

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 November 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Proposed Health & Safety Governance Arrangements
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Director of Corporate Governance/Board Secretary

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 purpose of this paper is to share the proposed health & safety governance arrangements across the operational and assurance arm of the Health Board to manage any potential gaps, inconsistencies or duplication in reporting.

This paper will set out the justification for these proposals, and the changes that have been made to strengthen the current arrangements to ensure the Health & Safety Committee (H&SC) can receive the necessary assurances required to enable it to approve the dis-establishment of its Health & Safety Sub-Committee (H&SSC).

Cefndir / Background

Members are reminded that the drivers for the establishment of the Health & Safety Sub-Committee governance arrangements were in response to the need to introduce a focus on compliance with legislation, regulations, and in providing onward assurance to the Health & Safety Committee and, in turn, the Board.

There was also an understanding that the establishment of the Health & Safety Sub-Committee may only need to be for a fixed period of time until each of its identified reporting groups matures sufficiently to be able to provide an assurance on their respective areas of work direct to the Health & Safety Committee.

Since the establishment of the Health & Safety Sub-Committee, the following 12 groups have reported directly into the H&SSC via a Triple A report, at intervals dependent upon their meeting frequency (bi-monthly, quarterly).

- Fire Safety Group
- Electrical Safety Group
- Water Safety Group
- Ventilation Safety Group
- Decontamination Group
- Compliance & Site Operations Group

- Radiation Protection Group
- Medical Gas Pipeline Systems Safety Group
- Security Management Group
- Trade Union Health & Safety Group
- Environmental Hygiene Group*
- Antimicrobial Stewardship Group*

* these groups now report into the Health Board's Infection Prevention Strategic Steering Group

However, the tendency from these 12 groups has been to report on operational and performance-related matters as opposed to providing an assurance on their areas of work.

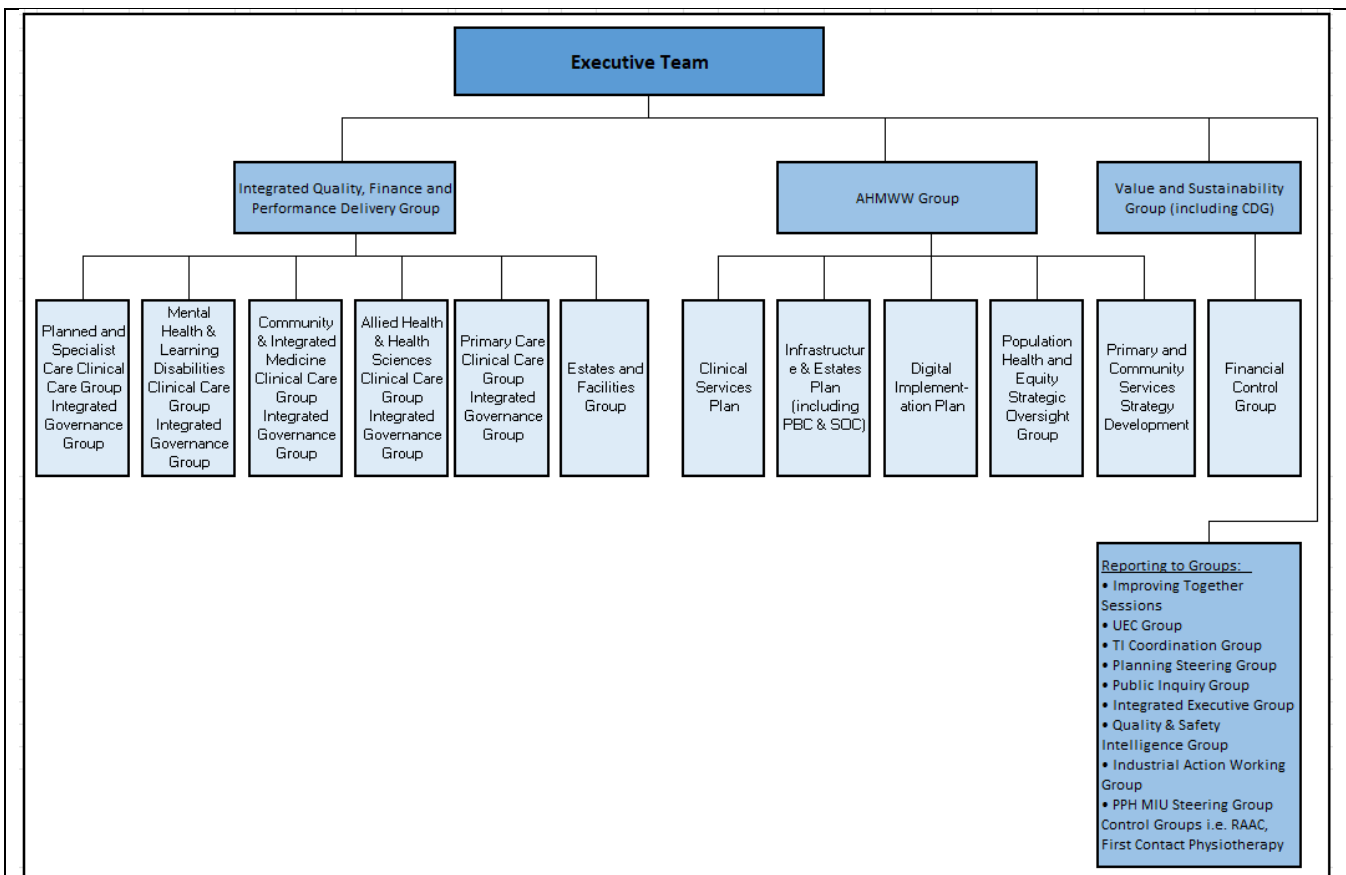
Since the establishment of the new Operational structure within the Health Board in April 2025, 6 Clinical Care Groups (CCGs) have replaced the previous Directorates, and are now required, through the operational governance arrangements that have been put in place, to report monthly on their health and safety arrangements through their Integrated Governance Group meetings to the Integrated Quality, Finance, Performance & Delivery Group (IQFPDG), which in turn reports into Executive Team.

Given there is now a route through the Health Board's operational structure and the operational governance arrangements in place to consider, more appropriately, operational health & safety matters, discussions have been held with the Health Board's wider Executive Team, to inform this proposal which aims to strengthen and streamline health and safety governance arrangements across the operational arm of the Health Board and propose arrangements to improve/enhance reporting into the assurance arm, to ensure there are no gaps, inconsistencies or duplication.

Asesiad / Assessment

New Operational Governance Arrangements Since April 2025

An organogram depicting the reporting arrangements between the 6 CCGs Integrated Governance Groups and IQFPDG (and upward to Executive Team) is set out overleaf:



IQFPDG alternates its fortnightly meetings between a focus on business planning, performance & people once a month, and quality, health & safety once a month. It has been agreed that when IQFPDG is focused on quality, health & safety, chairing will be undertaken by a Clinical Executive Director i.e. the Director of Allied Health Professions & Health Science (Executive Lead for Health & Safety), with the Chief Operating Officer chairing the business planning, performance & people focused IQFPDG meetings.

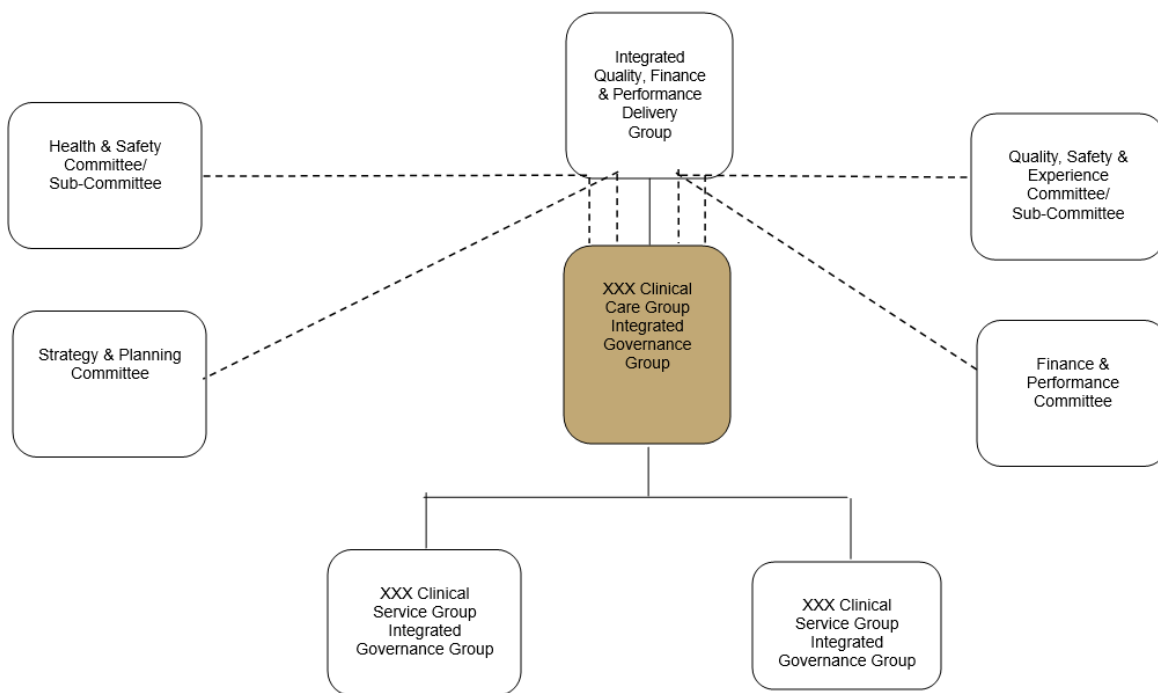
CCGs are required to maintain the same meeting rhythm with their Integrated Governance Groups to ensure there is no gap in reporting into IQFPDG.

Standard agendas have been issued for CCGs to follow for their quality, health & safety Integrated Governance Group meetings, to instruct them on the types of reports they need to include for discussion i.e. compliance with legislation and standards in respect of health and safety; staff incidents and RIDDOR; Health and Safety Inspection/Audit findings, Health & Safety training compliance e.g. Manual Handling, Reducing Restrictive Practice/Violence and Aggression, etc; relevant Health and Safety Executive reports.

While CCGs Integrated Governance Groups are directly accountable to the IQFPDG, it is anticipated that elements of their work may also feed into the Health Board's assurance arm. For example, relevant health and safety matters would be reported to the Health & Safety Committee; quality and safety matters to the Quality, Safety & Experience Committee; financial/performance matters to the Finance and Performance Committee; and planning matters or proposed service changes, etc, to the Strategy and Planning Committee.

Where appropriate and when timing allows, IQFPDG will direct where papers will need to be prepared for relevant Committees of the Board, and endorsement from the IQFPDG may be necessary for the progression of a range of operational matters through the Health Board's governance framework and pathways.

See organogram below:



Proposed Health & Safety Governance Arrangements Across the Health Board's Operational and Assurance Arms

Since the introduction of the new operational governance arrangements, discussions have been held to consider how best to address any gaps, inconsistencies or duplication in terms of health and safety governance arrangements across both the operational and the assurance arm of the Health Board. The proposals contained within this report have been informed by discussions with Executive Team on operational health and safety governance arrangements, and by feedback from Health & Safety Committee Independent Members on the effectiveness of current health and safety governance arrangements within the assurance arm of the Health Board

- Health & Safety Reporting Arrangements Across the Health Board's Operational Arm**
 To strengthen operational health and safety governance arrangements, it has been agreed that bespoke Health & Safety Reports or PowerPoint Slides will be produced by the Health Board's Health & Safety Team for each of the 6 CCGs to present to their Integrated Governance Group meetings when focused on Quality, Health & Safety.

In addition, an overarching Health & Safety Compliance Report will be produced for IQFPDG to include the H&S Dashboard (when developed) together with a status on compliance against each of the regulations and industry standards required, highlighting any key health & safety issues for the 6 CCGs to action. This would enable the CCG Service Directors present at IQFPDG, to be directly informed of the health and safety issues within their specific areas in order that the service can then operationalise any responses that may be required. Cross-organisational learning across CCGs will also be facilitated at IQFPDG as a 'home' for discussion and cross-pollination of insights and ideas with the aim of avoiding siloed solutions to health and safety.

IQFPDG will then report into Executive Team on the business undertaken following each of its meetings, providing an overview of any health and safety issues that needed actions agreed

through IQFPDG for the CCGs to take forward, and appending this Health & Safety Compliance Report for context.

It is also anticipated that the Health & Safety Team would continue dialogue with CCG Service Directors and Clinical Service Group General Managers to follow up on any action required within their respective services in between these cycles of meetings.

It is further proposed that the managerial leads for the current reporting groups of the Health & Safety Sub-Committee, together with the managerial leads for any other regulation or industry standard, should, more appropriately, report into the operational arm of the Health Board, through a newly established Health & Safety Compliance Group. This group would be a managerial group (i.e. to discuss information and make an assessment), rather than an assurance group (providing assurance on issues, plans or work undertaken) chaired by the Director of Estates & Facilities and report into the Estates & Facilities CCG. Each managerial lead would be expected to determine the requirement for an underpinning group to support their area of work, however would still retain individual accountability.

Terms of Reference have been drawn up for this Health & Safety Compliance Group to cover its mandated remit and to ensure that the previous responsibilities of the Health & Safety Sub-Committee are incorporated, where appropriate.

Discussions at the Health & Safety Compliance Group will be informed by a baseline assessment that has been agreed will be undertaken, capturing the requirements against all health and safety regulations and industry standards on individual templates, in order that these can be audited to establish the Health Board's level of compliance. Examples of these have been crafted to accompany this report.

- **Health & Safety Reporting Arrangements Across the Health Board's Assurance Arm**
Links into the Health Board's assurance arm would be made via a Health & Safety Assurance Report which would be prepared for each Health & Safety Committee meeting and included as a standing agenda item on their annual work plan, providing high level assurances using the 3As approach, drawing out the key issues from the Health & Safety Compliance Report produced for IQFPDG and any health & safety alert and advise items from the 6 CCGs with the agreed plan of action to address these. This Health & Safety Assurance report will provide an assurance on the work involved, and the actions agreed at IQFPDG to improve health and safety, compliance, etc, and any agreed actions and responses required.

The Health & Safety Committee will also receive, on rotation, assurance reports on the Health Board's compliance against individual Health & Safety regulations i.e. fire safety, security, etc. These reports will be plotted on the Health & Safety Committee's Workplan; for the first few months these will be based on those health and safety matters that are known to be the Health Board's 'riskiest' areas. Once the Committee receives an understanding on those areas within the Health Board with the most Alerts from the Health & Safety Assurance Report, these will be plotted with increased regularity on the Health & Safety Committee's Workplan

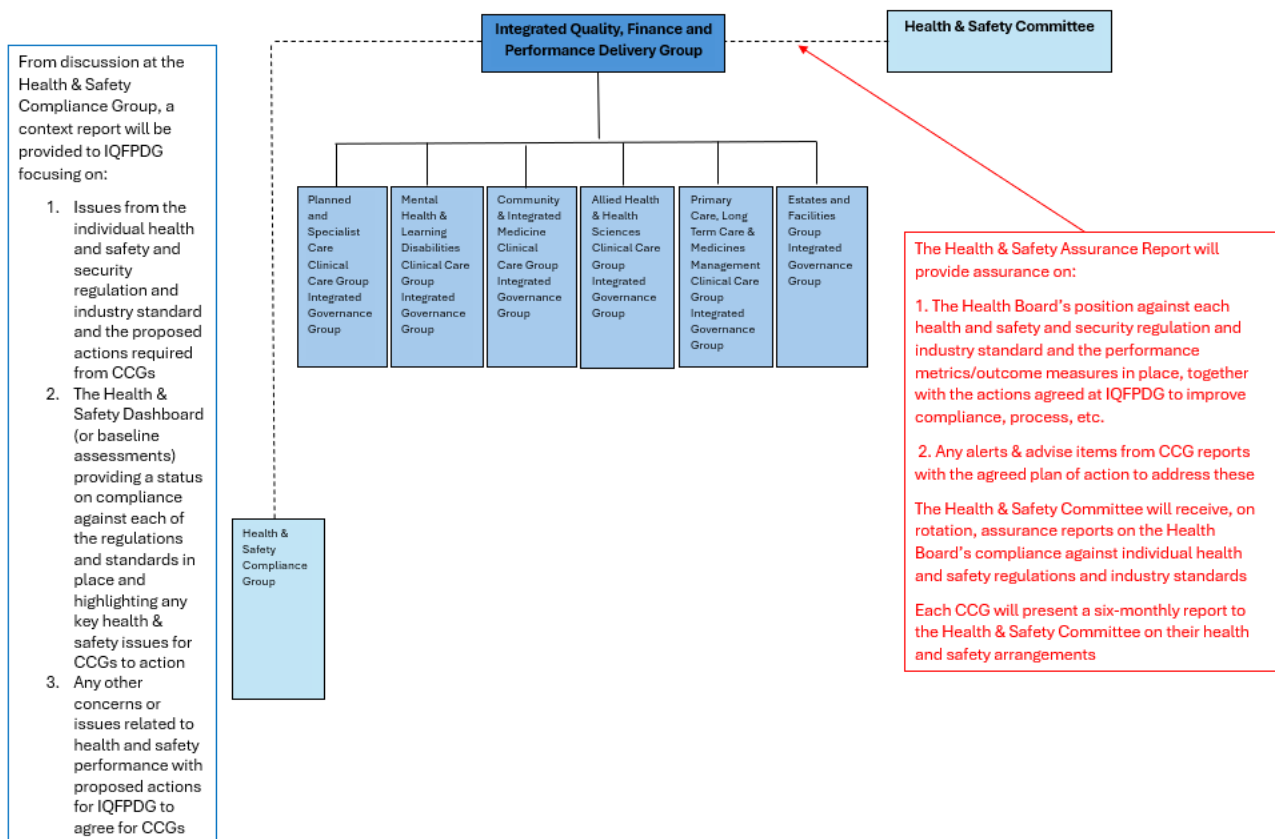
As an example of how matters would be reported through these new health and safety governance arrangements, should the Fire Safety Group raise an issue regarding the non-compliance of a fire regulation within a particular CCG, such as low compliance with fire training requirements, non-implementation of fire risk assessment actions or a letter of fire safety matters from Mid and West Wales Fire and Rescue Service, this will be reported up from the Fire Safety Group to the Health & Safety Compliance Group where the actions that would need to be taken to address any areas of non-compliance would be included in the overarching Health & Safety Compliance Report presented to IQFPDG for discussion with the relevant

CCG Service Director(s). It would also be included in the relevant CCG's Health & Safety Reports produced by the Health Board's Health & Safety Team. Once any required operational or management response has been identified, and subsequently addressed, this would be included within the Health & Safety Assurance Report to the Health & Safety Committee to provide an assurance on any improvements that have been made; it would also be included within the content of the Fire Safety Regulations Assurance Report to be presented at prescribed intervals determined by the Committee.

In addition to the Health & Safety Assurance Report and the individual Regulations Assurance Reports, the Health & Safety Committee will also receive a six-monthly assurance report from each CCG on their individual health and safety arrangements. This will enable the Health & Safety Committee to gain assurance directly from each CCGs Service Director.

These CCG Health & Safety Assurance Reports would be added to the Health & Safety Committee's workplan with the suggestion that two CCGs report to each Health & Safety Committee meeting. It is anticipated that these CCG Health & Safety Assurance Reports would need to be phased in to allow the Health & Safety team time to introduce an audit plan to enable compliance to be measured.

An organogram illustrating these proposed arrangements is set out below:



Given these revised and strengthened health and safety governance arrangements across both the Health Board's operational and assurance arm, it is proposed to dis-establish the Health & Safety Sub-Committee, moving the managerial leads for its 12 reporting groups under the newly established Health & Safety Compliance Group, whose mandated remit it is anticipated will address the likelihood of any gaps associated with the Sub-Committee's dis-establishment.

A comparison undertaken of the Health & Safety Sub-Committee's and the Health & Safety Compliance Group's Terms of Reference to determine where the Health & Safety Sub-Committee's responsibilities are covered off by either by the Health & Safety Compliance Group itself, IQFPDG, or the CCGs themselves, has concluded that no gaps will be introduced by dis-establishing the Health & Safety Sub-Committee, and a table to support this has been crafted to accompany this report.

Should this proposal receive Health & Safety Committee's approval, these new arrangements are included in the following appendices which are provided for assurance:

- Health & Safety Compliance Group's Terms of Reference (Appendix 1)
- Revised Health & Safety Committee annual work plan (Appendix 2)
- Examples of baseline assessments that have been undertaken to capture the requirements against health and safety regulations - Fire Safety, Security, etc (Appendix 3)
- Comparison table between the Health & Safety Sub-Committee and the Health & Safety Compliance Group Terms of Reference (Appendix 4)

For Health & Safety Committee's further assurance, it is planned that these proposed arrangements will be reviewed by Internal Audit in 2026/27.

Argymhelliad / Recommendation

The Health & Safety Committee is requested to:

- **RECEIVE** an assurance that Health & Safety Sub-Committee's previous functions have been mapped to the new proposed approach, with due consideration to its governance requirements and accountabilities, with enhanced reporting arrangements to Health & Safety Committee in place;
- **APPROVE** the dis-establishment of the Health & Safety Sub-Committee;
- **NOTE** that the Health & Safety Committee's Terms of Reference will be reviewed, and revised Terms of Reference will be presented to the next Health & Safety Committee meeting;
- **NOTE** that, for further assurance, a report will be presented to the Health & Safety Committee in 6 months' time to provide an update on the effective implementation of these new health and safety arrangements.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

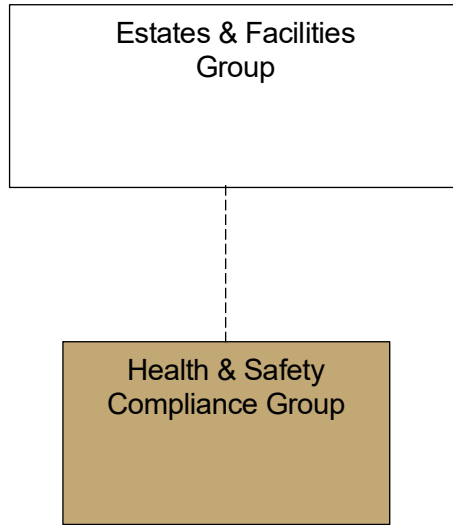
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	12.1: These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board-
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality:	6. All Apply

Quality and Engagement Act (sharepoint.com)	
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Health & Safety Committee Terms of Reference Establishment/Dis-establishment of Committees/Sub-Committees (SOP for the Management of Board and Committees)
Rhestr 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:	Director of Corporate Governance (Board Secretary) Assistant Director of Assurance and Risk Executive Team

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

Risg: Risk:	No direct impact
Cyfreithiol: Legal:	No direct impact
Enw Da: Reputational:	No direct impact
Gyfrinachedd: Privacy:	No direct impact
Cydraddoldeb: Equality:	No direct impact



HEALTH & SAFETY COMPLIANCE GROUP

TERMS OF REFERENCE

Version	Issued to:	Date	Comments
V.01	Health & Safety Compliance Group	TBA	For Approval/ Adoption

1. Constitution

- 1.1 The Health & Safety Compliance Group has been established as a managerial group of the Estates & Facilities Group and constituted from 1 December 2025.

2. Purpose

- 2.1 The Health & Safety Compliance Group has been established in order to advise the Estates & Facilities Group on all matters of compliance relating to health and safety and security regulations and industry standards across Hywel Dda University Health Board.
- 2.2 The Group will act as a forum for accountable managerial leads to discuss health and safety and security compliance, informed by an auditable baseline assessment capturing the requirements of all health and safety and security regulations and industry standards.

3. Key Responsibilities

- 3.1 To ensure and monitor levels of compliance against all health and safety and security regulations and industry standards applicable to HDdUHB.
- 3.2 To inform and monitor progress against agreed performance indicators in the Health & Safety Dashboard to be developed.
- 3.3 To receive and consider updates on each health and safety and security regulation and industry standard on rotation on the Group's agenda, indicating the Health Board's position against these and the agreed performance metrics/outcome measures in place, to identify any gaps in achieving compliance and determine how these will be addressed through any actions required.
- 3.4 To consider and approve written control documentation (policies, operational procedures and other documents), which fall within the remit of the Group, ensuring these have been adopted, developed, and/or reviewed in line with HDdUHB Policy 190 – Written Control Documentation.
- 3.5 To maintain a database of written control documents which fall within the remit of the Group, identifying their status in terms of up to date, extension requested or overdue.
- 3.6 To review the Health Board's Health and Safety Policy prior to approval by Health & Safety Committee.
- 3.7 To ensure that robust systems are in place and are operating effectively within operational services for the identification, assessment and prioritisation of risks, and subsequent actions related to health and safety and security issues.
- 3.8 To identify health and safety and security risks in respect of the Health Board's compliance with health and safety and security legislation and consider the actions required for areas of non-compliance.
- 3.9 To identify emerging themes from incident reports across HDdUHB.

- 3.10 To ensure actions to identify non-compliance around health and safety and security compliance are communicated to appropriate operational services, including all decisions made by the Group, in a timely and transparent manner, and that learning in regard to health and safety and security is disseminated and embedded across all the Health Board's activities as appropriate
- 3.11 To ensure a Health & Safety Compliance Report is presented to the Integrated Quality, Finance and Performance Delivery Group, in regard to the work of the reporting groups/areas, setting out the improvement actions required from operational services.
- 3.12 To ensure a Health & Safety Assurance Report is presented to the Health & Safety Committee, providing an assurance on the actions agreed to improve health and safety and security compliance.
- 3.13 To advise and inform other relevant groups on topics related to health and safety and security, where required.
- 3.14 To develop an annual work plan to inform the Group's agendas.
- 3.15 To address any other requirements stipulated by the Estates & Facilities Group.

4. Membership

- 4.1 The membership of the Health & Safety Compliance Group will comprise the managerial leads for each health and safety and security regulation or industry standard, on the basis of their individual accountability:

Title
Director of Estates & Facilities (Chair)
Head of Health, Safety & Security (Vice-Chair)
Health & Safety Manager
Security Adviser (Lead for Security)
Head of Estates, Risk & Compliance
Head of Fire Safety (Lead for Fire Safety)
Head of Maintenance & Engineering (Lead for Electrical Safety, Water Safety, Ventilation, Working at Height, Vibration, Noise, Confined Spaces, PUWER, LOLER)
Deputy Director of Health Sciences/Radiation Protection Adviser (Lead for Radiation Protection)/Laser Protection Adviser (Lead for Artificial Optical Radiation)
Head of Maintenance & Engineering (Lead for Medical Gas Pipeline Systems Safety)
Deputy Chief Operating Officer/Theatres representative (Lead for Decontamination)
Head of Facilities (Lead for Environmental Hygiene* and Food Safety)
Lead for Antimicrobial Stewardship*
Leads for other Health & Safety regulations/industry standards
Head of Property Performance (Lead for Environmental Legislation/Regulations)
Occupational Health lead/representative
Trade Union Health & Safety lead/representative
Infection Prevention lead/representative

* The Environmental Hygiene Group and the Antimicrobial Stewardship Group report into the Health Board's Infection Prevention Strategic Steering Group (IPSSG - a reporting group of the Quality & Safety Intelligence Group (QSIG))

4.2 The membership of the Group will be reviewed on an annual basis.

5. Quorum and Attendance

- 5.1 A quorum must consist of either the Chair or Vice-Chair and no less than a third of the membership of the group.
- 5.2 Any senior manager of HDdUHB, 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 Group may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills and advice where required.
- 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 & Safety Compliance Group Secretary is to hold an agenda setting meeting with the Chair and/or the Vice Chair, at least **three** weeks before the meeting date.
- 6.2 The agenda will be based around the Group work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year and requests from Group members. Following approval, the agenda and timetable for request for papers will be circulated to all Group members.
- 6.3 The agenda and papers for meetings will be distributed seven days in advance of the meeting.
- 6.4 The draft action notes and action log 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 Group Secretary within the next seven days. The Group Secretary will then forward the final version to the Group Chair for approval.

7. Frequency of Meetings

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

8. Accountability, Responsibility and Authority

- 8.1 The Health & Safety Compliance Group will be accountable to the Estates & Facilities Group for its performance in exercising the functions set out in these terms of reference.

- 8.2 The Group shall embed the University Health Board's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 8.3 The requirements for the conduct of business as set out in the University Health Board's Standing Orders are equally applicable to the operation of the Group.

9. Reporting

- 9.1 The Health & Safety Compliance Group may establish sub-groups or task and finish groups to carry out on its behalf specific aspects of Group business. The Group will receive an update following each of its reporting groups/areas meetings, detailing the business undertaken on its behalf.
- 9.2 The Group will ensure, through the Health & Safety Compliance Report to IQFPDG, the Health Board's status of compliance against required health and safety and security regulations and industry standards, and the improvement actions required.
- 9.3 The Group will also ensure, through the Health & Safety Assurance Report, that the Health & Safety Committee is assured on the actions agreed to improve health and safety and security compliance.
- 9.4 The Health & Safety Compliance Group shall escalate or bring any significant matters to the attention of the lead Executive Director.

10. Secretarial Support

- 10.1 The Health & Safety Compliance Group secretariat will be provided through the Director of Estates & Facilities.

11. Review Date

- 11.1 These terms of reference shall be reviewed on at least an annual basis by the Health & Safety Compliance Group for approval by the lead Executive Director.

HEALTH & SAFETY COMMITTEE WORK PLAN APRIL 2025 – MARCH 2026

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

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

AGENDA ITEM/ ISSUE	Purpose	LEAD	Responsible Officer	6 May 2025	3 July 2025	9 Sept 2025	11 Nov 2025	13 Jan 2026	10 March 2026
<i>Safety Management Systems and Audits, and associated corrective actions * (3.7 & 3.10)</i>	Assurance	JS	TH			✓			✓
Accident, Incident and Notifiable Statistics Process Review* Including V&A (3.8)	Assurance	JS	TH	✓			✓		
<i>Monitoring of H&S Annual Work Plan (3.9)</i>	Assurance	JS	TH	✓	✓	✓	✓	✓	✓
Review of efficacy of the health, safety, fire and security training programmes (3.13)	Assurance	JS	TH		✓			✓	
Health and Safety Policy (3.17) <i>not due for review until Sep27)</i>	Approval	JS	TH						
Produce Health and Safety Annual Report for Board (3.19)	Approval	JS	TH					✓ draft	✓ final
Electrical Infrastructure Risks	Assurance	JS		✓					
Risk 1745 – Estates Condition	Assurance	JS		D	✓				
RAAC Assurance Report	Assurance	JS		✓					
Trade Union Health & Safety Group Update	Assurance				✓				
Bariatric Report	Assurance		JB				✓		
Stress in the Workplace	Assurance	JS	TH/KR				✓		
Individual Regulations Assurance Reports: <ul style="list-style-type: none"> • Fire Safety • Security 	Assurance	JS	SD SD					✓	✓
Clinical Care Groups Health & Safety Assurance Reports: <ul style="list-style-type: none"> • Planned & Specialist Care • Community & Integrated Medicine • Allied Health & Health Sciences • Mental Health & Learning Disabilities • Primary Care • Estates & Facilities 	Assurance	AC	PG PS SQ LC JP TBC						

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

Chair: Ann Murphy **Vice Chair:** Delyth Raynsford **Lead Executive:** James Severs

JS	James Severs	JW	Joanne Wilson	AC	Andrew Carruthers	AG	Ardiana Gjini
TH	Tim Harrison	CW	Charlotte Wilmshurst	SA	Shaun Ayres	SH	Sam Hussell
SC	Simon Chiffi	SD	Simon Day	PS	Peter Skitt	SQ	Sara Quarrie
		CSO	Committee Services Officer	D	Deferred		

Regulations or Topic Area	Executive Lead	Management Lead	Authorising Engineer (where applicable)	CCGs Covered or Affected	Measures / Metrics Available	Measures / Metrics to Consider or Introduce	Policy in Existence	Overseeing Group (where applicable)	Risk Register Entries	What the Regulations Require	How will compliance be achieved	Control Measures	Responsibility to Employees	Enforcing Agency	Training Requirement	On H&S Level 1?	On MH&SI Course?
Regulatory Reform (Fire Safety) Order 2005 (RRO)	James Severs, Director of Allied Health Professions and Health Science	Richard Jupp, Head of Fire Safety	N/A	Estates & Facilities CCG All CCGs	Target of >90% Fire training compliance for Levels 1, 2 & 3 only, achieved by completing various courses and/or face to face sessions. Target of >90% of Fire Risk Assessments completed within the specific timeframe allocated Findings/ Actions arising from Fire Risk Assessments to be completed within the agreed timelines specified	Monitored through the Fire Safety Group Target of 100% of findings/actions from Fire Risk Assessments completed or implemented to be introduced	Fire Safety Policy (Including TNA)	Fire Safety Group	813 Corporate Risk Risk of non-compliance with the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure	The Regulatory Reform (Fire Safety) Order 2005 (RRO) is a statutory law that sets out the minimum fire safety standards for non-domestic premises, emphasizing the responsibility of employers to maintain a safe working environment. It requires individuals designated as "responsible persons" to carry out risk assessments, ensure adequate fire safety measures are in place, and provide training to employees.	As a 'responsible person' to comply with the law, an employer must make sure: • Works premises reach the required standards • Fire Risk Assessments are completed • Employees are provided with adequate fire safety training	The Responsible Person is required to: • Carry out a suitable and sufficient fire risk assessment, recording significant findings. • Implement preventive and protective measures based on the risk assessment, which will include maintaining the fire alarm & detection systems, emergency lighting, fire compartmentation, fire dampers, emergency lifts, firefighting equipment, and means of escape. • Consider risks posed by dangerous substances and carry out DSEAR assessments where required. • Establish and test emergency evacuation procedures. • Maintain records and provide information to employees and other relevant persons, including those especially at risk. In multi-occupied buildings, the responsibilities can be shared between landlords, employers, or other controlling parties, with duty holders required to coordinate their fire safety measures to ensure collective compliance.	The RRO outlines the responsibilities of Responsible Persons to employees in the context of fire safety. Responsible Persons must ensure that all employees take reasonable care for their own safety and the safety of others in the workplace. This includes providing employees with the findings of the fire risk assessments and ensuring that they regularly participate in fire safety training sessions. It is also the duty of Responsible Persons to consult employees on fire safety matters and provide information to them.	Local fire and rescue authorities are the main bodies responsible for enforcing the RRO across England and Wales, including workplaces, commercial buildings and public buildings. The authorities carry out inspections, audits, and actions to ensure fire safety compliance. Depending on the severity of non-compliance, Inspectors appointed by enforcing authorities have the powers to issue verbal advice, non-statutory notices, or statutory enforcement notices. The maximum penalties for non-compliance enforced by the Fire and Rescue Service are unlimited fines.	Level 1 – All staff must complete this training biennially. Level 2 – Nursing staff must complete this training annually. Level 3 - Fire Response Team Specialised Training, completed annually. Level 4 - Fire Safety Warden Training is a voluntary role and staff would receive updates every 2 years. Level 5 - Fire Training for Managers banded at 8B+ staff. This is also the MH&SI Fire Module. No repeat.	No (not required as other mandatory general training in place)	Yes

Security	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	N/A	Estates & Facilities CCG (Porters) All CCGs	Security Risk Assessments	<p>Target of >90% of Security Risk Assessments completed to be introduced</p> <p>Target of >90% of findings/actions from Security Risk Assessments completed or implemented to be introduced</p> <p>A reducing target to be introduced for number of security calls or incidences; number of police calls and attendances; number of absconded patients</p>	Security Management Policy CCTV Policy and Documentation	Security Management Group (Currently a reporting group of the H&S Sub-Committee)	<p>1860 Corporate Risk Risk of serious harm to staff due to violence & aggression in the workplace</p> <p>1861 Corporate Risk Risk of harm to staff, patients public and critical assets due to insufficient physical security measures and system</p>	<p>The Health and Safety at Work etc. Act 1974 (HSWA) requires employers to ensure, so far as is reasonably practicable, the health, safety, and welfare of employees. This includes protection from intruders, violence and unsafe premises.</p> <p>The Management of Health and Safety at Work Regulations 1999 (MHSWR), employers must conduct risk assessments that include security threats (e.g. unauthorised access, theft, violence).</p> <p>The Workplace (Health, Safety and Welfare) Regulations 1992 (WHSWR) requires workplaces to be maintained in a safe condition, including secure access and exit routes.</p> <p>The Health Board is also in the 24 month implementation period of the Terrorism Protection of Premises Act (2025) (aka Martyn's Law) which requires public venues and events to implement security measures and preparedness plans to protect people from terrorist attacks.</p>	<p>Conduct a suitable and sufficient risk assessment including site and perimeter security, staff and patient safety, access control, information and data security, asset and equipment protection, emergency preparedness, incident reporting and review.</p> <p>Additional requirements under Martyn's Law, for all Qualifying Premises and Events (200-799 people):</p> <ul style="list-style-type: none"> • Notify the regulator (Security Industry Authority – SIA); • Implement public protection procedures, including evacuation, invacuation, lockdown and communication plans. <p>Additionally, for Enhanced Tier Premises and Events (800+ people i.e. All acute sites):</p> <ul style="list-style-type: none"> • Implement additional protection measures, such as: Monitoring and surveillance, movement control, physical security (e.g. barriers, bag checks), information security and document procedures and measures; • Designate a senior responsible person. 	<p>Physical Security Measures:</p> <ul style="list-style-type: none"> • Access control systems: Keycards, biometric scanners, PIN codes for restricted areas. • CCTV surveillance: Strategically placed cameras to monitor entrances, exits, and sensitive zones. • Security personnel: Trained guards or reception staff to monitor activity and respond to incidents. • Secure entry points, lighting and fencing. <p>Procedural Controls:</p> <ul style="list-style-type: none"> • Visitor management: Sign-in procedures, visitor badges, escorted access. • Lone worker protocols: Check-in systems, mobile alerts, and emergency contact procedures. • Incident reporting: Clear systems for logging and investigating security breaches or suspicious behaviour. • Emergency plans: Lockdown, evacuation, and communication protocols for threats or attacks. • Martyn's Law compliance: Implement terrorism protection procedures. <p>Human and Cultural Measures:</p> <ul style="list-style-type: none"> • Staff training: Security awareness, conflict de-escalation, and emergency response. • Clear policies: Workplace violence, harassment, and acceptable use policies. 	<p>The Health Board must ensure, so far as is reasonably practicable, the health, safety, and welfare of its employees, through implementing the listed control measures, where practicable and relevant.</p>	<p>The Health and Safety Executive (HSE) enforces compliance with the HSWA, MHSWR and WHSWR. Failure to follow them can lead to significant penalties, including unlimited fines.</p> <p>The Terrorism Protection of Premises Act (2025) will be enforced by the Security Industry Authority (SIA), however there will not be enforcement until the end of the implementation period. Maximum fines from the SIA are £18m.</p> <p>Affected employees may also be able to make a personal injury claim for injuries sustained through violence and aggression incidents in the workplace caused by insufficient security measures.</p> <p>Health Boards should also consult with employee representatives, such as union safety representatives, on the management of security in the workplace.</p>	- Restraint Reduction Full Course 3 days (Modules A-D) (Porters). - Management arrangements covered on MH&SI.	No	Yes
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Comparison between the Health & Safety Sub-Committee (H&SSC) Terms of Reference (ToRs) and the Health & Safety Compliance Group (H&SCG) ToRs

Responsibilities from Section 2 Purpose of H&SSC ToRs	Alignment to H&SCG ToRs
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>2.1 The Health & Safety Compliance Group has been established in order to advise Hywel Dda University Health Board (HDdUHB) on all matters of compliance relating to health and safety.</p> <p>Covered under 2.2 below</p> <p>Covered under 3.8 below</p> <p>2.2 The Group will act as a forum for accountable managerial leads to discuss health and safety compliance, informed by an auditable baseline assessment capturing the requirements of all health and safety regulations and industry standards.</p> <p>3.13 To advise and inform other relevant groups on topics related to health and safety, where required.</p>
Responsibilities from Section 3 Key Responsibilities of H&SSC ToRs	Alignment to H&SCG ToRs
<p>3.1 The Health & Safety Sub-Committee will oversee levels of compliance with national guidance and subsequent legislation and standards</p>	<p>3.1 To ensure and monitor levels of compliance against all health and safety and security regulations and industry standards applicable to HDdUHB.</p>

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.	3.2 To inform and monitor progress against agreed performance indicators in the Health & Safety Dashboard to be developed.
3.3 Approve organisational health and safety policies, procedures, guidelines and codes of practices (policies within the scope of the Sub-Committee).	3.4 To consider and approve written control documentation (policies, operational procedures and other documents), which fall within the remit of the Group, ensuring these have been adopted, developed, and/or reviewed in line with HDdUHB Policy 190 – Written Control Documentation.
3.4 Review the Health Board's Health and Safety Policy prior to approval by Health & Safety Committee.	3.6 To review the Health Board's Health and Safety Policy prior to approval by the Health & Safety Committee.
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.	3.8 To identify health and safety and security risks in respect of the Health Board's compliance with health and safety legislation and consider the actions required for areas of non-compliance.
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.	New role and responsibility proposed for the Health & Safety Committee
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.	3.10 To ensure actions to identify non-compliance around health and safety and security compliance are communicated to appropriate operational services, including all decisions made by the Group, in a timely and transparent manner, and that learning in regard to health and safety and security 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.	3.3 To receive and consider updates on each health and safety and security regulation and industry standard on rotation on the Group's agenda, indicating the Health Board's position

	against these and the agreed performance metrics/outcome measures in place, to identify any gaps in achieving compliance and determine how these will be addressed through any actions required.
3.9 Provide the necessary assurances to the Health & Safety Committee, escalating any matters of immediate concern with recommendations for action.	3.1.2 To ensure a Health & Safety Assurance Report is presented to the Health & Safety Committee, providing an assurance on the actions agreed to improve health and safety and security compliance.
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.	3.14 To develop an annual workplan to inform the Group's agendas.
3.11 Inform the work plans for reporting Groups and vice versa.	Only required if the H&SCG establishes reporting Groups
3.12 Receive and consider any relevant Health & Safety issues from the Infection Prevention Strategic Steering Group.	Covered under Membership section, Estates-led Infection Prevention lead to be invited to attend the H&SCG
3.13 Address any other requirements stipulated by the Health & Safety Committee.	3.15 To address any other requirements stipulated by the Estates & Facilities Group.