

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 10 July 2023
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<p>Health and Safety Committee (HSC) Terms of Reference (ToR) The Committee approved the Health and Safety Committee's Terms of Reference for onward ratification by the Board on 27 July 2023.</p> <p>Health and Safety Update The Committee received a report providing an update on topical Health and Safety subjects, in particular the findings from the Health and Safety Executive (HSE) inspection programme of 2018-2022, and took assurance that work has and continues to be progressed, and improvements have been made in relation to the health and safety themes as detailed within the report. The Committee also noted the challenges to full implementation of the improvement actions agreed with the HSE.</p> <p>Concerns were raised regarding the lack of facilities for health and safety training. This will be reported to the People, Organisational Development & Culture Committee.</p> <p>Fire Safety Update Report The Committee received a report providing an update to the Health and Safety Committee (HSC) on the progress made in managing the following areas of Fire Safety:</p> <ul style="list-style-type: none"> • Fire Enforcement Notices/Letters of Fire Safety Matters • Fire Safety Management <p>Phase 1 Fire works at Withybush Hospital (WGH) has been extended by two months until the end of October 2023, and contractors have requested an extension to May 2024 for Phase 1 works in Glangwili Hospital (GGH). This is currently being reviewed by the Health Board and an update will be provided to the next meeting.</p> <p>Concerns were raised regarding a number of areas in GGH and WGH where fire safety works is taking place. It was agreed that signage informing the public of the works being undertaken would be displayed.</p> <p>The Committee acknowledged and took assurance from the content of the report and the work achieved to strengthen Fire Safety Compliance. It was also noted that further updates will be presented at future Health & Safety Committee meetings.</p> <p>Fire Safety Audit System Report 23/24 The Committee received the Annual NHS Wales Shared Services Partnership-Specialist Estates Services Fire Audit which was submitted to Welsh Government (WG) on 5 June 2023. The submission shows that on an organisational level, the Health Board is in a greatly improved position. The Committee noted the update and took assurance from the report.</p>	

Reinforced Autoclaved Aerated Concrete (RAAC) Update

The Committee received a report providing an update for the Committee on the status of RAAC planks within the Health Board Estate, with specific reference to the WGH site. It also noted the additional surveys requested by WG on the wider Property Portfolio.

Surveys are currently being undertaken, with an initial £420k funding approved from the discretionary capital fund (DCP) for the works to progress shortly. However, it is estimated that full costs across all Health Board sites could be in the region of £5m. This would exceed our DCP, and the Board will need to request support from WG.

Concerns were raised regarding the financial impact and impact on patients of RAAC as further decanting from wards will be required to complete surveys and RAAC work. A portfolio review of community sites will also be undertaken to ascertain whether they may be at risk of having RAAC. Further clarification will be sought in respect of GP practices.

Regular briefings to staff at WGH have started and will be strengthened going forward.

The Committee noted:

- The proactive action taken by the HDdUHB in relation to the risks presented by RAAC Planks.
- The additional request from WG requiring specific information on RAAC Plank lifespan and wider portfolio site checks.
- The progress to date on surveys and actions being taken to manage the risks.

Major Incident Plan

The Committee received the Major Incident Plan 2023-24 which has been subject to an annual review to demonstrate compliance with the Civil Contingencies Act. There has been no significant change to content or our approach to the response, however the review has focused on debrief reports and inquiry recommendations to ensure lessons learnt have been incorporated and strengthening our assessment and levels of response categorisation, both external and internal. The Health Board is also required to submit an annual report to WG, who have confirmed our compliance with the Act.

The main areas of change within the Major Incident Plan are:

- Review of arrangements relating to types of incident for example. internal incident; internal major incident and major incident.
- Review of plan content against recommendations and lessons identified from a range of public inquiries and debriefs (for example: WGH Internal Incident, Health Prepared Wales, Exercise Celtic Consolidation, Kerslake Report, Manchester Arena Inquiry).
- Update of contact details.
- Links to business continuity arrangements and cyber response plans.

The Committee noted the updates made to the Major Incident Plan and recommended the Major Incident Plan for onward ratification by the Board.

Lifting Operations and Lifting Equipment Regulations (LOLER) Update

The Committee received an update report on the report at the meeting held on 14 March 2022 which showed there had improvement in this area. Compliance is currently at 94.2%

across the Health Board, which is higher than the stated target of 90%. Regular meetings and improved communications are now in place with the contract supplier.

The Committee noted and took assurance from the processes in place in terms of compliance with the Lifting Operations and Lifting Equipment Regulations (LOLER).

Security Update

The Committee received a report providing an update on progress being made against the recommendations highlighted within the Security Management Review paper reported to the Committee on 6 March 2023. The corporate risk assessment (1328) has been updated and has resulted in the risk score increasing from 12 to 16 as whilst there have been some improvements, there remains some concerns relating to specific job roles, CCTV and ID badges. Discussion of this risk is restricted to In-Committee Board, due to its sensitive nature. A further update and action plan was requested at the next meeting to provide assurance on the areas raised in the meeting.

The Committee noted that work has progressed, however they were unable to take assurance at this time.

Policies and procedures for approval:

Procedure 1155: Critical Threat Level Procedure

The Committee received a framework which has been reviewed to facilitate the Health Board response to a rise in the UK Counter Terrorism Threat Level to CRITICAL.

Hywel Dda collaborated with Swansea Bay University Health Board to develop a response framework that details appropriate measures and identifies responsibilities, to ensure the Health Board can respond effectively and proportionately to a rise to a raising threat level of critical. Health organisations in Wales are asked annually by Welsh Government to confirm their response arrangements.

The Committee approved the framework for the management of the Health Board response to a rise in UK Threat level to CRITICAL.

Policy 118: Security Policy

The Committee approved the Security Policy, subject to some minor amendments (to be reviewed and approved via Chair's Action), and recommended for it to be uploaded to the HDdUHB Policy page.

Policy 145: Electrical Safety Policy

The Committee approved the revised Electrical Safety Policy for HDdUHB for three years.

Any Other Business:

Environmental Risks:

The recent walkarounds have clearly demonstrated that there is a range of environmental risks across the estate, which the Health Board is trying to manage on a day to day basis, which need to be seen and understood by Board and Committees. Further discussions will take place to understand the current level of risk and what the Health Board is willing to accept.

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

- The Board is requested to approve the Health and Safety Committee Terms of Reference, attached at Appendix 1.
- The Board is requested to ratify the Major Incident Plan (Item 7.4.1).

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

The Health and Safety Committee highlights the following risks/concerns to the Board:

- Training facility provision within Hywel Dda and its impacts which will be reported to the People, Organisational Development and Culture Committee.
- Concerns in respect to the financial impact and impact on patients from the disruption of RAAC survey and remedial works at WGH.
- Further work to improve communication with the public on the estates works being undertaken at GGH.
- Security and CCTV provision at HDdUHB hospitals.

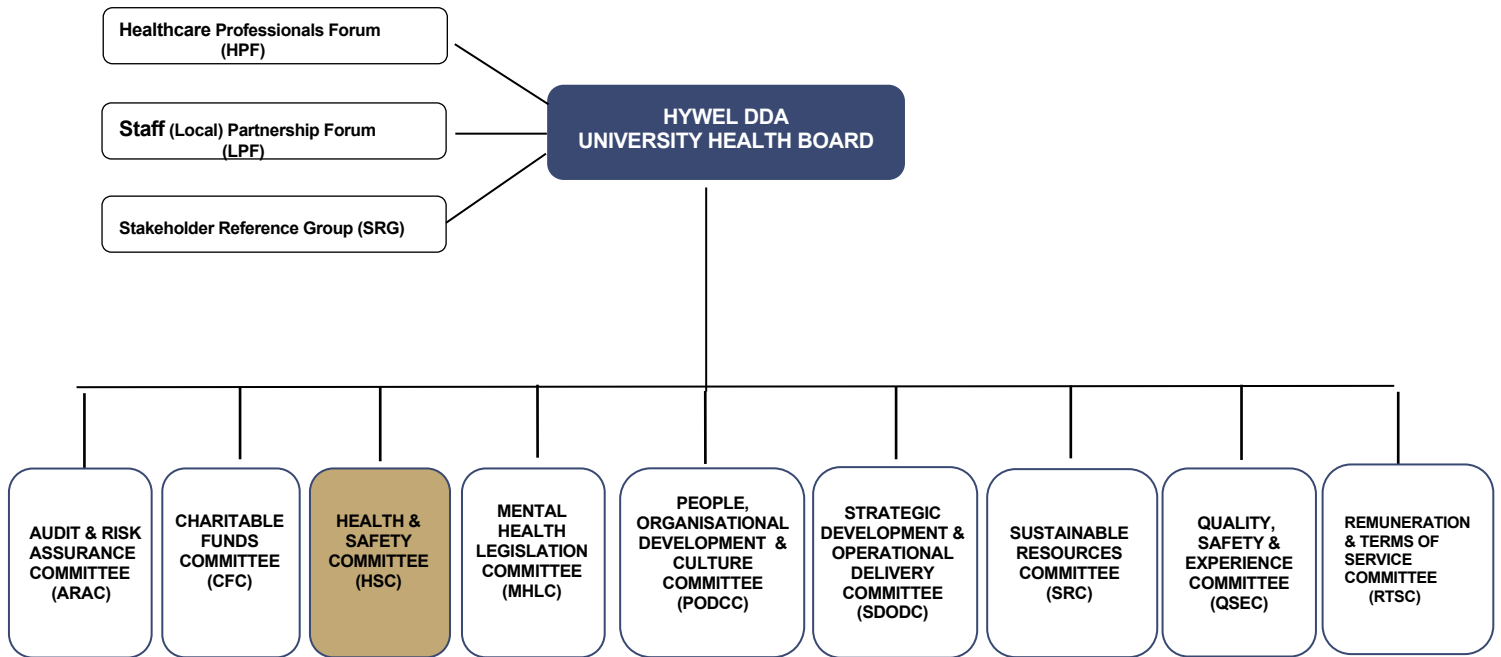
**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf /
Planned Committee Business for the Next Reporting Period:**

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:

Monday 11 September 2023



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
V6	Hywel Dda University Health Board	28.07.2022	Approved
V7	Health & Safety Assurance Committee	10.07.2023	Approved
V7	Hywel Dda University Health Board	27.07.2023	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 The Health & Safety Committee has been established as a formal Committee of the HDdUHB 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 (~~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 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.
- 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 Chair)
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
Director of Public Health
Assistant Medical Director
Director of Corporate Governance /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 Chair or Vice-Chair of the Committee, and one other Independent Member, together with a third of the In Attendance Members.
- 5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the 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 Chair of the Health & Safety Committee.
- 5.9 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/ or the Vice Chair, 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 seven** working 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 **five seven** working 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 **five seven** working days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

7. In Committee

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

8. Frequency of Meetings

- 8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair 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 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 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 **Director of Corporate Governance**/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any sub-committees established.

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.

Appendix 1

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	<p>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</p>	Director of Public Health