart	~~01/03/2026~~ ~~31/03/2024~~ ~~30/09/2024~~ ~~31/03/2025~~ 31/03/2026	Capital bid currently being costed and to be submitted by the end of August 2021. Once funding received this work will go out to tender. This is identified on the backlog infrastructure list. Expecting funding for damper repairs and upgrade. Awaiting funding for further damper replacements. DCP currently replacing 14 dampers picked up as defective following testing. 14 dampers replaced from DCP Scheme, remainder requires TEF 2025-26. Work ongoing.							
																Replacement, and additional fire doors, to be put in place following survey.	Evans, Stewart	**Completed**	All investments in LOFS are now agreed with the Fire Service. The final phase beyond April 2025 will potentially require a new business case to be submitted. Completed							
																Some Fire Doors to be changed at Amman Valley Hospital and Residences PPH , Hazard rooms, where identified on Wards at PPH.	Evans, Stewart	~~28/03/2025~~ ~~31/03/2025~~ 31/03/2026	Identified for TEF (Targeted Estates Funding) funding - work ongoing.							

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1746	Estates & Facilities	Estates & Facilities	E&F: Ceredigion	Severs, James	Chiffi, Simon	Day, Simon	Jones, Elfyn	27-Jun-23	There is a risk of failure to the emergency lighting system at Bronglais Hospital during periods of electrical outages or faults tripping out the protection circuits. This is caused by the current emergency lighting systems being non-compliant or obsolete. This will lead to an impact/affect on an impact/effect on the operational continuity of the hospital in the event of a power cut. Potential risk to patient and staff safety if emergency lighting failure during an evacuation. The emergency lighting also forms part of the Regulatory Reform Order inspections, letters of fire safety matters and do not comply with BS5266 (British Standard for emergency lighting). Risk location, Bronglais General Hospital.	Monthly testing of existing units.	Safety - Patient, Staff or Public	3	3	9	Risk is high as we only test and maintain what is installed and this does not comply with BS5622 regulations. This failing has been recognised by the Fire Service and is an action that has been raised in LOFSMs and is detailed on AMaT (see attached document). Funding is required in order to mitigate this risk.	Submission of business case to Welsh Government to support necessary upgrades to the site.	Jones, Elfyn	~~31/03/2024~~ ~~31/03/2025~~ 31/12/2025	Welsh Government have requested the HB to prioritise in order of risk. Currently no funding agreed. 17/02/2025 - No funding agreed. 15/05/2025 - WG have provided funding however emergency lighting is not on the prioritised list. To review funding options with Capital Development Manager. 14/07/2025 - Funding options to be discussed. 16/09/2025 - Ongoing discussions with NWSSP and Welsh gov to secure monies to proceed with RIBA stage 3 & 4 designs for market testing and inclusion in Business case documents. 17/11/2025 - Comments as 16/09/2025. 26/01/2026 - No Updates	Health and Safety Committee	1	1	1	Funding is required in order to purchase and install the new equipment to fully mitigate this risk.	3/31/2030	Treat	26-Jan-26

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934	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	17-Aug-20	There is a risk of of potential asbestos exposure to staff at WGH. This is caused by the need to access the celling voids, which contain asbestos panels, in emergency times when blockages occur and rodding to release a blockage puts pressure on Asbestos panels. Also while fault finding in voids and attending to lighting. This will lead to an impact/affect on staff developing serious health conditions, staff sickness, complaints, Health Board reputation. Risk location, Withybush General Hospital.	Encapsulation of exposed areas has been carried out in certain areas but not complete. Easement distances is not adequate due to the services in the ceiling voids. Ensure control of contractors site induction are thorough and include reference to asbestos register and tool box talks.	Safety - Patient, Staff or Public	3	3	9	Exposure to Asbestos can cause health problems and is reduced by encapsulation or even better would be complete removal. Surveys are being carried out to ascertain the dangers.	A lot of different areas are being removed by the Firecode Works and is making the works easier to manage.	Elliott, Rob	Completed	Unknown number have been removed and we are waiting on reports to upgrade register. completed	Health and Safety Committee	2	1	2	only complete eradication of all asbestos on site will reduce this to the target risk score	4/30/2030	Treat	16-Dec-25
																As the Fire Contract is carrying out further works then they are taking out large areas. Update on Asbestos Register is required.	Chiffi, Simon	Completed	Ongoing process of Asbestos removal is reoccurring. completed								
																Further encapsulations and surveys with removal as best practice.	Arnold, Malcolm	~~30/09/2020~~ ~~31/03/2022~~ ~~31/04/2024~~ ~~31/03/2025~~ 31/03/2026	Some encapsulations have been carried out, and removals via a separate contract. Further removals are planned, once this is complete a review will be carried by the team to establish any further issues. Continued encapsulations actioned during various capital schemes 26/03/2025 update. ongoing annual level two survey. Items removed on a risk based approach.								
																Further Register being actioned. removals are still taking place.	Elliott, Rob	Completed	Update on register required as more tests and removals being carried out. annual survey carried out by AIB contractors completed								
																Update of Asbestos register required but more AIB is removed as Firecode contract is going on.	Elliott, Rob	Completed	Continuous removals are happening. 29/07/2024 ITEM can be closed Compliance risk item covers this.								
																Removals are continuing by the Firecode works but awaiting update of Asbestos Register to be carried out.	Elliott, Rob	Completed	No further progress. complete								
																Update of Asbestos register required but more AIB is removed as Firecode contract is going on.	Elliott, Rob	Completed	Complete								

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1965	Estates & Facilities	Estates & Facilities	E&F: Ceredigion	Severs, James	Chiffi, Simon	Day, Simon	Jones, Elfyn	9-Jun-24	There is a risk of of significant to patients, staff and visitors in the event of a fire evacuation. This is caused by potential failure of fire alarm systems. This will lead to an impact/affect on the ability to safely evacuate premises in the event of a fire. Risk location, Bronglais General Hospital.	Pre planned maintenance contract in place to test the systems regularly. Regular inspections of systems.	Safety - Patient, Staff or Public	3	3	9	System does not operate when required, despite regular maintenance and visual inspections of equipment. There is a risk of harm to patients, staff and the general public in the event of a fire due to non compliant systems, in accordance with fire safety regulations. A Fire Enforcement notice could be served if not remedied.	Infrastructure Business Case currently being developed.	Jones, Elfyn	~~31/03/2025~~ 31/03/2026	16/05/2025 - Possible funding available via Targeted Estates Funding route 14/07/2025 - In discussion with compliance on funding route. 16/09/2025 - ongoing discussion with compliance on funding route 17/11/2025 - Funding approved for replacing obsolete detectors. Obtaining quotations from contractor. 26/01/2026 - Funding reduced. GGH and PPH only.	Health and Safety Committee	1	3	3	Funding is required in order to purchase and install the new equipment to fully mitigate this risk.	3/31/2026	Treat	26-Jan-26
1929	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	2-Sep-24	There is a risk of of failure of the fire alarm monitoring of the site in its entirety due to the aged/failing equipment. This is caused by failure of equipment. This will lead to an impact/affect on the site monitoring of fire alarms. Risk location, Prince Philip Hospital.	continued maintenance from contractor.	Service/Business ...	3	3	9	Currently the aged equipment is starting to show signs of failure, replacement panels are necessary to mitigate loss of monitoring.	Capital Bid Submitted	Evans, Stewart	31/03/2026	Awaiting Capital Bid outcome	Health and Safety Committee	3	1	3	Additional funding required. TEF bid of Â£280k 25-26 unsupported.	1/31/2028	Tolerate	18-Dec-25

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1348	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	21-Mar-19	There is a risk of of potential harm to staff from equipment becoming faulty electrically. Defective Equipment also being plugged into fixed equipment which is unable to safely operate to eliminate danger. This is caused by defective or not sufficient load carrying capacities to allow correct and safe operation of electrical equipment. This will lead to an impact/affect on the safety of all patients, staff and visitors whilst electrical equipment is being used in their vicinity. Risk location, Pembrokeshire, Withybush General Hospital.	A small percentage of fixed electrical equipment is tested annually by contractors plus the DLO carry out safety checks daily on both equipment and fixed wiring. Failure to fund testing will cause a backlog and will not comply with Firecode Works.	Safety - Patient, Staff or Public	3	3	9	The current budget is not sufficient to carry out all testing and identify all problems but we are keeping on managing problematic areas.	Further testing of Portable and Fixed Wiring is required to minimise risks with Electrical Equipment. Further funding and resources must be made available	Arnold, Malcolm	~~31/03/2022~~ ~~30/03/2025~~ ~~30/09/2025~~ 31/03/2026	Currently testing has been carried out and we are awaiting results schedules from Contractors no further action 5 year fixed wiring testing contract has been awarded. All electrical work on site must be completed by certified CP LV electricians and permitted by APLV for WGH site. Update 17/07/2024 tender process underway with procurement to award external contractors to carry out fixed wire testing. local testing completed to Creche/child health/ Pembroke county. orders placed to carry out PAT testing 14/04/2025 main contract has commenced with all community premises.	Health and Safety Committee	2	2	4	Capital investment would reduce this risk, and ongoing planned maintenance	4/30/2030	Treat	16-Dec-25
																Testing of local boards carried out by internal craftsmen but not complete	Arnold, Malcolm	Completed	No further progress. completed								
																Further testing has been carried out on site and waiting for EICR report to be given. This is only part of the hospital and requires extra Work and Funding.	Elliott, Rob	Completed	Further testing is being carried out. completed								
																Further testing has been carried out on site and waiting for EICR report to be given. This is only part of the hospital and requires extra Work and Funding.Problem is still in situ.	Elliott, Rob	Completed	No further progress completed								

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1136	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	12-Jun-17	There is a risk of of people, staff or patients falling or tripping in potholes or uneven road surfaces throughout all sites. This is caused by wear and tear, natural erosion through weather and vehicle travel. Road markings are also worn along with parking spaces markings which are adding to problems. Directional arrows and zebra crossings also need updating throughout the site. This will lead to an impact/affect on all visitors to site inclusive of staff, patients and visitors. Risk location, Withybush General Hospital.	Additions of temporary signage when required also barriers in use. MA Update Emergency filing of potholes when identified. low risk planned maintenance routine to inspect paths and road monthly.	Safety - Patient, Staff or Public	3	3	9	Identified and costs collected as singular units but not complete.	Directional arrows and zebra crossings need updating throughout the site.	Arnold, Malcolm	**Completed**	5% of works has been completed as of July 2021. no further progress completed	Health and Safety Committee	3	2	6	ongoing inspections and maintenance will reduce this risk but weather and road use will always cause were and tear	4/30/2030	Treat	4-Feb-26
																Funding request submitted to Welsh government 2022	Arnold, Malcolm	**Completed**	completed								
																Continuous monitoring of roadway but is shown as deteriorating.	Elliott, Rob	**Completed**	Continuing to monitor complete								
																Some potholes filled in due to complaints but roads are deteriorating. Update MA planned maintenance in place to routine inspect roads on a monthly basis. Potholes identified have emergency fill products applied. this is ongoing	Arnold, Malcolm	~~25/08/2023~~ ~~30/04/2024~~ ~~31/03/25~~ ~~30/08/2025~~ ~~31/03/2026~~ 30/09/2026	Only potholes at various points. update routine planned maintenance inspections in place, potholes identified and filled where necessary. 28/03/2025 update no further progress								
																Extra complaints are coming in and we have recently had some other people falling.We are not able to keep up with temp fixes due to the volume of traffic.	Elliott, Rob	**Completed**	Filling in deepest holes but there is a lot of damaged roads. update MA emergency pot holes filling complete. planned maintenance checks in place								
																Capital bid to resurface highest risk priority road and car park sections	Arnold, Malcolm	~~31/07/2025~~ ~~31/03/2026~~ 30/09/2026	Condition survey completed to look at immediate issues / areas over 5 years life and areas over 10 years life. Highest priority road and car park resurfacing capital bid submitted no further progress								

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1261	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	14-Oct-21	There is a risk of that the roof and ceiling will become too badly corroded to allow the office to be used. The subframe is also showing signs of external corrosion of the frame and skirts on the floor level of the units. This is caused by weather conditions and inevitably the age of the units. This will lead to an impact/affect on closure of the offices as there are water leaks being permanently reported. The trial of using a compound on the roof was abandoned as the roof was giving way. Unfortunately the whole of the roof is not in a very good condition. Risk location, Withybush General Hospital.	Monitoring and used to be coating of the leak area but now unable to walk on roof.	Safety - Patient, Staff or Public	4	2	8	The sub frame of the building is in poor condition and will not allow more maintenance.	Continual Inspections to be carried out.	Arnold, Malcolm	~~23/09/2021~~ ~~30/09/2025~~ ~~30/10/2025~~ 31/03/2026	Frames are deteriorating. update 17/07/2024 north side of building subsided by 100 mm due to frame corrosion. structural survey completed, waiting for action plan and cost to repair the structure. Property team to carry out building survey for suitability. Update 19/02/2025 North Side works complete. Still evidence of corrosion to frame on the west side. to be monitored	Health and Safety Committee	2	1	2	Capital investment and regular maintencae will achieve the target risk score.	3/31/2027	Tolerate	16-Dec-25
																Units are subject to adverse weather and are corroding badly. No further work can be determined.	Rob Elliott,	Completed	No further progress. Emergency works to the roofs completed June 2024 capital bid in place for full replacement. completed								
																Continuing maintenance and inspection being carried out.	Arnold, Malcolm	Completed	Continuous patching up of external areas. Update 17/07/2024 emergency patch repair to one section of the roof completed June 2024. Capital bid in place to replace fully. Update 19/02/2025 Capital funds release Or placed with contractor. mobilisation of scaffolding no on site. Start date to be confirmed roof completed								
																Units are subject to adverse weather and are corroding badly. No further work can be determined.Partial improvements have been carried out to a part of the roof. More funding required.	Rob Elliott,	Completed	No further progress. completed								

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947	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	3-Aug-17	There is a risk of avoidable harm to patients, visitors and staff at Tenby Cottage Hospital. This is caused by the brick Pavement and Driveway into Hospital sliding down towards the bottom of the carpark allowing excessive gaps and holes to appear which are trip hazards. This will lead to an impact/affect on personnel that are entering the Hospital being exposed to the danger of such potholes, possible trips and falls, claims and complaints. Risk location, Pembrokeshire, Withybush General Hospital.	Sand is being placed between the joints but has not any long-term effect. Slippage is still occurring. Inspections being carried out by Estates staff but there is not a great deal that maintenance are able to do.	Safety - Patient, Staff or Public	4	2	8	Limited to allowing sand to be used to assist with the gaps but these are getting bigger with the volume of slippage, however the gaps are worsening. Further reports that there is still slippage happening at the Hospital. Unable to close off as this is the main entrance.	Removal of hard standing and either tarmac complete area or install concrete dividers to stop creep of brickwork.	Arnold, Malcolm	~~30/09/2020~~ ~~31/12/2021~~ ~~30/04/2024~~ ~~30/04/2025~~ 30/03/2026	New quotes to be required, after which a Capital bid will be raised. Update 16/07/2024 order placed for localised repair to main car park entrance and trip hazards at building entrance. Trip hazards completed Update 29/07/2024 Main entrance localised works still to be repaired . Contractor to mobilise for weekend working. date TBC. 22-08-2024 final repairs scheduled for weekend 31/08/2024 30/04/2025 update. No further plans for full removal and replacement. ongoing maintenance where required.	Health and Safety Committee	1	2	2	Vehicle usage will always cause wear and tear to the car park. Continuous planed maintenance and defect repair when required. Full replacement for a more hard wearing tarmac the preferred solution.	4/30/2026	Treat	14-Jan-26
																Further reports that there is still slippage happening at the Hospital. Unable to close off as this is the main entrance.	Elliott, Rob	Completed	No further progress. update order placed for localised repair at main entrance. mobilisation to be confirmed. completed								
																Brick Walkways are deteriorating and larger gaps appearing. Filling put in to minimise gaps but do not last long.	Elliott, Rob	Completed	No further actions. completed								
																Inspections being carried out but there is not a great deal that maintenance are able to do.	Elliott, Rob	Completed	No further progress to report. completed								
																Removal of hard standing and either tarmac complete area or install concrete dividers to stop creep of brickwork. No requests have been carried out for costing of tarmac.	Elliott, Rob	Completed	No further progress completed								
																Local repairs to blockwork entrances	Arnold, Malcolm	Completed	Purchase order placed to repair trip hazard around entrances. Works have been completed.								

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505	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	1-Jan-18	There is a risk of avoidable service disruption due to high voltage (HV) electrical infrastructure problems. This is caused by the Bus Section and HV Breakers (Health Board Assets) are single point of failure. These are manufactured by South Wales Switch Gear in 1987 and are beyond life expectancy. An external audit by NWSSP-SES has confirmed this issue. Experiencing power outages could result in HV system failure. The HV Breaker is currently oil circuit cooled which degrades quicker than more modern methods of protection, and is more prone to failure. This will lead to an impact/affect on loss of electricity at the PPH site, potential service disruption (non-critical services). Risk location, Prince Philip Hospital.	Visual inspections and PPM's are in place to check components. External service contract in place with Western Power for routine annual maintenance checks over a 5 year plan. If electrical failure did occur the back up generator would generate prioritising essential services.	Service/Business interruption/disruption	2	4	8	Information has been received from external authorising engineers. External service contract in place with The National Grid for routine annual maintenance checks over a 5 year plan. These old systems result in parts being difficult to obtain. Funding is required to address the components as per a risk based approach.	Capital funding will be required to address the issues as identified and for the replacement work to be undertaken.	Evans, Stewart	~~01/03/2026~~ ~~31/12/2021~~ ~~31/03/2024~~ ~~31/05/2024~~ ~~04/11/2024~~ ~~31/01/2025~~ 31/03/2026	This risk has been identified on the property and infrastructure backlog system. This will now be considered as part of the future infrastructure programme for HDUHB. This has been moved to priority 1 for the WG infrastructure bids. Unlikely to change until end of financial year.	Health and Safety Committee	1	3	3	Listed on Priority 2 of the current run schemes by MCP team for replacement. Funding required for replacement.	3/31/2028	Treat	29-Dec-25

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1353	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	9-Feb-18	There is a risk of of the condition of the wiring used in the hospital being in a poor condition. Tray work covers have not been put back leaving exposed cores and the use of twin flat grey has been used without containment.Some of the cables could be live. This is caused by use of the wrong specification of cable to be included in small schemes by various parties. This will lead to an impact/affect on the safety of personnel doing maintenance in ceiling voids. Risk location, Withybush General Hospital.	Fixed testing has not identified any problems as there are no complete circuits to measure. Formal discussions with Electrical Staff is carried out.	Safety - Patient, Staff or Public	4	2	8	The issues are now being realised by Contractors during the fire Code works. Discussions are frequent and isolations are being done by officers.	No further work carried out to infrastructure except for normal maintenance.	Arnold, Malcolm	**Completed**	Upgrades to electrical wiring on second floor wards as part of RAAC repairs. other areas no further progress Update:17/07/2024 Ground floor RAAC areas have had electrical infrastructure (dis boards replaced. Wiring change where needed. completed	Health and Safety Committee	3	1	3	capital investment and regular maintenance will reduce this risk	4/30/2030	Treat	16-Dec-25
																As more areas are being exposed it is showing more and more non -compliant electrical services. Remedial works are required.	Elliott, Rob	**Completed**	No further progress into problems carried out. completed								
																Poor quality wiring is being identified through Fire code and RAAC contractual works. Ongoing identification, Fixed electrical testing contract in place. Permit to work by CP appointed contractor only. ongoing.	Arnold, Malcolm	~~23/09/2022~~ ~~30/09/2025~~ 31/03/2026	ongoing identification and modification when identified. 27/03/2025 update Fixed wiring inspection project under way to achieve 100% over 5 years. Defects identified from inspections will require funding.								
																Funding and a contract required to test such a large area.	Elliott, Rob	**Completed**	completed								
																This problem is as bad as first reported as there is much more Twin and earth being found as further works are being carried out.	Elliott, Rob	**Completed**	No further progress. completed								

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1332	Estates & Facilities	Health and Safety	Health and Safety	Severs, James	Severs, James	Springthorpe, Adam	Springthorpe, Adam	23-Aug-21	There is a risk of avoidable patient and staff harm from hazardous substances. This is caused by the UHB not being fully aware of its compliance to the Control of Substances Hazardous to Health Regulations 2002 (COSHH) This will lead to an impact/affect on the safety of patients, staff and general public, closure of services, HSE investigations and prosecution, adverse publicity/reduction in stakeholder confidence. Risk location, Health Board wide.	HS&S Officer (Chemical Engineering Specialist) providing support/advice to departments. HS&S Officer is supporting Health Board Ventilation Group with Estates colleagues - surveyed Local Exhaust Ventilation systems across PPH, GGH, WGH & BGH. Also assisting Water Safety Group and Sharps Safety Groups (re: work-related biological agent exposure). Undertaken chemical waste audits with Environmental team, and provide ongoing support to team with specialist advice regarding safe handling and disposal of waste. HS&S Officer attending Sharps Safety Group - measures to reduce risk of exposure to sharps (and possible exposure to biological agents) being implemented. Assisting annual ISO 14001 audits covering some COSHH aspects. HDUHB COSHH policy and procedure - updated policy approved Jan 2022, contained two new COSHH forms (substance-based and task-based) Induction training for Managers - includes COSHH for Managers session. Over 500 managers trained since 2020. Annual COSHH audits of prioritised departments undertaken - initial program (April 2020, early pandemic) assessed key departments on all acute sites and support provided on highest risks. Other audits taken as and when possible. Annual audits undertaken. Centralised HDUHB database of identified substances and COSHH	Safety - Patient, Staff or Public	2	4	8	We are likely to be compliant with many aspects of COSHH (due to existing control measures, training, etc), however the COSHH assessment is needed for many substance, and this will record where we are compliant and what remedial actions are necessary. Risk has been reduced slightly due to a few recent changes. Firstly, the estates inventory is significantly reduced from previous audits. Estates do not use substances of high concern. The GGH Laundry has closed so there is no longer use of the most hazardous substances in the largest quantities. HSDU now use the most hazardous substances but these are well controlled. Audits of general wards are underway and are not finding significant hazards. There is a possible risk remaining from some environmental exposures such as surgical smoke and Entonox. New processes such as HPV disinfection have introduced new but well-managed risks. Hotel Services have undergone a supplier change for their substances. Progress is ongoing towards reducing risk to a Moderate.	Completion of >50% of required COSHH assessments using forms in HDUHB COSHH Policy 703	Sellek, Gerard	30/12/2022 31/01/2026	The following COSHH aspects are complete: Endoscopy/HSDU, Podiatry, Estates boiler treatment/feed water testing chemicals, liquid nitrogen complete, some MHLD sites, Entonox exposure; HS&S has set up a database of all substances found and assessments required/completed. The initial aim was for local managers to complete risk assessments. This is possible for small numbers of assessments, but due to overall HDUHB staff workload, HS&S generally will need to set up the assessments and then reviewed/completed locally except where local staff have the time to do so. This has been successful when undertaken. Every ward on every acute site has been visited and assessed for COSHH risks. New COSHH Intranet site under development which is intended to become the central repository for COSHH lists, MSDS's and COSHH Assessments.	Health and Safety Committee	1	4	4	Developing COSHH compliance for the Health Board is a huge task, but one that is always ongoing behind the scenes within the H&S Team. Compliance will therefore take time to fully implement.	12/31/2026	Treat	25-Nov-25

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										data - initiated April 2020 (1000+ substances registered). This is used to identify and log what substances are in use, what COSHH assessments are required (and what have been completed). Reducing inventory of chemicals by identifying old/obsolete items. Estates inventory has been reduced in this way. Pathology use the Q-Pulse-Pathology system and have an extensive library of COSHH assessments. Pathology have their own assessments so they will be assessed at the end of the process. HSDU (PPH, GGH, WGH. BGH) and Endoscopy (BGH) use active monitoring, ventilation, emergency procedures, COSHH training from suppliers. COSHH assessments in place on old form. Almost all COSHH assessments are in place now in HSDU. Catering and HSDU receive COSHH training from suppliers. Chemicals have changed so are being re-assessed. Estates, HSDU, Catering, Hotel Services, Laundry, some wards/clinics/ OPD, Pathology/Histology/Blood Sciences, Theatre, have been given an initial audit with follow-ups during 2024. About 150 substances require standalone assessments, and about 80 task-based assessments are needed, but the overall number of substances is much reduced due to reductions in Estates inventory. HS&S Officer in process of completing identification of hazards prior to working on the assessments. Cytotoxic medication list obtained, COSHH assessment is underway.						Complete Detailed training for Managers on completion of COSHH assessments using new forms and completion of training package for delivery.	Sellek, Gerard	Completed	Due to work pressures, this training will not be delivered routinely but can be done according to demand and need. The presentation file will be sent to everyone who has completed the MH&SI. The existing MH&SI training package is being reworked to make it more user-focussed embedding the previous experience in this role, to ensure Managers are better equipped to identify and risk assess substances. The detailed training includes worked examples of how to complete Substance-based and Task-based assessments.								
																Complete training package for delivery of COSHH Awareness training for substance users and supervisors.	Sellek, Gerard	28/02/2022 31/01/2026	Creation of package underway. COSHH Audits to inform contents and means of delivery of package. Some department such as HSDU and Hotel Services have existing COSHH training, this package is intended to cover gaps (and offer more tailored advice) such as nursing staff, Estates, and porters. A training package has already been developed for Porters and nursing staff who handle liquid nitrogen, and has already been delivered in PPH. Due to numerous changes in chemicals used across the HB, this needs to be tailored to suit the current needs. An Estates package is underway and will be delivered in conjunction with the Operations Compliance Officer in April 2025.								

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										HS&S are working with Oncology on this aspect.						Undertake annual COSHH audit of acute sites.	Sellek, Gerard	Completed	Initial audits already carried out was intended to identify the substances in use in the HB. New audits will check for updates to initial audits; will collect information on usage/exposure/methods of use that will be needed to complete COSHH assessments. Estates has largest inventory but effort now being supported by Compliance Officer. This is an ongoing action. COSHH audits are undertaken whenever HS&S visits a site/department, and support provided as needed. The new H&S Advisor also assisting with this. New audits in 2024 covering wards.								
																Develop improved waste procedures with Environmental team.	Sellek, Gerard	Completed	Waste process for HSDU has been implemented to reduce risk of chemical containers entering incorrect waste streams. Procedure for obsolete chemicals required to support Waste Management Policy. This can be placed on Intranet and communicated via Global e-mail. Recent work on this has included developing (with Environmental) and communicating a procedure for disposal of waste anaesthetic liquids for Theatre and ITU (June 2023). HS&S works with Departments and Environmental team to deal with identified instances of chemicals requiring disposal by specialist contractors. HS&S provides ongoing support to Environmental in this regard so will log this action as complete.								

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991	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	11-Sep-17	There is a risk of of leaks being detected in the natural gas pipework at Withybush Hospital. This is caused by the Mains Gas pipework not being up to Gas Safe standards and is showing signs of corrosion and wear due to age of installation. Labelling and isolation/solenoids, and valves are not up to current standards. Soundness tests need to be completed to verify condition of distribution system. This will lead to an impact/affect on possible closure of services whilst leaks are repaired. Isolation of gas main would be a reality, which will impact the main WGH kitchen and impact on nutritional needs to the patients. If gas main shut down was needed, this would impact the renal dialysis resulting in loss of heating and domestic water. This has been identified as part of LOFSM Risk location, Withybush General Hospital.	Constant monitoring and inclusion of local contractor. SOP in place for emergency closure of kitchen, and alternative food supply.	Safety - Patient, Staff or Public	4	2	8	The unit is being monitored at the moment but further works are imminently required. When the line was installed the guidelines were not as significant a problem but having changed legislation this is not now the case. No further progress on the 2019 report received from a commercial gas contractor due to lack of funding to carry out effective repairs and ongoing annually soundness tests. Funding still awaited. 28/01/2025 update : this still sits as a high risk gas safe non conformity. early resolution required.	Inspection carried out and recommendations have been accepted. Capital bid required to eradicate problems.	Arnold, Malcolm	Completed	Capital Bid has been submitted to complete recommendations. Update 14/07/2024 system resurveyed and new costs established to prepare a new capital bid.	Health and Safety Committee	4	1	4	capital investment and regular statutory maintenance will reduce this risk	4/30/2030	Treat	14-Jan-26
																No further progress on the report received from a commercial gas contractor.	Elliott, Rob	Completed	No further progress. 16/07/2024 updated quote received to prepare capital bid								
																Capital bid required to eradicate problems.	Elliott, Rob	Completed	Costs to be reviewed which will be incorporated into the Capital bid. completed								
																Capital bid submitted 19/07/2024 waiting for funding to refurbish the Commercial gas system to latest Gas safe regulations.	Arnold, Malcolm	~~31/03/2025~~ 30/09/2026	no further progress 26/03/2025 no further progress 12/09/2025 capital funds have now ben approved waiting on cost centre to progress the works								
1106	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	1-Aug-12	There is a risk of of avoidable harm to patients and the loss of services. This is caused by medical gas plant and equipment failure , and oxygen supply to COVID ward area's due to pipe sizing This will lead to an impact/affect on patients if a serious incident or failure was to occur. Also this has the potential to affect services causing disruption, resulting in closure of facilities. Possible enforcement and Health and Safety Executive (HSE) prosecution in the event of a serious incident occurring. Risk location, Prince Philip Hospital.	Pre planned maintenance is being carried out. Visual inspections are also being undertaken and a Health Board wide Medical gas group has been established. Designated nurse officer medical gas training has also been undertaken.	Safety - Patient, Staff or Public	2	4	8	Guidance documentation and external advice from Authorising Engineers advises that all plant has a life span - anything over 10 years increases the risk of being unable to replace worn/damaged parts. Despite the controls in place, the risk cannot be fully mitigated until funding is in place to replace the equipment.	TEF Funding required from 2025-26 allocation.	Evans, Stewart	03/01/2026	Order to be placed for the increased pipe size installation feeding Ward 1 & AMAU.	Health and Safety Committee	1	4	4	Investment required for aged plant replacement.	3/29/2030	Treat	18-Dec-25

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2278	Estates & Facilities	Estates & Facilities	E&F: Fire	Severs, James	Severs, James	Chiffi, Simon	Evans, Paul	31-Oct-25	There is a risk of of not having fully accurate information to determine our agreed fire safety engineering strategies for a selection of our buildings to meet the requirements of Regulation 38 of Building Regulations, BS9999 and the Regulatory Reform (Fire Safety) Order 2005. This is caused by having incomplete or the lack of data in many cases to support the verification of fire safety engineering strategies within estates operations/fire team, for a selection of our estate buildings. In addition to this a lack of complete transparency of ownership and responsibility of the individual components of a fire strategy between operational estates and the fire team. This will lead to an impact/affect on potentially increased or additional operational maintenance frequencies for planned maintenance work, lack of clarity in some cases on what elements of the building form part of the strategy (i.e. fire door locations or fire compartmentation walls) in addition, for more complex buildings, potentially outdated cause and affect matrix to determine what and how engineering components perform and react when fire alarms are activated. Risk location, Health Board wide.	Established PPM regimes across a range of fire safety engineering components. Regular KPI reporting to Fire Safety Groups and IGG. Fire Door barcoding is currently being rolled out across the estate Fire Door Surveys Fire Compartmentation Surveys CAD and Fire team appointed to manage and update fire safety engineering drawings (fire strategy) providing advice to the operational estates managers to ensure they can fulfil their responsibilities to address other agreed elements of the strategy. Fully developed and dated phased FIRE STRATEGY GAP analysis on what sites require strengthening and updating and who is responsible for completion of each phase of work. Tef funding agreed to address and improve a range of fire infrastructure items Fire safety drawings are available and accessible from the estates drawing portal Cause and affect matrix documents are available for complex sites Boris system has been implemented to record the findings of the Fire Risk Assessments and assignment of actions to nominated staff. Fully approved job descriptions for specific roles in estates that are responsible for fire safety	Service/Business interruption/disruption	4	2	8	This risk score is based on the information and evidence within both estates and fire compliance teams.	To fully agree and complete the FIRE STRATEGY GAP analysis document that is shared between all stakeholders.	Evans, Paul	31/03/2026	The FSG are tracking this and the progress of completion.	Health and Safety Committee	4	1	4	This risk score is based on the information and evidence within both estates and fire compliance teams.	12/31/2029	Treat	29-Jan-26
																To meet and fully agree the appropriate ownership of actions that are created from Fire Risk Assessments. Looking at the questions asked in the FRA's to ensure clarity of ownership/responsibility of actions raised.	Evans, Paul	31/03/2026	The FSG are tracking the progress of this action.							

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1069	Estates & Facilities	Estates & Facilities	E&F: Ceredigion	Severs, James	Chiffi, Simon	Day, Simon	Jones, Elfyn	1-Aug-12	There is a risk of avoidable harm to patients. This is caused by medical gas plant and equipment failure at BGH. This will lead to an impact/affect on patients if a serious incident or failure was to occur. Also this has the potential to affect services causing disruption, resulting in closure of facilities. Possible enforcement and Health and Safety Executive (HSE) prosecution in the event of a serious incident occurring. (Linked to HB wide risk 434). Risk location, Bronglais General Hospital.	Pre planned maintenance is being carried out. Visual inspections are also being undertaken and a Health Board wide Medical gas group has been established. Designated nurse officer medical gas training has also been undertaken.	Safety - Patient, Staff or Public	2	4	8	As per guidance documentation and external advice from authorising engineers.	To implement all actions listed in the Authorising Engineers (AE's) reports.	Jones, Elfyn	~~31/03/2022~~ ~~31/03/2025~~ 31/03/2026	Received budget for 2023/24 to implement some of the actions following the AE report. Awaiting budget for 2024/25 to continue with recommendations following the AE report. £10k Allocated for medical gases compliance. 16/05/2025 - Some actions completed from 2024/25 statutory budget. Awaiting allocation for 2025/2026. 14/07/2025 - Confirmation of £10k budget, prioritised list to be generated. 16/09/2025 - Finalising list prior to issuing PO. 17/11/2025 - Working through list to complete actions. 26/01/2026 - PO raised.	Health and Safety Committee	1	4	4	It is anticipated that the target score will be following this years statutory allocation.	3/31/2026	Treat	26-Jan-26
1099	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Severs, James	Chiffi, Simon	Day, Simon	Evans, Stewart	1-Aug-12	There is a risk of of avoidable harm to staff and Patients from potential electrical shocks on defective systems. This is caused by lack of periodic inspections of electrical systems. This will lead to an impact/affect on serious injury and closure of facilities. Failure to undertake this along with a potential incident would result in Health and Safety Executive (HSE) investigations or prosecutions. (Linked to HB wide Risk 425). Risk location, Amman Valley Hospital, Prince Philip Hospital.	Portable appliance testing (PAT) testing is undertaken on a rolling programme. Fixed boards are also tested on a rolling programme as and when funds are made available. Visual checks are continually carried out by maintenance staff. Low Voltage (LV) operational group formed to discuss issues of Electrical Safety and Compliance.	Safety - Patient, Staff or Public	2	4	8	Electrical Testing Inspections to be undertaken on a regular basis to ensure safe systems. To include visual checks through regular PPMs. Fixed testing has been carried out and continues to be undertaken.	LV Safety Group have received returned tenders for 24-25 period. 40K allocated for testing. Principal contractor appointed to undertake tests for April 24-25. Fixed testing ongoing for 2025-26, remedial works to be funded from TEF.	Evans, Stewart	~~27/03/2026~~ ~~10/07/2024~~ ~~31/03/2025~~ 31/03/2026	Additional Capital Funding required to provide Satisfactory test reports	Health and Safety Committee	1	4	4	Ongoing investment required	12/30/2030	Treat	29-Dec-25

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Date: February 2026

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Date expected to achieve target risk score	Detailed Risk Decision	Review date
1133	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Severs, James	Chiffi, Simon	Day, Simon	Arnold, Malcolm	12-Jun-17	There is a risk of of patient, staff and visitor harm (slips, trips and falls) This is caused by unsafe surface conditions of pathways and roads at WGH. This will lead to an impact/affect on Health Board reputational damage with complaints received and patient safety incidents recorded. An increasing number of legal claims could be received if surfaces not made good. Risk location, Withybush General Hospital.	Routine planned maintenance in place to check roads and pathways. Emergency pot hole repairs, where identified. In severe weather, established gritting policy.	Safety - Patient, Staff or Public	2	4	8	Risk remains high. Planned maintenance completed, emergency pot hole repairs undertaken but funding is required to replace road surface. An incident occurred outside A&E on the service duct covers (which forms the pathway) at the end of March 2025. CCTV evidence of a member of the public falling over. All duct covers have now been reset but a legal claim is anticipated.	monitor conditions of roads and paths during inclement weather	Arnold, Malcolm	Completed	no further action completed	Health and Safety Committee	1	4	4	Funding is required to mitigate this risk. However, there is always going to be a risk of slips trips and falls due to wear and tear on road surfaces and pathways, coupled with possible mobility issues of patients and members of the public which increases the risk of falls.	12/31/2030	Treat	16-Dec-25
																Road surfaces are deteriorating to the extent of further potholes appearing.	Arnold, Malcolm	Completed	No further progress update 17/07/2024 planed maintenance task in CAFM to check condition. pot hole filled with emergency fill materials. funding application to welsh government to resurface road conditions. currently denied. ongoing								
																Carry out condition survey of roads for capital funding.	Arnold, Malcolm	Completed	06/08/2025 MA condition survey completed highlighted priority 1,2,3 areas.								
																develop capital bid to resurface priority 1 roadways and car parks (areas to be completed within two years Capital bids for priority two (within 5 years) and priority 3 (within 10 years) on hold	Arnold, Malcolm	Completed	Capital bid completed reference WGH-CB-13-2025								
																Resurface priority roads and car parks on release of capital funds	Arnold, Malcolm	31/03/2026	no further progress								

Health and Safety Committee Operational Risk Register

Date: February 2026

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Date expected to achieve target risk score	Detailed Risk Decision	Review date
1068	Estates & Facilities	Estates & Facilities	E&F: Ceredigion	Severs, James	Chiffi, Simon	Day, Simon	Jones, Elfyn	1-Aug-12	There is a risk of avoidable harm to staff from potential electrical shocks on defective systems. This is caused by lack of periodic inspections of electrical systems. Currently testing 20% of the installation annually. This will lead to an impact/affect on serious injury and closure of facilities. Failure to undertake this along with a potential incident would result in Health and Safety Executive (HSE) investigations or prosecutions. (Linked to HB wide risk 425). Risk location, Bronglais General Hospital.	Portable appliance testing (PAT) is undertaken on a rolling programme. Fixed boards are also tested on a rolling programme. Visual checks are continually carried out by maintenance staff. Low Voltage (LV) operational group formed to discuss issues of Electrical Safety and Compliance. Ward testing on a rolling 5 year basis.	Safety - Patient, Staff or Public	2	4	8	Ongoing management as per regulations and guidance documentation. Contractors have now been appointed and will carry out the testing up until 2029 (for 5 years). The score remains high until completion of the testing works (2029).	Bid for additional Capital funding for more testing to take place, which will help the UHB achieve British Standards. Contractors have now been appointed and will carry out the testing up until 2029 (for 5 years)	Jones, Elfyn Jones, Elfyn	Completed 31/03/2029	Tender evaluation process completed. Tender award in process. Additional funding required to address this and to provide a satisfactory report (EICR) 16/05/2025 - Targeted Estates Funding to be utilised to address the remedial works following the EICR's. 14/07/2025 - Contract documents are being produced. PO's can then be generated via our framework contractors. 16/09/2025 - Awaiting completion of contract documents before PO's can be generated via the framework route. 17/11/2025 - Awaiting completion of contract documents. 26/01/2026 - Contractor expected on site by 31/03/2026	Health and Safety Committee	1	4	4	20% of the site to be tested annually, 100% completion expected by March 2029.	3/31/2029	Treat	26-Jan-26

2

9:50 AM, 0 Mins

2 - HEALTH AND SAFETY UPDATES

2.1

9:50 AM, 10 Mins

2.1 - Health and Safety Assurance Report

Adam Springthorpe (Hywel Dda UHB - Health & Safety Manager)

Additional for March: Baseline assessment of regulations.

For assurance

Attachments

H_S Assurance Report to HSC March 2026 V1.pdf

H_S Regs Baseline Assessment and Compliance 2025.pdf

Health and Safety Assurance Report

Health and Safety Committee

March 2026

Situation

The purpose of this report is to provide the Health and Safety Committee (H&SC) with an overview of health and safety across the Health Board.

This report provides information on topics including:

- Contemporaneous issues;
- Health and safety dashboard;
- Health and safety inspections;
- Baseline assessment of regulations.

Contemporaneous Issues

HSE Improvement Notice – Draft Response from Pathology

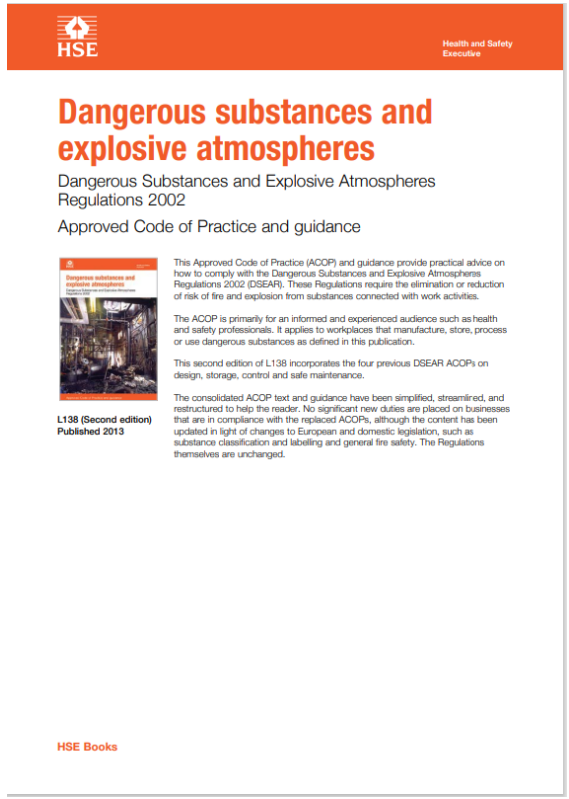
A H&S Officer has reviewed the draft final response to the Health and Safety Executive (HSE) improvement notice produced by Pathology, with a small number of minor additions advised which have been completed; draft response will be submitted to Clinical Compliance Groups (CCG), Integrated Quality, Financial Performance and Delivery Group (IQFPD), and Executives for final scrutiny and approvals before submission to HSE in advance on the deadline.

Pathology has led the process with support from the Health and Safety Team, using a template derived from that used with great effect by the Health and Safety Team for previous Improvement Notices. The evidence provided is extensive and detailed.

One aspect of the Improvement Notice was “Interim arrangements for handling laboratory waste”, which had a shorter deadline for completion than the others. This aspect was evidenced within the deadline and has now been closed by the HSE.

Dangerous Substances and Explosive Atmospheres Regulations (DSEAR) 2002

- Two acute sites (Prince Philip Hospital (PPH) and Withybush Hospital) have had a detailed DSEAR assessment undertaken by a competent contractor. The report for PPH is available and has been assessed by the Health and Safety Team as being very detailed and thorough. The other report is in preparation by the contractor.
- The remaining two acute sites will be assessed in a similar manner.
- These assessments looked at industrial plant on the sites (boilers and Combined Heat and Power units), medical gas storage, and storage of hazardous substances, covering the whole site but with more focus on Estates and relevant site infrastructure.
- These assessments and the completion of any remedial actions will be a significant step towards completing DSEAR compliance in the Health Board.
- The Health Board's own DSEAR process will be adjusted to help us maintain compliance and record remedial actions as they are completed.



Manual Handling Training Venues

Ceredigion – The current training room in the Thomas Parry building in Aberystwyth is not confirmed beyond March and as such, no Manual Handling training is confirmed at this venue from April 2026. The H&S Team is liaising with Property and Learning & Development to explore options to minimise service loss in the county.

Carmarthenshire – The Manual Handling Team were meant to move from Glein House to the Hwb (Atriwm) from March 2026, however the building completion has now been delayed until 2027. As a result, the team has temporarily relocated to the Ystwyth building on the Hafan Derwen site for the interim period.

Pembrokeshire – The Manual Handling Team has relocated their training delivery to the Bro Cerwyn Conference Centre, which allows an increase of training places from 16 to 24, thus increasing the team's overall provision of places. Where staff are willing to travel within the Health Board for training, this provides a greater range of training availability.

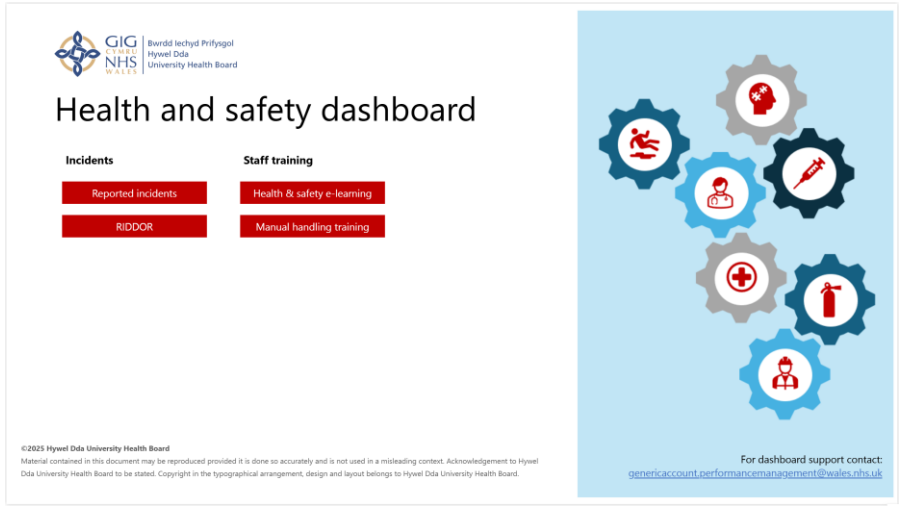
Fit Tester Train-the-Tester

The Health and Safety Team continue to support departments with fit tester training and in-depth advice on respiratory protection, to ensure all patient facing staff are fit tested every 3 years, and every fit tester trainer undertakes refresher training every 2 years.

The team have been liaising with Stores and Procurement to provide ongoing support with ordering and stocking of protective equipment.

Health and Safety Dashboard

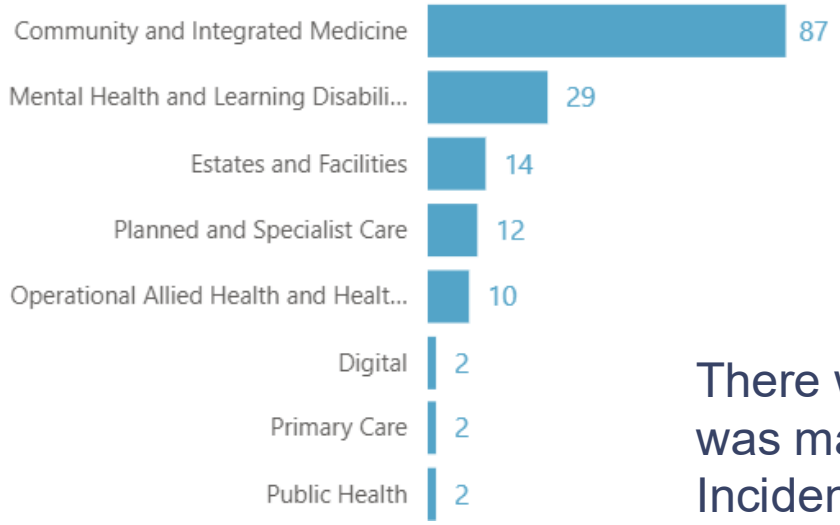
The second phase of the Health and Safety Dashboard is now live and has been shared with the main CCGs and other key stakeholders in January / February 2026. This second phase added the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) module to the dashboard.

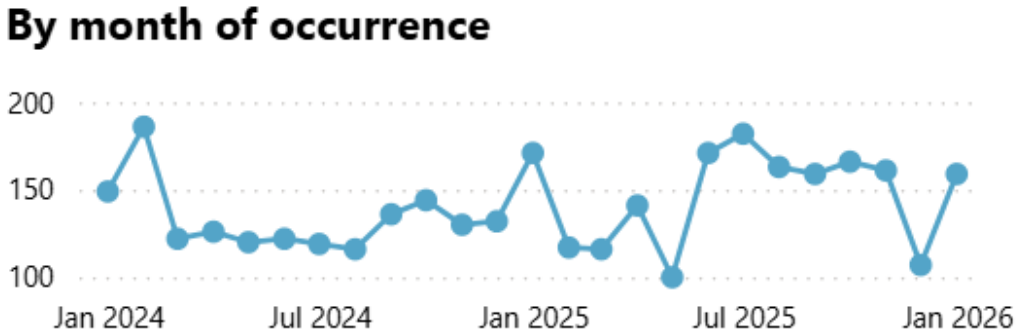


All staff can access the dashboard here: **Health and Safety dashboard - Power BI***

Staff / Contractor Incidents Reported via Datix (at 30/01/2026):

All Staff / Contractor incidents in January 2025 (2+):



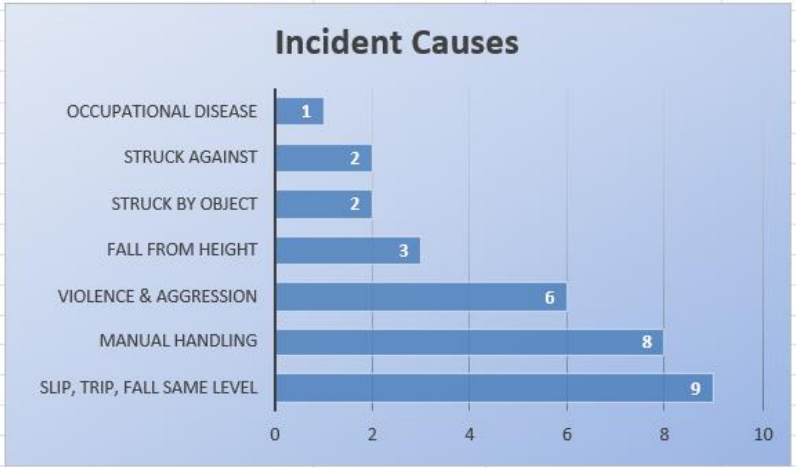


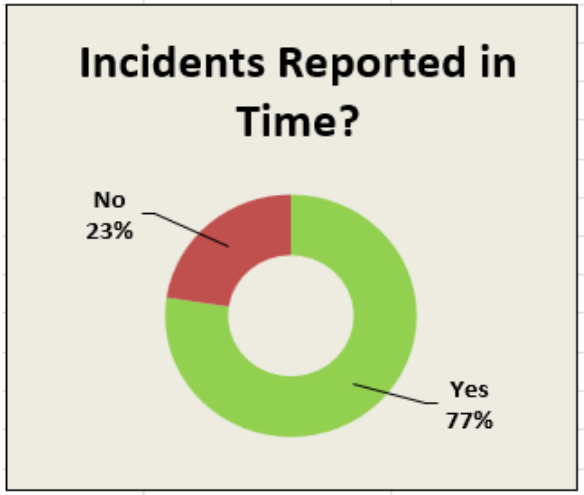
There was a significant dip in incidents in December 2025. From analysis this was mainly due to a drop in Violence & Aggression (V&A) incidents in-month. Incident rates have been fed-back to the individual CCGs for information.

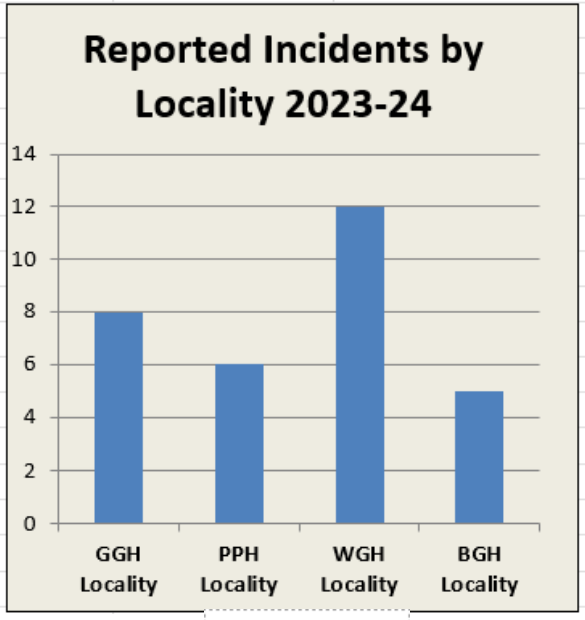
* Internal link only.

RIDDOR Incidents Reported to the Health & Safety Executive (at 30/01/2026) for 2025-26 Year-to-Date:

Cause	No.	%
Slip, trip, fall same level	9	29.03
Manual Handling	8	25.81
Violence & Aggression	6	19.35
Fall from height	3	9.68
Struck by object	2	6.45
Struck against	2	6.45
Occupational Disease	1	3.23
Contact with electricity	0	0.00
Another kind of incident	0	0.00
Dangerous Occurrence	0	0.00
Burn	0	0.00
Needlestick	0	0.00
Electric shock	0	0.00
Overflow/Leak/Vapour	0	0.00
	31	







CSG / CSG / Other	No.
Community & Integrated Med.	18
Planned and Specialist Care	1
Mental Health & Learning Dis.	1
Allied Health & Health Sciences	2
Estates & Facilities	9
Primary Care	0
Other	0
	31

Currently 77% of RIDDORs have been reported within mandatory timeframes, well above compliance figures achieved in previous years (59.6% at 2024/25 year-end).

Top 3 causes identical to 2024/25 year-end:

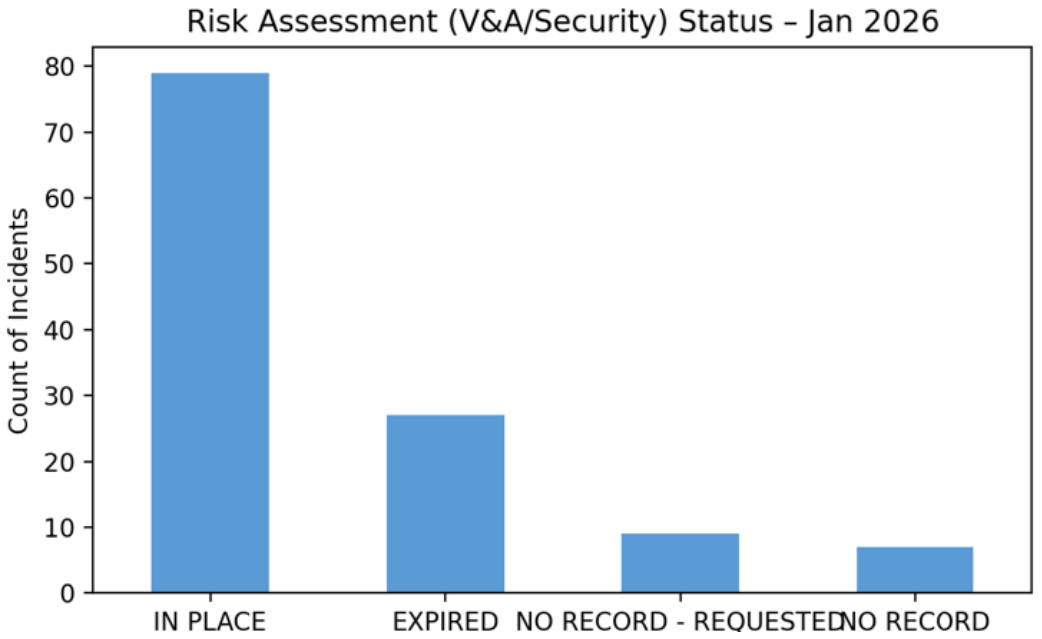
Breakdown by Cause	No.
Slip, trip, fall same level	18
Manual Handling	16
Violence & Aggression	7

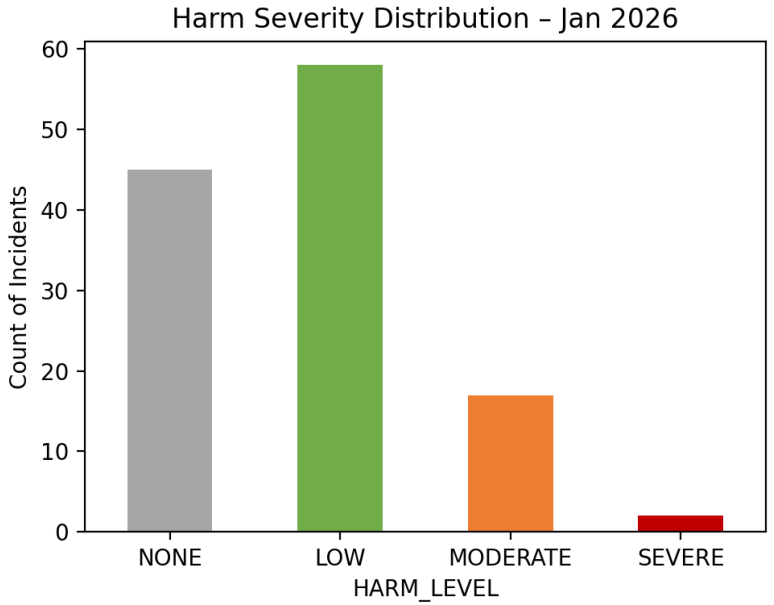
Overall reporting figure is down on same year position last year.

Behaviour (inc. V&A) Staff / Contractor Incidents Reported via Datix (at 30/01/2026):

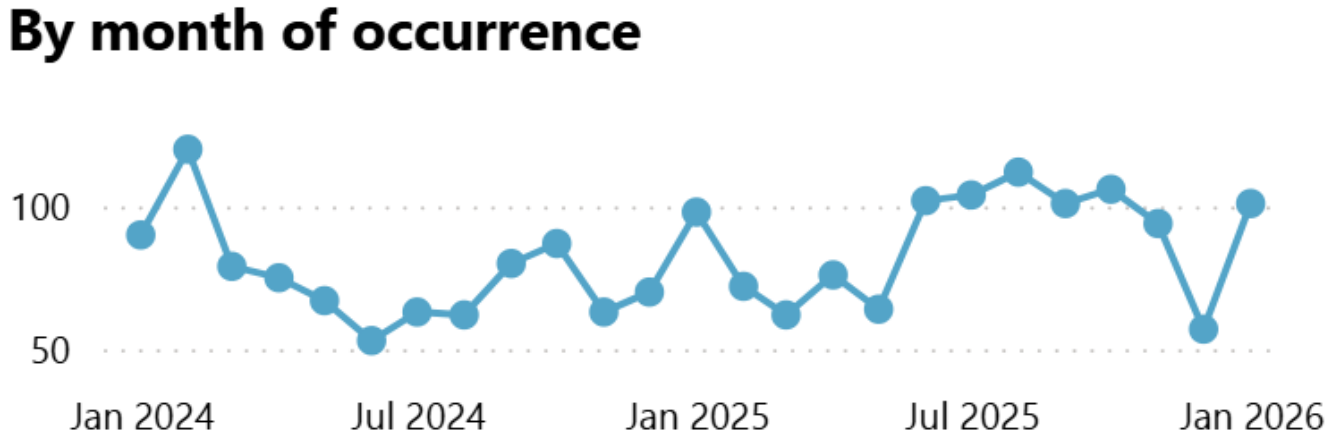
V&A Incident Summary for January 2026:

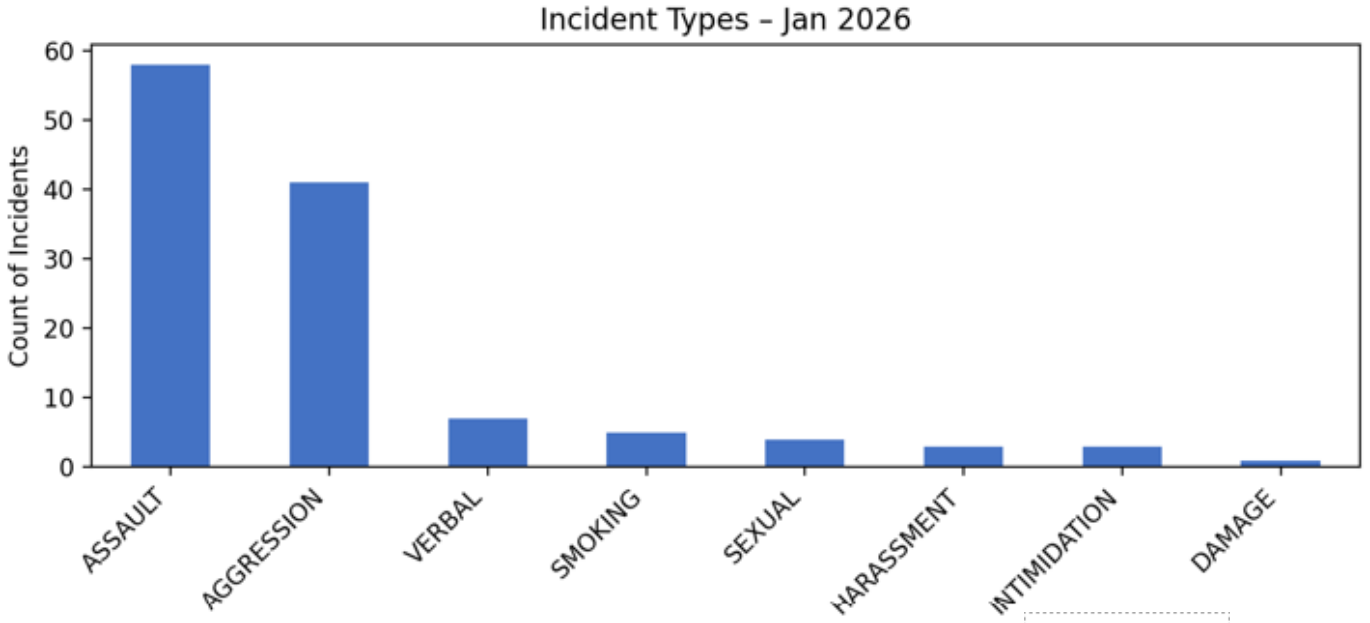
- **Total incidents:** 122 across 13 sites;
- **Service groups (CCG):** CIM 67, MHLD 45, PSC 6, AHS <5.
- **Harm:** None 45, Low 58, Moderate 17, Severe 2.
- **Risk assessments:** In place 79, Expired 27, No record 7, No record – requested 9.
- **Clinical/needs-related contributory factor recorded in 81.7% of incidents.**





Behaviour (inc. V&A) Staff / Contractor Incidents Reported via Datix (at 30/01/2026):





High-risk flags

Weapon-related incidents: <5

Racially aggravated incidents: <5

Hotspots (wards/units with ≥5 incidents reported in January 2026):

- ST NONS: 18
- DEWI WARD: 10
- TOWY WARD: 9
- BRYNGOLAU: 9
- YSTWYTH WARD: 8
- AMAU (PPH): 6
- PICU: 6
- WARD 1 (PPH): 6
- WARD 11 (WGH): 5

Absconding Patients (October - December 25):

17 absconding incidents were recorded across the period.

By location:

- **WGH** – 8 incidents (**47.1%**)
- **GGH** – 5 incidents (**29.4%**)
- **PPH** – <5 incidents

Police involvement:
Police were informed in 59% of incidents (10/17) and attended 18% (3/17).

Severity distribution (overall):

- None / unspecified (9)
- Low (5)
- Moderate (1)
- Severe (2)

The high “None” count suggests severity is often left blank or used to mean minimal harm.
This has been fed-back to the CCGs.

Manual Handling (MH) Compliance (at 30/11/2025 and 30/01/2026 for comparison):

Level 1 MH (Load Handling) at 30/11/2025:

Function	Headcount	% compliance
Executive Allied Health Professions and Health Sciences	2	100.0%
Finance	101	96.0%
Chief Operating Officer Management	257	91.8%
Workforce and Organisational Development	267	91.0%
Medical	142	89.4%
Digital	237	89.0%
Public Health	164	87.2%
Chief Executive	95	85.3%
Nursing, Quality and Patient Experience	212	82.5%
Primary Care, Community Strategy and Long Term Care	699	81.7%
Operational Allied Health and Health Sciences	1381	79.9%
Estates and Facilities	1036	78.3%
Mental Health and Learning Disabilities	1361	78.0%
Strategy and Planning	39	76.9%
Planned and Specialist Care	2650	76.9%
Community and Integrated Medicine	3770	76.2%

Level 1 MH (Load Handling) at 30/01/2026:

Function	Headcount	% compliance	
Executive Allied Health Professions and Health Sciences	2	100.0%	-
Finance	100	96.0%	-
Medical	141	92.9%	+ 3.5%
Workforce and Organisational Development	264	92.8%	+ 1.8%
Digital	366	91.3%	+ 2.3%
Public Health	166	89.8%	+ 2.6%
Primary Care	332	83.7%	+ 2.0%*
Chief Operating Officer Management	128	83.6%	- 8.2%*
Nursing, Quality and Patient Experience	211	82.9%	+ 0.4%
Strategy and Planning	57	82.5%	+ 5.6%
Pharmacy and Medicines Management	278	82.4%	N/A
Chief Executive	96	82.3%	- 3.0%
Operational Allied Health and Health Sciences	1388	81.8%	+ 1.9%
Estates and Facilities	1037	78.7%	+ 0.4%
Mental Health and Learning Disabilities	1376	78.5%	+ 0.5%
Community and Integrated Medicine	3874	76.6%	+ 0.4%
Planned and Specialist Care	2667	76.4%	- 0.5%

Increases noted for most functions.

* Note: Significant change of headcount due to adjustment of function within the reporting period.

Manual Handling (MH) Compliance (at 30/11/2025 and 30/01/2026 for comparison):

Level 2 MH (Patient Handling) at 30/11/2025:

Function	Headcount	% compliance
Chief Executive	2	100.0%
Workforce and Organisational Development	36	77.8%
Public Health	77	66.2%
Estates and Facilities	137	65.7%
Planned and Specialist Care	2130	62.2%
Community and Integrated Medicine	3218	57.6%
Operational Allied Health and Health Sciences	739	57.4%
Mental Health and Learning Disabilities	1023	54.8%
Digital	6	50.0%
Medical	32	50.0%
Nursing, Quality and Patient Experience	75	49.3%
Primary Care, Community Strategy and Long Term Care	147	42.9%
Chief Operating Officer Management	12	8.3%
Executive Allied Health Professions and Health Sciences	1	0.0%
Strategy and Planning	3	0.0%

Level 2 MH (Patient Handling) at 30/01/2026:

Function	Headcount	% compliance	
Workforce and Organisational Development	35	80.0%	+ 2.2%
Public Health	75	70.7%	+ 4.5%
Estates and Facilities	136	66.9%	+ 1.2%
Planned and Specialist Care	2150	60.7%	- 1.5%
Medical	31	58.1%	+ 8.1%
Operational Allied Health and Health Sciences	737	57.7%	+ 0.3%
Community and Integrated Medicine	3292	57.6%	-
Mental Health and Learning Disabilities	1034	54.4%	- 0.4%
Pharmacy and Medicines Management	4	50.0%	N/A
Nursing, Quality and Patient Experience	74	44.6%	- 4.7%
Primary Care	83	44.6%	+ 1.7%*
Digital	7	42.9%	- 7.1%
Chief Operating Officer Management	12	8.3%	-
Chief Executive	1	0.0%	- 100%*
Executive Allied Health Professions and Health Sciences	1	0.0%	-
Strategy and Planning	3	0.0%	-

Increases noted for many functions.

* Note: Change of headcount due to adjustment of function within the reporting period.

The Manual Handling Team has developed a TNA and options appraisal to improve training compliance, through which they are working with Learning and Development to improve training compliance.

Reducing Restrictive Practice (RRP) Team training compliance (at 31/12/2025):

Mental Health / Learning Disabilities:

- Morlais 93%
- LSU 90%
- St Caradog 78%
- PICU 73% **(Up 6%)**
- Bryngofal 63% **(Up 18%)**
- Begelly 87%
- Enlli 79%
- St Non 83% **(Up 7%)**
- Bryngolau 54% **(Up 9%)**

Porter Training:

The percentage of Portering staff that have completed the Restraint Reduction short course (Module D) for acute sites:

- PPH 100%
- GGH 82%
- BGH 81%
- WGH 64%

The RRP Team is currently working on updating the RRP and Violence Reduction Training Pathway for later in 2026, which looks to revolutionise training provision by introducing short, informative multi-media resources to compliment their existing training offering.

Health and Safety Inspections

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Stratification

An Internal Audit of Health and Safety in 2024 was critical of the HSS Team's inspection process, stating that there was '*no oversight of the significance of issues raised or outstanding*'. Following this, the HSS Team proceeded to review every outstanding unmanaged / unresolved risk from the inspections undertaken in 2023 and 2024 and assess whether the outstanding risks posed by the action was negligible, minor, moderate, major or catastrophic, and colour coded using the recognised green to red risk-rating convention, as shown adjacent. The purpose of the risk-rating was to help managers focus their attention on the hazards that posed the highest risk and help prioritise corrective actions.

Negligible
Minor
Moderate
Major
Catastrophic

Early assurance was taken from the risk stratification exercise that there were no outstanding unmanaged / unresolved risks rated as catastrophic. The completed list was split by Clinical Care Group (CCG) and taken to all the CCG Quality, Health and Safety meetings attended by the HSS Team in July/August 2025. The totals in each risk category by CCG were as follows:

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

Risk Stratification

The CCGs were requested to review all outstanding actions and provide feedback to the HSS Team for central monitoring and reporting. The HSS Team recommended that negligible and minor risks be tolerated, allowing focus to shift toward reducing the 82 major and 375 moderate risks identified i.e. those that pose a higher level of concern.

Action owners were asked to report the status of their outstanding actions to the HSS Team, indicating whether each action had been:

- Resolved or eliminated;
- Mitigated to a minor or negligible level;
- Was being actively managed or tolerated;
- Or was still outstanding.

The CCGs were then given time to review their outstanding risks and report back to the HSS Team.

Having given the CCGs 6 months to review their outstanding historical risks and feedback to the HSS Team, the totals in each risk category by CCG as of 11 February 2026 were as adjacent:

	N/A	Resolved	Managed	Negligible	Minor	Moderate	Major	Catastrophic
Community and Integrated Medicine Clinical Care Group								
At 08/07/25	15	16	225	19	245	156	33	0
At 11/02/26	22	48	212	14	212	125	27	0
Primary Care Clinical Care Group (to include Medicines Management)								
At 08/07/25	0	1	25	8	54	28	5	0
At 11/02/26	0	1	20	6	61	32	5	0
Planned and Specialist Care Clinical Care Group								
At 08/07/25	0	1	22	2	27	13	2	0
At 11/02/26	37	67	28	2	29	16	3	0
Allied Health and Health Sciences Clinical Care Group								
At 08/07/25	0	2	25	0	17	7	3	0
At 11/02/26	0	2	26	0	17	6	3	0
Estates and Facilities Group								
At 08/07/25	1	1	78	4	62	68	7	0
At 11/02/26	1	1	78	4	62	68	7	0
Mental Health and Learning Disabilities Clinical Care Group								
At 08/07/25	0	18	122	18	168	75	25	0
At 11/02/26	6	19	131	18	171	70	24	0
Health Records								
At 08/07/25	0	0	41	0	37	19	4	0
At 11/02/26	0	14	47	0	37	3	0	0
Other								
At 08/07/25	0	1	15	3	22	8	3	0
At 11/02/26	0	1	21	6	26	9	3	0

Note: Some inspection actions were originally assigned to the incorrect CCG, hence some scores have increased where actions have been reassigned.

Now that CCGs have had the opportunity to review their outstanding risks, a decision is required on whether to continue monitoring or accepting and tolerating these historic risks.

Baseline Assessment of Regulations

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

A new Health & Safety Regulations Baseline Assessment has been created to help facilitate a structured review of where HDdUHB currently stands against statutory requirements and best-practice standards.

By mapping existing arrangements, controls, and compliance levels, the Board will be able to identify strengths, gaps, and emerging risks before they escalate into incidents, enforcement action, or reputational impact. This creates a solid foundation for strategic planning, enables prioritisation of resources, and offers assurance that risks are being proactively managed rather than reactively addressed.

In addition, the baseline assessment will support a consistent, organisation-wide approach by aligning different care groups and directorates against a common standard. This helps reduce variability in practice, promotes a positive safety culture, and strengthens accountability at all levels.

Importantly, it also provides a benchmark that can be monitored over time, demonstrating continuous improvement to regulators, staff, and the public. Overall, it equips the Health Board with the clarity and confidence needed to make informed decisions that protect patients, staff, and the organisation.

Recommendations

The Health and Safety Committee (H&SC) is asked to note the contents of this report.

The Health and Safety Committee is asked to:

- Take assurance from the contemporaneous issue updates, dashboard statistics and the baseline assessment;
- Note the health and safety inspection update, acknowledging that the CCGs leads now need to decide whether to continue monitoring or accepting and tolerating their historic risks.

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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 Heath, Safety & Welfare Training Compliance **MH&SI Training compliance - Total attendees, not currently splitable 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 & 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 / Needlesticks
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 maybe 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) Qualitative Face-Fit Train-the-Tester (for RPE) Training completed **MH&SI Training compliance (Covers COSHH for Managers)**	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 - Latex Exposure Management - Water Safety Waste Management Decontamination - Management of blood and body fluid spillages Standard Infection Prevention and Control Precautions	H&S Sub-Committee	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 Testing and Maintenance of control measures Emergency procedures and rehearsal Additional controls for pregnancy, relevant underlying conditions, lone working, confined spaces, security.**	The Health Board must ensure: - 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. WHTM) 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 ignitions 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. •Taking 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, such as union safety 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, 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 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. - HCWSs - 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 spces 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 Boards'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.	- Specific training for those within Estates involved in CDM projects. - Contractor induction training for all contractors working on HDdUHB 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:** •**E**nsure lifting equipment is suitable for the task and used safely. •**C**onduct regular inspections of equipment and lifting accessories by competent, trained personnel. •**P**rovide adequate training to operators on the safe use of lifting equipment. •**M**aintain records of all inspections, maintenance, and safety checks. •**P**lan lifting operations to prevent hazards, ensuring loads are stable and controlled. **For Employees:** •**U**se lifting equipment safely following training and workplace procedures. •**R**eport defects or unsafe equipment immediately. •**F**ollow 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.	•**C**onduct 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). •**E**nsure that the Laser Protection Advisor (LPA) is consulted. •**E**nsure that Laser Protection Supervisors (LPS) are appointed. •**P**rovide suitable and sufficient training. •**E**nsure 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: •**E**ye protection: Use wavelength-specific goggles for staff and patients. •**S**kin protection: Cover exposed areas if necessary. •**S**moke 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.**P**atient Safety: Ensure that exposures to ionising radiation are justified, optimised, and as low as reasonably practicable while achieving the intended clinical benefit. 2.**D**uty Holder Accountability: Clearly define responsibilities for all duty holders, including the employer, referrer, IR(ME)R practitioner, and operator. 3.**F**ormal 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.**I**ncident Reporting and Learning: Notification of significant accidental or unintended exposures (SAUEs), including underexposures in radiotherapy. 5.**P**rofessional 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.	•**J**ustification: Every exposure must have a net clinical benefit. •**O**ptimisation: Doses should be as low as reasonably practicable (ALARP) consistent with the intended purpose. •**A**dequate Training: Duty holders must demonstrate competence and entitlement for their tasks. •**D**ocumentation 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 Assesment	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/m³ 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 treaining 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 aproved study.	The Health and Safety Executive (HSE) enforces the Electromagnetic Fields at Work Regulations in Great Britain. Due to the abvility to claim an expemption for healthcare under an existing HSE certificate, provided we conduct the risk assessments e.g. using templates from MRI Special Interest Group of the Brtitish 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, tranistory, 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. - Verbal signals are used effectively when needed, either live or recorded.	- 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. - Compliance measures for other regulations (medical gases etc.) with signage requirements.	The main duty of employers to employees is to ensure safety signs are in place. It is also a duty on employers 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	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&SI 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 relevent. 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

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 deterance. 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 relevent. 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 Martyn'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 Martyn'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. •Martyn's Law compliance: Implement terrorism protection procedures. **Human and Cultural Measures:** •Staff training: Security awareness, conflict de-escalation, and emergency response. •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 relevent.	The Health and Safety Executive (HSE) enforces compliance with the HSWA, MHSWR and WHSWR. Failure to follow them can lead to significant penalties, including unlimited fines. The Terrorism Protection of Premises Act (2025) will be enforced by the Security Industry Authority (SIA), however there will not be enforcemnet 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-SES Authorising Engineer (AE) Authorised Person MGPS (AP)	Estates & Facilities CCG	AE Audit AMaT Actions Report Traing 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	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 relevent.	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 Traing 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 relevent.	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 Traing 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 ther 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 relevent.	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 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 HDdUHB'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 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 HDdUHB 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.	HDdUHB 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. HDdUHB 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.	HDdUHB 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, HDdUHB 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 HDdUHB that they are a new or expectant mother or birthing parent, HDdUHB 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, HDdUHB 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 HDdUHB 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 HDdUHB 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 HDdUHB 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 MHLD 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 MHLD 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. •Locating 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 specfic 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 about 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 required	None but needs to		Enforces food hygiene standards in food production and food handling in Wales.			Provision of adequate and safe food and drink		CateringAssistants/Ward Based Caterers Food Safety Level 2 HACCP Level 2	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		required. Hazard Analysis and Critical Control points (HACCP) document is current and in use. Is currently going though controlled documentation governance process	None but needs 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.	Response to EHO recommendations following annual inspections	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 2 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													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 deisgned 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 activites 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 (EFPMS) 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 followinf 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

2.2 **10:00 AM, 10 Mins**

2.2 - Individual Regulation Assurance Reports

Paul Evans (Hywel Dda UHB - Head of Estates Risk & Compliance), Simon Chiffi (Hywel Dda UHB - Head of Operations)

- Fire Safety

For assurance

Attachments

HSC SBAR Individual Regulations Industry Standards - Fire.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR IECHYD A DIOGELWCH
HEALTH & SAFETY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	10 March 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Fire Safety Regulations - Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Simon Chiffi, Head of Operations

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to provide an assurance of compliance against Fire Safety regulations and standards for the Health Board (HB).

Cefndir / Background

This report has been compiled from a variety of intelligence sources including, Datix, Audit Management and Tracking (AMaT), BORIS and Fire Safety Group meetings to capture the requirements against relevant health and safety regulations and industry standards in relation to Fire Safety in order to establish the HB's level of compliance.

The report has also been informed from discussions and work programmes from recent Fire Safety Group (FSG) meetings, Health and Safety Compliance Groups (HSCG). The HSCG a managerial forum within the Estates & Facilities Group, enables accountable leads to consider issues arising from the baseline assessment. Further input is provided through discussions at the Integrated Quality, Finance and Performance Delivery Group (IQFPDG) involving Clinical Care Group and Corporate Function representatives, to support the operationalisation of any required management actions prior to submission to the Committee.

Asesiad / Assessment

What the Regulations/Industry Standards Require

In terms of fire safety, the Regulatory Reform Fire Safety Order (FSO) 2005 requires the Health Board or accountable lead to:

- Conduct and maintain fire risk assessments
- Implement appropriate fire safety measures
- Provide fire safety training and information
- Develop and maintain emergency plans
- Maintain fire safety equipment and systems

- Cooperate and coordinate with other duty holders

The enforcement agency responsible for fire safety are the Mid and West Wales Fire and Rescue Service (MWWFRS) and have the powers to undertake inspections, audits and provide recommendations to ensure fire compliance. They also have the powers to serve both Letters of Fire Safety Matters (LoFSM) and Fire Enforcement Action Notices (ENs) to address non-compliance issues. In some cases, they also have the authority to issue prohibition notices, which can result in the closure of facilities.

How Compliance is to be Achieved

In order to comply with the Regulatory Reform Fire Safety Order (FSO) 2005 the Health Board is required to ensure the following:

Regulation/ Industry Standard	**Actions Required by Health Board to achieve Compliance**
Conduct and maintain fire risk assessments	Every premise has a current, suitable and sufficient fire risk assessment Fire risk assessments are carried out by a competent person Fire risk assessments are reviewed regularly as determined by level of risk, significant changes to an area or following an incident or audit
Implement appropriate fire safety measures	Adequate fire escapes Emergency lighting in situ Firefighting equipment available Fire resistant construction and fire doors Safe storage and management of dangerous substances A Board approved fire safety policy A defined fire safety management structure Tracked risk actions
Provide fire safety training and information	Providing mandatory fire safety training for all staff Providing specific fire safety training for roles such as fire wardens, incident managers Fire drills and evacuation exercises
Develop and maintain emergency plans	Fire safety policy Site specific fire procedures/strategies Local fire plans
Maintain fire safety equipment and systems	Maintenance and testing records Estates and Facilities inspection logs
Cooperate and coordinate with other duty holders	Take action to ensure that recommendations made by MWWFRS are implemented Completion of annual audit

The Health Board has set out how it intends to comply with the regulations and subsequent guidance through the development of its Fire Safety Policy.

The following table sets out the metrics that are currently in place to measure compliance against these requirements. Targets have been set and the following identifies the compliance rates for each:

Measures/Metrics	Target Set	Achievement	Monitored By
A defined fire safety management structure	Board level director with fire safety responsibility Employ Head of Fire Safety Employ Fire Safety Advisors Monthly Fire Safety Group Meetings	Met Met Met Met	Health and Safety Compliance Group
Fire Risk Assessment (FRA) reviewed regularly and whenever changes occur; annual review is the accepted minimum standard in most settings	100%	8 overdue	Fire Safety Group / Health and Safety Compliance Group
Fire evacuation drills to be undertaken at intervals appropriate to the level of risk. As a minimum evacuation drills should be conducted annually with additional drills undertaken where risk, occupancy or operational factors require.	Annual	Scheduled April 2026	Fire Safety Group
Actions identified on Fire Risk Assessments must be completed as soon as is reasonably practicable, prioritised by risk and capital requirements (recorded on BORIS system)	Extreme Risk (100%)	0 overdue actions	Fire Safety Group
	High Risk (95%)	655 overdue (owned by Estates) 435 overdue (Owned by operational managers)	
	Moderate Risk (95%)	1535 overdue (owned by Estates) 981 overdue owned by operational managers)	
	Low Risk (95%)	254 overdue (owned by Estates)	

		145 overdue (owned by operational managers)	
Complete annual audit of fire safety	Annual	Completed for 25/26 and underway for 26/27 with submission due May 2026	Fire Safety Group
Actions arising from Letters of Fire Safety Matters should be actioned within agreed timescales as determined by risk and capital requirements	Open reports and recommendations	57	Estates and Facilities CCG and Fire Safety Group
	Overdue reports and recommendations	11	
	Recommendations reliant on External Factors (unable to complete)	13	
	Pending closure	23	
Enforcements notices should be actioned within agreed timescales	Number of Enforcement Notices	2	Estates & Facilities CCG
	Overdue actions	0	
Pre-Planned Maintenance (PPM) of fire systems are undertaken at risk-based intervals aligned to manufacturing guidance and British standards.	Fire Alarms testing (>95%)	99%	Fire Safety Group Estates & Facilities Care Group
	Emergency Lighting testing (>95%)	98%	
	Fire Doors testing (>95%)	94%	
	Damper testing (annual)	-	
	Cause and Effect testing	-	

Actions that have been identified and will be taken forward to improve compliance against these requirements above are set out below:

- The overdue actions are prioritised by highest risk area and a steady month on month reduction of overdue actions has been made for high and moderate risks.
- All overdue actions have recently been reviewed to ensure correct assignment of actions to relevant owners.
- Estates teams are developing a recovery plan to address the backlog of actions assigned to them on BORIS by April 2026.
- Capital bids submitted to address emergency lighting concerns in Withybush Hospital and community sites
- The recruitment of an additional carpenter has enabled the completion of outstanding Fire Door PPMs.
- Damper testing is awaiting contractor availability. In parallel, fire strategy reviews and revisions are underway to support improved compliance with cause-and-effect testing.

- Amend the current BORIS dashboard to enable operational teams to filter actions by care groups allowing for greater oversight and ownership of actions generated from fire risk assessments
- Significant capital investment to the estate to ensure compliance with letters of fire safety matters and enforcement notices

Work has also been undertaken to consider further measures and metrics that could be introduced to improve compliance against Fire Safety regulations and industry standards. These align to British Standards for Fire Safety. It is intended that these will be in place by April 2026 for all acute sites and in-patent facilities and included in the next regulations and industry standards assurance report to the Committee.

Additionally, current PPM compliance reports demonstrate that the PPM has been completed. Work is in development to ensure that where repairs or replacements are required, there is readily available data to identify completed repairs. This will be introduced in a phased approach across each PPM area with the number of Fire Door PPMs identifying the number of repairs and replacements required and the numbers of completed remedial actions. This will be in place for the next regulation and industry standards assurance report to the Committee.

Staff Training Requirements

The Regulatory Reform Fire Safety Order (FSO) 2005 and the Firecode WHTM 05-01 'Fire Safety Management' set out staff training requirements for fire safety.

The mandatory staff fire training requirements are set out below and metrics are in place to measure compliance against these. Again, targets have been set, and the following identifies the current compliance rates for each as a HB total:

Training	Target Set	Achievement	Monitored By
Level 1	85%	90%	Fire Safety Group and all CCGs
Level 2	85%	72%	Fire Safety Group and all CCGs
Level 3	85%	85%	Fire Safety Group and all CCGs

Actions that have been identified and will be taken forward to improve compliance against these staff training requirements are set out below:

- All CCGs have been made aware of the requirements to ensure improvements in Level 2 training to achieve the target score and requested to develop action plans to address issues of non-compliance. This has been escalated to senior operational leaders to support CCGs to deliver this.
- Regular fire safety training dates are provided and there remains sufficient training capacity in the fire team to deliver this
- The Fire Safety Team has developed an e-learning Fire Safety training to support accessibility of training for some staffing groups
- Escalation to workforce colleagues in the Electronic Staff Record (ESR) Team has taken place to ensure training attendance data is recorded in a timely manner, reducing reporting delays
- Training needs analysis has recently been undertaken (November 2025) which will be incorporated into the reviewed Fire Safety Policy

There are additional staff fire training requirements which, while not mandatory are considered best practice. These are Level 4 Fire Warden Training and Level 5 Senior Staff Training.

Training	Target Set	Achievement	Monitored By
Level 4	85%	TBC	FSG and all CCGs
Level 5	85%	93%	FSG and all CCGs

Actions that have been identified and will be taken forward to improve compliance against these staff training requirements, which are set out below:

- Identification of recommended number of Fire Wardens for each site based on best practice to share with operational managers in March 2026
- Recruit additional Fire Wardens to ensure numbers trained as per site requirement

Risk Management

The current risks identified in Datix for compliance with the Regulatory Reform Fire Safety Order 2005 are as follows, together with their management and action plans

Risk	Title	Approval Status	Care Group	Risk Score	Monitored By
813	Risk of non-compliance with the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure	Corporate Risk	Estates & Facilities	Extreme	FSG

Additionally, there are fire safety themed risks across the Health Board. The management plans and actions for these are owned within the clinical care groups and scrutinised within CCG governance meetings. They are also monitored by the Fire Safety Group. There are no outstanding actions for the risks cited below:

Risk	Title	Approval Status	Care Group	Risk Score	Monitored By
951	Risk of avoidable harm to staff and patients due to the incorrect Fire Alarm System reporting at WGH	Operational Risk	Estates & Facilities	High	FSG
1096	Risk of harm to patients, staff, visitors and non-compliance with LOFSM due to operational failure of Fire Safety Doors at PPH	Operational Risk	Estates & Facilities	High	FSG
1236	Risk of heating system failure due to corrosion of the main tank and pipework at WGH	Operational Risk	Estates & Facilities	High	FSG
1262	Risk of business disruption and environmental risks from leaking oil from corroded tanks and pipework	Operational Risk	Estates & Facilities	High	FSG
1270	Risk of electrical shock to staff/patients/visitors due to standard of secondary electrical wiring.	Operational Risk	Estates & Facilities	High	FSG

1348	Risk of harm due to failure to carry out electrical fixed and portable equipment testing at WGH.	Operational Risk	Estates & Facilities	High	FSG
1539	Risk of harm to patients/staff/visitors in the event of a fire due to operational failure of Fire Dampers and Door Detents, PPH	Operational Risk	Estates & Facilities	High	FSG
1586	Risk of harm to staff, patients and site visitors due to a lack of space on hospital sites	Operational Risk	Community & Integrated Medicine	High	FSG
1637	Risk to staff and patients due to lack of space for storage within ICU	Operational Risk	Planned and Specialist Care	High	FSG
1746	Risk of patient, staff and visitor harm due to lack of whole site provision of emergency lighting across BGH	Operational Risk	Estates & Facilities	High	FSG
1776	Risk of contamination due to lack of adequate air changes in the orthopaedic sterile instrument store	Operational Risk	Planned and Specialist Care	High	FSG
1852	Risk of non-compliance with national premises guidance in Managed Practices due to occupational arrangements	Operational Risk	Primary Care	High	FSG
2042	Risk of harm to patients, staff, and visitors due to operational failures of Fire safety doors (FSD) WGH	Operational Risk	Estates & Facilities	High	FSG
2085	Risk of harm to patients, staff and visitors due to operational failure of Fire Doors	Operational Risk	Estates & Facilities	High	FSG
2163	Risk of harm to Out of Hours maintenance staff due to non-compliance with Health & Safety At Work Act	Operational Risk	Estates & Facilities	High	FSG
2197	Risk of harm to patients, staff and visitors due to operational failure of Fire Doors (BGH)	Operational Risk	Estates & Facilities	High	FSG
2278	Lack of fully developed fire safety engineering strategies within Estates	Operational Risk	Estates & Facilities	High	FSG

All fire themed risks are reported at Fire Safety Group meetings for discussions and interrogation.

Policies

The Health Board policy governing the fire safety regulations is The Fire Safety Policy (242). This is due for review by 31 March 2026. Fire safety guidance changes are expected to impact NHS Wales following changes in NHS England. For this reason, the Fire Safety Group recommended that an extension until 30 September 2026 to this timeline was approved by the Health and Safety Compliance Group to ensure that new changes are incorporated into the reviewed policy. The Fire Safety Group does not anticipate any additional risks associated from this extension and considers it will strengthen the overall quality and robustness of the review process.

Argymhelliad / Recommendation

The Health & Safety Committee is requested to:

- **RECEIVE ASSURANCE** on fire safety compliance across the Health Board **ACKNOWLEDE** the additional work being undertaken to strengthen compliance reporting against fire safety regulation and industry standards
- **ACKNOWLEDGE** the extension to the review of the Fire Safety Policy until 30 September 2026, agreed by the newly established Health and Safety Compliance Group

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.2 Receive assurance on the Health Board's compliance against individual health and safety regulations, on rotation, with their regularity determined by their current risk status.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable

Amcanion Cynllunio Planning Objectives	8 Estates plans
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Health & Safety Committee Terms of Reference Establishment/Dis-establishment of Committees/Sub-Committees (SOP for the Management of Board and Committees)
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Director of Corporate Governance (Board Secretary) Assistant Director of Assurance and Risk Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impact
Ansawdd / Gofal Claf: Quality / Patient Care:	The intention of this report is to improve health and safety governance arrangements to drive improvements within the Health Board
Gweithlu: Workforce:	No direct impact
Risg: Risk:	No direct impact
Cyfreithiol: Legal:	No direct impact

Enw Da: **Reputational:**	No direct impact
Gyfrinachedd: **Privacy:**	No direct impact
Cydraddoldeb: **Equality:**	No direct impact

2.3

10:10 AM, 10 Mins

2.3 - Health and Safety Operational Compliance Report Template

Adam Springthorpe (Hywel Dda UHB - Health & Safety Manager)

For assurance

Attachments

SBAR HSS Summary Report Template March 2026 V1.0.pdf

Appendix 1 Health, Safety Security Summary Report (XX CCG) Date TEMPLATE ~.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR IECHYD A DIOGELWCH
HEALTH & SAFETY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	10 March 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health, Safety & Security Summary Report Template
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Adam Springthorpe, Health & Safety Manager

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report is presented to the Health and Safety Committee (HSC) to introduce the new Health, Safety and Security Summary Report template.

Cefndir / Background

As part of the ongoing enhancement of Health and Safety governance arrangements, a new standardised reporting template has been developed to present key Health, Safety and Security metrics in a consistent and formal manner. This template supports improved visibility of performance trends and enables clearer scrutiny at all levels of the organisation.

The format is based on the Baseline Assessment of Regulation (BAR). The BAR's purpose is to establish a clear baseline of compliance by mapping each relevant regulation to current policies, procedures, training, and operational controls. This process provides assurance to the Health & Safety Committee that the organisation understands its regulatory obligations, has measured itself against them, and is taking the necessary steps to maintain legal compliance and protect staff, patients, and visitors.

Asesiad / Assessment

Please see the accompanying Health, Safety and Security Summary Reporting template (Appendix 1).

The reporting template is currently utilised for submissions to both the Clinical Care Groups (CCGs) and the Integrated Quality, Finance and Performance Delivery Group (IQFPDG). At present, these reports are compiled by the Health, Safety and Security Team; however, it is anticipated that, over time, responsibility for completing and maintaining these reports will transition to the CCGs as part of embedding local ownership and accountability.

Argymhelliad / Recommendation

The Health & Safety Committee is asked to:

TAKE ASSURANCE

• Take assurance that the new Health, Safety and Security Summary Reporting template has been created and introduced for reporting at the CCGs and IQFPDG.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Provide assurance around the UHB arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers contractors etc.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 9 Digital plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report and associated Health Board policies.
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	• Health and Safety Compliance Group; • Clinical Care Groups (CCGs); • Integrated Quality, Finance and Performance Delivery Group (IQFPDG).

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

Health, Safety & Security Summary Report

XXX CCG QHS Month Year

Assure	Advise	Alert
To note There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.	**To monitor** There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.	**May require discussion** There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

Prepared by XX

Links: Health and Safety dashboard - Power BI Our Performance Dashboard - Power BI

Regulations / Topic Area	Measures / Metrics	CCG Comments	AAA Rating
Management of Health and Safety at Work Regulations 1999 (MHSWR)	**L1 Health, Safety & Welfare Training Compliance:** Overall XX% Add Data Extract – Dashboard, Open H&S E-learning tab, Select CCG (Function L4), Select Month, Select 'Health, Safety & Welfare' from the Health & Safety Module box. - Adjust graph to L5 / L6 etc for more detailed information. **Manager's Health & Safety Induction** Training figures not available via CCG at present. Overall training figures available via H&S Manager. (733 as of February 2026)		Add AAA Rating & Colour Code
Workplace (Health, Safety and Welfare) Regulations 1992 (WHSWR)	**Risk Stratification for CIM CCG:** Add current CCG excert of risk startification database – Via H&S Team **H&S Site Inspections** Add AMaT H&S Audit Data **LOOK INTO EXTRACTING DATA FROM AMaT**		Add AAA Rating & Colour Code
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)	**CCG RIDDORs Date Period: XX** **No. submitted within mandatory timescales: XX** **CCG Compliance: XX%** Open dashboard, RIDDOR tab, Select CCG (Function L4), Select Month - 1st table/graph shows RIDDORs for that month - 2nd table/graph shows late RIDDORs for that month - Calculate compliance % from the 2 figures - 3rd table/graph shows RIDDORs by type, both in month and year to date. - Add tables/graphs to report if desired - More in depth data via H&S Team if needed.	-	Add AAA Rating & Colour Code

Manual Handling Operations Regulations 1992	**L1 Manual Handling Training Compliance:** Add Data Extract – Dashboard, Open Manual Handling Training tab, Select CCG (Function L4), Select Month, Select 'Level 1 Moving & Handling' from the Competence Level box. - Adjust graph to L5 / L6 etc for more detailed information. **L2 Manual Handling Training Compliance:** Add Data Extract – Dashboard, Open Manual Handling Training tab, Select CCG (Function L4), Select Month, Select 'Level 2 Moving & Handling' from the Competence Level box. - Adjust graph to L5 / L6 etc for more detailed information. Number of CCG **Manual Handling staff/contractor incidents** reported via Datix: Add Data Extract – Dashboard, Open Reported Incidents tab, Select CCG (Function L4), Select Month, Under the 'Incident Category' box select the 3 Manual hanling options i.e. - Manual Handling - Equipment - Manual Handling - Non-patient/service user handling - Manual Handling - Patient/Service user handling Adjust graph to L5 / L6 etc for more detailed information.		Add AAA Rating & Colour Code
Health and Safety (Display Screen Equipment) Regulations 1992 (as amended) (DSE)	**DSE E-learning Training - Overall Compliance: XX%** Add Data Extract – Dashboard, Open H&S E-learning tab, Select CCG (Function L4), Select Month, Select 'Display Screen Equipment' from the Health & Safety Module box. - Adjust graph to L5 / L6 etc for more detailed information.		Add AAA Rating & Colour Code
Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH)	Confirm that **COSHH Assessments** are in place for all chemicals used. Confirm **fit-testers** are in place for winter preparedness. Add Face-Fit Train-the-Tester (for RPE) Training. (You may hold this locally, if not contact the H&S Team). Confirm staff are fit-tested as required. Add data – not held centrally.		Add AAA Rating & Colour Code

Personal Protective Equipment at Work Regulations 1992 (PPE)	**Infection Prevention & Control Level 1 training compliance:** Add Data Extract – Open Our Performance Dashboard, Select 'PADRs & Core Skills', Select CCG (Function L4). Compliance is in the final column. For Qualitative Face-Fit Train-the-Tester (for RPE) Training, please see COSHH.		Add AAA Rating & Colour Code
Health and Safety (Sharp Instruments in Healthcare) Regulations 2013	Number of Needlestick staff/contractor incidents reported via Datix: Add Data Extract – Dashboard, Open Reported Incidents tab, Select CCG (Function L4), Select Month, Under the 'Incident Category' box select the 'Contact with Needles or Medical Sharps'. - Adjust graph to L5 / L6 etc for more detailed information. Confirm that risk assessments are in place for the use of all sharps without safety devices.		Add AAA Rating & Colour Code
Violence & Aggression (Inc: Emergency Workers Act 2017)	Confirm that Violence & Aggression / Security Risk Assessments are in place for all areas. Number of CCG **Behaviour (inc. Violence & Aggression) staff/contractor incidents** reported via Datix: Add Data Extract – Dashboard, Open Reported Incidents tab, Select CCG (Function L4), Select Month, Under the 'Incident Classification' box select the 'Behaviour (including violence and aggression). - Adjust graphs to L5 / L6 etc for more detailed information. **Number of Behaviour (inc. Violence & Aggression) staff/contractor incidents in XX Month reported via Datix (only inc. those with 2+ incidents reported):** Add data extrct - just adjust above graphs to L8 **E-Learning Violence & Aggression Module A** training compliance:		Add AAA Rating & Colour Code

	Add Data Extract – Dashboard, Open H&S E-learning tab, Select CCG (Function L4), Select Month, Select 'Violence and Aggression – Module A' from the Health & Safety Module box. - Adjust graph to L5 / L6 etc for more detailed information. **Reducing Restrictive Practice Team training** compliance: Contact the Reducing Restrictive Practice Team		
Security	Linked to V&A above Absconding patients: Add Data Extract – Dashboard, Open Reported Incidents tab, Select CCG (Function L4), Select Month, Under the 'Incident Category' box select the 'Absconding patient/service user'. - Adjust graph to L5 / L6 etc for more detailed information. Note: Datix reporting for absconding patients is poor. More reliable figures can be obtained via the Security Manager.		Add AAA Rating & Colour Code
Health and Safety (First Aid) Regulations 1981	Confirm that first aid arrangements are in place for all locations, in line with the First Aid at Work Procedure.		Add AAA Rating & Colour Code
Provision and Use of Work Equipment Regulations 1998 (PUWER)	Contact the Clinical Engineering Team for medical device compliance. Other PUWER elements are likely only relevant to the Estates & Facilities CCG.		Add AAA Rating & Colour Code
Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)	Contact the Clinical Engineering Team for medical device compliance. Other PUWER elements are likely only relevant to the Estates & Facilities CCG.		Add AAA Rating & Colour Code

Work at Height Regulations 2005	Work at Height (WaH) equipment inspections completed: Data can be obtained via the H&S Team. Suggest only reporting periodically. Confirm that any ladders in use by CCG staff are tagged. All low-risk short-duration users of work at height equipment must also undertake the Health Board's Team Brief – Use of Stepladders. A new template Work at Height Risk Assessment (partially completed) has been created for managers to utilise where they have staff that undertake low-risk short-duration work at height in the workplace. This can include short duration work on kick stools, portable steps, step ladders, safety steps and extension ladders.		Add AAA Rating & Colour Code
Health and Safety (Safety Signs and Signals) Regulations 1996	Monitored via H&S Site Inspections. No concerns.		Add AAA Rating & Colour Code
Safety Representatives and Safety Committees Regulations 1977 and Health and Safety (Consultations with Employees) Regulations 1996	Confirm that the CCG is represented by a number of health and safety trained trade union representatives. (Ensure TU H&S Reps are granted sufficient time to perform their duties).		Add AAA Rating & Colour Code
REACH (Amendment) Regulations 2023	Only currently relevant to the Plaster Room (CIM CCG) and Estates & Facilities CCG (i.e. users of isocyanates).		Add AAA Rating & Colour Code
Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR)	Likely only relevant to the Estates & Facilities CCG.		Add AAA Rating & Colour Code

Control of Vibration at Work Regulations 2005	Mainly relevant to the Estates & Facilities CCG. Considerations for Mortuary & Plaster Rooms.		Add AAA Rating & Colour Code
Control of Noise at Work Regulations 2005	Mainly relevant to the Estates & Facilities CCG. Considerations for other high-noise environments.		Add AAA Rating & Colour Code
Confined Spaces Regulations 1997	Likely only relevant to the Estates & Facilities CCG.		Add AAA Rating & Colour Code
Control of Asbestos Regulations 2012	Likely only relevant to the Estates & Facilities CCG.		Add AAA Rating & Colour Code
Construction (Design and Management) Regulations 2015 (CDM)	Mainly relevant to the Estates & Facilities CCG & Planning Directorate.		Add AAA Rating & Colour Code
Control of Artificial Optical Radiation at Work Regulations 2010	Mainly relevant to the Planned Care & Specialist Services CCG (i.e. Laser users). Refer to LPA Reports. Compliance info and training figures via the LPS.		Add AAA Rating & Colour Code
Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R)	Mainly relevant to the AHP&HS CCG (i.e. Radiology). Add relevant data.		Add AAA Rating & Colour Code
Ionising Radiation Regulations 2017 (IRR17)	Mainly relevant to the AHP&HS CCG (i.e. Radiology). Add relevant data.		Add AAA Rating & Colour Code

Electromagnetic Fields at Work Regulations 2016	The HS&S Team acknowledge that work is needed on these regulations, however, there currently are no concerns with compliance.		N/A
Regulatory Reform (Fire Safety) Order 2005 (RRO)	Contact the Fire Team for the following metrics: • 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)		Add AAA Rating & Colour Code
Electricity at Work Regulations 1989	Number of CCG electric shock incidents reported via Datix: Add Data Extract – Dashboard, Open Reported Incidents tab, Select CCG (Function L4), Select Month, Under the 'Incident Category' box select the 'Contact or exposure to electricity (electric shock)'. - Adjust graph to L5 / L6 etc for more detailed information. Ensure all electrical equipment is either PAT tested or EST Tested and in safe working order.		Add AAA Rating & Colour Code
Medical Gas	Contact the Medical Gas Safety Group / Estates Maintenance / Estates Operational Compliance for relevant information.		Add AAA Rating & Colour Code
Ventilation Covered by COSHH	Contact the Ventilation Group / Estates Maintenance / Estates Operational Compliance for relevant information.		Add AAA Rating & Colour Code
Water Supply (Water Fittings) Regulations 1999 - Water safety is	Contact the Water Safety Group / Estates Maintenance / Estates Operational Compliance for relevant information.		Add AAA Rating &

also covered by COSHH & MHSWR			Colour Code
Decontamination Covered by COSHH	Contact the Decontamination Group / Estates Maintenance / Estates Operational Compliance for relevant information.		Add AAA Rating & Colour Code
Lifts	Likely only relevant to the Estates & Facilities CCG.		Add AAA Rating & Colour Code

3

10:20 AM, 0 Mins

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3 - FOR INFORMATION

3.1

10:20 AM, 0 Mins

3.1 - HSC Workplan

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

2025/26 & 2026/27

For information

Attachments

HSCommittee Work Programme 2025-26.pdf

HSCommittee Work Programme 2026-27.pdf

HEALTH & SAFETY COMMITTEE WORK PLAN APRIL 2025 – MARCH 2026

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

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

AGENDA ITEM/ ISSUE	Purpose	LEAD	Responsible Officer	6 May 2025	3 July 2025	9 Sept 2025	11 Nov 2025	13 Jan 2026	10 March 2026
*Safety Management Systems and Audits, and associated corrective actions * (3.7 & 3.10)*	Assurance	JS	TH			✓			
Accident, Incident and Notifiable Statistics Process Review* Including V&A (3.8)	Assurance	JS	TH	✓			✓		
Monitoring of H&S Annual Work Plan (3.9)	Assurance	JS	TH	✓	✓	✓	✓	✓	**D**
Review of efficacy of the health, safety, fire and security training programmes (3.13)	Assurance	JS	TH		✓				
Health and Safety Policy (3.17) *not due for review until Sep27)*	Approval	JS	TH						
Produce Health and Safety Annual Report for Board (3.19)	Approval	JS	TH					✓ draft	**D**
Electrical Infrastructure Risks	Assurance	JS		✓					
Risk 1745 – Estates Condition	Assurance	JS		**D**	✓				
RAAC Assurance Report	Assurance	JS		✓					
Trade Union Health & Safety Group Update	Assurance				✓				
Bariatric Report	Assurance		JB				✓		
Stress in the Workplace	Assurance	JS	TH/KR				✓		
Individual Regulations Assurance Reports: • Fire Safety • Security	Assurance	JS	RJ CS					✓	✓
Clinical Care Groups Health & Safety Assurance Reports: • Planned & Specialist Care • Community & Integrated Medicine • Allied Health & Health Sciences • Mental Health & Learning Disabilities • Primary Care • Estates & Facilities	Assurance	AC	PG PS SQ LC PS DE&F						

AGENDA ITEM/ ISSUE	Purpose	LEAD	Responsible Officer	6 May 2025	3 July 2025	9 Sept 2025	11 Nov 2025	13 Jan 2026	10 March 2026
Health & Safety/Individual Regulations Written Control Documents Status Report	Assurance	JS	DE&F/ CJ						D
Integrated Quality, Financial Performance and Delivery Group Reporting Template	Assurance	JS							✓
EMERGENCY PLANNING									
Critical Threat Level Response Framework		AG	SH						
Major Incident Annual Plan: 2025/26 (3.6)		AG	SH		✓				
PREVENT and CONTEST: Update 6-monthly update		AG	TH		IC				
Counterterrorism Assessment Report: Gap Analysis & Response to Martyn's Law					IC				
Security Review		JS							IC
Policies									
Business Continuity & Planning Policy	Approval	AG	SH		✓				
Administration									
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Draft agenda to go to Executive Team	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days before the meeting	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Disseminate agenda/papers 7 days prior to meeting	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Issue a draft TOA within two days of the meeting	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Circulate minutes and TOA to the Lead Director within 7 days of meeting	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Issue minutes and TOA to Members (including the Committee Chair) following Lead Director review	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓

Chair: Ann Murphy **Vice Chair:** Sarah Harraway **Lead Executive:** James Severs

JS	James Severs	**JW**	Joanne Wilson	**AC**	Andrew Carruthers	**AG**	Ardiana Gjini
TH	Tim Harrison	**CW**	Charlotte Wilmshurst	**SA**	Shaun Ayres	**SH**	Sam Hussell
SC	Simon Chiffi	**RJ**	Richard Jupp	**PS**	Peter Skitt	**SQ**	Sara Quarrie
CS	Charles Scarf	**LC**	Liz Carroll	**PG**	Paula Goode	**DE&F**	Director of Estates & Facilities
CJ	Christine James						
		CSO	Committee Services Officer	**D**	Deferred		

HEALTH & SAFETY COMMITTEE WORK PLAN APRIL 2026 – MARCH 2027

Currently, Health & Safety Committee (HSC) meets bi-monthly. Based on this, the following table represents a proposal to incorporate the duties as outlined in the Committee's Terms of Reference into a basic work plan April 2026 – March 2027.

AGENDA ITEM/ ISSUE	Purpose	LEAD	Responsible Officer	5 May 2026	7 July 2026	10 Sept 2026	3 Nov 2026	12 Jan 2027	9 March 2027
GOVERNANCE & RISKS									
Welcome and Apologies	N/A	Chair	All	✓	✓	✓	✓	✓	✓
Declarations of Interests	N/A	Chair	CSO	✓	✓	✓	✓	✓	✓
Minutes from previous meeting	N/A	Chair	CSO	✓	✓	✓	✓	✓	✓
Matters Arising (not on agenda)	N/A	Chair	All	✓	✓	✓	✓	✓	✓
Table of Actions (ToAs)	N/A	Chair	CSO	✓	✓	✓	✓	✓	✓
Review of Terms of Reference (TORs)	Approval	Chair	JW					✓	
HSC Annual Self-Assessment of Effectiveness	Assurance	Chair	JW	✓					✓
Health & Safety Committee Annual Report 2026/27	Assurance	Chair	JS	✓					✓
Assurance and Risk Report (3.1.11)	Assurance	JS	RW		✓	✓		✓	✓
H&SC Governance Review – 6 Monthly Review	Assurance	Chair	JW		✓				
HEALTH AND SAFETY UPDATES									
Health and Safety Assurance Report (3.1.1)	Assurance	JS	DE&F	✓	✓	✓	✓	✓	✓
Methodology for Site Visits	Assurance	JS	AS	✓					
Review of efficacy of the health, safety, fire and security training programmes (3.1.8)	Assurance	JS	AS		✓				
Health and Safety Annual Report for Board (3.1.15)	Approval	JS	HHSS					✓ draft	✓ final
COMPLIANCE AGAINST INDIVIDUAL REGULATIONS ASSURANCE REPORTS (3.1.2)									
Health & Safety (Part 1) – covering the following regulations:	Assurance	JS	HHSS	✓				✓	

AGENDA ITEM/ ISSUE	Purpose	LEAD	Responsible Officer	5 May 2026	7 July 2026	10 Sept 2026	3 Nov 2026	12 Jan 2027	9 March 2027
• Management of Health and Safety at Work Regulations 1999 (MHSWR) • Workplace (Health, Safety and Welfare) Regulations 1992 (WHSWR) • Slips/Trips/Falls • Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)									
Health & Safety (Part 2) – covering the following regulations: • First Aid Regulations • Health and Safety (Display Screen Equipment) Regulations 1992 (as amended) (DSE) • Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH) • REACH (Amendment) Regulations 2023 • Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR) • Health and Safety (Sharp Instruments in Healthcare) Regulations 2013	Assurance	JS	HHS&S		✓				
Health & Safety (Part 3) – covering the following regulations: • Personal Protective Equipment at Work Regulations 1992 (PPE) • Manual Handling Operations Regulations • Health and Safety (Consultations with Employees) Regulations 1996) • Safety Representatives and Safety Committees Regulations 1977 • Latex	Assurance	JS	HHS&S			✓			

AGENDA ITEM/ ISSUE	Purpose	LEAD	Responsible Officer	5 May 2026	7 July 2026	10 Sept 2026	3 Nov 2026	12 Jan 2027	9 March 2027
Health & Safety (Part 4) – covering the following regulations: • Health and Safety (Safety Signs and Signals) Regulations 1996 • New & Expectant Mothers • Workplace Stress, Depression & Anxiety • Ligature Risk Management • HSIS6 – Managing the Risk of Hot Water and Surfaces in Health & Social Care	Assurance	JS	HHS&S						✓
Security – covering the following regulations: • Violence & Aggression (including Emergency Workers Act 2017) • Terrorism (Protection of Premises) Act 2025 (Martyn's Law)	Assurance	JS	CS(IC)						
Electrical Safety – covering the following regulation: • Electricity at Work Regulations 1989	Assurance	JS	SD						
Water Safety - covering the following regulation: • Water Supply (Water Fittings) Regulations 1999)	Assurance	JS	SD						
Medical Gas	Assurance	JS	SD						
Ventilation Safety	Assurance	JS	SD						
Decontamination	Assurance	JS	SD						
Operational Estates Maintenance – covering the following regulations: • Work at Height Regulations • Control of Vibration at Work Regulations • Control of Noise at Work Regulations • Confined Spaces Regulations 1997 • Provision and Use of Work Equipment Regulations 1998 (PUWER)	Assurance	JS	SD						

AGENDA ITEM/ ISSUE	Purpose	LEAD	Responsible Officer	5 May 2026	7 July 2026	10 Sept 2026	3 Nov 2026	12 Jan 2027	9 March 2027
• Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) • Lifts									
Estates Compliance - covering the following regulations: • Construction (Design and Management) Regulations 2015 (CDM) • Control of Asbestos Regulations 2012	Assurance	JS	PE						
Radiation Protection – covering the following regulations: • Control of Artificial Optical Radiation at Work Regulations 2010 • Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) • Ionising Radiation Regulations 2017 (IRR17) • Electromagnetic Fields at Work Regulations 2016	Assurance	JS	RPA						
Fire Safety – covering the following regulation: • Regulatory Reform (Fire Safety) Order 2005 (RRO)	Assurance	JS	RJ						
Facilities – covering the following regulations: • Food and Environmental Protection Act 1985 • Food Safety Act 1990 • Food Standards Act 1999 • Food Hygiene (Wales) Regulations 2006 • Food Hygiene Rating (Wales) Act 2013 • Food Hygiene Rating (Wales) Regulations 2013 • Food Information (Wales) Regulations 2014	Assurance	JS	PJ				✓		

AGENDA ITEM/ ISSUE	Purpose	LEAD	Responsible Officer	5 May 2026	7 July 2026	10 Sept 2026	3 Nov 2026	12 Jan 2027	9 March 2027
• Food Hygiene Rating (Promotion of Food Hygiene Rating) (Wales) Regulations 2016 • All Wales Nutrition and Catering Standards for Hospital Inpatients • National Standards for Cleaning in NHS Wales (2009, Revised 2021)									
Environmental – covering the following legislation: • Environment (Wales) Act 2016 • Well-being of Future Generations (Wales) Act 2015 • Environment (Principles, Governance and Biodiversity Targets) (Wales) Bill – 2025	Assurance	JS	PW						
Clinical Care Groups Health & Safety Assurance Reports (3.1.3): • Planned & Specialist Care • Community & Integrated Medicine • Allied Health & Health Sciences • Mental Health & Learning Disabilities • Estates & Facilities	Assurance	AC	PG PS SQ LC DE&F	✓ ✓	✓ ✓		✓ ✓	✓ ✓	✓
Health & Safety/Individual Regulations Written Control Documents Status Report (3.1.14)	Assurance	JS	DE&F/ CJ		✓			✓	
PREVENT and CONTEST: Update 6-monthly update		AG	TH						
Policies									
Major Incident Plan (3.1.13) (Review Date July 2026)	Approval	AG	SH		✓				
Administration									
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Draft agenda to go to Executive Team	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓

AGENDA ITEM/ ISSUE	Purpose	LEAD	Responsible Officer	5 May 2026	7 July 2026	10 Sept 2026	3 Nov 2026	12 Jan 2027	9 March 2027
Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days before the meeting	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Disseminate agenda/papers 7 days prior to meeting	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Issue a draft TOA within two days of the meeting	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Circulate minutes and TOA to the Lead Director within 7 days of meeting	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Issue minutes and TOA to Members (including the Committee Chair) following Lead Director review	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓

Chair: Ann Murphy **Vice Chair:** Sarah Harraway **Lead Executive:** James Severs

JS	James Severs	**JW**	Joanne Wilson	**AC**	Andrew Carruthers	**AG**	Ardiana Gjini
SC	Simon Chiffi	**CW**	Charlotte Wilmshurst	**SA**	Shaun Ayres	**SH**	Sam Hussell
CS	Charles Scarf	**RJ**	Richard Jupp	**PS**	Peter Skitt	**SQ**	Sara Quarrie
CJ	Christine James	**LC**	Liz Carroll	**PG**	Paula Goode	**DE&F**	Director of Estates & Facilities
PJ	Peter Jones	**HHSS**	Head of Health, Safety & Security	**PW**	Paul Williams		
RPA	Radiation Protection Advisor			**RJ**	Richard Jupp	**SD**	Simon Day
		PF	Philip Flear	**GR**	Gareth Rees	**RW**	Rachel Williams
		CSO	Committee Services Officer	**D**	Deferred	**IC**	In Committee

4

10:20 AM, 5 Mins

4 - ANY OTHER BUSINESS

All

5

10:25 AM, 5 Mins

5 - MATTERS FOR ESCALATION TO BOARD

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

6

10:30 AM, 0 Mins

6 - DATE AND TIME OF NEXT MEETING

Tuesday 5th May, 9.30am-11.30am