



GIG
CYMRU
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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **14/01/2025**
Time **9:30 AM - 11:30 AM**
Location **Microsoft Teams Meeting/ Ystwyth Boardroom**

Health and Safety Committee Meeting

Agenda - 14 January 2025

1 GOVERNANCE

9:30 AM, 30 min

1.1 Welcome and Apologies

10:00 AM, 0 min

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

1.2 Declarations of Interest

10:00 AM, 0 min

All

1.3 Minutes of Previous Meeting Held on 12 November 2024

10:00 AM, 0 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 12 November 2024

10:00 AM, 0 min

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

1.5 Health and Safety Sub-Committee Update

10:00 AM, 0 min

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

1.6 Corporate Risks Assigned to HSC

10:00 AM, 0 min

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), James Severs (Hywel Dda UHB - Executive Director of Allied Health Professions and Health Science)

2 HEALTH AND SAFETY UPDATES

10:00 AM, 1 hr

2.1 Staff/Patient Story

11:00 AM, 0 min

2.2 Reinforced Autoclave Aerated Concrete (RAAC) Update

11:00 AM, 0 min

Simon Chiffi (Hywel Dda UHB - Head of Operations), Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

2.3 Health and Safety Update Report

11:00 AM, 0 min

Adam Springthorpe (Hywel Dda UHB - Health & Safety Manager), Tim Harrison (Hywel Dda UHB - Head of Health, Safety and Security)

2.4 Fire Management Update

11:00 AM, 0 min

Simon Chiffi (Hywel Dda UHB - Head of Operations)

2.5 Fire Safety Training

11:00 AM, 0 min

Simon Chiffi (Hywel Dda UHB - Head of Operations)

2.6 H&S Internal Audit Report

11:00 AM, 0 min

Adam Springthorpe (Hywel Dda UHB - Health & Safety Manager), Tim Harrison (Hywel Dda UHB - Head of Health, Safety and Security)

2.7 RIDDOR - All Wales Benchmark Update

11:00 AM, 0 min

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

3 HEALTH & SAFETY REGULATIONS

11:00 AM, 10 min

3.1 Health and Safety Regulations Overview

11:10 AM, 0 min

Adam Springthorpe (Hywel Dda UHB - Health & Safety Manager), Tim Harrison (Hywel Dda UHB - Head of Health, Safety and Security), Simon Chiffi (Hywel Dda UHB - Head of Operations)

4 POLICIES FOR APPROVAL

11:10 AM, 10 min

4.1 Policy 703 - Control of Substances Hazardous to Health (COSHH)

11:20 AM, 0 min

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

4.2 Policy Extension Request

11:20 AM, 0 min

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

5 FOR INFORMATION

11:20 AM, 0 min

5.1 HSC Workplan

11:20 AM, 0 min

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

6 ANY OTHER BUSINESS

11:20 AM, 0 min

All

7 MATTERS FOR ESCALATION TO BOARD

11:20 AM, 5 min

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

8 DATE AND TIME OF NEXT MEETING

11:25 AM, 0 min

8.1 Date and Time of Future Meetings

11:25 AM, 0 min

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1 - GOVERNANCE

1.1

10:00 AM, 0 Mins

1.1 - Welcome and Apologies

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

1.2

10:00 AM, 0 Mins

1.2 - Declarations of Interest

All

1.3

10:00 AM, 0 Mins

1.3 - Minutes of Previous Meeting Held on 12
November 2024

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

| For approval

Attachments

[2024-11-12 - Health and Safety Committee Meeting - Minutes.pdf](#)

MINUTES OF THE Health and Safety Committee MEETING

Date of Meeting: **9:30 AM, Tuesday 12 November 2024**
Venue: **Microsoft Teams Meeting/ Ystwyth Boardroom**

Present:	Ann Murphy	Independent Board Member – Trade Union (Chair)
	Adam Springthorpe	Health & Safety Manager
	Bethan Lewis	Interim Assistant Director of Public Health
	Jonathan Arthur	Deputy Director of Health Sciences
	Olwen Morgan	Assistant Director of Nursing
	Andrew Carruthers	Chief Operating Officer
	Chantal Patel	Independent Board Member - University
	Charlotte Wilmshurst	Assistant Director of Assurance and Risk
	Delyth Raynsford	Independent Board Member - Community
	Eleanor Marks	HDUHB Vice Chair
	Iwan Thomas	Independent Board Member – Third Sector
	James Severs	Executive Director of Allied Health Professions and Health Science
	Rhodri Evans	Independent Board Member – Local Authority
	Sharon Daniel	Interim Executive Director of Nursing, Quality & Patient Experience
	Simon Chiffi	Head of Operations
	Tim Harrison	Head of Health, Safety and Security

In Attendance:	Stephen Williams	Financial Management Graduate Trainee (Observing)
	Marilize Preez	Improvement and Transformation Lead (Observing)
	Ruth Poynting	Committee Services Officer (Minutes)

Apologies:	Amanda Glanville	Assistant Director of People Development
	Anthony Dean	Estates
	Ardiana Gjini	Executive Director of Public Health
	Rob Elliott	Director of Estates, Facilities and Capital Management
	Joanne Wilson	Director of Corporate Governance/Board Secretary

Minutes Ref.	Item	Action
HSC(24)88	Welcome and Apologies Ms Ann Murphy welcomed the Committee to the meeting and apologies for absence were noted as above.	
HSC(24)89	Declarations of Interest There were no declarations of interest.	

HSC(24)90

Minutes of Previous Meeting Held on 10 September 2024

The minutes of the meeting held on 10 September 2024 were APPROVED as an accurate record, with corrections of Mr James Severs name to 'Mr Severs' instead of 'Mr James' throughout, and a correction of Mr Severs' job title to 'Executive Director of Allied Health Professions and Health Science'.

Decision: The minutes of the Health and Safety Committee meeting on 10 September 2024 were approved as a correct record of proceedings.

HSC(24)91

Matters Arising and Table of Actions from Meeting held on 10 September 2024

HSC(24)76, To submit a report on health and safety training compliance to Committee, and HSC(24)83, To bring an updated report on Bariatric Compliance to Committee, have been added to the HSC workplan for update in January. The timescale on the table of actions was updated.

Decision: The Health and Safety Committee noted the Table of Actions from the meeting held on 10 September 2024 and received updates on any outstanding actions.

HSC(24)92

HSC Self-Assessment: 6-Month Outcome Report

Ms Charlotte Wilmshurst provided an update on the status of the actions that arose from the Committee self-assessment earlier in the year. A number of actions have been completed, and four actions remain outstanding. The outstanding items include the development of the Health and Safety dashboard and the use of Civica to provide patient feedback on the environment they are being treated in.

The report for the self-assessment for this year will be presented to the Committee in January.

Ms Delyth Raynsford raised concern around the timescale for the development of a health and safety dashboard and queried whether the deadline of March 2025 is possible when this is dependent on capacity.

Mr Severs assured that a health and safety team has been assigned to assess the individual metrics. However, progress also relies on the capacity of the Information Technology (IT) department as they will transfer data from old databases on to the new system. An update is expected in January 2025.

In response to a query from Ms Chantal Patel Ms Wilmshurst stated that the reporting template for committees is being standardised in response to the findings of the committee self-assessment, alongside the work on the Integrated Impact Assessment form.

Decision: The Committee received assurance from the progress made against the actions being undertaken to improve its effectiveness.

HSC(42)93

Health and Safety Committee and Sub-Committee Terms of Reference

Ms Wilmshurst explained that the Health and Safety Sub-Committee terms of reference have been presented following a review of the Health and Safety governance arrangements reported at the last meeting.

These terms of reference are also planned to be reviewed in six months' time as operational governance is being reviewed.

Ms Murphy queried the number of people required for the subcommittee to be quorate and raised the possibility of combining areas of responsibility across individuals or to receive some reports by exception.

The group agreed that the final core membership will be approved with a Chair's action.

JS/AM

Mr Severs stated that a business meeting will need to take place to agree the chair for this group, nominate a vice-chair, and plan the direction for the Health and Safety Sub-Committee.

In this business meeting additional consideration will be needed around the following:

- Whether the Head of Legal Services should be changed to the Head of Risk and Assurance.
- Whether the Director of Public Health should be a core member.
- Whether Emergency Preparedness, Resilience and Response (EPRR) representation is needed.

The Health and Safety Committee terms of reference have been updated to reflect the change in the lead executive and the reporting arrangements.

One additional amendment was requested to remove the Assistant Medical Director as part of the core membership.

CSO

A further review of Committee Terms of Reference is currently taking place.

Ms Murphy questioned the chairing arrangement of the Trade Union Health and Safety group. This is expected to be chaired by Helen Williams, Chair of the Trade Union Health and Safety Group in Pembrokeshire.

Decision: The Committee **NOTED** the:

- Health and Safety Sub-Committee Terms of Reference.

The Committee **APPROVED** the:

- Health and Safety Committee's Terms of Reference for onward ratification by the Board on 28 November 2024.

HSC(24)94

Operational Risks Assigned to HSC

The group discussed the operational risks that are assigned to the HSC. There are seven total risks including three risks new to the committee.

Risk 1567 – Risk of harm and unauthorised access to premises and facilities due to inadequate security measures has reduced in score from twenty to twelve.

In response to a query from Ms Patel Mr Andrew Carruthers stated that challenges related to Capital availability are determined by funding availability and the size of the scheme. There is no fixed timeline for receiving funding from Welsh Government (WG) and this forms part of a wider discussion.

Mr Simon Chiffi assured that risks are managed operationally with additional staff resources and more frequent audits.

Risks such as low voltage (LV) infrastructure are being mitigated by identifying external companies that would be available at short notice to address an instant failure.

Additionally, a Computer Aided Design (CAD) Officer is now in place to maintain the schematic drawings.

Tracking is in place of the timeline of applying for funding and the documentation that has been sent to WG.

Ms Wilmshurst noted that it is key that this committee takes assurance of the mitigating factors in place in absence of funding.

Estates and Facilities Advisory Board (EFAB) funding has been awarded for three years in total. EFAB 3 will start shortly.

Applications will be made for funding to address major infrastructure elements in a more expedient way.

Ms Raynsford raised concerns around Risk 1263 – Risk to patient safety due to ongoing issues with vermin (pigeons) at Worthybush General Hospital (WGH). Mr Chiffi assured that the temporary kitchen in WGH has now been decommissioned, and it is hoped that this will improve the situation. Additional remedial actions such as the installation of netting, the removal of shrubbery, deep cleans and regular inspections have also been put in place. Capital bids have been put in for machinery and equipment.

Ms Bethan Lewis raised concerns around the state of the Bro Cerwyn building in Haverfordwest. As there is concern around the security of the building, vermin and the state of the environment Tim Harrison provided feedback, stating that a user group has been set up which has proven useful for communicating with staff. A detailed risk assessment is being created.

It was agreed that this could be discussed as part of the remit of the Health and Safety Sub-Committee.

Ms Marks raised concern around the lifts in BGH and GGH. These are no longer being reported the HSC as risks but there is disruption which has an impact on staff morale.

Mr Carruthers assured that lift repair forms part of the major infrastructure bid to WG. Funding has been approved but is yet to be received. Ms Marks suggested improved communication with

staff around the status of repairs could help alleviate their concerns.

Decision: The Health and Safety Committee:

- REVIEWED and SCRUTINISED the risks included within this report to seek ASSURANCE that all relevant controls and mitigating actions are in place; and
- DISCUSSED whether the planned action will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact, should the risk materialise.

HSC(24)95

HEALTH AND SAFETY UPDATE REPORT

Mr Harrison introduced the report, thanking Mr Adam Springthorpe and team for creating the papers.

One item in the update report has been escalated from the Trade Union to the Water Safety group around the decommissioning of water coolers primarily in BGH. A response from the Water Safety Group is included in the report, including rationale for the decision.

In response to a query from Ms Marks Mr Chiffi confirmed that water systems in lesser used areas are managed with engineering controls such as regular flushing.

Electrical Awareness Safety training has been proposed to the Mandatory Training Group who have requested more information on how the training would impact the number of incidents before agreeing the course can become mandatory.

The Health, Safety and Security Team is also considering the creation of a dedicated electrical intranet page to highlight the risk posed by electricity and electrical equipment to HDdUHB staff.

Seven Minute Briefings on manual handling took place in quarter three of 2024-2025. In response to a point raised by Mr Iwan Thomas Mr Harrison answered that the seven-minute briefings are also discussed by ward managers in handovers and in meetings meaning the information is shared farther than the 473 members of staff who have accessed the information independently.

Decision: The Health & Safety Committee:

RECEIVED ASSURANCE

- That the HSS Team and Subject Matter Experts are exploring other means of highlighting the risk posed by electricity and electrical equipment to HDdUHB staff.
- That the HSS Team has shared information on both security and manual handling via their seven-minute briefs.
- That concerns raised via Trade Union Representatives have been acknowledged and suitable answers sought to address them.

NOTED:

- That the proposed Electrical Safety Awareness training was not approved by the Mandatory Training Group.

RIDDOR: 6-Monthly Update Report

Mr Springthorpe highlighted that the number of incidents reported under RIDDOR in the first six months of 2024-25 are fairly consistent with the previous year.

Manual handling is the leading cause of incidents for this year, which is different to previous years. Deep dives are taking place to determine whether there is a pattern in cases.

Incident numbers are lower in WGH, BGH and PPH relative to the size of these sites.

Mr Springthorpe informed the group of an all-Wales exercise being worked on and offered to share the findings of this to an upcoming HSC meeting.

A report covering the full year is expected in May.

Every incident is reviewed. This is reliant on managers providing timely feedback which means communication in Quality and Safety meetings is key.

Decision: The Health & Safety Committee:

RECEIVED ASSURANCE

- That the Health Board is operating in compliance with the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR).
- That areas have been identified where improvements can be made which will be raised at directorate Governance / Quality and Safety meetings.

Estates Low Voltage (LV) Electricity Compliance Update Report

Mr Chiffi introduced the update report as a six-month update and drew the committee's attention to the assessment section.

86% of the high-risk recommendations and 71% of all audit-related recommendations have been closed.

The risk relating to the availability of up-to-date schematics will be mitigated as there are now two CAD officers in post. As site managers have good knowledge of the sites this risk is currently classed as medium.

The funding process for the Major Infrastructure programme started two years ago. As part of this programme the aging electrical infrastructure will be addressed as a well-known and well-articulated issue.

Mitigations for the aging electrical infrastructure remain a challenge. However, review has taken place of electrical services available across the country that could attend in the case of failure

and generators are in place which can provide power for twenty-four to forty-eight hours.

This is an issue also faced by other Health Boards.

PPH is considered to be the HDdUHB site with the highest risk. Mr Chiffi explained that prices were drawn up for this site two to three years ago of around £7m to address the issues.

Forward planning is included in the design process for all projects to ensure longevity of the service and mitigate future risk.

Ms Marks requested that an update is brought to the Committee around the electrical infrastructure risks. **SC**

WGH received an additional LV audit. The outcome of this audit is low risk and resources are available to address these risks in a short timeframe.

HDdUHB is in the process of transferring to the Audit Management and Tracking (AMAT) system which will enable better tracking of audit recommendations.

Mr Carruthers stated that the purpose of this work is to engage Shared Services and WG to mitigate risk. A paper is being created to support ongoing conversations with WG around the condition of the Estate and the lack of support for a new hospital so far.

Decision: The Health and Safety Committee:

- RECEIVED ASSURANCE that since the previous Estates Low Voltage (LV) Electricity Compliance report a number of recommendations, particularly those high risk in nature have been completed.
- NOTED that the remaining medium and high risk outstanding relate to major infrastructure works and electrical schematics. This progress is evidenced in the recent submission of the AE audit by NWSSP-SES.

HSC(24)98

Fire Safety Audit System (Boris) Update Report

HDdUHB has transitioned over to the Boris system over the past twelve months.

Previous meetings raised concern over whether the system is fit for purpose and the duplication of fire risk assessments in paper and electronic format. Mr Chiffi informed the Committee that this has now been resolved.

HDdUHB and the Boris developers have produced a risk dashboard which is now being used by all Fire Safety Groups.

Mr Chiffi gave an overview of the Extreme Estates Risks tabled in the report highlighting that there has been a significant reduction in the number of risks from around nine hundred in previous reports to around four hundred.

Items in the 'Risk Managed by Site Ops' section are limited by availability of HDdUHB resources. When this is resolved these items will move into the 'Risk Requires Funding' category.

It is key that site-based teams are able to interpret the actions and risks raised by the individual risk assessments. Information is now available to inform staff, and staff are available to support site managers on a day-to-day basis.

In response to a query from Ms Raynsford Mr Chiffi clarified that this work extends to community settings and managed practices as well as secondary care hospital settings. There does not appear to be a significant difference in the number of risks between the different settings however there are some differences in the types of risk.

Mr Carruthers noted that it is key that the Committee is assured of the quality and completeness of risk assessments. Further discussion is needed around how this can be achieved. Fire Safety Advisors routinely rotate which areas they complete fire risk assessments in to compare and ensure the assessments are completed to the same standard.

Increased compliance arrangements are expected from Mid and West Wales Fire and Rescue Service (MAWWFRS) over the next twelve months. A meeting will take place 13 November where it is expected that two further requirements will be raised.

Mr Chiffi provided the following as an example of the **extreme** risks raised by fire risk assessments:

- In the Phase 1 and 2 fire projects in WGH and GGH there is horizontal fire evacuation separation. In these areas there are old holes left by contractors and previous work that mean the thirty to sixty minute fire resistant partition is damaged.

The following is an example of a **high** risk:

- Where ironmongery has been replaced on fire resistant doors this may impact the fire safety of the doors.

The Committee agreed that an update on the Boris system will be brought to HSC every six months with additional updates raised through the HSC Sub Committee and brought to HSC by exception.

Decision: The Health and Safety Committee:

- RECEIVED ASSURANCE from the Fire Safety Audit System Report (Boris) that a system is now in place to manage and escalate fire safety risks from fire risk assessments.
- DISCUSSED the format and frequency of ongoing reporting at this committee.

HSC(24)99

Occupational Health Report (Needlestick Injuries)

Mr Harrison explained that this report details the process to manage sharps incidents and how HDdUHB can learn from them as well as the Health Board's compliance with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

Departments involved in these processes include Occupational Health, Emergency departments, Health and Safety, Infection control and the Procurement Specialist Nurse.

A number of incidents are highlighted in the paper which also presents an ongoing trend from previous years of higher numbers of incidents at different times of the year.

Ms Daniels queried whether the reporting of sharps incidents has been raised with the Once for Wales Concerns Management Team. Mr Harrison confirmed that work has taken place over the past two years which has changed how incidents are reported. A checklist has been implemented in HDdUHB for sharps incidents which has not yet been made compulsory. On an All-Wales basis HDdUHB are represented at the Health and Safety Management group and the Datix group.

Ms Daniels added that it may be useful to see the number of opportunities for incidents given the high number of sharps used across the Health Board. Safety devices are being used in some areas across the Health Board. This could be extended further.

The severity of incidents is difficult to quantify due to the multiple factors involved and reporting is dependent on the risk assessment. More work may be needed on the quality of incident investigation.

Additionally, an increase in the number of incidents has been noticed in January and August. Further investigation may be needed to determine what the cause is of this.

Ms Marks suggested that benchmarking may be beneficial to determine how HDdUHB is performing compared to other Health Boards.

Mr Severs advised that there is some work needed to reconvene the Sharps Safety group. There is a review taking place on the structure of committees. It is hoped that this will help maintain oversight and improve connection between the different committees. Mr Jonathan Arthur suggested that staff groups such as Medics and Nurses could be tabulated to help target the approach.

The Committee were not assured by the report and would like to advise the Board that additional work is needed to provide assurance that Sharps safety is being managed effectively.

Decision: The Health and Safety Committee DID NOT RECEIVE ASSURANCE on the status of Sharps Safety across the HDdUHB and agreed that additional work is needed to provide assurance.

Mr Chiffi directed attention to Section 2 of the report and explained that some disciplines are required by Shared Services to have an Approved Person (AP) or Responsible Person (RP) appointed by the Authorised Engineer.

Each discipline also has Competent Persons (CP) who are appointed by the AP/RP.

Each Health Board can only have one AP or RP covering two disciplines. If additional requirements are put in place for APs for Fire and Lifts will impact this as limited resources mean multiple staff already cover multiple disciplines. This is not a statutory mandate but has the potential to become mandatory in future.

The update report also demonstrates positive progress due to the amount of investment put into the Estates compliance team over recent years.

Challenges impacting progress include the limited budget allocated for training. The Compliance team are working with the Financial Control Group to expediate the training procurement process and gain better efficiency with training packages.

Mr Chiffi noted the compliance tracker in the appendix of the update report which demonstrates a good level of compliance with the WHTM.

There are currently no APs in place for High Voltage (HV) however there are HV managers. This is due to the appointment process as staff have been trained but not yet appointed. The situation for Decontamination services is similar with staff already trained but not yet appointed.

The Estates department continue to provide input to other groups in areas that they support but do not have direct responsibility for.

Mr Chiffi clarified that 'bedhead services' referred to in the update report is a term meaning Lift services.

Decision: The Health and Safety Committee is requested to RECEIVED ASSURANCE from the Estates and Facilities Welsh Health Technical Memorandum's (WHTM's) – Governance Arrangements Report, noting the challenges and the improvements across the WHTM audit recommendations.

HSC(24)101

H&S Internal Audit Report

Deferred to the January meeting as awaiting publication of the Internal Audit Report.

HSC(24)102

Maintaining traffic flow outside PPH

Health and Safety concerns were raised in the previous meeting around the unexpected arrival of roadworks, including traffic lights, outside the entrance to PPH. Additionally people protesting the

temporary overnight closure of PPH Minor Injuries Unit (MIU) were in close proximity of the same road.

Protestors have now left the PPH site, and the control group has been stood down. A steering group remains in place to develop options for the MIU.

Ms Marks noted continuing concern as there is a large volume of traffic on this road at peak times. There is one point of entry to the PPH site which is also in proximity of a primary school, care home and links to the M4 motorway.

Conversation has taken place with Carmarthenshire County Council however a response has not been received on the timeline for the removal of the traffic lights.

The group discussed whether this issue sits under the HSC remit or Quality and Safety before agreeing that this affects both the quality of the delivery of service and has the potential to impact health and safety.

The risk assessment will need to be revisited as the protestors are no longer on site. The Ambulance service will also need to be engaged to discuss access for emergency vehicles.

The group agreed to **advise** the Board of concerns around traffic control outside PPH.

Decision: The Committee DID NOT RECEIVE ASSURANCE from the current remedial actions related to the Prince Philip Hospital – Temporary Traffic Control Issues. Concerns about traffic control and Emergency and Staff access to PPH will be raised to the Board.

HSC(24)103

HSC Workplan

The Committee noted the HSC Workplan and made no further comments.

Decision: The Health and Safety Committee NOTED the Committee Workplan.

HSC(24)104

ANY OTHER BUSINESS

No items were raised.

HSC(24)105

MATTERS FOR ESCALATION TO BOARD

The HSC Committee wish to ADVISE Board of:

- Ongoing concerns from the **Occupational Health Report (Needlestick Injuries)** (Item HSC(24)99)
- Health and Safety concerns due to traffic flow outside PPH (Item HSC(24)102)

The updated HSC Terms of Reference will also be tabulated for approval by Board.

1.4

10:00 AM, 0 Mins

1.4 - Matters Arising and Table of Actions from Meeting held on 12 November 2024

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

| For discussion

Attachments

[HSC Table of Actions 12 Nov 24.pdf](#)

**TABLE OF ACTIONS FROM HEALTH & SAFETY COMMITTEE (HSC) MEETING
HELD ON 12 NOVEMBER 2024**

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
HSC (24)76	Health and Safety Update: <ul style="list-style-type: none"> To submit a report on health and safety training compliance to Committee in Quarter 4. 	SC	November 2024	In Progress: Added to the HSC workplan for January 2025.
HSC (24)83	Bariatric Compliance (Manual Handling Operations Regulations 1992) Update Report: <ul style="list-style-type: none"> To bring an updated report back to the January 2025 HSC meeting, to include evidential data on regulations compliance in order to provide assurance to Committee 	JB	January 2025	In Progress: Added to the HSC workplan for March 2025.
HSC(24)95	Health and Safety Update Report <ul style="list-style-type: none"> To submit a report on Electrical Infrastructure risks to Committee. 	SC	March 2025	In Progress: Added to the HSC workplan for March 2025
HSC(24)93	HSC and HSC In Committee Terms of Reference Final core membership of the HSC Sub-Committee to be approved with a Chair's action.	JS/AM	January 2025	Complete HSC Sub-Committee Terms of Reference updated and approved.
HSC(24)93	HSC and HSC Sub-Committee Terms of Reference To amend the core membership of the HSC to remove the Assistant Medical Director.	CSO	November 2025	Complete HSC Terms of Reference updated and approved at Public Board 28 November 2024.

Key: SC- Simon Chiffi KJ-Keith Jones JB-Jeni Bryant CSO- Committee Services Officer

1.5

10:00 AM, 0 Mins

1.5 - Health and Safety Sub-Committee Update *James Severs (Hywel Dda UHB - Executive Director of Allied Health Professions and Health Science)*

| For approval

Attachments

[H_S SubCommittee Update \(3As\) Report 6 December 2024.pdf](#)

[Appendix 1. Health Safety Sub-Committee ToRs for Adoption Revised 030125.pdf](#)

HEALTH & SAFETY SUB-COMMITTEE UPDATE REPORT

Date of last meeting: 6 December 2024

Quoracy: Met

Report by: Mr James Severs, Chair

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

Alert¹ (may require discussion)

There were no matters to alert the Health & Safety Committee to.

Advise² (to monitor)

The Health & Safety Sub-Committee wish to **advise** members of the Health & Safety Committee that:

- The inaugural Health & Safety Sub-Committee meeting took the form of a business meeting to discuss the Sub-Committee Terms of Reference as previously approved by the Health and Safety Committee and to consider these for adoption. The Terms of Reference for the reporting groups of the Health & Safety Sub-Committee were also discussed with the Reporting Group Chairs present at the meeting, prior to their being shared at the next meeting of their respective groups for finalising and bringing back to the next Sub-Committee meeting for approval. Through discussion, the following amendments were proposed to the Health & Safety Sub-Committee Terms of Reference (revised version attached as Appendix 1):
 - To include reference to Risk Management in the Purpose section of the Terms of Reference.
 - To acknowledge within the Terms of Reference that the Health & Safety Sub-Committee has within its scope the oversight of security.
 - To stand down the proposed Decontamination Group as a reporting group of the Health & Safety Sub-Committee and to retain it as a reporting group of the Infection Prevention Strategic Steering Group (which in turn reports to the Quality, Safety & Experience Sub-Committee), with the inclusion of a reference to the referral of any Health & Safety issues through the Health & Safety governance route within their Terms of Reference.
 - To introduce an additional reporting group under the Health & Safety Sub-Committee – the Compliance & Site Operations Group – as this has been recognised as a gap.
 - To amend the title of the Medical Gases Group to the Medical Gas and Pipeline Systems Safety Group.

¹ 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.

² 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.

- To remove the Health of Health Emergency Planning from within the membership of the Health & Safety Sub-Committee as it has been agreed that Emergency Preparedness, Resilience & Response will report directly into the Health & Safety Committee.
- It is recognised that further changes may need to be made to the reporting groups of the Health & Safety Sub-Committee upon implementation of the new Operational governance arrangements.

Assure³ (to note)

The Health & Safety Sub-Committee wish to assure members of the Health & Safety Committee that:

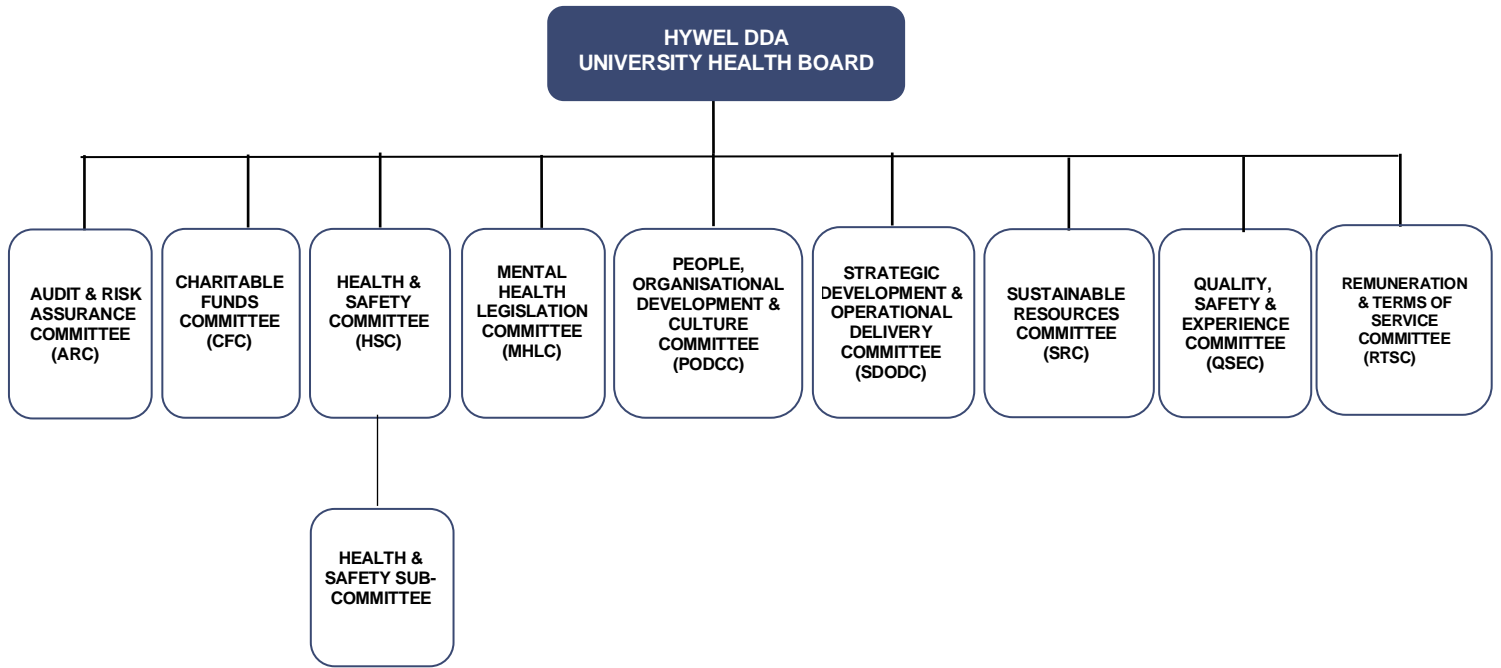
- Establishing robust arrangements around the Health & Safety Sub-Committee and those of its reporting groups will enable the Committee to provide an appropriate level of assurance to the Board, including evidence of compliance with the statutory, regulatory and mandatory requirements of the organisation.
- Where there is no or only limited assurance, robust plans with smart actions will be put in place for monitoring through the Sub-Committee to ensure the expected requirements are met.

Recommendation

The Health & Safety Committee is asked to:

- Approve the Health & Safety Sub Committee Terms of Reference.
- Be assured on the items that the Sub-Committee is providing assurance on.

³ *There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.*



HEALTH AND SAFETY SUB-COMMITTEE

TERMS OF REFERENCE

Version	Issued to:	Date	Comments
V.01	Health & Safety Committee	10.09.2024	For Discussion
V.02	Health & Safety Committee	12.11.2024	For Approval
V.03	Health & Safety Sub-Committee	06.12.2024	For Adoption
V.04	Health & Safety Committee	14.01.2025	For Approval

1. Constitution

- 1.1 The Health and Safety Sub-Committee has been established as a Sub-Committee of the Health & Safety Committee and constituted from 12th November 2024.

2. Purpose

- 2.1 The purpose of the Health and Safety Sub-Committee is to ensure that the health and safety **and security** arrangements across the Health Board are driven by and focused on the requirements involved in each area, together with Hywel Dda University Health Board's (HDdUHB's) compliance or performance against these.
- 2.2 The Sub-Committee will monitor, scrutinise and receive assurance from its constituent parts that the various actions undertaken to ensure health and safety **and security** are effective and well managed.
- 2.3 **The Sub-Committee will oversee the arrangements in place for the identification, assessment and prioritisation of risks related to health and safety and security.**
- 2.4 The Sub-Committee will act as a forum for technical advisors to discuss health and safety **and security** issues across the Health Board.
- 2.5 The Sub-Committee will also provide opportunity for communication between the Health and Safety Sub-Committee and other health and safety **and security** related groups.

3. Key Responsibilities

- 3.1 The Health & Safety Sub-Committee will oversee levels of compliance with national guidance and subsequent legislation and standards in respect of health and safety **and security**.
- 3.2 Monitor progress against agreed performance indicators related to health and safety **and security** within the Health & Safety Dashboard to be developed.
- 3.3 **Support approval for** Agree-written control documentation (policies, operational procedures and other documents), which fall within the remit of health and safety **and security**, ensuring these have been ~~adopted~~, developed, and/or reviewed in line with HDdUHB Policy 190 – Written Control Documentation.
- 3.4 ~~Oversee the arrangements in place for the identification, assessment and prioritisation of risks related to health and safety.~~
- 3.5 Seek assurance on the management of operational risks that have been aligned to the Health & Safety Sub-Committee, where the risk tolerance is exceeded or where there is a lack of timely action. Lack of assurance and resolution to be escalated to the Health & Safety Committee.
- 3.6 Request a deep dive report when action/contingency plans to address incidents and alerts that HDdUHB receives in relation to health and safety **and security** breach the agreed timescales.

- 3.7 Ensure actions are completed in a robust and timely manner and seek assurance that learning in regard to health and safety is disseminated and embedded across all the Health Board's activities as appropriate.
- 3.8 Receive assurance from the Groups reporting to the Sub-Committee and consider how escalated issues are addressed/resolved.
- 3.9 Provide the necessary assurances to the Health & Safety Committee, escalating any matters of immediate concern with recommendations for action.
- 3.10 Develop an annual work plan, responding to operational service priorities, consistent with the strategic direction for the organisation, for approval by the Health & Safety Committee.
- 3.11 Inform the work plans for reporting Groups and vice versa.
- 3.12 Address any other requirements stipulated by the Health & Safety Committee.

4. Membership

- 4.1 The membership of the Health and Safety Sub-Committee shall comprise:

Title
Director of Allied Health Professions & Health Science (Chair)
Deputy Director of Health Science (Vice-Chair)
Deputy Chief Operating Officer
Head of Health Emergency Planning
Chair/Vice Chair, Security Management Group
Chair/Vice Chair, Fire Safety Group
Chair/Vice Chair, Electrical Safety Group
Chair/Vice Chair, Medical Gases Group
Chair/Vice Chair, Water Safety Group
Chair/Vice Chair, Decontamination Compliance & Site Operations Group
Chair/Vice Chair, Environmental Hygiene Group
Chair/Vice Chair Ventilation Safety Group
Chair/Vice Chair, Radiation Protection Group
Chair/Vice Chair, Trade Union Health and Safety Group
Head of Health, Safety & Security (covering Violence & Aggression, Moving & Handling)
Health & Safety Manager
Head of Operations + Rob Elliott?
Head of Occupational Health (or deputy)
Head of Infection Prevention and Control
Head of Fire Safety
Assistant Director of Assurance & Risk
Head of Estates, Risk and Compliance
Assistant Director of Nursing, Patient Safety, Quality & Experience (Community & Integrated Medicine)

- 4.2 The membership of the Sub-Committee will be reviewed on an annual basis.

5. Quorum and Attendance

- 5.1 A quorum shall consist of either the Chair or Vice-Chair and no less than a third of the membership of the Health and Safety Sub-Committee.
- 5.2 Any senior officer of HDdUHB or partner organisation (e.g. NHS Wales Shared Services Partnership NWSSP Legal and Risk Services and NWSSP - SES Specialist Estates Services staff) may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.
- 5.3 The Sub-Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.
- 5.4 Should any member be unavailable to attend, they may nominate a fully briefed deputy to attend in their place, subject to the agreement of the Chair.

6. Agenda and Papers

- 6.1 The Health and Safety Sub-Committee Secretary is to hold an agenda setting meeting with the Chair and/or the Vice Chair, at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Sub-Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year and requests from Sub-Committee members. Following approval, the agenda and timetable for request for papers will be circulated to all Sub-Committee members.
- 6.3 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.
- 6.4 The minutes and Table of Actions will be circulated to the Chair within seven days to check the accuracy, prior to sending to Members to review within the next seven days.
- 6.5 Members must forward amendments to the Sub-Committee Secretary within the next seven days. The Sub-Committee Secretary will then forward the final version to the Sub-Committee Chair for approval.

7. Frequency of Meetings

- 7.1 The Health and Safety Sub-Committee will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Sub-Committee.
- 7.2 The Chair of the Sub-Committee, in discussion with the Sub-Committee Secretary, shall determine the time and the place of meetings of the Sub-Committee and procedures of such meetings.

8. Accountability, Responsibility and Authority

- 8.1 The Health and Safety Sub-Committee will be accountable to the Health & Safety Committee for its performance in exercising the functions set out in these terms of reference.

9. Reporting

- 9.1 The Health and Safety Sub-Committee may, subject to the approval of the Health & Safety Committee, establish groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business. The Sub-Committee will receive an update following each group's meeting, detailing the business undertaken on its behalf. The following groups have been established:
- 9.1.1 Security Management
 - 9.1.2 Fire Safety Group
 - 9.1.3 Electrical Safety Group
 - 9.1.4 Medical Gases Group
 - 9.1.5 Water Safety Group
 - ~~9.1.6 Decontamination Group~~
 - 9.1.6 Compliance & Site Operations Group
 - 9.1.7 Environmental Hygiene Group
 - 9.1.8 Ventilation Safety Group
 - 9.1.9 Radiation Protection Group
 - 9.1.10 Trade Union Health and Safety Group
- 9.2 The Sub-Committee, supported by the Sub-Committee Secretary, shall:
- 9.2.1 Report formally, regularly and on a timely basis to the Health & Safety Committee on the Sub-Committee's activities. This includes the submission of a Sub-Committee update report, as well as the presentation of an annual report within 6 weeks of the end of the financial year.
 - 9.2.2 Bring to the Health & Safety Committee's specific attention any significant matters under consideration by the Sub-Committee.

10. Secretarial Support

- 10.1 The Health and Safety Sub-Committee Secretary shall be determined by the Director of Allied Health Professions and Health Science.

11. Review Date

- 11.1 These terms of reference shall be reviewed initially on a 6 monthly basis, and thereafter on at least an annual basis, by the Health and Safety Sub-Committee for approval by the Health & Safety Committee.

1.6

10:00 AM, 0 Mins

1.6 - Corporate Risks Assigned to HSC

**Andrew Carruthers
(Hywel Dda UHB -
Chief Operating
Officer), James
Severs (Hywel Dda
UHB - Executive
Director of Allied
Health Professions
and Health Science)**

| For assurance

Attachments

[HSC Corporate Risk Report January 2025 FINAL.pdf](#)

[Appendix 2 - Health Safety Corporate Risk Register.pdf](#)

**PWYLLGOR IECHYD A DIOGELWCH
HEALTH & SAFETY COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 January 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Corporate Risks Assigned to Health and Safety Committee (HSC)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer James Severs, Director of Allied Health Professionals and Health Sciences Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Director of Corporate Governance / Board Secretary Charlotte Wilmshurst, Assistant Director of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

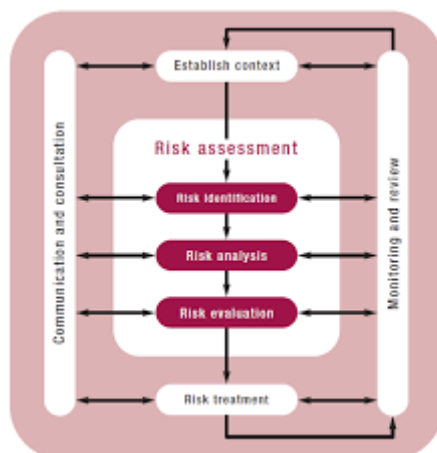
**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Health and Safety Committee (HSC) is asked to request assurance from Executive Directors that the corporate risks in the attached report are being managed effectively.

Cefndir / Background

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.



(Risk Management Process, ISO 31000)

The Board's Committees are responsible for the monitoring and scrutiny of corporate level risks within their remit. As such, they are responsible for:

- Seeking assurance on the management of risks included in the Corporate Risk Register (CRR) and providing assurance to the Board that risks are being managed effectively, reporting areas of significant concern - for example, where risk appetite is exceeded, lack of action, etc.
- Reviewing operational risks over tolerance and, where appropriate, recommending the 'acceptance' of risks that cannot be brought within Hywel Dda University Health Board's (HDdUHB's) risk appetite/ tolerance to the Board.
- Identifying through discussions any new/ emerging risks and ensuring that these are assessed by management.
- Signposting any risks outside their remit to the appropriate UHB Committee.
- Using risk registers to inform meeting agendas.

These risks have been identified by individual Directors via a top-down and bottom-up approach, and are either:

- Associated with the delivery of HDdUHB's objectives; or
- Significant escalated operational risks that are of significant concern and require corporate oversight and management.

Each risk on the CRR has been mapped to a Board level Committee to ensure that these risks are being managed appropriately, taking into account the gaps, planned actions and agreed tolerances, and to provide assurance to the Board through Committee Update Reports regarding the management of these risks.

The process for risk reporting and monitoring within HDdUHB is outlined at Appendix 1.

Asesiad / Assessment

The HSC Terms of Reference reflect the Committee's role in providing assurance to the Board that principal risks are being managed effectively by the risk owners (Executive Leads).

The Terms of Reference state that the Committee will:

3.15 Provide assurance that risks relating to health, safety, security, fire and service/ business interruption/ disruption are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate) and provide assurance that effective risk assessments are undertaken and addressed.

There are 5 corporate risks aligned to HSC from the 21 risks currently identified on the CRR, as the potential impacts of these risks relate to the health and safety of patients, staff and visitors.

The 5 corporate risks have been entered onto a '*risk on a page*' template, which includes information relating to the strategic objective, controls, assurances, performance indicators, and action plans to address any gaps in controls and assurances. Due to the sensitive nature of risk 1860 – *There is a risk of serious harm to staff due to violence & aggression in the workplace* and risk 1861 - *Risk of harm to staff, patients public and critical assets due to insufficient physical security measures and systems*, the detail is being reported to in-committee to provide discussion and assurance.

Details on the 3 remaining risks assigned to HSC are included in Appendix 2.

Changes since the previous report presented to HSC at its meeting on 10 September 2024:

Total Number of Risks	5
New risks	0
Risks that are no longer included in the report	0
Increase in risk score ↑	0
No change in risk score →	5
Reduction in risk score ↓	0
Extreme (red) risks (based on 'Current Risk Score')	4
High (Amber) risks (based on 'Current Risk Score')	1

Note 1

Note 1 – No change in risk score

Since the previous report, there has been no change in the following risk scores:

Risk Reference & Title	Date risk identified	Lead Director	Current Risk Score	Update	Target Risk Score
1861 - Risk of harm to staff, patients public and critical assets due to insufficient physical security measures and systems	06/06/24	Director of Allied Health Professionals and Health Sciences	4x4=16 (Reviewed 20/12/24)	Detail provided to HSC In-Committee	3x3=9
1860 - Risk of serious harm to staff due to violence & aggression in the workplace	06/06/24	Director of Allied Health Professionals and Health Sciences	3x5=15 (Reviewed 23/12/24)	Detail provided to HSC In-Committee	3x3=9
1745 – Risk of not being able to safely deliver services due to ageing estate and infrastructure across the Health Board	02/08/23	Chief Operating Officer	5x3=15 (Reviewed 11/12/24)	The current risk score is based upon the level of detailed information the Estates department has for its buildings, plant and infrastructure, including external reports, risk information and Estates and Facilities Performance Management System (EFPMS) data submitted to Welsh Government (WG), clearly articulating the scale of backlog and deficiencies across the Health Board. The programme business case (PBC) has been	5x2=10

				<p>under development with WG since 2018/19.</p> <p>NHS Wales Shared Services Partnership (NWSSP) has supported a three year investment programme for major infrastructure. WG are in support of this plan (with a £5m capital expenditure limit per year), however they have not yet supported the fees to deliver the three year programme.</p> <p>The current funding status is WG support for Year 1 of a three year plan in 2024-25 together with a small number of priority schemes. Negotiations are ongoing with WG to secure funding for the three year plan but unable to confirm a date as yet.</p> <p>At present, minimal funding has been received circa £1.5m for lift shaft improvements at BGH and electrical infrastructure at GGH, with fees for the first year of plan secured.</p>	
813 - Risk of non-compliance with the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure	01/10/19	Chief Operating Officer	5x3=15 (Reviewed 11/12/24)	<p>Phased Fire Safety Improvement works are ongoing across sites, with significant investments being made to address the recommendations in the Mid and West Wales Fire and Rescue Service (MWWFRS) letters and Enforcement Notices.</p> <p>All programme dates have been agreed with the Health Board, WG and MWWFRS senior inspecting officers, with completed actions reviewed to determine the</p>	5x1=5

				<p>risk score as works are progressed.</p> <p>MWWFRS letter of January 2023 confirmed that the presentation delivered by the Estates service in December 2022 was extremely well laid out and provided MWWFRS with an accurate account of the Health Board's current position and the agreed timeframes for completion. MWWFRS confirmed they are comfortable with the current position.</p> <p>Extensions of time particularly for GGH Phase 1 (November 2024) and GGH Phase 2 (June 2025) have been fully agreed by MWWFRS. WGH Phase 2 date is still to be arranged.</p> <p>The BORIS system is now in place and all fire risk assessments have been transferred across. A paper was submitted to the HSC in November 2024 indicating this achievement and a high level summary of the Estates and Hospital Management Risks.</p> <p>Currently, the risk is felt to still be extreme until further progress is made on the above fire safety improvement works. This will be reviewed regularly.</p>	
1433 - Risk to the ability to maintain routine and emergency services in the event of a severe pandemic	01/05/22	Director of Public Health	4x3=12 (Reviewed 12/12/24)	The national security and risk assessment was reviewed and re-published in November 2022; this remains unaltered. The previous pandemic influenza risk has been changed into two new risks, a generic pandemic	4x2=8

				<p>event and an emerging infectious diseases.</p> <p>The current likelihood is scored at 3 to reflect the risk of the Health Board being unable to respond to the scale and severity of the pandemic - not the likelihood of the pandemic actually occurring.</p>	
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The heat map below includes the risks currently aligned to HSC:

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5			813 (→) 1745 (→) 1860 (→)		
MAJOR 4			1433 (→)	1861 (→)	
MODERATE 3					
MINOR 2					
NEGLIGIBLE 1					

Argymhelliad / Recommendation

The Health & Safety Committee is requested to:

- **RECEIVE ASSURANCE** that all identified controls are in place and working effectively.
- **RECEIVE ASSURANCE** that all planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises.
- Challenge where assurances are inadequate.

This in turn will enable the Committee to provide the necessary assurance to the Board, through its Committee Update Report, that HDdUHB is managing these risks effectively.

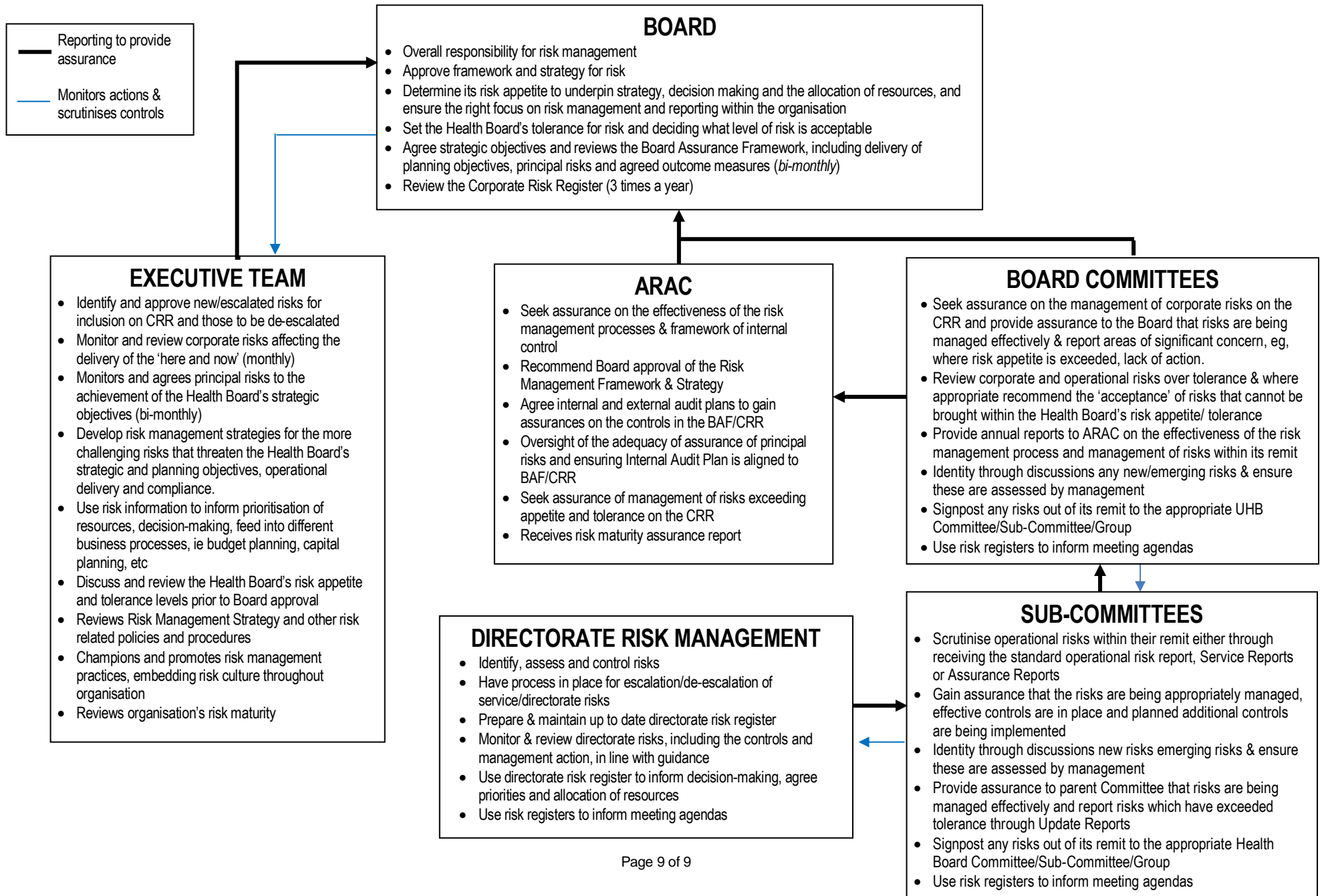
Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.15 Provide assurance that risks relating to health, safety, security, fire and service/ business interruption/ disruption are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate) and provide assurance that effective risk assessments are undertaken and addressed.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained within the report
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)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
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:	Underpinning risk on the Datix Risk Module from across HDdUHB's services reviewed by risk leads/owners.
Rhestr Termiau: Glossary of Terms:	<p>Current Risk Score - Existing level of risk taking into account controls in place.</p> <p>Target Risk Score - The ultimate level of risk that is desired by the organisation when <u>planned</u> controls (or actions) have been implemented.</p> <p>Tolerable risk – this is the level of risk that the Board agreed for each domain in September 2018 – Risk Appetite Statement.</p>

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Not Applicable.
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Gweithlu: Workforce:	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Risg: Risk:	No direct impacts from report, however, organisations are expected to have effective risk management systems in place.
Cyfreithiol: Legal:	No direct impacts from report, however, proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: Reputational:	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks.
Gyfrinachedd: Privacy:	No direct impacts.
Cydraddoldeb: Equality:	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No




Appendix 1 – Committee Reporting Structure



Risk Ref	Risk (for more detail see individual risk entries)	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Nov-24	Trend	Target Risk Score	Risk on page no...
813	Risk of non-compliance with the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure	Carruthers, Andrew	Statutory duty/inspections	8	3×5=15	3×5=15	→	1×5=5	3
1745	Risk of not being able to safely deliver services due to ageing estate and infrastructure across the Health Board	Carruthers, Andrew	Safety - Patient, Staff or Public	6	3×5=15	3×5=15	→	2×5=10	8
1433	Risk to the ability to maintain routine and emergency services in the event of a severe pandemic	Gjini, Ardiana	Service/Business interruption/disruption	6	3×4=12	3×4=12	→	2×4=8	11

Assurance Key:

3 Lines of Defence (Assurance)		
1st Line	Business Management	Tends to be detailed assurance but lack independence
2nd Line	Corporate Oversight	Less detailed but slightly more independent
3rd Line	Independent Assurance	Often less detail but truly independent

Key - Assurance Required		<i>NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you</i>
	Detailed review of relevant information	
	Medium level review	
	Cursory or narrow scope of review	

Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective and in proportion to the risk
INSUFFICIENT	Insufficient information at present to judge the adequacy/effectiveness of the controls

Date Risk Identified:	Oct-19
Strategic Objective:	3. Striving to deliver and develop excellent services

Executive Director Owner:	Carruthers, Andrew	Date of Review:	
Lead Committee:	Health and Safety Committee	Date of Next Review:	Jan-25

Risk ID:	813	Principal Risk Description:	<p>There is a risk of failing to fully comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005 (RRO).</p> <p>This is caused by</p> <ol style="list-style-type: none"> 1: The age, condition and scale of physical backlog, circa £20m (+) relating to fire safety (i.e. non compliant fire doors, compartmentation defects and general fire safety management issues) across our estate significantly affects our ability to comply with the requirements of the RRO in every respect. 2: Difficulties managing the actions within the current fire safety risk assessment system - to enable complete transparency and ongoing management of actions assigned to responsible persons. The new Boris system will address this issue. 3: Management responsibilities for fire safety not fully understood by all responsible managers. 4: Fire safety training attendance figures are not reaching HB agreed targets. <p>This could lead to an impact/affect on the safety of patients, staff and general public, HSE investigations and further fire brigade enforcement (already served on Withybush and Glangwili General Hospitals), fines and/or custodial sentences, adverse publicity/reduction in stakeholder confidence.</p>
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Risk Rating: (Likelihood x Impact)	
Domain:	Statutory duty/inspections
Inherent Risk Score (L x I):	4x5=20
Current Risk Score (L x I):	3x5=15
Target Risk Score (L x I):	1x5=5
Tolerable Risk:	8

Trend:	← →
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Does this risk link to any Directorate (operational) risks? 708, 951, 503

Rationale for CURRENT Risk Score:

Phased fire safety improvement works are ongoing across our sites, with significant investments being made to address the recommendations in the Mid and West Wales Fire and Rescue Service (MWWFRS) letters and Enforcement Notices.

All programme dates have been agreed with the Health Board, Welsh Government (WG) and MWWFRS senior inspecting officers. We intend to review the progress of our completed actions to determine the risk score as we progress with these works.

MWWFRS letter dated 20/01/23 confirms the presentation that the Estates service delivered to them on 08/12/22 was extremely well laid out and provided MWWFRS with an accurate account of the health boards current position and the agreed timeframes for completion. MWWFRS confirmed they are comfortable with the current position.

Extensions of time particularly for GGH Phase 1 (Nov 24) and GGH Phase 2 (30th June 2025) have been fully agreed by MWWFRS. WBH phase 2 date TBA.

The BORIS system is now in place and all fire risk assessments have been transferred across. A recent paper was submitted to the HSC indicating this achievement and a high level summary of the Estates and Hospital Management Risks.

Currently, the risk is felt to still be extreme until further progress is made on the above Fire safety improvement works. This will be reviewed regularly.

Rationale for TARGET Risk Score:

Further improvements in culture and ownership for fire safety. It is the scale of physical backlog for fire safety compliance (additional surveys) that will remain until appropriate measures are put in place to address the deficit.

Despite annual investment from statutory capital for fire safety components (circa £200k), the scale of current investment is clearly not adequate to address the true scale of backlog the UHB has.

It is anticipated that when training attendance levels specifically for L2 training have reached > 85% targets and are sustained at this level continuously, coupled with the completion of key fire safety investment programmes and phases across our acute sites (completing in circa April 2025), the HB will then be in an informed position to look at the reduction of risk score for risk 813. This decision will be reviewed regularly.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
<p>Pre Planned Maintenance (PPM) checks are carried out across the UHB on fire safety components.</p> <p>A detailed physical estates backlog system is in place that identifies the scale (£) and risk of backlog for UHB. Data used to manage backlog maintenance & statutory decision making also regularly reported to WG.</p> <p>Extensive fire safety improvement works are being undertaken at WBH, GGH and at BGH from WG agreed funding (EFAB bids for BGH and funding and From submitted business cases), with phased timelines fully agreed with MWWFRS. Regular communications and dialogue is taking place between HB and MWWFRS.</p> <p>Individual Fire Risk Assessments (FRA's) in place for all sites across the UHB identifying fire related risks.</p> <p>Training Needs Analysis (TNA) for fire safety training in place, as defined in Fire Policy.</p> <p>UHB has implemented a governance structure for fire safety reporting.</p> <p>Estate plans with fire zones, fire doors, fire compartmentation, fire infrastructure items (alarm and detection system).</p> <p>UHB assesses its performance in respect of operational maintenance work carried out on fire safety components and presents this information as a formal paper at all UHB wide fire safety meetings.</p> <p>Annual prioritisation of investment against high risk backlog.</p> <p>Internal governance review (2019/20) initiated by the CEO and all action implemented from review.</p> <p>The HB has now embedded a fully resourced fire safety management team, with appropriate reporting arrangements for fire safety and addressing the backlog of out of date fire risk assessments across the UHB.</p> <p>The UHB has improved fire safety management culture and management ownership for fire safety.</p> <p>The fire team will also look to implement a regular training global e-mail as a reminder for staff on when and how to book a session.</p>

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<p>Despite significant investments already in place following enforcement notices and letters of fire safety matters, additional investment is required to address fire safety defects at other sites within the UHB, which are being inspected by MWWFRS. We have firm plans in place to address a range of fire safety projects over the coming years and these are all fully identified as actions within this risk with anticipated timelines.</p> <p>Not all managers who are assigned actions on Boris are regularly accessing the system to close off their actions. Despite recent invitations for staff to attend training sessions.</p> <p>Fire safety training performance (for L2) is currently below the agreed level at (85%) as set by MWWFRS for WBH and GGH (sites under enforcement).</p> <p>Despite making improvements to the culture of fire safety management and ownership, the HB does need to ensure this is organisational wide and embedded within it's workforce and cascaded by management.</p>	<p>Implementation of a new software system to manage the content of the HB's fire risk assessments. Boris software has now been purchased and is currently being implemented. Date agreed as part of internal fire safety governance review.</p>	Evans, Paul	Completed	<p>Boris software now purchased Dec 2020, initial implementation planned for March 2021. Implementation of risk assessments will now be planned for July 2021. System now supports the use of mobile technology therefore risk assessments can be completed live on the system.</p> <p>System now being tested on site, fully operational by Jan (now Feb) 2022</p>
	<p>Additional fire surveys are required across various sites to obtain costs for all fire compartmentation defects, doors, fire alarm systems and other associated items.</p>	Evans, Paul	Completed	<p>fire safety team and compliance team are working with site operations to determine what the gaps are and to agree what surveys will be required.</p>
	<p>Introduce new innovative ways of improving fire training attendance across the HB to increase the percentage figures agreed and set by the HB.</p> <p>As part of the next risk review the fire team intend to split this action into individual sections so we can track and close off action as and when completed.</p>	Evans, Paul	Completed	<p>The fire safety team have been trialing the use of MS teams for L2 Fire training, which has proved to be very successful. We are planning to roll this out to other areas of fire training levels, such as L5/L4 & L3. This will have a positive impact on staff being able to attend the session. We will need to improve communications on this and to ensure staff are made fully aware of the sessions taking place and the dates.</p>
	<p>To introduce ways to help improve the culture and ownership of fire safety across the HB. Although management training is taking place at the "Managers Induction Programme" and this is well received. The HB still needs to do more to avoid areas of poor practice that is sometimes identified.</p>	Evans, Paul	Completed	<p>To look at improving the current training content and programme that's currently on offer for management. Regular global communications of do's and don'ts. Having a fire safety share point system, with links to interesting info on effective fire safety management.</p>

Works already completed following issue of Enforcement Notices and LoFSM at various sites. For EN sites (WBH and GGH) - Advanced Works to vertical escape routes now completed. Also improvements carried out under LoFSM at Tregaron, Bronglais, Glangwili and Withybush Hospitals.

Level 1 & 2 Fire Safety training is delivered via Teams. Level 3 Fire Safety training is provided face to face. Level 4 training (Fire Safety Warden training) is also a face to face session, with an external trainer. Level 5 training is provided on Teams as part of the H&S Managers induction training. There is an improving performance in terms of uptake of training (except for L2).

Boris fire safety system implemented across the UHB, giving the ability to review all risks from fire risk assessments via a dashboard and risk ownership.

Fire Team issued recent Global communications to request additional Fire Safety Wardens, to seek engagement from staff and colleagues across the Health Board.

RAAC plank surveys are also being undertaken at the same time as the fire works to minimise the disruption to clinical services where at all possible.

Now the new Boris fire safety system is being implemented across the HB (training planned for June 22 for staff), fire risk assessment actions from this need to be monitored by those responsible. These actions need to be communicated at all fire safety sub groups and fed to the HB wide FSG for complete transparency.	Evans, Paul	Completed	System now live in the HB and staff training programme in place. From this point all fire risk assessment actions will be closely monitored using this system.
Introduce a system to manage fire risk assessment recommendations more effectively. System to have the ability to assign risks to risk owners, to track/manage risk and to demonstrate progress on the actions.	Evans, Paul	Completed	The fire team are utilising the current system as best as possible. An Excel system is being introduced (completion Jun20) however a more robust automated system is needed by the HB to track the significant number of actions. Progressing this has been delayed due to COVID-19, however quotes have now been obtained and are under discussion with the Director of Facilities. Approval has now been provided to purchase a system. Completion date for system trial on site by July 2021. System now being tested on site on a few Fire Risk Assessments, we plan to go fully live in Nov/Dec 2021.
Establish a teams training platform to deliver the level 3 and level 4 fire safety training programmes. Although this will also be supported by face to face sessions.	Evans, Paul	Completed	Following a review of level 3 & 4 fire safety training programmes it has been established that these cannot be delivered via Teams. These are now delivered as follows: Level 3 training has been reviewed and requires a face to face practical delivery. Level 4 training (Fire Safety Warden training) is also a face to face session, with an external trainer.
WBH - Completion of Phase 1 works - For all remaining horizontal escape routes.	Elliott, Rob	Completed	Completed on Dec 15th 2023

WBH - Completion of Phase 2 works - For all departments, ward areas and risk rooms.	Elliott, Rob	30/04/2025 30/04/2025	<p>Full agreement has now been reached with Welsh Government (WG)/NHS Wales Shared Services Partnership - Special Estates Services (NWSSP- SES) to change the procurement approach for Phase 2. This following a wide-ranging lessons learned exercise undertaken jointly with NWSSP-SES.</p> <p>Noting the change in procurement and the new appointments the HB will be making we need to consider now formally the future programme for Phase 2. This is currently being reviewed by the full team and will be reported to the next Phase 2 Fire Project Team.</p>
GGH - Completion of Phase 1 works - For all remaining horizontal escape routes.	Elliott, Rob	28/04/2023 22/01/2024 31/10/2024 31/07/2024 31/12/2024 30/11/2024 31/01/2025	<p>Completion by the end of November 2024. This programme is being maintained but there is potential for a small amount of slippage taking the completion date into Jan 2025.</p>
GGH - Completion of Phase 2 works - For all departments, ward areas and risk rooms.	Elliott, Rob	30/04/2024 30/08/2024 30/06/2025	<p>The MWWFRS have now formally extended the FEN to 30/06/2025. Further extensions will be necessary, and we will work closely with MWWFRS to manage this process as the works proceed.</p> <p>We have already briefed the MWWFRS on GGH Phase 2 programme uncertainty given the revised approach which will be necessary. We agreed to keep in close contact on this as the project develops to keep MWWFRS fully informed.</p>
Develop a Fire Training information pack for distributing to agency staff across all 4 sites.	Elliott, Rob	Completed	<p>Completed - We have supported the HoN on this recommendation and issued our current training material to all agency companies. We will continue to support the HoN with any new welcome packs they introduce.</p>
To ensure all fire risk assessments are transferred from NWSSP-SES system to Boris	Evans, Paul	Completed	<p>Boris system transfer now completed, review of data now being undertaken</p>

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
Maintain a zero or as low as possible number of outstanding fire risk assessments. Monitor the number of risks now held in the new Boris Fire Safety System.	Bimonthly review of outstanding actions from fire risk assessments	1st	
	Site Fire wardens reporting fire safety issues	1st	
	Annual Online Fire Audit Self Assessment submitted to NWSSP	1st	
	Review of compliance through fire safety groups	2nd	
	4 Fire Safety Sub Groups (one at each site) which report into the UHB wide Fire Safety Group (reporting into the HSC)	2nd	
	Fire Safety SBAR reports regularly issued to HSC	2nd	
	Fire inspections by Fire Service & Fire Improvement Notices	3rd	
	NWSSP fire advisor inspections	3rd	
	NWSSP IA Fire Precautions Follow Up May-18 - Reasonable Assurance	3rd	
	IA Fire Governance follow up in July 2022 - Substantial assurance.	3rd	
	IA WGH Fire Precautions Works: Phase 1 in Aug 22 - Reasonable rating.	3rd	
High level action plan meeting with MWWFRS (Dec 8th 22) - with very positive comments received from then on our commitment to improve fire safety performance.	2nd		

Control RAG Rating (what the assurance is telling you about your controls)

Latest Papers (Committee & date)
IA Fire Precautions Report - ARAC Jun18
SBAR submitted to each HSAC meeting, which includes themes of all fire safety risks.
Boris Fire Safety System (UPDATE) and Fire Training Performance SBAR's submitted to Sept 24 HSAC.

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
General site management checks/walkarounds on all sites				

Date Risk Identified:	Aug-23
Strategic Objective:	

Executive Director Owner:	Carruthers, Andrew	Date of Review:	
Lead Committee:	Health and Safety Committee	Date of Next Review:	Jan-25

Risk ID:	1745	Principal Risk Description:	There is a risk of not being able to deliver safe, effective and timely services across the HB estate, including acute, community and mental health facilities. This risk also impacts the HB's non clinical estate, educational facilities and managed practices. This is caused by further deterioration of our aging buildings and infrastructure with significant amount of the estate beyond its life expectancy. Multiple points of failure, delays in addressing reported defects and limited capital to address the increasing backlog of estate environmental issues. This could lead to an impact/affect on patient experience, our ability to deliver care in line with expected standards resulting in increased scrutiny and critical reports from auditors, regulators and inspectorates, such as HIW and HSE, and decreased public confidence and perception of our services, facilities and estate environment. Impacts also include increasing revenue costs to supplement the lack of capital funding available required to react to emerging issues, ability to comply with the Health and Safety at Work Act, including other legal regulations and engineering guidance documents such as Welsh Health Technical Memorandums (WHTMS).
Does this risk link to any Directorate (operational) risks?			1795,33,39

Risk Rating:(Likelihood x Impact)	
Domain:	Safety - Patient, Staff or Public
Inherent Risk Score (L x I):	4x5=20
Current Risk Score (L x I):	3x5=15
Target Risk Score (L x I):	2x5=10
Tolerable Risk:	6
Trend:	↔

Rationale for CURRENT Risk Score:

The current risk score is based upon the level of detailed information the Estates department has for its buildings, plant and infrastructure, including external reports, risk information and Estates and Facilities Performance Management System (EFPMS) data submitted to Welsh Government (WG), clearly articulating the scale of backlog and deficiencies across the Health Board.

The programme business case (PBC) has been under development with WG since 2018/19.

NHS Wales Shared Services (NWSSP) has supported a 3 year investment programme for Major Infrastructure. WG are in support of this plan (With a £5m capital expenditure per year limit), however they have not yet supported the fees to deliver the 3 year programme.

The current funding status is WG support for year 1 of a 3 year plan in 2024-25 together with a small number of priority schemes. Negotiations are ongoing with WG to secure funding for the 3 year plan but unable to give a date as yet.

At present minimal funding has been received circa £1.5m for lift shaft improvements at BGH and Electrical Infrastructure at GGH, with fees for the first year of plan secured.

Rationale for TARGET Risk Score:

The target risk score, is directly linked to the amount of funding the Health Board (HB) will receive to address the current issues faced across the organisation and our ability to successfully deliver these improvements to reduce risk. ☒

Key CONTROLS Currently in Place:
(The existing controls and processes in place to manage the risk)

Planned and Preventative Maintenance regimes

CAFM system to report and prioritise breakdowns across site. Questionnaires have now been included in CAFM, to measure the performance of our maintenance service. Also to feedback any suggestions on improvements.

Condition appraisals (estate survey) and NWSSP-SES audits

Backlog database identifies costs of works across the estate

Operational Estates staff on site to deal with breakdowns (on-call 24/7)

EFAB funding to support DCP (£5.5m over 2 years 2023/24 & 2024/25)
WG additional funding in 24/25 for priority items.

Risks are identified by Estates and services and these inform prioritisation of DCP funding

Skilled and trained Estates workforce in place.

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Limited Discretionary Capital Programme (DCP) funding to address the £124m backlog	Undertake general environmental monthly walkarounds across the 4 acute sites to increase understanding and proactive management of day to day estate defects.	Evans, Paul	Completed	Completed
WG support for the Major Infrastructure Programme has not been confirmed	Development of Major infrastructure Programme for 4 main hospitals and securing external funding	Elliott, Rob	31/03/2024 31/12/2024 31/03/2025	NWSSP Shared Services has supported a 3 year investment programme for Major Infrastructure. WG are in support of this plan (With a £5m CapX per year limit) however they have not yet supported the fees to deliver the 3 year programme. Note reductions of plans from earlier proposals costing several hundred millions, which WG were unable to support. Current funding status is WG support for year 1 of a 3 year plan in 2024-25 together with a small number of priority schemes. Negotiations are ongoing with WG to secure funding for the 3 year plan but unable to give a date. A revised date for this action has been included and will be reviewed if the situation changes. At present minimal funding has been received circa £1.5m for lift shaft improvements at BGH and Electrical Infrastructure at GGH, also secured are the fees for 1st year plan. Risk actions will be reviewed quarterly.
Statutory, mandatory and essential maintenance jobs are prioritised over routine helpdesk jobs (on average only 50% of helpdesk jobs are completed)				
Reduction in annual capital funding and statutory allocations to address key items.				
Increased backlog of circa £250m				

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Undertake general environmental quarterly walkarounds for all community in-patient facilities (including Mental Health facilities) to increase understanding and proactive management of day to day estate defects.	Evans, Paul	Completed	Completed
AHMWW PBC submitted to WG in February 2022 remains not endorsed. Agreement required with Welsh Government on next steps and broader strategic direction.	Davies, Lee	31/10/2024	Nuffield Trust report on clinical strategy received and presented to Board. Management response to be agreed through SDODC. Meeting arranged with Deputy Chief Executive, NHS Wales and Director of Finance, NHS Wales.

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance
			Current Level
	Regular review of 'environment' themed risks identified on operational service risk registers	1st	
	Feedback questionnaire on CAFM maintenance system to measure effectiveness of maintenance service and to offer additional feedback or suggestions on all closed maintenance requests	1st	
	Health and Safety Committee review of risks above tolerance	2nd	
	Independent Member & Executive Director Walkabouts	2nd	
	External surveys are undertaken	3rd	
	NWSSP-SES Internal Audit on Estates Condition (Limited Assurance)	3rd	

Control RAG Rating (what the assurance is telling you about your controls)
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Latest Papers (Committee & date)

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress

Date Risk Identified:	May-22
Strategic Objective:	4. The best health and wellbeing for our individuals and families and our communities

Executive Director Owner:	Gjini, Ardiana	Date of Review:	Oct-24
Lead Committee:	Health and Safety Committee	Date of Next Review:	Dec-24

Risk ID:	1433	Principal Risk Description:	There is a risk the Health Board being unable to maintain routine and emergency service provision across the organisation in the event of a severe pandemic event. This is caused by a novel virus (or emerging variant or mutation of concern) causing a pandemic as declared by the World Health Organisation (WHO) and the subsequent ability of the Health Board to respond to the scale and severity of the outbreak. This could lead to an impact/affect on patients being able to access appropriate and timely treatment, the UHB being able to maintain safe and effective levels of staffing, financial loss, adverse publicity/reduction in stakeholder confidence, increased mortality and ill-health across our population.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Service/Business interruption/disruption
Inherent Risk Score (L x I):	4x5=20
Current Risk Score (L x I):	3x4=12
Target Risk Score (L x I):	2x4=8
Tolerable Risk:	6
Trend:	

Rationale for CURRENT Risk Score:
 The national security and risk assessment was reviewed and re-published in November 2022, this remains unaltered. The previous pandemic influenza risk has been changed into 2 new risks, one generic pandemic event and 2 emerging infectious diseases. Current likelihood scored at a 3 to reflect the risk of the Health Board being unable to respond to the scale and severity of the pandemic - not the likelihood of the pandemic actually occurring.

Rationale for TARGET Risk Score:
 A Cabinet Review of Influenza Preparedness was due just prior to COVID-19 which delayed publication. This workstream has now recommenced and together with outcomes and learning points from COVID-19 will inform our future planning approach for pandemic response. The Government Respiratory Pandemic Guidance is now due late Summer 2024. It is hoped to reduce either the likelihood and/or impact score following consideration and implementation of these reviews/recommendations and subsequent review of internal planning arrangements.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
# Major Incident Plan (detailing internal command and control structures) # Well established command and control structures for managing pandemic response both nationally and locally # Continuation of current COVID-19 national vaccination programme until at least March 2025 # Extensive knowledge across Health Board in managing a pandemic event # COVID-19 response measures which can be adapted to respond to any future pandemic event # Local Resilience Forum (LRF) multi-agency plans for managing pandemic influenza (approved by Strategic LRF 14/11/18 now under review also awaiting the Gov Respiratory Pandemic Guidance) # LRF Excess Deaths Plan (which supports the LRF multi-agency pandemic influenza management arrangements) developed as a recommendation from Exercise Cygnus. Plan was ratified by the LRF Health Group. # Health Board Pandemic Influenza Response Framework and associated plan(currently under review) # Quality assurance process via national & local exercise programmes. # Access to national counter measures stockpile # Surge Plans in place to enable HB to respond to future spikes/waves of infection requiring recommencement of contact tracing, testing & vaccination # Continuous learning from COVID-19 # Pandemic Planning Group re-established		Pandemic Response Framework reviewed which broadens remit from Influenza focus to generic pandemic events.	Hussell, Sam	31/01/2024 31/05/2024 31/08/2024 31/10/2024 31/12/2024 28/02/2025	Awaiting publication of UK Gov Respiratory Pandemic Planning Guidance prior to progressing to ratification process. Delayed due to election process.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
	Planning via Emergency Preparedness, Resilience & Response (EPRR) including LRF workstream reports to Health & Safety Committee	1st			Vaccine Equity Strategy - Board 30 May 2024 Vaccination Delivery Programme Update - Board via SDODC (Sep 23) Major Incident Plan - Board via HSC (Jul 23 and scheduled for July 2024)	None identified.				
	Operational pandemic reporting structures from HB to WG	2nd								
	National, regional & local command & control structures	2nd								
	National groups operational for vaccination programme planning & delivery	3rd								
	Emergency Planning Advisory Group (EPAG) Wales meetings re Pandemic response and future planning	3rd								

2 - HEALTH AND SAFETY UPDATES

2.1

11:00 AM, 0 Mins

2.1 - Staff/Patient Story

Feedback on the staff and patient experience of RAAC

TBC

| For discussion

2.2

11:00 AM, 0 Mins

2.2 - Reinforced Autoclave Aerated Concrete (RAAC) Update

Simon Chiffi (Hywel Dda UHB - Head of Operations), Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

| For information

Attachments

[HSC SBAR RAAC Planks at WGH 14 January 25.pdf](#)

PWYLLGOR IECHYD A DIOGELWCH HEALTH & SAFETY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 January 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Reinforced Autoclave Aerated Concrete (RAAC) Planks
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Simon Day, Head of Operations

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report provides an update to this Committee following the previous report on 7 May 2024.

Cefndir / Background

Reinforced Autoclave Aerated Concrete (RAAC) is a material used in construction in many buildings between the 1960s and 1990s. Its presence has been confirmed in a range of National Health Service (NHS) properties across the United Kingdom (UK) and includes several properties in Wales.

All actions now being undertaken by the Hywel Dda University Health Board (HDdUHB) are fully aligned to revised industry guidance which was updated in early 2023.

This new industry guidance is based on more intensive research which has shown that this material has a far lower structural loading capacity than other generic reinforced concrete products. Due to this fact, there is a risk of structural collapse should the product fail. The condition of RAAC Planks has been shown to deteriorate if water is present due to roof leaks etc, which can compromise the reinforcement bars contained within these planks.

As previously reported, we met with a Health & Safety Executive (HSE) inspector at WGH who raised a number of standard questions on how HDdUHB have approached the RAAC challenge. A significant amount of information has been supplied to the HSE and all questions fully responded to. In relation to RAAC, the HSE Inspector found appropriate surveys had been carried out, the condition of the RAAC assessed by competent persons and recommendations for remediation had been/were being implemented.

Asesiad / Assessment

Capital work is progressing well and to programme.

The capital delivery and expenditure in 2023/24 was successfully completed and signed off with Welsh Government (WG). The 2024/25 funding is fully agreed, and we meet regularly with WG/NHS Wales Shared Service Partnership (NWSSP) in refining spend profiles as the financial year progresses.

We are now delivering the 2024/25 programme as detailed below:

- Tender 1 (Outpatient Department (OPD) A) complete & (Kitchen) fully operational.
- Tender 2 (OPDB) completion by 20/12/2024.
- Tender 3 (Other G/F) completion by 28/02/2025.
- Tender 4 (Plant Room & OPD Roof) completion by 14/03/2025.

In addition, surveys of the whole HB estate freehold and leasehold portfolio was undertaken in 2023/24 to check for the presence of RAAC with specialist engineers Curtins. The report identified further area at Bronglais General Hospital (BGH) site i.e. 4 rogue planks. This exercise identified no further RAAC planks across the estate, other than previously reported at Withybush General Hospital (WGH) and BGH sites.

Following the decision to stand down the RAAC control group, a further decision was made on 14 November 2024 to stand down the Estates & Facilities Control group. To ensure the impact on Estates & Facilities is managed the responsibility all RAAC maintenance or issues will now be left with Operations Teams to manage as the normal daily business, checks and maintenance routines. All management of the Capital Schemes up to Mar 2025 and beyond into defects periods will now be managed as a normal capital project under the guidance of Design Team. This will include any engagement with local hospital management teams going forward.

It should be noted that the capital works and approved funding will only cover remediation repairs to Phase 1 and Phase 2 Planks (critical and high-risk respectively). Of note this work included a phased replacement of the flat roof covering above the Outpatients RAAC impacted roof. Further RAAC impacted roof replacements are being proposed to address all the flat roofs above RAAC and the main hospital roof.

The HDdUHB will continue to live with RAAC and be required to manage the risk posed by RAAC at its sites at WGH and BGH, until such time as the RAAC is removed. The 'Amber' risk planks and 'Green' risk planks will require regular inspection. In terms of ongoing inspections, the HDdUHB has commissioned Curtins to undertake re-inspections of the RAAC, initially on a 12 monthly cycle in line with the engineer's advice, this based on current national guidance. These surveys have commenced for the second floor Wards and will be concluded in 2024/25 and are scheduled for the remaining ground floor areas in 2025/26. The RAAC reinspection programme for 2024/25 is detailed below:

WGH RAAC: CURTINS RE-SURVEY INSPECTIONS SECOND FLOOR	235 days	Mon 22/04/24	Fri 14/03/25
Ward 9: Re-survey Inspections (Complete)	15 days	Mon 22/04/24	Fri 10/05/24
Ward 12: Re-survey Inspections (Complete)	20 days	Mon 20/05/24	Fri 14/06/24
Ward 7: Re-survey Inspections	15 days	Mon 18/11/24	Fri 06/12/24
Ward 10: Re-survey Inspections	25 days	Mon 09/12/24	Fri 10/01/25
Ward 8: Re-survey Inspections	15 days	Mon 13/01/25	Fri 31/01/25
Ward 11: Re-survey Inspections & Hoist Installation Work	30 days	Mon 03/02/25	Fri 14/03/25

In terms of future frequency of re-inspections these will be determined by guidance and the outcomes of the current surveys, but with scope to move to 2 – 3 yearly cycles of survey. This decision will be informed by the engineers' recommendations.

The funding needed to support this programme both in 2024/25 and 2025/26 has been submitted within financial plans for the Facilities Directorate. The annual reinspection charges will be in the order of £150k in 2024/25 and £150k 2025/26, plus additional maintenance costs to manage RAAC.

In addition to the above remediation work and future inspections the HDdUHB has now also established what changes are necessary to our normal maintenance works undertaken at WGH and BGH sites. The maintenance team have established control measures to restrict and have secured access to RAAC roof areas, RAAC risk identified on PPM and as part of the dynamic risk assessment process ensures the RAAC risk is identified and managed via permit and officer control in line with the plans and Standard Operating Procedures (SOPs). In addition, undertaking further measures around gutter cleaning, bespoke staff RAAC training and development of standard operating procedures and 3D models to manage access and identify marked walkways. Control measures are to be reviewed following the install of walkways systems to RAAC roofs as part of the tender 4 package to replace the Outpatients flat roof covering.

Summary

As noted above, the HDdUHB, through WG support, has undertaken extensive measures to ensure the risk posed by RAAC is as safe as it can be through the current works programme, reinspection surveys and established operating procedures.

The re-inspection programme continues to impact our clinical service delivery, with a need to close our wards and ground floor accommodation to arrange works and re-inspections. This financial year we are re-inspecting the 6 wards, meaning a full or partial ward closure a month at the time.

In terms of living with RAAC, it is worth highlighting that from industry and engineers feedback RAAC planks have surpassed their intended life expectancy (c. 30 years) and deteriorate with age (nearing 50 years in age at WGH) and the risk of significant failure increases with thermal and water exposure. This represents an ongoing risk at WGH site where there are significant water leakage issues with frequent failures in the main hospital roof and flat roofs. As noted, the Outpatients roof will be replaced in the current financial year, and future bids will be made to Estates Funding Advisory Board (EFAB) 3 Welsh Government funding on the remaining flat roofs above RAAC. The main roof project is subject to the Business Continuity & Major Infrastructure programme funding, a current high-risk matter for the HDdUHB to address with frequent and ongoing leaks.

This position cannot be sustained longer term so through the HBs strategic plans and continued discussions with WG there will need to an ongoing discussion to remove the planks at some stage. This is to ensure we minimise the impact on our clinical delivery, financial pressure and mitigate the risk of a future failure of RAAC. It is of note that the strategy in NHS England is to remove RAAC by 2035, with target investments being prioritised to hospitals where RAAC is present.

Argymhelliad / Recommendation

The Health and Safety Committee is asked to:

- **NOTE** the support funding from Welsh Government for the 2023/24 and 2024/25 Financial Years and the delivery programme of these works.

- **NOTE** the ongoing surveys of Reinforced Autoclaved Aerated Concrete Planks areas in the future and the expectation of further deterioration and further investment being necessary.
- **NOTE** that further updates will be presented at future Health and Safety Committee meetings.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>2.4: Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.</p> <p>2.6: Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1382 1699 1707
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable 6. All Apply
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	2.1 Managing Risk and Promoting Health and Safety Governance, Leadership & Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	5a Estates Strategies

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Within the report
Rhestr Termau: Glossary of Terms:	Within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol / Strategic Development and Operational Delivery Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Capital funding required to deliver the survey programme
Ansawdd / Gofal Claf: Quality / Patient Care:	Direct Impact on patient Environment. Ward decant being arranged to maintain capacity. Some risk that it will be challenging to maintain capacity dependent on the outcome of the survey findings
Gweithlu: Workforce:	Staffing impacts being mapped out by operational site teams with full HR support.
Risg: Risk:	The risk is identified on the corporate risk register. Targeted meetings being arranged to manage the programme, to include development of project specific risk register.
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	High potential for media and political interest. Communication team supporting the programme.
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

2.3

11:00 AM, 0 Mins

2.3 - Health and Safety Update Report

*Adam Springthorpe
(Hywel Dda UHB -
Health & Safety
Manager), Tim
Harrison (Hywel Dda
UHB - Head of
Health, Safety and
Security)*

| For assurance

Attachments

[SBAR HS Update Jan 2025 V2.pdf](#)

**PWYLLGOR IECHYD A DIOGELWCH
HEALTH & SAFETY COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 January 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health and Safety Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Tim Harrison, Head of Health, Safety and Security

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 to the Health and Safety Committee (HSC) provides information from the Health and Safety Executive (HSE) on emerging themes, recent prosecutions and learning from events. It has been prepared to compliment the paper titled Health and Safety Regulations Overview.

Cefndir / Background

The Health and Safety at Work etc Act 1974 (HSWA) is the primary piece of legislation covering occupational health and safety in Great Britain. This sets out duties which employers have towards their employees and members of the public, for healthcare providers this includes patients. Employees also have duties and responsibilities for themselves, the employer and to each other. The HSWA is an enabling act beneath which there are many statutory instruments (Regulations).

Costs of poor health and safety at work

HSE statistics reveal the human and financial cost of failing to address health and safety. The 2023/24 statistical report shows:

 <p>1.7 million</p> <p>Workers suffering from work-related ill health (new or long-standing) in 2023/24</p> <p>Source: Estimates based on self-reports from the Labour Force Survey for people who worked in the last 12 months</p>	 <p>0.8 million</p> <p>Workers suffering from work-related stress, depression or anxiety (new or long-standing) in 2023/24</p> <p>Source: Estimates based on self-reports from the Labour Force Survey for people who worked in the last 12 months</p>	 <p>0.5 million</p> <p>Workers suffering from work-related musculoskeletal disorders (new or long-standing) in 2023/24</p> <p>Source: Estimates based on self-reports from the Labour Force Survey for people who worked in the last 12 months</p>	 <p>£ 14.5 billion</p> <p>Annual costs of new cases of work-related ill health in 2022/23, excluding long latency illness such as cancer</p> <p>Source: Estimates based on HSE Cost Model</p>
 <p>0.6 million</p> <p>Workers sustaining a workplace non-fatal injury in 2023/24</p> <p>Source: Estimates based on self-reports from the Labour Force Survey</p>	 <p>61,663</p> <p>Employee work-related non-fatal injuries reported by employers under RIDDOR in 2023/24</p> <p>Source: RIDDOR</p>	 <p>138</p> <p>Workers killed in work-related accidents in 2023/24</p> <p>Source: RIDDOR</p>	 <p>£ 7.1 billion</p> <p>Annual costs of workplace injury in 2022/23</p> <p>Source: Estimates based on HSE Cost Model</p>
 <p>33.7 million</p> <p>Working days lost due to work-related ill health and workplace non-fatal injury in 2023/24</p> <p>Source: Estimates based on self-reports from the Labour Force Survey</p>	 <p>12,000</p> <p>Lung disease deaths each year estimated to be linked to past exposures at work</p> <p>Source: Counts from death certificates and estimates from epidemiological information</p>	 <p>2,257</p> <p>Mesothelioma deaths in 2022, with a similar number of lung cancer deaths linked to past exposures to asbestos</p> <p>Source: Counts from death certificates and estimates from epidemiological information</p>	 <p>£ 21.6 billion</p> <p>Annual costs of workplace injury and new cases of work-related ill health in 2022/23, excluding long latency illness such as cancer</p> <p>Source: Estimates based on HSE Cost Model</p>

Link to full report <https://www.hse.gov.uk/statistics/assets/docs/hssh2324.pdf>

Latest HSE news: Prosecutions

27 November 2024

A company has been fined £1.6m after a 24-year-old man was crushed to death.

Jack Phillips lost his life on 8 August 2019 while working for Brand Energy and Infrastructure Services UK Ltd at South Cliff Tower in Eastbourne. Jack had been assisting while temporary Mast Climber Work Platform sections were being lifted by a lorry mounted crane. The load fell on top of Jack when the lifting sling which was attached to the crane snapped.

An investigation by the Health and Safety Executive (HSE) and Sussex Police found Brand Energy & Infrastructure Services UK Ltd, failed to properly plan the lifting operation of the work platform. The company, a provider of temporary access equipment, had failed to identify a requirement for safe exclusion zones. The company also failed to have a suitable robust system in place to ensure all accessories had been thoroughly examined or disposed when expired. This resulted in out-of-date slings being used.

3 December 2024

Company failed to manage legionella risk as prisoner dies

A company has been fined after it failed to manage the risk of legionella bacteria in the hot and cold water systems at HMP Lincoln.

The HSE investigation followed the death of an inmate.

Amey Community Limited has now been fined £600,000 after pleading guilty to a health and safety offence.

Graham Butterworth died on 5 December 2017 after contracting Legionnaires' disease while serving a prison sentence at HMP Lincoln. Water samples from Mr Butterworth's cell and nearby shower blocks tested positive for legionella days after the 71-year-old died.

HSE guidance states any risks of exposure to legionella needs to be identified and managed. HMP Lincoln, failed to act on a risk assessment carried out in 2016, failed to put in place a

written scheme for preventing and controlling legionella risks, failed to ensure that appropriate water temperatures were maintained and failed to monitor water temperatures in the water system in October and November 2017. This allowed legionella bacteria to multiply rapidly.

4 December 2024

Councils' asbestos management to be assessed during inspection campaign

Hundreds of inspections at council buildings will be carried out by the HSE to check councils are managing the risk of asbestos properly.

HSE inspectors will visit the head offices of dozens of councils across the country to ensure asbestos risks are being managed effectively to keep people safe. Each council visit will see inspections take place at several different sites within each local authority's property portfolio. This work continues previous inspection campaigns that targeted hospitals and schools.

6 December 2024

Company and director sentenced for putting workers at risk

A roofing firm has been fined while its director has been handed a suspended prison sentence after putting the lives of workers at risk during a roof renovation in Surrey.

The HSE investigation found workers were seen operating without any scaffolding or edge protection on the roof of a house on Flint Hill, Dorking, on 21 February 2023. This put the workers at risk of falling from height, while there were also no measures to mitigate a fall, with the likes of harnesses not being used. Workers were also observed using the lights from their phones and torches while working on the property at night.

Asesiad / Assessment

The above incidents including the two tragic cases highlight the importance of ensuring good health and safety management. These examples and yearly statistical data shows the importance for the Health Board to continue to strive towards higher standards of health and safety compliance across all disciplines.

For reassurance in relation to HDUHB compliance:

Legionella Control

The Health Board has a Water Safety Policy in place that acknowledges the organisations reasonability to take precautions to prevent or control the harmful effects of contaminated water to residents, patients, visitors, staff, and other persons working at or using its premises.

The policy provides a structured procedure and reporting process via the Water Safety Group, for the management and control of Legionella in compliance with Health and Safety Guidance (HSG) 274 and Approved Code of Practice L8 – The Control of Legionella Bacteria in Water Systems.

The Infection, Prevention Strategic Steering Group has been requested to provide an assurance report against the requirements of the Water Safety Policy to the HSC in 2025.

Asbestos Management

Asbestos-containing materials (ACMs) were widely used in the construction industry throughout the UK up until 1999. When ACMs are disturbed or damaged, asbestos fibres are released into the air which when inhaled, can cause serious and fatal diseases.

Hywel Dda University Health Board (HDdUHB) recognises its statutory duty to effectively manage the presence of ACMs within its premises, and to protect its employees, patients and others who may be affected by its operations from unnecessary exposure to asbestos.

For each site, an Asbestos Management Plan (AMP) document has been compiled which includes the site-relevant data extracted from the Asbestos Register. This provides information on the location, condition and risks associated with exposure to the material to anyone liable to work on or disturb ACMs. The AMP also includes details of the person(s) responsible for managing the asbestos risk, instructions that any work on the fabric of the building cannot start without the relevant parts of the register being checked.

Each asbestos management plan is regularly reviewed and monitored by the Estates Site Operations monthly meetings.

During 2024 the HSE inspected HDdUHB over a two day period and were satisfied with the arrangements in place for managing this particular risk. They were assured of the asbestos management plans and procedures in place including arrangements for notifying contractors of potential risks as well as emergency response arrangements.

Safe Working at Height

The Safe Working at Height Policy was approved at the HSC in November 2023. The Policy formalises the Health Board's arrangements for the management of working at height.

HDdUHB will avoid work at height where it is reasonably practicable to do so. However, where work at height cannot be avoided, all activities will be properly planned and organised, forming part of a risk assessment and safe system of work.

The policy demonstrates HDdUHB's commitment in reducing the risks associated with work at height and the continued improvement of employee health, safety. Working at height can include the following scenarios:

- working from a ladder / stepladder / mobile ladder / fixed ladder / stool / platform step;
- working on roofs;
- working on or around fragile surfaces;
- working from scaffolding;
- working from a motorised platform (including vehicle tail lifts);
- working on top of a vehicle, such as a tanker or flatbed lorry;
- working at ground level adjacent to an excavation;
- working below ground level (this may involve vertical access to below ground spaces and therefore still be classified as work at height. This also would cover descending into pits, tanks or other confined spaces)

As reported at the September HSC meeting a work at height working group was established to formalise the Health Board's work at height arrangements. This has since merged to be a working group covering work at height, vibration and noise and continues to meet quarterly with compliance being monitored by the Health and Safety Sub-Committee.

Argymhelliad / Recommendation

The Health & Safety Committee is asked to:

Note

- The information contained from HSE Summary statistics for Great Britain 2024.

Be **assured** that:

- all topics raised by the prosecutions are being managed and monitored.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:

2.1 Provide assurance around the UHB arrangements for ensuring the health, safety, welfare and security of all

Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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:	1. Putting people at the heart of everything we do 4. The best health and wellbeing for our individuals, families and communities 5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	Not Applicable
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:	<ul style="list-style-type: none"> • The Health and Safety at Work etc. Act 1974; • All subordinate Health and Safety legislation; • Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR); • HSE Approved Codes of Practice; • HSE Guidance; • EU Directives.
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	The Health and Safety Advisory Group whose membership includes: <ul style="list-style-type: none"> • Health, Safety & Security Department; • Moving & Handling Department; • Occupational Health; • Health Board Legal Team.

Effaith: (rhaid cwblhau)
Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Not applicable.
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:	Not directly.
Risg: Risk:	Risk to health and safety management.
Cyfreithiol: Legal:	Potential for enforcement action including Improvement Notices/Prosecutions and claims due to breaches in legislation.
Enw Da: Reputational:	Potential for political or media interest if compliance or enforcement action is served.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	No evidence gathered to indicate a negative impact on any protected group/s.

2.4

11:00 AM, 0 Mins

2.4 - Fire Management Update

*Simon Chiffi (Hywel
Dda UHB - Head of
Operations)*

| For assurance

Attachments

[HSC SBAR Fire Safety Management FEN LoFSM Update Jan 25.pdf](#)

PWYLLGOR IECHYD A DIOGELWCH HEALTH & SAFETY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 January 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Fire Safety Management Update Report – Delivery of Programmes for the Management of Fire Enforcement Notices (FEN)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rob Elliott, Director of Estates, Facilities and Capital Planning

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 provides an update to the Health and Safety Committee (HSC) regarding progress on the Major Projects linked to the Fire Enforcement Notices (FENs) and Letters of Fire Safety Matters (LoFSM) issued by Mid and West Wales Fire and Rescue Service (MWWFRS).

Cefndir / Background

The HSC will recall previous updates on each of the above. The last update to the HSC Meeting being on 10 September 2024.

The Health Board (HB) has recently undertaken a joint presentation with Welsh Government (WG) to MWWFRS setting out all project programme dates for the full investment programme on all sites. This applies to all current FENs in place and the LoFSM at BGH.

This was well received by MWWFRS as an acceptable way forward. In addition, they were reassured by the attendance of senior WG officials involved in major capital funding decisions. They will now monitor the Health Board on progress against issued timelines.

WG have also recently briefed the HB on their ongoing commitment for funding projects where Fire Enforcement is in place which is reassuring as we develop future Business Justification Cases (BJC) over the next 12-18 months. Further discussion is needed around BGH but the funding needs on this scheme in the 2025/2026 Financial Year are minimal, supporting BJC development only.

Asesiad / Assessment

1. Fire Enforcement Notices (FENs)/Letters of Fire Safety Matters (LoFSMs)

1.1 Withybush Hospital (WGH)

Phase 2

All departments/ ward areas/ risk rooms **(FEN KS/890/04) (Current date April 2025)**.

The HB have now confirmed dates to MWWFRS for the forward progression of this final Phase of Fire Enforcement works at WGH.

The latest programme is as follows:

- Completion of BJC – May 2025
- WG approval of BJC – July 2025
- Commencement of works – c. Sep 2025
- Completion of works – mid 2027

The above programme is the latest available however this will be dependent on the WG scrutiny period and subsequent approvals to proceed.

The MWWFRS deadline completion date is currently April 2025. They are fully aware that this will now need to be amended in line with the presentation of our full programme. We will work closely with MWWFRS to ensure this is managed appropriately.

1.2 Glangwili Hospital (GGH)

Phase 1

All remaining horizontal escape routes at GGH **(FEN KS/890/08 Completion Date July 2022) (Currently extended to 31 January 2025)**.

At the previous committee it was noted that there was a potential risk of the project running into December 2024.

Following this review further delays have been encountered within the Sub Terranean Ducts which has resulted in an extended completion date of early to mid-February 2025.

This programme is currently being maintained and given the short period now until completion there is confidence in this date being maintained.

MWWFRS have been fully briefed on this, noting the short overrun beyond the current FEN deadline (31 January 2025). They are however fully satisfied that the HB is doing all it can to deliver the works as quickly as possible and will work with us on adjusting deadlines to accommodate the actual completion date.

Phase 2

All departments/ ward areas/ risk rooms **(FEN KS/890/09) (Current date August 2024) (Currently extended to 30 June 2025)**

The HB have now confirmed dates to MWWFRS for the forward progression of this final phase of fire enforcement works at GGH.

The latest programme is as follows:

- Completion of BJC – August/September 2025

- WG approval of BJC – October 2025
- Commencement of works – November 2025
- Completion of works – late 2027

The above programme is the latest available however this will be dependent on the WG scrutiny period and subsequent approvals to proceed.

The MWWFRS deadline completion date is currently 30 June 2025. They are fully aware that this will now need to be amended in line with the presentation of our full programme. We will work closely with MWWFRS to ensure this is managed appropriately.

2. Additional Letters of Fire Safety Matters

2.1 Bronglais General Hospital (BGH) Main Building

Whilst BGH is under a LoFSM currently, it is clear from discussions with MWWFRS that progress needs to be made against the agreed plan to avoid any future escalation of this status. The development programme for BGH is running slightly behind the other sites as we are currently undertaking a major refresh of the initial BJC. This was submitted to WG in February 2023 and was in the order of c. £30m costs. We are now in negotiations with MWWFRS to agree a similar scope reduction to that already successfully achieved at WGH and GGH.

In addition, all the learning achieved on the earlier projects around alternative framework and procurement approach will also be embedded in the proposed BJC process.

The HB have now confirmed initial dates to the MWWFRS for the latest programme as follows:

- Refresh of the Programme Business Case (PBC) submission – February/March 2025
- Completion of BJC – May 2026
- WG approval of BJC – June 2026
- Commencement of works – July 2026
- Completion of works – mid 2028

The above programme is the latest available however this will be dependent on the WG scrutiny period and subsequent approvals to proceed.

MWWFRS are fully aware of this programme and are able to continue with the LoFSM approach subject to progress being achieved.

The HB is in close contact with both WG and MWWFRS as we progress the BJC/PBC documents on all the above major projects. In addition, the HB has representation from NHS Wales Shared Service Partnership (NWSSP) Specialist Estates Services and Audit and Assurance Services on the regular Project Team meetings. It is also a standing item on the agenda of the Capital Resource Meeting.

2.2 Prince Philip Hospital (PPH)

All planned investment in Fire Safety funded as part of the Estate Funding Advisory Board (EFAB) programme are being delivered to plan. All works will be completed by March 2025.

The Operations Teams are currently assessing the scope and approximate costs of any remaining works needed beyond April 2025. Subject to this review it may be possible to complete these works under a Targeted Estates Funding bid in the 2025/2026 Financial Year, but this will be dependent on the level and scope of works needed.

2.3 South Pembrokeshire Hospital (SPH)

All planned investment in Fire Safety funded as part of the EFAB programme is being delivered to plan. All works will be completed by March 2025.

3. Operationally Led LoFSM

As part of ongoing engagement with MWWFRS, Fire Inspectors will continue to visit our Estate and issue LoFSMs as they identify any potential weaknesses in our Fire Safety systems. This is standard practice and will be coordinated via the Estates Operational Teams.

Any further investment needed as part of this ongoing management requirement will now fall within the operational team to manage and report appropriately.

Argymhelliad / Recommendation

The Health and Safety Committee is requested to:

- **Acknowledge and gain assurance** from the agreements reached with MWWFRS for the future programme on Fire Investment Projects.
- **Note** the reassurance received from WG on future capital support for this programme.
- **Note** the ongoing management requirement from the Estates Operational Teams in coordinating future inspections by MWWFRS outside of the Major Compliance work now underway.
- **Note** that further updates will be presented at future Health & Safety Committee meetings.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.11 Ensure reports and factual information from external regulatory agencies are acted upon within achievable timescales.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Estates and Facilities Risk No 813 Score 15
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	2. Safe Care 1. Staying Healthy 3. Effective Care

Amcanion Strategol y BIP: UHB Strategic Objectives:	5. Safe sustainable, accessible and kind care 4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	2a Staff health and wellbeing 5a Estates Strategies 7a Population Health
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:	MWWFRS and extensive site based survey information.
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:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Funding sought from Welsh Government.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Delivering a safe working environment
Risg: Risk:	Estates and Facilities Risk No 813
Cyfreithiol: Legal:	Potential for legal challenge if HDdUHB does not comply with requirements of Fire Enforcement Notices.

Enw Da: Reputational:	Potential for legal challenge if HDdUHB does not comply with requirements of Fire Enforcement Notices.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

2.5

11:00 AM, 0 Mins

2.5 - Fire Safety Training

*Simon Chiffi (Hywel
Dda UHB - Head of
Operations)*

| For assurance

Attachments

[SBAR Fire Safety Training Dec 24 rev2 Jan 25.pdf](#)

PWYLLGOR IECHYD A DIOGELWCH HEALTH & SAFETY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 January 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Fire Safety Training Arrangements
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
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

This report aims to provide the Health and Safety Committee (HSC) with a complete overview on the arrangements the Health Board has in place for the following areas of Fire Safety:

- Fire Safety Training – Training Needs Analysis (TNA)

Cefndir / Background

The Health Board has developed a detailed TNA for fire safety training, which forms an integral part of our approved Fire Safety Policy.

The Regulatory Reform (Fire Safety) Order 2005 (RRO) is the principal legislation for fire safety in England and Wales. Part 2: Section 21 of the RRO specifically covers fire safety training. In addition to this, the Welsh Health Technical Memorandum (WHTM) 05-01 Managing Healthcare Systems (Guidance) also advises on suitable training arrangements.

The Management of Health and Safety at Work Regulations 1999 and FireCode, place a responsibility not only on management, but also on all staff to take care to avoid injury to themselves and others. Therefore, all employees have a responsibility to be aware of and comply with the fire procedures in the workplace.

These documents have been comprehensively referred to and interpreted for the completion of our training needs analysis (TNA) along with technical advice sought from NHS Wales Specialist Estates Services (NWSSP-SES).

The following assessment section of this report aims to:

- Explain briefly the current 5 levels of training we have created for our TNA.
- Explain the target audiences for all training Levels, including Level 4 and Level 5.
- Provide updates on our previous suggestions to enhance our Level 4 Fire Warden Training and submission of Level 5 to the Mandatory Training Group.

- Demonstrate our current fire safety training performance figures as at December 24.
- Explain what enhancements we are considering for Level 2 training to improve user interaction.
- Compare our fire safety performance with other Health Boards across Wales.
- Raise concerns on our current Level 2 performance especially for sites where we have enforcements.

Asesiad / Assessment

It is essential the Health Board has a workforce that is suitably informed, instructed and trained. Also is provided with the necessary learning mechanisms to support the organisation's fire safety management system.

It is paramount that all staff receive the correct type of training for the area that they are contracted to work in. This takes into account the risks present in the premises/area, the number of people at risk and the responsibility of staff in an emergency.

Managers who are specifically responsible for staff must ensure that each member of staff within their control is assigned to the correct training programme and officially released to attend training at the agreed intervals. It is then the responsibility of individual members of staff to book the training relevant to their type and place of work and the risks they are most likely to face.

Bespoke training can also be delivered at the place of work or at a suitably agreed location (classroom) for high-risk areas such Critical Care Theatres. It is not the responsibility of the Fire Safety Team to ensure training is booked.

The TNA the Health Board currently adopts is as follows:

Training Level/Module	Who Should Attend? The Target Audience	Brief description of course	Competency Assessed	Approx. Duration	Course Facilitator	Update Required
Staff on first Induction MANDATED	All new staff joining the Health Board	New staff starters are expected to undertake the online e-learning fire safety module which covers a wide range of fire safety topics for the workplace.	Y- Random questions as part of session	1.0 to 1.5 Hours	Learning & Development.	This is dependent upon staff roles in the HB and what category of training staff are assigned to. Staff must ensure they attend the appropriate session, and that training is kept up to date.
Combined Modules 1 & 2 General & Specific Fire Safety Training MANDATED	All Employees	A face to face or MS Teams lecture giving an awareness of General & Specific Fire Safety procedures. Training items to include: <ol style="list-style-type: none"> 1. Common causes of fire. 2. Fire Triangle. 3. What to do on discovering a fire. 4. How to raise the alarm. 5. Alarm sounds. 6. Types of firefighting equipment. 	Y- Questions will be included at end of training session. Training Quiz.	1.5 – 2.0 Hours	Health Board Fire Safety Advisers	Annually for all staff that work within an in-patient area and would be expected to assist with patients during an evacuation. Biennially for all other staff that fall outside of the above category. Each member of staff in the HB is provided with an ESR competency specific to their role, which defines the frequency.

<p>Combined Modules 1 & 2 continued...</p> <p>MANDATED</p>		<p>Importance of fire compartmentation.</p> <ol style="list-style-type: none"> 7. Evacuation Principles & strategies. 8. Bariatric or Plus Size Patients. 9. Use of evacuation aids. <p>(Ward evacuation techniques in accordance with the specific fire evacuation strategies will also be covered)</p> <p>(Please note there is no practical element in this session).</p>				
<p>Module 3</p> <p>Fire Response Team Training</p> <p>MANDATED</p>	<p>Staff who have been designated with a specific role to play for fire safety (excluding wardens)</p>	<p>An advanced face to face training session, which also covers elements of Level 1 and Level 2 training. Training will be specific and will involve practical demonstrations covering a range of activities for staff as identified below</p> <ol style="list-style-type: none"> 1. Members of the fire response team. 2. Key Estates staff – Boiler man/Duty Electricians and other operational staff. 3. Incident recording staff. 4. Porter training / lift operating. 	<p>Y- Questions will be included at end of training session.</p>	<p>2.0 – 2.5 Hours</p>	<p>Health Board Fire Safety Advisers</p>	<p>Annually</p> <p>Each member of staff in the HB is provided with an ESR competency specific to their role</p>
<p>Module 4</p> <p>Fire Safety Champion/Warden Training</p> <p>OPTIONAL & VOLUNTARY</p>	<p>Staff who have been designated or volunteered as Fire Safety Wardens for their departments</p>	<p>A specific face to face training session, which aims to cover the core principles of a fire safety warden role. Staff will be provided with all the necessary information to become a warden for their department. The course will cover the following:</p> <ol style="list-style-type: none"> 1. To help in the management of fire. 2. To act as the eyes and ears of the department. 3. To monitor fire safety at all times and regularly assess your workplace 4. Actively adopt good fire safety principles at all times. 5. Be aware of significant changes in your workplace. 6. Take swift action for evacuation when necessary. 7. Understand the various types of evacuation equipment. 8. Report issues and concerns to management and Estates. 	<p>Y- Questions will be included at end of training session.</p>	<p>2.0 – 2.5Hours</p>	<p>Now delivered in-house by a member of the FST</p>	<p>Annually</p>

		9. Practical use of firefighting and evacuation equipment				
Module 5 Senior Managers Training OPTIONAL	Principal and Senior Managers, Departmental Managers at 8B and above.	A specific face to face training session specifically for site managers/senior departmental managers who are 8B and above. This session is designed to raise the awareness of responsibilities that managers have for fire safety as identified by the Regulatory Reform Fire Safety Order (2005). <ol style="list-style-type: none"> 1. The role of the responsible person and what this means. 2. Looking at our fire safety policy and our management arrangements 3. Understanding our training needs analysis 4. The importance of effective co-ordination and communication. Looking at appropriate measures to reduce and minimise risk.	Y- Questions will be included at end of training session.	1.5 Hours	Fire Safety Advisors	Biennially This must be attended by managers who have Direct control of staff. This course is one module forming part of manager's induction programme.

- Overview of our L4 Fire Safety Champion/ Fire Safety Warden (FSW) Training and possible suggestion to increase accountability.

The Health Board is a complex organisation with a vast amount of building stock and people operating in busy environments. As a result of this complexity the Fire Safety Team have developed a specific role in the Health Board called The Fire Safety Champion/ Fire Safety Warden (FSW), as a way of mitigating, supporting, and managing potential risks as far as reasonably possible in relation to fire safety amongst our daily business.

The FSW role is voluntary, where managers are asked to encourage a member of staff (or themselves) from their department to take on this role. The expectation is simply to become the eyes and ears for their departmental area, reporting on any concerns, hazards and risks they may encounter. This essentially could be issues or defects to the building fabric or excess storage or clutter, which needs formal escalation to address and ultimately helps to collectively improve ownership of our fire safety arrangements.

This is not an enforcing role, more of a fire safety champion role to help in the everyday management of fire safety within a department. We fully acknowledge that although we presently have 169 FSW fully trained, we have not reached our ideal number to offer complete assurances that all areas and key departments are covered.

Despite our recent request to consider mandating Level 4 training, we were informed by Learning and Development (L&D) it would not be a feasible option as ESR can only assign a training competency to a specific role and not to an individual member of staff. As a result, it has since been agreed by L&D that once staff have received Level 4 training, ESR will record the completion of the training and create a refresher frequency for staff. As a result, staff will then receive a refresh reminder and the competency will be recorded for future reporting and allow us to review ongoing performance.

Whilst selecting staff for this role, managers need to be reminded that the role doesn't carry any additional level of accountability and staff will not be held to account. Staff may be discouraged by the level of responsibility imposed upon them for this role. This is also another potential consideration for the lack of participation at this stage. This role is simply a helping hand in the department to raise concerns and escalate matters as often as possible. We will continue to encourage this training through regular communications and Global E-mails.

In addition to the above, we have submitted a formal request for consideration to introduce night porter staff at Withybush Hospital, who will have Fire Safety Warden duties as part of their role. This request forms part of our agreement with Mid and West Wales Fire and Rescue Service with the reduction in scope for fire enforcement work. A paper has been submitted for executive approval at the next available meeting.

We have also submitted a request to the Mandatory Training Group (MTG) to consider the mandating of Level 5 training, this is for all senior managers who are 8B and above to enhance management ownership and responsibility for fire safety. This request is being discussed at the January 25 MTG meeting.

- Current fire safety performance figures as of 6 January 25 (HB Wide and by Each Acute Site)

Table 1:0 Fire Training Performance HB Wide

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS CSTF Fire Safety - 2 Years	12279	12279	10711	87.23%
100 LOCAL Fire Safety Level 2 - 1 Year General	5965	5965	4054	67.96%
100 LOCAL Fire Safety Level 3 - 1 Year General	142	142	108	76.06%

Table 2.0 Fire Training Performance GGH

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS CSTF Fire Safety - 2 Years	3446	3446	2934	85.14%
100 LOCAL Fire Safety Level 2 - 1 Year General	1652	1652	1121	67.86%
100 LOCAL Fire Safety Level 3 - 1 Year General	38	38	30	78.95%

Table 3.0 Fire Training Performance WBH

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS CSTF Fire Safety - 2 Years	2268	2268	1959	86.38%
100 LOCAL Fire Safety Level 2 - 1 Year General	1039	1039	752	72.38%
100 LOCAL Fire Safety Level 3 - 1 Year General	35	35	15	42.86%

Table 4.0 Fire Training Performance PPH

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS CSTF Fire Safety - 2 Years	1972	1972	1718	87.12%
100 LOCAL Fire Safety Level 2 - 1 Year General	933	933	657	70.42%
100 LOCAL Fire Safety Level 3 - 1 Year General	32	32	28	87.50%

Table 5.0 Fire Training Performance BGH

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS CSTF Fire Safety - 2 Years	1339	1339	1141	85.21%
100 LOCAL Fire Safety Level 2 - 1 Year General	626	626	392	62.62%
100 LOCAL Fire Safety Level 3 - 1 Year General	35	35	33	94.29%

Fire safety training performance in the last quarter has steadily decreased particularly for Level 2 training as noted in table 1:0 above (Currently at 67.96%)

As of 6 January 2025, Level 1 training across the organisation remains above the Mid and West Wales Fire and Rescue Service (MWWFRS) target of 85%. However, of concern is our performance at Level 2 across all sites, and specifically at sites where we have been served fire enforcement notices. We currently fall well short of this target for Level 2 and some sites for Level 3 as noted above. Level 2 is a critical category of staff who have a part to play in patient evacuation. Therefore, the Health Board must collectively cascade this shortfall to encourage improvements to satisfy the MWWFRS expected target. If we fail to achieve this, it's likely we will be served an official improvement notice by MWWFRS with a stipulated timeline to fully comply.

Despite having sufficient capacity as a fire safety team to deliver training for all staff needs, we have decided to engage the support from L&D colleagues to review our existing training material to look at ways in which we can better enhance the course content and improve staff interaction.

This may result in a new bespoke training course being developed with interactive tools where staff will be expected to respond to a given scenario or provide answers to a selection of questions. This may take some months to agree the content and develop the course application. We will also be looking at improved ways of marketing this course with L&D to encourage completion and regularly publishing performance figures of the areas of concern.

Level 4 Fire Safety Champion/ Fire Safety Warden (FSW) Training – Following a recent successful recruitment drive via global email, more volunteers have now come forward. We can currently confirm an improving position from 145 to 169 FSW trained across the Health Board, which is reassuring. However, we estimate that to reach sufficient numbers for our acute sites (to cover key departments/wards only) we need in excess of circa 200 FSW, this excludes all community and MH external premises where there are no dedicated fire response teams present.

There is a need to strengthen knowledge and understanding of the role and responsibilities of the Fire Safety Champion/ Fire Safety Warden, including a process for ensuring appropriate number of FSWs are identified and trained across the Health Board. This work will take place throughout quarter 4 2024/25 with formal reporting at the next Health and Safety Committee.

Level 5 Senior Staff Banded at 8B & above – A total number of 224 staff out of 274 have attended this training, equating to an 81% uptake. We have received very positive feedback from staff who have completed this training that they were unaware of the direct responsibilities they had in relation to Fire Safety.

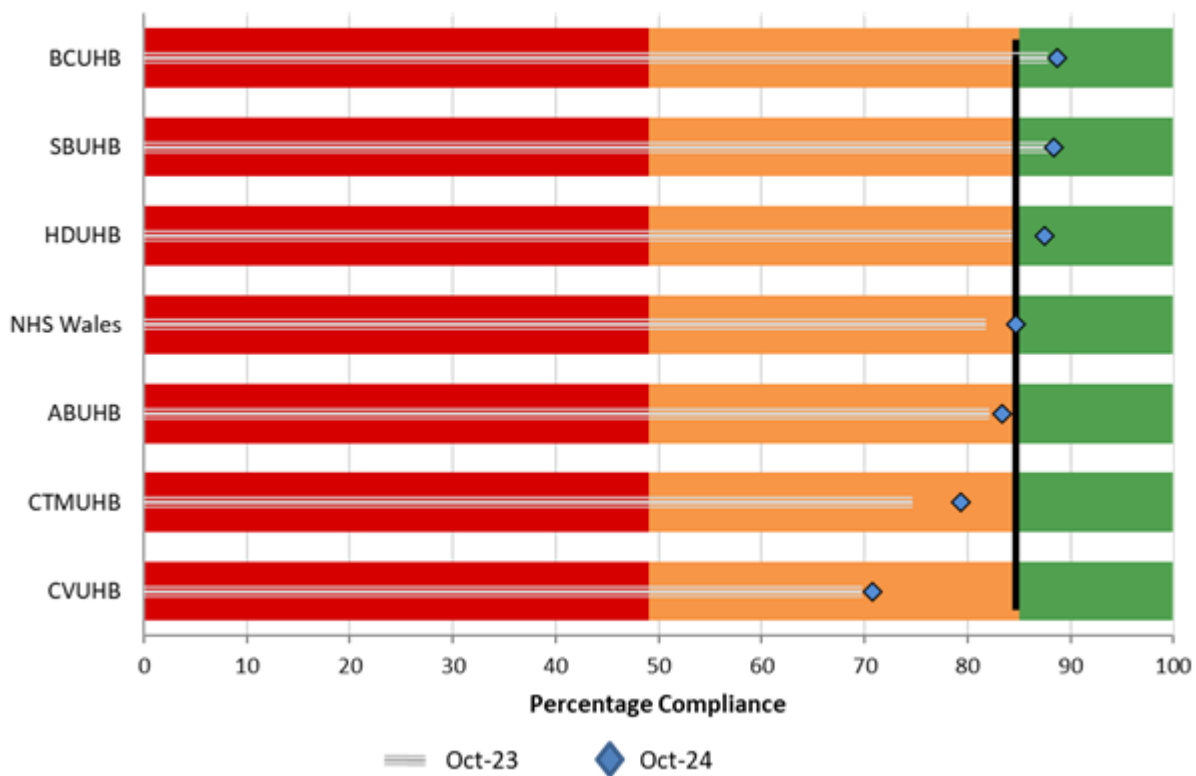
We await the outcome from the January 25 MTG meeting to determine if this course has been accepted as a mandatory option. We understand this Level 5 training is not a legally imposed requirement. However, as a Health Board we need to be reminded that any requirement of the law placed upon the Chief Executive of Hywel Dda University Health Board and its Board of Directors relating to fire safety is also placed upon all staff who have to any extent control of their workplace.

Article 11 of the RRO clearly stipulates that all persons who have any control must ensure arrangements are in place for effective planning, organisation, control and monitoring of fire safety measures and the keeping of records of all these measures.

- All Wales Fire Training Performance (All Wales ESR – October 24 data).

It is also very encouraging to note that Hywel Dda University Health Board still remains one of the top performing Health Boards in Wales (for Level 1) As of October 24 (L&D 2 month delay for information) at 87.5% above the 85% target.

Fire Safety Compliance by Organisation for All Staff Groups



As of October 2024 All Wales Figures (2-3 month time lag in latest figures coming through All Wales L&D).

Betsi	88.74%
Swansea Bay	88.35%
Hywel Dda	87.50%
NHS Wales	84.68%
Aneurin Bevan	83.31%
Cwm Taf	79.31%
Cardiff & Vale	70.75%

Argymhelliad / Recommendation

The Health and Safety Committee is requested to:

- Acknowledge and **gain assurance** from this report that we have implemented a robust TNA for fire safety training. (Noting all Wales Level 1 position).
- **Acknowledge the current performance concerns** specifically around Level 2 training and our obligations as an Organisation to increase and maintain above 85%.
- **Note** the suggested plans and changes we are proposing to strengthen our Level 2 training material in the coming months.
- **Note** the recording arrangements for Level 4 (post completion) and submission of Level 5 training to MTG and the anticipated outcome.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.11 Ensure reports and factual information from external regulatory agencies are acted upon within achievable timescales.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Estates and Facilities Risk No 813 Score 15
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	2. Safe Care 1. Staying Healthy 3. Effective Care
Amcanion Strategol y BIP: UHB Strategic Objectives:	5. Safe sustainable, accessible and kind care 4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	2a Staff health and wellbeing 5a Estates Strategies 7a Population Health
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:	From the HB's approved and ratified Fire Safety Policy and the Legislation and Guidance referenced to in the report.
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Funding sought from Welsh Government.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Delivering a safe working environment
Risg: Risk:	Estates and Facilities Risk No 813
Cyfreithiol: Legal:	Potential for legal challenge if HDdUHB does not comply with requirements of Fire Enforcement Notices.
Enw Da: Reputational:	Potential for legal challenge if HDdUHB does not comply with requirements of Fire Enforcement Notices.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

2.6

11:00 AM, 0 Mins

2.6 - H&S Internal Audit Report

Adam Springthorpe
(Hywel Dda UHB -
Health & Safety
Manager), Tim
Harrison (Hywel Dda
UHB - Head of
Health, Safety and
Security)

Deferred. To be presented following the Audit and Risk Advisory Committee (ARAC) meeting in February.

2.7

11:00 AM, 0 Mins

2.7 - RIDDOR - All Wales Benchmark Update

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

| For information

Attachments

[SBAR RIDDOR Benchmarking V1.1.pdf](#)

**PWYLLGOR IECHYD A DIOGELWCH
HEALTH & SAFETY COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 January 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	All-Wales Benchmarking - Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR)
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 to the Health and Safety Committee provides information from the recent All-Wales Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR) benchmarking exercise which was led and compiled by Hywel Dda University Health Board (HDdUHB).

Cefndir / Background

RIDDOR places a duty on employers and people in control of work premises to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences to the Health and Safety Executive (HSE). The paper presented to the Health and Safety Committee in May 2022 gave a detailed overview of the requirements of Regulations 1-9 of RIDDOR, including key definitions and reporting categories.

RIDDOR also sets timeframes within which the HSE should be notified of certain work-related incidents. For most types of incidents including accidents resulting in the death of any person, specified injuries to workers, non-fatal accidents requiring hospital treatment to non-workers and dangerous occurrences. The responsible person must notify the HSE without delay, and a report submitted within 10 days of the incident. For accidents resulting in the over-seven-day incapacitation of a worker, the HSE must be notified within 15 days of the incident.

Asesiad / Assessment

For the third year running, HDdUHB volunteered to lead an All-Wales RIDDOR benchmarking exercise as an action item for the NHS Wales Health and Safety Management Steering Group. Each Health Board /Trust in Wales were asked to state how many RIDDOR reports were submitted to the HSE in the period 01/04/23-31/03/24 by both RIDDOR category and accident category. The figures were then collated by the HDdUHB Health and Safety Manager. The following table shows the number of incidents reported per RIDDOR Category by all the Welsh Health Boards / Trusts (Redacted and sorted in descending order by total reports in all categories).

Organisation	Over 7 Days	Specified Injury	Total (all Categories)
Redacted - Other HB / Trust	100	3	103
Redacted - Other HB / Trust	78	9	96
Redacted - Other HB / Trust	57	23	90
Redacted - Other HB / Trust	62	10	73
Hywel Dda University Health Board	42	9	59
Redacted - Other HB / Trust	16	12	49
Redacted - Other HB / Trust	32	7	44
Redacted - Other HB / Trust	10	2	12
Redacted - Other HB / Trust	7	1	10
Redacted - Other HB / Trust	1	1	2

Although interesting to see what the other Health Boards/Trusts are reporting, to be truly comparable the staff numbers should be considered and accident rates established. Therefore, please see the following table for RIDDOR rates for each Health Board per 1000 employees (redacted and sorted in descending order by total reports in all categories).

Organisation	No of Staff	Over 7 Day RIDDORs per 1000 Staff	Specified Injury RIDDORs per 1000 Staff	Total RIDDORs per 1000 Staff (all Categories)
Redacted - Other HB / Trust	4329	23.1	0.69	23.79
Redacted - Other HB / Trust	15658	3.64	1.47	5.75
Redacted - Other HB / Trust	17500	4.46	0.51	5.46
Redacted - Other HB / Trust	13500	4.59	0.75	5.41
Redacted - Other HB / Trust	2315	4.31	0.86	5.18
Hywel Dda University Health Board	12171	3.45	0.8	4.85
Redacted - Other HB / Trust	2484	2.81	0.4	4.03
Redacted - Other HB / Trust	13500	2.37	0.52	3.26
Redacted - Other HB / Trust	17000	0.94	0.71	2.88
Redacted - Other HB / Trust	1822	0.55	0.55	1.1

With a RIDDOR reporting rate of 4.85 per 1000 staff across all reporting categories, it is felt that HDdUHB can take assurance that it is not under reporting RIDDOR incidents when compared to similar organisations across Wales. Our rate in HDdUHB is fairly consistent with previous years, having been 5.18 in 2021-22 and 5.70 in 2022-23.

The figures for RIDDORs per accident category were also analysed and a similar reassurance can be taken from the National picture. Slips/trips/falls, manual handling and violence and aggression were consistently the top three reported accident categories across Wales, as they are in HDdUHB.

Number of RIDDOR Incidents Reported on Time 01/04/23-31/03/24

As mentioned in the background section, RIDDOR sets mandatory timeframes within which the HSE should be notified of certain work-related incidents. Each Health Board / Trust was asked to supply details of how many of their RIDDORs were reported to the HSE within the mandatory reporting timescales. The chart and table below show the results:

Organisation	Total RIDDORs	Number of RIDDOR Incidents Reported on Time	% on Time	% on Time 2022-23 for Comparison
Redacted - Other HB / Trust	2	2	100.0%	No data
Redacted - Other HB / Trust	12	10	83.3%	81.8%
Redacted - Other HB / Trust	90	61	67.8%	49.4%
Redacted - Other HB / Trust	96	63	65.6%	62.3%
Hywel Dda University Health Board	59	38	64.4%	62.7%
Redacted - Other HB / Trust	103	65	63.1%	42.9%
Redacted - Other HB / Trust	73	29	39.7%	No data
Redacted - Other HB / Trust	49	19	38.8%	22.2%
Redacted - Other HB / Trust	44	17	38.7%	66.0%
Redacted - Other HB / Trust	10	3	30.0%	50.0%

HDdUHB can take assurance from the above that they are consistently reporting in terms of timeliness in line with the better performing Health Boards / Trusts across Wales. (It should be noted that the two exceptional reporting Health Boards / Trust have reported a relatively low number of RIDDORs overall, therefore not a fair comparison).

The wider findings of the benchmarking exercise were presented to the NHS Wales Health and Safety Management Steering Group on 21 November 2024.

Argymhelliad / Recommendation

The Health & Safety Committee is asked to:

TAKE ASSURANCE

- That the Health Board is operating in compliance with the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR).

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:	1. Putting people at the heart of everything we do 4. The best health and wellbeing for our individuals, families and communities 5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	Not Applicable
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:	<ul style="list-style-type: none"> • The Health and Safety at Work etc. Act 1974; • All subordinate Health and Safety legislation; • Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR); • HSE Approved Codes of Practice; • HSE Guidance; • EU Directives.
Rhestr Termiau: 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:	<ul style="list-style-type: none"> • Health and Safety Advisory Group • All-Wales Health and Safety Management Steering Group
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable.
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:	Not directly.
Risg: Risk:	Risk to health and safety management.
Cyfreithiol: Legal:	It should be noted that a failure to report within the timescales set by RIDDOR is technically a contravention of the regulations and that it is therefore an offence under Section 33(1)(C) of the Health and Safety at Work etc. Act 1974. The Health and Safety Executive who receive these reports will on occasion be critical of the delays in reporting and could seek assurance from the Health Board that improvements will be made.
Enw Da: Reputational:	Potential for political or media interest if compliance or enforcement action is served.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	No evidence gathered to indicate a negative impact on any protected group/s.

3 - HEALTH & SAFETY REGULATIONS

3.1 - Health and Safety Regulations Overview

Adam Springthorpe (Hywel Dda UHB - Health & Safety Manager), Tim Harrison (Hywel Dda UHB - Head of Health, Safety and Security), Simon Chiffi (Hywel Dda UHB - Head of Operations)

A list of regulations and the training needed across the workforce.

| For assurance

Attachments

[SBAR HS Regs Monitoring Training V1.3.pdf](#)

**PWYLLGOR IECHYD A DIOGELWCH
HEALTH & SAFETY COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 January 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health and Safety Regulations Overview
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 to the Health and Safety Committee (HSC) provides an overview of governance arrangements for health and safety related regulations. There has been a standing item on the agenda of the HSC for a number of years now to receive information on Hywel Dda University Health Board's (HDdUHB) compliance with Health and Safety Regulations. With the development of HDdUHB's governance structures, a request was made by the HSC for clarity on monitoring arrangements and reporting channels for the health and safety regulations that the HSC oversees, along with information on the training needs associated with each set of regulations for the workforce throughout HDdUHB.

Cefndir / Background

The Health and Safety at Work etc Act 1974 (HSWA) is the primary piece of legislation covering occupational health and safety in Great Britain. This sets out the general duties which employers have towards employees and members of the public, and employees have to themselves and to each other. The HSWA is an enabling act beneath which there are many statutory instruments (Regulations).

Asesiad / Assessment

Each set of regulations that sit beneath the HSWA that are relevant to the activities of HDdUHB have been considered. Please see Appendix 1 of this report for a comprehensive Health and Safety-Related Regulation Compliance table. The table includes:

- Relevant regulations;
- Details of the overseeing group for each set of regulations (in the new Governance structure);
- Date(s) when the regulations have been included on papers to the HSC;
- Training requirements, and how these are currently met;
- Whether the regulations are covered in the Manager's Health and Safety Induction Course (MH&SI);
- Details of policies or procedures in place for each set of regulations, if required.

The table also includes important topic areas that do not specifically have their own set of regulations, such as violence and aggression, security, decontamination and lifts etc. The monitoring arrangements, training provision and policy arrangements have been considered for these topics too.

Monitoring Arrangements

Having detailed the monitoring arrangements for each set of regulations on the table in Appendix 1, three points of note have become apparent.

1. Estates lead on a number of Health and Safety related regulations, but these do not have a reporting mechanism to the HSC structure. At present these regulations are monitored by the Compliance and Site Operations Monthly Meeting within the Estates Department. These include:
 - Confined Spaces Regulations 1997 (CSR);
 - Control of Asbestos Regulations 2012 (CAR);
 - Construction (Design and Management) Regulations 2015 (CDM);
 - Topic: Lifts.

2. A number of Health and Safety led regulations which have previously reported into the Health and Safety Advisory Group (HSAG) do not now have a group to report into except directly to the new Health and Safety Sub-Committee (HSSC). Note: The HSAG was disbanded in December 2024 to be replaced by the HSSC. These include:
 - Management of Health and Safety at Work Regulations 1999 (MHSWR);
 - Workplace (Health, Safety and Welfare) Regulations 1992 (WHSWR);
 - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR);
 - Manual Handling Operations Regulations 1992 (MHOR);
 - Health and Safety (Display Screen Equipment) Regulations 1992 (as amended) (DSE);
 - Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH);
 - REACH (Registration, Evaluation, Authorisation and Restriction of Chemicals) (Amendment) Regulations 2023;
 - Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR)
 - Work at Height Regulations 2005;
 - Provision and Use of Work Equipment Regulations 1998 (PUWER);
 - Control of Vibration at Work Regulations 2005;
 - Control of Noise at Work Regulations 2005;
 - Lifting Operations and Lifting Equipment Regulations 1998 (LOLER);
 - Health and Safety (Safety Signs and Signals) Regulations 1996.

3. Two sets of regulations and an approved code of practice will report into both the HSSC and the Infection Prevention Strategic Steering Group (IPSSG). These are:
 - Personal Protective Equipment at Work Regulations 1992 (PPE);
 - Health and Safety (Sharp Instruments in Healthcare) Regulations 2013;
 - Approved Code of Practice L8 – The Control of Legionella Bacteria in Water Systems.

The Health and Safety Manager is working with the Corporate Governance team to ensure that suitable and sufficient arrangements are in place for all health and safety legislation and associated topic areas. Progress for the three points above include:

1. Consideration is being given to creating a reporting route from the Compliance and Site Operations Meeting to the new HSSC.
2. The Terms of Reference for the new HSSC have been reviewed and it has been confirmed that they do allow for the compliance of the listed regulations to be monitored directly by the HSSC. The format for such monitoring will need to be determined.
3. The Terms of Reference for the HSSC and the IPSSG are to be revised to allow for interconnection and the sharing of information between the two groups. Similar arrangements are being pursued for other groups, including the Decontamination Safety Group which potentially reports via multiple routes and also the two medical gas-related groups.

Training

The Health and Safety at Work etc Act 1974 (HSWA) is the main piece of legislation for health and safety in Great Britain. Section 2 of HSWA states that it shall be the duty of every employer to ensure '(2)(2)(c) *the provision of such information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of his employees*'. This is a general requirement over-arching all other statutory instruments (the regulations), therefore suitable and sufficient training is a general requirement for all regulations beneath HSWA.

In the training requirements column of the table in Appendix 1, known gaps in our current compliance have been highlighted in red. Highlighting these gaps will allow the Health, Safety and Security Department to focus their efforts in 2025 to close these gaps.

Improving the Level 1 Health and Safety E-learning Provision

The Level 1 Health and Safety e-learning course is mandatory for all staff to completed on a three-yearly basis. The course gives a general overview of many pieces of health and safety legislation, as shown in the dedicated column on the table in Appendix 1, but the course could be refreshed and improved.

The Health and Safety Manager has been liaising with the Assistant Director of Health, Safety and Fire from Cardiff and Vale University Health Board who is leading a project to with the All-Wales Health and Safety Advisors Group to review and update the existing Level 1 course to see if HDdUHB can contribute to developments and influence the future content to help strengthen the training package for the staff at HDdUHB.

Policy Arrangements

The table highlights three regulation / topic areas for which HDdUHB do not currently have any formal policies or procedures in place. These include:

- Control of Noise at Work Regulations 2005;
- Electromagnetic Fields at Work Regulations 2016;
- Lifts (Estates-led).

As with training, this knowledge will allow the Health, Safety and Security Department and the Estates Department to focus their efforts in 2025 to close these gaps in compliance.

Argymhelliad / Recommendation

The Health & Safety Committee is asked to:

TAKE ASSURANCE

- That the Health Board is taking steps to ensure that its monitoring arrangements for Health and Safety legislation and associated topic areas is being strengthened.
- That gaps in training and policy compliance have been identified which the Health, Safety and Security Department can utilise to focus their efforts in 2025.

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:	1. Putting people at the heart of everything we do 4. The best health and wellbeing for our individuals, families and communities 5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	Not Applicable
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:	<ul style="list-style-type: none"> • The Health and Safety at Work etc. Act 1974; • All subordinate Health and Safety legislation; • Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR); • HSE Approved Codes of Practice; • HSE Guidance; • EU Directives.
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	The Health and Safety Advisory Group whose membership includes: <ul style="list-style-type: none"> • Health, Safety & Security Department; • Moving & Handling Department; • Occupational Health; • Health Board Legal Team.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable.
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:	Not directly.
Risg: Risk:	Risk to health and safety management.
Cyfreithiol: Legal:	Potential for enforcement action including Improvement Notices/Prosecutions and claims due to breaches in legislation.
Enw Da: Reputational:	Potential for political or media interest if compliance or enforcement action is served.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	No evidence gathered to indicate a negative impact on any protected group/s.

Appendix 1: Health and Safety Related Regulation Compliance

Key: H&S Level 1 (L1) - Mandatory training via ESR (All staff, 3 yearly)

MH&SI - Manager's Health and Safety Induction Course (Aimed at all Managers, Supervisors, Team Leader, Sisters, Ward Managers etc (4 x 0.5 days, currently recommended, not mandatory)

WHTMs - Welsh Health Technical Memoranda

Regulations	Overseeing Group	Regs Paper(s) to HSC	Training Requirement	On H&S Level 1?	On MH&SI Course?	Policy?
Management of Health and Safety at Work Regulations 1999 (MHSWR)	H&S Sub-Committee	May-21	- 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.	Yes - 5 Slides	Yes	Covered by the general Health & Safety Policy
Workplace (Health, Safety and Welfare) Regulations 1992 (WHSWR)	H&S Sub-Committee	Jul-22	- 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	Covered by the general Health & Safety Policy
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)	H&S Sub-Committee	Every 6 months	- All staff - General overview (On H&S L1). - Managers - Reporting requirements. Included in MH&SI.	Yes - 2 Slides	Yes	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).
Electricity at Work Regulations 1989	Electrical Safety Group (ESG) (A reporting group of the H&S Sub-Committee)	Mar-22, Sep-22, Sep-23 & Nov-24 (Estates LV) Mar-24 & May-24 (Cable management)	- Partially covered in Level 1&2 - General Fire Safety Training. For all staff, repeated annually. - Request made to Mandatory Training Group for all staff to undertake specific mandatory Electrical Safety e-learning. An e-Learning course is available, but not mandated. - Competent Person and Authorised Person training for specific Estates staff for both High-Voltage and Low-Voltage electricity in line with WTHMs.	No	No	Electrical Safety Policy (Low Voltage)

Personal Protective Equipment at Work Regulations 1992 (PPE)	H&S Sub-Committee & Infection Prevention Strategic Steering Group (IPSSG)	Jul-21	<ul style="list-style-type: none"> - 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	COSHH Policy and Procedure Fit-Testing for RPE Procedure Personal Protective Equipment (PPE) Policy & Procedure Asbestos Policy
Manual Handling Operations Regulations 1992	H&S Sub-Committee	Nov-21 (Deep-dive) Mar-24 (Bariatrics) Sept-24 (Bariatrics)	<ul style="list-style-type: none"> - 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). - Training for designated Workplace Assessors. - Management arrangements covered on MH&SI. 	Mentioned briefly (Not required as other mandatory general training in place)	Yes	Manual Handling Policy
Health and Safety (Display Screen Equipment) Regulations 1992 (as amended) (DSE)	H&S Sub-Committee	Jul-24	<ul style="list-style-type: none"> - 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	Display Screen Equipment (DSE) and Workstation Assessment Procedure

Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH)	H&S Sub-Committee	Jan-22 May-23 Jul-24	<ul style="list-style-type: none"> - 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. <li style="padding-left: 20px;"><u>Advanced Users:</u> - Hotel Services staff trained in use of DiffX. - HSDU - Annual COSHH & Spill Training via supplier. - Catering - COSHH training via supplier. - Estates - Require session tailored to the chemicals they use. This is being explored with Ops Compliance. <li style="padding-left: 20px;"><u>Other Users:</u> - 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	Overarching Control of Substances Hazardous to Health Policy and Procedure , plus: - Fit-Testing for RPE Procedure - Latex Policy
REACH (Amendment) Regulations 2023	H&S Sub-Committee	No	Specific training required for isocyanate users (limited to Plaster Room Technicians & Estates Carpenters). Short course for low-risk users in development.	No	No	Referred to in Control of Substances Hazardous to Health Policy and Procedure
Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR)	H&S Sub-Committee	No	DSEAR practical basics will be covered by the COSHH Awareness course which is currently being explored.	No	No	Referred to in Control of Substances Hazardous to Health Policy and Procedure . Ideally this will eventually have its own Policy.
Work at Height Regulations 2005	H&S Sub-Committee (& currently a Work at Height / HAVS / Noise Working Group).	Nov-23	<ul style="list-style-type: none"> - 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	Safe Working at Height Policy

Control of Vibration at Work Regulations 2005	H&S Sub-Committee (& currently a Work at Height / HAVS / Noise Working Group).	Mar-23	- In-House training sessions delivered to all Estates staff.	No	No	Control of Vibration Policy
Control of Noise at Work Regulations 2005	H&S Sub-Committee (& currently a Work at Height / HAVS / Noise Working Group).	No	- None at present.	No	Not Specifically	No Policy yet.
Health and Safety (Sharp Instruments in Healthcare) Regulations 2013	H&S Sub-Committee & Infection Prevention Strategic Steering Group (IPSSG)	Sep-21	- 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	Exposure Management including Needlestick (Sharps) Injuries Policy and Procedure
Health and Safety (First Aid) Regulations 1981	H&S Sub-Committee	No	- 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	First Aid at Work Procedure
Confined Spaces Regulations 1997	Compliance and Site Ops Monthly Meeting (To become a reporting group of the HSSC)	No	- Formal training for Estates Staff, both entrants and rescuers.	No	No	Confined Space and Restricted Access Space Policy

Control of Asbestos Regulations 2012	Compliance and Site Ops Monthly Meeting (To become a reporting group of the HSSC)	Nov-22	<ul style="list-style-type: none"> - 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	Asbestos Policy
Construction (Design and Management) Regulations 2015 (CDM)	Compliance and Site Ops Monthly Meeting (To become a reporting group of the HSSC)	Jan-23 & Jan-24 (Both contractor control)	<ul style="list-style-type: none"> - Specific training for those within Estates involved in CDM projects. 	No	Part - Role of RP	Contractor Control Policy
Provision and Use of Work Equipment Regulations 1998 (PUWER)	Compliance and Site Ops Monthly Meeting (To become a reporting group of the HSSC)	No	<ul style="list-style-type: none"> - One overview slide in NHS Wales Level 1 Manual Handling Mandatory Training (All staff, 2 yearly). - Training for all Estates staff on equipment safety and PUWER delivered by Operations Compliance. 	Mentioned briefly	Part - MH	Referred to in the Manual Handling Policy and Medical Devices Policy . Also, covered by the Operational Maintenance Policy , but not expressly mentioned.
Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)	H&S Sub-Committee	Mar-22 Jul-23	<ul style="list-style-type: none"> - One overview slide in NHS Wales Level 1 Manual Handling Mandatory Training (All staff, 2 yearly). - Note: Regulatory Maintenance Provision and LOLER Checks are all undertaken via contracted services. 	No	Part - MH	Referred to in the Manual Handling Policy . Also, covered by the Operational Maintenance Policy , but not expressly mentioned.
Regulatory Reform (Fire Safety) Order 2005 (RRO)	Fire Safety Group (A reporting group of the H&S Sub-Committee)	Regular Fire-related papers to HSC	<ul style="list-style-type: none"> - Level 1&2 - General Fire Safety Training. For all staff, repeated annually. - Level 3 - Fire Response Team Specialised Training. Specified staff, repeated annually. - Level 4 - Fire Safety Warden Training. Specific staff. Repeated annually. - Level 5 - Fire Training for Managers. All 8B+ staff. This is also the MH&SI Fire Module. No repeat. - Training for specific Estates staff in line with WTHMs. Plus training to conduct Fire Door Checks. 	No (Not required as other mandatory general training in place)	Yes	Fire Safety Policy

Ionising Radiation Regulations 2017 & Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R)	Radiation Protection Group (A reporting group of the H&S Sub-Committee)	No	- 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 Safety Policy
Electromagnetic Fields at Work Regulations 2016	Radiation Protection Group (A reporting group of the H&S Sub-Committee)	No	- None at present.	No	No	No Policy at present.
Health and Safety (Safety Signs and Signals) Regulations 1996	H&S Sub-Committee	No	- None at present. Covered in general by many other existing courses.	No	No	Covered by the general Health & Safety Policy
Safety Representatives and Safety Committees Regulations 1977	TU H&S Group (A reporting group of the H&S Sub-Committee)	No	- TU Safety Reps undergo training via their Trade Union.	No	No	Covered by the general Health & Safety Policy
Health and Safety (Consultations with Employees) Regulations 1996		No				Covered by the general Health & Safety Policy

Other Topic Areas (Without Direct Regulations)

Topic Area	Overseeing Group	Paper(s) to HSC	Training Requirement	On H&S Level 1?	On MH&SI Course?	Policy?
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Violence & Aggression (Inc: Emergency Workers Act 2017)	Security Management Group (A reporting group of the H&S Sub-Committee)	Regularly on H&S Update Paper	<ul style="list-style-type: none"> - 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	Violence and Aggression Policy Lone Working Policy Violent Patient Marker Policy Security Management Policy Reducing Restrictive Practice Policy
Security	Security Management Group (A reporting group of the H&S Sub-Committee)	Regularly on H&S In- Committee Papers	<ul style="list-style-type: none"> - Restraint Reduction Full Course 3 days (Modules A-D) (Porters). - Management arrangements covered on MH&SI. 	No	Yes	Security Management Policy CCTV Policy and Documentation
Medical Laser Safety	Radiation Protection Group (A reporting group of the H&S Sub-Committee)	No	<ul style="list-style-type: none"> - Laser Protection Supervisors & Laser Users - Require training to undertake roles. Provided externally. 	No	Yes - Small Section	Medical Laser Safety Policy

Medical Gas	Medical Gas And Pipeline Systems Safety Group & the Medical Gas Cylinder Group (Reporting groups of the H&S Sub-Committee)	No	<ul style="list-style-type: none"> - 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	Medical Gas Policy
Ventilation Covered by COSHH	Ventilation Safety Group (A reporting group of the H&S Sub-Committee)	No	<ul style="list-style-type: none"> - 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	Estates Ventilation Policy
Water Safety Covered by COSHH & MHSWR	Water Safety Group (A reporting group of the H&S Sub-Committee)	No	<ul style="list-style-type: none"> - 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	Water Safety Policy
Decontamination Covered by COSHH	Decontamination Safety Group (A reporting group of the H&S Sub-Committee)	No	<ul style="list-style-type: none"> - Competent Person and Authorised Person training for specific Estates staff in line with WTHMs. 	No	No	Decontamination Policy
Lifts	Compliance and Site Ops Monthly Meeting (To become a reporting group of the HSSC)	No	<ul style="list-style-type: none"> - Note: Regulatory maintenance provision and LOLER checks are all undertaken via contracted services. No internal AE, AP or CPs in line with WTHMs 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	No Policy at present.

4

11:10 AM, 10 Mins

4 - POLICIES FOR APPROVAL

4.1

11:20 AM, 0 Mins

4.1 - Policy 703 - Control of Substances
Hazardous to Health (COSHH)

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

Request for approval.

| For approval

Attachments

[SBAR 703 COSHH Policy Jan 25 V1.0.pdf](#)

[703 - COSHH Policy For Approval.pdf](#)

[703 - COSHH Procedure EqIA Screening Final.pdf](#)

**PWYLLGOR IECHYD A DIOGELWCH
HEALTH & SAFETY COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 January 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	703 – Control of Substances Hazardous to Health (COSHH) Policy and Procedure, 3 Yearly Review and Update
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)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Health and Safety Committee (HSC) is requested to approve the reviewed and updated 703 – Control of Substances Hazardous to Health (COSHH) Policy and Procedure. This report provides the required assurance that this Written Control Document has been developed in line with all relevant legislation / regulations and available evidence and can therefore be implemented within Hywel Dda University Health Board (HDdUHB).

Cefndir / Background

703 – Control of Substances Hazardous to Health (COSHH) Policy and Procedure

This policy and procedure contains information and guidance on the control and management of substances hazardous to health within HDdUHB. The aim of this policy and procedure is to ensure that the risk of injury or ill health to all HDdUHB staff that may come into contact with hazardous substances is reduced as far as is reasonably practicable and that any residual risks are adequately controlled.

Asesiad / Assessment

There have been no changes to the relevant legislation since the previous version of this Policy and Procedure. The main changes are as follows:

- The Policy and Procedure has been converted into the latest format.
- The corporate lead has been updated to the Executive Director of Allied Health Professions and Health Science rather than the Director of Nursing, Quality and Patient Experience.
- Paragraph added to outline the process for when a substance is not hazardous, but still has a Safety Data Sheet.
- Minor tweaks to the COSHH assessment templates in the appendices for clarity.

The reviewed and updated document was circulated to the full membership of the Health and Safety Advisory Group (HSAG) for comment for a period two weeks. The Group comprises of

representation from Health and Safety, Legal Services, Occupational Health, Infection Prevention, Operational Compliance, Fire and Manual Handling. No comments were received.

The Policy and Procedure was also subject to a two-week global consultation to all staff, to which no comments were received.

The updated 703 – Control of Substances Hazardous to Health (COSHH) Policy and Procedure was locally approved by the HSAG on 11 December 2024.

For this Policy and Procedure to be successful, all managers will need to ensure that all staff within their areas of responsibility understand and comply with the requirements of the Policy and Procedure.

This Policy and Procedure will be available in all areas via the HDdUHB Policy Intranet site. The Health, Safety and Security Department will monitor and review this document on a three-yearly basis (or sooner in light of changes in legislation or practice). This will provide a measurement of performance and ensure adequate processes and structures are in place, as well as continuing compliance with statutory responsibilities.

Argymhelliad / Recommendation

FOR DECISION

For the Health and Safety Committee to **approve**:

- 703 – Control of Substances Hazardous to Health (COSHH) Policy and Procedure.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.16 Approve organisational Health and Safety Policies, Procedures, Guidelines and Codes of Practice (policies within the scope of the Committee).
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 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 4. The best health and wellbeing for our individuals, families and communities 5. Safe sustainable, accessible and kind care

Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
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:	<ul style="list-style-type: none"> • The Health and Safety at Work etc. Act 1974; • All subordinate health and safety legislation (see relevant law below for examples of law relevant to this policy); • HSE Approved Codes of Practice (ACOPs); • HSE Guidance; • EU Directives.
Rhestr Termiau: Glossary of Terms:	As contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Key Stakeholder Consultation Health & Safety Advisory Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There are no direct costs associated with the policies/procedures. Indirect costs may be incurred, such as external training requirements or specialist waste collection.
Ansawdd / Gofal Claf: Quality / Patient Care:	There is a positive impact on staff safety, health and wellbeing through compliance with this Policy.
Gweithlu: Workforce:	There will be no adverse impact upon staff.
Risg: Risk:	N/A
Cyfreithiol: Legal:	A breach of health and safety regulations can 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:	N/A
Cydraddoldeb: Equality:	The EqIA has been reviewed and updated. There was no evidence to indicate that the policy would have an adverse effect on any group or individual with any one or multiple protected characteristics that could not be mitigated.

Control of Substances Hazardous to Health (COSHH) Policy & Procedure

Policy information

Policy number: 703

Classification: Corporate

Supersedes: V2

Version number: V3

Date of Equality Impact Assessment: [Detail date of EqlA](#)

Approval information

Approved by: Health and Safety Committee

Date of approval: [14/01/2025](#)

Date made active:

Review date:

Summary of document:

This policy and procedure contains information and guidance on the control and management of substances hazardous to health within Hywel Dda University Health Board (HDdUHB).

Scope:

The scope of this policy includes all paid employees of HDdUHB and all individuals who are not direct employees, but who undertake duties on any premises owned, leased, or managed by HDdUHB, including bank or agency staff, volunteers, contractors, or suppliers working on HDdUHB premises.

To be read in conjunction with:

[010 Health and Safety Policy](#) – opens in a new tab

[144 Operational Maintenance Policy](#) – opens in a new tab

[151 Personal Protective Equipment \(PPE\) Policy](#) – opens in a new tab

[156 Risk Management Strategy](#) – opens in a new tab

[258 Waste Management Policy](#) – opens in a new tab

[382 Estates Ventilation Policy](#) – opens in a new tab

[403 Water Safety Policy](#) – opens in a new tab

[674 Risk Assessment Procedure](#) – opens in a new tab

[696 First Aid at Work Procedure](#) – opens in a new tab

[814 Fit-Testing for Respiratory Protective Equipment \(RPE\) Procedure](#) – opens in a new tab

Patient information: Not applicable

Owning group:

Health and Safety Advisory Group 11/12/2024

Executive Director job title:

Executive Director of Allied Health Professions and Health Science

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V1 – 17/03/2021 Extended

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Keywords:

Control of Substances Hazardous to Health, COSHH, Exposure, Agents, Respiratory

Glossary of terms:

Term	Definition
CLP	Classification, Labelling and Packaging of Substances and Mixtures Regulation (EC) 1272/2008
COSHH	Control of Substances Hazardous to Health Regulations 2002
DSEAR	Dangerous Substances and Explosive Atmospheres Regulations 2002
GHS	Globally Harmonised System of Classification and Labelling of Chemicals
HASAWA	Health and Safety at Work etc. Act 1974
RPE	Respiratory Protective Equipment
WEL	Workplace Exposure Limit
EC	European Regulation
REACH	Registration, evaluation, Authorisation and restriction of chemicals
ECA	European Chemicals Agency
CHIP	Chemicals (Hazard Information and Packaging for Supply) Regulations
CLP	Classification, Labelling and Packaging of Substances
PPE	Personal Protective Equipment
RPE	Respiratory Protective Equipment

Key points:

This procedure outlines the steps required to control the risks presented by substances hazardous to health in the workplace.

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Introduction

The Hywel Dda University Health Board (HDdUHB) has statutory obligations under the Health and Safety at Work etc. Act 1974 (HASAWA) to ensure the health, safety and welfare of all employees and anyone affected by their work, so far as is reasonably practicable. This includes taking steps to control the risks presented by substances hazardous to health in the workplace.

The Control of Substances Hazardous to Health Regulations 2002 (COSHH) require HDdUHB to protect employees and others who may be exposed by applying eight basic steps of good management. These steps are set out in this policy and procedure document and will ensure that the organisation has a robust management system for assessing risks and implementing control measures.

Policy Statement

Many potentially hazardous substances are used in the organisation, each with their own benefit; however the use of these substances can also put people's health at risk, so the law requires employers to control exposure to prevent ill health.

HDdUHB will ensure, so far as is reasonably practicable, that those within the scope of this policy who are required to work with substances hazardous to health are protected from risks to their health and safety. If a person is required to work with substances hazardous to health in their workplace then they must be able to do so safely.

Scope

The contents and requirements of this policy are applicable to the following groups;

- All paid employees of Hywel Dda University Health Board,
- Individuals who are not direct employees but who undertake duties on any premises owned, leased, or managed by HDdUHB. These may include:
 - Bank or agency staff;
 - Students;
 - Volunteers;
 - Contractors and suppliers working on HDdUHB premises.

Aim

To reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. In doing so, this will support the HDdUHB and its employees in meeting the requirements and responsibilities outlined within the COSHH Regulations and the associated Approved Code of Practice and Guidance.

Objectives

To ensure that any exposure to hazardous substances is adequately controlled to prevent injury or ill health by applying the eight steps set out in the COSHH Approved Code of Practice and Guidance which are:

- Assess the risks;
- Decide what precautions are needed;
- Prevent or adequately control exposure;
- Ensure that control measures are used and maintained;
- Monitor exposure;
- Carry out appropriate health surveillance;
- Prepare plans and procedures to deal with accidents, incidents, and emergencies;
- Ensure that employees are properly informed, trained, and supervised.

Definitions

Hazardous Substance: Any substance which has by its intrinsic properties the potential to cause harm to the health of a person. These can include substances used directly in work activities (e.g. cleaning agents), substances generated during work activities (e.g. fumes from welding) and biological agents such as bacteria and other micro-organisms.

- Under COSHH there are a range of substances regarded as hazardous to health:
- Substances or mixtures classified as dangerous to health under The European Regulation (EC) No 1272/2008 on classification, labelling and packaging of substances and mixtures – the CLP Regulation. These can be identified by their warning labels. Under the European wide REACH (Registration, Evaluation, Authorisation and restriction of Chemicals) which became law in the UK in June 2007 chemical suppliers must also provide a safety data sheet which includes important information on the chemical or substance.
- Substances with workplace exposure limits are listed in the HSE publication EH40: Please see <http://www.hse.gov.uk/coshh/table1.pdf>. Workplace Exposure Limits are also found in Section 8 of Safety Data Sheets.
- Biological agents (bacteria, viruses, and other micro-organisms) of Hazard Group 3 or 4, if they are directly connected with the work e.g. exposure to bodily fluids/clinical waste, or incidental to the work (e.g. exposure to bacteria from an air conditioning system that is not properly maintained).
- Any kind of dust if its average concentration in the air exceeds the levels specified in COSHH (inhalable and respirable dust limits).
- Cytotoxic medication (e.g. chemotherapy agents)
- Any other substance which creates a risk to health, but which for technical reasons may not be specifically covered by CLP Regulations including asphyxiants, pesticides, medicines, cosmetics, or substances produced in chemical processes or reactions.
- Hazardous substances that COSHH does not apply to include:
 - Asbestos and lead, which have their own regulations
 - Substances which are hazardous to health only because they:
 - (i) Are radioactive
 - (ii) Are at high pressure
 - (iii) Are at extreme temperatures

- (iv) Have explosive or flammable properties (other regulations apply to apply to these risks, such as DSEAR)
- Biological agents that are outside the employer's control (e.g. catching an infection from a work colleague).

Routes of Exposure: The methods by which substances could enter the body or cause harm are:

- Inhalation
- Ingestion
- Contact/Absorption via skin and eyes
- Injection (needle puncture or liquids under pressure)

WEL: Workplace Exposure Limit. WELs are UK occupational exposure limits and are set in order to help protect the health of workers. WELs are concentrations of hazardous substances in the air, averaged over a specified period of time, referred to as a time weighted average (TWA). Two time periods are used:

- Long term (8 hours)
- Short Term (15 minutes)

WELs are found in the Material Safety Data Sheet (Section 8), or in the HSE document EH40. Other countries/territories may issue their own WELs, so if in doubt consult EH40 (taking care to check the documents for synonyms of the substance in question).

CHIP: CHIP is the abbreviated name for the Chemicals (Hazard Information and Packaging for Supply) Regulations. CHIP was replaced by the European CLP Regulation on 1st June 2015.

CLP: Classification, Labelling and Packaging of Substances. The European Regulation (EC) No 1272/2008 on classification, labelling and packaging of substances and mixtures – the CLP Regulation – came into force in all EU member states, including the UK, on 20th January 2010. The CLP Regulation:

- Adopts in the EU the Globally Harmonised System (GHS) on the classification and labelling of chemicals;
- Was phased in through a transitional period which ended on 1st June 2015. The CLP Regulation applied to substances from 1st December 2010, and to mixtures (preparations) from 1st June 2015;
- Applies directly in all EU member states. This means that no national legislation is needed;
- Is overseen by the European Chemicals Agency (ECHA);
- Replaced CHIP from 1st June 2015.

Hazard Symbols and Pictograms:

Old CHIP Symbols:



These symbols helped us to know that the chemicals we were using might be explosive, oxidising, highly or extremely flammable, (very) toxic, harmful, irritant, corrosive, or dangerous for the environment. One or more might have appeared on a single chemical. These symbols have been replaced by others because the law on chemical classification and labelling has recently changed (from CHIP to CLP). The new symbols, called pictograms, show similar images, but with a different shape and colour.

Any substances in the workplace that are marked with the CHIP pictograms above are obsolete products that predate 2015. These products should be removed from use and replaced with new products. The hierarchy of risk should be applied to see if this product is still required (can it be eliminated?). If this is not practicable, can it be substituted for a safer product/form?

Any Material Safety Data Sheets marked with these pictograms are outdated and an updated version is required.

New CLP Pictograms:



You will see that the harmful symbol is now missing. This is because it has been replaced by the new exclamation mark pictogram:



This pictogram will refer to less serious health hazards such as skin irritancy / sensitisation.

Some new pictograms have also been introduced:



This pictogram reflects serious longer term health hazards such as carcinogenicity and respiratory sensitisation.



This pictogram means “Contains gas under pressure”.

Hazard Statements: New hazard statements under CLP have replaced the CHIP risk phrases and are separated into H200s for Physical Hazards, H300s for Health Hazards and H400s for Environmental Hazards. Hazard statements provide information about the nature and the degree of the hazard and each hazard statement has a corresponding identification code.

Precautionary Statements: New precautionary statements under CLP replaced the CHIP safety phrases and are separated into P100s for General, P200s for Prevention, P300s for Response, P400s for storage and P500s for Disposal. Precautionary statements provide information on the measures to take to minimize or prevent effects from physical, health or environmental Hazards. These include first aid and emergency measures (response). For example:

- P103 – Read label before use
- P271 – Use only outdoors or in a well-ventilated area
- P304 – If inhaled.....
- P405 – Store Locked up
- P501 – Dispose of contents to.....

Signal word: The CLP introduced a new requirement for labelling – a signal word, either “Warning” or “Danger” depending on the severity of the hazard.

Roles and Responsibilities

The Chief Executive has overall responsibility for this policy, to ensure a safe working environment where reasonably practicable control measures can be applied to minimise the risks from substances hazardous to health.

The Director of Allied Health Professions and Health Science has delegated Executive Board responsibility for the management of health and safety and the championing of health and safety issues at Board Level. The Director of Allied Health Professions and Health Science is therefore responsible for the operational implementation of this and other health and safety policies.

Departmental and Premises Managers are directly responsible and accountable to the Director of Allied Health Professions and Health Science for ensuring that all health & safety risks are adequately controlled within their area of responsibility. This includes specific duties under COSHH:

- To ensure their staff are aware of the COSHH assessment policy and procedure;
- To ensure training is made available to staff within their area of responsibility;
- To ensure all appropriate action is taken to minimise COSHH risks within their area of responsibility;
- To ensure COSHH risks are included in the Datix risk register and are managed as per the HDdUHB risk assessment procedure;
- To monitor the process of assessing COSHH risks within their area of responsibility;
- To report to the Health and Safety Committee the status of compliance with this policy & procedure;
- To ensure any shortcomings identified in the COSHH risk assessments in relation to control measures are assessed and managed as per the Risk Assessment Guidance;
- To ensure, where appropriate, hazardous substances are replaced with a safer alternative;
- To ensure the principles of good practice are applied;
- To ensure control measures are used and maintained;
- To liaise with the Health, Safety and Security Department to determine if exposure monitoring is required;
- To liaise with the Occupational Health Department to determine if health surveillance is required;
- To prepare plans and procedures to deal with accidents, incidents and emergencies;
- To ensure local information, training and supervision in relation to COSHH;
- To periodically audit their department/premises to ensure continued COSHH compliance.

Line Managers, Ward Managers, Team Leaders and Supervisors etc with day-to-day responsibility for staff are directly accountable and responsible to their immediate line manager for the health & safety of all staff patients, clients, visitors, contractors and members of the public within their area of responsibility. This also includes specific duties under COSHH:

- To identify the substances present in their assigned area;
- To obtain a manufacturer's safety data sheet for chemicals used in their areas;
- To complete and update a COSHH Risk Assessment Form for each identified substance and ensure that any further required action is completed (example for in [Appendix 1](#));

- To ensure, when the need has been identified for employees to wear respiratory protective equipment, that it be tested to ensure that it is fit for use;
- To review COSHH assessments if there are any changes or at least every three years;

The Health, Safety and Security Department is responsible for:

- Providing advice on the COSHH Policy and Procedure, including risk assessment;
- Carrying out or arranging appropriate exposure monitoring where required;
- Liaising and consulting with the Occupational Health Department where required;
- Providing information on request regarding the substitution of hazardous substances with safer alternatives;
- Updating and reviewing the COSHH Policy and Procedure every three years or earlier should audit results or changes to legislation, guidance, policy and organisation structures within HDdUHB indicate otherwise.

The Estates Department is responsible for the following under COSHH:

- Ensuring that any engineering controls, such as local exhaust ventilation, are thoroughly examined and tested at least once every 14 months or sooner if required by the COSHH Regulations;
- Keeping a record of examinations and tests and a record of repairs carried out as a result of examinations and tests and ensuring that these are kept for a minimum of 5 years from the date of the examination, test or repair.
- Ensuring that all contractors engaged by the Estates Department to carry out work have the necessary information on any hazardous substances that they may encounter and have undertaken the necessary COSHH assessments for any substances that they may bring to and/or use on any HDdUHB premises.

The Environment Team is responsible for the following under COSHH:

- Through the operation of an ISO 14001 Environment Management System, the team will periodically spot check departmental arrangements for COSHH.
- In line with the Waste Management Policy, the team will provide advice regarding and assist with the disposal of substances subject to COSHH.

The Occupational Health Department is responsible for the following under COSHH:

- Providing advice to managers, when requested, on the availability and appropriateness of health surveillance;
- Undertaking appropriate health surveillance and keeping suitable records for at least 40 years;
- Informing employees of results of health surveillance and any actions required;
- Liaising with General Practitioners if necessary;
- Providing quarterly and annual data (group results without giving individual names) on health surveillance when requested to appropriate groups such as the bi-monthly Health and Safety Committee;
- Liaising and consulting with the Risk/Health and Safety Managers as appropriate.

Employees have the following responsibilities under COSHH:

- All employees have a duty to take reasonable care for themselves and others as required by the Health and Safety at Work etc Act 1974; this duty extends to the safe use of substances hazardous to health;
- To make full and proper use of all control measures, including engineering controls or safe systems of work provided by or developed by the employer;
- Use Personal Protective Equipment (PPE) or Respiratory Protective Equipment (RPE) as indicated or dictated by the risk assessment;
- To report any defects and bring to the attention of managers any problems relating to the safe use of chemicals, including control measures or PPE;
- Attend for health surveillance, where required by the Occupational Health Department.

COSHH Procedure

Compliance

In order to comply with the COSHH Regulations the following eight steps are required:

- Assess the risks;
- Decide what precautions are needed;
- Prevent or adequately control exposure;
- Ensure that control measures are used and maintained;
- Monitor exposure;
- Carry out appropriate health surveillance;
- Prepare plans and procedures to deal with accidents, incidents, and emergencies;
- Ensure that employees are properly informed, trained, and supervised.

The Health and Safety Committee shall implement and audit this procedure.

For a substance that is not hazardous, a COSHH assessment may not be required. However, the evidence to support this decision is an appropriate Safety Data Sheet. This data sheet must clearly state that the substance is not classified as hazardous, “physical hazards: not classified” or “The product is not classified as hazardous according to Regulation (EC) 1272/2008 as amended” (data sheet must the exact text or its equivalent). If the substance is assessed as possessing no hazards to health, then a COSHH assessment will not be required but the Safety Data Sheet must be available.

Step 1: Assess the risks

Departmental or Premises Managers should ensure that Line Managers have:

- Identified the substances present in their assigned area(s);
- Obtained a manufacturer’s safety data sheet (SDS) for chemicals purchased by the organisation;
- Completed and updated the COSHH Risk Assessment Form (see [Appendix 1](#) and [Appendix 2](#)) for each identified substance and ensured that any further required action is completed. (Where

departments can evidence robust existing compliance with COSHH, alternative COSHH Risk Assessment Forms will be permitted for continued use, such as in Pathology).

Step 2: Decide what precautions are needed

The resulting COSHH Risk Assessment should be reviewed by the responsible Line Manager and the existing control measures should be compared against the recommended control measures.

Depending on the level of risk, any shortcomings should be notified to the Departmental or Premises Manager who is responsible for devising an action plan to ensure that all appropriate control measures are in place (See COSHH Risk Assessment Form for further details). It is also the Departmental or Premises Manager's responsibility to check that the existing control measures work and are effective.

The COSHH Risk Assessments should be filed in the departmental COSHH assessment file and should be reviewed by all who work in the department and a signature gained to verify this. It should be a living document and the responsible Line Manager should revisit if circumstances change. It should be reviewed every three years or when:

- There is reason to suspect the assessment is no longer valid (e.g. if the substance used changes in composition or another substances is introduced to do the same task);
- There has been a significant change in the work process / activity;
- The results of monitoring employees' exposure show it to be necessary.

A new process or substance should be reviewed once it has been established in the workplace, so that control measures, precautions, and training can be evaluated for ongoing suitability.

Step 3: Prevent or adequately control exposure

Exposure to hazardous substances should be prevented if it is reasonably practicable to do so. This could be achieved by:

- Changing the process or activity so that the hazardous substance is not needed or generated;
- Replacing it with a safer alternative;
- Use it in a safer form, e.g. pellets instead of powder.

The HSE COSHH basics guidance on substance substitution (available on their website) advises how to replace hazardous substances with safer alternatives. This is the responsibility of Departmental or Premises Managers. Assistance with this can be obtained from the Health, Safety and Security Department. If prevention of exposure is not reasonably practicable, then it must be adequately controlled. The Departmental or Premises Manager should consider and put in place measures appropriate to the activity and consistent with the COSHH risk assessment, including, in order of priority, one or more of the following:

- Use appropriate work processes, systems, and engineering controls, and provide suitable work equipment and materials e.g. use processes which minimise the amount of material used or produced, or equipment which totally encloses the process;
- Control exposure at source (e.g. local exhaust ventilation), and reduce the number of employees exposed to a minimum, the level and duration of their exposure, and the quantity of hazardous substances used or produced in the workplace;
- Provide personal protective equipment e.g. face masks, respirators, protective clothing), but only as a last resort and never as a replacement for other control measures which are required.

Under the COSHH Regulations, exposure to a substance hazardous to health will be considered to be adequately controlled if:

- The eight principles of good practice set out in Schedule 2A to COSHH are applied;
- The workplace exposure limit for the substance (if there is one) is not exceeded;
- If the substance is known to cause cancer, heritable genetic damage or asthma, exposure is reduced to as low a level as is reasonably practicable.

The Health, Safety and Security Department will inform the Departmental or Premises Manager if workplace monitoring shows that exposure levels have been exceeded and will provide recommendations.

For carcinogens (substances that cause cancer) or mutagens (substances that may cause heritable genetic damage) special requirements apply. These are summarised in [Schedule 1 of the Control of Substances Hazardous to Health Regulations Approved Code of Practice and Guidance L5 \(sixth edition\) 2013](#).

Step 4: Ensure control measures are used and maintained

COSHH requires employees to make proper use of control measures and to report defects. It is the Departmental or Premises Manager's responsibility to take all reasonable steps to ensure that they do so. Employees should be made familiar with COSHH assessments for their area, the control measures they should use and their responsibility to report any defects.

Items of equipment such as local exhaust ventilation and systems of work have to be regularly checked to make sure they are still effective. COSHH sets specific intervals between examinations for local exhaust ventilation equipment, and it is the Departmental or Premises Manager's responsibility to ensure that arrangements for these inspections are in place and to liaise with the Estates Department if necessary. Records of examinations and tests carried out (or a summary of them) should be kept for at least five years.

RPE should be examined and, where appropriate, tested at suitable intervals. Face-fit testing should be undertaken where necessary. For further information, please see the Fit Testing for Respiratory Protective Equipment (RPE) Procedure (currently in development). For RPE to be suitable it must be matched to the job, the environment, the anticipated airborne contaminant exposure level, and the wearer. As people come in all sorts of shapes and sizes it is unlikely that one particular type, or size of

RPE facepiece, will fit everyone. Fit testing will help ensure that the equipment selected is suitable for the wearer.

Step 5: Monitor exposure

Under certain circumstances the concentration of hazardous substances in the air breathed in by staff will need to be measured. The COSHH Risk Assessment will indicate if monitoring or exposure may be required. Departmental or Premises Managers should liaise with the Health, Safety and Security Department / Estates Department to determine if any monitoring is needed.

Any records of exposure monitoring will be forwarded to the responsible Departmental or Premises Manager and copies kept for at least five years by the Estates Department.

Where an employee has a health record, any monitoring results relevant to them as an individual must be kept with their health record. They should be allowed access to their personal monitoring record.

Step 6: Carry out appropriate health surveillance

The COSHH Regulations require health surveillance to be carried out under certain circumstances. The Occupational Health Department will provide advice to managers, when requested, on the availability and appropriateness of health surveillance. The COSHH Risk Assessments can be used as an aid to identify areas where health surveillance may be required.

Health surveillance might involve examination by a doctor or trained nurse, or simple skin checks or a questionnaire by a trained supervisor. Under certain circumstances biological monitoring may be appropriate. It is the Departmental or Premises Manager's responsibility to ensure that any employees requiring health surveillance are referred to the Occupational Health Department. A health record of any health surveillance carried out must be kept for at least 40 years by the Occupational Health Department.

Step 7: Prepare plans and procedures to deal with accidents, incidents and emergencies

Plans and procedures are required where the work activity gives rise to a risk of an accident, incident or emergency involving exposure to a hazardous substance, which goes well beyond the risks associated with day-to-day work. In such circumstances the Departmental or Premises Manager, with the support of the Health, Safety and Security Department if required, must plan a response to an emergency involving a hazardous substance before it happens. The plan must include the identification and mitigation of COSHH risks associated with the potential accident, incident or emergency.

If carcinogens, mutagens, or biological agents are used, appropriate emergency plans and procedures should be in place.

However, the organisation does not have to introduce these emergency procedures if:

- The quantities of substances hazardous to health in the workplace are such that they present only a slight risk to employees' health and;
- The control measures put in place are sufficient to control the risk.

Step 8: Ensure that employees are properly informed, trained and supervised

There is a legal requirement under COSHH for the HDdUHB to provide suitable and sufficient information, instruction, and training. COSHH awareness forms part of the Health, Safety and Welfare course on the mandatory training programme.

Staff should also undergo local training which is specific to their role and must be focused on the substances which members of staff actually come into contact with as part of their work.

Local information, instruction and training should include:

- The names of the substances they work with or could be exposed to and the risks created by such exposure, and access to any safety data sheets (SDSs) that apply to those substances;
- The main findings of the risk assessment;
- The precautions they should take to protect themselves and other employees;
- How to use personal protective equipment and clothing provided;
- Results of any exposure monitoring and health surveillance (without giving individual employee's names);
- Emergency procedures which need to be followed.

It is the Departmental or Premises Manager's responsibility to ensure that local information, instruction, and training is undertaken. The basis of the local training would be bringing to the staff's attention the local COSHH assessments and signing to say they have reviewed them.

The information, instruction and training should be updated and adapted to take into account significant changes in the type of work carried out or work methods used.

Monitoring Compliance, Audit & Review

The Health and Safety Committee will ensure that the policy & procedures are implemented and monitored. This will be re-enforced within localities by local risk management and health and safety arrangements.

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within HDdUHB indicate otherwise.

Acknowledgements & Reference Material

The following reference sources have been used in the compilation of this Control of Substances Hazardous to Health (COSHH) Policy & Procedure:

- Powys Teaching Health Board (2017), [Control of Substances Hazardous to Health \(COSHH\) Policy & Procedure](#)
- Portsmouth Hospitals NHS Trust (2015), [Control of Substances Hazardous to Health \(COSHH\) Policy](#)
- Aneurin Bevan University Health Board (2014), [Policy for the Control of Substances Hazardous to Health \(COSHH\)](#)
- Cardiff and Vale University Health Board (2015), [Control of Substances Hazardous to Health Procedure](#)
- H.M. Government: Statutory Instrument (2002), [Control of Substances Hazardous to Health. The Control of Substances Hazardous to Health Regulations 2002 as amended](#), H.M. Stationary Office, London.
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- HSE (2017), [COSHH Essentials: Control Exposure to Chemicals – A Simple Control Banding Approach](#), HSE Books, Norwich, England
- HSE (2012) [Working with Substances Hazardous to Health, A brief guide to COSHH INDG136\(rev5\)](#), HSE Books Sudbury, England.
- HSE (2007) [EH40/2005- Occupational Exposure Limits, Table 1: List of approved workplace exposure limits \(as consolidated with amendments October 2007\)](#), HSE, England
- The general style is based on a public domain COSHH form that was significantly modified to include text from the CLP Regulations, GHS pictograms, some elements of HDUHB Policy 703 V1, elements of a standard format MSDS, and other aspects required to demonstrate compliance.











Relevant law:

- Health and Safety at Work etc Act 1974
- Control of Substances Hazardous to Health Regulations 2002 (as amended)
- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Workplace (Health, Safety and Welfare) Regulations 1992
- Provision and Use of Work Equipment Regulations 1998
- Personal Protective Equipment at Work Regulations 2002
- CLP Regulation (<https://echa.europa.eu/regulations/clp/legislation>)

Further information is available on the HSE website: <http://www.hse.gov.uk/coshh/index.htm>









The HSE COSHH essentials e-tool can be found at: <http://www.hse.gov.uk/coshh/essentials/coshh-tool.htm>

Appendix 1: COSHH Risk Assessment Form (Substance Based)

 Bwrdd Iechyd Prifysgol Hywel Dda University Health Board		<h2 style="margin: 0;">COSHH ASSESSMENT Substance-Based</h2>		
Name of substance or product				
Manufacturer/Supplier <i>Address, e-mail, emergency contact phone number</i>				
Description of substance <i>Physical form, pack size, container</i>				
Details of environmental exposure <i>(where relevant)</i>				
Describe the work process and relevant equipment				
Location/s of work process				
Information sources <i>Material Safety Data Sheet</i>				
Persons at risk of exposure		Employees / Contractors <input type="checkbox"/>	Patients / Service users <input type="checkbox"/>	Visitors / Public <input type="checkbox"/>
Hazardous chemical substances – MSDS Section 3.1 & 3.2; <i>proprietary products may only give a concentration range; see below to sections regarding medication and micro-organisms/biological agents.</i>				
Hazardous substances and concentration				
Classification of chemical hazards (GHS hazard pictograms, CLP Regulation) – MSDS Section 2.2; <i>set the relevant hazards below (shown in the Safety Data sheet) to bold type and put an X in the relevant box.</i>				
 <input type="checkbox"/> Acute toxicity (Cat 1 - 3) Fatal if swallowed; Fatal in contact with skin Fatal if inhaled; Toxic if swallowed; Toxic in contact with skin; Toxic if inhaled;		 <input type="checkbox"/> Corrosive May be corrosive to metals; Causes severe skin burns and eye damage;		 <input type="checkbox"/> Hazardous to the environment Very toxic to aquatic life with long lasting effects; Toxic to aquatic life with long lasting effects;
 <input type="checkbox"/> Health Hazard (Cat 4) May cause respiratory irritation; May cause drowsiness or dizziness May cause an allergic skin reaction; Causes serious eye irritation; Causes skin irritation; Harmful if swallowed; Harmful in contact with skin; Harmful if inhaled; Harms public health and environment by destroying ozone in the upper atmosphere;		 <input type="checkbox"/> Flammable Extremely flammable gas; Flammable gas; Extremely flammable aerosol; Flammable aerosol; Highly flammable liquid and vapour; Flammable liquid and vapour; Flammable solid; May also include the following substances: <i>pyrophoric; self-heating; self-igniting; those which produce flammable gas on contact with water;</i>		 <input type="checkbox"/> Explosive Unstable explosive; Explosive; mass explosion hazard; Explosive; severe projection hazard; Explosive; fire, blast, or projection hazard; May mass explode in fire;
 <input type="checkbox"/> Serious Health Hazard May be fatal if swallowed and enters airways; Causes damage to organs; May cause damage to organs; May damage fertility or the unborn child; Suspected of damaging fertility or unborn child; May cause cancer; Suspected of causing cancer; May cause genetic defects; Suspected of causing genetic defects; May cause allergy or asthma symptoms or breathing difficulties if inhaled;		 <input type="checkbox"/> Oxidising May cause or intensify fire (oxidiser); May cause fire or explosion (strong oxidiser);		 <input type="checkbox"/> Gas under pressure Contains gas under pressure - may explode if heated; Contains refrigerated gas - may cause cryogenic burns or injury;

Hazardous medication – cytotoxic and cytostatic medication only; in “Details” include trade name and drug name; administration route, dose i.e. concentration in IV bag/injection and volume, likely concentration in urine or other body fluids (if risk of exposure), make/model of devices used (IV closed systems, sharps);							
Medication name		Cytotoxic (Yes/No)		Cytostatic (Yes/No)			
Details							
Hazardous micro-organisms/biological agents – organism must be a Hazard Group 3 or 4 organism to be considered hazardous; if not known, provide names of expected organism/agents/types of agent							
Name of organism			Hazard Group				
Biological material							
Hazards not covered by other criteria - MSDS Section 9, plus physical properties							
Asthmagen	Mutagen	Asphyxiant	By-product (curing/drying, decomposition, reaction)	Other hazard - specify (e.g. skin absorption)			
Physical form of substance – some substances may be present in more than one form at the same time e.g. solvents, fuel. Other – can be gel, suspension.							
Solid	Liquid	Gas	Vapour	Aerosol/Mist	Fume	Dust	Other (specify)
Other relevant details – include appearance, relevant physical or chemical properties e.g. flash point, VOC content							
Route of Exposure - MSDS Section 4; also based on process, substance form, and equipment							
Inhalation		Contact/absorption): skin, eyes		Ingestion		Injection	
Level of exposure/contact - approximates or weekly/monthly average use is acceptable if usage is variable.							
How many people handle the substance?							
Duration of exposure per shift/day/week/month							
Quantity prepared at a time							
Quantity used per shift/day/week/month							
Storage location and quantity; type of storage unit							
Does the substance pose additional risk to vulnerable staff/others in the workplace – additional control measures; health considerations; information accessibility; risks to others in workplace e.g. vapour drawn into ventilation systems.							
Workplace Exposure Limits (WELs) - MSDS Section 8; HSE EH40; please indicate n/a where not applicable. Control measures must reduce exposure to below WEL. If there is no WEL, exposure must be ALARP – As Low As Reasonably Practicable.							
Substance name		STEL (15 min)		TWA (8-hour)			
		ppm	mg/m ³	ppm	mg/m ³		
Risks to Health from Identified Hazards – MSDS Section 2.2; Hazard (H) statements - H200-H290 list physical hazards; H300-H373 list Health Hazards; H400-433 list Environmental Hazards							

Can the substance be eliminated or substituted for a safer product/form/concentration/quantity? <i>Complete COSHH assessment for current substance if still in use; substitute; then re-assess/assess new substance</i>	
Current Control Measures - MSDS Section 8.2 ; engineering controls ; include detail on actions upon failure of control measures, servicing and maintenance of engineering controls;	
Safe Systems of Work – Documented procedures (attach/reference) ; Information Training Instruction Supervision ; restrictions on Confined/Restricted Spaces and Lone Working ;	
Health Surveillance and Exposure Monitoring – if Yes, state type ; Health Surveillance is needed where a disease is linked to the substance, it is possible to detect this disease/adverse change, and it is likely the disease will occur.	
Is Health Surveillance by Occupational Health required?	(Yes/No)
Is Exposure Monitoring required?	(Yes/No)
Details of previous exposure monitoring - e.g. dust and vapour measurements. Include: date/s, contractor/s, aspects monitored, results/outcome, frequency, remedial actions. Reference the report and attach.	
Personal Protective Equipment - MSDS Section 8.2; state type & standard; make & model if supplied; PPE is not a control measure; PPE must be worn if there is residual risk (after control measures), or risk of exposure if control measures fail.	

	Mask	e.g. FFP3, FRSM Type IIR		Eye protection	e.g. safety glasses with side protection; goggles;
	Respirator	e.g. full face mask, half mask; Make/model; include vapour/ particle filter P3, A1, etc.		Visor	Specify material for chemical compatibility; must have good side protection
	Gloves	e.g. butyl, nitrile; long cuffs		Protective clothing	e.g. overalls
	Footwear	e.g fluid resistant		Other (state type)	e.g. powered air respirator (loose fitting); supplied air system;

First Aid Measures - MSDS Section 4; acceptable to copy directly from MSDS; add relevant information from other sources; First Responder Advice may be needed for certain substances/situations to avoid additional casualties.	
If inhaled	
In case of skin contact	

In case of eye contact	
If ingested	
If injected	
First Responder Advice	

Fire action – MSDS Section 5; acceptable to copy directly from MSDS; add relevant information from other sources

Extinguishing media (Suitable extinguishing media, Unsuitable extinguishing media)
 Special hazards arising from the substance or mixture (Hazards from the substance or mixture, Hazardous combustion Products)
 Advice for firefighters (Special protective actions for fire-fighters, Special protective equipment for fire-fighters)

Actions in the event of a Spill or Accidental Release - MSDS Section 6; spill training, required spill kit contents, rehearsals, who to contact in the event of an accidental release

Required storage conditions - MSDS Section 7; add relevant information from other sources.

Location	e.g. Chemical cabinet, flammable cabinet, locked cupboard, store room, compound
Temperature	e.g. general (cool, not in direct sunlight) or specific (e.g. below 25°C), below the flash point.
Container	e.g. approved metal fuel container for storage, bunding
Incompatible substances	e.g. strong acids, oxidisers
Conditions to avoid	e.g. High temperatures, shock (dropping/hitting),
Security	e.g. must kept locked away

Disposal of Substances & Contaminated Containers - MSDS Section 13; Environmental or Health and Safety Team can advise on disposal. Please also consult HDUHB Waste Management Policy 258.

Waste type	Licensed contractor	HDUHB waste stream (e.g. black bag, tiger stripe, etc.)	Other (state)
Substance in original container (full/part-used/residue)			
Empty container			
Contaminated waste (e.g. cloths, used spill kit)			

Assessment of the risk – this must be based on current control measures

Are all the control measures described above currently in place ?	Yes/No	
Is exposure adequately controlled with all current control measures?	Yes/No	
If: required control measures are not in place, additional controls are needed to adequately control the risk, reasonable additional controls can further reduce the risk, specify these and completion dates below.		

Remedial/Additional Control Measures & Safe Systems of Work (add more lines if needed)	Target date	Date completed

If the exposure is **not** adequately controlled with all current control measures, work must cease until suitable and sufficient controls are in place.


Risk scoring

Multiply the Likelihood by the Consequence to obtain the Risk Score.
 To reduce Likelihood: Control measures, Safe Systems of Work; To reduce Consequence: Elimination, Substitution;
 If applying remedial/additional control measures, reassess the Risk Score below once all measures are in place.

Current Risk: Risk scoring of existing control measures

Likelihood rating		x	Consequence rating		=	RISK LEVEL	
Residual Risk: Risk scoring after remedial/additional control measures are in place							
Likelihood rating		x	Consequence rating		=	RISK LEVEL	
Likelihood rating							
Consequence rating		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain	
	5 Catastrophic	5	10	15	20	25	
	4 Major	4	8	12	16	20	
	3 Moderate	3	6	9	12	15	
	2 Minor	2	4	6	8	10	
	1 Negligible	1	2	3	4	5	
Risk level	Risk score	Response					
Low risk	1 to 3	Action only if low cost remedy, easy to implement. Re-access if process/ procedure, guidance or legislation changes, keep under review.					
Moderate risk	4 to 6	Action that is cost effective in reducing the risk, planned and implemented with a reasonable timeframe.					
High risk	8 to 12	Urgent action to remove or reduce the risk. To be escalated to senior management.					
Extreme risk	15 - 25	Immediate action to remove or reduce risk. Consideration to be given to stopping process. Inform the Departmental or Premises Manager and the Health, Safety & Security Department.					
Details of COSHH Assessment and reviews							
Assessor details – the person who conducted the initial COSHH assessment							
Name							
Job Title/Role							
Dept. / Ward							
Locality / Directorate							
Hospital / Site							
Date							
Review period							
COSHH assessment reviews – carry out periodically or when any significant aspect changes (e.g. substance, process, personnel, equipment, location). If a new process, review after 3 or 6 months or when process is established; set review period based on level of residual risk. Reviews should not be carried out by the person who was the most recent assessor/reviewer.							
Review date	Reviewer name & role	Check for updated MSDS; record relevant changes	Findings, actions, and date of completion				
Communication – how and where is this information shared and used e.g. IT IS (Information, Training, Instruction, Supervision)							

Appendix 2: COSHH Risk Assessment Form (Task Based)

 <p>GIG CYMRU NHS WALES</p> <p>Bwrdd Iechyd Prifysgol Hywel Dda University Health Board</p>	<h1>COSHH ASSESSMENT</h1> <h2>Task-based</h2>		
Describe the task (work process) and relevant equipment			
Location/s of task			
Sources of information <i>Material Safety Data Sheet, other sources</i>			
Persons at risk of exposure	Employees / Contractors <input type="checkbox"/>	Patients / Service users <input type="checkbox"/>	Visitors / Public <input type="checkbox"/>
<p>Assessment of the task</p> <p>Actions on Accidental Release/Spillage - MSDS Section 6; spill training, required spill kit contents, rehearsals, who to contact in the event of an accidental release. General First Aid procedures - MSDS Section 4; copy from MSDS & relevant information from other sources. General Fire actions - MSDS Section 5, copy from MSDS, & relevant information from other sources.</p>			
Can any substances eliminated/substituted?			
Control measures currently in place <i>Including engineering controls, ventilation, local exhaust ventilation.</i>			
Safe systems of work <i>Documented procedures (attach/reference), substance access control, IT IS (Information Training, Instruction, Supervision); restrictions on Confined Spaces/Lone Working.</i>			
Exposure to task <i>How many staff are trained to perform the task, how often is task performed; common/general aspects of handling.</i>			

<p>Are there any substances that pose additional risk to vulnerable staff or others in the workplace? Specify additional control measures; health considerations; information accessibility needs; Risks to others e.g. vapour drawn into ventilation systems, others in area.</p>		
<p>Is Health Surveillance required for any substance? If "Yes", specify details of substance and surveillance.</p>		
<p>Is Environmental Monitoring required? If "Yes", specify details of what, how, by whom; include any previous monitoring/assessment (attach/reference reports).</p>		
<p>Emergency procedures Include failure of control measures.</p>		
<p>Actions on Accidental Release/Spillage MSDS Section 6; spill training, required spill kit contents, rehearsals, who to contact in the event of an accidental release.</p>		
<p>General First Aid procedures Certain substances/situations may require additional advice to be given to First Responders.</p>	If inhaled	
	In case of skin contact	
	In case of eye contact	
	If ingested	
	If injected	
	First Responder Advice	
<p>General Fire actions</p>		

CLASSIFICATION OF HAZARDS for chemical substances including hazardous medication (see separate boxes for micro-organisms/biological agents);

If: control measures are not in place, additional controls are needed to adequately control the risk, or reasonable additional controls can further reduce the risk, specify these and completion dates below.

Remedial/Additional Control Measures & Safe Systems of Work <small>(add more lines if needed)</small>	Target date	Date completed

Is exposure adequately controlled?
If the exposure is not adequately controlled, specify the additional controls that need to be implemented and when they are in place.

Risk scoring – score the current control measures in "Current Risk" section. If applying remedial/additional control measures, reassess the Risk Scoring in the "Residual Risk" section once all measures are in place.

Current Risk: Risk scoring of existing control measures

Likelihood rating x Consequence rating = RISK SCORE

Residual Risk: Risk scoring after remedial/additional control measures are in place

Likelihood rating x Consequence rating = RISK SCORE

		Likelihood rating				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Consequence rating	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligible	1	2	3	4	5

Risk level	Risk score	Response
Low risk	1 to 3	Action only if low cost remedy, easy to implement. Re-access if process/ procedure, guidance or legislation changes, keep under review.
Moderate risk	4 to 6	Action that is cost effective in reducing the risk, planned and implemented with a reasonable timeframe.
High risk	8 to 12	Urgent action to remove or reduce the risk. To be escalated to senior management.
Extreme risk	15 - 25	Immediate action to remove or reduce risk. Consideration given to stopping process. Inform the Departmental or Premises Manager and the Health, Safety & Security Department.

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	Executive Director of Allied Health Professions and Health Science
Service Area	Health and Safety

Title of Procedure, Project, Proposal, Policy being screened:	703 – Control of Substances Hazardous to Health (COSHH) Policy and Procedure (Version 3)
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

This policy and procedure contains information and guidance on the control and management of substances hazardous to health within Hywel Dda University Health Board (HDdUHB).

The aim is to ensure that the risk of injury or ill health to all HDdUHB staff that may come into contact with hazardous substances is reduced as far as is reasonably practicable and that any residual risks are adequately controlled. In doing so it will be ensured that HDdUHB and its employees meet the requirements and responsibilities outlined within the COSHH Regulations and the associated Approved Code of Practice and Guidance.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

Own research
Expert knowledge
Advice from Diversity staff on previous versions of EqIA for this Procedure.

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
				x
Justification of impact identified: This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is assessed and managed appropriately. The procedure does not impact any particular protected group.				
Disability				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
				x
Justification of impact identified: This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is assessed and managed appropriately. The procedure does not impact any particular protected group.				
Gender Reassignment				
Is it likely to affect those who either:				
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
				x
Justification of impact identified: This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is assessed and managed appropriately. The procedure does not impact any particular protected group.				
Marriage / Civil Partnership				
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
				x
Justification of impact identified: This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is				

assessed and managed appropriately. The procedure does not impact any particular protected group.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:

This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is assessed and managed appropriately. The procedure does not impact any particular protected group.

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:

This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is assessed and managed appropriately. The procedure does not impact any particular protected group.

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:

This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is assessed and managed appropriately. The procedure does not impact any particular protected group.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:

This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is assessed and managed appropriately. The procedure does not impact any particular protected group.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
<p>Justification of impact identified: This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is assessed and managed appropriately. The procedure does not impact any particular protected group.</p>				
<p>Armed Forces Community Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'</p> <p>For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance</p>				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
<p>Justification of impact identified: This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is assessed and managed appropriately. The procedure does not impact any particular protected group.</p>				
<p>Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.</p> <p>For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty</p>				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
<p>Justification of impact identified: This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is assessed and managed appropriately. The procedure does not impact any particular protected group.</p>				
<p>Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.</p>				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>

Justification of impact identified:

This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is assessed and managed appropriately. The procedure does not impact any particular protected group.

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: [Equality Impact Assessments \(EqIAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Adam Springthorpe
	Title	Health & Safety Manager
	Contact details	adam.springthorpe@wales.nhs.uk
	Date	20/11/2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Adam Springthorpe
	Title	Health & Safety Manager
	Contact details	adam.springthorpe@wales.nhs.uk
	Date	20/11/2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@wales.nhs.uk
	Date	03/12/2024
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

4.2 - Policy Extension Request

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

- Policy 323 - Close Circuit Television (CCTV)
- Policy 170 - Lone Worker
- Procedure 767 – New and Expectant Mothers / Birthing Parents Procedure

Request for all three policies to be deferred to allow time for review by the Trade Union/Staff Partnership Forum.

| For approval

Attachments

[SBAR Policy Extension Request Jan 25 V1.0.pdf](#)

**PWYLLGOR IECHYD A DIOGELWCH
HEALTH & SAFETY COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 January 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Extension Request - Health and Safety Related Policies/Procedures (170), (323) and (767)
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)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Health and Safety Committee (HSC) is requested to grant a two-month extension for the following three health and safety related policies and procedures:

- 170 – Lone Worker Policy
- 323 – Closed Circuit Television (CCTV) Policy & Documentation
- 767 – New and Expectant Mothers / Birthing Parents Procedure

Cefndir / Background

170 – Lone Worker Policy

This policy sets out procedures and working practices to identify and minimise the risks associated with lone working and provides a structure for the management of staff who undertake lone working.

323 – Closed Circuit Television (CCTV) Policy & Documentation

This policy outlines a Health Board wide approach to the use of CCTV systems, defining roles and responsibilities. It describes practices that are compliant with all relevant legislation including the viewing and disclosure of recorded data.

767 – New and Expectant Mothers / Birthing Parents Procedure

This procedure contains information and guidance for new and expectant mothers or birthing parents employed by Hywel Dda University Health Board (HDdUHB) This procedure aims to protect the health, safety and welfare of employees that are pregnant or may become pregnant, new mothers or birthing parents and employees that are breast-feeding. HDdUHB recognises that certain factors arising from work may place new and expectant mothers or birthing parents at risk and is committed to ensuring the continued health, safety and welfare of these employees within the workplace.

Asesiad / Assessment

These three policies/procedures have been reviewed and updated and were hoped to be ready for the January 2025 HSC meeting. However, unfortunately due to the addition of a new element to the policy approval process, these three policies/procedures were deemed to require additional Trade Union / Staff Partnership Forum circulation ahead of their local approval. For this reason, the delay will mean that these three documents will not be ready in time for the HSC paper deadline (which is earlier than usual due to Christmas).

All three policies/procedures will therefore be tabled for approval at the March 2025 HSC.

Argymhelliad / Recommendation

FOR DECISION

For the Health and Safety Committee to approve an extension to the following policies / procedures:

- 170 – Lone Worker Policy
- 323 – Closed Circuit Television (CCTV) Policy
- 767 – New and Expectant Mothers / Birthing Parents Procedure

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.16 Approve organisational Health and Safety Policies, Procedures, Guidelines and Codes of Practice (policies within the scope of the Committee).
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 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 4. The best health and wellbeing for our individuals, families and communities 5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
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:	<ul style="list-style-type: none"> • The Health and Safety at Work etc. Act 1974; • All subordinate health and safety legislation (see relevant law below for examples of law relevant to this policy); • HSE Approved Codes of Practice (ACOPs); • HSE Guidance; • EU Directives.
Rhestr Termau: Glossary of Terms:	As 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:	Key Stakeholder Consultation Health & Safety Advisory Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There are no direct costs associated with extending the policies/procedures.
Ansawdd / Gofal Claf: Quality / Patient Care:	There will be a positive impact on staff safety, health and wellbeing through compliance with these policies / procedures. This positive impact is already in place without these extensions.
Gweithlu: Workforce:	There will be no adverse impact upon staff.
Risg: Risk:	N/A
Cyfreithiol: Legal:	A breach of health and safety regulations can 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:	N/A
Cydraddoldeb: Equality:	The EqIA for each policy/procedure will be reviewed and updated as part of the review.

5

11:20 AM, 0 Mins

5 - FOR INFORMATION

5.1

11:20 AM, 0 Mins

5.1 - HSC Workplan

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

| For information

Attachments

[HSC Work Programme 2024-25 v4.pdf](#)

HEALTH & SAFETY COMMITTEE WORK PLAN APRIL 2024 – MARCH 2025

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 2024 – March 2025.

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	07 May 2024	09 July 2024	10 Sept 2024	12 Nov 2024	14 Jan 2025	04 March 2025
GOVERNANCE & RISKS								
Welcome and Apologies	Chair	All	✓	✓	✓	✓	✓	✓
Declarations of Interests	Chair	CSO	✓	✓	✓	✓	✓	✓
Minutes from previous meeting	Chair	CSO	✓	✓	✓	✓	✓	✓
Matters Arising (not on agenda)	Chair	All	✓	✓	✓	✓	✓	✓
Table of Actions (ToAs)	Chair	CSO	✓	✓	✓	✓	✓	✓
Review of Terms of Reference (TORs)	Chair	JW				✓		✓
HSC Self-Assessment: 6-month Outcome Report 2023/24 - Progress Update	Chair	JW				✓		
HSC Self-Assessment Outcome Report 2024/25	Chair	JW						✓
Health & Safety Committee Annual Report	Chair	JS	✓					
Health and Safety Sub-Committee Update	JS	JS					✓	
Corporate Risks Assigned to HSC	JS	RW	✓		✓		✓	
Operational Risks Assigned to HSC	JS	RW		✓		✓		✓
H&S Sub-Committee TOR	JS					✓	✓	
H&S Governance Review and Updates					✓	✓	✓	
HEALTH & SAFETY UPDATES								
Staff/Patient Story	JS	various		D	D	D	✓	
H&S Update	JS	TH	✓	✓	✓	✓	✓	✓
Security Management Update	JS	TH	✓	✓		IC		
Fire Management Update	AC	RE/SC	✓		✓		✓	
Fire Safety Training	AC	RE/SC			✓		✓	
Fire Safety Audit System (Boris) Update Report	AC	SC		✓	✓	✓		
Estates Management Safety Review (review of outside	JS	TH/RE	✓	✓				

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	07 May 2024	09 July 2024	10 Sept 2024	12 Nov 2024	14 Jan 2025	04 March 2025
traffic areas)			(verbal)					
RAAC	JS	TH	✓		✓		✓	
RAAC - Amber review plan, including review of Primary Care premises	AC/JP	TH/tbc			✓			
RIDDOR: 6-monthly update	JS	AS	✓			✓		
PREVENT and CONTEST: Update 6-monthly update	AG	SH	✓			IC		
Major Incident Annual Plan: 2024/25	AG	SH		✓				
Estates Low Voltage (LV) Electricity Compliance Update	AC	SC	✓			✓		
WHTM (Welsh Health Technical Memorandums): 6-monthly update report	AC	SC	✓			✓		
H&S Internal Audit Report	JS	AS		✓		D	D	✓
H&S Training Compliance Update [<i>requested by IMs in committee self-assessment process</i>]	JS	TH					✓	
Control of Substances Hazardous to Health (COSHH) Update Report	JS	TH		✓				
Occupational Health Report (Needlestick Injuries)	JS	KR		D	D	✓		
Maintaining traffic flow outside PPH	AC	SB				✓		
Diff X Cleaning Agent: assurance report on the safety concerns raised by Facilities staff via the Trade Union Safety Group	tbc	TH/AS		✓	✓			
Martyn's Law/ Terrorism Protection of Premises Bill: A report on the detail, impact on the organisation, and timelines	tbc	tbc						✓
Security and V&A Risks	JS	tbc						IC
RIDDOR All-Wales Report	AS	AS					✓	
HEALTH & SAFETY REGULATIONS								
Health and Safety Regulations (tbc at agenda setting)	AC	AS/SC/TH	✓	✓	✓	✓	✓	✓
Bariatric Compliance (Manual Handling Operations Regulations 1992)	AC	TH			✓			
Display Screen Equipment	AC	TH		✓				
Control of Vibration at Work Compliance	AC	TH			✓			

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	07 May 2024	09 July 2024	10 Sept 2024	12 Nov 2024	14 Jan 2025	04 March 2025
Working at Height Compliance	AC	TH			✓			
Control of Substances Hazardous to Health (COSHH) training compliance	JS	TH					✓	
POLICIES FOR APPROVAL								
Policies for Approval (as required)	All	All	✓	✓	✓	✓	✓	✓
Critical Threat Level Response Framework	AG	SH		✓				

Initials

AC – Andrew Carruthers	KR – Karen Ryan
AG – Dr Ardiana Gjini	RE – Rob Elliott
AS – Adam Springthorpe	RW - Rachel Williams
CSO – Committee Services Officer	SC – Simon Chiffi
CW – Charlotte Wilmshurst	SD: Sharon Daniel
JS – James Severs	SH – Sam Hussell
JW – Jo Wilson	TH - Tim Harrison
SB -Stuart Bancroft	

6

11:20 AM, 0 Mins

6 - ANY OTHER BUSINESS

All

7 - MATTERS FOR ESCALATION TO BOARD

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

8 - DATE AND TIME OF NEXT MEETING

Tuesday 4 March 2025, 9.30am-11.30am

8.1

11:25 AM, 0 Mins

8.1 - Date and Time of Future Meetings

Tuesday 6 May 2025, 9.30am-11.30am