

Enw'r Pwyllgor / Name of Committee	Health and Safety Assurance Committee (HSAC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Mrs Judith Hardisty
Cyfnod Adrodd/ Reporting Period:	Meeting held on 17 th February 2021
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<ul style="list-style-type: none"> • Review of Committee Terms of Reference: the Health and Safety Assurance Committee's Terms of Reference were reviewed by Members to ensure these remain fit for purpose in detailing the Committee's remit, role, composition and operating arrangements. Members noted a re-ordering of sections within the document to prioritise the Committee's purpose and responsibilities, and were advised that the Committee's 'In Attendance' membership would be reviewed by the Lead Executive and the Board Secretary, recognising the need to scale back Directors' commitments in light of current requirements to respond to the COVID-19 pandemic. It was further agreed that the 'In Attendance' membership would reflect the requirement to include staff-side Health and Safety representation. Members noted that amendments to the HSAC ToRs would be agreed by Chair's Action for onward ratification by the Board on 25th March 2021 • Ratification of Chair's Action: Members ratified the approval via Chair's Action on 18th December 2020 of the following HB policies: <ul style="list-style-type: none"> ○ Violence and Aggression Policy (Policy No. 285) ○ Fire Safety Policy (Policy No. 242) • Health and Safety Executive (HSE) Enforcement Action Update: the Committee received the Health and Safety Executive (HSE) Enforcement Action Update report, detailing the continuing work towards compliance with the enforcement notices served against the HB by the HSE in October 2019. Members were informed of further extensions for Improvement Notices (INs) and Material Breaches (to 27th November 2020 and 29th January 2021), and were advised of HSE site visits at Prince Philip Hospital, Wityhush General Hospital and Bronglais General Hospital on 20th January 2021, with a specific focus upon IN8 – Needlestick Management and the management of Manual Handling issues. Members were informed that while formal feedback from these visits is awaited, initial feedback had been positive overall, particularly with regard to leadership and management arrangements at each site. Members were advised of a forthcoming meeting with the HSE Principal Inspector arranged for 24th February 2021 which would include a visit to Gorwelion Day Hospital, and received assurance that work is underway to recover and deliver staff training in regard to IN1 - <i>Management of Violence & Aggression</i> and IN8 - <i>Needlestick Management</i>. The Committee took assurance from the positive progress made by the HB Health and Safety Team towards completion of the action items for both the INs and the Material Breaches served against the HB by HSE, and recognised the volume of work undertaken. 	

- Health and Safety Report:** the Committee received the Health and Safety Report outlining the activity of the team for the period October 2020 – February 2021. Members were provided with key highlights, including the development of a new database for recording respiratory fit-tests for staff, the completion of Health and Safety induction training courses since October 2020, and progress in relation to the roll out of *Skyguard/ Peoplesafe* lone working devices. Members' attention was directed to recent written correspondence with the HSE relating to Notices of Contravention, being advised of the intention of the Director of Nursing, Quality and Patient Experience to invite Inspectors to discuss issues prior to issuing documentation relating to the outcomes of visits to HB sites. In response to issues raised by Members, the Committee received assurance that appropriate Manual Handling training is provided to newly recruited staff members, and that all possible measures have been taken by the organisation to protect 'clinically extremely vulnerable' (CEV) staff members, with a Gold Command Group decision taken on 5th February 2021 that all CEV shielding staff members be instructed to return home with immediate effect, and all efforts made to ensure that psychological support arrangements are in place, that appropriate work is assigned and that IT resources are provided to affected staff members. Members also acknowledged the efficiency and hard work of the Health and Safety Team in assisting with the establishment of the Mass Vaccination Centres.
- Fire Safety Governance Review:** Members received an assessment of the delivery of the HB's Fire Safety Action Plan, which has been developed in order to ensure that all improvements identified in a review of Fire Safety Governance commissioned by the HB Chief Executive are delivered. Members were informed that the good progress which had been made in 2020 had been subsequently compromised by staff sickness and self-isolation requirements among the Fire Safety Team and the Operational Maintenance teams, impacting upon the delivery of actions and upon meeting action completion dates. Members were advised that, given these issues, discussions had been held with the Director of Operations and the Board Secretary in relation to revising completion dates for the 10 outstanding actions. The Committee thanked the Director of Estates, Facilities & Capital Management and his team for their hard work in progressing the Fire Safety Action Plan, and noted the revised completion dates for outstanding actions. It was agreed that the Fire Safety Review would be included on the agenda for the next Committee meeting scheduled for 10th May 2021.
- Fire Enforcement Notices Actions Update:** the Committee received a report on the progress made in managing the requirements of the Fire Enforcement Notices (FENs) and Letters of Fire Safety Matters (LoFSMs) issued by the Mid and West Wales Fire & Rescue Service (MWWFRS) on Withybush General Hospital (WGH) and Glangwili General Hospital (GGH). Being advised that updated letters had been received from MWWFRS regarding the two hospital sites, Members were assured that HB delivery plans are now fully aligned with all current FENs and LoFSMs. Members were informed that a slight delay to the completion date for WGH advanced works had been negotiated, and noted that the relevant FEN would be updated by MWWFRS to reflect this. Members were informed that progress is being made in the development of the Business

Justification Cases (BJCs) for WGH Phase 1 Works, due for submission to WG in late March 2021, and for GGH Phase 1 Works, due for submission in June 2021, and were advised that the submission of these first stages is a pre-requisite in obtaining the capital funding required to complete these works. Noting that Phase 2 Works relate to ward and departmental areas, Members were assured that at Phase 2 stage, it is anticipated that sufficient patient decant facilities would be available to manage any disruption caused by ward refurbishment works, and received further assurance that Phase 1 and 2 plans would accommodate the requirement for hospital sites to fit, in terms of infrastructure planning, with the implementation of the Clinical Strategy and the new hospital building, to ensure a managed and structured approach to wider infrastructure development.

- **Smoke-Free Sites – Implementation of Legislation:** Members received a report summarising the provisions within the *Smoke Free Premises and Vehicles (Wales) Regulations* which are due to be implemented across specified premises, including all hospital sites, by 1st March 2021, and providing an overview of the key responsibilities and actions required to ensure compliance, together with key risks associated with the requirements and implementation of the regulations. While recognising that the main consideration in implementing the Smoke-Free legislation is to ensure the realisation of a health benefit for the local population, Members acknowledged significant practical issues which will need to be addressed in enforcing the legislative requirements across hospital sites, and agreed that the Committee's queries and comments would be forwarded to the Executive Team for consideration when discussing the formal approval of measures to support the introduction of the legislation.
- **Corporate Risks assigned to H&SAC:** Members reviewed corporate-level risks which are included in the Board Assurance Framework/ Corporate Risk Register and which have been assigned to H&SAC given the potential impacts of these risks relate to the health and safety of patients, staff and visitors:
 - Risk 1016 - *Delivery of Q3/4 Operating Plan - Increased COVID-19 infections from poor adherence to Social Distancing;*
 - Risk 813 – *Failure to fully comply with the requirements of the Regulatory Reform Order (Fire Safety) 2005.*
- **Operational Risks assigned to H&SAC:** Members reviewed operational risks assigned to H&SAC within the *Datix* Risk Module.
- **Outcome of Review for Staff Testing Positive for COVID-19:** Members received a report providing an update on the use of the COVID-19 Staff Investigation Toolkit, which has been developed at an All-Wales level to assist in undertaking investigations in cases where HB staff receive a positive COVID-19 result. Members were informed that training would be provided to HB managers in the use of the Toolkit, and that a simple checklist had been developed and would be issued to Toolkit users. The Committee discussed issues relating to the configuration of office accommodation in mitigating the risk of COVID-19 infection, noting strategic discussions regarding accommodation needs across the organisation which will be held over the next 7 years, and recognising that while there are many benefits to working from home, there are also potential

associated risks in terms of ergonomic impact and other as-yet-unidentified consequences, which would need to be monitored from a Health and Safety perspective.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

- Ratification of the **HSAC Terms of Reference** following their approval via Chair's Action (Appendix 1).

Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:

- **HSE Enforcement Action Update** – concerns recorded by HSE inspectors relating to the quality of sharps incident investigation following their visit to BGH on 20th January 2021. The Committee was assured that improvements would be made to investigative processes.
- **Smoke-Free Sites – Implementation of Legislative Requirements** – recognising that there is limited lead-in time for the implementation of legislative requirements, clarity is urgently required regarding specific aspects of the regulations, and potential risks relating to the enforcement and unintended consequences of the legislation will need to be considered.

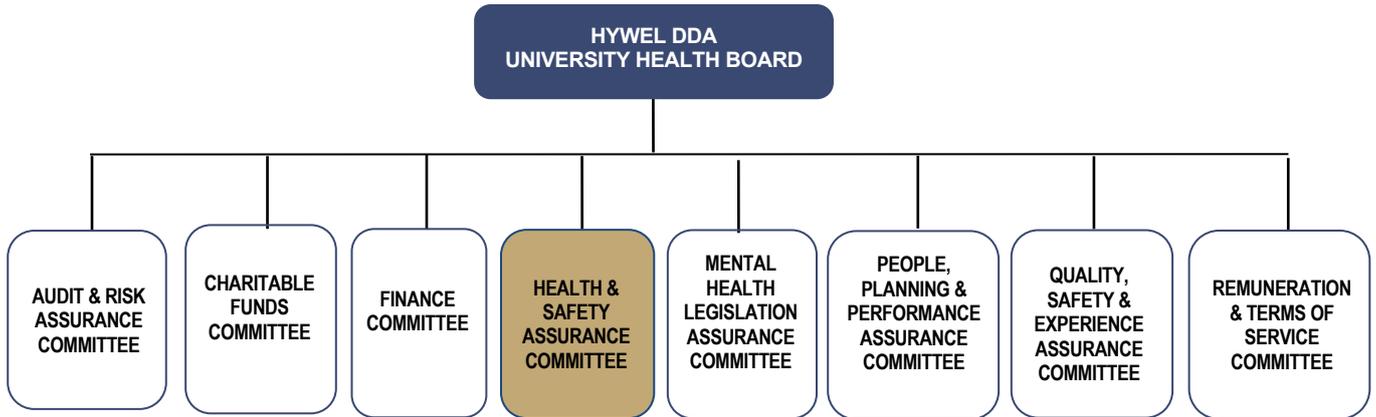
Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

The Committee's Work programme for 2021/22 has been reviewed and agreed by the Lead executive and the Board Secretary.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

10th May 2021



HEALTH & SAFETY ASSURANCE 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)

HEALTH & SAFETY ASSURANCE 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 & Safety Assurance 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 Assurance Committee has been established as a formal Committee of the Board and constituted from 1st April 2020.

2. Purpose

- 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.
- 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 Assurance 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.

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 Assurance 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 Assurance 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 cooperation across the Health Board in ensuring the health, safety, welfare and security of patients, staff, contractors, and others.
- 3.5 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.
- 3.6 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.
- 3.7 Oversee delivery of an annual work plan which includes a focus on health and safety, security and fire safety.
- 3.8 Ensure there is a process of review of findings of safety management system audits and seek assurance that corrective actions are put in place.
- 3.9 Ensure reports and factual information from external regulatory agencies are acted upon within achievable timescales.
- 3.10 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.

- 3.11 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.
- 3.12 Ensure there is clear and effective Health and Safety communication and publicity throughout the organisation.
- 3.13 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.
- 3.14 Approve organisational Health and Safety Policies, Procedures, Guidelines and Codes of Practice (policies within the scope of the Committee).
- 3.15 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.
- 3.16 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 Assurance Committee's Annual Report.
- 3.17 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
Health Board Vice Chair (Chair)
Independent Member (TU - Vice Chairman)
Independent Member
Independent Member
Independent Member
Independent Member

4.2 The following should attend Committee meetings:

In Attendance
Director of Nursing, Quality & Patient Experience (Lead Director)
Director of Operations
Assistant Medical Director
Board Secretary
Director of Estates, Facilities & Capital Management
Deputy Director of Workforce & OD
Head of Health, Safety & Security
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 Chairman.
- 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 Chairman of the Health & Safety Assurance 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 Assurance 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 Chairman and/ or the Vice Chairman, at least **three** 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 **five** working days in advance of the meeting.
- 6.5 The minutes and action log will be circulated to members within **five** working days to check the accuracy.

- 6.6 Members must forward amendments to the Committee Secretary within the next **five** working 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 Chairman 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 The Committee will be accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.2 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.
- 9.3 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 Chairman 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 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 group's meetings detailing the business undertaken on its behalf.
- 10.4 The Committee Chairman, 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 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.