

MINUTES OF THE Health and Safety Committee MEETING

Date of Meeting: **9:30 AM, Tuesday 07 July 2026**

Venue: **Microsoft Teams Meeting**

Present: Ann Murphy, Independent Board Member (*Chair*)
Michael Imperato, Independent Board Member
Sarah Harraway, Independent Board Member
Iwan Thomas, Independent Board Member

In Attendance: James Severs, Executive Director of Allied Health Professions and Health Science
Joanne Wilson, Director of Corporate Governance/Board Secretary
Neil Wooding, Chair of Hywel Dda University Health Board
Gareth Cottrell, Deputy Chief Operating Officer
Cathie Steele, Interim Assistant Director of Nursing Assurance and Safeguarding (*deputising for Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience*)
Sam Hussell, Head of Health Emergency Planning (*deputising for Ardiana Gjini, Executive Director of Public Health*)
Simon Chiffi, Head of Operations
Karen Ryan, Head of Occupational Health
Elin Brock, Head of Research, Innovation & Improvement
Adam Springthorpe, Health & Safety Manager
Anthony Dean, Staff Side Representative
Rebecca Temple-Purcell, Assistant Director of Nursing, Patient Safety, Quality and Experience (*part*)
Anna Chiffi, Assistant Director of Nursing, Patient Safety, Quality (*part*)
Ruth Poynting, Committee Services Officer (*Minutes*)

Apologies: Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience
Heather Hinkin, Assistant Director People Management
Ardiana Gjini, Executive Director of Public Health

Minutes Ref.	Item	Action
HSC(26)040	Welcome and Apologies Ms Ann Murphy welcomed all to the meeting and apologies were noted as above.	
HSC(26)041	Declarations of Interest There were no declarations of interest.	

HSC(26)042

Minutes of Previous Meeting

The minutes of the previous meeting were approved.

Decision: The minutes of the previous meeting were APPROVED as an accurate record.

HSC(26)043

Matters Arising and Table of Actions from Previous Meeting

HSC(26)017: Mr James Severs reported that, following discussions with Ms Sharon Daniel and Ms Joanne Wilson, it has been agreed that a detailed review of the operational and corporate risks will be undertaken through the Health and Safety Compliance Group (HSCG).

Decision: The Committee NOTED the Table of Actions

HSC(26)044

Assurance and Risk Report

Ms Jo Wilson presented the operational risks update, noting that there were currently 54 reportable risks on the register. Since the previous report, eight new risks had been added, three risks had been closed, and one risk was no longer reportable. Eight of the total risks were rated as extreme. A significant proportion of the risks are related to the Estates and Facilities portfolio.

Mr James Severs observed that the risks spanned five different themes and emphasised the need to reduce duplication and ensure greater consistency in how risks were reported across groups. He noted that the same underlying risk could currently be described and scored differently in different forums. While some mitigations had been achieved, he expressed concern that ongoing management arrangements were not always in place and highlighted the need for appropriate oversight. He linked this to the proposed deep dive into operational and corporate risks, stressing that actions arising from the review needed to be impactful and demonstrably reduce risk.

Ms Sarah Harraway raised concerns regarding Risk 2354 (*risk of interruption to patient, staff and visitor meals due to increasing age related faults in the main dishwasher*), noting that the site had not been identified within the report. Members clarified that this related to Bronglais Hospital (BGH). Concerns were also expressed regarding Risk 2353 (*insufficient air conditioning*), with members questioning how such an issue had arisen within a new-build facility.

The Committee noted the volume and severity of estate-related risks, particularly those relating to public and staff safety. Consideration was given to whether the nature of the risks warranted escalation through a Board Alert.

Mr Michael Imperato queried Risk 1263 (*Risk to patient safety due to ongoing Issues with vermin (Pigeons)*), noting that the target completion date of 2030 appeared a considerable distance away.

Mr Iwan Thomas observed that no principal risks had been identified and queried whether the collective estate-related risks should be regarded as a principal risk due to their potential impact on patients, staff and the organisation.

Mr Severs observed that there appeared to be a substantial level of corporate risk associated with the estate which may not be fully reflected within current reporting arrangements. He highlighted the continued vacancies in key leadership posts, including the Director of Estates, Facilities and Capital and Head of Health and Safety, and commented that, whilst significant work was being undertaken to manage estate-related risks, achieving a meaningful reduction in the overall risk profile would be challenging until these posts were filled.

Ms Cathie Steele emphasised that estate risks had a direct impact on patient flow and patient experience. She requested that patient experience considerations be incorporated into the proposed deep dive review and offered her support in this work.

The Committee requested that Risk 2353 (insufficient air conditioning) be considered by the Ventilation Sub-Group, with an update to be provided outside of the Committee. SC

Ms Wilson advised that particular challenges existed at Glangwili Hospital (GGH) and Withybush Hospital (WGH) due to the ageing estate. She noted that reporting was limited to risks recorded within Datix and confirmed that work would continue with operational colleagues to ensure risks were appropriately reflected.

Dr Neil Wooding acknowledged that risk registers can appear inherently concerning and that not all identified risks ultimately materialise. However, he emphasised the importance that the organisation's focus should be on ensuring that all reasonable actions are being taken to mitigate risks, rather than simply tolerating it.

Mr Severs agreed that the volume of risks presented a challenge and observed that organisations could become overwhelmed by maintaining and updating risk registers, creating a risk that focus shifts towards the process of risk management rather than the management of the risks themselves. Whilst there were examples of good assurance and effective management, he noted a lack of consistency across some areas.

Mr Simon Chiffi advised that the discussion aligned with later agenda items relating to fire risk assessments and noted that assurance could be provided regarding the controls and

mitigations in place, even where full assurance could not be achieved. He explained that the Health Board currently faced an estimated £250m estate backlog maintenance liability, with this figure expected to increase significantly as a result of the Reinforced Autoclaved Aerated Concrete (RAAC) position at WGH. Despite these challenges, a range of mitigation measures were in place, including day-to-day operational controls, the Targeted Estates Funding (TEF) programme, discretionary capital programmes and wider infrastructure investment schemes. He acknowledged that greater emphasis was needed on communicating the assurances provided by these controls.

Dr Wooding noted that the backlog maintenance figure would not materialise as a single issue and cautioned against becoming overwhelmed by the scale of the figures. He stressed the importance of distinguishing between risks and issues, understanding the mitigations in place and maintaining a realistic risk appetite.

The Committee considered whether a Board Alert was required; however, following discussion, agreed that the matter should not be escalated at this stage and should remain advisory to the Board pending the planned deep dive review of operational and corporate estate risks.

Decision: The Committee RECEIVED PARTIAL ASSURANCE that there are processes in place to oversee operational risks to ensure these are being managed effectively and agreed a Deep Dive into Operational and Corporate Risks is needed to provide full assurance.

HSC(26)045

Health and Safety Assurance Report

The Committee received the Health and Safety Assurance Report and noted improvements in training compliance across the organisation. Members were advised that areas with lower levels of compliance had recovery plans in place, providing some assurance that mitigating actions were being taken. However, concern was raised regarding the sustainability of training provision in Ceredigion, with Mr Adam Springthorpe advising that the current training venue would shortly cease to be available. Work is underway with Estates, Property and Learning & Development colleagues to secure dedicated training accommodation in Aberystwyth.

The Committee also noted improvements in mandatory training compliance, with greater visibility of compliance data across Clinical Care Groups (CCG) and Corporate Functions and recovery plans in place where compliance levels remained below target.

Ms Harraway welcomed the successful recruitment of the new Head of Health and Safety, due to take up post in October 2026, and discussed opportunities to strengthen future reporting. It was

suggested that trend lines be incorporated into charts to better demonstrate direction of travel and reduce the impact of month-on-month variation.

Members sought assurance regarding the causes of training non-attendance and were advised that, whilst operational pressures remained the principal factor, additional work was underway to review training profile allocations within Electronic Staff Record (ESR) and ensure training requirements were appropriately assigned. Mr Springthorpe advised that staff formally withdrawing from training was preferable to non-attendance, as places could then be reallocated, noting that recent figures showed a roughly equal split between withdrawals and staff failing to attend.

Mr Severs reflected on the evolving governance arrangements and suggested that much of the operational detail contained within the report would be more appropriately scrutinised through the Health and Safety Compliance Group, with the Committee receiving a more strategic assurance-focused report.

Mr Severs further advised that discussions had taken place with Lisa Gostling, Executive Director of Workforce & OD/Deputy CEO and Executive Lead for the People, Organisational Development and Culture Committee (PODCC) regarding a Task and Finish Group to review face-to-face training capacity and venue availability across the organisation.

Mr Imperato highlighted the reported temporary increase in manual handling incidents. In response, Mr Springthorpe advised that the increase related primarily to minor staff injuries. He noted that investigations were ongoing to determine whether any of the incidents met the criteria for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reporting, recognising the complexity of establishing a direct link where a period of time had elapsed between the incident occurring and the subsequent sickness absence of affected staff members.

Mr Severs acknowledged concerns around the clarity of the assurance ratings in the report and agreed that future reports should place greater emphasis on improvement plans, mitigating actions and organisational controls. Ms Wilson suggested that officers work with Ms Cathie Steele who presents a similar report to the Quality and Safety Committee (QSEC) to ensure a more consistent assurance-based approach across committees.

ASp

Mr Gareth Cottrell highlighted that training capacity was a finite resource and emphasised the importance of aligning training provision with staff availability as effectively as possible. Whilst acknowledging that the report demonstrated areas of good training compliance, he stressed the need to ensure staff were released in a timely manner to attend training, thereby improving compliance and reducing organisational risk.

Dr Wooding noted that the Committee's primary interest was in receiving assurance that staff were being appropriately trained to reduce risks across the organisation. While he welcomed the report's analytical approach and useful data presentation, he questioned whether enough consideration had been given to technology-enabled learning solutions to support training delivery and address the challenges of releasing staff from operational duties.

Ms Murphy suggested that consideration be given to organising dedicated training days, enabling multiple mandatory face-to-face training requirements to be delivered on the same day and making more effective use of staff time.

The Committee was assured, while recognising that further work was needed to strengthen the report's robustness and the level of assurance provided.

Decision: The Committee RECEIVED ASSURANCE that appropriate processes and governance arrangements are in place to support effective health and safety management, noting the continued strong performance in incident reporting and associated oversight arrangements, and that targeted improvement actions are being implemented to address identified risks, including improving mandatory training compliance, strengthening manual handling arrangements, and effectively managing behaviour-related risks.

HSC(26)046

Health & Safety Training Overview

Mr Springthorpe presented the Health and Safety Training Compliance Report and discussed the factors contributing to non-attendance at mandatory training. Ms Harraway queried whether the organisation sufficiently understood the root causes of staff failing to attend training, noting that whilst operational pressures were frequently cited, this represented a broad explanation and further analysis may be beneficial. She also welcomed the Workplace Assessors model, commenting that it appeared to be a positive development.

Ms Elin Brock advised that the report had been discussed in detail by the HSCG, where constructive discussions had focused on making it easier for staff to attend training. This included consideration of behavioural nudges, improvements to roster planning and closer collaborative working between operational services and training teams. She further explained that reporting arrangements and oversight mechanisms for health and safety training packages were being reviewed to ensure appropriate governance and would be reported through the Strategic People Planning and Education Group (SPPEG).

Mr Imperato sought clarification regarding the proportion of non-compliance attributable to refresher training compared with first-

time attendance, observing that refresher training can often present greater engagement challenges. He also welcomed the emphasis on senior manager accountability and suggested that future reports could provide greater detail on this aspect.

Mr Severs highlighted ongoing discussions within SPPEG and stressed the importance of clearly distinguishing between statutory and mandatory training requirements, alongside understanding both the training provision available and staff uptake. Whilst supportive of the Workplace Assessors model, he noted that it shifted responsibility from corporate teams to operational services and that this needed to be recognised. He also observed that there were areas of overlap between HSC and PODCC, including work relating to resuscitation training.

In response, Mr Springthorpe advised that foundation training continued to be prioritised due to the higher level of risk associated with non-completion and noted that compliance levels for foundation training were significantly higher. He confirmed that the majority of non-compliance related to refresher training requirements rather than first-time training attendance.

The Committee was assured that appropriate arrangements were in place to monitor and improve training compliance and noted the ongoing work to strengthen oversight, accountability and accessibility of training provision.

Decision: The Committee NOTED current compliance levels and associated risks outlined in the Health and Safety Training Overview Report and RECEIVED ASSURANCE that improvement plans are in place to improve compliance.

HSC(26)046

Regulation Assurance Report

Mr Springthorpe noted that the majority of the amber-rated areas in the report are related to ageing infrastructure, the resolution of which would require significant investment. He emphasised, however, that assurance could still be provided where appropriate controls and oversight arrangements were in place. As an example, where modern ventilation systems were not available, the Ventilation Group maintained oversight of the associated risks.

Ms Harraway acknowledged that while some issues could be addressed quickly, it was more challenging to mitigate risks associated with the estate. She highlighted the principle of ensuring compliance "so far as is reasonably practicable".

Mr Imparato observed that there had been a move away from strict liability for defective equipment, noting as an example that it would not be realistic to redesign an entire hospital environment to eliminate an isolated tripping hazard.

Mr Severs advised that the report sought to reflect the legislation underpinning the Committee's work and acknowledged that the process for obtaining assurance regarding the completion and quality of risk assessments remained under development. He advised that the HSCG had recently considered how assurance information could be fed back from operational and corporate directorates. He stressed the importance of strengthening feedback mechanisms and ensuring that information and learning were effectively shared with operational colleagues. Members were also advised that the prioritisation of this work needed to be reviewed.

Dr Wooding considered the report to be balanced and welcomed the focus on risk assessments. He stressed that all staff should take ownership of risk management responsibilities, noting that failure to do so could result in claims and financial consequences for the organisation. He suggested that health and safety responsibilities should be embedded within performance management arrangements and that a culture of personal accountability should be promoted.

Mr Cottrell advised that new ways of working were being introduced, with clearer accountability arrangements and stronger reinforcement of responsibilities. He recognised the challenges associated with demonstrating assurance given the volume of risk assessments undertaken daily across operational services, cautioning against creating an overly bureaucratic system for cataloguing them.

Mr Springthorpe advised that approximately 25 template risk assessments had been developed and partially completed by subject matter experts, enabling staff to complete them more easily without requiring specialist knowledge. He noted the additional complexity created by the size and scale of the organisation.

Mr Severs emphasised the need for clarity regarding roles and responsibilities, advising that operational colleagues were responsible for demonstrating compliance against required standards. He described this as a significant organisational change and reiterated the need for a mechanism to provide assurance that risk assessments were being completed to an appropriate standard.

Ms Brock highlighted improvements in operational health and safety governance arrangements, including the development of new performance metrics. She acknowledged that further work was required to strengthen the triangulation of information and to clarify the issues that should be escalated from the HSCG to the Health and Safety Committee.

The Committee was assured by the report and the progress made in strengthening health and safety governance arrangements.

However, Members agreed that further work was required to clarify ownership and accountability for risk assessments and to strengthen the mechanisms through which assurance regarding their completion and quality is reported to the Committee.

Decision: The Committee RECEIVED ASSURANCE that the Health Board is operating in compliance with the following regulations as far as reasonably practicable, whilst acknowledging the challenges presented by an aging estate:

- Management of Health and Safety at Work Regulations 1999;
- Workplace (Health, Safety and Welfare) Regulations 1992;
- Health and Safety (Safety Signs and Signals) Regulations 1996.

HSC(26)047

Fire Safety Risk Assessment Assurance Update (BORIS)

Mr Chiffi outlined a series of system enhancements and governance changes that had been implemented to strengthen accountability, improve visibility of outstanding actions and support the more timely closure of identified risks. These included enhanced dashboard reporting, monthly Executive scrutiny through CCG Delivery Review meetings, clearer allocation of responsibility to named individuals, and the introduction of automated reminders to action owners.

Data from the BORIS Fire Risk Assessment System demonstrated a continuing downward trend in the number of outstanding fire safety actions across the Health Board, with no extreme-risk actions currently overdue. Enhanced reporting functionality now enabled visibility of actions by CCG and allowed data to be exported for local analysis. In addition, escalation arrangements had been developed to support timely intervention where actions remained outstanding.

Mr Chiffi explained that accountability had been strengthened through the allocation of actions to named individuals rather than generic postholders, with responsibility for completion resting with the action owner. Automated email reminders were also being developed to prompt regular review and updating of actions. While a substantial backlog remained, he advised that governance and management oversight arrangements had significantly improved.

Ms Harraway welcomed the report and the improvements made to the control and visibility of outstanding actions. She sought assurance that the enhanced oversight arrangements would translate into action completion and asked what good performance would look like in this area. In response, Mr Chiffi advised that many of the outstanding actions related to major capital projects and fire safety matters. He anticipated that completion of significant capital schemes over the next 12 months would result in approximately two-thirds of the current actions being resolved. However, he noted that fire risk assessments were dynamic by nature and therefore it would not be realistic to expect the number of actions to reduce to zero.

Mr Severs welcomed the clarity provided regarding the anticipated timeline for reducing the backlog of actions.

Dr Wooding confirmed that he was assured by the report, noting that the issue had been a concern for some time. He considered the report well balanced and welcomed the evidence of increasing ownership and accountability within the system.

Mr Severs reflected on the wider organisational learning arising from this work and the potential for similar approaches to be applied elsewhere within the Health Board.

Mr Chiffi advised that work was ongoing with CCG colleagues to improve communication and engagement and reported that these strengthened communication arrangements were already contributing to significant improvements.

Decision: The Committee RECEIVED ASSURANCE from the actions being implemented to strengthen governance, oversight and ownership of Fire Risk Assessment actions, whilst recognising that further evidence of sustained improvement is required.

HSC(26)048

Compliance with Environmental Ligature Anchor Point Assessments and Adoption of the All-Wales Procedure

Mr Springthorpe advised that the report had previously been considered by the HSCG and that the Health Board was in a strong position due to the significant amount of work already undertaken in relation to ligature risk management. He explained that the All-Wales policy and procedure applied specifically to inpatient services and that the Health Board had already implemented ligature assessments across mental health inpatient facilities, outpatient facilities and mental health triage rooms within Emergency Departments. As a result, the organisation was ahead of the requirements set out within the All-Wales guidance.

Only one inspection remained outstanding within the current inspection cycle. This had been placed on hold pending significant estates work at the relevant property and would be prioritised once those works had been completed. Mr Springthorpe further advised that existing audit assessments were being transferred into the new All-Wales format to enable comparison between the two approaches. The outcome of this work would be presented to Mental Health colleagues to support the transition of remaining assessments to the new format.

Ms Murphy sought assurance that future refurbishment schemes across hospital sites, as well as mental health facilities, would take account of ligature risks. Mr Springthorpe confirmed that ligature considerations were embedded within design processes and

project teams, although he noted that this remained an evolving area requiring ongoing review.

Ms Brock highlighted that the All-Wales guidance promotes a collaborative approach and advised that the HSCG had agreed to establish a task and finish group, including an anti-ligature subgroup, to support implementation and oversight.

Ms Rebecca Temple-Purcell added that the work extended beyond Mental Health and Learning Disabilities services. She advised that broader representation would be sought to ensure a more holistic approach to identifying and managing potential ligature risks across all relevant service areas.

Dr Wooding sought assurance that patients receiving care in other Health Board settings would receive the same level of protection and risk management as those in specialist mental health environments. In response, Mr Springthorpe advised that one of the aims of the All-Wales Procedure was to provide a consistent approach across healthcare settings, noting that Swansea Bay University Health Board had already implemented similar arrangements. Mr Temple-Purcell added that the guidance was also being shared and cascaded to independent healthcare providers across Wales and aligned closely with similar work being undertaken elsewhere in the UK.

Decision: The Committee RECEIVED ASSURANCE that HDdUHB has effective and evidenced arrangements in place to identify, assess and manage environmental ligature anchor point risks and, that a structured implementation is in place to transition to the All-Wales Ligature Anchor Point Procedures during 2026, further enhancing organisational consistency, oversight, and assurance.

HSC(26)049

Health & Safety Individual Regulations Written Control Documents Status Report

Mr Springthorpe advised that all Health and Safety-related Written Control Documents were currently in date. He reported that two documents were scheduled for consideration and approval by the HSCG at its next meeting. The Violent Patient Warning Marker Procedure has undergone a significant review and revision and is currently out for consultation across the organisation prior to final approval.

Decision: The Committee RECEIVED ASSURANCE on the current status of Health and Safety related Written Control Documentation.

Clinical Care Group Updates

HSC(26)050

Mental Health and Learning Disabilities

Ms Temple-Purcell advised that the report represented the early stages of a developing assurance process and reflected significant work undertaken by Health and Safety and Corporate colleagues to establish metrics and a dashboard approach. She noted that the new arrangements were helping to bridge gaps between operational services and corporate oversight and were supporting a shift in ownership of the health and safety agenda within CCGs. Improved access to health and safety data was strengthening accountability and enabling services to take greater ownership of their responsibilities while working collaboratively with Health and Safety colleagues.

It was confirmed that responsibility for Health and Safety inspection actions had been transferred to operational teams, including Heads of Service and that this process had now been completed. While no significant risks had been identified, work remained ongoing to review outstanding actions and provide assurance regarding their completion. A formal review process had been established, with the aim of concluding this work by the end of September 2026.

In relation to manual handling training discussions had taken place with the Moving and Handling Training Lead to develop a more holistic understanding of compliance and training needs. Ms Temple-Purcell explained that the issue extended beyond attendance at training sessions and included consideration of how information was communicated, how training requirements were assessed and how these were reflected within ESR reporting arrangements.

With regard to restrictive practice training compliance, a unannounced inspection of Enlli Ward, Aberystwyth, had prompted immediate assurance activity. Ms Temple-Purcell reported that improvement actions were already underway prior to the inspection and that subsequent actions measures were expected to bring the ward into full compliance with the required training standards.

Mr Severs welcomed the report as a strong first step in developing CCG assurance reporting. He noted the importance of including timescales and trajectories within future reports to strengthen the level of assurance available to the Committee. He also advised that further work would be undertaken through the HSCG over the next four to six weeks, ensuring that assurance gaps were identified and addressed appropriately.

Ms Harraway welcomed the report, commenting that it provided assurance from both operational and corporate perspectives. She praised the collaborative approach between the CCG and the Health and Safety Team and noted that the reporting helped address a previously missing element of assurance.

Mr Imperato queried the reported inability to reliably identify work-related stress absences and sought clarification on whether this was specific to the CCG or represented a wider organisational issue. In response, Mr Severs confirmed that work was ongoing with Lisa Gostling to develop reporting arrangements relating to stress-related absence. He noted the challenges associated with distinguishing between stress that was directly attributable to work and stress arising from other personal or external factors.

Ms Temple-Purcell added that, particularly in relation to violence and aggression incidents, the CCG believed there was an opportunity to take a more proactive approach. She advised that existing incident management processes could be used to better understand the impact of such incidents on staff wellbeing and identify opportunities for further support and intervention.

Decision: The Committee RECEIVED ASSURANCE on the Mental Health and Learning Disabilities Clinical Care Group Health & Safety Assurance position, including strong compliance with statutory reporting requirements, strengthened governance arrangements, improving incident trends, progress in training compliance across key areas, structured management of historical inspection actions, and the response to HIW immediate assurance requirements.

HSC(26)051

Community and Integrated Medicine

Presenting the report, Ms Anna Chiffi advised that while a number of indicators were included, some metrics were not yet capable of being fully quantified, including certain overdue Datix actions and compliance with some risk assessments. She advised that further work was underway to strengthen the reporting framework and provide more robust data in future reports.

Ms Chiffi highlighted a number of key areas of assurance. She reported a positive trend in the incident reporting culture, with reporting rates per 100 staff increasing month on month. Whilst this reflected the ongoing operational risks experienced by services, it also provided assurance that staff were becoming more confident in reporting incidents, thereby improving organisational visibility of risks and learning opportunities.

Areas of concern included increasing trends in violence and aggression incidents, needlestick injuries and restrictive practice incidents. Ms Chiffi advised that these represented direct workforce safety risks and would continue to be monitored and escalated through Datix and established governance processes. She added that the CCG was adopting a more thematic learning approach, focusing on identifying and addressing recurring themes and trends rather than considering incidents solely on an individual case basis.

The Committee noted a number of areas of improvement. Manual handling incidents had reduced following a previous increase,

while slips, trips and falls had also shown a downward trend. RIDDOR reporting timescale compliance had improved despite static numbers of reportable incidents, providing assurance that regulatory responsiveness and oversight arrangements were strengthening.

Overall compliance remained above interim targets, although a declining trend had been identified and was being reviewed by the CCG. Manual handling training compliance remained below target for both Level 1 and Level 2 training, whilst violence and aggression training compliance remained high and display screen equipment compliance remained stable and above target.

Mr Severs welcomed the report as a positive first and advised that further work would be undertaken to refine future reporting and ensure consistency across CCGs. Ms Harraway welcomed the inclusion of narrative analysis and suggested that future reports combine this with quantitative performance data to provide a more balanced assurance framework. Mr Cottrell agreed and confirmed that the intention was to develop a consistent reporting template incorporating both narrative commentary and numerical metrics.

Mr Imperato highlighted the importance of developing health and safety-related sickness absence and manager induction compliance metrics as key indicators of assurance. Ms Chiffi advised that, while the data existed within corporate systems, further work was required to extract and present it effectively, and Mr Severs noted the ongoing challenges in accurately reporting work-related stress.

Decision: The Committee RECEIVED ASSURANCE from the current position with the Community and Integrated Medicine Clinical Care Groups Health & Safety Assurance Report, noting the improvements in reporting and compliance arrangements, while recognising that risks remain in relation to increasing incident trends, backlogs within incident management processes, and existing limitations in reporting capability.

HSC(26)052

Major Incident Plan

Ms Hussell advised that the Major Incident Plan was a long-established and well-tested document that was regularly communicated across the Health Board. She highlighted the significant investment made in training and exercising teams to ensure preparedness for major incident response.

The revised plan includes three key updates. Firstly, significant enhancements have been made to scene management and the pre-hospital response arrangements, with strengthening alignment between Welsh Ambulance Services University NHS Trust (WAST) pre-hospital response arrangements and the Health Board's Emergency Department response processes. Secondly, the role of the CCG has been further embedded within incident

management arrangements, strengthening the connection between major incident and mass casualty response planning and supported a more consistent approach across Health Boards in Wales.

Ms Harraway sought assurance regarding how the effectiveness of the plan was evaluated and whether formal debriefing arrangements were undertaken following exercises. In response, Ms Hussell advised that Health Boards were required to undertake major incident exercises every three years. She outlined the most recent large-scale exercise, Exercise Tendley, which tested activation and notification processes, Emergency Department response arrangements, the Hospital Coordination Centre, and subsequent mortuary and Disaster Victim Identification (DVI) procedures in partnership with the Police service. Following the exercise, a formal report and action plan had been produced, with recommendations subsequently incorporated into revisions of the Major Incident Plan and supporting action cards. This process provided assurance that lessons identified were translated into improvements.

Ms Hussell further advised that the recent Kidwelly bus crash major incident was currently progressing through the debrief process. An immediate Emergency Department debrief had already taken place, with a wider multi-agency responders' debrief underway and due to conclude later that week. Learning from the incident would be incorporated into future revisions of the Plan.

Decision: The Committee APPROVED the Major Incident Plan for onward ratification by the Board on 30 July 2026.

HSC(26)053

HSC Workplan

No comments were made on the workplan.

HSC(26)054

ANY OTHER BUSINESS

Mr Imperato highlighted the recent heatwave experienced across the UK and sought assurance regarding whether extreme heat represented a risk to the Health Board.

In response, Ms Hussell advised that heatwave response arrangements were managed through existing incident response structures, with heat-related risks routinely discussed through daily operational calls. She outlined a range of proactive measures undertaken ahead of periods of extreme heat, including communication with staff and services and the provision of cooling units to protect critical digital infrastructure and server rooms. While the recent heatwave had presented challenges due to hot and humid conditions and limited air-cooling systems across parts of the estate, a number of mitigation measures had been implemented.

Ms Hussell further reported that a virtual debrief process was underway, with over 270 responses received to date. Feedback

would be reviewed to identify short, medium and longer-term improvement actions.

Mr Severs emphasised the need to consider the impact of extreme heat on the quality, safety and experience of patients, visitors and staff. He advised that discussions were taking place with Trade Union colleagues and that the findings would be considered through the Health Board Partnership Forum before being reported to the Executive Team.

HSC(26)055

MATTERS FOR ESCALATION TO BOARD

HSC wish to advise the Board of the following:

- Concerns raised in the Assurance and Risk Report regarding the volume of operational risks, particularly those relating to Estates and Facilities, the consistency of risk reporting and management arrangements, and the extent to which mitigating actions and controls were clearly articulated with up-to-date timescales within the report.

DATE AND TIME OF NEXT MEETING

Thursday 10 September 2026, 9.30am-11.30am