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Swansea Bay University
Health Board



		Agenda Item	2.2 (iv)
Freedom of Information Status		Open	
Reporting Committee	Health and Safety Committee		
Author	Liz Stauber, Corporate Governance Manager		
Chaired by	Maggie Berry, Independent Member		
Lead Executive Director (s)	Gareth Howells, Director of Nursing and Patient Experience		
Date of last meeting	03 June 2019		
Summary of key matters considered by the committee and any related decisions made.			
<ul style="list-style-type: none">• Future Governance Arrangements – members noted that discussions had taken place within the health and safety team as to ways in which to improve communications and the reporting structure had been clarified, with three tiers of accountability; assurance, corporate and operational. As part of the work, a toolkit for the units had been established to standardise governance arrangements which included agenda, report and terms of reference templates. In addition, a health and safety risk register for each of the units was to be established.			
Key risks and issues/matters of concern of which the board needs to be made aware:			
<ul style="list-style-type: none">• Review of Non-Service Delivery Unit: Hotel and Support Services – as the services comprised many different departments, each with their own health and safety risks, they needed to integrate in to the relevant unit structures. It was noted that the service was an outlier for statutory and mandatory training but compliance had improved from 19% to 50% and five trainers had been allocated to increase it further as well additional PCs purchased.• Review of Service Delivery Unit: Mental Health and Learning Disabilities – members received an update as to health and safety matters within the unit and it was noted that there were concerns about the usage of the child and adolescent mental health service (CAMHS) bed on an adult ward at Neath Port Talbot Hospital. A report was to be shared with the Quality and Safety Committee.			
Delegated action by the committee:			
<ul style="list-style-type: none">• Health and Safety Plan 2019-20 – was approved subject to a review of timescales, some of which members felt were too broad, while others did not match with the risk register.• Risk Register – the revised version was approved.• Terms of Reference – the revised terms of reference were approved (appendix one) subject to minor amendments to the membership. It was also agreed that Reena Owen would take on the role of the committee's vice-chair.• Committee Annual Report – the committee approved its annual report, subject to minor changes.			

Main sources of information received:	
<ul style="list-style-type: none"> • Personal Injury Files - a report in this regard was noted with no significant issues raised. • COSHH - the findings of an internal audit of COSHH (control of substances hazardous to health) were considered. 	
Highlights from sub-groups reporting into this committee:	
<ul style="list-style-type: none"> • Health and Safety Operational Group – a report outlining matters considered by the group was noted with no significant issues raised. 	
Matters referred to other committees	
No matters were referred to other committees.	
Date of next meeting	2 nd September 2019.



Health and Safety Committee Annual Report 2018-19



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Chair's Foreword

Members were pleased to see the establishment of a board-level Health and Safety Committee as this is a critical area for the health board, and it is essential that there is an appropriate mechanism by which to seek assurance.

The main focus of 2018-19 has been to put in place the governance arrangements for the committee itself, starting with its terms of reference and work plan for the year, which were agreed in April 2019, and identified the key areas of concern on which to focus. Fundamental to our board-level work, the health and safety commits within the units feed regularly into the health and safety operational group that has a standing item on the Health and Safety Committee agenda. This oversight helps us maintain a rounded focus on health and safety issues across Swansea Bay University Health Board.

An integral development has been the health and safety risk register, now a standing agenda item. In addition, the units, as well as two non-delivery units, hotel services and estates, are asked to attend once every 18 months to provide an update as to their health and safety arrangements, with consideration being given to extending this to include headquarters.

November 2018 saw the UK-wide inspection by the Health and Safety Executive of 40 organisations in relation to violence and aggression and manual handling, for which the health board was the only one in Wales chosen. This resulted in nine immediate enforcement notices and the action plan to address these has been the committee's focus for the latter half of the year. This will remain the case as we progress into 2019-20, alongside and in addition to regular committee functions.

Maggie Berry
Chair of the Health and Safety Committee

1. Introduction

The board-level Health and Safety Committee was established in April 2018. Prior to this, the arrangements in place considered the operational detail as opposed to governance and scrutiny.

The purpose of the Health and Safety Committee is to:

“Advise and assure the board and the accountable officer on whether effective arrangements are in place to ensure organisational wide compliance of the health board’s health and safety policy, approve and monitor delivery against the health and safety priority action plan and ensure compliance with the relevant standards for health services in Wales.

“This will be achieved by encouraging strong leadership in health and safety, championing the importance of a common sense approach to motivate focus on core aims distinguishing between real and trivial issues.”

During 2018-19, the committee met its responsibility by fulfilling its role as outlined in its terms of reference, and through the delivery of its work programme. The annual report summarises this.

2. Committee Structure

The membership of the committee during 2018-19 comprised:

Independent Members

- Martyn Waygood, independent member (committee chair until January 2019);
- Maggie Berry, independent member (committee chair from January 2019);
- Jackie Davies, independent member;
- Reena Owen, independent member (from March 2019).

Executive Directors

- Siân Harrop-Griffiths, Director of Strategy (lead executive until December 2018);
- Gareth Howells, Director of Nursing and Patient Experience (lead executive from December 2018);
- Chris White, Chief Operating Officer;
- Hazel Robinson, Director of Workforce and Organisational Development (OD);
- Sandra Husbands, Director of Public Health.

Meetings were also attended by Pam Wenger, Director of Corporate Governance, as well as Joanne Jones, Head of Support Services, Laurie Higgs, Head of Health and Safety, Des Keighan, Assistant Director of Strategy (estates) and staffside representatives Nigel Hill and Steve Davies.

Committee support in terms of the circulation of the meeting papers and minute taking was undertaken by the corporate governance function to ensure continuity with other board committees. The secretary to the committee was Liz Stauber,

committee services manager.

The terms of reference required the committee to meet four times a year and this was achieved. While the committee met March 2019, the committee chair took the decision to defer all the papers, with the exception of the units' reports and the in-committee session, given that they were circulated outside of normal timescales. An additional meeting was scheduled for April 2019 to receive these reports.

3. Reports Received

The committee's first meeting took place in April 2018, at which it agreed its work plan for the rest of the year. This was also the opportunity for it to agree its terms of reference and consider a position statement which set out the current health and safety improvement plan and its status. Members also considered the first iteration of the health and safety risk register. Following this meeting, the work plan was used to develop a structured agenda for subsequent ones, at which the following reports were received:

- **Unit Reports**

Each delivery unit is invited to the Health and Safety Committee across a rolling 18-month programme to outline its health and safety targets and plans to improve. The reports are not limited to service units, as included within the programme are facilities and estates, as well as the corporate function following a discussion in August 2018. Guidelines were developed with the chair of the committee early in its tenure to advise units what was required of their reports and these are at appendix one for information. During 2018-19, updates were received from:

- Singleton Hospital;
- Morriston Hospital;
- Princess of Wales Hospital;
- Neath Port Talbot Hospital;
- Primary Care and Community Services Unit.

- **Health and Safety Annual Report 2017-18**

In August 2018, the committee considered a draft version of the health and safety annual report which outlined the progress against plan for the year. This had been established in response to an internal audit and was the third iteration after 2016-17 and 2017-18. Following comments received both during and outside of the meeting, the report was updated and the final version agreed in December 2018.

- **Internal Audit Reports**

Members received audit reports outlining the findings of the following reviews:

- Fire safety (internal audit);
- Health and safety review (internal audit);
- Fire audit follow-up (internal audit); and
- Fire audit (NHS Wales Shared Service Partnership).

Assurance was provided that action plans were to be developed to address the recommendations in the report and updates would be provided as to the findings of future follow-ups.

- **Health and Safety Risk Register**

The health and safety risk register was a standing item on the committee's agenda and was received at each meeting, which provided members with an opportunity to scrutinise the highest scoring risks, but also to suggest ways in which the register could be developed to provide further assurance.

- **Operational Group Minutes**

The previous health and safety committee was refreshed as an operational group and forms part of the committee's sub-structure. As such, the minutes of the meeting were shared for information. This is to be developed further for 2019-20 with a key issues report submitted summarising the discussions.

- **Health and Safety Plan 2018-19 Status Updates**

Regular reports were received by the committee as to progress against the health and safety plan for 2018-19. It was agreed that a formal 'close down' of this plan was needed in early 2019-20 and any outstanding issues would be carried forward to the new plan.

- **Planning for Health and Safety Plan 2019-20**

The committee was kept sighted on the work to develop an improvement plan for 2019-20, which was received for consideration in March 2019, but subsequently deferred to April 2019.

- **Radon Gas Monitoring Review**

A verbal report was received advising that following a discussion at the operational group, monies had been agreed for the estates facility to complete the radon gas monitoring review over a three-year programme. Regular updates were provided as to the work to determine the priority orders.

- **Review of Fire Safety at Singleton Hospital**

Members were kept apprised of the work in relation to fire safety at Singleton Hospital. Assurance was provided that plans were in place should a fire occur to ensure the safety of patients and staff.

- **Control of Substances Hazardous to Health Position (COSHH)**

A report providing an update in relation to COSHH was received and noted, with no significant issues raised.

4. Health and Safety Executive

During November 2018, the health board received a visit from the Health and Safety Executive (HSE) as part of a UK-wide inspection of violence and aggression and manual handling. The inspectors had met with ward and departmental managers as well as health and safety representatives and also took the opportunity to enquire about other areas of interest, such as fire. While some areas of good practice were highlighted, so were areas of required improvement, in addition to nine enforcement notices which required attending by 10th September 2019. The committee was provided with informal feedback from the visit at its meeting in December 2018, with the formal recommendations outlined as part of in-committee reports to its March 2019. Following this, a detailed action plan was to be developed with progress

monitored by the committee during 2019-20.

5. In-Committee Session

In addition to the public sessions of the committee, some of the meetings had private sessions during which legal, sensitive or commercially sensitive issues were discussed. These included updates with regard to the cladding at Singleton Hospital and general HSE visits, in addition to the violence and aggression and manual handling specific inspection.

6. Conclusion

This report demonstrates that the committee fulfilled its responsibilities through the reports it had received during the year from various services and sources.

Units' attendances at the Health and Safety Committee

Each delivery unit is invited to the Health and Safety Committee once a year to outline its health and safety targets and plans to improve in the coming months.

Units are asked to include details of any risk register entries which score more than 16 and the actions in place to mitigate these risks. The governance structures the units have in place to manage health and safety also need to be detailed.

In addition, the report should include performance against and actions to improve:

- Falls;
- Pressure ulcers;
- Sharps injuries.

As well as:

- Relevant mandatory training
- Violence and aggression;
- Lone workers (where relevant).

Units are asked to address the following within the report:

- What do you consider to be the three wards/clinical areas which give you the greatest cause for concern? Why? What actions are you taking to address these concerns? When do you expect an improvement and how will this manifest itself?
- What do you consider to be the three wards/clinical areas which give you the greatest level of assurance? Why? What actions are you taking to spread the good practice you have identified in these areas?

The report is to be submitted to the corporate governance team for circulation at least 10 days in advance of the meeting. Please do not embed documents or appendices; these needed to be attached separately.

No more than three people (including at least the service director, unit medical director **or** unit nursing director) should attend the meeting to present the report, which should be assumed as read and you'll have **five minutes** in which to highlight key points. After this, those in attendance will have an opportunity to ask questions.

Presentations will only be accepted in exceptional circumstances. And as such, must be agreed with the meeting chair in advance, via the corporate governance team, and provided alongside the report for attendees to consider prior to the meeting. It is not acceptable to arrive at a meeting and expect to present slides without such agreement.



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Health and Safety Committee Terms of Reference

1. INTRODUCTION

The Swansea Bay University Health Board standing orders provide that:

“The board may and, where directed by the Welsh Government must, appoint committees or sub-committees of the board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the board in the exercise of its functions. The board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”.

In line with standing orders (3.4.1) and the health board’s scheme of delegation, the board shall nominate annually a committee to be known as the Health and Safety Committee. The detailed terms of reference and operating arrangements set by the board in respect of this committee are set out below.

The organisation has a statutory obligation by virtue of the Health and Safety at Work Act 1974 (Section two sub-section seven) to establish and maintain a Health and Safety Committee:

“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 his employees and such other functions as prescribed”.

2. PURPOSE

The purpose of the Health & Safety Committee (“the Committee”) is to:

- Advise and assure the board and the accountable officer on whether effective arrangements are in place to ensure organisational wide compliance of the health board’s health and safety policy, approve and monitor delivery against the health and Safety priority action plan and ensure compliance with the relevant standards for Health Services in Wales.
- This will be achieved by encouraging strong leadership in health and safety, championing the importance of a common sense approach to motivate focus on core aims distinguishing between real and trivial issues.

Where appropriate, the committee will **advise** the board and the accountable officer on where and how, its health and safety management may be strengthened and developed further.

3. DELEGATED POWERS AND AUTHORITY

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;
- Premises health and safety;
- Violence and aggression (including security strategy);
- Fire safety;
- Risk assessment;
- Manual handling;
- Health, welfare, hazard substances, safety environment;
- Patient health and safety – patient falls, patient manual handling;
- Staff healthy lifestyle / health promotion activities;
- Water safety
- Staff health and well-being

The committee will support the board with regard to its responsibilities for health and safety:

- approve and monitor implementation of the annual health and safety priority action plan;
- review the comprehensiveness of assurances in meeting the board and the accountable officer's assurance needs across the whole of the health board's activities, both clinical and non clinical;
- the consideration and approval of policies as determined by the board.

To achieve this, the committee's programme of work will be designed to provide assurance that:

- objectives set out in the health and safety priority action plan 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;
- Robust proactive and reactive health and safety plans are in place across the health board;
- policy development and implementation is actively pursued and reviewed
- where appropriate and proportionate Health and Safety incidents 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;
- employee health and wellbeing activities are in place in line with the UHB commitment to be a public health practicing organisation and corporate health standards;
- assurance can be taken in relation to migrating health and safety risks;
- employee Health and safety competence and participation is promoted;
- decisions are based upon valid, accurate, complete and timely data and information.

Authority

The committee is authorised by the board to investigate or have investigated any activity within its terms of reference. In doing so, the committee shall have the right to inspect any books, records or documents of the health board relevant to the committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

The committee is authorised by the board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

Access

The chair of the Health and Safety Committee shall have reasonable access to executive directors and other relevant senior staff.

The ~~head of~~executive lead for health and safety shall have unrestricted access to the chair of the Health and Safety Committee

Sub Committees

The committee may, subject to the approval of the Board, establish subcommittees or task and finish groups to carry out on its behalf specific aspects of committee business.

There are no formal sub-committees of the Health and Safety Committee but the committee will receive ~~copies of the minutes of the~~reports from the operational health and safety group as part of its assurance framework.

4. MEMBERSHIP

Members

The membership shall comprise:

Chair: Independent member of the Board.

Vice Chair: Independent member of the Board.

Members: a minimum of one other Independent member of the board, Director of Nursing and Patient Experience (Lead Executive); Director of Workforce and Organisational Development; Director of Public Health; Director of Workforce and Organisational Development; Director of Therapies and Health Sciences; Director of Corporate Governance / Board Secretary.

Attendees

Assistant Director of Health and Safety
Head of Health and Safety
Assistant Director of Strategy Capital Planning
Assistant Director of Strategy (Estates)
Head of Support Services
Three staffside representatives; Unite, Unison and Royal College of Nursing.

Invitation

The committee chair may extend invitations to appropriate persons to attend committee meetings as required from within or outside the organisation who the committee considers should attend, taking account of the matters under consideration at each meeting.

Secretariat

Secretary: as determined by the Director of ~~Strategy~~Corporate Governance/Board Secretary

Member Appointments

The membership of the committee shall be determined by the board, based on the recommendation of the health board's chair - taking account of 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.

Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the board, based upon the recommendation of the health board's Chair.

Support to Committee Members

The Director of Corporate Governance (Board Secretary), on behalf of the committee chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members in conjunction with the Director of Workforce and Organisational Development.

5. COMMITTEE MEETINGS

Quorum

At least two Independent Members.

Frequency of Meetings

Meetings shall be held no less than four times per year and otherwise as the chair of the committee deems necessary – consistent with the health board's annual plan of board business.

Withdrawal of individuals in attendance

The committee may require 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. RELATIONSHIPS AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES / GROUPS

Although the board has delegated authority to the committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens. The committee is directly accountable to the board for its performance in exercising the functions set out in these terms of reference.

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:

- joint planning and co-ordination of board and committee business; and
- sharing of information

in doing so, contributing 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.

The Committee shall embed the health board's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

The committee chair shall:

- report formally, regularly and on a timely basis to the Board on the committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports, as well as the presentation of an annual report;
- bring to the Board's specific attention any significant matters under consideration by the committee;
- ensure appropriate escalation arrangements are in place to alert the health board's Chair, Chief Executive or Chairs of other relevant committees of

any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the health board.

The Board may also require the committee chair to report upon the committee's activities at public meetings, for example, AGM, or to community partners and other stakeholders, where this is considered appropriate, for example, where the committee's assurance role relates to a joint or shared responsibility.

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.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the health board's standing orders are equally applicable to the operation of the committee, except in the following areas:

- quorum;
- Notice of meetings;
- Distribution of papers;
- Admission of the public and press.

9. REVIEW

These terms of reference and operating arrangements shall be reviewed bi-annually by the committee with reference to the board.