

MINUTES OF THE Health and Safety Committee MEETING

Date of Meeting: **9:30 AM, Tuesday 11 November 2025**

Venue: **Microsoft Teams Meeting**

Present: Ann Murphy, Independent Board Member (Chair)
Sarah Harraway, Independent Board Member
Iwan Thomas, Independent Board Member
Chantal Patel, Independent Board Member

In Attendance: James Severs, Executive Director of Allied Health Professions and Health Science
Andrew Carruthers, Chief Operating Officer
Ardiana Gjini, Executive Director of Public Health)
Anthony Dean, Staff Side Representative
Adam Springthorpe, Health & Safety Manager
Jonathan Arthur, Deputy Director of Health Sciences
Louise O'Connor, Assistant Director- Legal and Patient Support (*deputising for Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience*)
Sam Hussell, Head of Health Emergency Planning (*deputising for Ardiana Gjini, Executive Director of Public Health*)
Jeni Bryant, Bank Senior Nurse Specialist (*part*)
Simon Chiffi, Head of Operations
Karen Ryan, Head of Occupational Health
Joanne Wilson, Director of Corporate Governance/Board Secretary
Ruth Poynting, Committee Services Officer (minutes)

Apologies: Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience
Michael Imperato, Independent Board Member
Ardiana Gjini, Executive Director of Public Health

Minutes Ref.	Item	Action
	GOVERNANCE	
HSC(25)047	Welcome and Apologies Ms Ann Murphy welcomed all to the meeting and apologies were noted as above.	
HSC(25)048	Declarations of Interest There were no declarations of interest.	
HSC(25)049	Minutes of Previous Meeting Held on 9 September 2025 Mr James Severs highlighted two inaccuracies in HSC(25)037: <ul style="list-style-type: none"> The title <i>Executive Director of Allied Health Professions and Health Science</i> should be corrected to <i>Deputy Director of Health Sciences</i>. 	

- The term *Clinical Control Groups* should be replaced with *Clinical Care Groups*.

The Committee approved the minutes subject to these corrections.

Decision: The Committee APPROVED the minutes of the previous meeting.

HSC(25)050

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

No comments were raised on the Table of Actions.

Decision: The Committee NOTED the Table of Actions

HSC(25)051

Health and Safety Sub-Committee Update

The Committee were alerted to one item regarding training compliance by the Health and Safety Sub-Committee (HSSC). Mr Jonathan Arthur assured that plans have been established to review the capacity of the team in regards to training and to provide further insight in terms of compliance.

In response to a query from Ms Murphy, Dr Arthur confirmed that a review of Personal Protective Equipment (PPE) for porters has taken place. Mr Simon Chiffi confirmed that the risk assessment has been updated, and procurement is underway for circa 20 stab vests to be distributed across acute sites as part of the mitigation measures.

Ms Murphy noted that Bronglais Hospital (BGH) had previously been non-compliant with Fire Safety training. Mr Chiffi clarified that this related to Reducing Restrictive Practice (RRP) training, rather than Fire Safety. Compliance in this area has improved significantly, with BGH now achieving 48%. A course scheduled for late November 2025 is expected to raise compliance to approximately 85%, with an additional course planned before the end of the year to further increase compliance levels.

Mr Severs referenced discussions with the Executive Team, highlighting a need for improved oversight for training. Ms Jo Wilson suggested that it would be beneficial to include the Mandatory Training Group in discussions.

Ms Murphy commended the significant work undertaken in Withybush Hospital (WGH), noting the clean comfortable environment.

Decision: The Committee were ALERTED to plans to review the training needs analysis however were ASSURED that appropriate work is progressing on the items reported by the Health and Safety Sub-Committee

HSC(25)052

Proposed Health & Safety Governance Arrangements

Mr Severs acknowledged the significant work undertaken by Ms Wilson's team, particularly Ms Alison Gittins and Ms Charlotte Wilmshurst to review the governance of this Committee. This report outlines a proposal for key structural changes, including the dis-establishment of the HSSC.

Since the establishment of the new Operational structure within the Health Board in April 2025, six Clinical Care Groups (CCGs) have replaced the previous Directorates and now report directly to the Integrated Quality, Finance, Performance & Delivery (IQFPD) Group

Dr Arthur commented that a further review may be required to determine whether the Radiation Protection Group (RPG) should be chaired by an individual with formal qualifications in radiation protection.

Membership arrangements were discussed, including whether formal links should be established with external partners such as Mid and West Wales Fire and Rescue Service (MAWWFRS) and Dyfed-Powys Police. It was agreed that the existing links through the Fire Safety Group and Security Team was sufficient.

Ms Louise O'Connor observed that the Terms of Reference (TOR) referenced emerging themes from incidents and asked how these align with the broader learning framework. Mr Severs explained that the revised arrangements are designed to deliver enhanced overarching intelligence through IQFPD.

The transition from sub-committees to control groups is expected to take four to six months. However, progress may be impacted by the current vacancy for the Head of Health and Safety position, as this role is critical in improving governance.

The Committee considered an immediate transition to the new format, however concluded that work is required to ensure the reports are as effective as possible.

Decision: HSC APPROVED the de-commissioning of the Health and Safety Sub-Committee and were ASSURED that new governance arrangements have been mapped, with due consideration to its governance requirements and accountabilities.

HSC(25)053

H&S Dashboard and Compliance report

Mr Adam Springthorpe reported that Phase 1 of the Health and Safety Dashboard is now available. Although this is the initial phase, the dashboard is already quite comprehensive. Rollout is proposed to being in December 2025, with managers briefed on dashboard access. From December, meeting papers will be developed using the dashboard as the primary source of data, tailored for specific needs such as reporting staff and contractor incidents to Trade Union groups.

In response to a concern from Ms Sarah Harraway on her experience with dashboard rollouts, Mr Springthorpe confirmed that engagement will be considered.

Mr Springthorpe and Ms O'Connor agreed to explore the potential of incorporating Personal Injury Claim data, as this information is not currently available to the Health and Safety Team. AS, LOC

Phase 2 of the dashboard will focus on Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) data, Phase 3 remains undefined, allowing flexibility to incorporate new elements.

Mr Severs acknowledged the effort invested in developing the dashboard and highlighted its potential as a template for CCGs, promoting consistent data presentation such as high level claim information.

Decision: The Committee were ASSURED that phase one of the new H&S Dashboard has been successfully launched.

HSC(25)054

Accident, Incident and Notifiable Statistics Process Review

In September 2025, 141 staff and contractor incidents were reported, of which 32 were accidents, 90 were behaviour such as violence and aggression and 19 were a combination of the two.

The dashboard enables tracking of incidents pending review for over 30 days, highlighting the importance of prompt responses. Timely investigations encourage reporting, which improves the accuracy of incident data.

Ms Harraway queried the context of the reported RIDDOR figures, suggesting that presenting the data per member of staff could provide more proportional insight. Mr Springthorpe acknowledged the feedback and explained that RIDDOR data is reported every six months, including an All-Wales comparison and agreed to share this comparative information with Ms Harraway following the meeting. AS

Ms Chantal Patel queried how the organisation is learning from the reported information and where this aligns with the overall strategy, questioning whether it forms part of the approach to delivering training across the organisation. In response, Ms Wilson emphasised the distinction between operational reporting and assurance. She offered to support Mr Severs and Mr Springthorpe in this process, with additional input from Ms O'Connor. JW

Decision: The Committee were ASSURED that the Health Board is compliant with the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR).

HSC(25)055

Heavy Patient Compliance (Manual Handling Operations Regulations 1992)

Mr Severs reminded the Committee that it is not within its remit to approve funding decisions and emphasised the importance of avoiding detailed discussion on financial requirements. He confirmed that he will address these matters outside the committee.

Ms Jeni Bryant explained that the paper had initially been developed to support an expansion of her role, however it now focuses on providing assurance that the Health Board is meeting the needs of bariatric patients. She highlighted the significant risk to both the Health Board and patients if these needs are not met.

Ongoing work is delivering positive financial outcomes alongside improvements in health and safety and manual handling practices. Equipment to support bariatric patients is being provided promptly, including for patients with a significantly higher weight.

Ms Patel initiated a discussion on whether GLP-1 medications might reduce the number of patients requiring bariatric surgery, noting that these drugs are currently not widely available on the NHS due to their high cost. The Committee agreed that while some impact is possible, any significant change is likely to take considerable time.

Decision: The Committee were ASSURED that sufficient progress has been made to date in fulfilling the Health Board statutory obligations under the Manual Handling Operations Regulations 1992, including compliance with Heavy Patient Handling requirements.

HSC(25)056

Stress in the Workplace

Ms Karen Ryan provided an overview of Stress management in the workplace from an Occupational Health perspective.

There is currently a vacancy for the Head of Staff Psychological Wellbeing (SPWS), and the role is under review to determine the organisation's requirements.

Stress remains the leading cause of staff absence. Over a six-month period, 41,792.35 full-time equivalent (FTE) days were lost, representing an estimated cost of £4,691,163. It is noted that this data does not differentiate between stress related to the workplace and external factors affecting mental health. Electronic Staff Record (ESR) data indicates that 2.4% of staff absences attributed to mental health are self-reported as being linked to workplace stress.

Between April and September 2025, the Occupational Health service received 1261 referrals due to absence. Of this number 220 cases referenced access to wellbeing services as a reason for referral.

Occupational Health then assessed each case and signposted staff to resources such as Canopi Wales and other counselling services. Ms Ryan added that the original cause of referral often

does not reflect wider impacts on health and wellbeing, and informal conversations outside staff teams can sometimes reveal additional challenges.

Ms Patel queried whether an impact assessment has been completed and whether the impact of stress is being measured over time. Ms Ryan explained that due to the expert role being vacant there has been some difficulty compiling this data. A report on increased stress in the Health Board was presented to the People, Organisational Development and Culture Committee (PODCC) 18 February 2025 which may provide further information.

Ms Harraway expressed concerns about the level of assurance regarding current services, highlighting the absence of data on Canopi referrals and the need for greater clarity on how Wellbeing Champions are supported.

Mr Iwan Thomas suggested that presenting this data from an All-Wales perspective would be valuable, as it would provide a useful benchmark.

Ms Ryan highlighted that stress risk assessments should act as a preventative measure to manage concerns early. She acknowledged challenges in obtaining this information, as multiple areas are involved, and noted that the majority of staff had not completed a risk assessment.

A further concern is RIDDOR reporting, observing that stress and wellbeing issues are not appearing in RIDDOR data and questioned whether a mechanism exists to capture this data. In response, Mr Springthorpe clarified that stress itself is not directly captured in reporting; however, it may be linked to incidents, such as those resulting in post-traumatic stress disorder (PTSD).

Mr Severs commented that the report does not fully meet the committee's requirements and suggested collaborating with Lisa Gostling to develop it further, with a revised version to be presented to a future meeting.

KR

The Committee were unable to gain assurance from this report due to a lack of sufficient data on current services.

Decision: The Committee were NOT ASSURED of the reporting mechanisms in place to monitor stress in the workplace due to insufficient data.

HSC(25)057

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)058

ANY OTHER BUSINESS

In response to Ms Patel's query Ms Wilson clarified that Care in the Corridor would likely be discussed under Quality and Safety rather than Health and Safety, however agreed to confirm.

JW

HSC(25)059

MATTERS FOR ESCALATION TO BOARD

The Committee agreed to advise the Board that further assurance is required on Stress in the Workplace.

DATE AND TIME OF NEXT MEETING

Tuesday 13 January 2026, 9.30am-11.30am