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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



		Agenda Item	2.4 (ii)
Freedom of Information Status		Open	
Reporting Committee	Health and Safety Committee		
Author	Leah Joseph, Corporate Governance Officer		
Chaired by	Maggie Berry, Independent Member		
Lead Executive Director (s)	Christine Williams, Interim Director of Nursing and Patient Experience		
Date of last meeting	01 September 2020		
Summary of key matters considered by the committee and any related decisions made.			
None.			
Key risks and issues/matters of concern of which the board needs to be made aware:			
<ul style="list-style-type: none"> • Six facet review of backlog maintenance – It was advised that the Assistant Director of Operations has flagged the backlog maintenance to the Capital team for it to be included in next year’s budget due to lack of funding this financial year following COVID-19 activity. • Site responsibility – The Assistant Director of Health and Safety is collating a document detailing site responsibility. There have been delays from Units when delegating site responsibility and it is important that the information is provided in a timely manner. • Implications of bed removal – Committee members discussed the financial implications, patient pressures and risks to both staff and patients if beds are removed subject to social distancing guidelines. Committee members agreed that the overall decision should go through the Executive Board before beds are removed. • Health and Safety culture remains an issue for the health board. • Morrison Hospital Estates – There are outstanding estates issues which include flooring and flooding, in particular there is a long-standing roof leak that needs repair. • Mental Health Environments – A number of facilities all have environment concerns and issues. The Acute Adult Wards and assessment suite at Cefn Coed Hospital remain as part of the original hospital building and the environment is unsuitable for a modern mental health inpatient service. <p>Due to a gap in service provision for inpatient Child and Adolescent Mental Health Services (CAMHS), all Health Boards are required to provide an emergency inpatient bed for a CAMHS patients aged 16-18 years. The designated bed in the Health Board is in Ward F at Neath Port Talbot Hospital which is an acute adult mental health ward. This is considered an unsuitable environment for patients in this age group.</p>			
Delegated action by the committee:			
<ul style="list-style-type: none"> • Health and Safety Committee Terms of Reference (appendix 1) were reviewed for approval by the Board. • Health and Safety Committee Annual Report (appendix 2) was approved. • Fire Policy was endorsed. • Medical Sharps Policy was endorsed. 			

- **Fleet Transport Policy** was endorsed.

Main sources of information received:

- **Health and Safety Plan Updates** – The plan was received for assurance.
- **Health and Safety Risk Register** - A report providing an update on the Health and Safety risk register was received. The risks that are currently assigned to the Health and Safety Committee are Health and Safety Infrastructure; Fire Safety Compliance; and Environment of Premises.
- **Restarting delivery services in a physically distancing environment** – The report was received for assurance and confirmed that the Physical Distancing Work Cell has been involved in a number of areas of work which is aimed at ensuring the HB are complying with the Regulations and guidance. COVID-19 Guidance For Bed-Spacing in Healthcare Settings' was issued on 26th June 2020.
- **Morrison Hospital Report and action plan following Healthcare Inspectorate Wales (HIW) visit** - This is an update report following HIW's unannounced 3 day and 1 night inspection of Morrison Hospital's Emergency Department (ED) and Acute Medical Admissions Unit from 27th to 29th January 2020. The Health Board's Health and Safety culture was discussed.
- **Primary Care and Community Services delivery unit report** – The annual delivery unit report was received for assurance.
- **Mental Health and Learning Disabilities delivery unit report** - The annual delivery unit report was received for assurance.
- **Health and Safety Newsletter September 2020** – appendix one.

Highlights from sub-groups reporting into this committee:

- **Key Issues: Health and Safety Operational Group** – The report was received for assurance. The availability of Fire Warden training was raised as an issue.

Matters referred to other committees

- **Working from home policy** was referred to the Workforce and OD Committee.

Date of next meeting

1st December 2020

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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;
- Field Hospitals;
- Personal Protective Equipment;
- 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 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 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

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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 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 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.

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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 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, [Annual General Meeting \(AGM\)](#), 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.



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Health and Safety Committee Annual Report 2019-20

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Chair's Foreword

The Health & Safety Committee has had a busy year culminating in focussed work to address nine immediate enforcement notices from the Health & Safety Executive, to progress the action plan to completeness, whilst continuing the Committee's regular work programme. The actions relating to the notifications were formally completed in February 2020. The Committee agreed publication of a Health and Safety Newsletter for staff, publishing two during this year and a third in July 2020 focussing on Health and Safety issues of the pandemic.

In March 2020, the Health Board faced unprecedented circumstances in light of the COVID-19 pandemic, and as such the Health and Safety Committee's main focusses were to address the personal protective equipment (PPE) issues and the social distancing requirements following Welsh Government advice. There are many other important factors in relation to COVID-19; however members are mindful that 'usual business' and COVID-19 need to have a level of equality at the committee. This will remain the case as we progress into 2020-21.

1. Introduction

The board-level Health and Safety Committee was established in April 2019. 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 2019-20, 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 2019-20 comprised:

Independent Members

- Maggie Berry, independent member (chair);
- Martyn Waygood, independent member
- Jackie Davies, independent member;
- Reena Owen, independent member.

Executive Directors

- Gareth Howells, Director of Nursing and Patient Experience (lead executive)
- Chris White, Chief Operating Officer/Director of Therapies and Health Science;
- Hazel Robinson, Director of Workforce and Organisational Development (OD);
- Keith Reid, Director of Public Health (from October 2019)
- Sandra Husbands, Director of Public Health (to October 2019)

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, Dominic Jewitt 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 Leah Joseph, corporate governance officer.

The terms of reference required the committee to meet four times a year and this was achieved.

3. Reports Received

At the June 2019 committee meeting, the work plan for the rest of the year and terms of reference were agreed. 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. 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 2019-20, updates were received from:

- Singleton Hospital;
- Morriston Hospital;
- Neath Port Talbot Hospital;
- Headquarters;
- Mental Health and Learning Disabilities;
- Hotel and Support Services;

- **Health and Safety Annual Report 2018-19**

In September 2019, 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 fourth iteration after 2016-17, 2017-18 and 2018-19.

- **Internal Audit Reports**

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

- 3 Health and Safety Executive (HSE) Improvement notices issued in February 2019;
- Meeting the requirements of the 2 new HSE Improvement notices for the management of estates electrical safety and resources for Authorised Persons (AP) for the management of specific estates risk;
- Re-inspection of Singleton Hospital by the mid and West Wales Fire and Rescue service;
- Review of the fire safety compartmentation in areas subject to building work such as Ward 12;
- The formal South Wales Fire and Rescue service notice for the Dan-Y-Bont bungalows.

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.

- **Health and Safety Newsletters**

The Committee agreed publication of a Health and Safety Newsletter for staff, publishing two during this year and a third in July 2020 focussing on Health and Safety issues of the pandemic

- **Key Issues Operational Group Report**

The previous health and safety committee was refreshed as an operational group and forms part of the committee's sub-structure. This has been 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 2018-19**

The committee was kept sighted on the work to develop an improvement plan for 2018-19, which was received for consideration in March 2019, but subsequently deferred to April 2019.

- **Health and Safety Improvement Plan Closure of 2018-2019 plan and new Health and Safety Improvement Plan 2019-2020**

In June 2019, the committee received a report which focused on the 2018-19 plan and detailing the new 2019-20 plan.

- **Radon Gas Monitoring Review**

A written 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.

- **Current Policy Review**

A report detailing the planning for the reorganisation of the Health board, the

emerging risks and good governance of health and safety.

- **Future Governance Arrangements**

A report provided an update to the Committee on the review of the governance structure in relation to the management of health and safety within the health board. Following the review a number of proposals have been put in place to strengthen and develop health and safety governance which were outlined within this report.

- **Personal Injury Files**

The Legal and Risk Services (LARS) in the NHS Wales Shared Services Partnership (NWSSP) published a 6 monthly summary report of successful personal injury defences, lessons learned from incidents, a summary of case results and file reviews which is shared with NHS Wales. Following this, a summary of case results and file reviews were shared with NHS Wales and a specific breakdown of personal injury claim reviews for the health board were presented.

- **Health and Safety Modules**

A report was received which updated the Health and Safety Committee of training arrangements for staff. The report advised of risks, financial implications and governance issues.

- **Water Safety Management Update**

At December's committee a report was received following an internal audit. The report included legionella sampling, the appointment of competent person for responsibility and advisory support from micro-biologists. The item is also being monitored by the Audit Committee.

- **HSE Inspection Update**

A report was received which outlined the Health & Safety Executive (HSE) inspection visits that took place on the 16th, 17th, 18th & 20th September 2019. Additional visits also took place on 10 and 30th October 2019, specifically for the estates and radiology departments. The HSE Improvement Working Group was set up to oversee progress against the recommendations following the inspection visits. The HSE Improvement Working Group will continue to oversee the progress against the processes implemented as part of the HSE notices improvement plan and embedded into the organisation.

- **Lockdown Procedure**

The lockdown procedure report provided guidance for units on how to deal with security incidents that necessitate locking down a room, areas or departments within the health board.

- **Food Safety Report**

A report was received at December's committee which highlighted a range of indicators used for monitoring and benchmarking the Health Boards Catering Services. This included actual and potential risks, set improvement objectives and outline planned developments within the service.

- **Personal Protective Equipment (PPE)**

A report was received in December 2019 which detailed the revised Health Board standard for PPE requirements for decontamination areas across Swansea Bay University Health Board.

4. 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.

5. Conclusion

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

Appendix 1Units' 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.