



# Health and Safety Committee Annual Report 2018-19



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

# Contents

Introduction	Page 3
Committee Structure	Page 3
Reports Received	Page 4
Health and Safety Executive	Page 5
In-Committee Session	Page 6
Conclusion	Page 6
Appendix 1	Page 7

## 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 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 10<sup>th</sup> 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.