



## Pwyllgor Iechyd a Diogelwch/ Health and Safety Committee

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|--------------------------------------------------|----------------------------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>  | <b>10 SEPTEMBER 2026</b>                                                         |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>  | Compliance Against Health and Safety Regulations                                 |
| <b>CYFARWYDDWR ARWEINIOL:<br/>LEAD DIRECTOR:</b> | James Severs, Executive Director of Allied Health Professions and Health Science |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>    | 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) as part of a new series of regular papers seeking to provide assurance on the Health Board's compliance against specific Health and Safety regulations or topic areas without their own direct set of regulations. This paper addresses compliance with the following regulations/topics:

- Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH);
- Registration, Evaluation, Authorisation, and Restriction of Chemicals (UK REACH) (Amendment) Regulations 2023;
- Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR);
- Personal Protective Equipment at Work Regulations 1992 (PPE).

#### Cefndir / Background

##### **Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH)**

To comply with the COSHH Regulations, Hywel Dda University Health Board (HDdUHB) must identify substances hazardous to health, assess the risks arising from their use, and implement measures to eliminate or adequately control exposure. This includes maintaining COSHH risk assessments, applying suitable control measures, ensuring exposure limits are not exceeded, and maintaining effective arrangements for the inspection and maintenance of controls.

The Health Board must also provide information, instruction and training to staff, monitor exposure where required, undertake appropriate health surveillance, and maintain arrangements for dealing with accidents, incidents and emergencies involving hazardous substances. Compliance should be monitored to ensure COSHH risks are effectively managed across the organisation.

##### **Registration, Evaluation, Authorisation, and Restriction of Chemicals (UK REACH) (Amendment) Regulations 2023**

UK REACH is a regulatory regime intended to ensure the safe manufacture, supply and use of chemical substances. The majority of obligations fall on chemical manufacturers, importers and suppliers and have limited direct applicability to Health Boards. The principal requirement

relevant to the Health Board is the mandatory training of professional users of products containing diisocyanates, which are known respiratory sensitisers. Such products are used primarily within Plaster Rooms and, to a very limited extent, by Estates staff undertaking specific maintenance activities.

### **Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR)**

To comply with the DSEAR, the Health Board must identify and assess the risks arising from flammable, explosive or oxidising substances used, stored or generated during its activities. Risks must be eliminated or reduced so far as is reasonably practicable by applying the hierarchy of control, including minimising quantities held, using safer alternatives where possible, ensuring safe storage arrangements, and controlling ignition sources.

The Health Board must ensure that appropriate control measures, equipment, maintenance regimes and emergency procedures are in place wherever dangerous substances are present. Staff must receive suitable information, instruction and training, and DSEAR risk assessments must be reviewed periodically and when significant changes occur to substances, processes or premises. Compliance should be monitored through local management arrangements, inspection and audit to provide assurance that fire and explosion risks are effectively controlled.

### **Personal Protective Equipment at Work Regulations 1992 (PPE)**

To comply with the PPE Regulations, the Health Board must assess workplace risks, provide suitable PPE free of charge, and ensure that it is appropriate, compatible, properly maintained and supported by adequate information, instruction and training. While clinical PPE requirements are governed by infection prevention arrangements, the Health Board must also ensure that non-clinical staff, including Estates, Portering and Facilities teams etc, receive task-specific PPE identified through risk assessments.

Where Respiratory Protective Equipment (RPE) is required, the Health Board must ensure that users are trained and that tight-fitting respirators are face-fit tested and periodically reviewed. Compliance with respiratory fit testing followed by provision of RPE also forms part of our compliance with the COSHH Regulations, as these are effective controls against exposure to chemical and biological agents in the workplace. Compliance should be supported through suitable arrangements for maintenance, replacement, monitoring and audit to ensure PPE remains effective across all Health Board services.

## **Asesiad / Assessment**

### **Health and Safety Legislative Assurance Summary:**

| <b><u>Regulation</u></b>                                                        | <b><u>RAG</u></b> | <b><u>Key Message</u></b>                                                                                                                                                                                                                                                        | <b><u>Areas for Committee Attention</u></b>                                                                                                                                                                                                    | <b><u>How Do We Know?</u></b>                                                                                                                                           |
|---------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH) |                   | HDdUHB is compliant with many aspects of COSHH through established controls, monitoring arrangements, occupational health support, specialist advice and a corporate COSHH policy. However, the completion of outstanding COSHH assessments remains a significant assurance gap. | Completion of remaining COSHH assessments ( <b>Target: December 2026</b> ); Development of central COSHH repository ( <b>Target: March 2027</b> ); Delivery of role-specific training for remaining staff groups ( <b>Target: June 2027</b> ). | Corporate Risk Register Ref. 1332; COSHH Policy 703; Central COSHH database (>1,000 substances); Audit programme; Exposure monitoring; Specialist support arrangements. |

|                                                                                                               |  |                                                                                                                                                                                   |                                                                                                                                                                                                                      |                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Registration, Evaluation, Authorisation, and Restriction of Chemicals (UK REACH) (Amendment) Regulations 2023 |  | UK REACH has limited applicability to the Health Board.<br>All identified staff requiring mandatory diisocyanate training have completed the required training.                   | Continued review of Estates activities using diisocyanate-containing products and progression of substitution opportunities where practicable.                                                                       | Training records confirm 100% compliance for identified Plaster Room staff;<br>Estates staff provided with information and instruction on sensitiser hazards.                         |
| Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR)                                       |  | Significant progress has been made through the introduction of a formal DSEAR compliance programme and completion of DSEAR assessments at three of the four acute hospital sites. | Completion of Bronglais DSEAR assessment ( <b>Target: February 2027</b> ); Transfer and monitoring of actions through AMaT ( <b>Target: March 2027</b> ); Approval of DSEAR Policy ( <b>Target: December 2026</b> ). | Completed DSEAR assessments;<br>Estates review process;<br>Action tracking arrangements;<br>Policy development programme.                                                             |
| Personal Protective Equipment at Work Regulations 1992 (PPE)                                                  |  | Appropriate PPE is provided across clinical and non-clinical services and is supported by corporate policies, training, fit-testing arrangements and local management processes.  | Ongoing consideration of opportunities to improve corporate assurance regarding RPE fit-testing records; Consideration of the quantitative approach adopted by other Health Boards during Covid-19.                  | PPE Policy;<br>Fit Testing Procedure;<br>Trained fit-tester network;<br>Local fit-test record keeping arrangements;<br>Infection Prevention and Health & Safety governance processes. |

### **Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH)**

The table below shows compliance against the key requirements of the Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH):

| <b><u>COSHH Requirement</u></b>       | <b><u>RAG</u></b> | <b><u>Current Position</u></b>                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COSHH Risk Assessments (Regulation 6) |                   | Corporate COSHH Policy in place. Central COSHH database contains >1,000 substances and supports assessment tracking. Approximately 30-40% of required substance-based and task-based COSHH assessments have been completed, with the initial focus having been on the higher-risk locations and activities.                                                           |
| Control of Exposure                   |                   | Extensive controls in place including ventilation systems, Local Exhaust Ventilation (LEV), safe systems of work, chemical substitution, specialist controls within Hospital Sterilisation and Decontamination Unit (HSDU), Pathology, Catering and Endoscopy, and PPE/RPE where required. Remaining assessment work is needed to identify and document all controls. |
| Maintenance of Control Measures       |                   | Established arrangements for maintenance of ventilation and LEV systems, supported through Estates and specialist groups. Records and inspection arrangements are in place.                                                                                                                                                                                           |

|                                       |  |                                                                                                                                                                                                                                                                                                          |
|---------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Exposure Monitoring                   |  | Exposure monitoring capability now established and has been used in areas including Entonox exposure assessment. Monitoring is undertaken where identified through risk assessment.                                                                                                                      |
| Health Surveillance                   |  | Occupational Health arrangements are in place to provide health surveillance where identified through COSHH assessment. Further assessment completion will improve identification of surveillance requirements.                                                                                          |
| Information, Instruction and Training |  | COSHH awareness is included within the Manager's Health and Safety Induction course. Over 750 managers trained since 2020, with bespoke COSHH training delivered to higher-risk groups. Further role-specific training remains required for some staff groups, including Nursing and Portering services. |
| Accident and Emergency Arrangements   |  | Emergency planning requirements are embedded within assessment templates and specialist departments have established emergency arrangements. Further completion of COSHH assessments will strengthen assurance.                                                                                          |
| Employee Responsibilities             |  | Responsibilities are clearly defined within Policy 703, including use of control measures, PPE/RPE, reporting defects and participation in health surveillance.                                                                                                                                          |
| Governance, Audit and Assurance       |  | Health Board-wide risk register in place. COSHH audits ongoing. Priority departments audited and central repository under development. Current corporate risk score remains High (8), with a target reduction to Moderate (4) by December 2027.                                                          |

The Health Board has well-established COSHH governance arrangements in place through Policy 703, a dedicated COSHH specialist within the Health and Safety Team, a Health Board-wide COSHH risk register, audit programmes and a central COSHH database containing over 1,000 substances.

Significant progress has been made since 2020 in developing a systematic approach to COSHH compliance, including the introduction of new substance-based and task-based assessment templates, expansion of management training, and development of specialist arrangements for higher-risk areas such as HSDU, Pathology, Endoscopy, Catering and Estates.

Exposure monitoring capability has also been established, with recent work undertaken in relation to Entonox exposure and environmental monitoring. Ventilation and Local Exhaust Ventilation (LEV) systems continue to provide an important control measure and are subject to separate inspection and maintenance arrangements.

Whilst the Health Board is considered compliant with many aspects of the COSHH Regulations through existing controls, training, monitoring and occupational health arrangements, a significant programme of work remains to fully document compliance through COSHH assessments. A number of lower-risk COSHH assessments remain outstanding, with particular focus required on ward chemicals, certain medicines, and some Estates activities.

A central COSHH repository is currently being developed to provide managers with access to assessments, inventories and safety data sheets, while ongoing audits continue to identify gaps and support improvement.

The corporate risk register entry for COSHH (Risk 1332) currently holds a residual risk score of 8 (High), reflecting the remaining assurance gap associated with incomplete assessments rather than evidence of widespread uncontrolled exposure. The Health Board's target is to reduce this risk to a Moderate rating by December 2026 through completion of assessments, continued audits, enhanced training and further development of central COSHH management systems.

Overall RAG Assessment: Amber - Substantial Compliance with Improvement Programme Ongoing. This rating was chosen due to the outstanding COSHH assessments which represent an assurance gap under Regulation 6.

### **Registration, Evaluation, Authorisation, and Restriction of Chemicals (UK REACH) (Amendment) Regulations 2023**

As outlined in the Background section, UK REACH has limited applicability to the Health Board. The principal users of diisocyanate-containing products are Plaster Room staff, who are therefore the main group requiring training under the UK REACH Regulations. In addition, the British Orthopaedic Association recommends diisocyanate awareness training for plaster room staff and others at risk of exposure. This training has been provided through an externally developed e-learning package delivered by Essity, which is proportionate to the level of risk. The table below confirms that all relevant staff have completed the required training and that the plaster service is compliant with the current UK REACH training requirements.

| Site         | No. of staff trained | % trained (of total staff) |
|--------------|----------------------|----------------------------|
| PPH / GGH    | 8                    | 38                         |
| GGH only     | 5                    | 24                         |
| WGH          | 5                    | 24                         |
| BGH          | 3                    | 14                         |
| <b>Total</b> | <b>21</b>            | <b>100</b>                 |

A small number of Estates staff also use products containing diisocyanates and have received information and instruction on sensitiser hazards from the Health and Safety Team. Work is ongoing with Estates to identify and implement suitable alternatives to diisocyanate-containing products, with the aim of eliminating the associated health risks and reducing the Health Board's obligations under UK REACH. Current use is restricted to a small number of low-frequency maintenance activities, and exposure levels are considered extremely unlikely to approach the Workplace Exposure Limit (WEL).

Overall RAG Assessment: Green - Compliant.

### **Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR)**

The table below shows compliance against the key duties under the Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR), rather than trying to assess compliance against the individual Regulations, of which there are many.

| <b><u>DSEAR Requirement</u></b>                                 | <b><u>RAG</u></b> | <b><u>Current Arrangements</u></b>                                                                                |
|-----------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------|
| Identification of dangerous substances and hazardous activities |                   | Dangerous substances identified through COSHH assessments, fire risk assessments and dedicated DSEAR assessments. |

|                                                                                    |  |                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Assessment of fire and explosion risks (DSEAR Risk Assessment)                     |  | DSEAR assessments completed for three of the four acute hospital sites. Assessment of Bronglais Hospital planned for completion during 2026/27.                                                       |
| Elimination or reduction of risks so far as reasonably practicable                 |  | Findings from completed DSEAR assessments reviewed by Estates and Health & Safety teams, with remedial actions identified.                                                                            |
| Implementation of suitable control measures                                        |  | Control measures identified through assessments are being progressed by Estates teams. A number of engineered control measures are already in place and documented in existing Fire Risk Assessments. |
| Classification and management of hazardous areas where required                    |  | Addressed through completed DSEAR assessments and associated recommendations.                                                                                                                         |
| Maintenance of plant, equipment and safety measures                                |  | Existing Estates maintenance arrangements in place, with DSEAR-specific actions being incorporated following assessment findings.                                                                     |
| Emergency procedures and arrangements for incidents involving dangerous substances |  | Existing fire and emergency arrangements in place, with DSEAR-specific requirements being reviewed through the assessment process.                                                                    |
| Information, instruction and training                                              |  | DSEAR considerations currently managed through existing health and safety arrangements. Development of a dedicated DSEAR Policy will strengthen governance and awareness.                             |
| Monitoring, audit and governance arrangements                                      |  | Actions from assessments are being transferred to Audit Management and Tracking (AMaT) for tracking and monitoring. Dedicated DSEAR Policy under development.                                         |

Historically, the Health Board did not have a dedicated DSEAR compliance programme and relied primarily on fire risk assessments, COSHH assessments and local management arrangements to identify and control risks from dangerous substances. Whilst these arrangements provided a degree of risk management, they did not provide comprehensive evidence of compliance with the specific requirements of DSEAR. During the last 12 months, however, significant progress has been made in establishing a formal DSEAR compliance framework across the organisation.

Dedicated DSEAR assessments have now been completed for three of the four acute hospital sites, representing a substantial improvement in the Health Board's understanding and management of fire and explosion risks associated with dangerous substances. The final acute site, Bronglais General Hospital, is scheduled for assessment during the latter part of the 2026/27 financial year.

Findings from the completed assessments have been reviewed by the Estates teams with support from the Health and Safety Team's COSHH specialist, and the resulting actions will be transferred onto the (AMaT) system to enable monitoring, accountability and compliance tracking.

To further strengthen governance arrangements, the Health and Safety Team is developing a dedicated DSEAR Policy to complement the existing COSHH Policy and provide a clear

organisational framework for the assessment and management of dangerous substances. Subject to approval processes, this document is expected to be available by late 2026.

**Overall RAG Assessment: Amber – Partially Compliant (Significant Progress Being Made).**

Whilst the Health Board cannot yet evidence full compliance with all aspects of DSEAR due to the outstanding assessment work and implementation of identified actions, the programme of work currently underway represents a significant step forward and provides assurance that the organisation is moving towards full compliance with the Regulations.

**Personal Protective Equipment at Work Regulations 1992 (PPE)**

The table below shows compliance against the key duties under the PPE at Work Regulations 1992 (as amended), rather than trying to assess compliance against every sub-paragraph of the Regulations.

| <b><u>PPE Regulation Requirement</u></b>                                | <b><u>RAG</u></b> | <b><u>Current Arrangements</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PPE provided where risks cannot be adequately controlled by other means |                   | PPE requirements identified through infection prevention, COSHH assessments and work-specific risk assessments. PPE provided across clinical and non-clinical services.                                                                                                                                                                                                                                                                                                                                                                              |
| PPE is suitable for the risks and users                                 |                   | Health Board policies specify appropriate PPE selection. PPE is selected according to clinical, infection prevention and occupational risks. Face-fit testing arrangements support suitability of Respiratory Protective Equipment (RPE).                                                                                                                                                                                                                                                                                                            |
| PPE is maintained, inspected, replaced and stored appropriately         |                   | Local arrangements exist for storage, maintenance, decontamination and replacement of PPE, including reusable PPE and RPE.                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Information, instruction and training provided                          |                   | PPE forms part of Infection Prevention training. Additional training is provided where specialist PPE is required, including RPE and fit-testing.                                                                                                                                                                                                                                                                                                                                                                                                    |
| Employees use PPE correctly and report defects                          |                   | Responsibilities are defined within policy and procedure documents and supported through local management arrangements.                                                                                                                                                                                                                                                                                                                                                                                                                              |
| RPE is suitable and face-fit tested where required                      |                   | RPE Fit Testing Procedure in place, trained fit-testers available across the Health Board.                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| RPE face-fit record keeping                                             |                   | Fit-testing records are maintained locally by managers and departments, including arrangements for periodic re-testing. The Health and Safety Team maintains a central register of trained fit-testers but does not hold a central database of individual fit-test outcomes. A corporate database was maintained during the COVID-19 response; however, this was not sustainable once pandemic resources stood down. Options to record fit-test compliance through Electronic Staff Record (ESR) have been explored but are not currently available. |
| Monitoring and assurance arrangements in place                          |                   | Compliance monitoring undertaken through Infection Prevention audits, operational management arrangements and Health & Safety governance processes.                                                                                                                                                                                                                                                                                                                                                                                                  |

The Health Board has arrangements in place to comply with the PPE Regulations through the provision of suitable PPE identified by risk assessment and supported by corporate policies, procedures and training.

In clinical areas, PPE requirements are primarily governed through Infection Prevention and Control arrangements, whilst non-clinical risks requiring PPE are managed through risk assessments, COSHH assessments and task-specific assessments. Appropriate PPE is provided to staff free of charge and includes gloves, eye protection, protective clothing, footwear and respiratory protective equipment (RPE) where required.

Beyond clinical services, PPE requirements are identified and managed for staff undertaking operational activities, including Estates, Facilities, Portering, Waste and Engineering functions. Training, supervision, maintenance, replacement arrangements and compliance monitoring are in place to support the safe and effective use of PPE across the organisation, providing assurance of substantial compliance with the PPE Regulations.

#### Respiratory Protective Equipment (RPE)

The Health Board operates a long-established RPE fit-testing programme delivered through a train-the-trainer model. The Health and Safety Team provides fit-tester training, maintains a central register of trained fit-testers, and provides ongoing advice and governance, while fit-testing is undertaken locally by trained staff within wards, departments and service areas. This approach was established before the COVID-19 pandemic and enabled the Health Board to respond to increased demand without creating a dedicated fit-testing workforce. Consequently, the Health Board has continued to utilise the qualitative fit-testing methodology, which remains a recognised and compliant method for suitable types of RPE.

Unlike several Health Boards that invested in quantitative fit-testing equipment and dedicated RPE personnel following the pandemic, the Health Board has retained its devolved model, with fit-testing delivered locally by trained staff and supported centrally by the Health and Safety Team. Fit-test records are required to be held locally by managers and departments, and these arrangements remain in place. Whilst a central database of individual fit-test records was maintained during the COVID-19 response, this was not sustainable once pandemic arrangements stood down. The Health Board therefore maintains a central register of trained fit-testers rather than individual fit-test outcomes. Consideration has been given to recording fit-testing compliance through ESR, however current system functionality does not support this requirement. Whilst this limits the ability to report a corporate fit-testing compliance rate, compliance is demonstrated through the established fit-testing procedure, local record keeping arrangements and the network of trained fit-testers across the organisation.

Overall RAG Assessment: Green - Compliant. Despite the minor amber point about where records are located, the Health Board has documented policies, training arrangements, fit-testing processes and operational controls in place that demonstrate compliance with the key duties of the Personal Protective Equipment at Work Regulations.

#### Overall Position Statement

Overall, the Health Board is substantially compliant with the regulations reviewed within this report. Compliance is strongest in relation to UK REACH and PPE requirements, while ongoing programmes of work are required to achieve full assurance in relation to COSHH assessment completion and DSEAR implementation.

Whilst areas requiring further development have been identified, no evidence has been found of systemic regulatory failure requiring immediate escalation.

### Argymhelliad / Recommendation

The Health & Safety Committee is asked to:

#### **TAKE ASSURANCE**

That the Health Board is operating in compliance with the following regulations as far as reasonably practicable:

- Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH);
- Registration, Evaluation, Authorisation, and Restriction of Chemicals (UK REACH) (Amendment) Regulations 2023;
- Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR);
- Personal Protective Equipment at Work Regulations 1992 (PPE).

#### **NOTE**

The ongoing improvement programmes relating to COSHH and DSEAR compliance.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

|                                                                                                            |                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cyfeirnod Cylch Gorchwyl y Pwyllgor:<br><br>Committee ToR Reference:                                       | 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, Teitl a Sgôr Risg Cyfredol:<br>Datix Risk Register Reference and Score:     | N/A                                                                                                                                                                                                                                                         |
| Parthau Ansawdd:<br>Domains of Quality<br><a href="#">Quality and Engagement Act (sharepoint.com)</a>      | 1. Safe                                                                                                                                                                                                                                                     |
| Galluogwyr Ansawdd:<br>Enablers of Quality:<br><a href="#">Quality and Engagement Act (sharepoint.com)</a> | 6. All Apply                                                                                                                                                                                                                                                |
| Amcanion Strategol y BIP:<br>UHB Strategic Objectives:                                                     | Not Applicable                                                                                                                                                                                                                                              |
| Nodau Cynllunio 2026/27<br>Planning Goals 2026/27                                                          | 8. Fit for Purpose, Modern Facilities and Services                                                                                                                                                                                                          |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <a href="#">Hypergyswllt i Amcanion Llesiant HDdUHB 2026</a><br><br><a href="#">Hyperlink to HDdUHB Well-being Objectives 2026</a>                                                                                                                                                            | 3. Create people-centred employment and development opportunities that support workforce transformation, reflect the changing needs of |
| <a href="#">Model Cymdeithasol ar gyfer Iechyd a Llesiant:</a> (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau)<br><br><a href="#">A Social Model for Health and Wellbeing:</a> ( <i>complete for strategic change and/or significant service changes</i> ) | Not Applicable                                                                                                                         |
| <b>Gwybodaeth Ychwanegol:<br/>Further Information:</b>                                                                                                                                                                                                                                        |                                                                                                                                        |
| Ar sail tystiolaeth:<br>Evidence Base:                                                                                                                                                                                                                                                        | Contained within the body of the report and associated Health Board policies.                                                          |
| Rhestr Termau:<br>Glossary of Terms:                                                                                                                                                                                                                                                          | Contained within the body of the report.                                                                                               |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn:<br>Parties / Committees consulted prior to this meeting:                                                                                                                                                                       | Key stakeholders.                                                                                                                      |

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|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Effaith: (rhaid cwblhau)<br/>Impact: (must be completed)</b> |                                                                                                                                                                                                          |
| <b>Ariannol / Gwerth am Arian:<br/>Financial / Service:</b>     | No direct impact                                                                                                                                                                                         |
| <b>Ansawdd / Gofal Claf:<br/>Quality / Patient Care:</b>        | There is a positive impact on staff and patient safety, health and wellbeing through compliance with health and safety regulations.                                                                      |
| <b>Gweithlu:<br/>Workforce:</b>                                 | Potential for adverse future staffing impacts if health and safety legislation is not complied with as they relate to employee safety.                                                                   |
| <b>Tegwch Iechyd:<br/>Health Equity:</b>                        | No direct impact                                                                                                                                                                                         |
| <b>Risg:<br/>Risk:</b>                                          | Risk to health and safety management.                                                                                                                                                                    |
| <b>Cyfreithiol:<br/>Legal:</b>                                  | 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. |

|                                    |                                                                                                                  |
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| <b>Enw Da:<br/>Reputational:</b>   | Prosecutions and claims due to breaches in legislation or personal injury claims can lead to negative publicity. |
| <b>Gyfrinachedd:<br/>Privacy:</b>  | Not Applicable.                                                                                                  |
| <b>Cydraddoldeb:<br/>Equality:</b> | No evidence gathered to indicate a negative impact on any protected group/s.                                     |