

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 January 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health & Safety Committee Terms of Reference
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 Charlotte Wilmshurst, Assistant Director of Assurance and Risk

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 ensure that the Health and Safety Committee (H&SC) has clear terms of reference which detail its purpose, boundaries, role, composition and operating arrangements.

Cefndir / Background

According to its terms of reference, the Committee must review its terms of reference and operating arrangements on at least an annual basis to ensure they remain fit for purpose. These must be subsequently approved by the Board and will form part of the Health Board's Standing Orders.

Following the decision to disestablish the Health & Safety Sub-Committee at its meeting in November 2025, opportunity has been taken to review the Health & Safety Committee's terms of reference to take account not only of this decision but also to:

- include specific reference to the ways in which the Committee will receive assurance through the new reporting arrangements in place;
- streamline the terms of reference to manage out previous duplication particularly within the Principal Duties and Operational Responsibilities sections (sections 2 and 3);
- bring them in line with the Health Board's standardised terms of reference template.

Asesiad / Assessment

The Health and Safety Committee terms of reference and operating arrangements (**Appendix 1**) have been reviewed and amendments have been made. These are clearly marked in red and strikethrough on Appendix 1 and relate to the following:

Section	What has changed?	Why?
2	Title of Section	Change of title from Purpose to Principal Duties to bring this section in line with the Health Board's standardised Terms of Reference template.
2.1	Principal Duties	Section amended to place emphasis on the Committee receiving assurance rather than providing assurance on the Health Board's health and safety arrangements.
2.2	Principal Duties	Section amended to replace reference to compliance with a Committee work programme which is not currently in place, to compliance with all relevant health and safety legislation, regulations and industry standards requirements.
2.3	Principal Duties	Section amended to add and processes to how health and safety management may be strengthened and developed further.
2.4	Principal Duties	The following section has been deleted as it is now duplicated within the amended section 2.2: Provide advice on compliance with all aspects of health and safety legislation.
2.5	Principal Duties	The following section has been deleted as it is now duplicated under Operational Responsibilities section 3.1.10: To receive an assurance on delivery against relevant Planning Objectives aligned to the Committee in accordance with Board approved timescales, as set out in HDdUHB's Annual Plan.
2.4	Principal Duties	Section amended to reflect the correct title i.e. Major Incident Plan rather than Emergency Management Plan.
3.1	Operational Responsibilities	The following section has been deleted as this is now subsumed within the amended section 3.1: With regard to its role in providing advice to the Board, the Committee will comment specifically on the adequacy of assurance arrangements and processes for the provision of an effective health and safety function.
3.2	Operational Responsibilities	The following section has been deleted to remove reference to a Committee work programme which is not currently in place: The Committee will support the Board with regard to its responsibilities for health and safety:

		<ul style="list-style-type: none"> • Approve and monitor implementation of the Health and Safety Committee's work programme. • Review the comprehensiveness of assurances in meeting the Board assurance needs across the whole of the UHB's activities, both clinical and non-clinical.
3.3	Operational Responsibilities	<p>The following section has been deleted to remove reference to a Committee work programme, which is not currently in place:</p> <p>To achieve this, the Committee's programme of work will be designed to provide assurance that:</p> <ul style="list-style-type: none"> • Objectives set out in the Health and Safety Committee's Work Programme are on target for delivery in line with agreed timescales. • Standards are set and monitored in accordance with the relevant Standards for Health Services in Wales. • Proactive and reactive health and safety plans are in place across the UHB. • Where appropriate and proportionate, health and safety incident and ill health events are investigated and action taken to mitigate the risk of future harm. • Reports and audits from enforcing agencies and internal sources are considered and acted upon. • Workforce, health, security and safety issues are effectively managed and monitored via relevant operational groups. • Employee health and safety competence and participation is promoted. • Decisions are based upon valid, accurate, complete and timely data and information.
3.1.1	Operational Responsibilities	<p>Section amended to reflect the fact that assurance to the Committee on health and safety compliance will be received through the Health & Safety Assurance Report, together with the work of management/operational groups and accountable leads.</p>
3.1.2	Operational Responsibilities	<p>New Responsibility added to the Committee's Terms of Reference:</p> <p>Receive assurance on the Health Board's compliance against individual health and safety regulations, on rotation, with their regularity determined by their current risk status.</p>
3.1.3	Operational Responsibilities	<p>New responsibility added to the Committee's Terms of Reference:</p>

		Receive bi-annual assurance reports from each Clinical Care Group Service Director on their individual Clinical Care Group health and safety arrangements.
3.1.4	Operational Responsibilities	Section amended to place emphasis on the Committee seeking assurance that there is a process of review of findings of health and safety management system audits, rather than simply ensuring that this is the case.
3.9	Operational Responsibilities	The following section has been deleted as this is now subsumed within the amended section 3.1.4: Ensure there is a process of review of accident, incident and notifiable disease statistics to keep an organisational focus on trends, ensure that corrective action and prioritisation of high risk issues are brought to the attention of the appropriate groups, and share learning across the organisation.
3.1.5	Operational Responsibilities	New responsibility added to the Committee's Terms of Reference: Receive reports from auditors, inspectorates and regulatory bodies relating to the Health Board's health and safety arrangements, with agreed management responses to address areas of improvement.
3.1.6	Operational Responsibilities	Section amended to include reference to the Committee ensuring the requirements arising from the Health Board's external regulatory agencies, Welsh Government and professional bodies are acted upon within achievable timescales.
3.12	Operational Responsibilities	The following section has been deleted as this is now subsumed within the amended section 3.1.6: Ensure reports and factual information from external regulatory agencies are acted upon within achievable timescales
3.1.7	Operational Responsibilities	Section amended to place emphasis on the Committee seeking assurance that new and revised health and safety legislation and best practice guidance is considered in terms of how it may impact the Health Board, rather than simply ensuring that this is the case.
3.1.8	Operational Responsibilities	Section amended to place emphasis on the Committee seeking assurance that there is a process of review of the efficacy of all health and safety regulations and industry standards

		training programmes rather than simply ensuring that this is the case.
3.1.11	Operational Responsibilities	Section amended to bring it in line with the Health Board's standardised Terms of Reference template on risk management.
3.17	Operational Responsibilities	The following section has been deleted as this is now subsumed within the amended section 3.1.11: Receive assurance through Sub-Committee Update Reports and other management task & finish group reports that risks relating to their areas 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).
3.1.12	Operational Responsibilities	Section amended to place emphasis on the Committee receiving assurance that service/business continuity plans are in place, rather than simply ensuring that this is the case.
3.1.14	Operational Responsibilities	Section amended to reflect that approval for all organisational health and safety policies, procedures, guidelines and codes of practice (written control documents) will be through the Health and Safety Compliance Group as opposed to the dis-established Health & Safety Sub-Committee.
3.1.15	Operational Responsibilities	Section amended to reinforce the requirement for a Health & Safety Annual Report in light of the following HSE requirement: <i>The Health & Safety Executive (HSE) expects public sector organisations to produce an annual health & safety report as a matter of best practice and good governance, rather than a specific legal requirement for the report itself. Failure to produce one is not an offence in itself, but it would be viewed negatively in case of an HSE investigation.</i>
3.4	Operational Responsibilities	The following section has been deleted as this is now subsumed within the amended section 3.1.9 Ensure there is clear and effective health and safety communication and publicity throughout the organisation to promote engagement and co-operation across the Health Board: Promote engagement and co-operation across the Health Board in ensuring the health, safety, welfare and security of patients, staff, contractors, and others.

3.8	Operational Responsibilities	<p>The following section has been deleted as this is now subsumed within the amended section 2.2:</p> <p>Provide assurance that robust and effective safety management systems are in place operationally to deliver the Health Board's health, safety and security objectives and fulfil its statutory duties.</p>
3.1.18	Operational Responsibilities	<p>The following section has been deleted following the Committee decision to dis-establish the Health & Safety Sub-Committee in November 2025.</p> <p>Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the Health and Safety Committee and oversee delivery.</p>
4.2	Membership	<p>The Director of Estates and Facilities (Estates & Facilities Service Director) (to be appointed) will now replace the previous Head of Estates and Facilities as an In-Attendance member of the Committee.</p> <p>The Assistant Director People Management will now replace the Deputy Director of Workforce & OD as the Workforce & OD representative on the Committee.</p>
5	Quorum and Attendance	<p>Minor amendments have been made throughout this section to bring it in line with the Health Board's standardised Terms of Reference template.</p>
8	Frequency of Meetings	<p>Minor amendments have been made throughout this section to bring it in line with the Health Board's standardised Terms of Reference template.</p>
9	Accountability, Responsibility and Authority	<p>Minor amendments have been made throughout this section to bring it in line with the Health Board's standardised Terms of Reference template.</p>
10	Reporting	<p>Reference to the Health & Safety Sub-Committee has been removed following the Committee's decision to disestablish this Sub-Committee at its meeting in November 2025.</p> <p>Minor amendments have also been made throughout this section to bring it in line with the Health Board's standardised Terms of Reference template.</p>

Given the number of amendments that have been made, a revised version of the Health and Safety Committee terms of reference without the changes identified are attached at **Appendix 2** which the Board will be requested to approve.

Argymhelliad / Recommendation

The Committee is asked to:

- **APPROVE** the Health and Safety Committee's Terms of Reference (version 11) for onward ratification by the Board on 29 January 2026.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

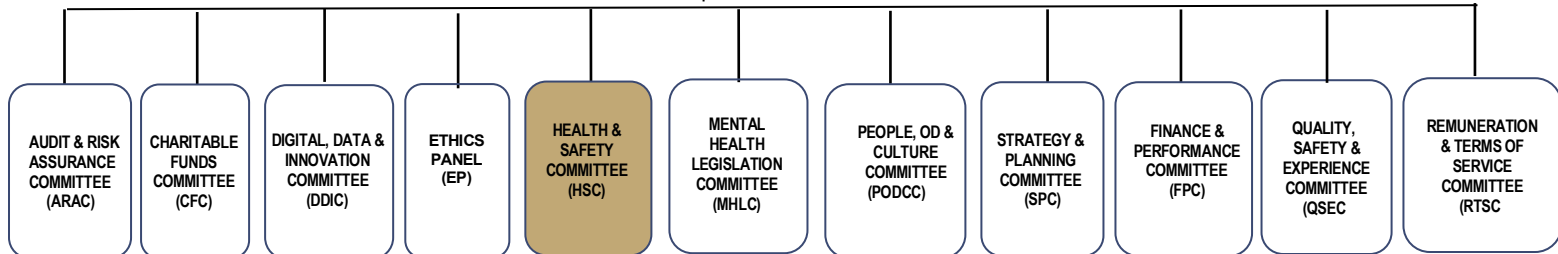
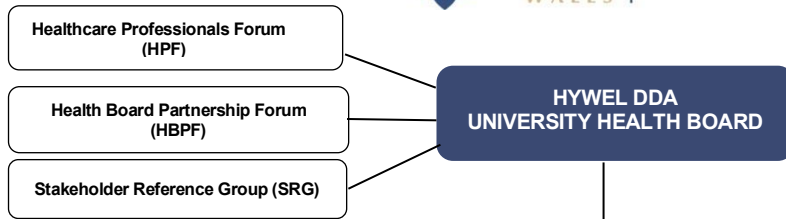
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not 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
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd lechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	H&SC Chair and Executive Lead Director of Corporate Governance/Board Secretary

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable



HEALTH & SAFETY COMMITTEE

TERMS OF REFERENCE

Version	Issued to:	Date	Comments
V1	Hywel Dda University Health Board	26.03.2020	Approved
V1	Health & Safety Assurance Committee	14.05.2020	Approved
V2	Health & Safety Assurance Committee	17.02.2021	Reviewed
V3	Health & Safety Assurance Committee	08.03.2021	Approved (Chair's Action)
V3	Hywel Dda University Health Board	25.03.2021	Approved
V4	Hywel Dda University Health Board	29.07.2021	Approved
V5	Health & Safety Committee	09.05.2022	Approved
V6	Hywel Dda University Health Board	28.07.2022	Approved
V7	Health & Safety Committee	10.07.2023	Approved
V7	Hywel Dda University Health Board	27.07.2023	Approved
V8	Health & Safety Committee	04.03.2024	Approved
V8	Hywel Dda University Health Board	28.03.2024	Approved
V9	Health & Safety Committee	12.11.2024	Approved
V9	Hywel Dda University Health Board	28.11.2024	Approved
V10	Health & Safety Committee	04.03.2025	Approved
V10	Hywel Dda University Health Board	27.03.2025	Approved
V11	Health & Safety Committee	13.01.2026	For Approval

HEALTH AND SAFETY COMMITTEE

1. Constitution

- 1.1 Hywel Dda University Health Board (HDdUHB) has a statutory obligation by virtue of the Health & Safety at Work Act 1974 to establish and maintain a Health and Safety Committee:
- Section 2 sub section 7: 'It shall be the duty of every employer to establish in accordance with Regulations (i) a safety committee having the function of keeping under review measures taken to ensure the health and safety of employees and such other functions as prescribed'.
- 1.2 HDdUHB's Health and Safety Committee has been established as a formal Committee of the Board and constituted from 1 April 2020.

2. Purpose **Principal Duties**

- 2.1 ~~Receive Provide~~ assurance around **the adequacy of HDdUHB's arrangements and processes for the provision of an effective health and safety function to fulfil its legislative, statutory and regulatory duties, and for** ensuring the health and 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.
- 2.2 Advise and assure the Board on whether **robust and effective health and safety management** arrangements are in place to ensure organisation-wide compliance ~~with the Health Board's Health and Safety Policy, approve and monitor delivery against the Health and Safety Committee's work programme and ensure compliance with the~~ **all relevant health and safety legislation, regulations and industry standards requirements, and the** Health Board's Health & Safety Policy.
- 2.3 Where appropriate, the Committee will advise the Board on where and how its health and safety management **and processes** may be strengthened and developed further.
- ~~2.4 Provide advice on compliance with all aspects of health and safety legislation.~~
- ~~2.5 Receive an assurance on delivery against relevant Planning Objectives aligned to the Committee in accordance with Board approved timescales, as set out in HDdUHB's Annual Plan.~~
- 2.4 Provide assurance to the Board that the Health Board's **Major Incident Emergency Management Plan** is underpinned by policy and protocols, planning and performance targets and strategies to address risks to business continuity.

3. Operational Responsibilities and Objectives

- ~~3.1 With regard to its role in providing advice to the Board, the Committee will comment specifically on the adequacy of assurance arrangements and processes for the provision of an effective health and safety function.~~

- 3.2 ~~The Committee will support the Board with regard to its responsibilities for health and safety:~~
- ~~• Approve and monitor implementation of the Health and Safety Committee's work programme.~~
 - ~~• Review the comprehensiveness of assurances in meeting the Board assurance needs across the whole of the UHB's activities, both clinical and non-clinical.~~
- 3.3 ~~To achieve this, the Committee's programme of work will be designed to provide assurance that:~~
- ~~• Objectives set out in the Health and Safety Committee's Work Programme are on target for delivery in line with agreed timescales.~~
 - ~~• Standards are set and monitored in accordance with the relevant Standards for Health Services in Wales.~~
 - ~~• Proactive and reactive health and safety plans are in place across the UHB.~~
 - ~~• Where appropriate and proportionate, health and safety incident and ill health events are investigated and action taken to mitigate the risk of future harm.~~
 - ~~• Reports and audits from enforcing agencies and internal sources are considered and acted upon.~~
 - ~~• Workforce, health, security and safety issues are effectively managed and monitored via relevant operational groups.~~
 - ~~• Employee health and safety competence and participation is promoted.~~
 - ~~• Decisions are based upon valid, accurate, complete and timely data and information.~~
- 3.1 The Health and Safety Committee will, in respect of its provision of advice and assurance to the Board:
- 3.1.1 **Receive assurance through the Health & Safety Assurance Report and the work of management/operational groups and accountable leads that Ensure** there is a process of review of health and safety compliance **with legislative, regulatory and industry standard requirements** across the whole of the Health Board's business undertakings, including through a programme of health and safety audits and agree and monitor KPIs for health and safety performance to ensure evidence of compliance with external standards and regulatory requirements.
- 3.1.2 **Receive assurance on the Health Board's compliance against individual health and safety regulations, on rotation, with their regularity determined by their current risk status.**
- 3.1.3 **Receive bi-annual assurance reports from each Clinical Care Group Service Director on their individual Clinical Care Group health and safety arrangements.**
- 3.1.4 **Seek assurance that Ensure** there is a process of review of findings of **health and** safety management system audits and ~~seek assurance~~ that corrective actions are put in place.
- 3.1.5 **Receive reports from auditors, inspectorates and regulatory bodies relating to the Health Board's health and safety arrangements, with agreed management responses to address areas of improvement.**
- 3.1.6 **Seek assurance on the delivery of the requirements arising from the Health Board's HDdUHB's external regulatory agencies, Welsh Government and professional bodies ensuring these requirements are acted upon within achievable timescales.**
- 3.1.7 **Seek assurance that Ensure** new and revised **health and safety** legislation and best practice guidance is considered **in terms of** and how it may impact the Health Board, agreeing recommendations and guidance on the measures required to comply.

- 3.1.8 **Seek assurance that** ~~Ensure~~ there is a process of review of the efficacy of **all the health and safety, fire and security regulations and industry standards** training programmes and ensure this process is adequate to meet the Health Board's ~~objectives and~~ statutory **and regulatory** requirements.
- 3.1.9 Ensure there is clear and effective health and safety communication and publicity throughout the organisation to promote engagement and co-operation across the Health Board.
- 3.1.10 Seek assurance on delivery against all Planning Objectives aligned to the Committee, in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan, considering, and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate.
- 3.1.11 Seek assurance on the management of risks within the Corporate Risk Register (CRR) and **Operational** Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee **or other operational health and safety management groups** ~~and its sub-committees~~, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board.
- ~~3.17 Receive assurance through Sub-Committee Update Reports and other management task & finish group reports that risks relating to their areas 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).~~
- 3.1.12 **Ensure Receive assurance** that service/business continuity plans are in place for service interruptions and emergency situations that affect the provision of normal services, and that staff are aware of their service plans, and have tested them, to enable them to respond to such incidents ~~identified are incorporated into future planning.~~
- 3.1.13 Ensure that the Health Board has a Major Incident Plan in place to support a response to major and mass casualty incidents, that responding staff have been trained in major incident response, and that lessons identified from previous incidents have been captured and incorporated into future planning.
- ~~3.4 Promote engagement and co-operation across the Health Board in ensuring the health, safety, welfare and security of patients, staff, contractors, and others.~~
- ~~3.8 Provide assurance that robust and effective safety management systems are in place operationally to deliver the Health Board's health, safety and security objectives and fulfil its statutory duties.~~
- ~~3.9 Ensure there is a process of review of accident, incident and notifiable disease statistics to keep an organisational focus on trends, ensure that corrective action and prioritisation of high risk issues are brought to the attention of the appropriate groups, and share learning across the organisation.~~
- ~~3.12 Ensure reports and factual information from external regulatory agencies are acted upon within achievable timescales~~
- ~~3.18 Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the Health and Safety Committee and oversee delivery.~~
- 3.1.14 Approve the Health Board's **Health and Safety Policy** and receive assurance that **all** organisational health and safety policies, procedures, guidelines and codes of practice **(written control documents)** are reviewed and approved **within agreed timescales or**

when required by changes in legislation, regulations or standards, and approved by the Health and Safety Compliance Group. Sub-Committee)

- 3.1.15 Ensure that a Health & Safety annual report is produced of the Health Board's safety management systems to measure effectiveness and performance, and to provide assurance of compliance to the Board. is included within the Health and Safety Committee's Annual Report.

4. Membership

- 4.1 Formal membership of the Committee shall comprise of the following:

Member
Independent Member (Chair)
Independent Member (Vice Chair)
Independent Member
Independent Member

- 4.2 The following should attend Committee meetings:

In Attendance
Executive Director of Allied Health Professions and Health Science (Lead Director)
Executive Director of Nursing, Quality & Patient Experience
Chief Operating Officer
Executive Director of Public Health
Director Head of Estates and Facilities (Estates & Facilities Service Director)
Assistant Director People Management Deputy Director of Workforce & OD
Head of Health, Safety & Security
Head of Occupational Health
Staff-Side Representative (Health and Safety)

- 4.3 Membership of the Committee will be reviewed on an annual basis.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than two of the membership and must include as a minimum the Chairman or Vice-Chairman of the Committee, and one other Independent Member, together with a third of the In Attendance Members.
- 5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board UHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by Welsh Government.
- 5.3 Any senior officer of the Health Board UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.
- 5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills contribute to specialised areas of discussion.

- 5.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place subject to the agreement of the Chair.
- 5.6 The Chair of the **Health Board UHB** reserves the right to attend any of the Committee's meetings as an ex officio member.
- 5.7 The Chair of the Health & Safety Committee shall have reasonable access to Directors and other relevant senior staff.
- 5.8 The Head of Internal Audit shall have unrestricted and confidential access to the Chairman of the Health & Safety Committee.
- 5.9 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/ or the Vice Chair, and the Lead Director (Executive Director of Allied Health Professions and Health Science) at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year and requests from Committee members. Following approval, the agenda and timetable for papers will be circulated to all Committee members.
- 6.3 All papers must be approved by the Lead/ relevant Director.
- 6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.
- 6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and action log will be circulated to members within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chairman for approval.

7. In Committee

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

- 8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. **Any** Additional meetings will be arranged as determined by the ~~Chairman~~ of the Committee **in discussion with the Lead Executive.**

- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

- 9.1 Although ~~as set out within these terms of reference~~, the Board has delegated authority to the Committee for the exercise of certain functions **as set out within these terms of reference**, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.
- 9.2 The Committee **is directly** ~~will be~~ accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the **Health Board's** ~~UHB's~~ Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

- 10.1 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint/sub committees and groups to provide advice and assurance to the Board through the:
- 10.1.1 joint planning and co-ordination of Board and Committee business;
 - 10.1.2 sharing of information.
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Committee may establish sub-committees/groups or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each ~~sub-committee or group's~~ meeting **providing an assurance on detailing** the business undertaken on its behalf. ~~The Sub-Committee reporting to this Committee is:~~
- ~~10.3.1 Health & Safety Sub-Committee~~
- 10.4 The Committee Chair, supported by the Committee Secretary, shall:
- 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report as well as the presentation of an annual report within 6 weeks of the end of the financial year;
 - 10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.
 - 10.4.3 Ensure appropriate escalation arrangements are in place to alert the **Health Board** ~~UHB~~ Chair, Chief Executive, or Chair of other relevant Committees, of any

urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

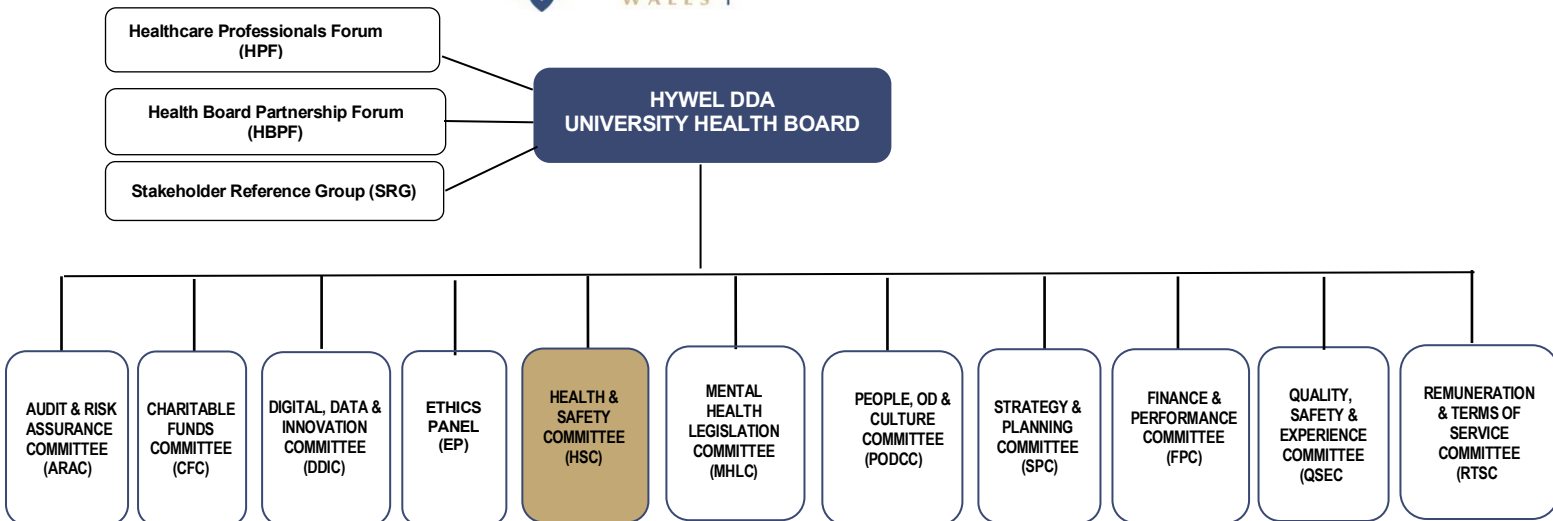
- 10.5 The **Director of Corporate Governance**/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any Sub-Committees established. **In doing so, account will be taken of the requirements set out in the NHS Effective Board Committees Guide.**

11. Secretarial Support

- 11.1 The Committee Secretary shall be determined by the Director of Corporate Governance/Board Secretary.

12. Review Date

- 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.



HEALTH & SAFETY COMMITTEE

TERMS OF REFERENCE

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V1	Hywel Dda University Health Board	26.03.2020	Approved
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V8	Health & Safety Committee	04.03.2024	Approved
V8	Hywel Dda University Health Board	28.03.2024	Approved
V9	Health & Safety Committee	12.11.2024	Approved
V9	Hywel Dda University Health Board	28.11.2024	Approved
V10	Health & Safety Committee	04.03.2025	Approved
V10	Hywel Dda University Health Board	27.03.2025	Approved
V11	Health & Safety Committee	13.01.2026	Approved
V11	Hywel Dda University Health Board	29.01.26	For Approval

HEALTH AND SAFETY COMMITTEE

1. Constitution

- 1.1 Hywel Dda University Health Board (HDdUHB) has a statutory obligation by virtue of the Health & Safety at Work Act 1974 to establish and maintain a Health and Safety Committee:
- Section 2 sub section 7: 'It shall be the duty of every employer to establish in accordance with Regulations (i) a safety committee having the function of keeping under review measures taken to ensure the health and safety of employees and such other functions as prescribed'.
- 1.2 HDdUHB's Health and Safety Committee has been established as a formal Committee of the Board and constituted from 1 April 2020.

2. Principal Duties

- 2.1 Receive assurance around the adequacy of HDdUHB's arrangements and processes for the provision of an effective health and safety function to fulfil its legislative, statutory and regulatory duties, and for ensuring the health and safety of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers, contractors etc.
- 2.2 Advise and assure the Board on whether robust and effective health and safety management arrangements are in place to ensure organisation-wide compliance with all relevant health and safety legislation, regulations and industry standards requirements, and the Health Board's Health & Safety Policy.
- 2.3 Where appropriate, the Committee will advise the Board on where and how its health and safety management and processes may be strengthened and developed further.
- 2.4 Provide assurance to the Board that the Health Board's Major Incident Plan is underpinned by policy and protocols, planning and performance targets and strategies to address risks to business continuity.

3. Operational Responsibilities and Objectives

- 3.1 The Health and Safety Committee will, in respect of its provision of advice and assurance to the Board:
- 3.1.1 Receive assurance through the Health & Safety Assurance Report and the work of management/operational groups and accountable leads that there is a process of review of health and safety compliance with legislative, regulatory and industry standard requirements across the whole of the Health Board's business undertakings.
 - 3.1.2 Receive assurance on the Health Board's compliance against individual health and safety regulations, on rotation, with their regularity determined by their current risk status.
 - 3.1.3 Receive bi-annual assurance reports from each Clinical Care Group Service Director on their individual Clinical Care Group health and safety arrangements.

- 3.1.4 Seek assurance that there is a process of review of findings of health and safety management system audits and that corrective actions are put in place.
- 3.1.5 Receive reports from auditors, inspectorates and regulatory bodies relating to the Health Board's health and safety arrangements, with agreed management responses to address areas of improvement.
- 3.1.6 Seek assurance on the delivery of the requirements arising from the Health Board's external regulatory agencies, Welsh Government and professional bodies ensuring these requirements are acted upon within achievable timescales.
- 3.1.7 Seek assurance that new and revised health and safety legislation and best practice guidance is considered in terms of how it may impact the Health Board, agreeing recommendations and guidance on the measures required to comply.
- 3.1.8 Seek assurance that there is a process of review of the efficacy of all health and safety regulations and industry standards training programmes and ensure this process is adequate to meet the Health Board's statutory and regulatory requirements.
- 3.1.9 Ensure there is clear and effective health and safety communication and publicity throughout the organisation to promote engagement and co-operation across the Health Board.
- 3.1.10 Seek assurance on delivery against all Planning Objectives aligned to the Committee, in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan, considering, and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate.
- 3.1.11 Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Operational Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee or other operational health and safety management groups, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board.
- 3.1.12 Receive assurance that service/business continuity plans are in place for service interruptions and emergency situations that affect the provision of normal services, and that staff are aware of their service plans, and have tested them, to enable them to respond to such incidents.
- 3.1.13 Ensure that the Health Board has a Major Incident Plan in place to support a response to major and mass casualty incidents, that responding staff have been trained in major incident response, and that lessons identified from previous incidents have been captured and incorporated into future planning.
- 3.1.14 Approve the Health Board's Health and Safety Policy and receive assurance that all organisational health and safety policies, procedures, guidelines and codes of practice (written control documents) are reviewed and approved within agreed timescales or when required by changes in legislation, regulations or standards, by the Health and Safety Compliance Group.
- 3.1.15 Ensure that a Health & Safety annual report is produced to measure effectiveness and performance, and to provide assurance of compliance to the Board.

4. Membership

4.1 Formal membership of the Committee shall comprise of the following:

Member
Independent Member (Chair)
Independent Member (Vice Chair)
Independent Member
Independent Member

4.2 The following should attend Committee meetings:

In Attendance
Executive Director of Allied Health Professions and Health Science (Lead Director)
Executive Director of Nursing, Quality & Patient Experience
Chief Operating Officer
Executive Director of Public Health
Director of Estates and Facilities (Estates & Facilities Service Director)
Assistant Director People Management
Head of Health, Safety & Security
Head of Occupational Health
Staff-Side Representative (Health and Safety)

4.3 Membership of the Committee will be reviewed on an annual basis.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than two of the membership and must include as a minimum the Chairman or Vice-Chairman of the Committee, and one other Independent Member, together with a third of the In Attendance Members.
- 5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by Welsh Government.
- 5.3 Any senior officer of the Health Board or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.
- 5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.
- 5.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place subject to the agreement of the Chair.
- 5.6 The Chair of the Health Board reserves the right to attend any of the Committee's meetings as an ex officio member.

- 5.7 The Chair of the Health & Safety Committee shall have reasonable access to Directors and other relevant senior staff.
- 5.8 The Head of Internal Audit shall have unrestricted and confidential access to the Chairman of the Health & Safety Committee.
- 5.9 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/ or the Vice Chair, and the Lead Director (Executive Director of Allied Health Professions and Health Science) at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year and requests from Committee members. Following approval, the agenda and timetable for papers will be circulated to all Committee members.
- 6.3 All papers must be approved by the Lead/ relevant Director.
- 6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.
- 6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and action log will be circulated to members within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chairman for approval.

7. In Committee

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

- 8.1 The 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 Committee in discussion with the Lead Executive.
- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

- 9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and

accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.

- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

- 10.1 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint/sub committees and groups to provide advice and assurance to the Board through the:
 - 10.1.1 joint planning and co-ordination of Board and Committee business;
 - 10.1.2 sharing of information.
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Committee may establish sub-committees/groups or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each meeting providing an assurance on the business undertaken on its behalf.
- 10.4 The Committee Chair, supported by the Committee Secretary, shall:
 - 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report as well as the presentation of an annual report within 6 weeks of the end of the financial year;
 - 10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.
 - 10.4.3 Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive, or Chair of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.
- 10.5 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any Sub-Committees established. In doing so, account will be taken of the requirements set out in the NHS Effective Board Committees Guide.

11. Secretarial Support

- 11.1 The Committee Secretary shall be determined by the Director of Corporate Governance/Board Secretary.

12. Review Date

- 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.