

| Title: | Health and Safety Strategy Action Plan 2021-22 |
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| Document Reference: | SBUHB - H&S Strategy Action Plan |
| Version: | V.05 |
| Owner: | Mark Parsons Assistant Director of Health & Safety |
| Executive Lead: | Christine Williams Interim Director of Nursing & Patient Experience |

Swansea Bay University Health Board, Safety and Welfare Strategy

"Embracing and implementing change to enhance the organisations health, safety, welfare and culture"

| 1 | Caring for each other | 1. Taking responsibility for all aspects of health and safety | | | | | |
|---|-----------------------|---|--|--|--|--|--|
| | | 2. Treating everyone with dignity and valuing diversity | | | | | |
| | | 3. Giving/Receiving through recognition and feedback, learning from experiences of others | | | | | |
| 2 | Working Together | 1. Building networks to enhance knowledge to provide a safe environment | | | | | |
| | | 2. Developing our people with health and safety skills to manage their resources safely | | | | | |
| | | 3. Growing our reputation in a leader in health and safety | | | | | |
| | | 4. Developing policies and procedures to embed safety in the culture of the organisation | | | | | |
| 3 | Always improving | 1. Embracing change and innovation | | | | | |
| | | 2. Using all evidence available to provide a safe and secure environment | | | | | |
| | | 3. Setting high standards of Health and Safety in all we do | | | | | |

Strategic Aims

| 1 | Leadership Objective - Control | Allocating responsibilities, securing commitment, having clear instruction and supervision |
|---|---|--|
| 2 | Management System Objective - Communication | Using appropriate media and language i.e. spoken, written. being visible and approachable |
| 3 | Workforce Involvement Objective - Cooperation | Between individuals and groups (internal and external) |
| 4 | Risk Reduction Objective - Competence | To maintain managers and staff competence |
| 5 | Accident Reduction Objective | To maintain and improve health, safety and wellbeing |

Please note that the RAG ratings in the Implementation Plan overleaf relate to each task milestone. The definitions for these ratings are:

| RAG | Definition |
|--------|--|
| Green | The milestone has been completed, and is fulfilling the expectations of the ascribed performance measure |
| 313311 | Or The milestone is in progress and on target to fulfil the expectations of the ascribed performance measure |
| Amber | There is slippage in the milestone's achievement of its time, budget and/or performance measure without significant impact upon delivery |
| Dod | There is failure to achieve the milestanc's arrested time budget or performance managing with significant impact upon delivery. |
| Red | There is failure to achieve the milestone's expected time, budget or performance measure with significant impact upon delivery |

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| Ref | Task | Milestones | Start date | End date | Lead | Core / additional resources (colleagues, support services) | Add | lition | nal | | RAG status | Strategy priority |
|----------|---|---|--|--|---|---|---------|-----------|-------------------|--|---------------|---|
| | | | dute | | | | Capital | Recurrent | Non- recurrent | | | |
| H&S 1 | Identify appropriate Health and Safety course for executive directors "NEBOSH HSE Certificate in Health and Safety Leadership Excellence" | 1. Identify all executive directors and deputies to undertake HSE Certificate in Health and Safety Leadership Excellence. 2. Identify course provider. 3. Schedule dates for course | Feb 21 Jan 21 May | Apr 21 Mar 21 July 21 | Mark Parsons / workforce rep | Core and support (Workforce and OD and external resources) | | \ | | Training identified, implemented with ongoing schedule. | | Leadership & Management objective (Caring for each other) |
| H&S 2 | Identify appropriate Health and Safety course for managers "IOSH Managing Safely" or equivalent | completion. 1. Identify appropriate managers to undertake IOSH Managing Safely or equivalent. 2. Identify course provider or develop internally. 3. Secure funding for resources 3. Schedule initial dates for pilot course completion. This potentially will be 10 year programme. | 21 Feb 21 Jan 21 Feb 21 Jun 21 | Apr 21 Mar 21 Mar 21 Aug 21 | Mark Parsons / Workforce rep | Core and support (Workforce and OD and external resources) This is dependent on resources for internal and/or external providers | | \ \ | | Training identified, implemented with ongoing schedule. | | Leadership & Management objective (Caring for each other) |
| H&S 3 | Develop manager's health and safety handbook/guidance. | Develop Managers handbook | Jan 21 | Mar 21 | Mark Parsons / Laurie Higgs / Workforce rep | Core and support from workforce | | | | Managers hand book/guidance developed and circulated to appropriate groups of staff. | | Leadership & Management objective (Caring for each other) |
| H&S 4 | Develop Health and Safety external site audit. | Agree audit template for external site audit. Agree audit schedule. Commence audit schedule. | Jan 21 Apr 21 July 21 | Mar 21 Jun 21 Oct 21 | Mark Parsons / Laurie Higgs | Core – will be dependent on additional resources | ✓ | ✓ | √ | Programme of audits scheduled on a rolling programme | | Leadership & Management objective (Caring for each other – working together – always improving) |
| H&S 5 | Review Health and Safety Resources | 1. Review of Health and Safety Resources. 2. Propose appropriate structure to the Health | Jan 21 Jan 21 | Mar 21 Mar 21 | Mark Parsons / Workforce rep | Core and support (Workforce and OD and external resources) | | ✓ | | Resources reviewed and agreed, with scheduled implementation /recruitment of additional resources. | | Management & Workforce involvement & Risk reduction objective |

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| | | Board. 3. Develop job descriptions for approved structure. 4. Commence recruitment process and implement structure. | Dec 20 Mar 21 | Mar 21 Jun 21 | | | | | | (Caring for each other – working together – always improving) |
|----------|---|---|------------------------|------------------------|--------------------|--------------------------------------|--------------|---|-------------------------------------|---|
| | | 5. Implement structure | Jun | Aug | | | | | | |
| 110.6 | Develop and undertake | 4.5. 1 | 21 | 21 | 14 1 5 | | | | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| H&S 6 | a snap shot safety | Develop initial safety | Jan 21 | Mar 21 | Mark Parsons | Core and support | | | Survey developed and undertaken. | Workforce involvement & Risk |
| 6 | culture survey | culture survey. 2. Undertake safety culture | 21 Mar | Apr | | (Communication/IT and other teams) – | \checkmark | | | reduction objective |
| | | survey. | 21 | 21 | | dependent on | | | | (Caring for each |
| | | 3. Analyse survey results. | Apr | May | | additional | | | | other – working |
| | | | 21 | 21 | | resources | | | | together – always |
| | | 4. Develop action plan from | May | July | | | | | | improving) |
| | | survey results. | 21 | 21 | | | | | | |
| H&S | Develop health and | 1. Develop health and safety | Feb | Mar | Mark Parsons / | Core - will be | | | Programme of audits scheduled on a | Management, |
| 7 | safety audit tool based on ISO 45001 standard | audit tool for group use and | 21 | 21 | Laurie Higgs | based on tool | | | rolling programme | Workforce |
| | on 150 45001 Standard | corporate use. | | | | developed by all | | | | involvement & Risk |
| | | 2. Schedule a Health Board | Jan | July | | Wales H&S | √ | | | reduction objective |
| | | programme of health and | 21 | 21 | | advisors group and | | | | (Caring for each |
| | | safety compliance audits | | | | dependent on | | | | other – working |
| | | across the organisation. | l | | | additional | | | | together – always |
| | | 3. Analyse audit results. | July 21 | Aug 21 | | resources | | | | improving) |
| | | 4. Develop action plan from | May | Nov | | | ✓ | ✓ | | |
| | | audit results. | 21 | 21 | | | | | | |
| H&S | Develop Health Board | 1. Outline KPI's for | Jan | Mar | Mark Parsons / | Core / Support | | | KPI's identified and adopted for HB | Caring for each |
| 8 | Health and Safety Key Performance Indicators | consideration for HB and | 21 | 21 | Unit director reps | from units | | | and Units. | other – working |
| | (KPI's) | Units. | | | | | | | | together - always |
| | () | 2. Agree KPI's for HB/Units. | Mar | Jun | | | | | | improving) |
| | | | 21 | 21 | | | | | | |
| | | 3. Implement KPI's. | Jul | Sept | | | | | | |
| | | | 21 | 21 | | | | | | |
| | | 4 Manitar KDI norformon | On- | On- | | | | | | |
| H&S | Policy and procedure | 4. Monitor KPI performance.1. Refresh review process | going Dec | going Mar | Mark Parsons / | Core | | | Policies and procedures reviewed – | Caring for each |
| 9 | reviews | and presentation of | 20 | 21 | Laurie Higgs | Core | | | developed in line with | other – working |
| | | information to H&S Ops | 20 | 21 | Laurie riiggs | | | | requirements/frequencies | together – always |
| | | Group and Committee. | | | | | | | requirements/frequencies | improving) |
| | | 2. Include policy/procedure | Apr | June | | | | | | |
| | | annual update in H&S annual | 21 | 21 | | | | | | |
| | | report. | | | | | | | | |
| | | 4. Include reviews of | Apr | June | | | | | | |
| | | policies/procedures in KPI. | 21 | 21 | | | | | | |

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| H&S 10 | Update Health and Safety Strategic Action Plan for 2020/21, review and approve by Health Board H&S Committee. | 1. Agree initial plan and monitoring arrangements for 2020/21 calendar year. | Oct 20 | Dec 20 | Mark Parsons | Core | Strategy action plan updated and approved by the H&S Committee | Caring for each other – working together – always improving) |
|-----------|--|--|--------------|--------------|--------------|------|--|--|
| | | 2. Sharing of plan with Units | Jan | Feb | | | | |
| | | | 21 | 21 | | | | |
| | | 3. Upload plan on intranet | Feb | Mar | | | | |
| | | H&S webpage | 21 | 21 | | | | |
| | | 4. Review current plan | Feb 21 | May 21 | | | | |
| | | 5. Develop 3 – 5 year plan | June 21 | Aug 21 | | | | |
| | | 6. Approve plan | July 21 | Sept 21 | | | | |
| | | 7. Monitor plan | On- going | On- going | | | | |