

COMMITTEE UPDATE REPORT/ ADRODDIAD DIWEDDARU'R PWYLLGOR HEALTH AND SAFETY COMMITTEE

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 12 November 2024

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Ann Murphy, Chair

KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

Alert¹ (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

There are no matters to **alert** members of Board on this occasion.

Advise² (to monitor)/ **Cynghori** (i fonitro)

The Health and Safety Committee (HSC) wish to **advise** members of Board that:

- Limited assurance was received from the **Analysis of sharps incidents Report (financial year 2023-24 and financial year 2024-25 (up to 31/08/24))**. Where sharps incidents occur, affected persons are provided with treatment appropriately and follow up actions are undertaken; however, there is some evidence showing an increasing trend in numbers of needle stick incidents. This will be discussed further at the next Sharps Safety Group (due to be reconvened) which will report to the new Health and Safety Sub-Committee.
- The **Prince Philip Hospital – Temporary Traffic Control Issues Report** was unable to provide the Committee with assurance on the safety of patients and staff due to the current traffic control measures in place, which also continue to adversely impact traffic accessing the hospital site. A response is awaited from Carmarthenshire County Council on the concerns raised by the Health Board.

Assure³ (to note)/ **Sicrhau** (i nodi)

The HSC wish to **assure** Members of Board that:

- Changes have been made to the **HSC Terms of Reference**. Approval is sought, with the understanding that membership of the group is under review.
- Good progress has been made against the actions detailed as part of the process to improve the Committee's effectiveness in the **HSC Self-Assessment Outcome Report 2023/24 Progress Update**.

¹ There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

² There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

- The **Operational Risks Assigned to Health and Safety Committee Report** was scrutinised, with assurance provided that relevant controls and mitigating actions are in place to address these risks.
- The **Health and Safety Update** provided assurance that information on security and manual handling has been via 'seven-minute briefings', and that concerns raised by Trade Union Representatives in respect of water coolers have been addressed.
- The **Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR) – 6 Monthly Update** indicated that the Health Board is operating in compliance with RIDDOR, however there are some areas identified for improvement, which will be raised at directorate governance/quality and safety meetings.
- Many recommendations have been completed, including high risk items in respect of the **Estates Low Voltage (LV) Electricity Compliance**; however, remaining medium and high-risk items are linked to major infrastructure works and electrical schematics.
- The **Fire Safety Audit System Report (Boris)** is now in place to manage and escalate fire safety risks from fire risk assessments. It was agreed that a bi-annual update report will be brought to HSC meetings moving forward, with additional updates reported through the sub-committee by exception.
- There was improved compliance with **Estates and Facilities Welsh Health Technical Memorandum's (WHTM's)** with the challenges noted which are impacting progress of remaining actions including delays in Authorised Person appointments following staff completion of training.

Review of Risks/ Adolygiad o Risgiau

The Committee reviewed the corporate risks which are aligned to it. As part of its review, the Committee considered the status of each risk and the current score of each risk.

Sharing of learning/ Rhannu dysgu

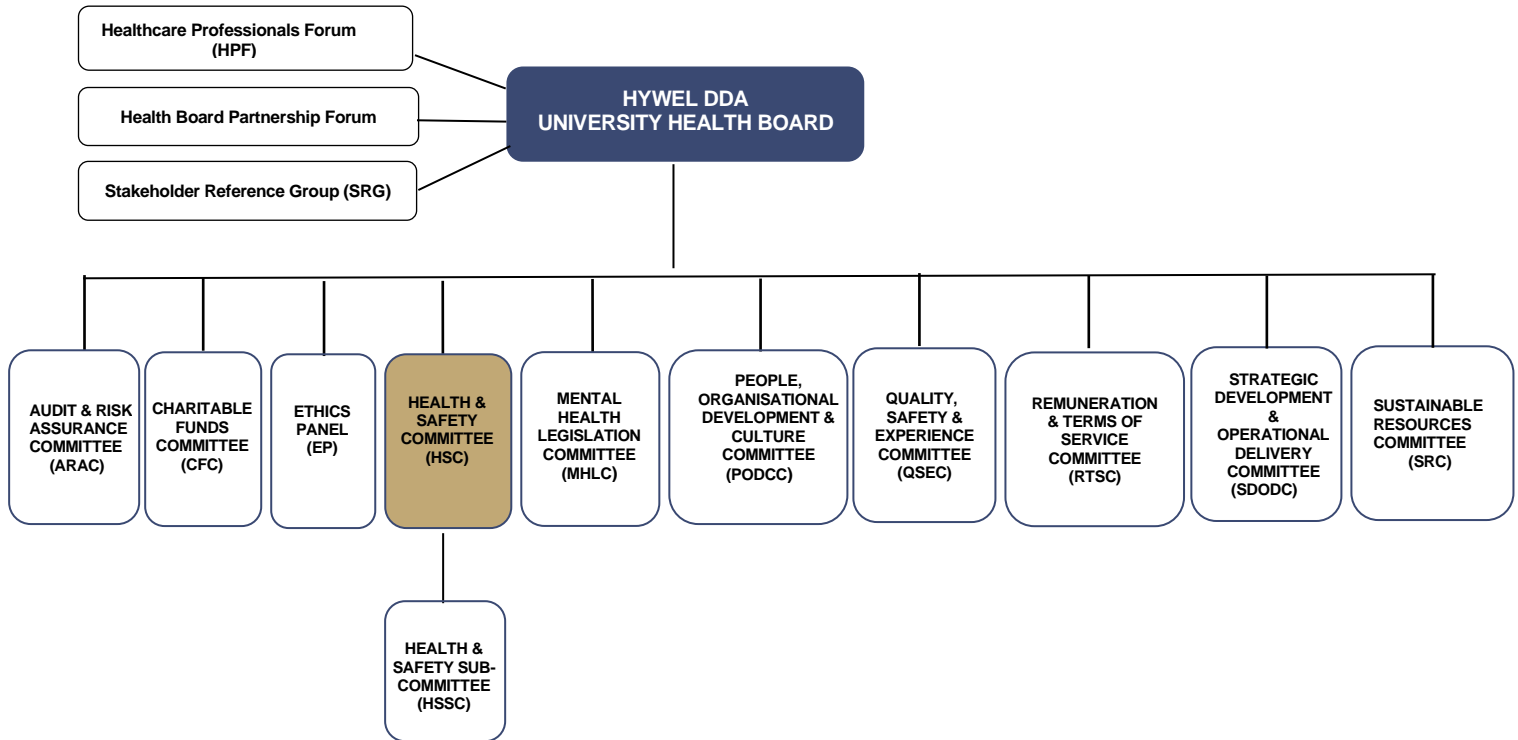
Not applicable

Recommendation/ Argymhelliad

The Board is asked to **APPROVE** the Health and Safety Committee Terms of Reference (appended).

The Board is asked to **note** the items the Committee is advising them of and **take assurance** from the items that the Committee is providing assurance on.

Agenda, papers and minutes are available on our website/ Mae agenda, papurau a chofnodion ar gael ar ein gwefan: [Health and Safety Committee](#)



HEALTH & SAFETY COMMITTEE

TERMS OF REFERENCE

Version	Issued to:	Date	Comments
V1	Hywel Dda University Health Board	26.03.2020	Approved
V1	Health & Safety Assurance Committee	14.05.2020	Approved
V2	Health & Safety Assurance Committee	17.02.2021	Reviewed
V3	Health & Safety Assurance Committee	08.03.2021	Approved (Chair's Action)
V3	Hywel Dda University Health Board	25.03.2021	Approved
V4	Hywel Dda University Health Board	29.07.2021	Approved
V5	Health & Safety Committee	09.05.2022	Approved
V6	Hywel Dda University Health Board	28.07.2022	Approved
V7	Health & Safety Committee	10.07.2023	Approved
V7	Hywel Dda University Health Board	27.07.2023	Approved
V8	Health & Safety Committee	04.03.2024	Approved
V8	Hywel Dda University Health Board	28.03.2024	Approved
V9	Health & Safety Committee	12.11.2024	Approved
V9	Hywel Dda University Health Board	28.11.2024	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:

Member
Independent Member (Chair)
Independent Member (Vice Chair)
Independent Member
Independent Member

4.2 The following should attend Committee meetings:

In Attendance
Executive Director of Allied Health Professions and Health Science (Lead Director)
Executive Director of Nursing, Quality & Patient Experience (Lead Director)
Chief Operating Officer
Director of Public Health
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
Staff-Side Representative (Health and Safety)

4.3 Membership of the Committee will be reviewed on an annual basis.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than two of the membership and must include as a minimum the Chairman or Vice-Chairman of the Committee, and one other Independent Member, together with a third of the In Attendance Members.
- 5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by Welsh Government.
- 5.3 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.
- 5.4 The Committee may also co-opt additional independent external "experts" from outside the organisation to contribute to specialised areas of discussion.
- 5.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place subject to the agreement of the Chair.
- 5.6 The Chair of the UHB reserves the right to attend any of the Committee's meetings as an ex officio member.
- 5.7 The Chair of the Health & Safety Committee shall have reasonable access to Directors and other relevant senior staff.
- 5.8 The Head of Internal Audit shall have unrestricted and confidential access to the Chairman of the Health & Safety Committee.
- 5.9 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/ or the Vice Chair, and the Lead Director (~~Director of Nursing, Quality & Patient Experience~~ **Executive Director of Allied Health Professions and Health Science**) at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year and requests from Committee members. Following approval, the agenda and timetable for papers will be circulated to all Committee members.
- 6.3 All papers must be approved by the Lead/ relevant Director.
- 6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.
- 6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and action log will be circulated to members within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chairman for approval.

7. In Committee

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

8. Frequency of Meetings

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

9. Accountability, Responsibility and Authority

- 9.1 Although, as set out within these terms of reference, the Board has delegated authority to the Committee for the exercise of certain functions, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.
- 9.2 The Committee will be accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

- 9.4 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

- 10.1 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint/sub committees and groups to provide advice and assurance to the Board through the:
- 10.1.1 joint planning and co-ordination of Board and Committee business;
 - 10.1.2 sharing of information.
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Committee may establish **sub-committees**/groups or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each **sub-committee** or group's meetings detailing the business undertaken on its behalf. **The Sub-Committee reporting to this Committee is:**
- 10.3.1 Health & Safety Sub-Committee**
- 10.4 The Committee Chair, supported by the Committee Secretary, shall:
- 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report as well as the presentation of an annual report within 6 weeks of the end of the financial year;
 - 10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.
 - 10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive, or Chairmen of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.
- 10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any sub-committees established.

11. Secretarial Support

- 11.1 The Committee Secretary shall be determined by the Director of Corporate Governance/Board Secretary.

12. Review Date

- 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.