



GIG
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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **04/03/2025**
Time **09:30 - 11:30**
Location **Microsoft Teams Meeting/ Ystwyth Boardroom**

Health and Safety Committee Meeting

HDD_Health and Safety Committee

NHS Wales

Agenda - 4 March 2025

1 Governance

09:30, 0 min

1.1 Welcome and Apologies

09:30, 2 min

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

1.2 Declarations of Interest

09:32, 2 min

All

1.3 Minutes of Previous Meeting of the Previous Meeting held on 14 January 2025

09:34, 2 min

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

1.4 Matters Arising and Table of Actions from Meeting held on 14 January 2025

09:36, 2 min

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

1.5 HSC Self Assessment Outcome Report 2024/25

09:38, 5 min

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

1.6 Health and Safety Committee Terms of Reference

09:43, 5 min

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

2 Health and Safety Updates

09:48, 0 min

2.1 Health and Safety Sub Committee Update

09:48, 10 min

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

2.2 Health and Safety Update

09:58, 15 min

Tim Harrison (Hywel Dda UHB - Head of Health, Safety and Security)

2.3 Health and Safety Internal Audit Report

10:13, 20 min

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

2.4 Martyn's Law/ Terrorism Protection of Premises Bill: A Report on the Detail, Impact on the Organisation, and Timelines

10:33, 20 min

Tim Harrison (Hywel Dda UHB - Head of Health, Safety and Security)

2.5 Update on Traffic Flow Outside PPH

10:53, 10 min

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Gareth Cottrell (Hywel Dda UHB - Deputy Chief Operating Officer)

3 Health and Safety Regulations

11:03, 0 min

3.1 Health and Safety Regulations

11:03, 10 min

Simon Chiffi (Hywel Dda UHB - Head of Operations)

Confined Space Regulations

3.2 Bariatric Compliance (Manual Handling Operations Regulations 1992)

11:13, 10 min

Jeni Bryant (Hywel Dda UHB - Bank Senior Nurse Specialist), Adam Springthorpe (Hywel Dda UHB - Health & Safety Manager)

4 For Information

11:23, 0 min

4.1 HSC Workplan

11:23, 2 min

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

5 Any Other Business

11:25, 2 min

All

6 Matters for Escalation to Board

11:27, 0 min

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

7 Date and Time of Next Meeting

11:27, 0 min

Tuesday 6 May 2025, 9:30-11:30

Table of contents

04/03/2025 09:30 - 11:30

1 - Governance	8
<hr/>	
1.1 - Welcome and Apologies	9
<hr/>	
1.2 - Declarations of Interest	10
<hr/>	
1.3 - Minutes of Previous Meeting of the Previous Meeting held on 14 January 2025	11
<hr/>	
Attachments	
1.3 2025-01-14 - Health and Safety Committee Meeting - Minutes	12
1.4 - Matters Arising and Table of Actions from Meeting held on 14 January 2025	20
<hr/>	
Attachments	
1.4 HSC Table of Actions 14 Jan 25	21
1.5 - HSC Self Assessment Outcome Report 2024/25	23
<hr/>	
Attachments	
1.5 Draft.HSC.SA.Outcome.Report.202425.SBAR	24
1.6 - Health and Safety Committee Terms of Reference	29
<hr/>	
Attachments	
1.6 HSC Terms of Reference SBAR	30
1.6 Appendix 1 HSC Terms of Reference v10.04Mar25	35
2 - Health and Safety Updates	44

2.1 - Health and Safety Sub Committee Update	45
<hr/>	
Attachments	
2.1 Committee Update Report - HSSC (04.02.25) Final Draft for Approval	46
Appendix 1 Health Safety Sub-Committee ToRs for HSC Approval 04.03.25 v6	48
2.2 - Health and Safety Update	53
<hr/>	
Attachments	
2.2 SBAR H_S Update Paper - Mar 25 V1.0	54
2.3 - Health and Safety Internal Audit Report	61
<hr/>	
Attachments	
2.3 Health _ Safety Final IA Report	62
2.4 - Martyn's Law/ Terrorism Protection of Premises Bill: A Report on the Detail, Impact on the Organisation, and Timelines	71
<hr/>	
Attachments	
2.4 SBAR Protection of Premises Bill (Martyns Law) March 2025 V1.1	72
2.5 - Update on Traffic Flow Outside PPH	79
<hr/>	
Attachments	
2.5 PPH Temp Traffic Issues report Feb2025	80
3 - Health and Safety Regulations	85
<hr/>	
3.1 - Health and Safety Regulations	86
<hr/>	
Attachments	
3.1 Health Safety SBAR Confined Space - FINAL	87
3.2 - Bariatric Compliance (Manual Handling Operations Regulations 1992)	93
<hr/>	

Attachments

3.2 SBAR Bariatric Compliance MHOR March 2025 V1.1	94
4 - For Information	101

4.1 - HSC Workplan	102
--------------------	-----

Attachments

4.1 HSC Work Programme 2024-25 v4	103
5 - Any Other Business	106

6 - Matters for Escalation to Board	107
-------------------------------------	-----

7 - Date and Time of Next Meeting	108
-----------------------------------	-----

1 - Governance

1.1

09:30, 2 Mins

1.1 - Welcome and Apologies

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

1.2

09:32, 2 Mins

1.2 - Declarations of Interest

All

1.3

09:34, 2 Mins

1.3 - Minutes of Previous Meeting of the
Previous Meeting held on 14 January 2025

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

| For approval

Attachments

[1.3 2025-01-14 - Health and Safety Committee Meeting - Minutes.docx](#)

MINUTES OF THE Health and Safety Committee MEETING

Date of Meeting:	9:30 AM, Tuesday 14 January 2025	
Venue:	Microsoft Teams Meeting/ Ystwyth Boardroom	
Present:	Ann Murphy Chantal Patel Iwan Thomas Eleanor Marks	Independent Member – Trade Union (Chair) Independent Board Member - University Independent Board Member – Third Sector HDUHB Vice Chair
In attendance	Ruth Poynting James Severs Sharon Daniel Andrew Carruthers Ardiana Gjini Joanne Wilson Rob Elliott Tim Harrison Anthony Dean Adam Springthorpe Amanda Glanville Jonathan Arthur Simon Chiffi	Committee Services Officer (minutes) Executive Director of Allied Health Professions and Health Science Interim Executive Director of Nursing, Quality & Patient Experience Chief Operating Officer Executive Director of Public Health Director of Corporate Governance/Board Secretary Director of Estates, Facilities and Capital Management Head of Health, Safety and Security Staff-Side Representative Health & Safety Manager Assistant Director of People Development Deputy Director of Health Sciences Head of Operations
Apologies:	Olwen Morgan Delyth Raynsford Winston Weir	Assistant Director of Nursing Independent Board Member - Community Independent Board Member - Finance
Absent:	Charles Scarf Anna Lewis Karen Ryan Rhodri Evans Sam Hussell Maynard Davies	Security Adviser Independent Board Member – Community Head of Occupational Health Independent Member – Local Authority Head of Health Emergency Planning Independent Member – Information Technology

Minutes Ref.	Item	Action
HSC(24)106	GOVERNANCE Welcome and Apologies Ms Ann Murphy welcomed everyone to the meeting and apologies were noted as above.	
HSC(24)107	Declarations of Interest	

No declarations of interest were raised.

HSC(24)108

Minutes of Previous Meeting Held on 12 November 2024

The minutes of the meeting held on 12 November 2024 were ACCEPTED as an accurate record.

Decision: The HSC Approved the minutes of the meeting held on 12 November 2024.

HSC(24)109

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

The Table of Actions was reviewed and noted.

Mr Simon Chiffi requested that the Lead for the Health and Safety Update was amended to Mr Tim Harrison and Mr Adam Springthorpe.

Decision: The Table of Actions was NOTED.

HSC(24)110

Health and Safety Sub-Committee Update

Mr James Severs informed the group that this update report follows the inaugural meeting for the Health and Safety Sub-Committee (HSSC).

There are no items to alert the committee of.

The HSC approved the HSSC Terms of Reference.

Decision: The HSC NOTED the HSSC update report.

Decision: The HSC APPROVED the HSSC Sub-Committee Terms of Reference.

HSC(24)111

Corporate Risks Assigned to HSC

Ms Murphy queried the status and presentation of risk number 1745 – The risk of not being able to deliver services; as the business case associated with this risk has been in development since 2018 and states that the NHS Wales Shared Services Partnership has supported a three-year investment programme.

Mr Chiffi stated that the major infrastructure works has been an ongoing Business Case (BC) from 2018. Work undertaken since the start of this development has decreased the value of the Programme Business Case.

Mr Andrew Carruthers clarified that this risk covers two separate issues, the BC for a new hospital and the BC for maintaining sites.

Ms Murphy and Mr Carruthers agreed that due to the length of time this risk has been on the register and the recent discussions on the timelines to address Estate Risk at Board meetings it may be beneficial to discuss this risk in more detail and with input from the Planning Team regarding the wider Capital Plan.

CSO

Decision: The HSC were ASSURED by the update report.

HEALTH AND SAFETY UPDATES

HSC(24)112

Staff/Patient Story

The group discussed the necessity of the staff/patient story in HSC meetings. This was recommended in the last HSC self-assessment.

Ms Sharon Daniels noted that there is now an All Wales central repository of staff and patient stories and volunteered to assess whether there are any that can be brought to a future meeting. Mr Iwan Thomas added that many staff members and patients are more open to sharing their experience following the completion of the support journey.

SD

HSC(24)113

Reinforced Autoclave Aerated Concrete (RAAC) Update

Mr Carruthers informed the Committee that all groups set up to monitor RAAC have now been stepped down, as agreed in an Executive Team Meeting, and this matter is now being managed as part of daily business as usual.

Mr Chiffi advised that there are no items to alert the Committee to.

Work has been completed on Outpatient Department (OPD)B since the creation of this report.

The ground floor works is on schedule to be completed in February 2025 and work in the Plant room and OPD are expected to be completed in March 2025.

Work moving forward will continue on obligations in the operational space including Phase 1 and Phase 2 planks and a phased replacement of the flat roof in Witybush Hospital (WGH) OPD. High focus will be maintained on water saturation. Re-inspections will also continue to take place with targeted estates funding along with planned preventative operational measures.

Mr Chiffi added that it may be beneficial to undertake a staff and patient survey on the experience with RAAC to make note of lessons learned.

Decision: The HSC NOTED the report.

HSC(24)114

Health and Safety Update Report

Mr Harrison introduced the report which covers the topics of Health and Safety Executive (HSE) prosecutions and emerging themes from a national perspective.

Recent prosecutions detailed in the report relate to Legionella, Working at Height and Asbestos Management.

Following inspections in 2024 HDdUHB has been found to be complying with regulations for Asbestos and Legionella, with no additional work needed.

Work is ongoing to strengthen Working at Height procedures with improvements already being made in the Estates and Facilities departments.

In response to a query from Ms Daniels, Mr Harrison confirmed that HSE do perform regular checks but tend to focus more on Violence and Aggression, Manual Handling, and Asbestos. Other types of inspections take place when needed such as; following review of a RIDDOR report.

Mr Springthorpe added that inspections following RIDDOR reports are not always needed if HSE are assured by the measures undertaken by HDdUHB.

CSO

The group agreed that a report covering wider HSE prosecutions could be brought to HSC meetings as an annual report.

In response to a query from Ms Chantal Patel, Mr Harrison stated that the Quality and Safety Committee receives reports on compliance and serious incidents. The HSSC will also have more oversight on incident reports moving forward.

Dr Ardiana Gjini queried whether policies are in place for areas that are out of use for a long time. Mr Chiffi assured the Committee that policies and control mechanisms are in place with Planned Priority Maintenance (PPMs) and managed through the relevant Safety groups.

Decision: The HSC were ASSURED by the update report.

HSC(24)115

Fire Management Update

Mr Rob Elliott introduced the report which focuses on key delivery dates for Fire Service Notices and Letters of Enforcement. Bi-annual meetings between HDdUHB, Mid and West Wales Fire and Rescue Service (MAWWFRS), and Welsh Government (WG) have been helpful to keep the two organisations informed of progress on the Business Cases and inform the expected timeline.

The deadline for Phase 2 works in WGH is April 2025. This expected completion date was initially agreed 5 years ago and will therefore need to be amended to line up with the delivery plan. The updated timeline has been agreed with MAWWFRS and letters are being created to finalise this agreement.

The Phase 1 programme in Glangwili General Hospital (GGH) is expected to complete in mid to late February, with the only work left to complete being the subterranean ducts. A minor adjustment to the agreed timeline has been agreed to extend from the end of January to the end of February.

The Fire service is making arrangements to attend the site and lift the Enforcement notice.

The compliance date for Phase 2 of the GGH programme was initially agreed for June 2025. This will now also be extended to the end of 2027.

The full programme Business Justification Case (BJC) for Bronglais General Hospital (BGH) has been finalised recently prior to this HSC meeting. This will be presented to the Capital Sub Committee before being shared with the Strategic Development and Operational Delivery Committee (SDODC) and then shared in a Public Board meeting in March 2025.

The BJC is scheduled for completion in July 2026, with work starting on site on September 2026. Work is expected to complete in December 2028 with final repairs to any decanted accommodation completed in March 2029.

Mr Elliott provided assurance that while the scale of work extends beyond discretionary funding, engagement with WG provides significant assurance they are prepared to engage with this work. Additionally, communication from WG for forward planning has included WGH and GGH Phase 2 Projects.

The risk of not completing this work would be escalation and prosecution.

Decision: The HSC were ASSURED by the update report.

HSC(24)116

Fire Safety Training

This is the third time Fire Safety training has been brought to HSC out of the wider training report. Mr Chiffi advised that moving forward this discussion would be better suited to HSSC. This report explains the 5 levels of training that have been created, including optional levels 4 and 5.

One item previously discussed by the HSC is Fire Wardens and understanding what this means across the Health Board.

Potential factors which may deter staff from applying for the role includes concern around the level of duty involved.

Mr Chiffi noted that the terminology used for Fire Wardens may be a bit misleading and informed the Committee that this role is a Best Practice Champion position and is a voluntary role.

Currently there are 169 Fire Wardens, and the goal is for 50 Fire Wardens per acute site, pro rata.

Research is ongoing to identify the structure of each site and where Fire Wardens fit into that structure.

Ms Eleanor Marks queried the rationale for the goal of 50 fire wardens per site. Mr Chiffi and Mr Severs stated that this is not a mandated number and will be explored further.

Another item raised by the HSC is specific training figures per site to look at the details and identify where challenges or blockers to progress are.

Fire Training Performance data shows that there is a positive position on Level 1 Training, with less positive numbers for Level 2 and lower numbers for Level 3 training. This impacts the Phase 2 projects in WGH and GGH.

The third item raised by HSC was to provide an all-Wales position on training figures for benchmarking purposes. This exercise has demonstrated that HDduHB remains one of the top performing Health Boards for Level 1 training.

Ms Amanda Glanville suggested it may be beneficial to revisit the data to aid in understanding the issues with numbers for Level 2 training and to do a deep dive into those areas.

Additionally, there has been a focus on the Core Skills Training Framework, however if something has been mandated it would be helpful to do a deep dive into wider learning and how it aligns with compliance areas. SC

Ms Glanville also highlighted the financial impact of making learning mandatory.

Mr Chiffi agreed to share data with Ms Glanville to aid discussion.

The funding requests detailed in the report includes fulfilling mandated Fire Warden and Night Porter roles. The responsibility of approving this funding falls within the remit of the Executive Team meetings.

Decision: The HSC were ASSURED by the update report.

HSC(24)117

H&S Internal Audit Report

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

Ms Jo Wilson assured that this item has been deferred with approval of the Chair and noted that all deferrals should be agreed with the Chair for all Committees.

HSC(24)118

RIDDOR - All Wales Benchmark Update

Mr Adam Springthorpe introduced the report which shows the status of HDdUHB RIDDOR reporting in comparison to other Health Boards across Wales.

This report shows that HDduHB is on par with the other Health Boards for both timeliness of reporting and the numbers of incidents.

The timeliness of reporting has decreased this year however steps have already been taken to improve this.

The data on the number of reported incidents is shared within the RIDDOR Update Report which was shared in the HSC meeting held 12 November 2024 and will be shared on an annual basis moving forward.

Decision: The HSC NOTED the report.

HEALTH & SAFETY REGULATIONS

HSC(24)119

Health and Safety Regulations Overview

This report details a list of Health and Safety regulations, the monetary arrangements, reporting channels and the training needed across the workforce. The primary piece of legislation covering Occupational Health and Safety is the Health and Safety at Work Act 1974 (HSWA).

The HSSC terms of reference includes a list of routes for reporting. Work is ongoing to shape this reporting structure, including where certain regulations feed into more than one group such as Sharps and Legionella.

In this report training required under the HSWA has been split by regulations and gaps in compliance have been highlighted.

Level 1 training in Health and Safety is now being looked at on an all-Wales level led by Cardiff and Vale University Health Board (CAVUHB).

Mr Harrison noted that the e-learning package needs revision which will be advised by the work undertaken on an all-Wales level.

In response to a query from Ms Marks, Mr Springthorpe noted that the risk faced by the organisation before the revision of the learning material is believed to be low as work has taken place to make staff aware of responsibilities, along with some areas already being addressed in manager training. This work seeks to formalise the process and focus training dependant on work areas and staff roles.

Some areas have been highlighted that do not have policies in place however this is not believed to be a concern.

Mr Severs recommended that the Committee take assurance that a review has been undertaken of policies, procedures, education and training however the Board will need to be advised that further work is needed on mandatory training good practice and guidance.

Decision: The HSC wish to ADVISE that gaps in training have been identified and further work is needed to improve the status of regulation compliance.

POLICIES FOR APPROVAL

HSC(24)120

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

Mr Springthorpe informed the group that minor changes have been made to the COSHH policy including the Executive Lead Director and to material data safety sheets that are not classified as hazardous. The Policy team has been included in the process and the policy has been shared for consultation over Global emails.

Mr Springthorpe informed the Committee that assessment forms are tailored to the area in which they are used and are stored locally. Higher risk users such as Estates will keep printed copies.

Lower risk areas may have digital or physical forms. Both formats are acceptable.

While a central repository would be beneficial for visibility, it also has the potential to discourage staff from maintaining ownership of their department's reports.

Over 600 managers have been trained in COSHH management through the Health and Safety induction course and the quality of COSHH reports have improved as a result.

Ms Murphy suggested that more clarity is needed to confirm who holds responsibility for COSHH in each area. Mr Springthorpe highlighted that there is a list of responsible people across the Health Board.

The Committee agreed that the wording around responsible people will be reviewed, and the policy would be approved by Chair's Action.

AS,
AM,
CSO

Decision: The policy will be approved by Chair's Action following a minor amendment to improve clarity.

HSC(24)121

Policy Extension Request

A Policy Extension Request of two months for Policy 323 - Closed Circuit Television (CCTV), Policy 170 - Lone Worker and Procedure 767 - New and Expectant Mothers / Birthing Parents Procedure was agreed to allow time for review by the Trade Union/Staff Partnership Forum. The policies will be tabulated for approval at the next HSC meeting on 4 March 2025.

Decision: The HSC NOTED that policies 323, 170 and 767 will be presented for approval in the March HSC meeting.

FOR INFORMATION

HSC(24)122

HSC Workplan

The HSC workplan was discussed and noted.

HSC(24)123

ANY OTHER BUSINESS

No other items were raised.

HSC(24)124

MATTERS FOR ESCALATION TO BOARD

HSC wish to ADVISE Board of

- Ongoing work to close gaps in Health and Safety training and policy compliance to comply with Health and Safety Regulations.

1.4

09:36, 2 Mins

1.4 - Matters Arising and Table of Actions from Meeting held on 14 January 2025

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

| For information

Attachments

[1.4 HSC Table of Actions 14 Jan 25.docx](#)

**TABLE OF ACTIONS FROM HEALTH & SAFETY COMMITTEE (HSC) MEETING
HELD ON 14 JANUARY 2025**

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
HSC (24)76	Health and Safety Update: <ul style="list-style-type: none"> To submit a report on health and safety training compliance to Committee in Quarter 4. 	TH/AS	November 2024	Complete Shared in January HSC meeting.
HSC (24)83	Bariatric Compliance (Manual Handling Operations Regulations 1992) Update Report: <ul style="list-style-type: none"> To bring an updated report back to the January 2025 HSC meeting, to include evidential data on regulations compliance in order to provide assurance to Committee 	JB	January 2025	In Progress: Scheduled for March meeting.
HSC(24)95	Health and Safety Update Report <ul style="list-style-type: none"> To submit a report on Electrical Infrastructure risks to Committee. 	SC	March 2025	In Progress: Scheduled for March meeting (H&S Update Report)
HSC(24)111	Corporate Risks Assigned to HSC <ul style="list-style-type: none"> To add risk number 1745 to the workplan for discussion. 	CSO	March 2025	In Progress: The workplan for 2025/26 is being finalised.
HSC(24)112	Staff/Patient Story <ul style="list-style-type: none"> To review the central repository for staff/patient stories to see if there are any relevant to bring to HSC. 	SD	March 2025	Complete No local or national stories relevant for the HSC at this point in time. (Update provided by Louise O'Connor).
HSC(24)116	Fire Safety Training <ul style="list-style-type: none"> Information to be shared with AG to facilitate a deep dive into mandatory training compliance. 	SC	March 2025	Complete This deep dive work is being incorporated as part of the Mandatory Training Group. (Update provided by Amanda Glanville).
HSC(24)120	Policy 703 - Control of Substances Hazardous to Health (COSHH)	AS	March 2025	Complete Updated COSHH Policy submitted to AM & CSO on 18/02/2025 for Chair's Action.

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
	<ul style="list-style-type: none"> Policy to be updated to improve clarity on who holds responsibility and where the names of responsible people in each area are held. 			
HSC(24)120	<p>Policy 703 - Control of Substances Hazardous to Health (COSHH)</p> <ul style="list-style-type: none"> Policy to be approved through Chair's Action following above amendments. 	AM/CSO	March 2025	Complete Approved via Chair's Action.

Key: SC- Simon Chiffi KJ-Keith Jones JB-Jeni Bryant CSO- Committee Services Officer AM -Ann Murphy SD- Sharon Daniel
AG – Amanda Glanville

1.5

09:38, 5 Mins

1.5 - HSC Self Assessment Outcome Report
2024/25

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

| For assurance

Attachments

[1.5 Draft.HSC.SA.Outcome.Report.202425.SBAR.docx](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 March 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health and Safety Committee (HSC) Self-Assessment Outcome Report 2024/25
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)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to present the outcome of the Health and Safety Committee (HSC) Self-Assessment 2024/25 process to the Committee.

Cefndir / Background

In line with Section 10.2.1 of Standing Orders, the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Section 10.2.2 also states that each Committee must also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-Committees it has established.

A refreshed approach to the Committee self-assessment process was developed in 2023 which was intended to be proportionate, achievable and add value to the organisation's governance capability. For HSC, this involved:

- Short digital form which requested feedback on the following areas:
 - Governance and administration
 - Committee's inputs
 - Conduct of Committee meetings
 - Interface with other Committees, including the Board
 - Committee's impact
 - Individual role on Committee

The feedback from this form was considered alongside other information, such as:

- Matters escalated to the Board

- IM Reflective sessions
- Auditor/Regulator feedback

The HSC Chair and Lead Executive met to consider the Committee's effectiveness to date based on responses from the above digital form and feedback from auditors/regulators and other intelligence on how the Committee currently operates, where it has made an impact and what it has shone a light on, and the areas where it could have done better.

Asesiad / Assessment

The HSC Chair and Lead Executive met to consider the Committee's effectiveness to date based on responses from the above digital form and feedback from auditors/regulators and other intelligence on how the Committee currently operates, where it has made an impact and what it has shone a light on, and the areas where it could have done better.

Look back at Committee's effectiveness over previous 12 months...

The below analysis was based on responses from the digital form and feedback from auditors/regulators and other intelligence on how the Committee currently operates:

What we want to continue to do next year

- Receive good governance and administration of Committee
- Receive good support from EDs/Deputies re attendance, timeliness of papers
- Chair effectively and have open, transparent and productive debate with constructive challenge from IMs
- Continue to improve the quality of reports
- Receive succinct and knowledgeable presentation of papers and responses to queries
- Trade union representation at meetings to bring staff value to the committee
- Provide the Board with clear, concise information and gaps in assurance
- Generate a positive committee culture
- Appropriately using private meetings for discussing items not for the public domain

What we want to change going forward

- Strengthen the strategic focus of the Committee
- Ensure that Executive leads (and authors) understand the purpose of each paper that needs to be prepared for each meeting and that the paper is reviewed and scrutinised by the Lead ED prior to meetings (slide 5)
- Enabling presenters to provide more effective responses to questions by providing clarity and context when scrutinising papers at Committee, eg clearly outlining the nature/ context of a concern/ issue, the reason for the concern and then the actual question. (slide 7) To be addressed through the Board Development Programme
- Continue to improve papers by reducing the operational and technical detail within reports and strengthen clarity of purpose of papers to HSC to provide assurance supported by the inclusion of risks, impacts and outcomes for patients, staff and visitors (people-centred).
- Continue to improve the scrutiny and challenge by Board on areas raised for their attention through the 3As report

Suggested areas of focus for 2025/26

- Focus on areas where unable to provide assurance on such as violence and aggression, and site and security (both on corporate risk register) and other high risks identified
- IM walkabouts to understand how the risks are being mitigated (feedback to AD of Quality for consideration to include as part of the Patient Safety Walkabout cycle)
- The effectiveness of Health and Safety policies and procedures (to be addressed by changes to the directorate governance structures/ Health and Safety Sub-Committee)
- Effectiveness of training and education to ensure workforce has sufficient knowledge, skills and experience to undertake their roles
- Improve ownership of issues relating to Health and Safety within operational structures which report to the Sub-Committee
- Health Board Estate, in particular the safety of staff delivering services in fragile areas
- Training for new IM's attending HSC (to be addressed as part of IM's ongoing development)
- Seek assurance that risk assessments that align to the six essential points of the health and safety at work act are in place
- Increased focus on security staff training and education
- Strengthening links with PODCC and QSEC

Actions to be taken forward:

The following actions will be taken forward by the Director of Corporate Governance/Board Secretary:

Action	By whom	By when
Ensure the Committee Workplan for 2025/26 includes areas for strategic focus	DOAHPHS	Apr25
Clarify the purpose of each paper at agenda setting meetings and ensure this is communicated to the Lead Director /Author	DOAHPHS / CSO	Mar25
Ensure that all papers submitted for meetings have Director sign-off and to return papers that do not meet the purpose as agreed at agenda setting	CSO	Mar25
To provide report writing and presenting guidance to operational teams as part of the implementation of the Operational Governance Structure (This will include reducing the level of operational detail in reports, the importance of including outcome data in reports and how to present papers to Committees)	DOCG	Apr25
To focus on matters of alert and advise when reporting to the Board	Chair	Apr25
Consider including suggested areas of focus for 2025/26 on Committee Workplan	DOCG/CSO	Apr25

Argymhelliad / Recommendation

The Committee is asked to consider the outputs from the Committee Self-Assessment process, and to agree the actions to be taken to improve its effectiveness.

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Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.5 The 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.
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:	HSC Terms of Reference HSC Self-Assessment digital form results Auditor and Regulator feedback through Structured Assessment and Internal Audit reports
Rhestr Termiau: Glossary of Terms:	Included within report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	HSC Chair Director of Allied Health Professions and Health Science 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:	No direct impacts.
Gweithlu: Workforce:	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.

1.6

09:43, 5 Mins

1.6 - Health and Safety Committee Terms of Reference

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

| For approval

Attachments

[1.6 HSC Terms of Reference SBAR.docx](#)

[1.6 Appendix 1 HSC Terms of Reference v10.04Mar25.docx](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 March 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health and Safety Committee Terms of Reference
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Ann Murphy, HSC Chair
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 has clear terms of reference which detail its purpose, boundaries, role, composition and operating arrangements. The Committee is asked to approve the Terms of Reference which have been updated to reflect changes following the establishment of the Health and Safety Sub Committee.

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 November 2024, and these were subsequently approved by the Board, on 28 November 2024. The Board also approved the following changes on 28 January 2025 as part of the revised governance arrangements from 1 April 2025.

- 4 x Independent Members per Committee (except Quality, Safety and Experience Committee which will have 5).
- Where Independent Membership has reduced to 4, the quoracy will be amended to '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.
- Updated job titles, eg, from Director to Executive Director, Director of Operations to Chief Operating Officer, where appropriate.
- The Director of Corporate Governance will be removed from the In Attendance section however will attend committees (or nominate a deputy) to provide governance advice and support.

- Other cosmetic amendments required to standardise Board Committee level terms of reference.

Asesiad / Assessment

The Health and Safety Committee Terms of Reference and operating arrangements (Appendix 1) have been reviewed, and some minor changes and amendments to terms have been made. These are clearly marked on Appendix 1 and relate to the following:

Section	What has changed?	Why?
3.1	Operational Responsibilities and Objectives - Section amended.	List removed as it does not cover the whole health and safety remit.
3.2	Operational Responsibilities and Objectives - Section amended.	Narrative removed as Health and Safety policies will be approved by the Health and Safety Sub-Committee (HSSC) with the exception of the Health and Safety Policy which will be reviewed by HSSC prior to approval by HSC.
3.3	Operational Responsibilities and Objectives - Section amended.	Narrative removed as Health and Safety policies will be approved by HSSC with the exception of the Health and Safety Policy which will be reviewed by HSSC prior to approval by HSC.
3.5	Operational Responsibilities and Objectives – Section amended.	New standard wording for PO's added, as follows: <i>“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”.</i>
3.15	Operational Responsibilities and Objectives – Section amended.	New standard wording for risks for Committee ToRs added, as follows: <i>“Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee 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”.</i>
3.16	Operational Responsibilities and Objectives – Section added.	New standard wording for risks for Committee ToRs added, as follows: <i>“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</i>

		<i>hosted services and through partnerships and Joint Committees as appropriate)</i> ".
3.17	Operational Responsibilities and Objectives – Section added.	New standard wording agreed by Board in January 2025. <i>“Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the Health and Safety Committee and oversee delivery”</i> .
3.18	Operational Responsibilities and Objectives - Section amended.	Narrative amended as Health and Safety policies will be approved by HSSC with the exception of the Health and Safety Policy which will be reviewed by HSSC prior to approval by HSC. <i>“Approve the Health Board’s health and safety policy, and receive assurance that organisational health and safety policies, procedures, guidelines and codes of practice are reviewed and approved by the Health and Safety Sub-Committee)”</i> .
3.20	Operational Responsibilities and Objectives - Section removed.	Section removed as covered in section 10.4.
4.2	Membership – in attendance Member removed.	Removed following agreement by Board in January 25 (Board Governance arrangements) that Director of Corporate Governance/Board Secretary will be removed from the In Attendance section of TORs however will attend committees (or nominate a deputy) to provide governance advice and support.

Argymhelliad / Recommendation

The Committee are asked to approve the Health and Safety Committee’s Terms of Reference for onward ratification by the Board on 27 March 2025.

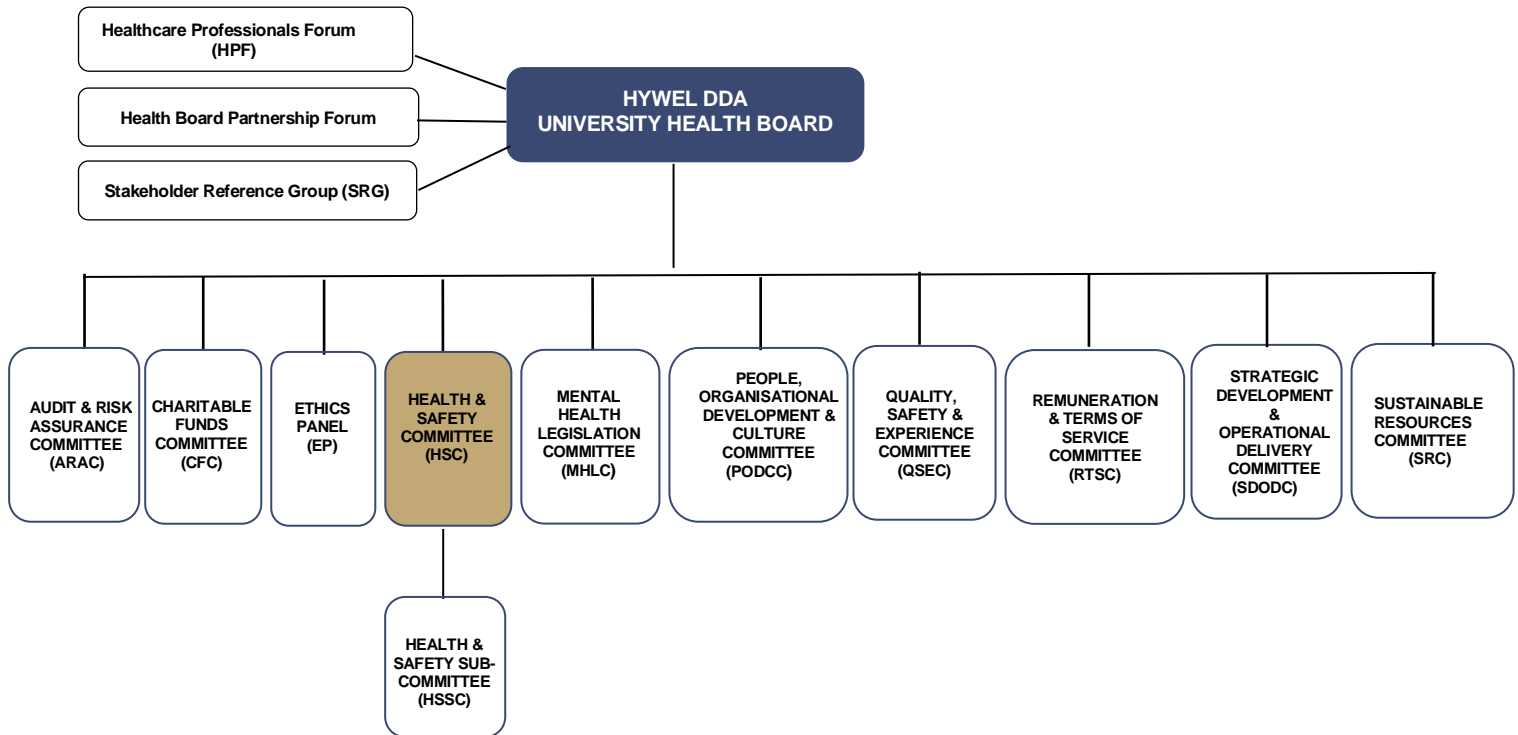
Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership

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:	Standing Orders
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd lechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	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:	There is a positive impact on staff and patient safety, health and wellbeing through compliance with health and safety regulations
Gweithlu: Workforce:	Potential for adverse future staffing impacts if this legislation is not complied with as it relates to employee safety.
Risg: Risk:	Risk to health and safety management
Cyfreithiol: Legal:	Potential for enforcement action including Improvement Notices/Prosecutions and claims due to breaches in legislation.
Enw Da: Reputational:	Potential for enforcement action including Improvement Notices/Prosecutions and claims due to breaches in legislation.

Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	No evidence gathered to indicate a negative impact on any protected group/s. Evidence gathered indicates a positive impact on the protected characteristics of human rights and pregnancy / maternity by providing a safer workplace



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	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 & Safety Committee has been established as a formal Committee of the Board and constituted from 1 April 2020.

2. Purpose

- 2.1 Provide assurance around HDdUHB's arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers, contractors etc.
- 2.2 Advise and assure the Board on whether effective 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 relevant Standards for Health Services in Wales.
- 2.3 Where appropriate, the Committee will advise the Board on where and how its health and safety management may be strengthened and developed further.
- 2.4 Provide advice on compliance with all aspects of health and safety legislation.
- 2.5 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.
- 2.6 Provide assurance to the Board that the Health Board's 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 upon the adequacy of assurance arrangements and processes for the provision of an effective Health and Safety function encompassing:
- ~~Staff Health and Safety (to include any well-being consequences in the context of Health & Safety)~~
 - ~~Premises Health and Safety~~
 - ~~Violence and Aggression (including Lone Working and Security Strategy)~~
 - ~~Fire Safety~~

- ~~Risk Assessment~~
- ~~Manual Handling~~
- ~~Health, Welfare, Hazardous Substances, Safety Environment~~
- ~~Patient Health and Safety – Environment Patient Falls, Patient Manual Handling~~

- 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.
 - ~~The consideration and approval of policies, as determined by the Board.~~
- 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.
 - ~~Policy development and implementation is actively pursued and reviewed.~~
 - 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.
- 3.4 Promote engagement and co-operation across the Health Board in ensuring the health, safety, welfare and security of patients, staff, contractors, and others.
- 3.5 ~~Seek assurance on delivery against Planning Objectives aligned to the Committee, considering and scrutinising the plans and strategies that are developed and implemented, supporting and endorsing these as appropriate.~~ **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.**
- 3.6 Ensure that service/business continuity plans are in place for major incidents and emergency situations that affect the provision of normal services, that staff have been trained to enable them to manage a major incident or emergency, and that lessons learned are incorporated into future planning.
- 3.7 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.
- 3.8 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.

- 3.9 Oversee delivery of an annual work plan which includes a focus on health and safety, security and fire safety.
- 3.10 Ensure there is a process of review of findings of safety management system audits and seek assurance that corrective actions are put in place.
- 3.11 Ensure reports and factual information from external regulatory agencies are acted upon within achievable timescales.
- 3.12 Ensure new and revised legislation and best practice guidance is considered and how it may impact the Health Board, agreeing recommendations and guidance on the measures required to comply.
- 3.13 Ensure there is a process of review of the efficacy of the health, safety, fire and security training programmes and ensure this process is adequate to meet the Health Board's objectives and statutory requirements.
- 3.14 Ensure there is clear and effective health and safety communication and publicity throughout the organisation.
- 3.15 ~~Provide assurance that risks relating to health, safety, security, fire and service/ business interruption/ disruption are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate), and provide assurance that effective risk assessments are undertaken and addressed.~~ **Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee 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.**
- 3.16 **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).**
- 3.17 **Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the Health and Safety Committee and oversee delivery.**
- 3.18 **Approve the Health Board's health and safety policy, and receive assurance that organisational health and safety policies, procedures, guidelines and codes of practice are reviewed and approved by the Health and Safety Sub-Committee**~~(policies within the scope of the Committee).~~
- 3.17 Seek assurances on the requirements arising from HDdUHB's regulators, WG and professional bodies.
- 3.18 Ensure there is a process of review of health and safety compliance 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.

- 3.19 Ensure that an annual report 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.
- 3.20 ~~Agree issues to be escalated to the Board, with recommendations for action.~~

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 Corporate Governance/Board Secretary
Director of Estates, Facilities & Capital 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 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 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 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 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.
- 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, 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 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 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 meetings 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 UHB Chair, Chief Executive, or Chairmen 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 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.

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.

2 - Health and Safety Updates

2.1

09:48, 10 Mins

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

| For approval

Attachments

[2.1 Committee Update Report - HSSC \(04.02.25\) Final Draft for Approval.docx](#)

[Appendix 1 Health Safety Sub-Committee ToRs for HSC Approval 04.03.25 v6 .docx](#)

HEALTH & SAFETY SUB-COMMITTEE UPDATE REPORT

Date of last meeting: 04 February 2025

Quoracy: Met

Report by: Jonathan Arthur, Deputy Director of Health Sciences (Vice-Chair)

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

Alert (may require discussion)

The Health and Safety Sub-Committee wish to **alert** members of the Health and Safety Committee that:

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

Assure (to note)

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

- The Terms of Reference for the Health and Safety Sub-Committee were agreed at the meeting.

Advise (to monitor)

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

- The Terms of Reference for the reporting groups of the Health and Safety Sub Committee were shared at the meetings of their respective groups and brought back to the Sub Committee meeting for approval. Through discussion the following was proposed:
 - Ventilation Group and the Water Safety Group Terms of Reference require further discussion and agreement regarding the most appropriate reporting route before presenting their Terms of Reference to the Health & Safety Sub-Committee for approval at its next meeting.
 - Further discussion with Estates is required to determine leadership of the Security Management Group and other aspects of security management, before presenting their Terms of Reference to the Health & Safety Sub-Committee for approval at its next meeting.
 - Meeting frequency of the Fire Safety Group requires agreement with the Health and Safety Sub-Committee Chair before presenting their Terms of Reference to the Health & Safety Sub-Committee for approval at its next meeting.
 - Discussions to be held with the previous Chair of the Environmental Hygiene Group before presenting their Terms of Reference to the Health & Safety Sub-Committee for approval at its next meeting.
 - The Electrical Safety Group, Medical Gas Pipeline Systems Safety and Compliance and Site Operations Group, Radiation Protection Group, and the Trade Union Health & Safety Group Terms of Reference were approved.
- The Sub-Committee requested a review of the Portering role in relation to security duties and to recommend any amendments to their responsibilities.

- The Sub-Committee requested a Violence and Aggression management training plan and timeline was requested.
- The Sub-Committee requested a report be presented to the next Health & Safety Sub-Committee meeting outlining the approach, agreement on timelines with the Performance Team for completing the work and detailing the indicators to be included in the proposed Health & Safety Dashboard.

Review of Risks

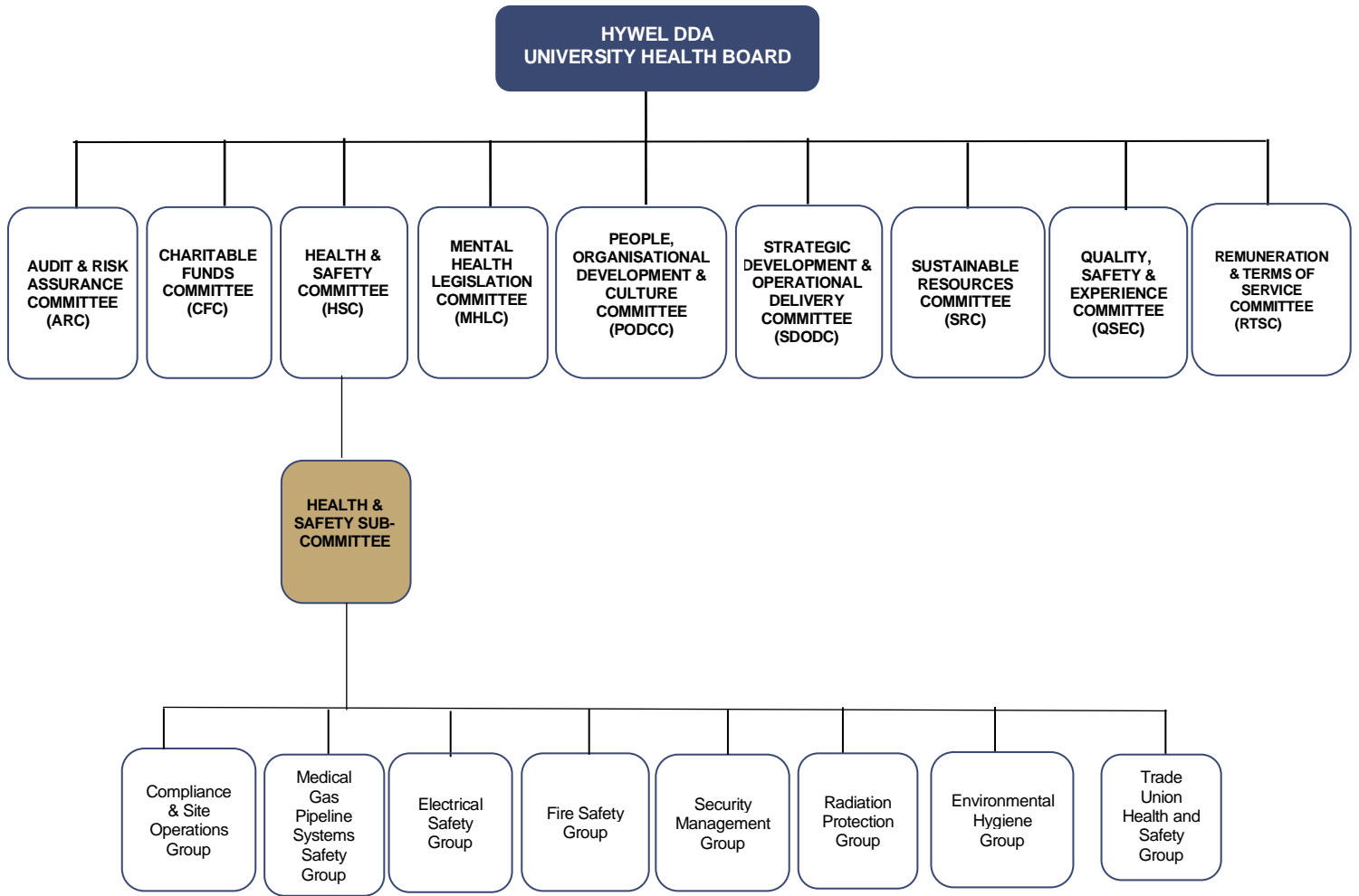
None discussed

Sharing of Learning

None discussed

Recommendation

The Health and Safety Committee is asked to receive assurance from the Update Report and approve the Health & Safety Sub Committee Terms of Reference



HEALTH AND SAFETY SUB-COMMITTEE

TERMS OF REFERENCE

Version	Issued to:	Date	Comments
V.01	Health & Safety Committee	10.09.2024	For Discussion
V.02	Health & Safety Committee	12.11.2024	For Approval
V.03	Health & Safety Sub-Committee	06.12.2024	For Adoption
V.04	Health & Safety Committee	14.01.2025	Approved
V.05	Health & Safety Sub-Committee	06.02.2025	For Discussion
V.06	Health & Safety Committee	04.03.2025	For Approval

1. Constitution

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

2. Purpose

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

3. Key Responsibilities

- 3.1 The Health & Safety Sub-Committee will oversee levels of compliance with national guidance and subsequent legislation and standards in respect of health and safety and security.
- 3.2 Monitor progress against agreed performance indicators related to health and safety and security within the Health & Safety Dashboard to be developed.
- 3.3 Approve organisational health and safety policies, procedures, guidelines and codes of practices (policies within the scope of the Sub-Committee).
- 3.4 Review the Health Board's Health and Safety Policy prior to approval by 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.
- 3.6 Request a deep dive report when action/contingency plans to address incidents and alerts that HDdUHB receives in relation to health and safety and security breach the agreed timescales.

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

4. Membership

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

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

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

5. Quorum and Attendance

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

6. Agenda and Papers

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

7. Frequency of Meetings

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

8. Accountability, Responsibility and Authority

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

9. Reporting

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

10. Secretarial Support

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

11. Review Date

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

2.2

09:58, 15 Mins

2.2 - Health and Safety Update

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

| For assurance

Attachments

[2.2 SBAR H S Update Paper - Mar 25 V1.0.docx](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 March 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health and Safety Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Adam Springthorpe, Health & Safety Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report is presented to the Health and Safety Committee (HSC) to provide an update on the following topics:

- Electrical safety, including the development of a new electrical safety intranet resource;
- Electrical safety training within Hywel Dda University Health Board (HDdUHB);
- Audits undertaken by the Health, Safety and Security (HSS) Team;
- 7 Minute Brief from the HSS Team.

Cefndir / Background

Electrical Safety

A number of reports were presented to the HSC in 2024 on the subject of electrical safety, initially prompted by a small number of preventable incidents associated with cable management risks posed by medical devices on beds. A Local Safety Notice, (LSN 01 2024), was issued in January 2024 by the HSS Team to highlight these risks. The notice was brought to the attention of all ward areas throughout the Health Board and presented at all Governance / Quality and Safety Groups attended by the HSS Team.

At the May 2024 HSC, the HSS Team reported results from a series of unannounced audits conducted across the Health Board to check compliance with LSN 01 2024 and the HSC took assurance that suitable steps to manage cable management risks associated with medical devices on beds were being taken.

A second Local Safety Notice (LSN 05 2024) was issued in July 2024 with the title 'Risk of Electric Shock from Using Faulty Electrical Equipment'.

Electrical Safety Training

In addition to the Local Safety Notices, the HSS Team reported to the HSC that they had been liaising with Learning and Development and Subject Matter Experts within HDdUHB to look at introducing an Electrical Safety Awareness training course to the mandatory training portfolio

The team had been considering adopting an existing course created by Swansea Bay University Health Board.

Electrical Safety Awareness training is designed to ensure that all staff understand the main risks and the necessary controls for the safe use of electricity in the workplace. Wherever people are working there are risks to the users of electrical equipment that must be considered. It was felt that a dedicated Electrical Safety e-learning module would help staff understand the importance of inspecting and maintaining electrical equipment, understand controls that can be used to help make working with electricity safer and understand best practices when working with electricity, both in the workplace and at home.

It was reported to the HSC in November 2024 that the Mandatory Training Group had asked the HSS Team to explore alternative routes for the delivery of this training.

Audits by the Health and Safety Team

Part of the role of the Health and Safety Advisor within the HSS Team is to plan and complete site visits (also referred to as audits) to each department, ward and building currently managed by HDdUHB. The purpose of the visits is to ensure health and safety legislation compliance and providing guidance and recommendations as part of a continuous improvement process.

The visits comprise of a review of the area, department, or building, encapsulating all aspects of health and safety, including building / structure fabric. Visits tend to be carried out unannounced, however some are planned in advance depending on the circumstances of the visit e.g. after a reported incident, the type of work being carried out in the chosen area, restricted access, or requested by a manager.

After the initial visit is completed, a report is generated highlighting any concerns and recommended actions which will be prioritised, based on risk. High risks are high priorities to resolve, reduce, or have means to tolerate if not reasonably practicable to do anything else.

When the higher risks are well managed, the lower risks then become more pertinent. Feedback is then provided from the manager as and when actions have been (or will be) completed, ideally within the recommended time scales. On occasions where several managers are part of the process e.g. a shared building, it is sometimes more beneficial to share findings as part of a meeting or sub-committee.

Site visit planning is based on the Terrier document supplied by the Estates Department which lists all departments and buildings within the Health Board portfolio:

Total number of Departments / Buildings / Areas*

GGH	PPH	BGH	WGH	Specialist	Community Hospitals	Health & Treatment	Support Facilities	HUdHB Leasehold	Surgeries	Community Services	TOTAL
111	78	89	88	12	11	25	5	44	55	19	537

**Based on HB 2021 Terrier & Previous Audits / Site Visits*

It should be noted that the figures above also include areas or buildings not currently managed by HDdUHB and areas which will not require visiting. However, the figure can also fluctuate on an annual basis due to re-structuring, change of ownership etc. which can make it difficult to put an exact timescale for completion. The HSS Team do not have resource to audit 537 sites on a regular basis, therefore the Team agreed that a set target figure of 100 completed site visits per year (8.33 visits per month) was achievable. This also includes re-visits if required and if applicable, 3rd party audits / site visits etc.

A typical site visit consists of visiting or viewing all accessible areas of a given department including external areas where applicable. Once a visit has been completed, a report is generated, marrying up the findings with the relevant legislation & providing recommended actions or suggestions. Photos are often used to highlight concerns, although not in areas where patients or confidential information are present. The report is then provided to the relevant manager or responsible person and followed by a discussion wherever possible.

All findings from each site visit are logged and updated based on feedback from the designated manager, via another department e.g. Estates or as part of a revisit to the site. Managers can provide feedback using email, a Teams meeting or photos if appropriate. Each finding is categorised on the Health and Safety Audit Database as follows:

Category	Meaning
R	Resolved – Previous Action has now been rectified as recommended
M	Managed risk – Action is managed via specific controls e.g. Training, Signage, Isolation
I	Identified but not resolved – Action has been raised but there are no further developments
U	Unresolved – New action raised via the site visit
N/A	Not Applicable – Action has been raised but agreed is not applicable

Health, Safety & Security Department 7 Minute Briefing

Each quarter the HSS Team release a new 7 Minute Briefing with up-to-date information on pertinent issues and topics of interest.

Asesiad / Assessment

Electrical Safety

Following the setback outlined in the background section, the HSS Team met with Subject Matter Experts to discuss the creation of a new dedicated electrical safety intranet page, which once created, can be widely promoted.

Following various stages of design and consultation, the new Electrical Safety intranet page within the Health and Safety intranet site, was launched via Viva Engage on 6th February 2025 and presented to the Electrical Safety Group on 13th February. The page includes information on the following topics:

- Periodic Preventative Testing;
- Use of Lithium Batteries;
- Compliant Use of Electrical Appliances;
- Electrical Safety Training;
- Local Safety Notices;
- Visual Inspection of Electrical Equipment Prior to Use (with both non-medical and medical examples).

The new intranet site can be viewed here: [Electrical Safety](#).

Electrical Safety Training

It has now been agreed that electrical safety training will be incorporated within existing mandatory fire safety training modules. This should be ready later in 2025.

Audits by the Health and Safety Team

As noted in the Background section, the health and safety audit programme, which started in March 2023, had a self-set target of 100 completed site visits per year (8.33 visits per month). For 2023 (March to December) a total of 80 site visits were completed. This was not quite 100, but also not quite a full year. For 2024, the first full year of the project, a total of 103 site visits were completed.

Site Visit Breakdown for 2023 – 2024:

	Community Sites	BGH	GGH	PPH	WGH	Total
2023	53	4	11	8	4	80
2024	43	17	16	16	11	103

Initially, community sites were prioritised, but not at the exclusion of others. As there is a significant focus on the acute sites based on scope, size and backing available, additional support can then be provided to the community sites via site visits. Certain specific sites were prioritised at the request the Estates / Property Department. Acute sites and departments are prioritised based on potential risks / hazards, previous reports, highlighted or reported concerns etc. It was also decided that there should be flexibility to attend other sites / departments at short notice should the need arise, such as a recently reported incident, support requested by a manager, updated legislation or as part of an on-going project or campaign such as Cable Management (Medical Devices on Beds) and Working at Height Equipment.

Below is a summary of actions as recommended following the site visits undertaken to date, and their current status (as of 19/12/24):

Totals	Category
11	Resolved
160	Managed risk
590	Identified but not resolved
490	Unresolved
2	Not Applicable

See background section for category explanations.

As can be seen from the figures, there are an unacceptable number of recommendations that, to the knowledge of the HSS Team, have not yet been resolved. This is something that the recent Internal Audit of Health and Safety at HDdUHB also commented on. One of the main issues is that feedback is rarely received from departments following the submission of the audit report, and the auditor does not have time or resource to re-visit every site.

For this reason, the HSS Team are looking to pause their current audit programme and concentrate on moving to an audit system based on the Audit Management and Tracking System (AMaT) that is used elsewhere in HDdUHB. Using AMaT will allow for:

- Ownership of recommended actions e.g. Department manager, Senior Sister etc;
- Regular updates on the completion of on-going actions;
- Updated reports to be generated if required e.g. meetings;
- Site visit evidence if required e.g. 3rd party audit;
- Site visit report to be stored in an accessible location;
- A reduction in report writing time.

As part of the review, and again in response to Internal Audit findings, the HSS Team are reviewing the way that risks identified by the audits are categorised, moving away from the

categorisation outlined above and towards a risk scoring method more in line with risk scoring matrixes in Appendix 3 of [674 – Risk Management Procedure](#).

Health, Safety & Security Department 7 Minute Briefing –

The 2024-25 quarter four 7 Minute Briefing by the HSS Team was released on 13th February 2025 via Viva engage. The briefing will be brought to the attention of all Governance / Quality and Safety Groups attended by the HSS Team. A copy can be found here: [7 Min Brief – HSS Q4 2024-25](#). The briefing included:

- New Electrical Safety Intranet Page;
- Statutory RIDDOR Reporting Timeframes;
- Team Brief – Use of Stepladders;
- Work at Height Risk Assessment;
- Manager’s Health & Safety Induction Dates;
- Compliant Use of Electrical Appliances.

Items Escalated from the Trade Union Health and Safety Group

Please note that items escalated from the Trade Union Health and Safety Group are now reported into the newly established Health and Safety Sub-Committee, therefore will not feature on these Health and Safety Update papers moving forwards.

Argymhelliad / Recommendation

The Health and Safety Committee is asked to:

TAKE ASSURANCE

- That the HSS Team have created a new electrical safety intranet resource highlighting the risks posed by electricity and electrical equipment to HDdUHB staff.
- That electrical safety training will be incorporated within mandatory fire training.
- That the HSS Team are reviewing and updating their audit system in response to the Internal Audit findings.
- That the HSS Team have shared pertinent H&S information via their 7-minute brief.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Provide assurance around the UHB arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers contractors etc.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe
Galluogwyr Ansawdd: Enablers of Quality:	6. All Apply

Quality and Engagement Act (sharepoint.com)	
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 9 Digital plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report and associated Health Board policies.
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd lechydd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Health and Safety Advisory Group (Prior to being disbanded); Mandatory Training Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There will be costs to procure and maintain the water coolers as outlined in the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	There is a positive impact on staff and patient safety, health and wellbeing through compliance with health and safety regulations.
Gweithlu: Workforce:	Potential for adverse future staffing impacts if health and safety legislation is not complied with as they relate to employee safety.
Risg: Risk:	Risk to health and safety management.
Cyfreithiol: Legal:	A breach of health and safety regulations, such as the Electricity at Work Regulations 1989, could result in the issue of prohibition or improvement notices or criminal proceedings.

Enw Da: Reputational:	Prosecutions and claims due to breaches in legislation or personal injury claims can lead to negative publicity.
Gyfrinachedd: Privacy:	Not Applicable.
Cydraddoldeb: Equality:	No evidence gathered to indicate a negative impact on any protected group/s.

2.3

10:13, 20 Mins

2.3 - Health and Safety Internal Audit Report

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

| For discussion

Attachments

[2.3 Health Safety Final IA Report.pdf](#)

Health & Safety

Final Internal Audit Report

2024/25

Hywel Dda University Health Board



Limited Assurance

Contents

Executive Summary	1
Findings & Agreed Action Plan	3
Appendix A	8

Review Reference

Fieldwork

Executive Sign Off

Audit Committee

Executive Lead

Audit Team

HDU-2425-23

July - November 2024

15 January 2024

February 2025

James Severs, Director of Therapies & Allied Health Professionals

James Johns, Head of Internal Audit

Sophie Corbett, Deputy Head of Internal Audit



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd

Shared Services
Partnership
Audit and Assurance Services



Executive Summary

Purpose

To review the arrangements for ensuring compliance with Health & Safety regulations.

Overview

We have concluded **limited** assurance on this area. The matters requiring management attention include:

- Lack of oversight of (non-mandatory) H&S training participation rates [*Finding 1 – Medium*]
- Insufficient monitoring of actions arising from H&S site visits, significant volume of outstanding actions and weakness in the methodology for prioritising actions [*Finding 2 – High*]
- Non-compliance with RIDDOR reporting timescales [*Finding 3 – Medium*]
- Poor Executive director attendance at Health & Safety Committee [*Finding 4 – Medium*]
- Gaps in assurance reporting to the Health & Safety Committee [*Finding 5 – High*]

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

Objectives	Related Findings	Assurance
1 Health & safety policies and procedures are in place and appropriate training is provided to staff	1	Reasonable
2 Mechanisms are in place to identify, raise awareness and monitor compliance with regulatory requirements	2, 3	Limited
3 Risks are managed effectively, with actions arising from internal and external reviews monitored through to implementation	-	Substantial
4 Governance structures are appropriate and effective, with mechanisms for regular reporting and escalation of key health and safety matters to the Health Board	4, 5	Limited

Management Actions



High Priority



Medium Priority



Themes

- Governance
- Policies & Procedures
- Quality, Safety & Patient Experience
- Reporting
- Training & Development

Risk Types

- Quality or Safety Issues
- Legal & Regulatory Non-Compliance
- Public Perception & Reputational Risk

Health & Safety - At a Glance

Statutory & Mandatory Training *[see Objective 1]*

Competence Name	Compliance
Moving and Handling - Level 1	80% ●
Violence Against Women, Domestic Abuse and Sexual Violence	82% ●
Health, Safety and Welfare	86% ●
Fire Safety	89% ●
Violence and Aggression - Module A	93% ●

Internal H&S Inspections *[see Objective 2]*

	Acute	Other	Total	%
Total areas	409	173	582	100%
Visited 2023-2024	58	66	124	21%
Not Visited 2023-2024	107	351	458	79%
Planned 2024-2025	49	23	72	16% (of 'not visited')

		Areas Inspected	Total Actions	Resolved	Managed Risk	Unresolved
Acute	Bronglais	17	181	0	16	165
	Glangwili	23	46	0	10	46
	Prince Philip	8	220	0	30	188
	Withybush	10	107	0	9	98
Other		66	907	11	95	593
Total		124	1461	11	160	1090

H&S Incidents April 2023 – July 2024 *[see Objective 2]*

Status	Level of Harm			Total
	None/Low	Moderate	Severe	
New Incident	20	6	1	27
Under Investigation	3	6	0	9
Management Review	119	33	5	157
Closed/Awaiting Closure	1897	78	5	1980
Total	2039	123	11	2173

Top Categories

Behaviour (including V&A) 60%
Accident, Injury 23%

89

RIDDOR Reportable Incidents

Top Sub-Categories

Patient clinically challenging behaviour 25%
Aggressive / threatening behaviour 16%

Findings & Agreed Action Plan

Objective 1: Health & safety policies and procedures are in place and appropriate training is provided to staff **Reasonable**

Overview / Summary of Observations

In accordance with the Health & Safety at Work Act 1974, the Health Board has a documented Health & Safety Policy which was reviewed and updated in September 2024. The H&S Policy is supported by a suite of policies, procedures and guidance documents available to staff via the intranet.

The HS&S Team maintains a Regulation Compliance List mapping regulations to policies. Comparison of the H&S policy with policies of neighbouring health boards did not identify any gaps. We identified that the intranet links to two policies required updating – this was highlighted to management and addressed during audit fieldwork.

Statutory and mandatory training compliance rates exceed the target 85% for all courses except Moving & Handling, which had an 80% compliance rate at the time of fieldwork. *See page 2 for details.*

The Health, Safety & Security (HSS) Team have developed additional bespoke training courses including a Managers Health & Safety Induction course covering all aspects of health and safety, and specific in-person courses on manual handling and violence and aggression. Available courses are advertised on the intranet, via the 7-minute briefings and through HS&S Team attendance at the directorate governance groups. These courses are not mandatory. Attendance is recorded, but the groups/roles that require training have not been defined or quantified. **[Finding 1]**

Policy is clear that managers and supervisors are responsible for ensuring that staff receive sufficient training as to the hazards and risks of the activities that they perform and environments in which they work. The onus is on employees and their line managers to seek out and book relevant training, although the HS&S Team will also target 'hotspot' areas for training based on incident rates.

Key Findings		Risk & Impact	Agreed Management Action
1	<p>H&S Training</p> <p>A central record of training participants for the non-mandatory training courses is maintained, although monitoring or oversight of participation rates is not possible because the staff groups/roles that training is intended for have not been defined or quantified.</p>	<p>Staff are not appropriately trained, potentially increasing the risk of health & safety related incidents which could cause harm to staff or patients.</p>	<p>Agreed Action: Determine the staff groups/roles to be targeted for each H&S training course. Consider whether they should be mandatory, in order to ensure that staff are appropriately trained for their role.</p> <p>Quantify the individuals requiring training and monitor participation/uptake, with poor participation rates escalated to directorate governance groups where appropriate.</p>
		Medium Priority	<p>Expected Evidence of Implementation: Target staff groups/roles, including the number of staff, identified for each H&S training course. Monitoring of course participation rates. Reporting to directorate governance groups, where appropriate.</p>
Theme: Training & Development		Control Design	<p>Officer: Tim Harrison, Head of Health Safety & Security</p> <p>Target Implementation Date: 31 July 2025</p>

Overview / Summary of Observations

The Health Board subscribes to Barbour – an external provider of regulatory information, guidance, standards and resources to support with health and safety compliance, including notifications of any changes to regulatory requirements. The Regulation Compliance List maps regulations to policies and sets out the monitoring arrangements. There is a dedicated health and safety section on the intranet, providing contact details for the HS&S Team, links to policies procedures and guidance, an overview of key regulations and a comprehensive suite of resources to support compliance. The HS&S Team also produce Quarterly 7 Minute Briefings providing staff with a one-page overview of key health and safety updates, Local Safety Notices and forthcoming training.

The HS&S Team aim to carry out site visits of all Health Board areas at least once every five years, with the current programme commencing in 2023. The visits are a visual inspection of premises and environment, culminating in a report to the responsible manager detailing any remedial actions. Actions reference the relevant policy/regulatory requirements and can relate to opportunities for improvement, minor or major non-compliance with policies and regulations. At the time of our review, 75% of actions were classed as *unresolved*. A follow up visit is undertaken in some circumstances, but reliance is placed on the site manager/lead to provide updates on implementation. **[Finding 2]**

Datix is configured to notify the team of any health and safety related incidents. There have been 2173 incidents between April 2023 – July 2024, 91% of these are closed or awaiting closure and 94% are recorded as resulting in no or low harm. There have been 89 RIDDOR incidents during the same period. See **page 2 for details**. The H&S Team maintain a RIDDOR log to track compliance with reporting requirements. Both the log and our sample testing identified delays in reporting RIDDOR incidents to the Health & Safety Executive (HSE). **[Finding 3]**

Key Findings	Risk & Impact	Agreed Management Action
<p>2 Health & Safety Site Visits</p> <p>The health and safety site visits database records site visits completed in 2023 - 2024 (124) and the number of remedial actions identified (1461).</p> <p>21% of the identified Health Board areas have been visited to date, and 75% of resulting actions were classed as <i>unresolved</i> at the time of our review. See page 2 for details.</p> <p>Actions are assigned a priority rating but this is based on how quickly an issue can realistically be addressed rather than the significance or urgency. A central log of actions is not maintained – these are detailed only within individual site reports, and actions are not monitored through to implementation by the H&S Team, with reliance placed on the site manager/lead to provide updates. Consequently, there is no oversight of the significance of issues raised or outstanding.</p>	<p>Non-compliance with health and safety regulations is not identified or addressed, potentially resulting in harm to staff or patients, HSE penalty and reputational damage.</p>	<p>Agreed Action: A central record of all actions arising from H&S Site Visits will be maintained to facilitate oversight, monitoring and sharing of lessons.</p> <p>The methodology for prioritising actions will be refined to ensure that actions are prioritised based on the significance of the associated risk and urgency of action required.</p> <p>A follow up process will be established to ensure the highest priority actions are promptly addressed or escalated where appropriate.</p> <p>Expected Evidence of Implementation: Log of actions arising from H&S Site Visits. Updated action priority methodology. Evidence of pro-active follow up of the highest priority actions – e.g. email correspondence, repeated site visits undertaken.</p>
<p>Theme: Quality, Safety & Patient Experience</p>	<p>High Priority</p> <p>Control Design</p>	<p>Officer: Tim Harrison, Head of Health Safety & Security</p> <p>Target Implementation Date: 31 July 2025</p>

<p>3 RIDDOR Reporting</p> <p>The HSE RIDDOR reporting procedure requires reporting within 10-15 days of the incident, depending on the nature of the incident. The RIDDOR log highlights 53% compliance with reporting requirements for April – December 2024.</p> <p>Sample testing of 20 RIDDOR reportable incidents (as categorised on Datix) identified six cases where the incident had been reported to HSE between 19 – 61 days following the incident. Delay in reporting the incident on Datix was a contributory factor, and the Datix records demonstrated delays in service areas providing the H&S Team with the additional information required for HSE reporting.</p>	<p>Non-compliance with HSE RIDDOR reporting requirements.</p>	<p>Agreed Action: The H&S Team will raise awareness of RIDDOR timescales and requirements at directorate governance groups, and set timescales for responding to information requests to support compliance with reporting deadlines. Delays will be escalated to service/directorate management as appropriate.</p>
<p>Theme: Reporting</p>	<p>Medium Priority</p> <p>Control Operation</p>	<p>Expected Evidence of Implementation: Evidence of awareness raising e.g. directorate governance group meeting minutes, training and other correspondence. Timescales for response to information requests stipulated in correspondence. Evidence of escalation of delays in responding. Improved compliance with RIDDOR reporting timescales.</p> <p>Officer: Tim Harrison, Head of Health Safety & Security</p> <p>Target Implementation Date: 30 April 2025</p>

Objective 3: Risks are managed effectively, with actions arising from internal and external reviews monitored through to implementation **Substantial**

Overview / Summary of Observations

Risks are captured on Datix at service/departmental level, directorate level and corporate level. There are five corporate and seven directorate (operational) risks assigned to the Health & Safety Committee, with evidence of regular reporting and monitoring of these. The HS&S Team have oversight of all risks within the 'Safety' domain on, and receive automated notifications when a new risk in that domain is added to Datix.

Actions arising from external reviews are captured on the Health Board's Audit Management & Tracking (AMaT) system with progress reported to the Audit & Risk Assurance Committee.

Withybush and Bronglais hospitals were subject to HSE inspection in March 2024 to assess the Health Board's management of RAAC and asbestos, with no issues identified.

Overview / Summary of Observations

The Health & Safety Committee (HSC) is responsible for providing assurance to the Board around the UHB arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers contractors. Terms of reference were most recently updated and approved by the HSC in November 2024. HSC reports to the Board were confirmed to be consistent with minutes of committee meetings.

Review of the meeting papers and minutes for January – November 2024 noted poor attendance by some Executive Directors. **[Finding 4]**

Meeting agendas are broadly in line with the workplan. Comparison of the workplan and terms of reference identified gaps with the absence of reporting on incidents, inspections and training compliance. **[Finding 5]**

We also noted instances where the committee has been unable to take assurance on matters reported, due to lack of detail, conflicting information or the presenters inability to adequately answer questions. The HSC Self-Assessment Outcomes report includes actions to address these issues. The six-month update report to the HSC in November 2024 reports that these are mostly complete with one action not due until January 2025. Consequently, no further actions are raised in this regard.

In May 2024 executive responsibility for health, safety and security transferred from the Director of Nursing, Quality & Patient Experience to the Director of Allied Health Professions & Health Science. This prompted a review of governance arrangements undertaken by the Director of Corporate Governance, which identified:

- numerous health and safety sub-groups reporting to HSC or Quality, Safety & Experience Sub-Committee, none of which had been formally constituted as terms of reference were out of date, had not been approved by the host committee or reflected in the terms of reference of the host committee.
- inconsistency in membership and quoracy requirements, and meeting frequency

Sub-groups have now been rationalised, sit within the health and safety governance structure and strengthened terms of reference have been developed, although it was too early to review the operation of these groups. The Health & Safety Advisory Group has been disestablished and a new Health & Safety Sub-Committee created to focus on setting the direction for the remaining sub-groups. Terms of reference for the sub-committee were presented to the HSC in November 2024.

Key Findings	Risk & Impact	Agreed Management Action
<p>4 HSC Attendance</p> <p>Review of the meeting papers and minutes for January – November 2024 noted poor attendance by some Executive Directors/nominated representatives, with no medical representation present any meetings, and others attending only two of five meetings reviewed. The same was highlighted in the Committee Self-Assessment Outcomes report presented to the HSC in March 2024.</p> <p>HSC membership has been updated in the revised terms of reference (November 2024) with the addition of the Director of Corporate Governance and Director of Estates, Facilities &</p>	<p>The HSC is ineffective in discharging its duties and reporting assurance to the Health Board.</p>	<p>Agreed Action: Executive Director members of the HSC, as per the revised terms of reference, will be reminded of their duty to attend HSC meetings. Attendance will be monitored on an ongoing basis.</p> <p>Expected Evidence of Implementation: Improved HSC meeting attendance rates.</p>

<p>Capital Management, and removal of the Assistant Director of Nursing.</p> <p>Theme: Governance</p>	<p>Medium Priority</p> <p>Control Operation</p>	<p>Officer: James Severs, Executive Director of Allied Health Professions & Health Science</p> <p>Target Implementation Date: 30 April 2025</p>
<p>5 HSC Workplan / Assurance Reporting</p> <p>Terms of reference state that the HSC is responsible for:</p> <p><i>3.8 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 is taken</i></p> <p>Whilst we observed examples of ad hoc reporting of learning from specific incidents, there is no reporting of H&S incident numbers, themes or trends.</p> <p><i>3.13 Ensure there is a process of review of the efficacy of the health, safety, fire and security training programmes and ensure this process is adequate to meet the Health Board’s objectives and statutory requirements.</i></p> <p>Whilst we observed ad hoc examples of reporting in relation to training provided in response to specific issues or incidents, there is no routine monitoring or reporting on H&S training compliance.</p> <p><i>3.10 Ensure there is a process of review of findings of safety management system audits and seek assurance that corrective actions are put in place.</i></p> <p><i>3.18 Ensure there is a process of review of health and safety compliance 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</i></p> <p>Site visits are undertaken (see Objective 2) but there is no evidence of reporting progress against the programme, actions identified or progress in addressing these (note Finding 3 re outstanding actions).</p> <p>There is no evidence of KPIs in place, or monitoring/reporting in this regard. We are aware of plans to develop a H&S dashboard following the Committee Self-Assessment.</p>	<p>The HSC is ineffective in discharging its duties and reporting assurance to the Health Board.</p> <p>High Priority</p>	<p>Agreed Action: The identified gaps will be reviewed and incorporated into the remit and workplan of the HSC or H&S Sub-Committee where appropriate.</p> <p>Expected Evidence of Implementation: Updated workplan demonstrating inclusion of the identified gaps. Meeting agendas, papers and minutes demonstrating monitoring and reporting in relation to the identified gaps</p> <p>Officer: James Severs, Executive Director of Allied Health Professions & Health Science</p> <p>Target Implementation Date: 30 April 2025</p>
<p>Theme: Reporting</p>	<p>Control Design</p>	<p>Target Implementation Date: 30 April 2025</p>

Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)



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This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Hywel Dda University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Hywel Dda University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.



2.4

10:33, 20 Mins

2.4 - Martyn's Law/ Terrorism Protection of Premises Bill: A Report on the Detail, Impact on the Organisation, and Timelines

Tim Harrison (Hywel Dda UHB - Head of Health, Safety and Security)

| For information

Attachments

[2.4 SBAR Protection of Premises Bill \(Martyns Law\) March 2025 V1.1.docx](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 March 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on The Terrorism (Protection of Premises) Bill (Martyn's Law)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Tim Harrison, Head of Health, Safety and Security Adam Springthorpe, Health & Safety Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report to the Health and Safety Committee (HSC) provides the latest information on The Terrorism (Protection of Premises) Bill, also known as Martyn's Law. The Bill was included in the King's Speech on 17 July 2024 as part of the programme of legislation that the Government intends to pursue in this Parliamentary session. The Bill was introduced to Parliament on 12 September 2024 and is currently undergoing Parliamentary scrutiny.

This Bill will deliver the Government's manifesto commitment to bring in Martyn's Law to strengthen the security of public events and venues.

Cefndir / Background

Since 2017, Counter Terrorism Policing assesses that there have been 15 domestic terror attacks in the UK (not including Northern Ireland-related terrorism), and agencies and law enforcement have disrupted 43 late-stage plots.

The threat picture is complex, with terrorists choosing to attack a broad range of locations. It is therefore right that the Bill requires a range of premises to be better prepared and ready to respond in the event of a terrorist attack.

The Bill is intended to improve protective security and organisational preparedness across the UK. It requires those responsible for premises and events to take steps to mitigate the impact of a terrorist attack and reduce harm in the event of a terrorist attack occurring.

What will Martyn's Law do?

The Bill is intended to ensure public premises and events are better prepared for terrorist attacks and ready to respond. It will require them to take reasonably practicable actions, to mitigate the impact of a terrorist attack and reduce physical harm. In addition to this, certain larger premises and events must also take steps to reduce the vulnerability of the premises to terrorist attacks.

This will be achieved by mandating, for the first time, who is responsible for considering the risk from terrorism and how they would respond to a terrorist attack at certain premises and events.

To support enforcement of the regime, a regulator will be established which will support, advise and guide those responsible for premises and events in meeting the requirements of this legislation.

How will it work?

The Bill establishes a tiered approach, linked to the activity that takes place at the premises or an event and the number of individuals it is reasonable to expect may be present on the premises at the same time.

Qualifying premises:

- ‘Standard Duty’ premises and qualifying events: 200 to 799 people
- ‘Enhanced Duty’ premises and qualifying events: 800+ people

Standard Duty Premises	Enhanced Duty Premises
Notify regulator of premises and identity of Responsible Person, with information.	Carry out ‘terrorism risk assessment’ and review it at least annually.
Put in place a ‘standard terrorism evaluation’, reviewed at least annually.	Make a ‘security plan’ and provide copy to Regulator.
Inform/train staff with appropriate ‘terrorism protection training’ at least annually.	Document all required procedures and control measures.
Put in place appropriate and reasonably practicable public protection.	Obligatory measures: <ul style="list-style-type: none"> • monitoring premises and movement of individuals in/out; • keep sensitive information secure; • procedures for alerting emergency services, notifying.

How will Martyn’s Law be regulated?

The regulator will be the Security Industry Authority (SIA).

What notices or penalties could they serve on non-compliant premises/events?

The options that will be available to the regulator include:

- Contravention Notice: Requires steps to be taken within specified period.
- Restriction Notice: Applies specified restriction but only to 800+ premises or events e.g. restricted timing, numbers or conditions.
- Penalty Notice: The Regulator must be satisfied of contravention on the balance of probabilities. This will include the issue of a fixed penalty and additional daily penalties. These penalties will be set at an amount that the Regulator considers appropriate and proportionate within the following maximum parameters:
 - For 200+ premises – Maximum of £10,000; daily monetary penalty of up to £500 per day.
 - For 800+ premises or events – **Maximum of £18m** or 5% of worldwide revenue, whichever is greater, plus a daily monetary penalty of up to £50000.

Asesiad / Assessment

Is the NHS included?

It has been confirmed, following an initial period of consultation, that properties delivering healthcare (i.e. NHS) will be classes as 'Qualifying Premises' under the Bill and that therefore the full requirements of the Bill will need to be met. With the definitions outlined in the background section, each of the four acute hospitals within Hywel Dda University Health Board (HDdUHB) will be classed as enhanced premises under the Bill. Additionally, some of the smaller premises will likely also be classified as standard duty premises, e.g. cottage hospitals, integrated care centres etc.

Who is the responsible person for HDdUHB?

For qualifying premises, the responsible person (also known as the duty holder) is the person who has control of the premises and must ensure that the requirements of the Bill. For HDdUHB this would effectively be the Chief Executive or an Executive Director with delegated duties.

In some cases, it is anticipated that the responsible person would be an organisation rather than an individual. Where the responsible person for an enhanced duty premises is not an individual, they must appoint an individual as a designated senior individual with responsibility for ensuring that the relevant requirements are met.

What will the requirements be for HDdUHB's enhanced duty premises?

Persons responsible for enhanced duty premises will be required to:

- Put in place (and document) appropriate and reasonably practicable public protection measures that could be expected to reduce both:
 - (i) the vulnerability of the premises or event to an act of terrorism occurring at the location, and
 - (ii) the risk of physical harm being caused to individuals if an attack was to occur there or nearby.

For example, an enhanced duty premises will be required, insofar as reasonably practicable, to implement measures relating to the monitoring of the premises and their immediate vicinity.

- Document the public protection procedures and measures in place, or proposed to put in place, and provide this document to the regulator. This document should include an assessment as to how those procedures and measures may be expected to reduce, so far as is reasonably practicable, the vulnerability and risk of harm.

It should be noted that the requirements for enhanced duty premises are in addition to those of standard duty premises, therefore measure such as notifying the regulator and training staff would be required under both categories of qualifying premises.

Will there be an Implementation Period?

There will be a period of time prior to the implementation of the legislation following Royal Assent.

This is expected to be at least 24 months to allow for the set-up of the regulator and to ensure sufficient time for those responsible for premises to understand their new obligations, and to plan and prepare.

What should HDdUHB be doing now?

To prepare for the implementation of the Bill, HDdUHB should start:

- Preparing ‘standard terrorism evaluations’ and ‘terrorism risk assessments’ to:
 - Assess likely types of terrorism;
 - Identify reasonably practicable measures to reduce likelihood and harm;
- Preparing a ‘security plan’;
- Designing (or looking to procure) ‘terrorism protection training’ as will be required for all qualifying premises.
- Reviewing policies, procedures and measures for terrorism resilience including:
 - CCTV, radio communications;
 - Information provision e.g. posters in staff rooms;
 - Team workshops and major incident / scenario role play;
 - First aid provision for trauma;
 - Invacuating and evacuation plans;
 - Lockdown plans - Which doors/barriers/keys and who to do it?
 - Communication with staff and those at risk;
 - Developing relationships with Police, local authority, neighbouring organisations, peer groups and the Counter Terrorism Security Advisers managed through National Counter Terrorism Security Office.
- Discussing roles and responsibilities in terms of planning and actioning of the requirements of the Bill as they would reasonably fall within the remit of both the Health, Safety and Security Department and the Health Emergency Planning Department.

Monitoring for this bill will fall under the Security Management group via the Health and Safety Sub Committee (HSSC).

Argymhelliad / Recommendation

The Health & Safety Committee is asked to note:

- The information contained within this report.
- That there will be implications for the Health Board once the Bill is passed into law and following the implementation period.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Provide assurance around the UHB arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers contractors etc.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe

Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 4. The best health and wellbeing for our individuals, families and communities 5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none"> • GOV.UK – Home Office; • The Health and Safety at Work etc. Act 1974;
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	The Security Management Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There are potentially large costs involved in getting the Health Board compliant with the requirements of the Bill.
Ansawdd / Gofal Claf: Quality / Patient Care:	There will be a positive impact on staff and patient safety, health and wellbeing through compliance with the Bill.
Gweithlu: Workforce:	It is likely that the Health Board will have to consider how security personnel are employed and trained.
Risg: Risk:	There is a risk to health and safety management for non-compliance with the Bill once enacted.
Cyfreithiol: Legal:	There is a potential for enforcement action for non-compliance with the Bill, as outlined in the background section of the report.
Enw Da: Reputational:	Potential for political or media interest if a non-compliance is identified or enforcement action is served (or if a preventable incident occurs).

Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	No evidence gathered to indicate a negative impact on any protected group/s.

2.5

10:53, 10 Mins

2.5 - Update on Traffic Flow Outside PPH

*Andrew Carruthers
(Hywel Dda UHB -
Chief Operating
Officer), Gareth
Cottrell (Hywel Dda
UHB - Deputy Chief
Operating Officer)*

| For information

Attachments

[2.5 PPH Temp Traffic Issues report Feb2025.docx](#)

PWYLLGOR IECHYD A DIOGELWCH HEALTH & SAFETY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 March 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Prince Philip Hospital – Temporary Traffic Control Issues
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Stuart Bancroft, Assistant General Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report provides an update to the Committee on the temporary traffic control issues at Prince Philip Hospital (PPH), which was previously reported to the Committee in July 2024, as a result of a major building project underway in Bryngwyn School opposite PPH. The roundabout has been removed, and temporary three-way traffic lights have been put in place at the only entrance/exit to the PPH site.

Access to the site for emergency services as well as staff / patients / visitors has been impacted by this operation, and temporary traffic lights will remain in place until 2026.

Cefndir / Background

On 24 September 2024, a representative from the principal contractor contacted the PPH management team to inform that temporary traffic lights were being installed at the main entrance of PPH which would be in place for approximately 18 months. No previous correspondence regarding this work or consultation on the planning application was received by the Health Board (HB), and therefore there was no opportunity for the management team to express concerns over the application and suggest alternative solutions.

The PPH management team wrote to principal contractor expressing concern that the traffic lights have the potential to cause traffic congestion in and out of the hospital and is likely to cause operational issues, particularly at peak times - 0730-1000 and 1600-1830.

It also highlighted the risk of vehicles getting stuck at the junction – this could block either of the dual carriageways or indeed the main road. Both of these issues could affect ambulances being able to bring patients in and out of the hospital, and also staff being able to enter and leave.

Traffic lights were installed on 30 September 2024, and caused severe operational issues, with staff waiting up to an hour to exit the site.

Also due to the configuration changes, on 9 October 2024, a bus got stuck while entering the main hospital entrance, ending up being stuck on the central reservation blocking both the only site entry and exit carriageways for 45 minutes. On another occasion a car crashed into waiting traffic, and this was cleared in approx. 20 mins. Both of these incidents would have affected access to the site for emergency vehicles.

Asesiad / Assessment

The principal contractor has listened to the HB's concerns and have manned the traffic lights and reset the sequence timings, to the extent that there is currently increased flow at peak times for staff in particular entering and leaving the site.

The principal contractor met with the Estates Department very soon after the works started (early October 2024) and the following points were noted:

- The principal contractor submitted planning to Carmarthenshire County Council (CCC) in May 2024 for consideration.
- Full planning was granted on 24 August 2024.
- It is the responsibility of the Local Authority's (LA) Highways Department to determine what traffic management is required to form part of the planning process.
- The Highways Department advised the LA to approve planning with the current traffic management in place.
- The principal contractor questioned whether there was a need for traffic management for the two-year project duration, or whether it was needed only for the path works, which is a two-week period.
- The Highways Department insisted that the traffic management remains for the two-year period.
- The principal contractor is further liaising with Highways Department to ascertain if they will consider opening back up after the path works however no response in terms of the Highways Department decision has been received to date.
- The principal contractors had originally planned for 'traffic personnel' management between 9.00am and 3.00pm but this has been extended from 7.30am until 5.00pm.
- The principal contractors were due to speak to the Highways Department to ascertain if there could be any consideration to incorporate an emergency services entrance for ambulances only at the front of the hospital. A response has not been received to date.
- The Estates Team will be informing the LA of the disappointment in the lack of correspondence, pre and post project start. Correspondence will be sent early March.

There has also been correspondence between the HB and the LA regarding the issues:

- The Corporate Correspondence Team emailed CCC on 8 October 2024, to enquire what communication (if any) had taken place with the HB in advance of the commencement of the works. This was responded to the same day – it advised that the principal contractor had liaised directly with PPH to inform them of the works.
- On 11 October 2024, an email was sent on behalf of Andrew Carruthers, Chief Operating Officer to the Director of Place Infrastructure and Economic Development at CCC to bring the HB's concerns to the attention of the LA in relation to severe operational difficulties caused by the road works and traffic lights. This also highlighted that the HB had no record of being informed of the planning permission sought and had no opportunity to comment in advance of the commencement of the works. The email further sought confirmation on whether a risk assessment had been undertaken and asked that the temporary entrance to the Bryngwyn site be moved away from the roundabout and for the removal of the traffic lights. It additionally enquired about a temporary second exit to the PPH site being facilitated.

- The Director of Place Infrastructure and Economic Development at CCC responded the same day to advise that it would be unsafe, from a traffic and pedestrian perspective, to remove the traffic lights, given the state of the works. However, he advised that he had asked for the lights to be controlled manually over the forthcoming weekend, with the position being reviewed the following week.
- A further email was received from the Director of Place Infrastructure and Economic Development at CCC on 14 October 2024. This advised that the immediate works on the road were scheduled to be completed by 16 October 2024 at the latest, which should significantly improve traffic flow in the affected areas. The traffic management company was manually overriding the traffic lights during hospital shift changes and school pick up times, to ease congestion. Additionally, it indicated that arrangements for the remainder of the construction phase would be reviewed. The email also asked that the HB to advise if there were any issues still being experienced.
- A response was sent on behalf of Andrew Carruthers on 21 October 2024, confirming that the principal contractors had not directly liaised with the HB until 24 September 2024 (two weeks prior to the work commencing). The email highlighted the times of concern, being peak times for the arrival and departure of staff (08.00-10.00am, and 3.00-6.00pm). It also queried whether traffic controls were necessary following completion of the scheduled works and asked that the traffic lights be removed as soon as possible.
- No response has been received from CCC to the HB's email dated 21 October 2024.

UPDATE FEB 2025

- The PPH estates manager has been in contact with principal contractor and the Highways Department (CCC) on numerous occasions since the start of the project. His request to have the traffic management removed after the completion of the opening to the school was refused. The Highways Department at CCC have stipulated that traffic management was included in the planning and would be present for the duration of the work until February 2026.
- The PPH Estates Manager also requested progress with CCC Planning Department on the second emergency access route into the site issue and is currently in discussion with them. This is something that the management team still believe is important for the future to have a backup solution for entry/exit particularly for emergency vehicle access. Following further discussion with the council, the lights are now manned at peak times between 0700 and 1730.

Argymhelliad / Recommendation

The Committee is asked to:

NOTE the current remedial actions being undertaken in relation to the Prince Philip Hospital – Temporary Traffic Control Issues.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

2.1 Provide assurance around HDdUHB's arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers contractors etc.

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	New Risk to be added to DATIX
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	2.1 Managing Risk and Promoting Health and Safety
Amcanion Strategol y BIP: UHB Strategic Objectives:	5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Executive Team

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

Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	Noted in the body of the report

Gweithlu: Workforce:	Noted in the body of the report
Risg: Risk:	Noted in the body of the report
Cyfreithiol: Legal:	Noted in the body of the report
Enw Da: Reputational:	Noted in the body of the report
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A

3 - Health and Safety Regulations

3.1

11:03, 10 Mins

3.1 - Health and Safety Regulations

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

Confined Space Regulations

| For assurance

Attachments

[3.1 Health Safety SBAR Confined Space - FINAL.docx](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 March 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Compliance with the Confined Space Regulations 1997
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Evans, Head of Estates Risk and Compliance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report has been prepared to highlight the principal duties of the Confined Space Regulations 1997 and confirm our assurances of adherence by outlining the management arrangements implemented by Hywel Dda University Health Board (HDdUHB).

Cefndir / Background

The regulations are specifically designed to protect workers from risks associated with confined spaces. Below, we explain the scope and detail and the compliance measures implemented.

Overview of the Confined Spaces Regulations 1997

The regulations apply to workplaces where confined spaces pose risks of serious injury or death. A confined space is defined as any substantially enclosed area with limited entry/exit points, not designed for continuous occupancy, and where hazardous conditions (e.g., toxic gases, oxygen deficiency and engulfment) may arise. Employer duties under the regulations include:

1. Avoiding entry where possible (e.g., by completing tasks externally).
2. Implementing a safe system of work if entry is unavoidable.
3. Establishing emergency procedures before work commences.
4. Conducting risk assessments to identify hazards and implement controls.

The requirements in the Confined Space Regulations 1997 are reinforced by the Management of Health and Safety at Work Regulations 1999, which mandate systematic risk assessments for all work activities.

Risk Assessments prior to any work in confined spaces must be conducted. These assessments identify potential hazards and outline the necessary control measures to mitigate risks. All findings are documented and communicated to the relevant personnel. The risk assessment forms part of the permit and dictates what level of entry procedure is required.

The following assessment section of this report provides assurance that HDdUHB are adhering to the key principals of the confined space regulations 1997 and identify any shortfalls in our compliance.

Key principals of confined space regulations 1997

1. Risk Assessments and Hazard Control
2. Avoiding Entry Where Possible
3. Safe Systems of Work for Essential Entry
4. Emergency Procedures
5. Training and Competency
6. Monitoring and Continuous Improvement

Asesiad / Assessment

1. Risk Assessments and Hazard Control

Before entry to a confined space, the confined spaces entry procedure is identified and assessed for risks (e.g., atmospheric hazards, structural dangers). Control measures include ventilation, gas monitoring, and isolation of hazardous substances. As part of our ongoing commitment to ensuring a safe working environment, we can fully confirm that all designated confined spaces within our facilities have been comprehensively risk assessed.

These assessments have been conducted in accordance with relevant health and safety regulations and guidelines, providing a thorough evaluation of potential hazards associated with each confined space.

The risk assessments have served as the foundation for categorising the level of risk associated with each confined space. This categorisation process has enabled us to identify and prioritise areas requiring additional safety measures or controls to mitigate risks effectively.

By doing so, we have ensured that all necessary precautions are in place to protect employees and contractors who may need to enter these restricted spaces. Furthermore, the risk assessments have played a crucial role in supporting the development and completion of entry procedures for confined spaces.

These procedures are designed to ensure that all necessary safety protocols are followed before, during, and after entry into a confined space. This includes ensuring that appropriate personal protective equipment (PPE) is used, that adequate ventilation is provided, and that emergency response plans are in place.

We are confident to confirm that our risk assessment and entry procedures for confined spaces are fully compliant with relevant health and safety standards. Regular reviews and updates of these assessments and procedures are scheduled to ensure ongoing compliance and to reflect any changes in operations or regulations.

2. Avoiding Entry Where Possible

In line with our commitment to safety, we have also prioritised avoiding entry into confined spaces wherever possible. To achieve this, we have invested heavily in advanced digital imagery technologies that enable us to view and inspect confined spaces remotely.

3. Safe Systems of Work for Essential Entry

To further enhance safety, we have implemented a robust permitting system that ensures all entries into confined spaces are properly authorised. This system guarantees that only trained and competent personnel are allowed to enter confined spaces who are fully aware of the entry procedures and associated safety protocols.

Additionally, our permitting system verifies that all necessary safety equipment and PPE are available and used correctly. This includes respiratory protection, fall protection, and communication devices, among others. By ensuring that everyone involved in confined space entry is properly trained and equipped, we maintain a safe system of work that minimises risks and protects our staff.

4. Emergency Procedures

As stated above, the risk assessments have played a crucial role in supporting the development and completion of entry procedures for confined spaces. These procedures are designed to ensure that all necessary safety protocols are followed before, during, and after entry into a confined space.

This includes ensuring that appropriate personal protective equipment (PPE) is used, that adequate ventilation is provided, and that emergency response plans are in place. Our entry procedures are clearly defined and include protocols for monitoring atmospheric conditions, ensuring proper ventilation, and maintaining communication with personnel outside the confined space. These procedures also detail the required number of personnel required for the task and support what rescue arrangement are needed.

5. Training and Competency

All relevant staff members have undergone comprehensive accredited medium risk training on confined space entry procedures and rescue practices. This training ensures that our employees are well-informed about the risks associated with confined spaces and are equipped with the knowledge to perform their duties safely. This training was carried out on site to ensure that our staff are familiar with the health boards own confined spaces, entry procedures, safety equipment and permit arrangements.

Our dedicated Confined Space/H&S Compliance officer also ensures staff are fully familiar with policies and procedures through monthly toolbox talk sessions. Short, focused discussions are held covering confined space tasks to review hazards, control measures, and procedural updates. Examples include:

- Risk Assessment.
- Correct use of gas detectors and ventilation equipment.
- Recognition of early warning signs (e.g., dizziness, equipment alarms).
- Emergency exit protocols and communication methods.
- Scenario-Based Learning: Recent incidents or near-misses.

6. Monitoring and Continuous Improvement

We are confident the management arrangements implemented are robust and effective. We also strive to monitor these protocols regularly to ensure continuous improvement in what we do. An area we are currently focusing on, is to conduct a comprehensive review of our entry procedures and risk assessments for confined spaces to ensure they align with the latest best practices. This review will help identify any potential gaps and opportunities to further enhance our safety protocols.

Additionally, we are aware that during out-of-hours working, we may not always be able to follow our standard procedures for certain confined space entries due to resource constraints.

In such situations and to mitigate the risks as far as reasonably practicable, we have the option to arrange for suitably trained external contractors to attend site. This is specifically in situations where the work may impact the operational running of the site and therefore cannot wait until the following morning.

As a last resort, we can and have done so previously requested the support of emergency services to assist us. The HDdUHB has a strong working relationship with the local fire & rescue where we have conducted on site scenario-based training in many of our confined spaces.

We will continue to monitor these arrangements closely to ensure that they remain effective and safe. Also, we have a comprehensive Confined Space and Restricted Access Policy (Policy Number 393) that includes specific guidelines for confined space work, this is reviewed every three years.

Argymhelliad / Recommendation

The Health and Safety Committee is requested to:

- Acknowledge and gain assurance that we have implemented robust management arrangements to ensure HDdUHB are complying with the Confined Space Regulations 1997.
- Acknowledge the additional work we are planning to review our procedures and our out-of-hours resource arrangements. This review will be fully conducted by July 2025.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

3.18 Ensure there is a process of review of health and safety compliance 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.

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities 5. Safe sustainable, accessible and kind care 3. Striving to deliver and develop excellent services
Amcanion Cynllunio Planning Objectives	Choose an item. 8 Estates plans
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	From the HB's approved and ratified Confined Space & Restricted Access Policy and the Legislation and Guidance referenced to in the report.
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:	Not Applicable

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

Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
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Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Delivering a safe working environment
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Potential for legal challenge if HDdUHB does not comply with Confined Space Regulations 1997
Enw Da: Reputational:	Potential for legal challenge if HDdUHB does not comply with Confined Space Regulations 1997
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

3.2

11:13, 10 Mins

3.2 - Bariatric Compliance (Manual Handling Operations Regulations 1992)

Jeni Bryant (Hywel Dda UHB - Bank Senior Nurse Specialist), Adam Springthorpe (Hywel Dda UHB - Health & Safety Manager)

| For assurance

Attachments

[3.2 SBAR Bariatric Compliance MHOR March 2025 V1.1.docx](#)

PWYLLGOR IECHYD A DIOGELWCH HEALTH & SAFETY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 March 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Heavy Patient Compliance (Manual Handling Operations Regulations 1992)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Jeni Bryant, Project Manager Tim Harrison, Head of Health, Safety & Security

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report is presented to the Health and Safety Committee (HSC) under the standing agenda item to provide assurance against a number of key Health and Safety regulations. This report concerns the Manual Handling Operations Regulations 1992 (MHOR) in addition to National and Local standards and guidelines specifically in relation to people with higher body weights, historically known as bariatric patients (Please see Evidence Base in the Further Information section).

The Health Board have a statutory duty to ensure that;

- People with higher body weights are treated with dignity and respect and do not feel stigmatised due to a lack of appropriate equipment or facilities;
- Staff working within the Health Board receive training to enable them to offer compassionate, psychologically informed care that avoids stigma and discrimination;
- A continuous improvement approach to service quality and outcomes for people with a higher body weight is achieved.

Cefndir / Background

According to Public Health Wales, approximately 60% of adults (16 and over) in Wales are either overweight or obese with 25% falling into the obese category and 27% of children are also above a healthy weight.

Being overweight or obese increases the risk of chronic diseases such as type 2 diabetes, hypertension, cardiovascular disease, kidney disease as well as some types of cancer. This will make the overweight and obese population more likely to need to access healthcare services.

In 2022, it was acknowledged that the Health Board needed to understand its current provision of services, and how, if necessary, they could be improved to meet the statutory duty and standards listed above.

Therefore, it was agreed that Jeni Bryant (JB) would undertake work to;

- establish the current situation of heavy patient care through baseline auditing;
- developing an action plan to address shortfall, to enable patients to have a safe and dignified experience when accessing healthcare;
- assist with implementing outcomes as appropriate.

Asesiad / Assessment

An action plan (see below) was initially presented to the Committee in March 2024. To date actions 1, 3 & 4 have been completed.

The remaining action (action 2) has faced a number of challenges to its completion and is now scheduled to be completed by June 2025. The challenges with completing the work to date include:

- There have been a significant number of heavy patients admitted to the acute over period June 2024 - November 2024;
- There are several patients in the community with highly complex needs, due to their health conditions and body morphology, which have taken a considerable time to review and assist;
- Currently there are only 7.5 hours per week allocated to JB to complete this work relating to people with higher body weights. This is not sufficient to;
 - assess and review patients;
 - assist with appropriate care and discharge planning;
 - undertake the full analysis of the baseline data and develop detailed action plan for annual audit data collection;
 - provide audit results that will ensure that the Health Board meets its regulatory requirements;
 - identify service improvements and provide comprehensive risk management strategies for this group of patients;
 - managing internal and external specialist equipment provision.

Action Plan

No	Issue / Area for improvement	Action required	Persons responsible	Target date	Progress / current status	Completed
1	Unnecessary spending on hire of heavy patient equipment	Reduce unnecessary spending by optimising the use of existing HB owned equipment. Audit use of HB heavy patient equipment library to establish costs and effectiveness.	JB	April 2024	Audit of equipment library now completed. Changed external equipment supplier which has resulted in a reduction of unnecessary external costs. Still not fully utilising HB owned equipment (this was not part of the initial plan but does need to be addressed).	December 2024

2	Limited availability of statistics of heavy patient admissions, length of stay and outcomes	Develop audit of heavy patient admissions and relevant data needed to evidence standards are being met.	JB	June 2025	<p>Presented at the SNMT Meeting in October 2024.</p> <p>Discussion with Clinical Informatics staff and MDT Leads where it was identified that:</p> <ul style="list-style-type: none"> • Before the audit can be undertaken a collection of existing data over the past 6-12 months was seen to be useful to give a baseline; • This is an MDT managed issue and information is required from Occupational Therapy (OT), Physiotherapy, Manual Handling and nursing teams to provide a holistic view of care delivery; • Utilising existing data decreases the burden on clinical areas in providing evidence for the audit. <p>Meetings have taken place to identify what existing data is available and to collect data from these sources for a specified period to form a baseline (June 2024-November 2024). Once analysed it will enable the identification of areas where alternative sources of data are needed and allowing for planning of how to capture this data moving forward.</p> <p>A detailed plan to support the completion of the audit will be carried out to identify from which source the data for each section is needed to allow for clear repetition on an annual basis.</p>	
3	Lack of risk assessments and safe systems of work for extremely heavy patients in the mortuary	Risk assessments to be undertaken which will inform development of safe systems of work.	Acting mortuary manager CC JB	Mar 2024	Risk assessments completed. Safe systems of work of handling extremely heavy deceased patients developed.	April 2024
4	Lack of safe transportation of extremely heavy patients with unusual body morphology from home to acute sites to attend routine appointments	Work to be undertaken with WAST to achieve safe and manageable transportation.	WAST JB	Feb 2024	<p>WAST have now procured new equipment that has been fitted to their existing heavy patient stretcher, JB viewed on 15/02/2024 for suitability.</p> <p>Contact WAST to get data on how many patients their teams have managed that are overweight back into their home care setting (June 2024-November 2024) (this was not</p>	June 2024

					part of the initial plan but does need to be addressed).	
					Liaise with WAST on the discharge planning data for overweight patients (June-November 2024) (this was not part of the initial plan but does need to be addressed).	

The care and management of heavy patients is complex and spans the whole health and social care system including primary, secondary, and tertiary health care. Ensuring the dignified and safe care of patients with higher body weights through continuous service quality improvements, which lead to better patient outcomes, requires a multidisciplinary approach.

A thorough investigation of the local situation has revealed that we need a more comprehensive understanding and accurate baseline of the raw data that we already collect. This is essential before we can proceed with the accurate annual collection of audit data which will enable us to analyse and gain insights to enhance our services, ensuring compliance with MHOR statutory duties and National and Local Standards and Guidelines. Having an idea of figures can also help us plan for 2025 amendments and improve the timely care required by these patients.

We are in a fortunate position to have some existing paper and digital data to draw upon to help us see where in the organisation these patients are cared for and how best we can manage their care with speed and dignity. For instance, reviewing past referrals for patient equipment and transport can help us identify our current knowledge and determine what additional information we need. Additionally, providing staff with quick referral systems and precise advice on managing issues, particularly regarding the equipment needed for a safe and effective discharge, is crucial.

It will also allow for action 2 and the annual audit to be completed, whilst keeping what we need to audit in clinical practice to a minimum, reducing disruption and extra burden on clinical staff. The data that has been sourced to date is;

Source	Data	Format	Contact
Occupational Therapy	Contracted plus-sized equipment issued in acute settings	Excel	Kathryn Thomas-Clinical Lead OT
	Plus-sized equipment issued in community (3 counties)	Word	As above
	Mid & West Wales Fire & Rescue Service figures for health-related requests to support hospital admissions and discharges	Excel	As above
Manual Handling	Referrals	Excel	Gemma Vaughan-Manual Handling Manager
Health and Safety	Medstrom Hire Figures	Excel	Jeni Bryant-Senior Clinical Nurse Specialist
	HDUHB Heavy Patient Equipment Library	Word	
	Mid & West Wales Fire & Rescue Service- awaiting data		

WNCR	No of patients admitted to WNCR BMI > 30*	Data	Joni Smith-Informatics Clinical Nurse Specialist
	Nutritional Risk Assessments completed in a timely manner		
	Manual Handling Risk Assessments completed in a timely manner		
	Purpose T Risk Assessments completed in a timely manner		
	Patient Handling Assessments completed in a timely manner		

*Note: This does not capture patients who were admitted to an area that does not use WNCR.

Other areas explored and may need further investigation include:

- Daily operational nursing staff have 'stand-up' meetings where any special patient requirements are identified. However, these are not logged or recorded anywhere;
- Tier 4 Weight Management Services;
- Scoping what education regarding stigma and dignity for heavy patients is delivered to staff;
- Physiotherapy referral data;
- The Manual Handling team support operational staff with body measurements as this is not routinely undertaken by our clinical staff.

Annual Audit Baseline

The multi-professional data and information collected from June-November 2024 will help to inform a baseline for the annual audit. This in turn will identify where service improvements can be made to ensure that these patients complex needs are considered from admission and essentially well before their discharge. This is so that they are not disadvantaged or kept in hospital any longer than needed. This audit can be undertaken annually and reported to the Health and Safety Committee.

Future Considerations

This paper highlights the fact that the current 7.5 hours per week allocated to work relating to people with higher body weights is not sufficient to do justice to this ever-increasing body of patients. Consideration should be taken to increasing provision in this vital function. In doing so, this will not only reduce unnecessary admissions into hospital, but ensure heavy patients receive dignified and safe care, improved outcomes and decrease patient stays following admission.

Argymhelliad / Recommendation

The Health & Safety Committee is asked to:

TAKE ASSURANCE

- That progress has been made to date against the action plan which is aimed at ensuring the Health Board attains their statutory duty and compliance against the MHOR and with National and Local Guidelines, specifically in relation to people with higher body weights.
- That the information provided here is seen as a step in the right direction towards monitoring and assessing the care delivery to Hywel Dda's heavy patient group.

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Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Provide assurance around the UHB arrangements for ensuring the health, safety, welfare, and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers, contractors etc.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	2a Staff health and wellbeing 6b Pathways and Value Based Healthcare 7a Population Health 6a Clinical services plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none"> • Guidance for the Manual Handling of Plus-Size Patients - HDdUHB guidance; • Healthy Weight: Healthy Wales; • NICE-Obesity: Identification, Assessment, and Management Clinical Guidelines [CG189] Published: 27 November 2014 Last updated: 08 September 2022; • Standards for the Provision of Services to People with Overweight and Obesity in Wales.
Rhestr Termiau:	Contained within the body of the report.

Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Some of the actions as identified in the action plan may have financial impact.
Ansawdd / Gofal Claf: Quality / Patient Care:	There is a positive impact on staff and patient safety, health, and wellbeing through compliance with health and safety regulations.
Gweithlu: Workforce:	Potential for adverse future staffing impacts if this legislation is not complied with as it relates to employee safety.
Risg: Risk:	Risk to health and safety management.
Cyfreithiol: Legal:	Potential for enforcement action including Improvement Notices/Prosecutions and claims due to breaches in legislation.
Enw Da: Reputational:	Potential for enforcement action including Improvement Notices/Prosecutions and claims due to breaches in legislation.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	<p>No evidence gathered to indicate a negative impact. Manual Handling procedures for plus-sized patients promote and encourage good safe working practices for everyone.</p> <p>There is the potential for an adverse impact where staff have a disability for example back/shoulder pain. This is addressed via the risk assessment process, Manual Handling Team training and advice, the Occupational Health Department and incident reporting.</p>

4

11:23, 0 Mins

4 - For Information

4.1

11:23, 2 Mins

4.1 - HSC Workplan

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

| For information

Attachments

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

HEALTH & SAFETY COMMITTEE WORK PLAN APRIL 2024 – MARCH 2025

Currently, Health & Safety Committee (HSC) meets bi-monthly. Based on this, the following table represents a proposal to incorporate the duties as outlined in the Committee's Terms of Reference into a basic work plan April 2024 – March 2025.

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

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

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

Initials

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

5

11:25, 2 Mins

5 - Any Other Business

All

6 - Matters for Escalation to Board

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

7 - Date and Time of Next Meeting

Tuesday 6 May 2025, 9:30-11:30