# MINUTES OF THE Health and Safety Committee MEETING

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| Date of Meeting: | **9:30 AM, Thursday 10 September 2026** |
| Venue: | **Microsoft Teams Meeting** |

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| Present: | Ann Murphy, Independent Board Member (*Chair*)<br>Sarah Harraway, Independent Board Member<br>Maynard Davies, Independent Board Member |
| In Attendance: | James Severs, Executive Director of Allied Health Professions and Health Science<br>Charlotte Wilmsurst, Assistant Director of Assurance and Risk, deputising for Joanne Wilson, Director of Corporate Governance/Board Secretary<br>Gareth Cottrell, Deputy Chief Operating Officer<br>Ardiana Gjini, Executive Director of Public Health<br>Janice Cole-Williams, Assistant Director of Nursing (deputising for Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience)<br>Simon Chiffi. Head of Operations<br>Karen Ryan, Head of Occupational Health<br>Elin Brock, Head of Research, Innovation & Improvement<br>Adam Springthorpe, Health & Safety Manager<br>Anthony Dean, Staff Side Representative<br>Heather Hinkin, Assistant Director People Management<br>Simon Day, Head of Maintenance & Engineering (*part*)<br>Tamara Bromley, Assistant Director of Nursing (*part*)<br>Ruth Poynting, Committee Services Officer (*Minutes*) |
| Apologies: | Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience<br>Joanne Wilson, Director of Corporate Governance/Board Secretary<br>Iwan Thomas, Independent Board Member<br>Michael Imperato, Independent Board Member<br>Sam Hussell, Head of Health Emergency Planning |

| Minutes Ref. | Item | Action |
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| HSC(26)056 | **Welcome and Apologies**<br>Ms Ann Murphy welcomed attendees to the meeting and apologies were noted as above. | |
| HSC(26)057 | **Declarations of Interest**<br>There were no declarations of interest. | |
| HSC(26)058 | **Minutes of Previous Meeting** | |

There were no comments on the minutes of the previous meeting and these were APPROVED as an accurate record.

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

HSC(26)059 **Matters Arising and Table of Actions from Previous Meeting**

**HSC(26)044**: Mr Simon Chiffi advised that the matter was scheduled for discussion by the Ventilation Sub-Group in September and October 2026. He noted that the risk remained challenging due to the ageing estate, with a number of buildings lacking conventional air conditioning systems. A targeted repair programme supported by Targeted Estates Funding (TEF) is in place to address identified issues.

Mr Maynard Davies queried whether potential future legislation on maximum workplace temperatures would impact the risk. In response, Mr Chiffi advised that heat-related risks were being recorded through the risk management process. He noted that some Heating, Ventilation, and Air Conditioning (HVAC) systems have operational limitations at temperatures above 30°C, although newer facilities provide greater resilience, and acknowledged that recent heatwaves have presented challenges across Health Boards.

Mr Gareth Cottrell advised that the Severe Weather Task and Finish Group had met the previous day. He highlighted the multidisciplinary approach being taken to review risks associated with extreme weather events, including heat, flooding and snow, and noted the positive cross-system working and collaborative discussions taking place.

Mr James Severs commented that the discussion linked to wider considerations around organisational risk appetite and the extent to which identified risks could be tolerated and managed.

**Decision:** The Committee NOTED the Table of Actions.

HSC(26)060 **Assurance and Risk Report**

Ms Charlotte Wilsmhurst introduced the report, advising that six corporate risks were currently reported, comprising four extreme and two high risks. The risks relate to the ageing estate and infrastructure, fire safety compliance, pandemic preparedness, violence and aggression, and security management systems, including the implementation of Martyn's Law. Current risk scores continued to exceed target scores, reflecting significant operational, safety and statutory challenges. There are 72 overdue audit and inspectorate recommendations as of 13 August 2026, an increase from 48 reported in May 2026, although 165 recommendations had been completed and were awaiting approval.

Mr Davies highlighted several overdue actions, including those relating to night fire wardens at Bronglais Hospital (BGH) and actions involving the Royal College of Nursing and local authorities.

Mr Chiffi advised that significant progress had been made in relation to fire safety actions. Regular meetings with risk partners had contributed to a reduction in outstanding fire safety letters from approximately 90 to 43, with a further reduction anticipated. Delays in closing some actions had arisen due to the long-term absence of the Head of Fire Safety, who had previously been the sole authorised signatory. Alternative arrangements had now been implemented, with sign-off responsibilities reassigned.
Night fire wardens were in place at both Glangwili Hospital (GGH) and BGH. Mr Chiffi added that the Mid and West Wales Fire and Rescue Service routinely applies a six-month compliance period to notices, irrespective of the timescale required to address the issue, and has acknowledged the progress being made against outstanding actions.

Ms Elin Brock explained that the increase in Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) reports under risk 1860 had prompted a review of incident severity. To strengthen oversight of trends, contributing factors and mitigating actions, a new Violence and Aggression Sub-Group has been established.

The Committee sought further assurance regarding audit and inspection report recommendations returned because of insufficient evidence and actions subject to repeated extensions. In relation to the outstanding Royal College of Nursing (RCN) inspection concerning corridor care and safe staffing within BGH Mr Cottrell agreed to review progress and provide and updated position following the meeting. Future reports would identify either completion or an appropriate revised delivery date rather than recording actions solely as being on track. GC JS/GC

**Decision:** The Committee TOOK ASSURANCE that identified controls are in place and operating effectively, that planned actions are credible and deliverable, and that recommendations arising from audit, inspection and regulatory reports are being appropriately managed.

HSC(26)061 **Health and Safety Assurance Report**

Mr Adam Springthorpe advised that violence and aggression had become the leading cause of RIDDOR reports across the Health Board. He explained that this reflected an increase in the severity of incidents, rather than a marked increase in their overall number, and that incidents were distributed across the organisation rather than within a particular service area.

The heat stress risk assessment has been updated, and a dedicated heat stress webpage has been developed to complement the existing emergency planning arrangements and

enhance operational preparedness during periods of extreme heat.

Ms Sarah Harraway welcomed the establishment of the Violence and Aggression Sub-Group, noting that it would provide a more focused approach to addressing the associated risk. She sought assurance on compliance levels for Level 2 Manual Handling training and whether any correlation had been identified between training compliance and musculoskeletal-related sickness absence. Ms Brock advised that, from a Facilities perspective, work was underway with the Workforce Intelligence Team to map sickness absence data against training compliance, with some emerging themes identified. Ms Karen Ryan added that Occupational Health routinely collected relevant referral data and could support this work.

Mr Davies sought clarification regarding the reporting of fire safety training and queried whether all departments listed within the Level 2 Manual Handling figures would be expected to undertake patient handling responsibilities. Mr Springthorpe explained that fire safety training was reported separately through the Estates and Compliance Service and was not currently included within the core Health and Safety Committee reporting. He further advised that a review had identified up to 1,500 roles incorrectly assigned on the Electronic Staff Record (ESR) system in relation to manual handling requirements. Work was planned to correct these assignments, which would significantly improve compliance reporting, although capacity constraints were delaying progress.

Ms Murphy noted that all staff were currently assigned manual handling training requirements and expressed optimism that the newer system would support more refined role-based allocations in the future.

Mr Cottrell provided assurance regarding compliance management within the Chief Operating Officer portfolio, which accounts for approximately 75% of the Health Board workforce. He outlined strengthened governance arrangements, including fortnightly workforce reports identifying individual staff members with outstanding mandatory training requirements. This enabled a targeted approach to improve compliance and holding individuals accountable for outstanding actions. He added that fortnightly reports were also used to monitor overdue actions via the Audit Management and Tracking (AMAT) System. Reflecting on the management of recommendations, Mr Cottrell acknowledged that target completion dates had sometimes been unrealistic and stressed the importance of setting achievable and deliverable timescales.

Ms Brock advised that the Health and Safety Compliance Group had received a detailed report on manual handling capacity and training delivery. While sufficient oversight of training provision was available, challenges remained in releasing staff to attend training, particularly given current capacity pressures. She

suggested that access to ward-level and service-level compliance data would support a more targeted approach to training delivery.

**Decision:** The Committee TOOK ASSURANCE from the Health and Safety Assurance Report that current health and safety management arrangements across the Health Board remain effective.

HSC(26)062 **Regulation Assurance Report**

Mr Springthorpe introduced the report, advising that it addressed four separate regulations, with a degree of overlap between their respective requirements. He noted that the Dangerous Substances and Explosive Atmospheres Regulations (DSEAR) had historically been considered within fire risk assessments, although work was now underway to develop standalone DSEAR assessments.

Mr Severs sought greater assurance regarding how compliance was measured and suggested that the report should place greater emphasis on outcomes rather than activity. He queried whether the audit programme was providing sufficient evidence of compliance and assurance that identified issues were being addressed effectively.

Ms Harraway echoed the need to focus on outcomes rather than outputs.

Mr Springthorpe advised that approximately 30-40% of Control of Substances Hazardous to Health Regulations 2002 (COSHH) risk assessments had been completed, with priority given to high-risk areas. He provided assurance that the areas of greatest concern had already been assessed and that the remaining assessments largely related to lower-risk or infrequently used substances. Work was also underway to standardise products across the Health Board, reducing the number of substances in use and, where possible, replacing higher-risk products with safer alternatives.

Mr Severs highlighted the importance of fit-testing compliance and organisational readiness ahead of the forthcoming influenza season, noting the link to infection prevention and control arrangements.
In response, Dr Ardiana Gjini advised that preparedness work has already taken place to strengthen relevant processes and protocols, including fit-testing requirements for personal protective equipment (PPE).

Ms Wilmshurst queried whether the assurance rating assigned to DSEAR compliance warranted the inclusion of a risk score within the corporate risk framework.

**Decision:** The Committee TOOK ASSURANCE that the Health Board is operating in compliance with the Control of Substances Hazardous to Health Regulations 2002 (COSHH), the

Registration, Evaluation, Authorisation and Restriction of Chemicals (UK REACH) (Amendment) Regulations 2023, the Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR), and the Personal Protective Equipment at Work Regulations 1992.

HSC(26)063 **Electrical Safety**

Mr Simon Day introduced the report and advised that the overall position remained positive and compliant, with no electrical safety incidents reported during the reporting period. Electrical repairs continued to be undertaken, supported by established governance arrangements through the Electrical Safety Group and a robust Authorised Person (AP) and Competent Person (CP) process.

Strong performance was reported across the planned preventative maintenance (PPM) programme, with completion rates improving from 90% in April to 100% in July 2026, exceeding the Health Board target of 95%. General and critical infrastructure testing, including generator testing, had achieved a 100% completion rate throughout the reporting period, whilst Uninterruptible Power Supply (UPS) testing had also been completed. Portable appliance registers remained up to date, no overdue electrical risks were identified, and the Electrical Safety Policy remained current.

The only area not fully compliant related to electrical repair and replacement completion rates, which stood at approximately 84% in July 2026. Mr Day explained that repairs were prioritised according to risk, with high-priority works being completed first. Lower-risk defects may remain outstanding for longer where equipment had been assessed as safe pending repair. Staffing pressures and the size of the overall maintenance backlog continue to present challenges. He advised that Estates managers have been tasked with improving performance in this area.

In relation to fixed wire testing, Mr Day confirmed that appropriate contracts were in place and that TEF had supported a programme of remedial works during the previous financial year, providing a strong position in relation to assurance and compliance. He added that significant workstreams were underway to upgrade the Health Board's wider electrical infrastructure.

Ms Harraway sought clarification regarding the age of the maintenance backlog and whether further funding requests would be required. Mr Day advised that significant capital funding of approximately £127 million had been approved for major infrastructure improvements, including upgrades to ageing low-voltage electrical systems across acute hospital sites. He explained that future phases of TEF would support improvements, including ward-based distribution board replacement programmes, with investment decisions being determined through a risk-based approach rather than solely the age of equipment. The newest sites do not present the lowest level of risk, as factors such as historical maintenance,

infrastructure condition and previous investment are also taken into account when determining priorities.

Mr Day also highlighted improvements in electrical resilience across the Health Board. Through previous funding allocations, BGH now had two backup generators for the first time, and equivalent resilience arrangements were expected to be in place across all acute hospital sites by the end of the financial year. He emphasised that these developments represented significant progress in strengthening organisational resilience.

Mr Davies sought clarification regarding the management of electrical items brought into the workplace by staff and the arrangements for Portable Appliance Testing (PAT). Mr Day advised that staff are responsible for notifying Estates when personal electrical equipment is brought onto Health Board premises so that PAT testing can be undertaken. Annual PAT testing arrangements are in place; however, compliance is dependent upon items being reported. Greater clinical representation at safety groups is being encouraged to reinforce awareness of electrical safety responsibilities. Referencing portable fans, it was noted that these should not be used unless appropriately tested and risk assessed. As way of assurance,

**Decision:** The Committee TOOK ASSURANCE regarding the current electrical safety compliance position and the arrangements in place to manage electrical repair and replacement backlog pressures.

HSC(26)064 **Water Safety**

Mr Day presented the Water Safety Annual Assurance Report, advising that the overall position for water safety within the Health Board remains positive. He noted that water safety arrangements are closely aligned with Infection Prevention and Control (IPC) and that, following changes to governance arrangements during the previous year, responsibility for chairing the Water Safety Group transferred from IPC leadership to Estates leadership.

Assurance was provided regarding the well-established governance framework, including strong attendance and engagement at Water Safety Group meetings, support from IPC colleagues, the appointment of Responsible Persons (RPs) and Deputy Responsible Persons (DRPs), and the effective operation of the Computer Aided Facilities Management (CAFM) PPM system. Compliance levels for temperature monitoring, thermostatic mixing valve maintenance, Pseudomonas monitoring, shower head and hose PPMs, and other water-related PPM activities were reported as meeting or exceeding target levels. All water risks have been reviewed and remain up to date, and the Health Board's Water Policy remains within its review period. The principal areas requiring improvement are water system repairs, particularly clarifier repairs.

Members noted that Clarifier PPM compliance was reported at 72% in July 2026. Mr Day explained that the figure reflected seven scheduled preventative maintenance tasks, two of which had not been completed; one could not be undertaken due to ongoing repairs to a tank at Amman Valley Hospital, while the second related to a recurring issue at Swn y Gwynt , for which an alternative maintenance approach was being developed. Both issues had been assessed as low risk. Mr Day emphasised that although, the compliance percentage appeared low, only a small number of maintenance activities had been missed. He outlined actions to improve performance, including prioritising outstanding repairs, ensuring sufficient resources, and strengthening monitoring arrangements.

In response to a query from Mr Severs, Mr Day explained that the grey metrics on page 146 of the report represented areas the Water Safety Group intended to monitor, however for which sufficiently reliable reporting arrangements were not yet in place. This is partly due to legacy arrangements following the transfer of responsibilities from IPC. Whilst water risk assessments have been undertaken and compliance requirements met; further work is required to improve the quality and reliability of the underlying data. He noted that a programme of updated water risk assessments is being rolled out and that, once robust data becomes available, these metrics will be reported through the Health and Safety Compliance Group and used to provide future assurance reports. Mr Day added that this work is being undertaken jointly with IPC colleagues, Estates colleagues and Facilities colleagues to strengthen oversight arrangements.

Referring to the table titles ‘How Compliance is to be Achieved’, which contains three actions with historic completion dates, Mr Davies sought clarification regarding their status. Mr Day advised that the report reflected data available at the time of writing and confirmed that the actions have since been completed.

**Decision:** The Committee TOOK ASSURANCE on the overall water safety compliance position, NOTED areas of non-compliance and associated improvement actions, and NOTED the requirement for the Water Safety Group to validate the 12-monthly TMV PPM reporting basis.

HSC(26)065 **Heatwave Response & Action Plan**

Consideration of this item was deferred to the next meeting due to an unexpected staff shortage.

**Clinical Care Group Updates**

HSC(26)066 **Planned and Specialist Services**

Ms Tamara Bromley presented the report, noting that she is new in the role and the report has been prepared by her predecessor Ms Olwen Morgan.

In relation to mandatory training compliance, Ms Bromley noted that a number of staff groups within the Clinical Care Group (CCG) had remained non-compliant for a sustained period, in some cases for more than six months. She advised that discussions had taken place with General Managers, the Associate Medical Director and Heads of Nursing regarding measures to address these concerns. A three-month trajectory plan had been requested from all teams, setting out how outstanding mandatory training would be completed or, where this was not immediately possible, identifying clear timescales for completion. These plans were due to be submitted by 28 September 2026, enabling the CCG senior team to identify and provide any necessary support. Ms Bromley advised that this would allow regular progress updates to be provided and provide assurance that staff were appropriately trained and able to practise safely.

In terms of workforce health and sickness monitoring, Ms Bromley referred to the report's identification of Acute Paediatrics as a hotspot area, with an indicated 33% absence rate attributed to work-related stress during August 2026. Following a detailed review undertaken with the Head of Nursing it was established that the information reported was inaccurate and that the recorded sickness absence was not attributable to work-related stress. Assurance was provided that appropriate support was being provided to affected staff, with efforts focused on facilitating their return to work where appropriate.

Regarding outstanding inspection actions, Ms Bromley advised that she has engaged with Mr Springthorpe to review the 13 outstanding actions requiring attention. A meeting has been arranged to further consider the actions, identify requirements for closure and ensure that learning from inspections is being embedded within the CCG.

Ms Bromley emphasised the strong commitment within the CCG to improving mandatory training compliance across all staff groups and to reviewing and progressing outstanding actions to ensure they accurately reflected the current position and supported continuous improvement.

Ms Harraway expressed concern regarding the significant deterioration in the number of incidents awaiting review beyond 30 days, noting the potential impact on organisational learning and the management of risk. In response, Ms Bromley advised that a substantial programme of work is underway to improve incident management processes, drawing on a similar approach to that being taken in relation to mandatory training compliance. She emphasised the importance of collective accountability across the CCG, noting that responsibility for improvement could not rest with a single individual.

Mr Davies noted that a number of measures within the report had targets recorded as "N/A" and suggested that it may be beneficial

to establish targets where possible. Ms Bromley acknowledged the point and advised that it would be taken forward. She added that future reports would place greater emphasis on ensuring the accuracy of the data provided, with clear reporting of performance targets and expected outcomes.

Ms Murphy noted that Mr Springthorpe was providing time-limited support to all CCGs to strengthen their approaches in this area. She welcomed Ms Bromley's intention to utilise this support and expressed the view that other CCGs would similarly benefit from engaging with the opportunity to strengthen their approaches.

**Decision:** The Committee TOOK ASSURANCE from the Planned and Specialist Services Clinical Care Group update on the current position and the management of historical inspection actions.

HSC(26)067 **Primary Care**

Mr Cottrell introduced the update, explaining that Primary Care comprises a number of distinct service areas, including independent primary care contractors, who operate with a degree of autonomy and self-governance, and Health Board-managed practices, where the Health Board has more direct responsibilities and accountabilities.

Mr Cottrell acknowledged that a significant number of areas were rated red, indicating that considerable work remains to improve compliance and assurance within Primary Care. He drew attention to the associated action plan, noting that completion dates have been set for later in the current calendar year, demonstrating both the importance attached to the work and the urgency with which improvements were required.

Ms Harraway expressed concern regarding the significant gaps in the available data and observed that the report did not provide sufficient assurance that there was an adequate understanding of compliance levels, even within Health Board-managed practices. Whilst acknowledging that governance arrangements were in place, she remained concerned that there was insufficient visibility of what was actually happening in practice.

In response, Mr Cottrell agreed that there was a need to implement the action plan at pace and ensure that actions were delivered within agreed timescales. He also acknowledged that further work was required to strengthen the report and the assurance it provided.

Mr Springthorpe advised that applying the same metrics and standards used elsewhere within the Health Board could assist in supporting improvements in Primary Care. He explained that he had been working closely with Ms Rhian Bond and Practice Managers to identify outstanding actions and had developed individual trackers for each CCG to support progress. He noted that where CCGs had engaged with the process, risks had been reviewed and immediate actions taken where possible.

Mr Springthorpe further advised that, with the appointment of the new Head of Health, Safety and Security, additional capacity would become available within the team, enabling the resumption of planned audits and inspections and allowing greater focus on current issues rather than historic actions that had remained outstanding for several years.

Mr Davies sought clarification regarding the Health Board's responsibilities in relation to independent contractors, noting that such organisations were legally responsible for the health and safety of their own staff. He questioned what measures and levers were available to the Health Board, beyond monitoring and reporting arrangements, to address any concerns identified.

Mr Cottrell advised that, in relation to independent primary care contractors, the Health Board's role was primarily one of monitoring compliance. He acknowledged that the report did not currently provide sufficient assurance regarding the outcomes of that monitoring activity.

Mr Springthorpe added that the compliance data currently available related primarily to services directly managed by the Health Board. He noted that equivalent data was not available for independent contractors and suggested that consideration may need to be given to how such information could be obtained and reported if required by the Committee.

Dr Gjini commented that the principles applied to commissioned and contracted services more generally should also apply in this context. She noted that the Health Board would be expected to monitor contracts, escalate concerns where necessary and require appropriate assurance regarding compliance with safety standards.

Ms Murphy sought clarification on whether the issues related to community premises only or also to staff. Mr Cottrell explained that whilst a number of staff working within primary care settings are not employed by the Health Board, Health Board-employed staff, such as district nursing teams based within these premises, remain subject to the Health Board's governance arrangements. He noted that compliance for Health Board-employed staff can be monitored through the Electronic Staff Record (ESR) System.

Mr Severs highlighted the need to clarify the organisation's role and responsibilities in relation to the reporting of health and safety matters across both managed and non-managed practices. It was agreed that Mr Severs and Mr Cottrell would clarify the Health Board’s roles, responsibilities and reporting requirements in respect of health and safety across managed and non-managed primary care practices and report back to the Committee. JS/GC

The Committee agreed to ADVISE the Board that further work is needed to provide assurance.

**Decision:** The Committee was NOT ASSURED regarding the current level of health and safety compliance within Primary Care, noting gaps in available data and a lack of clarity regarding compliance levels, particularly within Health Board-managed practices.

HSC(26)068 **HSC Workplan**

No comments were made on the workplan.

HSC(26)069 **ANY OTHER BUSINESS**

Mr Severs provided an update on proposed changes to Executive portfolios and their impact on the leadership of Estates, Facilities and Health and Safety functions. He advised that Facilities, Corporate Health and Safety and Statutory Fire Safety would remain within the Executive Director of Allied Health Professions and Health Science portfolio, with Statutory Fire Safety transferring under the new Head of Health, Safety and Security to strengthen oversight. Estates, Maintenance and Compliance would transfer to the Executive Director of Strategy and Planning portfolio week commencing 05 October 2026.

Operational oversight would continue through the Chief Operating Officer (COO)'s Office. The recruitment process is planned for a Deputy Director of Allied Health Professions (AHP) and Health Science who would be responsible for AHP and Health Science professions, including the Facilities and the Health and Safety portfolio. This would be followed by a recruitment process for a new Assistant Director of Facilities, Health and Safety role. Mr Severs advised that the new Head of Health, Safety and Security would commence in post on 12 October 2026. He also advised amendments to the Committee's membership will be undertaken and the revised Terms of Reference will be presented at the next meeting, including proposals to strengthen Capital and Estates representation.

HSC(26)070 **MATTERS FOR ESCALATION TO BOARD**

- Further work is required to address gaps in compliance data, improve visibility of monitoring outcomes, and clarify responsibilities and assurance arrangements across both Health Board-managed and independent contractor services, as highlighted in the **Primary Care Clinical Care Group Update**.

**DATE AND TIME OF NEXT MEETING**

Tuesday 3 November 2026, 9.30am-11.30am