

Enw'r Pwyllgor / Name of Committee	Health and Safety Committee (HSC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Mrs Judith Hardisty, UHB Vice Chair
Cyfnod Adrodd/ Reporting Period:	Meeting held on 11 th July 2022
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<ul style="list-style-type: none"> <p>Health and Safety Update: The Committee received an update on the activities of the Health and Safety Team for the period May 2022 to July 2022. The report focused on COVID-19, Internal Audit, The Ligature Assessment Review, Manual Handling, Security Management, Prevention, Assessment and Management of Violence and Aggression (PAMOVA)/Reducing Restrictive Practice, Health and Safety Audit Programme and Policy updates.</p> <p>Members were informed that whilst the one way barriers, adhesive floor stickers in communal areas and protective screens were removed on 30th June in line with the lifting of social distancing restrictions in Wales, the advice in relation to the wearing of face masks, has now changed in view of the increased prevalence of COVID-19. Members were informed that updates will be provided to enforce the wearing of face masks by members of the public on hospital sites. The Point of Care testing, where a decision has been made to admit a patient has been reintroduced.</p> <p>Members were advised that there has been an introduction of a one day manual handling course as many attendees did not require the full two day course and this has allowed prioritisation of the two day course for ward staff.</p> <p>In relation to the provision of weight management services via virtual platforms, Members discussed the utilisation of community settings to enable patients without internet connection to access the service.</p> <p>The Committee received assurance that work has progressed, and improvements have been made in relation to the health and safety themes.</p> <p>Contractor Control Regulations: The Contractor Control Regulations Report was presented to the Committee and provided information on the arrangements and protocols in place for the management of estates contractors, noting that a range of policies and procedures have been introduced to minimise the associated risks. A series of improvements have been planned for 2022/23 to strengthen the governance around contractor management. The controller contractor assessment and the matrix are being regularly reviewed. Members were informed that measures have been taken to vastly improve the management and control of contractors on site, however, there are areas which require further strengthening. The Estates Compliance Team have recommended a full root and branch exercise is undertaken in July 2022 to ensure the required levels of assurance can be provided, focusing on areas such as multiple contractor engagement, development of a Construction Design Management Procedures Manual and improvement plans for local estates. Quarterly compliance reviews are completed. Members were informed that the Compliance team and the</p> 	

Internal Audit team provide ongoing support and the Capital team undertake regular lessons learned exercises. Members requested that lessons learned and progress gained should be reported to HSC as part of the update report in January 2023. The HSC received assurance from the policies and procedures currently implemented for contractor management, the areas of work planned and the anticipated timelines which demonstrate the robust management arrangements for the control of contractors.

- **Workplace Health & Safety Regulations:** The Workplace (Health, Safety and Welfare) Regulations report was received by the Committee, which provided assurance against a number of key Health and Safety Regulations in relation to the Workplace (Health, Safety and Welfare) Regulations 1992.

In relation to Regulation 6: General workplace ventilation; Members were advised that appropriate ventilation across the whole infrastructure has been a long standing issue, which was heightened during COVID-19 and much has been learned in terms of reducing airborne transmission to prevent COVID-19 and other airborne viruses spreading. A number of air purifiers are located across sites, however additional air purifiers are required. Charitable Funds will be approached with a view to sourcing additional air purifiers for HDdUHB, while also looking to secure funds through capital in the longer term to improve ventilation on sites.

Regarding Regulation 10: Room dimensions and space; Members noted that the Agile Working Policy is being progressed, however, it is recognised that the shortage of accommodation for staff needs to be addressed and some staff who have no base to work from. Members recognised the additional limitations on space in relation to Regulations 23: Accommodation for clothing and Regulation 24: Facilities for changing clothing, however acknowledged that this matter could not be immediately resolved as this would involve increasing capacity within a building, either through refurbishment of existing buildings or through the development of new facilities. The Committee noted that this situation was not acceptable, however sought reassurance that the space available is utilised in the most efficient, effective and purposeful manner. Consideration was given to the possible use of wellbeing funds to support staff in adapting or improving the facilities on sites. The Committee received assurance from the progress made to date to reach compliance against the Workplace (Health, Safety and Welfare) Regulations 1992 and noted the areas where there is still work to do.

- **Fire Safety Update Report:** The Committee received the Fire Safety Update Report, identifying progress made in managing Fire Enforcement Notices (FEN)/Letters of Fire Safety Matters (LoFSM), Fire Safety Management and Fire Safety Governance. The Audit Tracker and Fire Safety Management update were included as appendices. Members welcomed confirmation that formal correspondence had been received to confirm all works in regard to FEN/ LoFSM at both Withybush General Hospital (WGH) and Glangwili General Hospital (GGH) are completed. Modifications to the programme for works on phase 1, WGH, have been requested based on complexities identified on site, to reduce multiple disruption to service areas. The programme indicates a delay to the completion date of around 2-3 months. Members were advised that this has not been accepted by the Health Board pending further review. Informal discussion has been held with the Mid and West Wales Fire and Rescue Service (MWWFRS) and they are fully supportive. The resource schedule required to progress the GGH, phase 2 Business Justification Case (BJC) has been submitted to Welsh Government and a

completion date will be provided as the BJC work is progressed. Substantial work has been undertaken at Bronglais General Hospital (BGH) and the MWWFRS have completed the inspections and confirmed their satisfaction of the work undertaken. Written confirmation has been received from MWWFRS which allows the LoFSM to align with the programme delivery plans. The Programme Business Case will begin in March 2023 until April 2024 with phase 1 work scheduled for completion in April 2025 and phase 2 in December 2027.

Members were informed that Level 1 Fire Safety Training compliance has moderately reduced, however acknowledged the significant operational pressures on staff in the current climate. Work is underway to progress Level 3 training to a hybrid method of training incorporating online study in addition to face to face learning which may prove more accessible to staff.

The Committee received assurance from the content of the report and the work achieved to strengthen fire safety compliance and noted that an update will be scheduled for a future HSC meeting.

- **Lifting Operations and Lifting Equipment Regulations (LOLER):** The Committee received the Lifting Operations and Lifting Equipment Regulations (LOLER) update report which summarised the current compliance position in HDdUHB and the actions taken to address compliance below expected minimum levels. Members noted that as at May 2022, there are 31,000 devices (including 303 hoists) currently in use clinically in HDdUHB that have their maintenance managed by HDdUHB's Clinical Engineering (CE) department. The level of compliance has risen from 69% as at February 2022, to the current level of 92% which is within expectation. Compliance is consistent between areas managed by the different CE teams based across four sites. Drive have highlighted several issues relating to the testing and maintenance of hoists such as availability of hoists, restricted access to clinical areas, locating individual hoists due for testing and training and awareness. Members were pleased to note the positive working relationship with Drive, the current provider, who respond promptly to feedback and requests. The two year contract with Drive, the current contractor, will expire in January 2023, however Members were informed that the tendering process was underway. The Committee noted and received assurance from the processes in place in terms of compliance with the LOLER.
- **Major Incident Plan:** The Committee received the Major Incident Plan (MIP) which has been revised and updated to reflect the current structures, command and control mechanisms and response processes. Members were informed that a review process was undertaken via the Emergency, Preparedness, Resilience and Response (EPRR) Group which involved multidisciplinary and partner agency participation. Consultation on the review plan was undertaken with partner agencies and Welsh Government and it has been quality assured against the Welsh Government checklist that measures against the Civil Contingencies Act compliance. The report highlighted the three main areas of change within the MIP; Site changes and patient flow arrangements for all sites, Mass Casualty Incidents, a reflection of reviewed Mass Casualty Arrangements for NHS Wales and associated response structure and South Wales Major Trauma Network, a reflection of introduction of the network and impact on casualty handling and dispersal. Members were informed that the MIP has been reviewed by the Emergency Planning Group (EPG), which incorporates the three counties and the MIP is being

cascaded down to staff through the service leads at EPG meetings. The MIP will also form part of the Gold and Silver training for hospital managers and for any staff who may support a hospital coordination centre during a major incident response and through the merit nurse training which is ongoing. Members received assurance that internal measures are being progressed to ensure staff are aware of the MIP. Confirmation was provided that representation from the EPRR group is made at the Security Managers Group.

- **Policies for Approval:** The Committee received Policy 696 – First Aid at Work which had been discussed and approved by the Health and Safety Assurance Group (HASG) on 15th June 2022 and Policy 186 Business Continuity Planning Policy. The Committee approved Policy 696 First Aid at Work. The Committee approved Policy 186 Business Continuity Planning, however sought clarification in regard to how the policy aligns, links or differs to the escalation process used in acute sites.

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

- Approval of the revised Health & Safety Committee Terms of Reference, appended (reported to previous Board meeting).
- To endorse the Major Incident Plan, presented at Item 6.5.1.

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

None

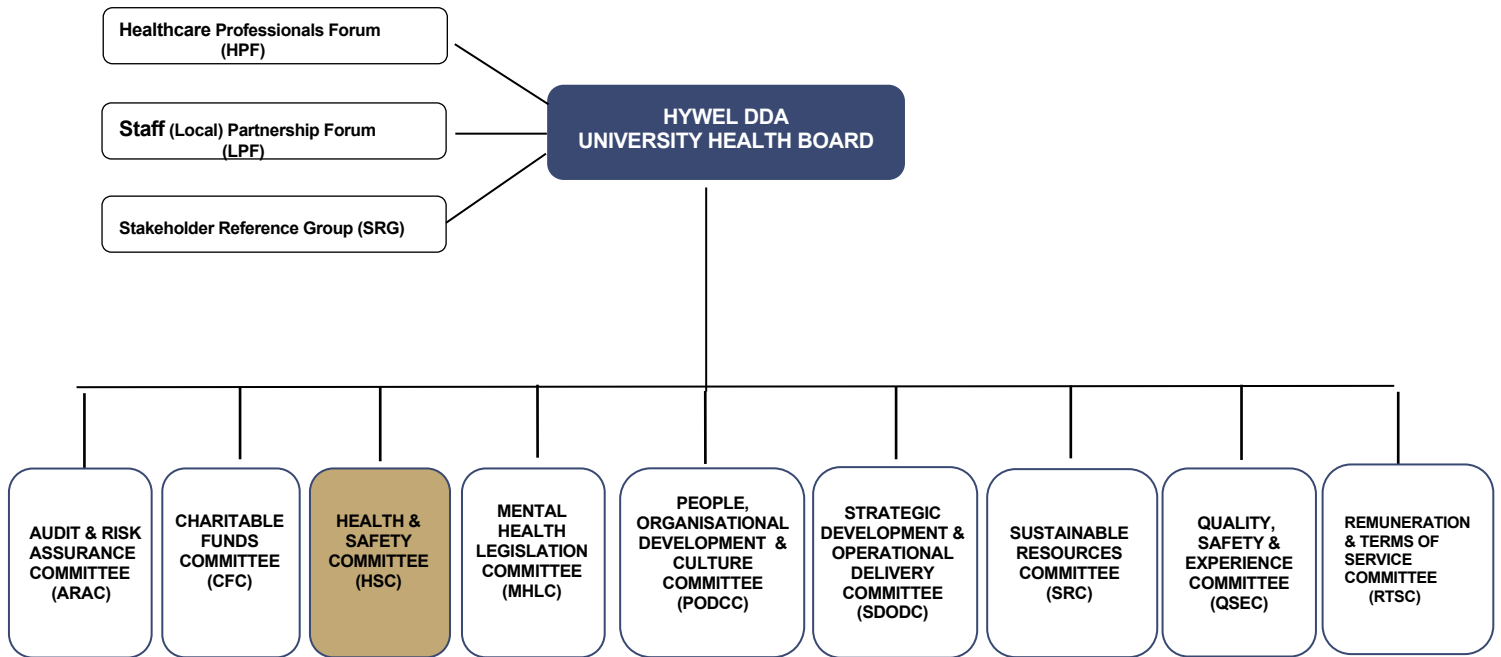
Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified above will be undertaken.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

12th September 2022



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 Assurance Committee	09.05.2022	Approved
V5	Hywel Dda University Health Board	28.07.2022	For Approval

HEALTH & 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 & 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 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 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 (see Appendix 1), in accordance with Board approved timescales, as set out in HDdUHB's Annual Plan.
- 2.6 Provide assurance to the Board that the UHB'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 cooperation 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 (~~PO 4L,3L, 4H~~).
- 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.
- 3.16 Approve organisational Health and Safety Policies, Procedures, Guidelines and Codes of Practice (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
Health Board Vice Chair (Chair)
Independent Member (TU - Vice Chairman)
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 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 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.

Future Planning Objectives Aligned to Health & Safety Committee

P.O. Ref	Planning Objective	Executive Lead
3L	<p>By March 2023 to undertake a review of the existing security arrangements within the Health Board with particular reference to strengthening the following areas:</p> <ul style="list-style-type: none"> • Physical Security • Automated locks • CCTV • Access Control Systems • Intruder Alarms • Communication Systems • Human Factors • Patient and Staff Personal Property • Local Management and staff ownership <p>Once completed, develop a plan to address any issues identified for Board approval and delivery in 2023/24 at the latest.</p>	Director of Nursing
4H	Review and refresh the Health Board's emergency planning and civil contingencies / public protection strategies and present to Board by December 2022. This should include learning from the COVID 19 pandemic. The specific requirement set out in 4.H.i will be addressed as part of this	Director of Public Health