



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Date **11/11/2025**  
Time **9:30 AM - 11:30 AM**  
Location **Microsoft Teams Meeting**

# Virtual Health & Safety Committee Meeting

Health and Safety Committee

NHS Wales

# Agenda - 11 November 2025

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## 1 GOVERNANCE

9:30 AM, 0 min

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### 1.1 Welcome and Apologies

9:30 AM, 0 min

*Ann Murphy (Hywel Dda UHB - RCN Trade Union Rep - Independent Board Member)*

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### 1.2 Declarations of Interest

9:30 AM, 0 min

*All*

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### 1.3 Minutes of Previous Meeting Held on 9 September 2025

9:30 AM, 5 min

*Ann Murphy (Hywel Dda UHB - RCN Trade Union Rep - Independent Board Member)*

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### 1.4 Matters Arising and Table of Actions from Meeting held on 9 September 2025

9:35 AM, 5 min

*Ann Murphy (Hywel Dda UHB - RCN Trade Union Rep - Independent Board Member)*

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### 1.5 Health and Safety Sub-Committee Update

9:40 AM, 10 min

*Jonathan Arthur (Hywel Dda UHB - Deputy Director of Health Sciences)*

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### 1.6 Governance Review

9:50 AM, 10 min

*James Severs (Hywel Dda UHB - Executive Director of Allied Health Professions and Health Science)*

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## 2 HEALTH AND SAFETY UPDATES

10:00 AM, 0 min

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### 2.1 H&S Dashboard and Compliance report

10:00 AM, 10 min

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**2.2 Accident, Incident and Notifiable Statistics Process Review**

10:10 AM, 10 min

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**2.3 Bariatric Care Update Report**

10:20 AM, 10 min

*Jeni Bryant (Hywel Dda UHB - Bank Senior Nurse Specialist)*

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**2.4 Stress in the Workplace**

10:30 AM, 10 min

*Karen Ryan (Hywel Dda UHB - Head of Occupational Health)*

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**3 FOR INFORMATION**

10:40 AM, 0 min

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**3.1 HSC Workplan**

10:40 AM, 5 min

*Ann Murphy (Hywel Dda UHB - RCN Trade Union Rep - Independent Board Member)*

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**4 ANY OTHER BUSINESS**

10:45 AM, 5 min

*All*

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**5 MATTERS FOR ESCALATION TO BOARD**

10:50 AM, 5 min

*Ann Murphy (Hywel Dda UHB - RCN Trade Union Rep - Independent Board Member)*

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**6 DATE AND TIME OF NEXT MEETING**

10:55 AM, 0 min

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1

9:30 AM, 0 Mins

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## 1 - GOVERNANCE

1.1

9:30 AM, 0 Mins

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1.1 - Welcome and Apologies

*Ann Murphy (Hywel  
Dda UHB - RCN  
Trade Union Rep -  
Independent Board  
Member)*

1.2

9:30 AM, 0 Mins

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1.2 - Declarations of Interest

*All*

1.3

9:30 AM, 5 Mins

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1.3 - Minutes of Previous Meeting Held on 9  
September 2025

*Ann Murphy (Hywel  
Dda UHB - RCN  
Trade Union Rep -  
Independent Board  
Member)*

| For approval

**Attachments**

[2025-09-09 - Health Safety Committee Meeting - Minutes.pdf](#)

## MINUTES OF THE Health and Safety Committee MEETING

Date of Meeting: **9:30 AM, Tuesday 09 September 2025**  
 Venue: **Microsoft Teams Meeting/Ystwyth Boardroom ; Ystwyth Board Room Avocor (Hywel Dda UHB - Generic Account)**

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

In Attendance: James Severs, Executive Director of Allied Health Professions and Health Science  
 Keith Jones, Director of Operational Planning & Performance (*deputising for Andrew Carruthers, Chief Operating Officer*)  
 Ardiana Gjini, Executive Director of Public Health)  
 Anthony Dean, Staff Side Representative  
 Tim Harrison, Head of Health, Safety and Security  
 Jonathan Arthur, Deputy Director of Health Sciences  
 Cathie Steele, Interim Assistant Director of Nursing Assurance and Safeguarding (*deputising for Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience*)  
 Simon Chiffi, Head of Operations  
 Karen Ryan, Head of Occupational Health  
 Charlotte Wilmshurst, Assistant Director of Assurance and Risk  
 John Roberts, Porter  
 Charles Scarf, Security Adviser  
 Ruth Poynting, Committee Services Officer (minutes)

Apologies: Joanne Wilson, Director of Corporate Governance/Board Secretary  
 Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience  
 Andrew Carruthers, Chief Operating Officer  
 Iwan Thomas, Independent Board Member  
 Adam Springthorpe, Health & Safety Manager

Minutes Ref.	Item	Action
HSC(25)033	<b>Welcome and Apologies</b>  Ms Ann Murphy welcomed all to the meeting. Introductions were made and apologies were noted as above.	
HSC(25)034	<b>Declarations of Interest</b>  There were no declarations of interest.	
HSC(25)035	<b>Minutes of Previous Meeting Held on 3 July 2025</b>  The minutes of the previous meeting were approved as a true and accurate record, with no comments received.	

**Decision:**

The minutes of the meeting held 3 July 2025 were APPROVED as an accurate record.

HSC(25)036

**Matters Arising and Table of Actions from Meeting held on 3 July 2025**

The Table of Actions was NOTED with no comments made.

**Decision:**

The Committee NOTED the Table of Actions

HSC(25)037

**Health and Safety Sub-Committee Update**

Dr Jonathan Arthur chaired the Security Management Group, where a comprehensive action plan was presented, underpinned by updated security measures. The Fire Safety Group, chaired by the Executive Director of Allied Health Professions and Health Science, noted improved training compliance.

Ms Sarah Harraway sought clarification on the measures being taken to improve training uptake. In response, Mr Keith Jones highlighted extensive engagement with Clinical Control Groups (CCGs), noting improvement at an operational level. However, he acknowledged that Level 2 training completion remains below the expected target.

Ms Cathie Steele questioned whether the Radiation Protection Group has oversight of Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) reports. Dr Arthur clarified these are directed to the Medical Exposure Group, which will report to Quality and Safety Intelligence Group (QSIG) in future.

Dr Arthur also expressed concerns regarding inaccurate dosimeter readings on mini C-arm equipment. This is currently under investigation by Swansea Bay University Health Board (SBUHB).

Ms Murphy noted that the Compliance and Site Operations Group update referenced revisions to the Control of Contractors Policy and queried whether a risk assessment had been incorporated into the updated documentation. Mr Simon Chiffi agreed to review this and provide an update to the Committee. SC

**Decision:**

The Committee was ASSURED by the Health and Safety Sub-Committee Update

HSC(25)038

**Assurance and Risk Report**

Ms Charlotte Wilmshurst introduced the newly formatted Assurance and Risk Report, which consolidates the risk register with broader assurance information. The report includes four corporate risks, two of which are discussed in the In Committee (Risk 1860 and 1861)

**Decision:**

The Committee was ASSURED by the Assurance and Risk Report

HSC(25)039

**Staff Story**

Mr John Roberts, a porter at Withybush Hospital (WGH), recounted an incident that occurred involving a visitor whose behaviour raised safety concerns. Staff had been advised by Dyfed Powys Police that the individual had a known history of challenging behaviour. Mr Roberts expressed concern about the risks involved, noting that porters were expected to manage the situation in the first instance.

Mr Scarf referenced a previous incident involving a recovered weapon to emphasise the importance of safety measures and the absence of protective equipment for porters. Both Mr Roberts and Mr Scarf noted that incidents involving aggressive behaviour occur weekly. While clinical staff provide support where possible, porters continue to carry out their duties under demanding circumstances and with limited resources.

Mr Roberts added that delays resulting from such incidents are sometimes not fully understood by other departments. Both he and Mr Scarf emphasised the need for improved safety measures to support staff, suggested options including cameras and personal protective equipment (PPE), to better protect staff in future incidents.

Mr Scarf explained that due to a lack of appropriate equipment, porters were exposed to potentially unsafe conditions. Mr James Severs noted that the team is actively reviewing security arrangements. In the interim, risk mitigation measures are being considered, such as the provision of PPE. Mr Severs also commented that body worn cameras can often act as a deterrent to potential violence.

Mr Chiffi acknowledged the continued reliance on the portering team for security-related tasks and noted that previous proposals to introduce PPE have not been formalised. He expressed optimism that charitable funding could enable progress this year. Mr Severs stressed that PPE is a statutory requirement and that appropriate risk assessments must be in place, both at an individual and organisational level, to ensure staff are adequately protected. Ms Murphy suggested that PPE may not need to be worn daily but could be kept on-site for use in high-risk situations where advance notice is available.

Mr Tim Harrison emphasised the importance of reviewing arrangement for dedicated security, noting that security duties are currently part of the portering role. Ms Harraway supported this, stressing the need to protect porters in the short term while developing longer-term security arrangements to ensure staff

safety. Ms Murphy added that any PPE procured now could later be repurposed for use by future security personnel.

Ms Steele explained that psychological support and occupational health services are available to staff affected by incidents either through self-referral or through their line manager.

The Committee thanked Mr Roberts and Mr Scarf for sharing the staff story, acknowledging valuable insight it provided.

Mr Severs recognised the topic of violence and aggression was also incorporated as part of the other corporate risks within the Health Board.

**Decision:**

The Committee NOTED the Staff Story

HSC(25)040

**Internal Audit Update Report**

Mr Harrison presented an update on outstanding actions from internal audit. The previous update addressed actions one to three, while this paper focuses on actions four and five. Shared Services Partnership Audit and Assurance Services have now closed off all five actions and confirmed compliance.

Ms Murphy queried the processes in place for identifying Health & Safety issues and enquired whether a general risk assessment exists for the data being processed. In response, Mr Harrison explained that item 2.3 outlines a new process which addresses this. A general risk assessment is in place as part of the organisation's wider risk management framework. While current practices demonstrate a solid foundation, there is scope to strengthen collaboration with trade union representatives regarding their procedures. The new process is expected to support better engagement in this area. Additionally, the use of the Audit Management and Tracking (AMaT) system to record actions will further support this work.

**Decision:**

The Committee was ASSURED by the Internal Audit Update Report

HSC(25)041

**Management of Actions for Health and Safety Inspections**

Mr Harrison provided an overview of the internal audit findings, highlighting that although inspections were undertaken, a few reasonable observations were raised regarding the absence of a robust procedure. The accompanying paper outlines proposed recommendations to address this. A new procedure has been drafted, integrated with the AMaT tool, which includes target dates for completion of associated actions. Further, outstanding actions from previous inspections have been revisited, with each CCG requested to review and provide a response. The paper outlines the current status of these actions.

In response to Ms Harraway's query, Mr Harrison clarified that deadlines are dependent on the classification of the issue; for example, major risks must be addressed within three months. Timescales are in place from the point at which reports are issued, and progress should be clearer by the next meeting.

Ms Murphy welcomed the more structured approach, and acknowledged the significant work involved.

**Decision:**

The Committee was ASSURED by the report on the Management of Actions for Health and Safety Inspections

HSC(25)042

**Health and Safety Site Audit Process**

Mr Harrison introduced the proposal for a new process for Health and Safety Site Inspections, ahead of presentation to the Health and Safety Sub-Committee (HSSC) for formal approval. The process is underpinned by the AMaT system, which has been configured to assess minor, major, and catastrophic risks. It will be the responsibility of the CCGs to manage these risks through the AMaT platform.

Ms Steele expressed full support for the implementation of the AMaT system, highlighting its effectiveness in supporting Health Inspectorate Wales (HIW) walkarounds and enhancing patient safety initiatives. Ms Steele also noted that work is taking place to ensure a consistency approach across the various areas of the Health Board.

Members were informed that new Health and Safety Site Inspections have been temporarily suspended until the draft 1389 Health and Safety Site Inspection Procedure is formally approved. Mr Severs highlighted that the internal audit for Health and Safety had identified nearly 1,000 actions, emphasising the importance of establishing a clear measurable metric for success. He noted that no formal process had previously been documented, and it was agreed that inspections would be paused until the methodology is formally approved. Once endorsed, the process will require testing and alignment with the wider quality and safety framework.

The Committee was assured by the progress made against the development of the new process.

**Decision:**

The Committee was ASSURED by the report on the Health and Safety Site Audit Process

HSC(25)043

**HSC Workplan**

Ms Harraway highlighted that the name of the vice chair should be amended to reflect the current appointment. CSO

**Decision:**

The Committee NOTED the HSC Workplan

HSC(25)044

**ANY OTHER BUSINESS**

Mr Severs informed Members that Mr Harrison would be leaving the Health Board to take up a new role at SBUHB. He formally acknowledged Mr Harrison's significant contribution and extended thanks for his commitment. Ms Murphy and Mr Jones echoed these sentiments, thanking him for his wise counsel. Mr Harrison reflected on his time since joining the Health Board in 2009, expressing appreciation for the opportunity to improve Health and Safety, and thanked Mr Severs for his support and wished the team continued success.

HSC(25)045

**MATTERS FOR ESCALATION TO BOARD**

There were no matters the Committee wished to alert or advise the Board of.

HSC(25)046

**DATE AND TIME OF NEXT MEETING**

Tuesday 11 November 2025, 9.30am-11.30am

1.4

9:35 AM, 5 Mins

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1.4 - Matters Arising and Table of Actions from Meeting held on 9 September 2025

*Ann Murphy (Hywel Dda UHB - RCN Trade Union Rep - Independent Board Member)*

| For discussion

**Attachments**

[HSC Table of Actions 11 Nov 2025.pdf](#)

**HEALTH & SAFETY COMMITTEE (HSC)/ PWYLLGOR IECHYD A DIOGELWCH**  
**11 November 2025**  
**TABLE OF ACTIONS/TABL GWEITHREDOEDD**

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
HSC(24)131	<p><b>Health and Safety Sub Committee Update</b></p> <ul style="list-style-type: none"> <li>To report back to the Committee after a discussion with JS on the timeline for the Violence and Aggression Management Plan and the issue with the Portering Role</li> </ul>	JA	May 2025	<p><b>In progress:</b></p> <p>Detailed training recovery plan to improve the current compliance with restraint training has been approved at the Estates &amp; Facilities QH&amp;S governance meeting. The projected trajectory for improvement is December 2025.</p>
HSC(24)138	<p><b>Bariatric Report</b></p> <ul style="list-style-type: none"> <li>Further update report to be brought to either HSC or HSSC</li> </ul>	JB	Nov 2025	<p><b>In progress:</b></p> <p>Forward planned for November 2025</p>
HSC(25)009	<p><b>H&amp;S Annual Work Plan 2025/26</b></p> <ul style="list-style-type: none"> <li>To provide assurance to HSSC around the management of stress in the workforce in collaboration with the Psychological Wellbeing Group and report back to HSC.</li> </ul>	TH, KR	November 2025	<p><b>In progress:</b></p> <p>Forward planned for November 2025.</p>
HSC(25)037	<p><b>Health and Safety Sub-Committee Update</b></p> <ul style="list-style-type: none"> <li>To clarify whether a risk assessment has been incorporated into the updated Control of Contractors policy.</li> </ul>	SC	November 2025	<p><b>Complete</b></p> <p>It was decided not to include a “direct copy” of HDDUHB Risk Assessments in this policy, as each employed contactor would offer their own version. Specific reference has been included to other documents in conjunction to this policy, namely 156 -Risk Management</p>

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
				Strategy & Policy and also 674 - Risk Assessment Procedure.

Key: JB-Jeni Bryant, JS- James Severs, AC-Andrew Carruthers, CSO- Committee Services Officer, JB – Jeni Bryant, JA – Jonathan Arthur, KJ – Keith Jones

1.5

9:40 AM, 10 Mins

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1.5 - Health and Safety Sub-Committee Update

*Jonathan Arthur  
(Hywel Dda UHB -  
Deputy Director of  
Health Sciences)*

| For assurance

**Attachments**

[HSSC 3As report November 25 final.pdf](#)

## COMMITTEE UPDATE REPORT/ ADRODDIAD DIWEDDARU'R HEALTH & SAFETY SUB COMMITTEE

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 29 September 2025

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Dr Jonathan Arthur, Vice Chair

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### KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

**Alert<sup>1</sup>** (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

The Health & Safety Sub-Committee wishes to **alert** members of the Health & Safety Committee that:

#### **Health and Safety**

- Following an alert regarding manual handling training compliance, currently at 58%, a plan is now in place to review the training needs analysis. This review will focus on understanding both the learning demand and capacity of the team responsible for delivering the training. The outcome of this analysis will provide greater insight into the current compliance levels. Once completed, the findings will be reported through the appropriate governance structures by the end of November 2025.

**Advise<sup>2</sup>** (to monitor)/ **Cynghori** (i fonitro)

The Health & Safety Sub-Committee wishes to **advise** members of the Health & Safety Committee that:

#### **Security Management Group**

- Further progress of the two corporate risks (1860 & 1861) will be reported to the Health and Safety In-Committee meeting in January 2026.
- A policy regarding the searching of individuals is currently under review, with expected completion in February 2026.
- A review has been undertaken of the Personal Protective Equipment (PPE) provided to portering teams, specifically in relation to the security aspects of their role.

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<sup>1</sup> There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

<sup>2</sup> There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

- The Four Assistant Security Violence and Aggression roles will be advertised in November 2025.

### **Electrical Safety Group**

- A secondary generator is in situ and in the commissioning phase in Bronglais Hospital (BGH). The additional BGH generator will be operational by the end of the year. The other acute sites will have secondary generators procured and installed on site as part of the two-year Targeted Estates Funding (TEF) funding to provide N+1 resilience. This funding has been agreed and will be released over a two-year period.
- Further work is required by the Electrical Safety Group (ESG) regarding compliance with Welsh Health Technical Memorandum (WHTM) 06-02 regulations to support the Sub-Committee's assurance role. These metrics will be considered at the Estates and Facilities Clinical Care Group (CCG) in the first quarter of 2026.
- The Chair of the ESG will review the Scunthorpe coroner's report concerning a fatality linked to power failure, with a view to identifying any potential lessons learned. This will be considered at the next ESG meeting scheduled for 12 November 2025.

### **Fire Safety Group**

- The Fire Safety Group (FSG) reviewed the NHS Wales Shared Services Partnership (NWSSP) annual fire safety audit submission on 6 August 2025 and identified a need to review the reporting of specific standards in line with the audit requirements.
- Level 2 fire safety training compliance continues to be monitored and reported at Integrated Quality, Financial Performance and Delivery Group (IQFPD).

### **Medical Gas Pipeline Systems Safety Group**

- Medical Gas Pipeline Systems are reviewed regularly. While the infrastructure is old, it poses no significant risk.
- Further assurance will be received by the group as standards and metrics for medical gas pipeline systems will be reviewed to ensure compliance.

### **Compliance and Site Operations Group**

- The compliance of site operations group has been asked to consider assurance metrics and the process surrounding compliance.
- Updated asbestos reports with priority assessments are underway.
- A new high-risk issue escalated regarding out-of-hours operational coverage, and a Datix risk has been logged. A deep-dive review will be completed by 17 November 2025.

### **Health and Safety**

- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) submissions has improved to 73.3%, those CCGs that are performing

well against this metric will be identified to share good practice and learning for the wider organisation.

### **Trade Union Health and Safety Group**

- RCN walk round raised concerns about pigeon guano at Withybush Hospital (WGH) and BGH. Cleaning has been reinstated.
- A review is being conducted to explore methods for improving support for porters working in environments where violence and aggression may occur.

### **Assure<sup>3</sup> (to note)/ Sicrhau (i nodi)**

The Health & Safety Sub-Committee had no items of which to **assure** members of the Health & Safety Committee.

### **Review of Risks/ Adolygiad o Risgiau**

Discussed within the body of the report.

### **Sharing of learning/ Rhannu dysgu**

Not Applicable

### **Recommendation/ Argymhelliad**

The Committee is asked to:

- Respond to the items that they are being alerted to
- Note the items the Committee is advising them of

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<sup>3</sup> There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

1.6

9:50 AM, 10 Mins

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## 1.6 - Governance Review

**James Severs (Hywel  
Dda UHB - Executive  
Director of Allied  
Health Professions  
and Health Science)**

### **Attachments**

[Health Safety SBAR HS Governance 111125 v1 \(002\).pdf](#)

[Appendix 1 Health Safety Compliance Group ToRs Draft 111125.pdf](#)

[Appendix 2 HSCommittee Work Programme 2025-26 Revised 171025.pdf](#)

[Appendix 3 Example Baseline Assessments Fire and Security.pdf](#)

[Appendix 4 Comparison between HSSC TORs and HSCG ToRs .pdf](#)

**PWYLLGOR IECHYD A DIOGELWCH  
HEALTH & SAFETY COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	11 November 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Proposed Health & Safety Governance Arrangements
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	James Severs, Director of Allied Health Professions and Health Science
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Joanne Wilson, Director of Corporate Governance/Board Secretary

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA**

**SBAR REPORT**

Sefyllfa / Situation

The purpose of this paper is to share the proposed health & safety governance arrangements across the operational and assurance arm of the Health Board to manage any potential gaps, inconsistencies or duplication in reporting.

This paper will set out the justification for these proposals, and the changes that have been made to strengthen the current arrangements to ensure the Health & Safety Committee (H&SC) can receive the necessary assurances required to enable it to approve the dis-establishment of its Health & Safety Sub-Committee (H&SSC).

Cefndir / Background

Members are reminded that the drivers for the establishment of the Health & Safety Sub-Committee governance arrangements were in response to the need to introduce a focus on compliance with legislation, regulations, and in providing onward assurance to the Health & Safety Committee and, in turn, the Board.

There was also an understanding that the establishment of the Health & Safety Sub-Committee may only need to be for a fixed period of time until each of its identified reporting groups matures sufficiently to be able to provide an assurance on their respective areas of work direct to the Health & Safety Committee.

Since the establishment of the Health & Safety Sub-Committee, the following 12 groups have reported directly into the H&SSC via a Triple A report, at intervals dependent upon their meeting frequency (bi-monthly, quarterly).

- Fire Safety Group
- Electrical Safety Group
- Water Safety Group
- Ventilation Safety Group
- Decontamination Group
- Compliance & Site Operations Group

- Radiation Protection Group
- Medical Gas Pipeline Systems Safety Group
- Security Management Group
- Trade Union Health & Safety Group
- Environmental Hygiene Group\*
- Antimicrobial Stewardship Group\*

\* these groups now report into the Health Board's Infection Prevention Strategic Steering Group

However, the tendency from these 12 groups has been to report on operational and performance-related matters as opposed to providing an assurance on their areas of work.

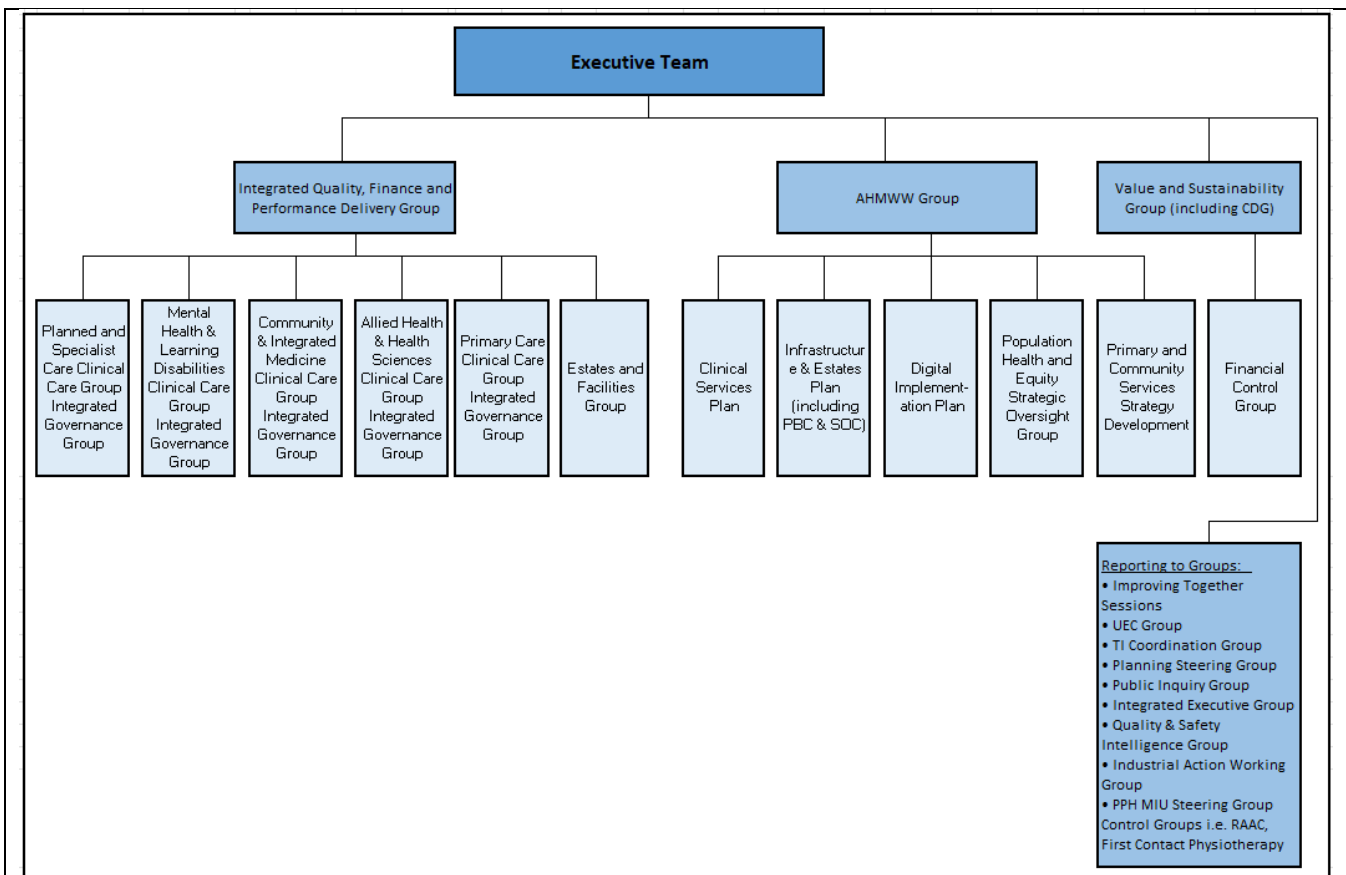
Since the establishment of the new Operational structure within the Health Board in April 2025, 6 Clinical Care Groups (CCGs) have replaced the previous Directorates, and are now required, through the operational governance arrangements that have been put in place, to report monthly on their health and safety arrangements through their Integrated Governance Group meetings to the Integrated Quality, Finance, Performance & Delivery Group (IQFPDG), which in turn reports into Executive Team.

Given there is now a route through the Health Board's operational structure and the operational governance arrangements in place to consider, more appropriately, operational health & safety matters, discussions have been held with the Health Board's wider Executive Team, to inform this proposal which aims to strengthen and streamline health and safety governance arrangements across the operational arm of the Health Board and propose arrangements to improve/enhance reporting into the assurance arm, to ensure there are no gaps, inconsistencies or duplication.

### Asesiad / Assessment

#### **New Operational Governance Arrangements Since April 2025**

An organogram depicting the reporting arrangements between the 6 CCGs Integrated Governance Groups and IQFPDG (and upward to Executive Team) is set out overleaf:



IQFPDG alternates its fortnightly meetings between a focus on business planning, performance & people once a month, and quality, health & safety once a month. It has been agreed that when IQFPDG is focused on quality, health & safety, chairing will be undertaken by a Clinical Executive Director i.e. the Director of Allied Health Professions & Health Science (Executive Lead for Health & Safety), with the Chief Operating Officer chairing the business planning, performance & people focused IQFPDG meetings.

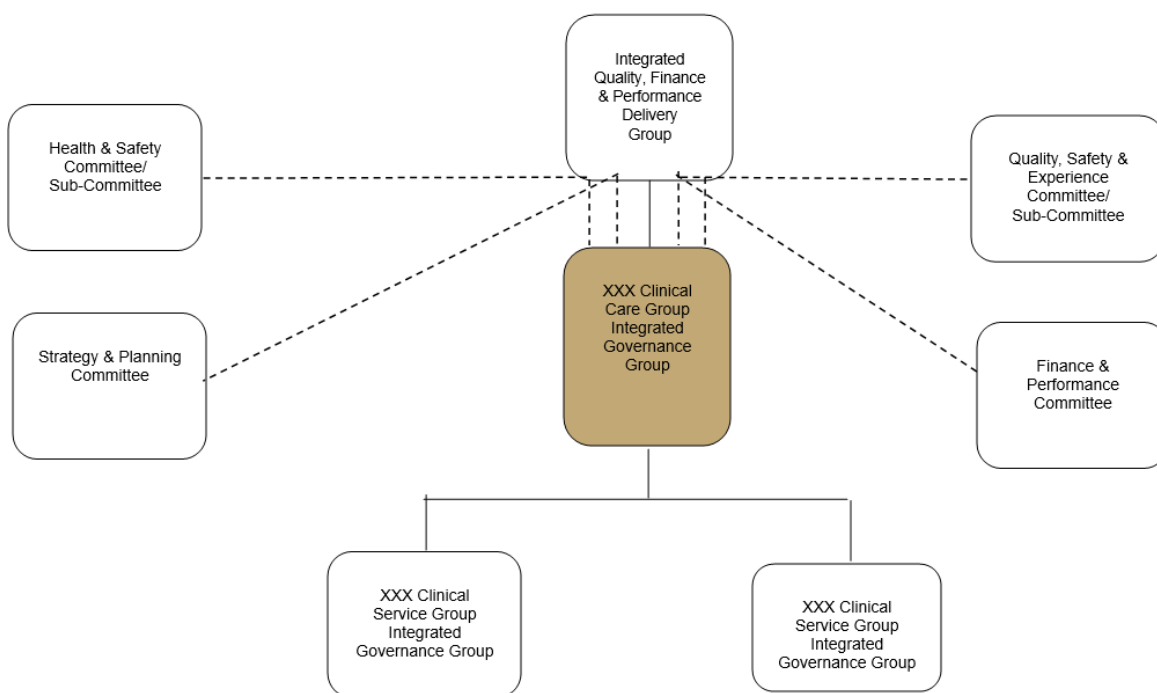
CCGs are required to maintain the same meeting rhythm with their Integrated Governance Groups to ensure there is no gap in reporting into IQFPDG.

Standard agendas have been issued for CCGs to follow for their quality, health & safety Integrated Governance Group meetings, to instruct them on the types of reports they need to include for discussion i.e. compliance with legislation and standards in respect of health and safety; staff incidents and RIDDOR; Health and Safety Inspection/Audit findings, Health & Safety training compliance e.g. Manual Handling, Reducing Restrictive Practice/Violence and Aggression, etc; relevant Health and Safety Executive reports.

While CCGs Integrated Governance Groups are directly accountable to the IQFPDG, it is anticipated that elements of their work may also feed into the Health Board's assurance arm. For example, relevant health and safety matters would be reported to the Health & Safety Committee; quality and safety matters to the Quality, Safety & Experience Committee; financial/performance matters to the Finance and Performance Committee; and planning matters or proposed service changes, etc, to the Strategy and Planning Committee.

Where appropriate and when timing allows, IQFPDG will direct where papers will need to be prepared for relevant Committees of the Board, and endorsement from the IQFPDG may be necessary for the progression of a range of operational matters through the Health Board's governance framework and pathways.

See organogram below:



### Proposed Health & Safety Governance Arrangements Across the Health Board's Operational and Assurance Arms

Since the introduction of the new operational governance arrangements, discussions have been held to consider how best to address any gaps, inconsistencies or duplication in terms of health and safety governance arrangements across both the operational and the assurance arm of the Health Board. The proposals contained within this report have been informed by discussions with Executive Team on operational health and safety governance arrangements, and by feedback from Health & Safety Committee Independent Members on the effectiveness of current health and safety governance arrangements within the assurance arm of the Health Board

- #### Health & Safety Reporting Arrangements Across the Health Board's Operational Arm

To strengthen operational health and safety governance arrangements, it has been agreed that bespoke Health & Safety Reports or PowerPoint Slides will be produced by the Health Board's Health & Safety Team for each of the 6 CCGs to present to their Integrated Governance Group meetings when focused on Quality, Health & Safety.

In addition, an overarching Health & Safety Compliance Report will be produced for IQFPDG to include the H&S Dashboard (when developed) together with a status on compliance against each of the regulations and industry standards required, highlighting any key health & safety issues for the 6 CCGs to action. This would enable the CCG Service Directors present at IQFPDG, to be directly informed of the health and safety issues within their specific areas in order that the service can then operationalise any responses that may be required. Cross-organisational learning across CCGs will also be facilitated at IQFPDG as a 'home' for discussion and cross-pollination of insights and ideas with the aim of avoiding siloed solutions to health and safety.

IQFPDG will then report into Executive Team on the business undertaken following each of its meetings, providing an overview of any health and safety issues that needed actions agreed

through IQFPDG for the CCGs to take forward, and appending this Health & Safety Compliance Report for context.

It is also anticipated that the Health & Safety Team would continue dialogue with CCG Service Directors and Clinical Service Group General Managers to follow up on any action required within their respective services in between these cycles of meetings.

It is further proposed that the managerial leads for the current reporting groups of the Health & Safety Sub-Committee, together with the managerial leads for any other regulation or industry standard, should, more appropriately, report into the operational arm of the Health Board, through a newly established Health & Safety Compliance Group. This group would be a managerial group (i.e. to discuss information and make an assessment), rather than an assurance group (providing assurance on issues, plans or work undertaken) chaired by the Director of Estates & Facilities and report into the Estates & Facilities CCG. Each managerial lead would be expected to determine the requirement for an underpinning group to support their area of work, however would still retain individual accountability.

Terms of Reference have been drawn up for this Health & Safety Compliance Group to cover its mandated remit and to ensure that the previous responsibilities of the Health & Safety Sub-Committee are incorporated, where appropriate.

Discussions at the Health & Safety Compliance Group will be informed by a baseline assessment that has been agreed will be undertaken, capturing the requirements against all health and safety regulations and industry standards on individual templates, in order that these can be audited to establish the Health Board's level of compliance. Examples of these have been crafted to accompany this report.

- **Health & Safety Reporting Arrangements Across the Health Board's Assurance Arm**  
Links into the Health Board's assurance arm would be made via a Health & Safety Assurance Report which would be prepared for each Health & Safety Committee meeting and included as a standing agenda item on their annual work plan, providing high level assurances using the 3As approach, drawing out the key issues from the Health & Safety Compliance Report produced for IQFPDG and any health & safety alert and advise items from the 6 CCGs with the agreed plan of action to address these. This Health & Safety Assurance report will provide an assurance on the work involved, and the actions agreed at IQFPDG to improve health and safety, compliance, etc, and any agreed actions and responses required.

The Health & Safety Committee will also receive, on rotation, assurance reports on the Health Board's compliance against individual Health & Safety regulations i.e. fire safety, security, etc. These reports will be plotted on the Health & Safety Committee's Workplan; for the first few months these will be based on those health and safety matters that are known to be the Health Board's 'riskiest' areas. Once the Committee receives an understanding on those areas within the Health Board with the most Alerts from the Health & Safety Assurance Report, these will be plotted with increased regularity on the Health & Safety Committee's Workplan

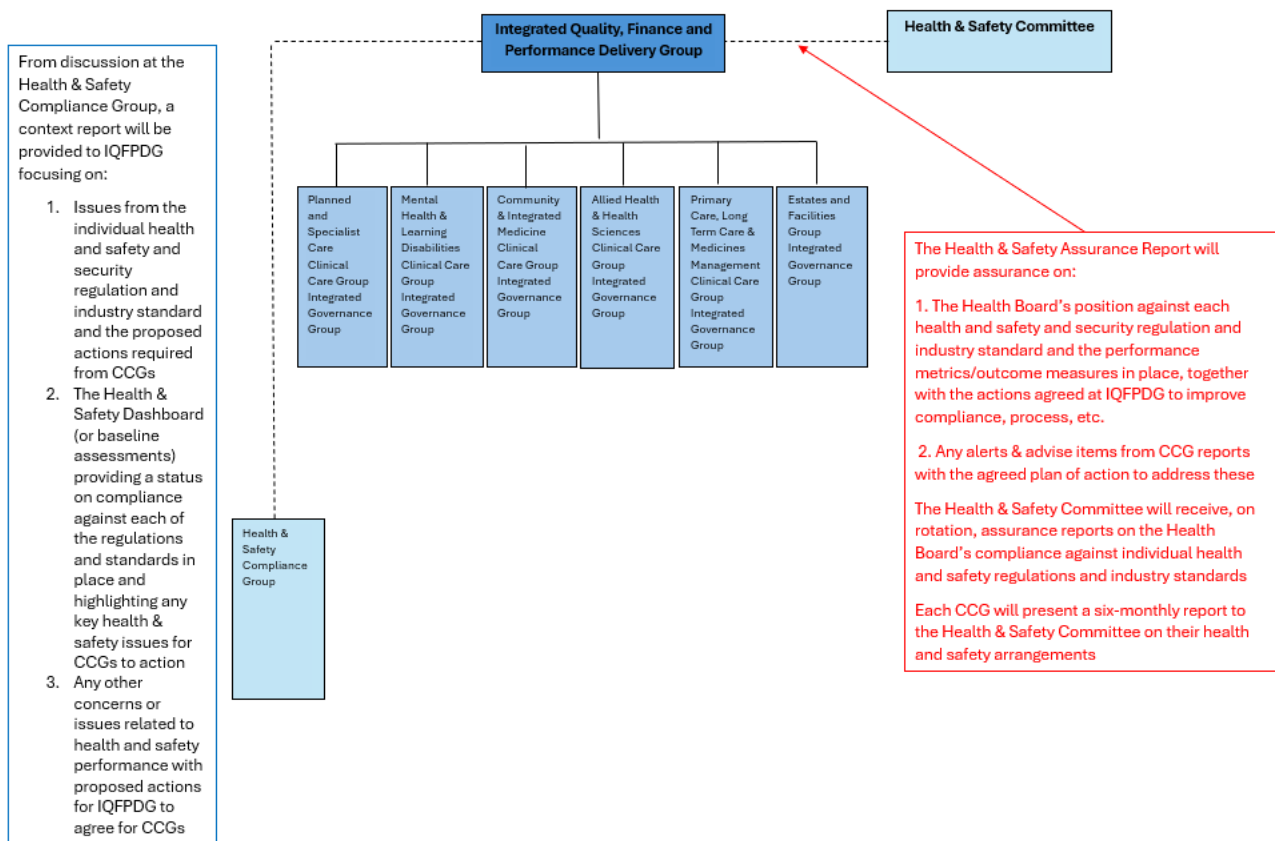
As an example of how matters would be reported through these new health and safety governance arrangements, should the Fire Safety Group raise an issue regarding the non-compliance of a fire regulation within a particular CCG, such as low compliance with fire training requirements, non-implementation of fire risk assessment actions or a letter of fire safety matters from Mid and West Wales Fire and Rescue Service, this will be reported up from the Fire Safety Group to the Health & Safety Compliance Group where the actions that would need to be taken to address any areas of non-compliance would be included in the overarching Health & Safety Compliance Report presented to IQFPDG for discussion with the relevant

CCG Service Director(s). It would also be included in the relevant CCG's Health & Safety Reports produced by the Health Board's Health & Safety Team. Once any required operational or management response has been identified, and subsequently addressed, this would be included within the Health & Safety Assurance Report to the Health & Safety Committee to provide an assurance on any improvements that have been made; it would also be included within the content of the Fire Safety Regulations Assurance Report to be presented at prescribed intervals determined by the Committee.

In addition to the Health & Safety Assurance Report and the individual Regulations Assurance Reports, the Health & Safety Committee will also receive a six-monthly assurance report from each CCG on their individual health and safety arrangements. This will enable the Health & Safety Committee to gain assurance directly from each CCGs Service Director.

These CCG Health & Safety Assurance Reports would be added to the Health & Safety Committee's workplan with the suggestion that two CCGs report to each Health & Safety Committee meeting. It is anticipated that these CCG Health & Safety Assurance Reports would need to be phased in to allow the Health & Safety team time to introduce an audit plan to enable compliance to be measured.

An organogram illustrating these proposed arrangements is set out below:



Given these revised and strengthened health and safety governance arrangements across both the Health Board's operational and assurance arm, it is proposed to dis-establish the Health & Safety Sub-Committee, moving the managerial leads for its 12 reporting groups under the newly established Health & Safety Compliance Group, whose mandated remit it is anticipated will address the likelihood of any gaps associated with the Sub-Committee's dis-establishment.

A comparison undertaken of the Health & Safety Sub-Committee's and the Health & Safety Compliance Group's Terms of Reference to determine where the Health & Safety Sub-Committee's responsibilities are covered off by either by the Health & Safety Compliance Group itself, IQFPDG, or the CCGs themselves, has concluded that no gaps will be introduced by dis-establishing the Health & Safety Sub-Committee, and a table to support this has been crafted to accompany this report.

Should this proposal receive Health & Safety Committee's approval, these new arrangements are included in the following appendices which are provided for assurance:

- Health & Safety Compliance Group's Terms of Reference (Appendix 1)
- Revised Health & Safety Committee annual work plan (Appendix 2)
- Examples of baseline assessments that have been undertaken to capture the requirements against health and safety regulations - Fire Safety, Security, etc (Appendix 3)
- Comparison table between the Health & Safety Sub-Committee and the Health & Safety Compliance Group Terms of Reference (Appendix 4)

For Health & Safety Committee's further assurance, it is planned that these proposed arrangements will be reviewed by Internal Audit in 2026/27.

### Argymhelliad / Recommendation

The Health & Safety Committee is requested to:

- **RECEIVE** an assurance that Health & Safety Sub-Committee's previous functions have been mapped to the new proposed approach, with due consideration to its governance requirements and accountabilities, with enhanced reporting arrangements to Health & Safety Committee in place;
- **APPROVE** the dis-establishment of the Health & Safety Sub-Committee;
- **NOTE** that the Health & Safety Committee's Terms of Reference will be reviewed, and revised Terms of Reference will be presented to the next Health & Safety Committee meeting;
- **NOTE** that, for further assurance, a report will be presented to the Health & Safety Committee in 6 months' time to provide an update on the effective implementation of these new health and safety arrangements.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

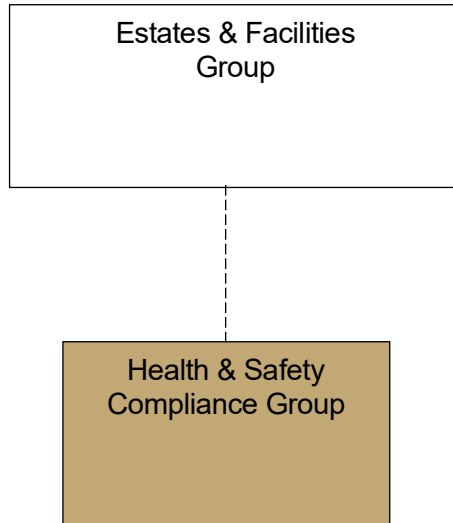
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	12.1: These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board-
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality:	6. All Apply

<a href="#">Quality and Engagement Act (sharepoint.com)</a>	
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Health & Safety Committee Terms of Reference Establishment/Dis-establishment of Committees/Sub-Committees (SOP for the Management of Board and Committees)
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Director of Corporate Governance (Board Secretary) Assistant Director of Assurance and Risk Executive Team

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No direct impact
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	The intention of this report is to improve health and safety and security governance arrangements to drive improvements within the Health Board
<b>Gweithlu: Workforce:</b>	No direct impact

<b>Risg: Risk:</b>	No direct impact
<b>Cyfreithiol: Legal:</b>	No direct impact
<b>Enw Da: Reputational:</b>	No direct impact
<b>Gyfrinachedd: Privacy:</b>	No direct impact
<b>Cydraddoldeb: Equality:</b>	No direct impact



**HEALTH & SAFETY COMPLIANCE GROUP**

**TERMS OF REFERENCE**

Version	Issued to:	Date	Comments
V.01	Health & Safety Compliance Group	TBA	For Approval/ Adoption

## 1. Constitution

- 1.1 The Health & Safety Compliance Group has been established as a managerial group of the Estates & Facilities Group and constituted from 1 December 2025.

## 2. Purpose

- 2.1 The Health & Safety Compliance Group has been established in order to advise the Estates & Facilities Group on all matters of compliance relating to health and safety and security regulations and industry standards across Hywel Dda University Health Board.
- 2.2 The Group will act as a forum for accountable managerial leads to discuss health and safety and security compliance, informed by an auditable baseline assessment capturing the requirements of all health and safety and security regulations and industry standards.

## 3. Key Responsibilities

- 3.1 To ensure and monitor levels of compliance against all health and safety and security regulations and industry standards applicable to HDdUHB.
- 3.2 To inform and monitor progress against agreed performance indicators in the Health & Safety Dashboard to be developed.
- 3.3 To receive and consider updates on each health and safety and security regulation and industry standard on rotation on the Group's agenda, indicating the Health Board's position against these and the agreed performance metrics/outcome measures in place, to identify any gaps in achieving compliance and determine how these will be addressed through any actions required.
- 3.4 To consider and approve written control documentation (policies, operational procedures and other documents), which fall within the remit of the Group, ensuring these have been adopted, developed, and/or reviewed in line with HDdUHB Policy 190 – Written Control Documentation.
- 3.5 To maintain a database of written control documents which fall within the remit of the Group, identifying their status in terms of up to date, extension requested or overdue.
- 3.6 To review the Health Board's Health and Safety Policy prior to approval by Health & Safety Committee.
- 3.7 To ensure that robust systems are in place and are operating effectively within operational services for the identification, assessment and prioritisation of risks, and subsequent actions related to health and safety and security issues.
- 3.8 To identify health and safety and security risks in respect of the Health Board's compliance with health and safety and security legislation and consider the actions required for areas of non-compliance.
- 3.9 To identify emerging themes from incident reports across HDdUHB.

- 3.10 To ensure actions to identify non-compliance around health and safety and security compliance are communicated to appropriate operational services, including all decisions made by the Group, in a timely and transparent manner, and that learning in regard to health and safety and security is disseminated and embedded across all the Health Board's activities as appropriate
- 3.11 To ensure a Health & Safety Compliance Report is presented to the Integrated Quality, Finance and Performance Delivery Group, in regard to the work of the reporting groups/areas, setting out the improvement actions required from operational services.
- 3.12 To ensure a Health & Safety Assurance Report is presented to the Health & Safety Committee, providing an assurance on the actions agreed to improve health and safety and security compliance.
- 3.13 To advise and inform other relevant groups on topics related to health and safety and security, where required.
- 3.14 To develop an annual work plan to inform the Group's agendas.
- 3.15 To address any other requirements stipulated by the Estates & Facilities Group.

#### 4. Membership

- 4.1 The membership of the Health & Safety Compliance Group will comprise the managerial leads for each health and safety and security regulation or industry standard, on the basis of their individual accountability:

Title
Director of Estates & Facilities (Chair)
Head of Health, Safety & Security (Vice-Chair)
Health & Safety Manager
Security Adviser (Lead for Security)
Head of Estates, Risk & Compliance
Head of Fire Safety (Lead for Fire Safety)
Head of Maintenance & Engineering (Lead for Electrical Safety, Water Safety, Ventilation, Working at Height, Vibration, Noise, Confined Spaces, PUWER, LOLER)
Deputy Director of Health Sciences/Radiation Protection Adviser (Lead for Radiation Protection)/Laser Protection Adviser (Lead for Artificial Optical Radiation)
Head of Maintenance & Engineering (Lead for Medical Gas Pipeline Systems Safety)
Deputy Chief Operating Officer/Theatres representative (Lead for Decontamination)
Head of Facilities (Lead for Environmental Hygiene* and Food Safety)
Lead for Antimicrobial Stewardship*
Leads for other Health & Safety regulations/industry standards
Head of Property Performance (Lead for Environmental Legislation/Regulations)
Occupational Health lead/representative
Trade Union Health & Safety lead/representative
Infection Prevention lead/representative

\* The Environmental Hygiene Group and the Antimicrobial Stewardship Group report into the Health Board's Infection Prevention Strategic Steering Group (IPSSG - a reporting group of the Quality & Safety Intelligence Group (QSIG))

- 4.2 The membership of the Group will be reviewed on an annual basis.

## 5. Quorum and Attendance

- 5.1 A quorum must consist of either the Chair or Vice-Chair and no less than a third of the membership of the group.
- 5.2 Any senior manager of HDdUHB, NHS Wales Shared Services Partnership NWSSP Legal and Risk Services and NWSSP - SES Specialist Estates Services staff may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.
- 5.3 The Group may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills and advice where required.
- 5.4 Should any member be unavailable to attend, they may nominate a fully briefed deputy to attend in their place, subject to the agreement of the Chair.

## 6. Agenda and Papers

- 6.1 The Health & Safety Compliance Group Secretary is to hold an agenda setting meeting with the Chair and/or the Vice Chair, at least **three** weeks before the meeting date.
- 6.2 The agenda will be based around the Group work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year and requests from Group members. Following approval, the agenda and timetable for request for papers will be circulated to all Group members.
- 6.3 The agenda and papers for meetings will be distributed seven days in advance of the meeting.
- 6.4 The draft action notes and action log will be circulated to the Chair within seven days to check the accuracy, prior to sending to Members to review within the next seven days.
- 6.5 Members must forward amendments to the Group Secretary within the next seven days. The Group Secretary will then forward the final version to the Group Chair for approval.

## 7. Frequency of Meetings

- 7.1 The Health & Safety Compliance Group will meet monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Group.
- 7.2 The Chair of the Group, in discussion with the Group Secretary, shall determine the time and the place of meetings of the Group and procedures of such meetings.

## 8. Accountability, Responsibility and Authority

- 8.1 The Health & Safety Compliance Group will be accountable to the Estates & Facilities Group for its performance in exercising the functions set out in these terms of reference.

- 8.2 The Group shall embed the University Health Board's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 8.3 The requirements for the conduct of business as set out in the University Health Board's Standing Orders are equally applicable to the operation of the Group.

## **9. Reporting**

- 9.1 The Health & Safety Compliance Group may establish sub-groups or task and finish groups to carry out on its behalf specific aspects of Group business. The Group will receive an update following each of its reporting groups/areas meetings, detailing the business undertaken on its behalf.
- 9.2 The Group will ensure, through the Health & Safety Compliance Report to IQFPDG, the Health Board's status of compliance against required health and safety and security regulations and industry standards, and the improvement actions required.
- 9.3 The Group will also ensure, through the Health & Safety Assurance Report, that the Health & Safety Committee is assured on the actions agreed to improve health and safety and security compliance.
- 9.4 The Health & Safety Compliance Group shall escalate or bring any significant matters to the attention of the lead Executive Director.

## **10. Secretarial Support**

- 10.1 The Health & Safety Compliance Group secretariat will be provided through the Director of Estates & Facilities.

## **11. Review Date**

- 11.1 These terms of reference shall be reviewed on at least an annual basis by the Health & Safety Compliance Group for approval by the lead Executive Director.

**HEALTH & SAFETY COMMITTEE WORK PLAN APRIL 2025 – MARCH 2026**

Currently, Health & Safety Committee (HSC) meets bi-monthly. Based on this, the following table represents a proposal to incorporate the duties as outlined in the Committee’s Terms of Reference into a basic work plan April 2025 – March 2026.

AGENDA ITEM/ ISSUE	Purpose	LEAD	Responsible Officer	6 May 2025	3 July 2025	9 Sept 2025	11 Nov 2025	13 Jan 2026	10 March 2026
<b>GOVERNANCE &amp; RISKS</b>									
Welcome and Apologies	N/A	Chair	All	✓	✓	✓	✓	✓	✓
Declarations of Interests	N/A	Chair	CSO	✓	✓	✓	✓	✓	✓
Minutes from previous meeting	N/A	Chair	CSO	✓	✓	✓	✓	✓	✓
Matters Arising (not on agenda)	N/A	Chair	All	✓	✓	✓	✓	✓	✓
Table of Actions (ToAs)	N/A	Chair	CSO	✓	✓	✓	✓	✓	✓
Review of Terms of Reference (TORs)	Approval	Chair	JW						✓
HSC Self-Assessment Outcome Report 2025/26	Assurance	Chair	JW						✓
Health & Safety Committee Annual Report 2025/26	Assurance	Chair	JS				✓		
Health and Safety Sub-Committee Update	Assurance	JS	JS	✓	✓	✓	✓	✓	✓
Assurance and Risk Report	Assurance	JS	RW		✓	✓		✓	
H&S Sub-Committee TOR	Approval	JS	JS						✓
Governance Review	Information	Chair	JW				✓		
<b>HEALTH AND SAFETY UPDATES</b>									
Staff/Patient Story	Assurance	JS	various	✓	✓	✓	✓	✓	✓
H&S Dashboard and Compliance report (cover the work of reporting groups and other legislation) (3.1, 3.2, 3.3, 3.4, 3.11, 3.12, 3.14, 3.18)	Assurance	JS	TH	✓	✓	✓	✓	✓	✓
<b>Health &amp; Safety Assurance Report</b>	<b>Assurance</b>	<b>JS</b>						✓	✓
<i>Site Visit Report and associated actions</i>	Assurance	JS	TH		✓			✓	

AGENDA ITEM/ ISSUE	Purpose	LEAD	Responsible Officer	6 May 2025	3 July 2025	9 Sept 2025	11 Nov 2025	13 Jan 2026	10 March 2026
<i>Safety Management Systems and Audits, and associated corrective actions * (3.7 &amp; 3.10)</i>	Assurance	JS	TH			✓			✓
Accident, Incident and Notifiable Statistics Process Review* Including V&A (3.8)	Assurance	JS	TH	✓			✓		
<i>Monitoring of H&amp;S Annual Work Plan (3.9)</i>	Assurance	JS	TH	✓	✓	✓	✓	✓	✓
Review of efficacy of the health, safety, fire and security training programmes (3.13)	Assurance	JS	TH		✓			✓	
Health and Safety Policy (3.17) <i>not due for review until Sep27)</i>	Approval	JS	TH						
Produce Health and Safety Annual Report for Board (3.19)	Approval	JS	TH					✓ draft	✓ final
Electrical Infrastructure Risks	Assurance	JS		✓					
Risk 1745 – Estates Condition	Assurance	JS		<b>D</b>	✓				
RAAC Assurance Report	Assurance	JS		✓					
Trade Union Health & Safety Group Update	Assurance				✓				
Bariatric Report	Assurance		JB				✓		
Stress in the Workplace	Assurance	JS	TH/KR				✓		
Individual Regulations Assurance Reports: <ul style="list-style-type: none"> <li>• Fire Safety</li> <li>• Security</li> </ul>	Assurance	JS	SD SD					✓	✓
Clinical Care Groups Health & Safety Assurance Reports: <ul style="list-style-type: none"> <li>• Planned &amp; Specialist Care</li> <li>• Community &amp; Integrated Medicine</li> <li>• Allied Health &amp; Health Sciences</li> <li>• Mental Health &amp; Learning Disabilities</li> <li>• Primary Care</li> <li>• Estates &amp; Facilities</li> </ul>	Assurance	AC	PG PS SQ LC JP TBC						

AGENDA ITEM/ ISSUE	Purpose	LEAD	Responsible Officer	6 May 2025	3 July 2025	9 Sept 2025	11 Nov 2025	13 Jan 2026	10 March 2026
<b>EMERGENCY PLANNING</b>									
Critical Threat Level Response Framework		AG	SH						
Major Incident Annual Plan: 2025/26 (3.6)		AG	SH		✓				
PREVENT and CONTEST: Update 6-monthly update		AG	TH		IC		IC?		
Counterterrorism Assessment Report: Gap Analysis & Response to Martyn's Law					IC				
<b>Policies</b>									
Business Continuity & Planning Policy	Approval	AG	SH		✓				
<b>Administration</b>									
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Draft agenda to go to Executive Team	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days before the meeting)	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Disseminate agenda/papers 7 days prior to meeting	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Issue a draft TOA within two days of the meeting	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Circulate minutes and TOA to the Lead Director within 7 days of meeting	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Issue minutes and TOA to Members (including the Committee Chair) following Lead Director review	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓

**Chair:** Ann Murphy **Vice Chair:** Delyth Raynsford **Lead Executive:** James Severs

<b>JS</b>	James Severs	<b>JW</b>	Joanne Wilson	<b>AC</b>	Andrew Carruthers	<b>AG</b>	Ardiana Gjini
<b>TH</b>	Tim Harrison	<b>CW</b>	Charlotte Wilmshurst	<b>SA</b>	Shaun Ayres	<b>SH</b>	Sam Hussell
<b>SC</b>	Simon Chiffi	<b>SD</b>	Simon Day	<b>PS</b>	Peter Skitt	<b>SQ</b>	Sara Quarrie
		<b>CSO</b>	Committee Services Officer	<b>D</b>	Deferred		

Regulations or Topic Area	Executive Lead	Management Lead	Authorising Engineer (where applicable)	CCGs Covered or Affected	Measures / Metrics Available	Measures / Metrics to Consider or Introduce	Policy in Existence	Overseeing Group (where applicable)	Risk Register Entries	What the Regulations Require	How will compliance be achieved	Control Measures	Responsibility to Employees	Enforcing Agency	Training Requirement	On H&S Level 1?	On MH&SI Course?
Regulatory Reform (Fire Safety) Order 2005 (RRO)	James Severs, Director of Allied Health Professions and Health Science	Richard Jupp, Head of Fire Safety	N/A	Estates & Facilities CCG All CCGs	Target of >90% Fire training compliance for Levels 1, 2 & 3 only, achieved by completing various courses and/or face to face sessions.  Target of >90% of Fire Risk Assessments completed within the specific timeframe allocated  Findings/ Actions arising from Fire Risk Assessments to be completed within the agreed timelines specified	Monitored through the Fire Safety Group  Target of 100% of findings/actions from Fire Risk Assessments completed or implemented to be introduced	Fire Safety Policy (Including TNA)	Fire Safety Group	813 Corporate Risk Risk of non-compliance with the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure	The Regulatory Reform (Fire Safety) Order 2005 (RRO) is a statutory law that sets out the minimum fire safety standards for non-domestic premises, emphasizing the responsibility of employers to maintain a safe working environment. It requires individuals designated as "responsible persons" to carry out risk assessments, ensure adequate fire safety measures are in place, and provide training to employees.	As a 'responsible person' to comply with the law, an employer must make sure:  • Works premises reach the required standards • Fire Risk Assessments are completed • Employees are provided with adequate fire safety training	The Responsible Person is required to: • Carry out a suitable and sufficient fire risk assessment, recording significant findings. • Implement preventive and protective measures based on the risk assessment, which will include maintaining the fire alarm & detection systems, emergency lighting, fire compartmentation, fire dampers, emergency lifts, firefighting equipment, and means of escape. • Consider risks posed by dangerous substances and carry out DSEAR assessments where required. • Establish and test emergency evacuation procedures. • Maintain records and provide information to employees and other relevant persons, including those especially at risk. In multi-occupied buildings, the responsibilities can be shared between landlords, employers, or other controlling parties, with duty holders required to coordinate their fire safety measures to ensure collective compliance.	The RRO outlines the responsibilities of Responsible Persons to employees in the context of fire safety. Responsible Persons must ensure that all employees take reasonable care for their own safety and the safety of others in the workplace. This includes providing employees with the findings of the fire risk assessments and ensuring that they regularly participate in fire safety training sessions. It is also the duty of Responsible Persons to consult employees on fire safety matters and provide information to them.	Local fire and rescue authorities are the main bodies responsible for enforcing the RRO across England and Wales, including workplaces, commercial buildings and public buildings. The authorities carry out inspections, audits, and actions to ensure fire safety compliance. Depending on the severity of non-compliance, Inspectors appointed by enforcing authorities have the powers to issue verbal advice, non-statutory notices, or statutory enforcement notices. The maximum penalties for non-compliance enforced by the Fire and Rescue Service are unlimited fines.	Level 1 – All staff must complete this training biennially.  Level 2 – Nursing staff must complete this training annually.  Level 3 - Fire Response Team Specialised Training, completed annually.  Level 4 - Fire Safety Warden Training is a voluntary role and staff would receive updates every 2 years.  Level 5 - Fire Training for Managers banded at 8B+ staff. This is also the MH&SI Fire Module. No repeat.	No (not required as other mandatory general training in place)	Yes

Security	James Severs, Director of Allied Health Professions and Health Science	Replacement for Tim Harrison as Head of Health, Safety & Security	N/A	Estates & Facilities CCG (Porters) All CCGs	Security Risk Assessments	<p>Target of &gt;90% of Security Risk Assessments completed to be introduced</p> <p>Target of &gt;90% of findings/actions from Security Risk Assessments completed or implemented to be introduced</p> <p>A reducing target to be introduced for number of security calls or incidences; number of police calls and attendances; number of absconded patients</p>	Security Management Policy CCTV Policy and Documentation	Security Management Group (Currently a reporting group of the H&S Sub-Committee)	<p>1860 Corporate Risk Risk of serious harm to staff due to violence &amp; aggression in the workplace</p> <p>1861 Corporate Risk Risk of harm to staff, patients public and critical assets due to insufficient physical security measures and system</p>	<p>The Health and Safety at Work etc. Act 1974 (HSWA) requires employers to ensure, so far as is reasonably practicable, the health, safety, and welfare of employees. This includes protection from intruders, violence and unsafe premises.</p> <p>The Management of Health and Safety at Work Regulations 1999 (MHSWR), employers must conduct risk assessments that include security threats (e.g. unauthorised access, theft, violence).</p> <p>The Workplace (Health, Safety and Welfare) Regulations 1992 (WHSWR) requires workplaces to be maintained in a safe condition, including secure access and exit routes.</p> <p>The Health Board is also in the 24 month implementation period of the Terrorism Protection of Premises Act (2025) (aka Martyn's Law) which requires public venues and events to implement security measures and preparedness plans to protect people from terrorist attacks.</p>	<p>Conduct a suitable and sufficient risk assessment including site and perimeter security, staff and patient safety, access control, information and data security, asset and equipment protection, emergency preparedness, incident reporting and review.</p> <p>Additional requirements under Martyn's Law, for all Qualifying Premises and Events (200-799 people):</p> <ul style="list-style-type: none"> <li>• Notify the regulator (Security Industry Authority – SIA);</li> <li>• Implement public protection procedures, including evacuation, invacuation, lockdown and communication plans.</li> </ul> <p>Additionally, for Enhanced Tier Premises and Events (800+ people i.e. All acute sites):</p> <ul style="list-style-type: none"> <li>• Implement additional protection measures, such as: Monitoring and surveillance, movement control, physical security (e.g. barriers, bag checks), information security and document procedures and measures;</li> <li>• Designate a senior responsible person.</li> </ul>	<p>Physical Security Measures:</p> <ul style="list-style-type: none"> <li>• Access control systems: Keycards, biometric scanners, PIN codes for restricted areas.</li> <li>• CCTV surveillance: Strategically placed cameras to monitor entrances, exits, and sensitive zones.</li> <li>• Security personnel: Trained guards or reception staff to monitor activity and respond to incidents.</li> <li>• Secure entry points, lighting and fencing.</li> </ul> <p>Procedural Controls:</p> <ul style="list-style-type: none"> <li>• Visitor management: Sign-in procedures, visitor badges, escorted access.</li> <li>• Lone worker protocols: Check-in systems, mobile alerts, and emergency contact procedures.</li> <li>• Incident reporting: Clear systems for logging and investigating security breaches or suspicious behaviour.</li> <li>• Emergency plans: Lockdown, evacuation, and communication protocols for threats or attacks.</li> <li>• Martyn's Law compliance: Implement terrorism protection procedures.</li> </ul> <p>Human and Cultural Measures:</p> <ul style="list-style-type: none"> <li>• Staff training: Security awareness, conflict de-escalation, and emergency response.</li> <li>• Clear policies: Workplace violence, harassment, and acceptable use policies.</li> </ul>	<p>The Health Board must ensure, so far as is reasonably practicable, the health, safety, and welfare of its employees, through implementing the listed control measures, where practicable and relevant.</p>	<p>The Health and Safety Executive (HSE) enforces compliance with the HSWA, MHSWR and WHSWR. Failure to follow them can lead to significant penalties, including unlimited fines.</p> <p>The Terrorism Protection of Premises Act (2025) will be enforced by the Security Industry Authority (SIA), however there will not be enforcement until the end of the implementation period. Maximum fines from the SIA are £18m.</p> <p>Affected employees may also be able to make a personal injury claim for injuries sustained through violence and aggression incidents in the workplace caused by insufficient security measures.</p> <p>Health Boards should also consult with employee representatives, such as union safety representatives, on the management of security in the workplace.</p>	- Restraint Reduction Full Course 3 days (Modules A-D) (Porters). - Management arrangements covered on MH&SI.	No	Yes
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### Comparison between the Health & Safety Sub-Committee (H&SSC) Terms of Reference (ToRs) and the Health & Safety Compliance Group (H&SCG) ToRs

<b>Responsibilities from Section 2 Purpose of H&amp;SSC ToRs</b>	<b>Alignment to H&amp;SCG ToRs</b>
<p>2.1 The purpose of the Health and Safety Sub-Committee is to ensure that the health and safety and security arrangements across the Health Board are driven by and focused on the requirements involved in each area, together with Hywel Dda University Health Board's (HDdUHB's) compliance or performance against these.</p> <p>2.2 The Sub-Committee will monitor, scrutinise and receive assurance from its constituent parts that the various actions undertaken to ensure health and safety and security are effective and well managed.</p> <p>2.3 The Sub-Committee will oversee the arrangements in place for the identification, assessment and prioritisation of risks related to health and safety and security.</p> <p>2.4 The Sub-Committee will act as a forum for technical advisors to discuss health and safety and security issues across the Health Board.</p> <p>2.5 The Sub-Committee will also provide opportunity for communication between the Health and Safety Sub-Committee and other health and safety and security related groups.</p>	<p>2.1 The Health &amp; Safety Compliance Group has been established in order to advise Hywel Dda University Health Board (HDdUHB) on all matters of compliance relating to health and safety.</p> <p>Covered under 2.2 below</p> <p>Covered under 3.8 below</p> <p>2.2 The Group will act as a forum for accountable managerial leads to discuss health and safety compliance, informed by an auditable baseline assessment capturing the requirements of all health and safety regulations and industry standards.</p> <p>3.13 To advise and inform other relevant groups on topics related to health and safety, where required.</p>
<b>Responsibilities from Section 3 Key Responsibilities of H&amp;SSC ToRs</b>	<b>Alignment to H&amp;SCG ToRs</b>
<p>3.1 The Health &amp; Safety Sub-Committee will oversee levels of compliance with national guidance and subsequent legislation and standards</p>	<p>3.1 To ensure and monitor levels of compliance against all health and safety and security regulations and industry standards applicable to HDdUHB.</p>

in respect of health and safety and security.	
3.2 Monitor progress against agreed performance indicators related to health and safety and security within the Health & Safety Dashboard to be developed.	3.2 To inform and monitor progress against agreed performance indicators in the Health & Safety Dashboard to be developed.
3.3 Approve organisational health and safety policies, procedures, guidelines and codes of practices (policies within the scope of the Sub-Committee).	3.4 To consider and approve written control documentation (policies, operational procedures and other documents), which fall within the remit of the Group, ensuring these have been adopted, developed, and/or reviewed in line with HDdUHB Policy 190 – Written Control Documentation.
3.4 Review the Health Board's Health and Safety Policy prior to approval by Health & Safety Committee.	3.6 To review the Health Board's Health and Safety Policy prior to approval by the Health & Safety Committee.
3.5 Seek assurance on the management of operational risks that have been aligned to the Health & Safety Sub-Committee, where the risk tolerance is exceeded or where there is a lack of timely action. Lack of assurance and resolution to be escalated to the Health & Safety Committee.	3.8 To identify health and safety and security risks in respect of the Health Board's compliance with health and safety legislation and consider the actions required for areas of non-compliance.
3.6 Request a deep dive report when action/contingency plans to address incidents and alerts that HDdUHB receives in relation to health and safety and security breach the agreed timescales.	New role and responsibility proposed for the Health & Safety Committee
3.7 Ensure actions are completed in a robust and timely manner and seek assurance that learning in regard to health and safety is disseminated and embedded across all the Health Board's activities as appropriate.	3.10 To ensure actions to identify non-compliance around health and safety and security compliance are communicated to appropriate operational services, including all decisions made by the Group, in a timely and transparent manner, and that learning in regard to health and safety and security is disseminated and embedded across all the Health Board's activities as appropriate
3.8 Receive assurance from the Groups reporting to the Sub-Committee and consider how escalated issues are addressed/resolved.	3.3 To receive and consider updates on each health and safety and security regulation and industry standard on rotation on the Group's agenda, indicating the Health Board's position

	against these and the agreed performance metrics/outcome measures in place, to identify any gaps in achieving compliance and determine how these will be addressed through any actions required.
3.9 Provide the necessary assurances to the Health & Safety Committee, escalating any matters of immediate concern with recommendations for action.	3.1.2 To ensure a Health & Safety Assurance Report is presented to the Health & Safety Committee, providing an assurance on the actions agreed to improve health and safety and security compliance.
3.10 Develop an annual work plan, responding to operational service priorities, consistent with the strategic direction for the organisation, for approval by the Health & Safety Committee.	3.14 To develop an annual workplan to inform the Group's agendas.
3.11 Inform the work plans for reporting Groups and vice versa.	Only required if the H&SCG establishes reporting Groups
3.12 Receive and consider any relevant Health & Safety issues from the Infection Prevention Strategic Steering Group.	Covered under Membership section, Estates-led Infection Prevention lead to be invited to attend the H&SCG
3.13 Address any other requirements stipulated by the Health & Safety Committee.	3.15 To address any other requirements stipulated by the Estates & Facilities Group.

2

10:00 AM, 0 Mins

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## 2 - HEALTH AND SAFETY UPDATES

2.1

10:00 AM, 10 Mins

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## 2.1 - H&S Dashboard and Compliance report

| For assurance

### Attachments

[SBAR H S Dashboard Compliance Report Nov 25 V1.0.pdf](#)

**PWYLLGOR IECHYD A DIOGELWCH  
HEALTH & SAFETY COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	11 November 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Health and Safety Dashboard and Compliance Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	James Severs, Executive Director of Allied Health Professions and Health Science
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Adam Springthorpe, Health & Safety Manager

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

This report is presented to the Health and Safety Committee (HSC) to provide an update on the development of the Health and Safety Dashboard including:

- Monitoring reported staff / contractor Datix incidents;
- Health and safety e-learning compliance;
- Manual handling training compliance;
- An outline of phase 2, due in December 2025.

**Cefndir / Background**

As part of work to comply with Improvement Notice LPJ/HD/04102019/06 issued to Hywel Dda University Health Board (HDdUHB) by the Health and Safety Executive (HSE) in 2019, the Health, Safety and Security Department (HSS Dept) designed and developed a Health and Safety (H&S) Dashboard in conjunction with the Performance and Datix teams. The Improvement Notice was signed off by the HSE as satisfactorily completed in 2021.

The H&S Dashboard extracted data from the old Datix incident reporting system and displayed both health and safety incident data and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) data, so that senior managers could easily access statistical information to inform their meetings and gain assurance.

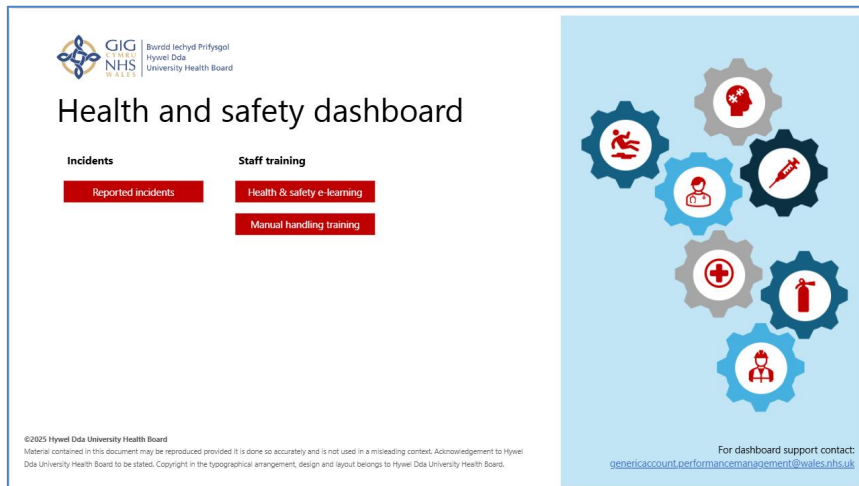
The Dashboard was launched at the end of February 2021, however became non-operational in April 2021 following HDdUHB's switch to the new Datix incident reporting system. As a result, it was active for less than two months.

**Asesiad / Assessment**

The Performance Team, with assistance from Information Services and the Datix Team, has now completed the first phase of the new and improved H&S Dashboard. The first three modules available are:

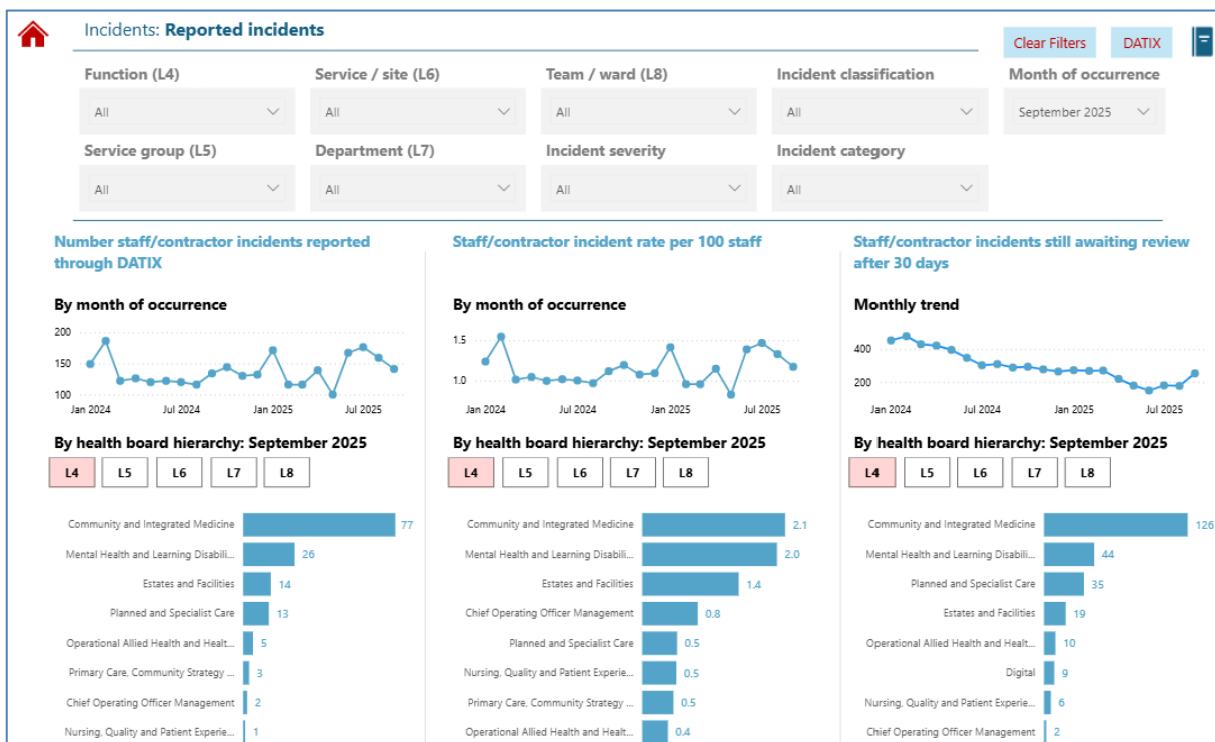
- Staff / contractor reported incidents;
- Health and safety e-learning compliance;
- Manual handling training compliance.

The H&S dashboard can be accessed here: [Health and Safety dashboard - Power BI](#) (internal link) . A screenshot of the landing page that greets dashboard visitors is shown below.



## Reported Incidents

The Reported Incidents dashboard shows the number of Staff / Contractor incidents reported through the Datix incident reporting system in a given period. All data is interrogatable by a number of different Health Board structure levels including Clinical Care Group (CCG) level, Service Group, Service, Department and Ward level. A breakdown of data is shown by the chosen month and a line graph tracks monthly compliance back to January 2024.



The data is also interrogatable by incident severity, incident classification and incident category, as reported through the Datix system. Under incident classification, the main two classifications monitored by the H&S Team are:

- Accident, Injury;
- Behaviour (including Violence & Aggression).

However, all selectable options from Datix are available. Once the incident classification has been selected, the incident category dropdown filters accordingly.

The dashboard is linked to the Electronic Staff Record (ESR) which allows for the calculation of a staff/contractor incident rate per 100 staff to be calculated. This allows for fair comparisons between selections. The reported incident dashboard also tracks the number of staff/contractor incidents that are still awaiting review after 30 days and includes a trend line tracking back to January 2024.

For current incident statistics, please refer to item 2.3 Accident, Incident and Notifiable Statistics.

### **Health and Safety Mandatory E-Learning Compliance**

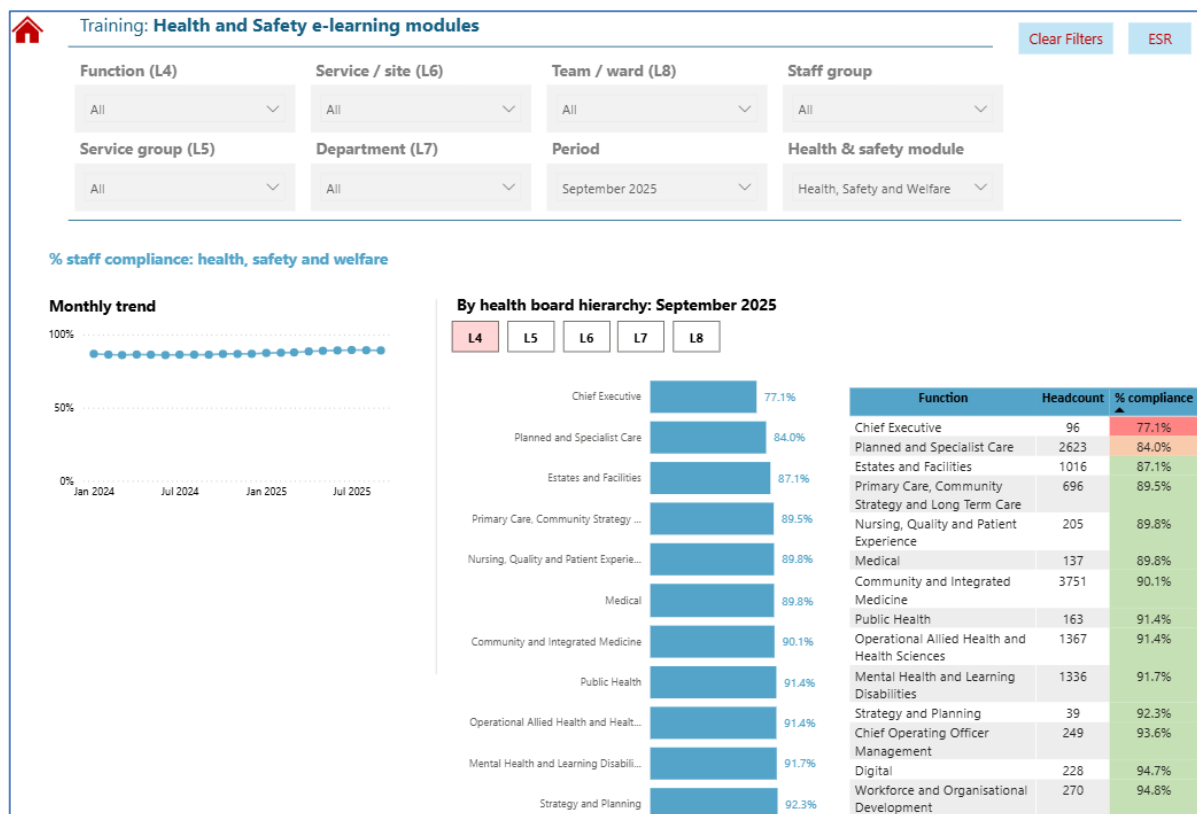
The H&S E-learning module of the H&S Dashboard tracks compliance with three H&S related e-learning training modules which are:

- Health, Safety and Welfare Level 1;
- Violence and Aggression Module A;
- Display Screen Equipment (DSE).

All data is again interrogatable by the different Health Board structure levels plus also by Staff Group, as per the ESR. A line graph tracks monthly compliance back to January 2024. Compliance figures for the selected module are then displayed for the selected month.

New data is imported to the dashboard on a monthly basis, therefore the current compliance figures will be for the previous month.

The screenshot below shows how the H&S E-learning page looks within the H&S dashboard and shows the compliance rate for the mandatory Health, Safety and Welfare (HSW) Level 1 e-learning course at CCG / Function level as of September 2025.



Overall compliance for the HSW Level 1 is 89.1%, with only Chief Executive and Planned and Specialist Care below the required 85% compliance rate. The current compliance figures for Violence and Aggression Module A and the Display Screen Equipment (DSE) e-learning

module, by CCG / Function level, as of September 2025, are shown at the top of the next page. All areas are currently above the required 85% compliance rate.

### Violence and Aggression Module A

Function	Headcount	% compliance
Chief Executive	96	87.5%
Planned and Specialist Care	2623	91.3%
Community and Integrated Medicine	3751	93.8%
Estates and Facilities	1016	94.6%
Primary Care, Community Strategy and Long Term Care	696	95.7%
Operational Allied Health and Health Sciences	1367	96.3%
Mental Health and Learning Disabilities	1336	96.7%
Public Health	163	96.9%
Strategy and Planning	39	97.4%
Nursing, Quality and Patient Experience	205	97.6%
Digital	228	98.2%
Medical	137	98.5%
Chief Operating Officer Management	249	98.8%
Finance	100	99.0%
Workforce and Organisational Development	270	99.3%
Executive Allied Health Professions and Health Sciences	2	100.0%

### Display Screen Equipment (DSE)

Function	Headcount	% compliance
Chief Executive	91	87.9%
Planned and Specialist Care	418	94.0%
Operational Allied Health and Health Sciences	135	94.1%
Nursing, Quality and Patient Experience	114	94.7%
Public Health	83	95.2%
Community and Integrated Medicine	389	95.4%
Primary Care, Community Strategy and Long Term Care	184	96.2%
Estates and Facilities	97	96.9%
Chief Operating Officer Management	161	97.5%
Digital	222	98.6%
Finance	100	99.0%
Mental Health and Learning Disabilities	164	99.4%
Medical	84	100.0%
Strategy and Planning	34	100.0%
Workforce and Organisational Development	219	100.0%

### Manual Handling Mandatory Training Compliance

The manual handling training module of the H&S Dashboard works in exactly the same way as the H&S e-learning module and tracks compliance with both Level 1 and Level 2 Manual Handling training across the Health Board.

An options appraisal for the recovery of Manual Handling training was presented for initial discussion at the Health, Safety and Security Service Group Quality, Health and Safety (QHS) meeting in October 2025 and a number of options are being considered to improve compliance. The H&S Team has consistently raising compliance concerns during the CCG QHS meetings they attend, advocating for the release of staff booked onto training courses and promoting the use of Workplace Assessors (WPAs) in areas where this workplace training method is already established.

### H&S Dashboard Phase 2

Timeline proposed by the Performance Team: Q3 (Oct-Dec) 2025/26.

Following the release of phase one of the H&S Dashboard, work has started on phase two. Phase two brings the RIDDOR module to the Dashboard and will track:

- The number of incidents reported to the HSE under RIDDOR;
- The number of RIDDOR's reported late.

As with the incident module, the RIDDOR module will be interrogatable by the different CCG / Function levels within the Health Board. All RIDDOR notifications are logged on Datix within the relevant incident, therefore the dashboard will draw on all RIDDORs reported through the Datix incident reporting system in a given period.

### H&S Dashboard Phase 3

The H&S Team is working with Learning and Development (L&D) and ESR to establish relevant staff groups in order to be able to quantify compliance with other courses, particularly the Manager's Health and Safety Induction course. Once this work is completed, these metrics can then be added to the final H&S Dashboard.

The aim of the dashboard is to aid the process of embedding safety culture within HDdUHB and the individual Clinical Care Groups / Functions.

**Argymhelliad / Recommendation**

The Health & Safety Committee is asked to:

**TAKE ASSURANCE**

- That phase one of the new H&S Dashboard has been successfully launched, introducing assurance monitoring metrics that were previously unavailable in a useable form;
- That senior managers now have streamlined access to statistical information on key H&S metrics, enabling more informed discussions and enhanced assurance at relevant meetings.

**Amcanion: (rhaid cwblhau)**

**Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Provide assurance around the UHB arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers contractors etc.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Safe
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 9 Digital plan

Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report and associated Health Board policies.
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	<ul style="list-style-type: none"> <li>• Health and Safety Sub-Committee</li> <li>• Health, Safety and Security Service Group Quality, Health and Safety (QHS) Meeting</li> </ul>

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No direct costs.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	There is a positive impact on staff and patient safety, health and wellbeing through compliance with health and safety regulations.
<b>Gweithlu: Workforce:</b>	Potential for adverse future staffing impacts if health and safety legislation is not complied with as they relate to employee safety.
<b>Risg: Risk:</b>	Risk to health and safety management.
<b>Cyfreithiol: Legal:</b>	A breach of health and safety regulations, such as the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, could result in the issue of prohibition or improvement notices or criminal proceedings.
<b>Enw Da: Reputational:</b>	Prosecutions and claims due to breaches in legislation or personal injury claims can lead to negative publicity.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable.
<b>Cydraddoldeb: Equality:</b>	No evidence gathered to indicate a negative impact on any protected group/s.

2.2

10:10 AM, 10 Mins

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## 2.2 - Accident, Incident and Notifiable Statistics Process Review

| For assurance

### **Attachments**

[SBAR Accident, Incident and Notifiable Statistics Report Nov 25 V1.0.pdf](#)

**PWYLLGOR IECHYD A DIOGELWCH**  
**HEALTH & SAFETY COMMITTEE**

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	11 November 2025
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Accident, Incident and Notifiable Statistics Report
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	James Severs, Executive Director of Allied Health Professions and Health Science
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Adam Springthorpe, Health & Safety Manager

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

This report to the Health and Safety Committee provides an update regarding health and safety accidents and incidents that occur within Hywel Dda University Health Board's (HDdUHB). The report also presents Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR) reporting figures for the first six months of the 2025-26 financial year.

**Cefndir / Background**

The Health, Safety & Security (HSS) Team monitor all staff/contractor health and safety incidents reported within the Health Board through the Datix incident reporting system. The HSS Team are involved in incident investigation for the more serious staff health and safety (H&S) incidents that occur within the Health Board, often including those that require reporting to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

RIDDOR places a duty on employers and individuals in control of work premises to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences to the HSE. RIDDOR also sets timeframes within which the HSE should be notified of certain work-related incidents. For most types of incidents including accidents resulting in the death of any person, specified injuries to workers, non-fatal accidents requiring hospital treatment to non-workers and dangerous occurrences, the responsible person must notify the HSE without delay, and a report submitted within 10 days of the incident. For accidents resulting in the over-seven-day incapacitation of a worker, the HSE must be notified within 15 days of the incident.

**Asesiad / Assessment**

As presented in paper 2.1 on the agenda, phase one of the long awaited H&S dashboard has finally been published (please see: [Health and Safety dashboard - Power BI](#)) (internal link). The dashboard allows for a previously unavailable level of scrutiny and interrogation of incidents that occur within the Health Board. The 'Reported Incidents' dashboard indicates the number of staff/contractor incidents reported through the Datix incident reporting system in a given period.

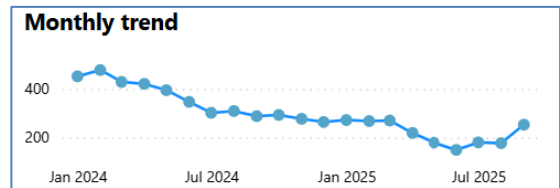
Using the Dashboard we can see that in September 2025, 141 staff/contractor incidents were reported through Datix, of which by incident classification:

- 32 were Accident/Injury;
- 90 were Behaviour (including violence and aggression);
- 19 were all other categories combined.

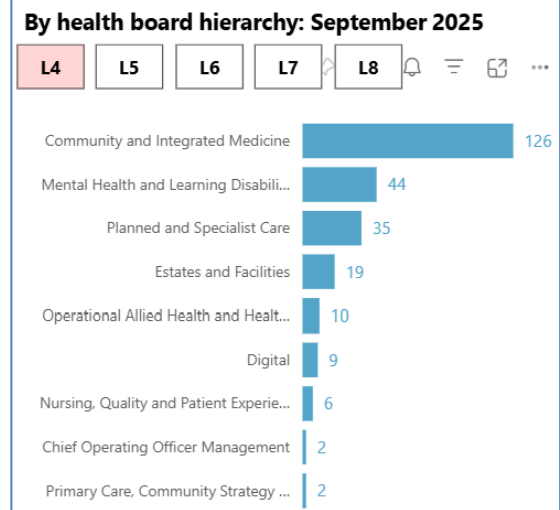
The adjacent chart shows the distribution of the 141 incidents by CCG/Function level.



From the Dashboard we can also track the number of staff/contractor incidents which were still awaiting review after 30 days in September 2025. The Community and Integrated Medicine CCG had the most unreviewed incidents as of September 2025, as can be seen in the lower section of the adjacent excerpt.



The monthly trend continues to be monitored. Since January 2024, a positive downward trajectory was observed, reaching its lowest point in July 2025. However recent months have shown a slight increase. Continued focus and proactive engagement is essential from the CCGs to ensure this uptick does not develop into a sustained return to previously high levels.



Information on the H&S Dashboard will be shared with CCGs through the Quality Health and Safety (QHS) meetings from November 2025. New reports are being designed for the CCGs which will incorporate information from H&S Dashboard going forward.

From January 2026, it is hoped that the RIDDOR element of the H&S Dashboard (phase 2) will be ready, giving CCGs greater access to the notifiable incident statistics. The RIDDOR module of the Dashboard will track:

- The number of incidents reported to the HSE under RIDDOR;
- The number of RIDDOR's reported late compared to statutory reporting requirements.

### RIDDOR Statistics – April-September 2025

The total number of incidents reported under RIDDOR in the first 6 months of 2025-26 was 21, which is considerably lower than the 29 reported in the first six months of 2024-25 year and the 32 reported in the first six months of 2023-24 year. The adjacent table shows a breakdown of the incidents reported in the first 6 months of the 2025-26 financial year, categorised by their primary cause.

Breakdown by Cause	No.
Manual Handling	5
Slip, trip, fall same level	5
Violence & Aggression	4
Fall from Height	<4
Struck Against	<4
Struck by Object	<4
Occupational Disease	<4

Manual handling and slips, trips and falls are currently the leading causes of incidents, with violence and aggression ranking third. All three have decreased compared to mid-year statistics for 2024-25, indicating a potentially positive trend.

In terms of distribution across the Health Board, a proportionately greater number of incidents have been reported in the Wthybush locality than in the other three localities.

Locality	No.
GGH Locality	4
PPH Locality	5
WGH Locality	9
BGH Locality	3

As explained in the background section of this report, the RIDDOR regulations set timeframes within which the HSE should be notified of certain work-related incidents. In recent years the team has proactively set a target of achieving 60% timely incident reporting. Since the H&S Internal Audit in 2024/25 significant effort has been directed towards improving reporting timescales. At 6 months (30/09/2025), the percentage of RIDDORs reported within mandatory timescales was 71.4%, which is evidence of the proactive effort by all to improve compliance (compared to 55.2% at the same point last year).

In Time?	No.	%
Yes	15	71.4
No	6	28.6

The adjacent table presents the RIDDOR reportable incidents recorded so far this year broken-down by Clinical Care Group (CCG). This data is reported to the CCG Quality, Health and Safety meetings. The data enables the HSS Team to identify areas where improvements can be made, i.e. the HSS Team is working proactively with Estates and Facilities to improve their compliance.

Clinical Care Group	No.	In Time?
Community & Integrated Med.	12	75%
Estates & Facilities	7	57%
Mental Health & Learning Dis.	1	100%
Allied Health & Health Sciences	1	100%
Planned and Specialist Care	0	N/A
Primary Care	0	N/A
Other	0	N/A

### Argymhelliad / Recommendation

The Health & Safety Committee is asked to:

#### **TAKE ASSURANCE**

- From the content of the Accident, Incident and Notifiable Statistics Report, that the Health Board is compliant with the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR).

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Provide assurance around the UHB arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers contractors etc.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Safe
Galluogwyr Ansawdd:	6. All Apply

Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 9 Digital plan
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report and associated Health Board policies.
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd lechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	<ul style="list-style-type: none"> <li>• Health and Safety Sub-Committee</li> <li>• Health, Safety and Security Service Group Quality, Health and Safety (QHS) Meeting</li> </ul>

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No direct costs.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	There is a positive impact on staff and patient safety, health and wellbeing through compliance with health and safety regulations.
<b>Gweithlu: Workforce:</b>	Potential for adverse future staffing impacts if health and safety legislation is not complied with as they relate to employee safety.
<b>Risg: Risk:</b>	Risk to health and safety management.
<b>Cyfreithiol: Legal:</b>	A breach of health and safety regulations, such as the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, could result in the issue of

	prohibition or improvement notices or criminal proceedings.
<b>Enw Da: Reputational:</b>	Prosecutions and claims due to breaches in legislation or personal injury claims can lead to negative publicity.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable.
<b>Cydraddoldeb: Equality:</b>	No evidence gathered to indicate a negative impact on any protected group/s.

2.3

10:20 AM, 10 Mins

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2.3 - Bariatric Care Update Report

*Jeni Bryant (Hywel  
Dda UHB - Bank  
Senior Nurse  
Specialist)*

| For assurance

**Attachments**

[SBAR Senior Nurse Specialist Bariatric Care v01 22092025.pdf](#)

**PWYLLGOR IECHYD A DIOGELWCH  
HEALTH & SAFETY COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	11 November 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Heavy Patient Compliance (Manual Handling Operations Regulations 1992)
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	James Severs, Executive Director of Allied Health Professions and Health Science
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Jeni Bryant, Senior Clinical Nurse Specialist

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

Sefyllfa / Situation

To assess the current provision of bariatric patient care within Hywel Dda University Health Board (HDdUHB), a review of the current role of the Senior Clinical Nurse Specialist is being undertaken with a view to retaining and formalising the role, exploring the expansion of the role and recognising this role as essential for ensuring patient safety and protecting staff wellbeing. The following report outlines the progress of this work to date.

The prevalence of obesity in Wales is rising. As the number of patients with obesity and severe/bariatric obesity increases, so too does the demand for specialist equipment (beds, hoists, slings, seating, mattresses etc.) capable of providing safe, dignified, and effective care. At present, HDdUHB lacks a substantive dedicated role to coordinate advice, risk assessment, procurement, training, and maintenance related to bariatric equipment. This has previously led to inefficiencies, variation in patient and staff safety, and potential non-compliance with Welsh Government policy and regulatory standards.

This report advises on establishing a substantive Senior Nurse Specialist (0.6 WTE) with defined responsibilities and governance, to address these gaps. The existing 0.2 temporary role has seen outcomes to include improved patient and staff safety, cost efficiencies, more equitable access to appropriate equipment, and enhanced compliance with standards.

The purpose of this report is to examine the need for, and benefits of a Senior Nurse Specialist role within HDdUHB to coordinate and advise on equipment. It includes data on obesity in Wales and specifically in Hywel Dda, relevant policy context, assessment of current challenges, and actionable recommendations to improve patient care, staff safety, and operational efficiency.

Cefndir / Background

According to Public Health Wales data, about 60% of adults (aged 16+) in Wales are overweight or obese. Approximately 25–26% of adults are classified as obese (Body Mass Index (BMI) of 30+).

The Child Measurement Programme for 2022–23 shows that among children aged four to five, across Wales 11.4% are obese; in Hywel Dda UHB specifically, 28.9% of four- and five- year-old children are classified as overweight or obese.

These figures indicate a sizeable and growing patient population in need of bariatric care and associated equipment. They also imply increasing pressure on health services, facilities, staff, and budget.

This role aligns with legal, regulatory, and strategic priorities, below are key policies and standards:

- Health and Care Standards (Wales), Standard 2.9: Medical Devices, Equipment and Diagnostic Systems. Requires health services to ensure appropriate selection, procurement, maintenance of equipment, training of staff, monitoring of equipment faults, etc.
- Health, Safety & Manual Handling Legislation: Employers are legally obliged to reduce risk in manual handling, including patient handling, through risk assessments, appropriate equipment, training etc.
- Medical Devices Regulations (UK): All medical devices, including bariatric equipment, must meet legal safety, performance, maintenance, post-market surveillance obligations.
- Health and Social Care (Quality and Engagement) (Wales) Act 2020, particularly the duty of quality: NHS organisations in Wales have to continuously improve safety, effectiveness, experience of care.

Welsh Government Strategies:

- Healthy Weight, Healthy Wales (2019) – strategic framework tackling obesity prevention and weight management.
- All Wales Weight Management Pathway (2021) – mapping from early intervention to specialist support.

These policies create obligations and expectations that patient care is safe, equipment is suitable and maintained, staff are trained, and services are responsive to population needs.

Being overweight or obese increases the risk of chronic diseases such as type 2 diabetes, hypertension, cardiovascular disease, kidney disease as well as some types of cancer. This will make the overweight and obese population more likely to need to access healthcare services. In 2022, it was acknowledged that HDdUHB needed to understand its current provision of services, and how, if necessary, they could be improved to meet the statutory duty and standards listed above.

### **Asesiad / Assessment**

The temporary appointment of a Senior Nurse Specialist at 0.2 WTE has provided an invaluable contribution to the safe, efficient, and cost-effective management of bariatric equipment across the Health Board. In this capacity, the postholder has assumed oversight of the bariatric equipment library, successfully rationalised the procurement and hire process, introducing streamlined pathways, and embedding clinical expertise into equipment selection and deployment. The additional capacity has been achieved through an increase of 0.2 WTE in this role, made possible by the post holder's employment on the nurse bank.

Prior to the introduction of this role, bariatric equipment provision was fragmented, inconsistent, and often reactive. Wards and departments sourced equipment independently, sometimes through multiple external providers, leading to duplication, delays, and variation in the both quality of patient care and cost. The absence of centralised oversight meant that equipment tracking, maintenance, and return processes were poorly coordinated.

The Senior Nurse Specialist has addressed these inefficiencies by implementing a single point of accountability for all bariatric equipment for both the Health Board's equipment library and external hire. By consolidating external hires to a sole provider, Medstrom, the service has reduced administrative complexity and created a uniform process for equipment requests. Staff now have clear lines of escalation, standardised ordering procedures, and assurance that the equipment supplied meets both clinical and regulatory standards.

Operationally, this has translated into improved turnaround times for equipment delivery, better utilisation of existing Health Board stock, and fewer delays to patient care. Wards and community teams have reported increased confidence in accessing appropriate equipment, when needed. Notably, the establishment of a centralised bariatric equipment library has enabled systematic cataloguing, maintenance, and deployment, replacing the previous ad hoc approach.

One of the most significant outcomes attributable to this role is the achievement of an estimated £213,861 annual cost avoidance (table 1). This figure has been realised through multiple approaches:

- **Supplier consolidation:** By limiting external hires to a single provider, duplication of charges has been eliminated and favourable contractual terms have been secured.
- **Reduced reliance on short-term hire:** Through effective stock management and proactive equipment planning, the organisation has reduced avoidable ad hoc hire requests, many of which resulted in inflated costs.
- **Optimised utilisation:** The library model allows equipment to be redeployed quickly once no longer required by a patient, avoiding unnecessary new hire costs.
- **Staff guidance:** By providing expert advice, the Senior Nurse Specialist has ensured that the correct equipment is requested first time, preventing costly errors and returns.

**Medstrom Costs Avoided (Jan 25 - Jun 25)**

Equipment	Requests	Days	Hire	Collection & Delivery	Total Cost
Bed & Mattress	24	1,207	101,625	1,680	103,305
Bed	3	224	13,440	210	13,650
R/R chair	5	181	4,778	350	5,128
Chair	6	360	4,320	420	4,740
Mattress	5	154	3,788	350	4,138
Bed, Mattress & R/R chair	1	14	1,495	70	1,565
Commode	4	124	893	280	1,173
<b>Totals</b>	<b>48</b>	<b>2,264</b>	<b>130,340</b>	<b>3,360</b>	<b>133,700</b>

**Hywel Dda Bariatric Library Costs (Jan 25 - Jun 25)**

Expenditure	Total Cost
Delivery & Collection (Just Wales)	- 5,350
Storage (Just Wales)	- 7,200
0.4 WTE Band 7	- 14,219
<b>Total Costs</b>	<b>- 26,769</b>

**6 Month Cost Avoidance**

**106,930**

**Annual Cost Avoidance**

**213,861**

**Table 1: Shows the cost avoidance realised over a 12-month period**

This cost avoidance is particularly notable given the modest investment in the temporary role itself (0.2 WTE). The scale of the financial benefit strongly suggests that without continuation of the role, previous inefficiencies and escalating hire costs would quickly re-emerge.

The provision of appropriate bariatric equipment is not only a logistical and financial challenge, but a matter of patient safety, dignity, and equitable care. Patients with bariatric needs are at higher risk of pressure injuries, falls, and manual handling incidents if not supported by equipment designed to their weight and size. Prior to the intervention of this role, staff occasionally experienced difficulties in sourcing suitable equipment promptly, resulting in clinical risk and delays to care delivery.

Through the leadership of the Senior Nurse Specialist, the organisation now benefits from expert clinical oversight of equipment suitability. Staff are supported in selecting items that match patient requirements, reducing the likelihood of inappropriate provision. Furthermore, the role ensures that the equipment supplied complies with infection prevention standards, safe working load regulations, and quality checks.

Equally significant is the benefit to staff wellbeing. Bariatric care often involves complex manual handling, which places staff at risk of musculoskeletal injury if the correct equipment is not readily available. The Senior Nurse Specialist has delivered guidance, training, and reassurance to staff, ensuring that safe systems of work are maintained. Feedback indicates that staff feel more confident when caring for bariatric patients, knowing that they have access to timely expert advice and reliable equipment.

The role of the Senior Nurse Specialist extends beyond operational improvements to broader organisational priorities. NHS frameworks emphasise the importance of delivering high-quality,

efficient, and equitable care, while reducing unwarranted variation and financial waste. The bariatric equipment library initiative embodies these principles by ensuring that a vulnerable patient group receives safe, consistent, and dignified care, while avoiding unnecessary expenditure.

Furthermore, the postholder's input provides a model of how specialist nursing expertise can deliver measurable system-wide benefits. By combining clinical knowledge with operational oversight, the Senior Nurse Specialist has bridged gaps between procurement, frontline care, and strategic planning. This is particularly valuable given increasing demand for bariatric services nationally, driven by rising prevalence of obesity.

The temporary Senior Nurse Specialist role has delivered demonstrable improvements in the management of bariatric equipment, achieving substantial cost avoidance, improving patient and staff safety, and aligning strongly with organisational priorities. Despite its limited 0.2 WTE capacity, the role has acted as a catalyst for service efficiency, provider rationalisation, and culture change.

The assessment clearly indicates that continuation of this role is essential to maintain current gains and drive further improvements. The cost avoidance of £213,861 per annum provides robust financial justification, while the qualitative benefits to staff confidence, patient dignity, and clinical governance underscore the strategic importance of sustained investment.

In summary, the temporary role has proven both highly effective and cost-efficient, providing a strong foundation for future recommendations around its continuation and potential expansion. It represents a proven, high-value intervention that supports organisational priorities, delivers tangible financial and clinical outcomes.

### Argymhelliad / Recommendation

The Health & Safety Committee is asked to:

**TAKE ASSURANCE** on the progress made to date in fulfilling the Health Board statutory obligations under the Manual Handling Operations Regulations 1992, including compliance with Heavy Patient Handling requirements and alignment with both national and local guidelines, particularly in relation to the safe handling of patients.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Provide assurance around the UHB arrangements for ensuring the health, safety, welfare, and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers, contractors etc.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality:	6. All Apply

<a href="#">Quality and Engagement Act (sharepoint.com)</a>	
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none"> <li>• Guidance for the Manual Handling of Plus-Size Patients - HDdUHB guidance;</li> <li>• Healthy Weight: Healthy Wales;</li> <li>• NICE-Obesity: Identification, Assessment, and Management Clinical Guidelines [CG189] Published: 27 November 2014 Last updated: 08 September 2022; Standards for the Provision of Services to People with Overweight and Obesity in Wales.</li> </ul>
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ceisiadau Gofal Sylfaenol: Parties / Committees consulted prior to Health and Safety Committee:	N/A

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	May have financial impact.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	There is a positive impact on staff and patient safety, health, and wellbeing through compliance with health and safety regulations.
<b>Gweithlu: Workforce:</b>	Potential for adverse future staffing impacts if this legislation is not complied with as it relates to employee safety.

<b>Risg: Risk:</b>	Risk to health and safety management.
<b>Cyfreithiol: Legal:</b>	Potential for enforcement action including Improvement Notices/Prosecutions and claims due to breaches in legislation.
<b>Enw Da: Reputational:</b>	Potential for enforcement action including Improvement Notices/Prosecutions and claims due to breaches in legislation.
<b>Gyfrinachedd: Privacy:</b>	N/A
<b>Cydraddoldeb: Equality:</b>	<p>No evidence gathered to indicate a negative impact. Manual Handling procedures for plus-sized patients promote and encourage good safe working practices for everyone.</p> <p>There is the potential for an adverse impact where staff have a disability for example back/shoulder pain. This is addressed via the risk assessment process, Manual Handling Team training and advice, the Occupational Health Department and incident reporting.</p>

2.4

10:30 AM, 10 Mins

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## 2.4 - Stress in the Workplace

*Karen Ryan (Hywel  
Dda UHB - Head of  
Occupational Health)*

| For assurance

### **Attachments**

[Stress at Work SBAR October 2025 \(1\).pdf](#)

**PWYLLGOR IECHYD A DIOGELWCH  
HEALTH & SAFETY COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	29 October 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Stress at Work
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lisa Gostling, Director of Workforce & OD/Deputy CEO
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Karen Ryan, Head of Occupational Health

<b>Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)</b>
Er Gwybodaeth/For Information

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**  
The purpose of this SBAR report is to inform the Committee regarding the support arrangements around **stress at work** within the Health Board. Stress-related absences have shown a notable impact on workforce wellbeing and service delivery.

This issue aligns directly with the Health Board's strategic wellbeing goals outlined in the Annual Plan 2025–26, which prioritise mental health, workforce stability, and quality improvement.

The Committee is being asked to:

- **Consider the current support and preventative resources available to staff**
- **Discuss potential enhancements to existing wellbeing initiatives**

**Cefndir / Background**

The **Health and Safety Executive (HSE)** define stress as:

**“The adverse reaction people have to excessive pressures or other types of demand placed on them.”**

— HSE Overview on Work-Related Stress [[hse.gov.uk](https://www.hse.gov.uk)]

This definition highlights the distinction between **pressure**, which can be motivating and productive, and **stress**, which occurs when individuals feel unable to cope with those pressures. Stress is not an illness itself, but it can lead to mental and physical health problems if not managed effectively.

Stress at work is a growing concern across NHS organisations, with implications for staff wellbeing, service continuity, and patient safety. Within Hywel Dda University Health Board, stress-related sickness absence has been consistently highlighted in workforce data and staff feedback mechanisms.

This issue is significant to the Health Board as it directly impacts its ability to deliver safe, effective, and compassionate care. It also aligns with national priorities under the **Well-being of Future Generations (Wales) Act**, and local strategic objectives aimed at improving mental health, supporting staff resilience, and fostering a healthy workplace culture.

The Health Board's **Annual Plan 2025–26** outlines a commitment to:

- Promoting mental health and wellbeing across the workforce
- Reducing avoidable sickness absence
- Enhancing access to preventative and support resources

## **Asesiad / Assessment**

### **Staff Psychological Wellbeing Service**

The Staff Psychological Wellbeing Service accepts self-referrals from employees regardless of whether the stress is attributable to work. The Staff Psychological Wellbeing Service or SPWS is currently under review as the Head of SPWS has recently left her post.

Self-referrals to the Staff Psychological Wellbeing Service April -September 2025

- April - 26
- May - 36
- June - 35
- July - 40
- August - 36
- September - 48

**TOTAL = 221**

### **Canopi**

Canopi is an additional staff psychological wellbeing support service. Staff may self-refer directly to Canopi for wellbeing support and/or advice whether the stress is attributable to work or not.

There was no Canopi referral data available to include within this report.

### **ESR Sickness absence data**

Sickness absence days lost due to Anxiety/stress/depression/other psychiatric illnesses recorded on ESR are as follows: -

Details by month of Full Time Equivalent (FTE) days lost to reason *Anxiety/stress/depression/other psychiatric illnesses* for the period April to September 2025.

Over the six months, there were a total of 41,792.35 days lost (2.19% of the available FTE days), at an estimated cost of £4.69 million. (The estimated cost includes an estimated amount of employer's NI and pension contributions, but does not take account of replacement costs/bank cover etc.)

The Electronic Staff Record reports that 41,792.35 days or 1,515 episodes of **S10 Anxiety/stress/depression/other psychiatric illness** were lost due to stress. This was the highest of any absence reason accounting for 34.4% of all FTE days lost.

	Total Absence FTE	Total Available FTE	Absence FTE %	# Absence Occurrences	Absence Estimated Cost
Add Prof Scientific and Technic	1,038.63	67,251.00	1.54%	38	£179,122
Additional Clinical Services	12,271.71	403,260.85	3.04%	462	£932,282
Administrative and Clerical	6,613.98	389,836.56	1.70%	220	£727,265
Allied Health Professionals	3,036.19	133,627.33	2.27%	79	£423,911
Estates and Ancillary	2,975.27	145,119.68	2.05%	137	£203,945
Healthcare Scientists	357.23	35,596.01	1.00%	14	£54,242
Medical and Dental	574.60	126,803.99	0.45%	14	£158,296
Nursing and Midwifery Registered	14,924.73	606,915.36	2.46%	558	£2,012,101
Students	0.00	75.00	0.00%		£0
<b>Grand Total</b>	<b>41,792.35</b>	<b>1,908,485.76</b>	<b>2.19%</b>	<b>1,515</b>	<b>£4,691,163</b>

The following table provides a breakdown of the total of 1,515 **S10 Anxiety/stress/depression/other psychiatric illness** episodes of sickness absence, by work related yes/no/unspecified as reported by managers on the Electronic Staff Record.

Work Related?	Number	%
No	936	61.8%
Yes	36	2.4%
Not specified	543	35.8%
<b>Grand Total</b>	<b>1,515</b>	

### Occupational Health Service manager referrals

**1261 sickness absence manager referrals were received by the Occupational Health Service April to September 2025**

Wellbeing was cited as the reason for Occupational Health referral in 220 of 1261 referrals

Access to wellbeing services was specified as a reason for referral on 145 of the 220 referrals received.

1249 out of 1261 manager referrals had onward advisory signposting suggested by Occupational Health Clinicians to Wellbeing Services and/or other services such as Physiotherapy, Carers Support, Cruse, Bereavement Services, Stress Risk Assessment tools, Canopi Wales, Primary Care provider, Trade Union support, Menopause information.

Only 12 referrals were not signposted to other resources as case management was considered optimal by the Occupational Health clinician.

### **Counselling Referrals/received/completed**

35 out of 1261 referral reasons were categorised by the referring manager as “**Counselling**”

34 out of the 35 had onward signposting suggested by the Occupational Health Clinicians to the Staff Psychological Wellbeing Service and/or other counselling services such as Canopi Wales, GP, primary care counselling or bereavement services.

155 were signposted to the Work Stress Risk Assessment in addition to other services.

The reason for the referral selected by the referring manager is not always the same priority of concern established during the clinical consultation with the employee, the underlying concern of the employee is not always that of the managers perception/understanding.

4 top reasons for referrals being categorised as “Wellbeing referral/Counselling” as selected by the Referring Manager.

1. Work related stress/pressure/ contract issues
2. Multi-faceted stress (work/personal)
3. Absenteeism and sickness policy trigger (Managing Absence in work policy)
4. Bereavement/loss

### **Wellbeing Champions Network**

The NHS workforce Health and Wellbeing framework (2023) refers to the importance of wellbeing champions as individuals who work at different levels, from different roles who promote, identify and signpost their colleagues to health and wellbeing support in addition to their substantive role.

The wellbeing champion network was set up in Hywel Dda University health board in 2021. The network has grown significantly over the past 4 years and there are currently 173 champions working across the health board in different disciplines and across all staff groups.

Wellbeing champions are members of staff who actively promote positive mental health and wellbeing within their team. They promote and encourage participation in wellbeing activities within their team, support wellbeing conversations, signpost staff to support services and resources and encourage a culture of kindness, appreciation and compassion.

All wellbeing champions are encouraged to use the staff wellbeing gateway when signposting staff. The health and wellbeing gateway offers a wide range of services and resources that are available to Hywel Dda staff. This includes 1:1 support, support for Hywel Dda managers and leaders and access to the health board staff networks.

### **Staff Health and Wellbeing Gateway and Hapi app**

The staff health and wellbeing gateway and the Hapi app are online resources available to staff and managers. Both provide information on what health and wellbeing resources are available to them and how to access health and wellbeing resources as employees of the health board.

### **Organisational Development Relationship Manager Team**

The Organisational Development Relationship Manager team works on transformational change, supporting operational teams and improving how individuals and teams work together to reduce stress at work.

The above list provides an overview of available resources however the list is not exhaustive.

### **Reporting Stress at Work**

Stress at work is reported in multiple ways including

- Medical Certification
- Stress risk assessments
- Return to work discussions
- Datix system
- Appraisals and one to ones
- Staff surveys
- Exit interviews
- 

This list of reporting mechanisms is not exhaustive but aims to provide a flavour of how stress at work may be reported.

### **Argymhelliad / Recommendation**

The Health & Safety Committee is asked to:

#### **TAKE ASSURANCE:**

- Of the reporting mechanisms in place to monitor stress in the workplace.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Provide assurance around the UHB arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers contractors etc.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality <u>Quality and Engagement Act</u> (sharepoint.com)	7. All apply

Galluogwyr Ansawdd: Enablers of Quality: <u>Quality and Engagement Act</u> (sharepoint.com)	2. Culture and valuing people 1. Leadership 3. Data to knowledge
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Healthier communities
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation
Amcanion Llesiant BIP: UHB Well-being Objectives: <u>Hyperlink to HDdUHB Well-being</u> <u>Objectives Annual Report 2021-2022</u>	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Health and Safety Executive (2025)  NHS workforce Health and Wellbeing framework (2023)  OPAS G2 – 28 Oct 2025 Occupational Health Service  ESR – Sickness absence reporting 28 October 2025
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd lechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	N/A

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No financial impact – all services outlined within this report are already in place
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Not applicable as no change to current service provision is proposed

<b>Gweithlu: Workforce:</b>	N/A
<b>Risg: Risk:</b>	N/A
<b>Cyfreithiol: Legal:</b>	N/A
<b>Enw Da: Reputational:</b>	N/A
<b>Gyfrinachedd: Privacy:</b>	N/A
<b>Cydraddoldeb: Equality:</b>	Not applicable as no change to current service provision is proposed

3 - FOR INFORMATION

3.1

10:40 AM, 5 Mins

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3.1 - HSC Workplan

*Ann Murphy (Hywel  
Dda UHB - RCN  
Trade Union Rep -  
Independent Board  
Member)*

| For information

**Attachments**

[HSCCommittee Work Programme 2025-26.pdf](#)

## HEALTH & SAFETY COMMITTEE WORK PLAN APRIL 2025 – MARCH 2026

Currently, Health & Safety Committee (HSC) meets bi-monthly. Based on this, the following table represents a proposal to incorporate the duties as outlined in the Committee's Terms of Reference into a basic work plan April 2025 – March 2026.

AGENDA ITEM/ ISSUE	Purpose	LEAD	Responsible Officer	6 May 2025	3 July 2025	9 Sept 2025	11 Nov 2025	13 Jan 2026	10 March 2026
<b>GOVERNANCE &amp; RISKS</b>									
Welcome and Apologies	N/A	Chair	All	✓	✓	✓	✓	✓	✓
Declarations of Interests	N/A	Chair	CSO	✓	✓	✓	✓	✓	✓
Minutes from previous meeting	N/A	Chair	CSO	✓	✓	✓	✓	✓	✓
Matters Arising (not on agenda)	N/A	Chair	All	✓	✓	✓	✓	✓	✓
Table of Actions (ToAs)	N/A	Chair	CSO	✓	✓	✓	✓	✓	✓
Review of Terms of Reference (TORs)	Approval	Chair	JW						✓
HSC Self-Assessment Outcome Report 2025/26	Assurance	Chair	JW						✓
Health & Safety Committee Annual Report 2025/26	Assurance	Chair	JS						✓
Health and Safety Sub-Committee Update	Assurance	JS	JS	✓	✓	✓	✓	✓	✓
Assurance and Risk Report	Assurance	JS	RW		✓	✓		✓	✓
H&S Sub-Committee TOR	Approval	JS	JS						✓
Governance Review	Information	Chair	JW				✓		
<b>HEALTH AND SAFETY UPDATES</b>									
Staff/Patient Story	Assurance	JS	various	✓	✓	✓	✓	✓	✓
H&S Dashboard and Compliance report (cover the work of reporting groups and other legislation) (3.1, 3.2, 3.3, 3.4, 3.11, 3.12, 3.14, 3.18)	Assurance	JS	TH	✓	✓	✓	✓	✓	✓
<i>Site Visit Report and associated actions</i>	Assurance	JS	TH		✓			✓	

AGENDA ITEM/ ISSUE	Purpose	LEAD	Responsible Officer	6 May 2025	3 July 2025	9 Sept 2025	11 Nov 2025	13 Jan 2026	10 March 2026
<i>Safety Management Systems and Audits, and associated corrective actions * (3.7 &amp; 3.10)</i>	Assurance	JS	TH			✓			✓
Accident, Incident and Notifiable Statistics Process Review* Including V&A (3.8)	Assurance	JS	TH	✓			✓		
<i>Monitoring of H&amp;S Annual Work Plan (3.9)</i>	Assurance	JS	TH	✓	✓	✓	✓	✓	✓
Review of efficacy of the health, safety, fire and security training programmes (3.13)	Assurance	JS	TH		✓			✓	
Health and Safety Policy (3.17) <i>not due for review until Sep27)</i>	Approval	JS	TH						
Produce Health and Safety Annual Report for Board (3.19)	Approval	JS	TH					✓ draft	✓ final
Electrical Infrastructure Risks	Assurance	JS		✓					
Risk 1745 – Estates Condition	Assurance	JS		<b>D</b>	✓				
RAAC Assurance Report	Assurance	JS		✓					
Trade Union Health & Safety Group Update	Assurance				✓				
Bariatric Report	Assurance		JB				✓		
Stress in the Workplace	Assurance	JS	TH/KR				✓		
<b>EMERGENCY PLANNING</b>									
Critical Threat Level Response Framework		AG	SH						
Major Incident Annual Plan: 2025/26 (3.6)		AG	SH		✓				
PREVENT and CONTEST: Update 6-monthly update		AG	TH			IC		IC	
Counterterrorism Assessment Report: Gap Analysis & Response to Martyn's Law						IC			
<b>Policies</b>									
Business Continuity & Planning Policy	Approval	AG	SH		✓				
<b>Administration</b>									
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓

AGENDA ITEM/ ISSUE	Purpose	LEAD	Responsible Officer	6 May 2025	3 July 2025	9 Sept 2025	11 Nov 2025	13 Jan 2026	10 March 2026
Draft agenda to go to Executive Team	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days before the meeting)	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Disseminate agenda/papers 7 days prior to meeting	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Issue a draft TOA within two days of the meeting	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Circulate minutes and TOA to the Lead Director within 7 days of meeting	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓
Issue minutes and TOA to Members (including the Committee Chair) following Lead Director review	N/A	CSO	N/A	✓	✓	✓	✓	✓	✓

**Chair:** Ann Murphy **Vice Chair:** Delyth Raynsford **Lead Executive:** James Severs

**JS** James Severs

**TH** Tim Harrison

**JW** Joanne Wilson

**CW** Charlotte Wilmshurst

**CSO** Committee Services Officer

**AC** Andrew Carruthers

**SA** Shaun Ayres

**D** Deferred

**AG** Ardiana Gjini

**SH** Sam Hussell

4

10:45 AM, 5 Mins

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4 - ANY OTHER BUSINESS

*All*

5 - MATTERS FOR ESCALATION TO BOARD

*Ann Murphy (Hywel  
Dda UHB - RCN  
Trade Union Rep -  
Independent Board  
Member)*

6 - DATE AND TIME OF NEXT MEETING

Tuesday 13 January 2026, 9.30am-11.30am