Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Pwyllgor Iechyd a Diogelwch/ Health and Safety Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	**03 NOVEMBER 2026**
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health and Safety Committee Terms of Reference
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive 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

A review of the membership of the Health and Safety Committee has taken place following the changes in the Estates and Facilities Care Group, where by Executive responsibility for Estates has moved to the Executive Director of Strategy and Planning, with executive responsibility for Facilities, Health and Safety remaining with the Executive Director of Allied Health Professions and Health Science.

The Committee are asked to approve the Health and Safety Committee's Terms of Reference for onward ratification by the Board on 26 November 2026.

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.

The Committee last reviewed its terms of reference and operating arrangements in May 2026, and these were subsequently approved by the Board, on 28 May 2026.

Asesiad / Assessment

The Health and Safety Committee Terms of Reference and operating arrangements (Appendix 1) have been reviewed, with one amendment made to the terms of reference. This is clearly marked on Appendix 1 and relates to the following:

Section	What has changed?	Why?

4.2	Membership – amendments to in-attendance Membership list	To reflect the revised Estates and Facilities portfolio arrangements, effective from 5 October 2026, and ensure appropriate Executive Director and senior operational representation. The Executive Director of Strategy and Planning has been added to provide oversight of estates and capital funding, replacing the Executive Director of Nursing, Quality and Patient Experience. The relevant senior Estates, Facilities and Health and Safety roles have also been updated to align with the new portfolio structure.

Argymhelliad / Recommendation

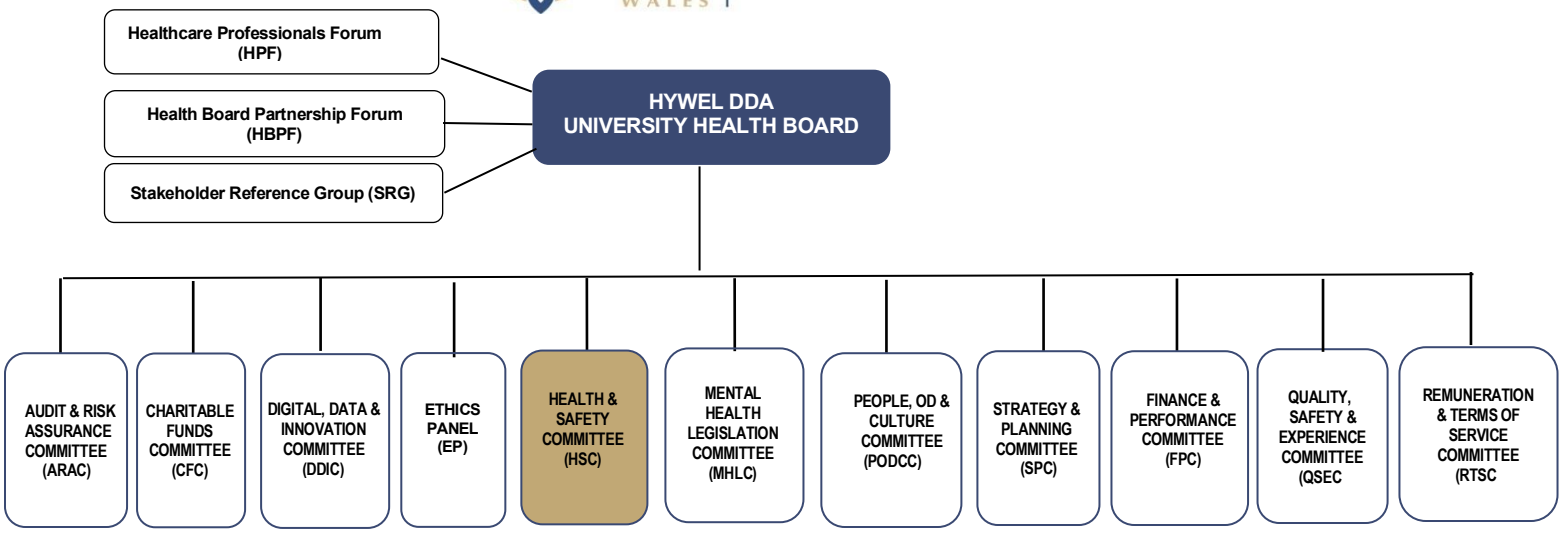
The Committee are asked to approve the Health and Safety Committee's Terms of Reference (v.13) for onward ratification by the Board on 26 November 2026.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	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, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	Not Applicable

Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	10. Not Applicable
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	Not Applicable
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Standing Orders
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Director of Corporate Governance/Board Secretary Director of Allied Health Professions and Health Science

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts
Gweithlu: Workforce:	No direct impacts
Tegwch Iechyd: Health Equity:	No direct impacts
Risg: Risk:	No direct impacts
Cyfreithiol: Legal:	No direct impacts

Enw Da: **Reputational:**	No direct impacts
Gyfrinachedd: **Privacy:**	No direct impacts
Cydraddoldeb: **Equality:**	No direct impacts



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	Approved
V11	Hywel Dda University Health Board	29.01.2026	Approved
V12	Health & Safety Committee	05.05.2026	Approved
V12	Hywel Dda University Health Board	28.05.2026	Approved
V13	Health & Safety Committee	03.11.2026	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. 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

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~~
Executive Director of Strategy and Planning
Deputy Chief Operating Officer
Executive Director of Public Health
Estates & Facilities Service Director
Assistant Director of Facilities, Health and Safety
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 Chair or Vice-Chair 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 Chair 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 Chair 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. 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.