

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	07 July 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Compliance Against Health and Safety Regulations.
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	James Severs, Executive Director of Allied Health Professions and Health Science
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Adam Springthorpe, Health & Safety Manager

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

This report is presented to the Health and Safety Committee (HSC) as part of a new programme of regular reports assessing the Health Board's compliance against specific Health and Safety regulations, as well as relevant topic areas not covered by standalone regulations. This paper considers compliance with the following regulations/topics:

- Management of Health and Safety at Work Regulations 1999;
- Workplace (Health, Safety and Welfare) Regulations 1992;
- Health and Safety (Safety Signs and Signals) Regulations 1996.

**Cefndir / Background**

**Management of Health and Safety at Work Regulations 1999 (MHSWR)**

These regulations require:

- Suitable and sufficient risk assessments
- Effective health and safety governance arrangements
- Competent advice, training and supervision
- Health surveillance and protection of vulnerable groups

The Health Board has established robust arrangements to comply with the MHSWR 1999, including risk assessment processes, risk registers, health surveillance programmes, competent health and safety advice, staff training, and incident reporting systems. Effective arrangements are also in place for vulnerable groups and for contractor and partner coordination.

**Workplace (Health, Safety and Welfare) Regulations 1992**

These regulations require:

- Safe and well-maintained premises
- Appropriate environmental conditions (e.g. ventilation, temperature, lighting)

- Adequate welfare provision

Health Boards must provide and maintain safe, suitable workplaces, ensuring buildings, equipment, and systems are kept in good repair and efficient working order. They must ensure appropriate environmental conditions, including ventilation, lighting, temperature, cleanliness, and safe layout of floors, routes, and workspaces. They are also required to provide adequate welfare facilities such as toilets, washing facilities, drinking water, rest areas, and changing spaces. For Health Boards, this is delivered through estates and facilities management systems, inspection regimes, and planned maintenance programmes.

The Health Board has established arrangements to support compliance with the Workplace (Health, Safety and Welfare) Regulations 1992 through workplace inspections, audits, maintenance programmes, and defined responsibilities across Estates, Hotel Services, and operational managers.

### **Safety Signs and Signals Regulations 1996**

These regulations require:

- Provision of clear, standardised safety signage where risks remain
- Appropriate staff awareness and understanding

This is supported through inspection regimes, fire risk assessments, and Estates-led signage management.

Health Boards must provide safety signs and signals where significant residual risks remain, ensuring they are clear, standardised, and appropriately placed. Signs must communicate key information such as hazards, required actions (e.g. personal protective equipment (PPE), prohibitions, and emergency routes or equipment. They must also ensure staff understand and respond correctly to signage, supported through training and the consistent application of signage standards across sites. This includes visual signs, alarms, and other signals, used as an additional control measure rather than a substitute for risk reduction.

The Health Board demonstrates compliance with the regulations through a programme of workplace inspections and fire risk assessments that routinely review the adequacy, condition, and placement of safety signage. Compliance is further supported by Estates maintaining stocks of standard safety signs and through in-house sign production capabilities, enabling the timely provision, replacement, and adaptation of signage to meet operational and statutory requirements.

### **Asesiad / Assessment**

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

<b>Regulation</b>	<b>RAG</b>	<b>Key Message</b>	<b>Areas for Improvement</b>	<b>Assurance</b>
Management of Health and Safety at Work Regulations 1999		Strong health and safety management systems are in place, including risk assessment, risk registers, occupational health surveillance, competent advice, training, and incident reporting arrangements.	Further work required by the Clinical Care Groups (CCGs)/Functions to be able to evidence that required risk assessments are in place in local areas.	Risk assessment processes; CCG / Function risk registers; Occupational Health surveillance data; incident reporting system; training records; policy and governance framework.

Workplace (Health, Safety and Welfare) Regulations 1992		Core compliance achieved through inspections, audits, maintenance programmes, and welfare provision.	Improvement required in ventilation, temperature management, space utilisation, DSE assessment completion, traffic management, and staff welfare facilities. Compliance is constrained in some areas by the age and design of the estate.	Planned Health & Safety inspection programme; workplace inspection checklist data; risk stratification reports; Estates assurance reports; Ventilation Safety Group oversight; audit findings.
Health and Safety (Safety Signs and Signals) Regulations 1996		Effective systems are in place to monitor, maintain, and replace safety signage across the estate.	Continued monitoring through inspections and fire risk assessments to ensure signage remains appropriate as services and environments change.	Planned Health & Safety inspections; Fire Risk Assessments; Estates signage records; no significant concerns identified through assurance processes.

### Management of Health and Safety at Work Regulations 1999 (MHSWR)

The Health Board demonstrates substantial compliance with the MHSWR, supported by established systems including Datix Risk for the identification, assessment, and control of risks. Suitable and sufficient risk assessments are routinely undertaken across all activities, covering staff, patients, visitors, contractors, and volunteers, with evidence recorded through care plans, departmental processes, and Clinical Care Group (CCG)/Function risk registers. In addition to corporate risk assessments, examples include manual handling risk assessments, violence and aggression/security risk assessments, Control of Substances Hazardous to Health (COSHH) assessments, pregnancy care plans, patient-specific risk assessments, and many others.

Control measures are implemented in line with the hierarchy of risk control, with practical examples evident across clinical and non-clinical services.

Arrangements are in place to ensure the effective management of specific risk groups, including young persons and new or expectant parents, through targeted risk assessments. In addition, health surveillance programmes are delivered via Occupational Health services for staff exposed to higher-risk activities, supporting early identification and management of work-related ill health.

The Health Board has appointed competent persons to provide health and safety advice and support, underpinned by established governance arrangements, policies, procedures, and management structures. Systems are in place to provide information, instruction, training, and supervision, including management induction and role-specific guidance. Further details on health and safety training provision and compliance are provided within the separate *Health and Safety Training Overview* report.

The Health, Safety and Security Team is responsible for 22 approved health and safety policies and procedures, all of which are currently within their review date. Further information on written control document compliance is provided within the separate *6-Month Summary of Health and Safety Related Written Control Documents* report.

A well-established incident reporting system (Datix) supports staff in fulfilling their duties to report hazards, incidents, and near misses, contributing to organisational learning and continuous improvement.

Effective arrangements exist for cooperation and coordination with other employers, particularly within shared premises and integrated care environments, with processes in place to exchange risk information and align control measures.

The Health Board can provide reasonable assurance that robust arrangements are in place to support compliance with the MHSWR 1999, including established processes for risk assessment, health surveillance, training, incident reporting, and health and safety governance. While there is evidence that suitable and sufficient risk assessments are routinely undertaken across a wide range of activities, the Health Board does not currently have a comprehensive mechanism to provide assurance that all required risk assessments are in place and remain up to date. To address this, the Health and Safety Compliance Group is working with Clinical Care Groups / Functions to develop risk assessment metrics and reporting arrangements that will strengthen oversight and enable more comprehensive assurance to be provided in future.

### Workplace (Health, Safety and Welfare) Regulations 1992 (WHSWR)

Overall, the Health Board demonstrates amber (RAG-rated) compliance with the Workplace (Health, Safety and Welfare) Regulations 1992, with a structured approach to assurance through workplace inspections, audits, and defined responsibilities across Estates, Hotel Services, and departmental management.

The following RAG-Rated table shows compliance against each individual regulation, followed by a more detailed narrative below.

Reg.	Topic	RAG	Current Position	Continued Compliance / Improvement Required
4	Workplace requirements	Green	Inspection arrangements and audit processes established.	H&S Inspection programme paused until Head of Health, Safety and Security (HoHSS) starts. Risk stratification programme actions under review by CCGs and monitored by the HSCG.
5	Maintenance	Green	Maintenance systems in place through Estates and specialist services.	Maintain assurance reporting and planned preventative maintenance compliance.
6	Ventilation	Amber	Some ward areas may not achieve Health Technical Memorandum (HTM) ventilation standards.	Monitored closely by the Ventilation Safety Group. Prioritised capital investment programme required.
7	Temperature	Amber	Largely reactive management of heat stress. Aging infrastructure and ventilation are contributory factors.	Proactive planning required. H&S Team provide dedicated intranet resources. Monitored by the Ventilation Safety Group.
8	Lighting	Green	Estates maintenance and inspection arrangements in place.	Continue planned inspections and emergency lighting testing.
9	Cleanliness & Waste	Green	Robust cleaning, waste management and inspection processes.	Sustain audit performance and address local findings promptly.
10	Room Dimensions & Space	Amber	Some areas may exceed recommended occupancy standards.	Historic building design limits compliance in some areas. Estate modernisation and relocation of non-patient-facing staff, including through the Picton Terrace project, will

				reduce occupancy pressures and enhance compliance.
11	Workstations & Seating		DSE arrangements in place, but assessments not consistently completed.	Increase DSE assessment completion and monitor actions.
12	Floors & Traffic Routes		Parking pressures create local traffic-route risks.	Review parking controls and strengthen traffic management plans.
13	Falls/Falling Objects		Controls, permits and work at height / confined space arrangements in place.	Maintain inspection and permit-to-work assurance.
14	Windows & Transparent Surfaces		Requirements managed through inspections and building standards.	Continue periodic inspection programme.
15	Windows, Skylights & Ventilators		Restrictors and building compliance measures in place.	Verify restrictor inspections and maintenance records.
16	Window Cleaning		Some buildings require risk-assessed alternative access arrangements.	Develop long-term engineered access solutions where practicable.
17	Organisation of Traffic Routes		Vehicle-pedestrian interface risks require ongoing monitoring.	Undertake site traffic assessments and improve segregation.
18	Doors & Gates		Generally compliant through building standards and local controls.	Maintain inspection and service programme.
19	Escalators & Moving Walkways	N/A	Not applicable.	No action required.
20	Sanitary Conveniences		Suitable facilities available across sites.	Continue maintenance and cleaning assurance.
21	Washing Facilities		Appropriate washing and shower facilities provided.	Review capacity during refurbishments.
22	Drinking Water		Adequate supply and governance arrangements in place.	Maintain Water Safety Group oversight.
23	Accommodation for Clothing		Locker/storage provision constrained by capacity.	Increase locker provision within estates improvement plans.
24	Changing Facilities		Facilities available but insufficient in some locations.	Expand changing facilities during redevelopment projects.
25	Rest Facilities		Provision varies across departments.	Deliver staff welfare and rest-space improvement programme.

A formal inspection regime is in place, supported by a standardised Workplace Inspection Checklist completed biannually, alongside wider audit activity and health and safety governance arrangements.

Through planned Health and Safety Inspections, it is known that there is good compliance in core infrastructure systems, including maintenance arrangements (Reg. 5), lighting (Reg. 8), cleanliness and waste management (Reg. 9), and provision of welfare facilities such as drinking water, sanitary conveniences, and washing facilities (Regs. 20–22). These are supported by established operational processes, specialist teams, and compliance with relevant technical standards (e.g. HTMs), providing a solid baseline of statutory adherence.

However, compliance with engineering and environmental controls is variable, particularly in relation to ventilation and thermal comfort. While critical areas such as theatres and ITU consistently meet required standards, some ward environments do not consistently achieve recommended air change rates. This is monitored and managed by the Ventilation Safety Group, which reports into the Health and Safety Compliance Group. It is recognised that a number of these areas were constructed prior to the introduction of current standards, and in many cases are operating with original ventilation systems not designed to meet modern requirements. Retrofitting is not always feasible due to structural or operational constraints, and in some instances, changes in room use have altered the original design intent.

In addition, temperature management tends to be reactive, with challenges observed during periods of extreme heat and limited evidence of proactive mitigation planning. These risks are managed locally, where reasonably practicable, through existing Health Board processes, including Infection Prevention and Control measures and estates-led interventions. Nevertheless, this presents a potential gap against current regulatory expectations, in terms of ensuring 'thermal comfort'. The regulations do not explicitly state a maximum working temperature.

Workplace design and utilisation present further compliance pressures, notably in relation to room space standards, workstation assessments, and traffic routes (Regs. 10–12, 17). Although processes such as DSE assessments and occupancy evaluations exist, coverage is inconsistent, and some areas may exceed recommended occupancy levels or lack completed assessments. Compliance is impacted by historic estate design and constrained accommodation capacity. Ongoing estate rationalisation programmes, including relocation of appropriate staff from clinical sites and the Picton Terrace development, will improve space utilisation and support compliance.

There are also constraints in welfare and support facilities, including limited provision of lockers, changing space, and rest facilities (Regs. 23–25). While facilities are available across sites, capacity does not always meet demand, particularly given workforce size and evolving models of working. Window safety, cleaning arrangements, and safe access are generally managed through risk assessment, though not all buildings are optimally designed for full compliance without additional controls.

In summary, the Health Board can provide reasonable assurance that suitable arrangements are in place to achieve compliance with the WHSWR 1992, so far as is reasonably practicable. This assurance is derived principally from the planned Health and Safety inspection programme, the outcomes of which are routinely reported to the Health and Safety Committee through the risk stratification process. Future compliance monitoring and assurance reporting will be supported through the Audit Management and Tracking (AMaT) system, enhancing oversight, reporting efficiency, and governance.

Nevertheless, full compliance has not yet been achieved, particularly in older estate areas and where operational pressures influence workspace conditions. Targeted improvements in environmental controls, space utilisation, and welfare provision are required to strengthen compliance and reduce residual risk.

### **Health and Safety (Safety Signs and Signals) Regulations 1996**

The Health Board can provide reasonable assurance that good arrangements are in place to support compliance with the Health and Safety (Safety Signs and Signals) Regulations 1996, with established processes in place to monitor and maintain appropriate signage across its estate. Signage is routinely reviewed through the Health and Safety Team's planned inspection programme, ensuring ongoing oversight of condition, suitability, and placement. Additional

assurance is provided through regular fire risk assessments, during which the Fire Team also reviews the adequacy and effectiveness of fire safety signage. No significant concerns have been identified through either inspection route, indicating that signage arrangements are generally appropriate and maintained to a satisfactory standard.

Operationally, the Estates Department supports compliance by maintaining adequate stock levels of standard fire safety signage, enabling timely replacement or installation where required. This ensures that statutory and safety-critical signage can be sustained without undue delay.

Furthermore, the introduction of an in-house sign production capability through a dedicated sign printer strengthens responsiveness and flexibility, allowing bespoke safety signage to be developed as needed. This enhances the Health Board's ability to address emerging risks and maintain compliance across diverse and changing environments.

### Argymhelliad / Recommendation

The Health & Safety Committee is asked to **TAKE ASSURANCE** that the Health Board is operating in compliance with the following regulations as far as reasonably practicable, whilst acknowledging the challenges presented by an aging estate:

- Management of Health and Safety at Work Regulations 1999;
- Workplace (Health, Safety and Welfare) Regulations 1992;
- Health and Safety (Safety Signs and Signals) Regulations 1996.

### **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 <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Safe
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 9 Digital plan

Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report and associated Health Board policies.
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:	Key stakeholders.

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No direct costs.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	There is a positive impact on staff and patient safety, health and wellbeing through compliance with health and safety regulations.
<b>Gweithlu: Workforce:</b>	Potential for adverse future staffing impacts if health and safety legislation is not complied with as they relate to employee safety.
<b>Risg: Risk:</b>	Risk to health and safety management.
<b>Cyfreithiol: Legal:</b>	A breach of health and safety regulations, such as the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), could result in the issue of prohibition or improvement notices or criminal proceedings.
<b>Enw Da: Reputational:</b>	Prosecutions and claims due to breaches in legislation or personal injury claims can lead to negative publicity.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable.

**Cydraddoldeb:  
Equality:**

No evidence gathered to indicate a negative impact on any protected group/s.

