

Enw'r Pwyllgor / Name of Committee	Health and Safety Committee
Cadeirydd y Pwyllgor/ Chair of Committee:	Ann Murphy, Independent Member
Cyfnod Adrodd/ Reporting Period:	04 March 2024
Y Penderfyniadau a'r Materion a Ystyriodd y Prif Bwyllgor / Key Decisions and Matters Considered by the Main Committee:	
<p><u>Health and Safety Committee Terms of Reference (ToR)</u></p> <ul style="list-style-type: none"> • An updated ToR was brought to Committee for approval. Changes have been made to the membership, agenda and papers section. • The Committee approved the ToR. • The Health and Safety Committee ToR is included at Appendix 1 for the Board's approval. <p><u>Committee Self-Assessment Outcomes Report</u></p> <ul style="list-style-type: none"> • A report was submitted summarising the outcome of the Committee self-assessment process, following feedback from Members, in-attendance Members and Auditors. • As set out in Standing Orders, the Committee is required to undertake a rigorous and self-assessment of its operations and performance. • The results of the digital form were analysed, along with a review of matters escalated to the Board, feedback from Independent Member (IM) reflective sessions, and any auditor/regulator feedback over past 12 months, to assess what the Committee had been good at and the analysis was discussed with the Committee Chair and Executive Lead, and what it had been less effective at. • An action plan has been developed and an update on progress will be brought back to Committee in six months. <p><u>Health and Safety Update</u></p> <ul style="list-style-type: none"> • A health and safety update report was submitted including specific details on cable management regarding medical devices on beds, the development of safety culture training and continuing work to reduce the risk of harm associated with the use of super-absorbent polymer gel. • The report highlighted that concerns have been raised by the Trade Union Health and Safety Group over the lack of electrical safety training in Hywel Dda University Health Board (HDdUHB). The Committee directed the Health and Safety team to work with the Learning and Development to take this matter forward alongside all other training requests. • The Committee felt that the report did not provide sufficient information on how the risks detailed within the paper were being mitigated and requested the paper to be amended and brought to the next meeting. • The Committee were unable to take assurance from the paper and therefore noted work undertaken. 	

Fire Safety Update Report

- The enforcement notice for Worthybush Hospital (WGH) Phase 1 has been lifted and will no longer be included in the fire safety update reports.
- The Business Justification Case for the scheme of approximately £23m was submitted to the Strategic Development and Operational Delivery Committee (SDODC) on 29 February 2024. and will be considered at Board on 28 March 2024. It will then be submitted to Welsh Government (WG) for scrutiny in April 2024.
- The Phase 1 work programme has now been approved for Glangwili Hospital (GGH), with work expected to be completed by November 2024.
- For Phase 2 work in GGH, it is expected that WG will require a similar approach to WGH Phase 2.
- Level 1 and Level 3 fire safety training is performing well with 85% and 88% compliance respectively. However, Level 2 fire safety training remains an issue with 59% compliance. The Director of Secondary Care has been supportive of how Level 2 training will be addressed, as it is predominantly Clinical Staff across the Health Board acute sector who have yet to attend and has requested the teams attending the training.
- It was pleasing to note the position regarding the completed Fire Risk Assessment (FRA) however the Committee requested more information in regard to the actions required by the FRAs and how many were outstanding etc. The Committee requested this information be brought back to the next meeting.
- The Committee were concerned that no progress had been made since the last meeting and noting Members would expect to see a plan from the directorates that clearly sets out what the trajectory and plan is to achieve compliance. The Committee request a report of this nature be provided to the next Committee alongside an oversight of the governance of how this is being managed within operational services. The Committee needs assurance that the Health Board is balancing patient safety and patient care along with its statutory responsibility.
- The Committee were unable to take assurance from the paper and therefore noted the content of the report.

Reinforced Autoclaved Aerated Concrete (RAAC) Update

- The capital planning for spend in 2023/24 and 2024/25 has been fully agreed with Welsh Government. The detailed planning of the work for 2023/24 is under way with the general management team at WGH.
- Work on Wards 8 and 10 in WGH will be completed approximately within the next week.
- It was clarified that RAAC has not been removed, remediation repairs have been made to the planks.
- A programme of inspections of work completed to date has been agreed. There will be a cost of £300k a year to the Health Board for inspections. The need for future inspections will be determined by what we find in the first inspection.

- Engineers have stated that the Health Board can ‘expect’ further deterioration over the years.
- It is estimated that the maintenance team will spend a further £70k a year due to RAAC, mainly due to access system such as mechanical lifts and specialist scaffolding to avoid operatives adding load to RAAC affected roofs.
- Risks going forward cover four areas:
 - Closed off areas (these are now only small areas)
 - Propped and in use areas (these have been signed off by structural engineers. There will be weekly sign offs on the safety of the props.)
 - Constructions works underway (these areas are contractor access only.)
 - Remediated (these areas have returned to full use.)

The Committee requested that future reports focus on Health and Safety issues and concerns rather than on the financial consequences which are dealt with elsewhere.

Estates Low Voltage (LV) Electricity Compliance Update

- A multidisciplined Electrical Safety Group has been established, for the Health Board to discuss and manage electrical safety.
- Authorised Persons (APs) have been trained and appointed at each site.
- A health board wide LV electrical safety policy has been developed and implemented.
- Total regulations completed to date has increased from 29 to 51, however it will need to be increased to 90. There is an action plan in place for achieving this.
- The Committee felt that the report did not provide sufficient information on how the risks detailed within the paper were being mitigated and requested the paper to be amended and brought to the next meeting. Furthermore, the table within the paper did not provide assurance on actions implemented and those outstanding, the Committee requested this be fully updated and brought to the next meeting.
- The Committee were unable to take assurance from the paper and therefore noted the work undertaken.

Bariatric Compliance (Manual Handling Operations Regulations 1992)

- A review of the heavy patient pathway has been undertaken, reviewing how the Health Board is managing those particular patients and the equipment that is available for caring for the heavier patient.
- An action plan has been produced detailing progress made to date and outlines actions either under way or planned to ensure that the Health Board is compliant with the Manual Handling Operations Regulations 1992, specifically in relation to people with higher body weights.
- One of the problems identified for the Health Board is the availability of equipment for patients. A library of Health Board heavy patient equipment is being developed which would be available to staff quickly. Where equipment

is not available within the Health Board, a contract has been put in place with an external provider.

- An audit on this work will look into whether there a correlation between lack of risk assessment of moving heavy patients, and workforce data on staff sickness due to lifting.

Policies For Approval:

The Committee:

- Approved Policy 393: Confined Space and Restricted Access Policy
- Extended Policy 258: Waste Management Policy

Materion Allweddol a Ystyriwyd gan y Pwyllgor Mewnol: Key Matters Considered by the In-Committee:

- The In-Committee discussed point of ligature risks and security management within the Health Board.

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

- The Board is requested to approve the updated Terms of Reference for the Health and Safety Committee, included as Appendix 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:

- The Committee was unable to take assurance from a number of reports including:
 - Health and Safety update
 - Fire safety update
 - Low Voltage (LV) Electricity Compliance Update

The Committee requested that the reports are amended and brought back to the next Committee meeting in May 2024. If the Committee is still unable to take assurance, the reports will be escalated to Board.

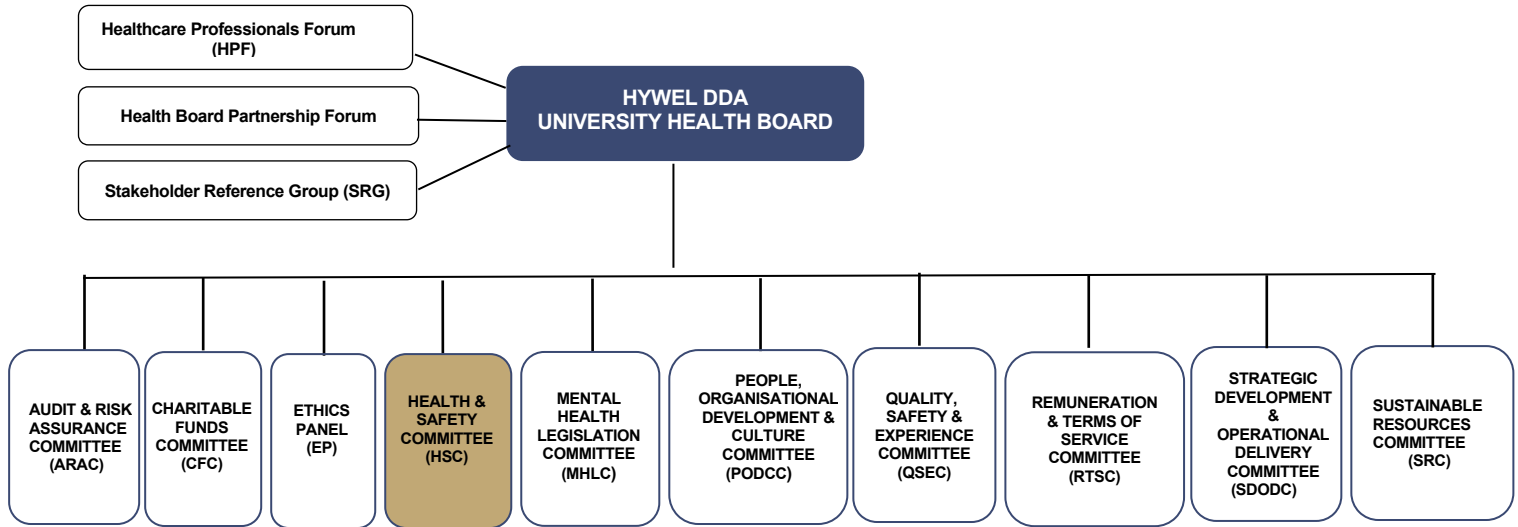
Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

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:

Tuesday 07 May 2024



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	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.
- 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:

4.2

Member
Health Board Vice Chair Independent Member (Chair)
Independent Member (TU – Vice Chair)
Independent Member
Independent Member

The following should attend Committee meetings:

In Attendance	
	Director of Nursing, Quality & Patient Experience (Lead Director)
	Director of Operations
	Director of Public Health
	Director of Therapies & Health Science
	Assistant Director of Nursing (Assurance and Safeguarding)
	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
	Head of Occupational Health
4.3	Staff-Side Representative (Health and Safety)

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 (Director of Nursing, Quality & Patient Experience)** at least **six 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 **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 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 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.