



GIG
CYMRU
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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **06/05/2025**
Time **9:30 AM - 11:30 AM**
Location **Microsoft Teams Meeting/ Ystwyth Boardroom**

Health & Safety Committee Meeting

HDD_Health and Safety Committee

NHS Wales

Agenda - 6 May 2025

1 Governance

9:30 AM, 0 min

1.1 Welcome and Apologies

9:30 AM, 2 min

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

1.2 Declarations of Interest

9:32 AM, 2 min

All

1.3 Minutes of the Previous Meeting held on 4 March 2025

9:34 AM, 2 min

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

1.4 Matters Arising and Table of Actions from Meeting held on 4 March 2025

9:36 AM, 5 min

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

1.5 Health and Safety Committee Annual Report 2024/25

9:41 AM, 5 min

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

1.6 Health and Safety Sub Committee Update

9:46 AM, 10 min

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

2 Health and Safety Updates

9:56 AM, 0 min

2.1 Staff/Patient Story

9:56 AM, 15 min
TBC

2.2 Health and Safety Update Report

10:11 AM, 10 min
Adam Springthorpe (Hywel Dda UHB - Health & Safety Manager), Tim Harrison (Hywel Dda UHB - Head of Health, Safety and Security)

2.3 H&S Annual Work Plan 2025/26

10:21 AM, 10 min
Tim Harrison (Hywel Dda UHB - Head of Health, Safety and Security)

2.4 Electrical Infrastructure Risks

10:31 AM, 10 min
Simon Day (Hywel Dda UHB - Head of Maintenance & Engineering)

2.5 Risk 1745 - Estates Condition

10:41 AM, 10 min

2.6 RAAC Assurance Report

10:51 AM, 10 min
Simon Day (Hywel Dda UHB - Head of Maintenance & Engineering)

3 For Information

11:01 AM, 0 min

3.1 HSC Workplan

11:01 AM, 2 min
Ann Murphy (Hywel Dda UHB - RCN Trade Union Rep - Independent Board Member)

4 Any Other Business

11:03 AM, 2 min
All

5 Matters for Escalation to Board

11:05 AM, 2 min
Ann Murphy (Hywel Dda UHB - RCN Trade Union Rep - Independent Board Member)

6

Date and Time of Next Meeting

11:07 AM, 0 min

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9:30 AM, 0 Mins

1 - Governance

1.1

9:30 AM, 2 Mins

1.1 - Welcome and Apologies

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

1.2

9:32 AM, 2 Mins

1.2 - Declarations of Interest

All

1.3

9:34 AM, 2 Mins

1.3 - Minutes of the Previous Meeting held on 4
March 2025

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

| For approval

Attachments

[2025-03-04 - Health and Safety Committee Meeting - Minutes.pdf](#)

MINUTES OF THE Health and Safety Committee MEETING

Date of Meeting: **9:30 AM, Tuesday 04 March 2025**
 Venue: **Microsoft Teams Meeting/ Ystwyth Boardroom; Ystwyth Board Room Avocor (Hywel Dda UHB - Generic Account)**

Present:	Ann Murphy	Independent Member – Trade Union (Chair)
	Chantal Patel	Independent Board Member
	Delyth Raynsford	Independent Board Member
In attendance	Ruth Poynting	Committee Services Officer (minutes)
	James Severs	Executive Director of Allied Health Professions and Health Science
	Adam Springthorpe	Health & Safety Manager
	Gareth Cottrell	Deputy Chief Operating Officer
	Amanda Glanville	Assistant Director of People Development
	Jonathan Arthur	Deputy Director of Health Sciences
	Anthony Dean	Estates – Staff Representative
	Charlotte Wilmshurst	Assistant Director of Assurance and Risk
	Rob Elliott	Director of Estates, Facilities and Capital Management
	Sam Hussell	Head of Emergency Preparedness, Resilience & Response (EPRR)
	Tim Harrison	Head of Health, Safety & Security
	Simon Day	Head of Maintenance & Engineering
	Paul Evans	Head of Estates Risk & Compliance
	Karen Ryan	Head of Occupational Health
	Claire Lohse	Assistant Operations Manager
	Rebecca Dodds	Hotel Facilities Assistant
Apologies	Andrew Carruthers	Chief Operating Officer (Gareth Cottrell deputising)
	Eleanor Marks	Vice Chair
	Simon Chiffi	Head of Operations (Simon Day/Paul Evans deputising)
	Sharon Daniel	Interim Executive Director of Nursing, Quality & Patient Experience
	Joanne Wilson	Director of Corporate Governance/Board Secretary (Charlotte Wilmshurst deputising)
	Ardiana Gjini	Executive Director of Public Health (Sam Hussell deputising)

Minutes Ref.	Item	Action
	Governance	
HSC(24)125	Welcome and Apologies	
	Ms Ann Murphy welcomed everyone to the meeting, introductions were made, and apologies were noted as above.	

HSC(24)126	Declarations of Interest	
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There were no declarations of interest.

HSC(24)127 **Minutes of Previous Meeting of the Previous Meeting held on 14 January 2025**

The minutes of the previous meeting were reviewed and APPROVED by the Committee with no amendments.

Decision:

The Minutes of the meeting held on 14 January 2025 were APPROVED as an accurate record.

HSC(24)128 **Matters Arising and Table of Actions from Meeting held on 14 January 2025**

The Table of Actions were noted.

Ms Charlotte Wilmshurst commented that the action to present a report on Electrical Infrastructure will be extended to the next Committee meeting.

Risk 1745, which covers the Estates condition risk. This will also be brought to the next Health and Safety committee meeting in May.

Decision:

The Table of Actions was NOTED.

HSC(24)129 **HSC Self Assessment Outcome Report 2024/25**

Ms Charlotte Wilmshurst introduced the item. The self-assessment survey was completed before Christmas and received six responses.

The survey responses suggested that there is a need for a shift to more of a strategic focus and to strengthen assurance reporting through clear data driven reports. It was also suggested that there is a need for clear questions from the committee to achieve more effective responses.

These responses have been taken forward into the action plan in the body of the report.

The group considered the output from the self-assessment and agreed the associated action plan.

Decision: The HSC were ASSURED by the Self-Assessment Outcome Report.

HSC(24)130 **Health and Safety Committee Terms of Reference**

Ms Wilmshurst introduced the changes to the terms of reference. One key change is to the approval process for Health and Safety policies which has now moved to the Health and Safety Sub Committee (HSSC). The Health and Safety Committee retains approval of the overarching Health and Safety Policy.

The attendance requirements for Estates and Facilities will need to be reviewed to reflect the change in Mr Rob Elliott's role as a Member of the Committee.

Ms Murphy noted that the number of Independent Members will be reduced to four, as agreed in a Public Board meeting, which will need to be considered for future meetings as this could affect quoracy.

There are also some changes to be incorporated to item 3.6 following correspondence that Ms Wilmhurst has received today.

Decision: The HSC APPROVED the changes to the Terms of Reference.

Health and Safety Updates

HSC(24)131

Health and Safety Sub Committee Update

Mr Jonathan Arthur shared an update from the HSSC following the meeting on 4 February.

There were no matters to alert the Committee to.

The Terms of Reference for the Sub Committee were agreed.

HSSC wished to advise HSC of the following:

- Further discussion ongoing around the reporting routes for the Ventilation Group and Water Safety Group.
- Further discussion ongoing regarding the leadership for the Security Management Group.
- The frequency of Fire Safety meetings is under discussion.
- Discussion is needed before review of the Terms of Reference for the Environmental Hygiene Group can take place.
- The Terms of Reference for the Electrical Safety Group, Medical Gas Pipeline Systems Safety and Compliance and Site Operations Group, Radiation Protection Group, and the Trade Union Health & Safety Group were approved.

In relation to violence and aggression management, a paper is being considered around the Portering role, which currently encompasses portering duties and security responsibility.

In response to a query from Ms Delyth Raynsford Mr Arthur noted that a timeline is not yet in place for a Violence and Aggression Management Plan and the issue with the Portering role. Mr Arthur will report back after a discussion with Mr Severs. This matter needs further exploration as a matter of urgency.

JA

Mr James Severs noted that a meeting is being planned in the next two weeks with the Security Management Group led by Mr Tim Harrison to discuss corporate risks 1860 and 1861 which will be delegated to the Sub Committee.

A Health and Safety 'In Committee' meeting will take place in May to update on these risks.

The Committee APPROVED the HSSC Terms of Reference.

Decision: The HSC NOTED the Update Report and APPROVED the HSSC Terms of Reference.

Staff Story

Ms Rebecca Dodds shared her recent experience working around Reinforced Autoclaved Aerated Concrete (RAAC) in Withybush General Hospital (WGH). Ms Dodds was working within a Dementia Ward which closed and was then redeployed closer to home in WGH.

Racking was put in place by the Works Team and two members of staff including Ms Dodds went back in to clean the ward to allow for it to be reopened. Personal Protective Equipment (PPE), which included aprons and masks, was provided but staff felt this was insufficient for the level of dust.

Additionally, the two members of staff were given a two-week deadline to complete the work which was very difficult.

Currently work is ongoing on the Stroke Ward and concerns have been raised around the level of dust being produced by this work and the lack of partition which means dust is being emitted through to the other parts of the hospital including the kitchen. Mr Simon Day agreed to take these concerns back to the Capital Projects Team. As this work is resurveying it should theoretically be less intrusive, but lessons learned may need to be taken from this experience and incorporated into the discussion around the frequency of RAAC resurveying. They are also considering AI technology for inspections.

Mr Elliott added that the initial remedial work included completely closing and securing the wards. This may need to be reconsidered for the reinspection work as an alternative. Mr Day noted that for the full initial works, a builders' clean was also included in the specification which lessened the work for the Facilities Team.

SD

Ms Raynsford raised concerns about the need to provide opportunities to hear the voices of the staff for them to report their concerns. There needs to be a robust process in place to protect our patients and staff going forward.

Mr Day offered to come down to meet the staff to listen to their concerns via a meeting.

Ms Karen Ryan stated that it would be beneficial to review the risk assessment that informed the PPE allocation decision and added that while larger safety concerns are raised through Datix, a simpler reporting mechanism may also be helpful.

SD

Ms Claire Lohse added that the decision to open the offices at one end of the site was made by the hospital management team and for staff to get to these offices they do have to walk through areas with high levels of dust.

Mr Severs thanked Ms Dodds and Ms Lohse for sharing their experiences and noted that the governance processes will be strengthened to protect staff and patients.

Ms Dodds and Ms Lohse left the meeting.

HSC(24)133

Health and Safety Update

Mr Tim Harrison and Mr Adam Springthorpe presented the Health and Safety Update, noting much of the work outlined is around electrical safety.

A new electrical safety intranet page was launched in the week commencing 24 February 2025.

Additionally, electrical safety training is now being incorporated into Level 2 Fire Safety training which will be online in the next few months.

Mr Springthorpe highlighted concerns around the reporting of issues being resolved in response to audits.

In order to provide better oversight of the actions from audits, findings will move to the AMaT system, which is a system already used by many managers in the Health Board to manage audits. This will allow the team to see what mitigation has been put in place or whether risk assessment has been undertaken to acknowledge unresolved risk.

Auditing has been paused to allow time to move findings to the new system for improved monitoring.

Work will also be needed to raise the profile of the Health and Safety audits as activity around them is limited compared to other types of audits. Audit tracking will take place in HSSC.

Each of the new Clinical Care Groups will have monitoring arrangements in place to provide further assurance on this.

Mr Springthorpe assured that the system can be tailored to notify the risk holder of outstanding actions.

Ms Wilmshurst clarified the language used for audit actions, noting that risks are categorised on Datix and actions are to be tracked through AMaT.

Mrs Raynsford raised her concerns on the high number of risks including the arrangements in place for monitoring, oversight and control.

Mr Severs highlighted that work is needed to strengthen the governance arrangements including a clear written methodology for the process of audits. This is being developed currently and will be discussed at HSSC over the next two months.

The Committee were assured that the Health, Safety and Security team have created an electrical safety intranet resource, that electrical safety training will be incorporated into mandatory fire training and that pertinent Health and Safety information has been

shared via a 7-minute brief but would like to advise the Board that work is ongoing to bring audit monitoring up to compliance.

Discussion took place whether Health and Safety audit monitoring should be an item to be an 'advise' or 'alert' for the Board. The Committee agreed that as work is being undertaken to address the issue this would be best as an advisory item.

The report needs to be modified in future to identify the level of organisational risk associated with the items contained in the report.

TH/AS

Decision: Health and Safety Update

HSC were ASSURED That the HSS Team have created a new electrical safety intranet resource highlighting the risks posed by electricity and electrical equipment to HDdUHB staff.

HSC were ASSURED That electrical safety training will be incorporated within mandatory fire training.

HSC were ADVISED that the HSS Team are reviewing and updating their audit system in response to the Internal Audit findings and agreed to advise the Board.

HSC were ASSURED That the HSS Team have shared pertinent H&S information via their 7-minute brief.

HSC(24)134

Health and Safety Internal Audit Report

Mr Harrison informed the Committee that the NHS Wales Audit on Health & Safety Compliance provided limited assurance and presented five findings:

- Lack of oversight on mandatory training (medium).
- Insufficient monitoring of audits (high).
- Slow reporting of RIDDOR incidents to the Executive Team. (medium).
- Lack of Executive Director attendance at Committee (medium).
- Gaps in assurance of reporting to H&S Committee (high).

An action plan has been developed, and timescales have been put in place to address all items. This has been reported back to the last Audit Risk and Assurance Committee (ARAC).

In response to a query from Ms Murphy Mr Harrison stated that audit actions are assigned to Service Delivery/Directorate Managers and assured that AMaT will provide better oversight once put in place. Many actions also overlap with Quality and Safety responsibility.

Ms Wilmshurst added that the workplan has been updated to resolve gaps in reporting and that the attendance issues have been resolved going forward.

Mr Harrison assured that the timescales in the action plan are believed to be realistic and achievable.

As this report has limited assurance a follow up audit will take place in the next financial year following the closing date of the recommendations.

Decision: The HSC NOTED the Health and Safety Internal Audit Report.

HSC(24)135

Martyn's Law/ Terrorism Protection of Premises Bill: A Report on the Detail, Impact on the Organisation, and Timelines

Mr Harrison stated that the purpose of the report is to provide an overview of Martyn's law and the potential impact this will have on the Health Board.

This legislation is not expected to be put in place for at least two years but there may be a need to assess any outstanding actions to ensure the Health Board is prepared before then.

Martyn's Law related to the preparation of public premises for responding to terrorist events. The Bill establishes a tiered approach for the levels of preparation needed. HDdUHB would be considered under the 'Enhanced' criteria for premises.

This would necessitate terrorism risk assessments and clear documentation of all required procedures and control measures. Ms Sam Hussell highlighted that this is linked to an ongoing issue around the availability of security personnel.

Terrorism Advisors have already visited sites to assess terrorism response procedures and work has been undertaken to ensure that sites are prepared for any possibility. Good relationships have also been fostered with the Police and Counter Terrorism Advisors.

This will be monitored under security management and emergency preparedness.

The last Counter Terrorism Report needs to be shared in the next In Committee meeting for discussion.

Decision:

The HSC NOTED the report.

HSC(24)136

Update on Traffic Flow Outside PPH

Mr Gareth Cottrell stated that there are ongoing issues relating to temporary traffic arrangements outside PPH.

Contact has been made with the Highways Department for Carmarthenshire County Council (CCC), but a resolution has not been agreed. Mitigations are in place such as personnel in place during the day to ensure a good flow of traffic is achieved as far as reasonably possible.

Mr Anthony Dean shared feedback from staff that they would like the issue to be escalated further. Mr Cottrell assured that this will take place. Conversations with the council will continue to reach a resolution as soon as possible.

Mr Elliott raised concern that work is now expected to continue until February 2026 and added that in previous years contractor access has been provided at the bottom of the site. If this could be a possibility to address emergency access it may be best to request that the council pay to enable this.

Ms Hussell commented that having only one point of entrance/exit for the site is a business continuity issue.

Ms Raynsford stated that learning may be needed around Highway access to sites, including consultation with the Welsh Ambulance Service and the Police. A strategic discussion needs to take place regarding this issue.

The group agreed that improved communication is needed with staff on site to assure them that correspondence is taking place with the council to rectify these issues.

Jeni Bryant joined the meeting.

The Committee agreed that this should be highlighted as an advisory item for Board due to concerns about the ongoing work, business continuity issues as well as concerns about not being involved at the consultation/ planning process for work on the highways.

Mr Severs agreed to discuss the issue with Mr Andrew Carruthers and Mr Gareth Cottrell to assess whether there are any further mitigations that can be put in place. Further correspondence with the Highways Dept is needed to escalate the matter. Verbal update to be provided at next meeting.

JS/AC

Decision:

The HSC NOTED the report and agreed to ADVISE the Board of the concerns raised.

HSC(24)137

Health and Safety Regulations

Confined Space Regulations

Mr Paul Evans informed the group of the robust arrangements currently in place to manage and control confined spaces. HDDUHB sites include a number of confined environments such as service ducts, tunnels, shafts and Plant rooms. Processes include reducing the number of entries to confined spaces to strictly necessary work and monitoring air quality before and during access. Risk assessments have been carried out. A range of PPE is provided for work in these areas and access is restricted to people who have received the necessary training.

The training provided is scenario-based learning, not just classroom.
Other parties are sometimes consulted for out-of-hours access as needed.

A review of the arrangements will take place over the next couple of months and will be reported back to HSSC for assurance.

Mr Springthorpe added that in response to incidents such as the sounding of carbon monoxide alarms learning is undertaken, and areas are reviewed.

In response to a query from Mrs Raynsford Mr Evans noted that HDdUHB does have increased numbers of confined spaces due to the age of many buildings (some with underground tunnels).

Mr Severs requested that future reports also include the numbers of confined spaces, where are they and what is the risk associated with them, compliance statistics, action plan to achieve 100% and numbers of people who have undertaken training. A report can be brought to the next meeting to include this additional information including rescue protocols as requested by the Chair for assurance.

PE

Mr Day stated that some work can create confined spaces in areas that are not normally deemed as such. This would make it difficult to provide a definitive answer to the total number of confined spaces however there is a list of set confined spaces.

Decision:

The HSC were ASSURED by the report, noting that further detail will be discussed in the Sub Committee.

HSC(24)138

Bariatric Compliance (Manual Handling Operations Regulations 1992)

Ms Jeni Bryant shared that Bariatric Compliance was initially shared with the Committee to address compliance and to audit how bariatric patients are managed. The paper being presented at this Committee now focuses on how this information is collected and managed, providing assurance that this is being monitored.

As this information is now being maintained centrally this is expected to take pressure away from clinical staff.
Bariatric patients are defined as people admitted with a BMI over 30. There has been a significant increase in the numbers of patients in this category in 2024.

Ms Bryant assured that adequate support is in place to be able to achieve the timescale set out by the Action Plan in the report.

Mr Severs and Ms Bryant agreed that work is also needed for staff from an Occupational Health point of view.

An updated report will be presented to the HSSC in November.

Decision:

The HSC were ASSURED by the report.

For Information

HSC(24)139

HSC Workplan

No comments were made on the HSC workplan.

Decision:

The HSC NOTED the report.

HSC(24)140

Any Other Business

Ms Murphy drew the meeting to a close and thanked Ms Raynsford for her input and contribution into this committee during her time as an Independent Member.

HSC(24)141

Matters for Escalation to Board

- The Committee would like to ADVISE the Board of work being undertaken to strengthen audit monitoring in response to the Internal Audit findings.
- The Committee would like to ADVISE the Board that traffic works outside PPH are expected to be in place until February 2025 which is impacting entrance to the site.

Date and Time of Next Meeting

Tuesday 6 May 2025, 9:30-11:30

1.4

9:36 AM, 5 Mins

1.4 - Matters Arising and Table of Actions from Meeting held on 4 March 2025

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

| For information

Attachments

[HSC Table of Actions 4 March 2025.pdf](#)

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

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
HSC (24)83	Bariatric Compliance (Manual Handling Operations Regulations 1992) Update Report: <ul style="list-style-type: none"> To bring an updated report back to the January 2025 HSC meeting, to include evidential data on regulations compliance in order to provide assurance to Committee 	JB	January 2025	Complete Discussed in March 2025 meeting.
HSC(24)130	Terms of Reference <ul style="list-style-type: none"> To go to Board for approval 	CSO	May 2025	Complete Approved in April Board meeting
HSC(24)131	Health and Safety Sub Committee Update <ul style="list-style-type: none"> 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 	JA	May 2025	In progress Paper is being developed
HSC(24)95	Health and Safety Update Report <ul style="list-style-type: none"> To submit a report on Electrical Infrastructure risks to Committee. 	SC	March 2025	Complete Submitted for May meeting
HSC(24)111	Corporate Risks Assigned to HSC <ul style="list-style-type: none"> To add risk number 1745 to the workplan for discussion. 	CSO	March 2025	In Progress: Scheduled for May meeting. Deferred to July meeting.
HSC(24)136	Update on Traffic Flow Outside PPH <ul style="list-style-type: none"> To discuss whether any further mitigations can be put in place to maintain traffic flow. Communication with staff on site regarding the issues and provide them with a progress update. Correspondence with Highways Dept to escalate concerns. Verbal update to be provided at next meeting. 	JS/GC	May 2025	In Progress Discussion has taken place around the further actions needed.

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
HSC(24)132	Staff Story <ul style="list-style-type: none"> Take concerns highlighted in Staff Story back to the Capital Projects Team. Arrange a meeting with staff to listen to their concerns. 	SD	May 2025	Verbal Update
HSC(24)137	Health and Safety Regulations (confined spaces) <ul style="list-style-type: none"> Report to next HSSC meeting to include number and location of confined spaces, risks associated with them, compliance statistics and any action plan to achieve 100%, number of staff that have undertaken confined spaces training, details of any rescue protocols in case. 	PE	May 2025	Complete Paper brought to HSSC. An update on the status of Risk Assessments expected after the review taking place in July.
HSC(24)138	Bariatric Report <ul style="list-style-type: none"> Further update report to be brought to either HSC or HSSC 	JB	Nov 2025	In progress: Added to the workplan for November 2025

Key: SC- Simon Chiffi JB-Jeni Bryant JS- James Severs AC-Andrew Carruthers CSO- Committee Services Officer SD - Simon Day
PE – Paul Evans GS – Gareth Cottrell JA – Jonathan Arthur JB – Jeni Bryant TH – Tim Harrison AS – Adam Springthorpe

1.5

9:41 AM, 5 Mins

1.5 - Health and Safety Committee Annual Report 2024/25

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

| For assurance

Attachments

[Committee Annual Review 2024-25.pdf](#)

Health and Safety Committee

ANNUAL REVIEW REPORT

2024/2025

1. Introduction and Chair's summary

In line with Standing Orders the Health and Safety Committee (HSC) must submit an Annual Report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Sub-Committees it has established, setting out how the Committee has met its Terms of Reference (TORs) during the financial year.

The Board uses this annual report to inform:

- The ongoing development of its governance arrangements, including its structures and processes:
- Its Board Development Programme, as part of an overall Organisation Development framework: and

Chairs Reflections

Our purpose is to provide assurance around the health board arrangements for ensuring health, safety, welfare, and security of all employees and those who may become affected by work related activities such as patients, members of public, volunteers, and contractors.

This report gives a flavour of the scrutiny we have applied to matters of concern and reflects the increasing attention we are giving to the impact of actions we have taken to strengthen health, safety, welfare and security over the previous year. We recognise the importance of providing assurance to the Board on our compliance with health and safety legislation and have taken steps to strengthen our supporting governance structures.

This has been a challenging year, and we recognise the hard work and dedication of our teams who keep supporting our services day to day, and keeping our patients and staff safe, within our health board.

The work by the Estates Department on the fire enforcement notices from Mid and West Wales Fire and Rescue Service has been advancing well across the sites of Hywel Dda, this is an excellent example of collaborative working at its best.

I would also like to, again thank, our patients, visitors, and staff for their cooperation and understanding whilst we continue to undertake ongoing RAAC surveys. The Committee is committed to ensuring that safety is maintained, and disruption is kept to a minimum throughout.

I would also like to commend the excellent work generated by the health, safety and security team who worked diligently as the foundation to this committee. As we look to the coming year the committee will continue to build its focus on topics such as health surveillance, staff welfare and issues that arise, and hearing the voice of the patient, and their experience of receiving treatment within our environment.

2. Terms of Reference and Workplan

The TOR for the Health and Safety Committee is reviewed on an annual basis or following any significant changes. The TORs were last reviewed on 28/11/2024.

[HSC Terms of Reference](#)

The Health and Safety Committee has a work plan to enable forward planning for the forthcoming year. The workplan is produced to incorporate the duties outlined in the Committee's Terms of Reference and any suggested areas of focus identified during the self-assessment process.

The Health and Safety Committee workplan covers a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support Board and Committee's objectives.

The work plan is regularly updated throughout the year to ensure it remains responsive to emerging issues and risks.

[HSC Workplan](#)

3. Sub-Committee

The Health and Safety Sub-Committee, established 6 December 2024, reports into the Health and Safety Committee with its own terms of reference and workplan for the year.

The Sub-Committee's TOR were last reviewed on 6 February 2025.

In line with their Terms of Reference, the Sub-Committee is required to provide a report after each meeting, as well as produce an annual report which is scheduled to be presented to the Committee on 3 July 2025 reporting on activity throughout the year.

4. Table of attendance

Membership	Date 07/05/24	Date 09/07/24	Date 10/09/24	Date 12/11/24	Date 14/01/25	Date 04/03/25
Ann Murphy	✓	✓	✓	✓	✓	✓
Delyth Raynsford	✓	✓	x	✓	x	✓
Iwan Thomas	✓	x	✓	✓	✓	x
Eleanor Marks	✓	✓	✓	✓	✓	x
Chantal Patel	N/A	N/A	N/A	N/A	✓	✓
Meeting quorate?	Yes	Yes	Yes	Yes	Yes	Yes

A quorum shall consist of no less than two of the membership and must include as a minimum the Chair or Vice-Chair of the Committee, and one other Independent Member, together with a third of the In Attendance Members.

5. Committee Activities – alert, advise and assure.

The Committee is required to report to the Board after each Committee meeting by presenting a report highlighting the key discussion items at the Committee.

Alert – *The following matters were areas where the Committee was unable to take an assurance or had a lack of confidence that the action in place was sufficient to address the issue satisfactorily and/or it was within the scope of the operational team to resolve, and were alerting the Board as engagement action or intervention was required.*

The Health and Safety Committee (HSC) had no items of which to **alert** the Board during this year.

Advise – *The following matters were areas of concern where assurance had been taken on actions in place but required close monitoring.*

Health and Safety Update Report

- In May 2024 a report was requested to address safety concerns raised by Facilities staff around the use of **DiffX** cleaning agent. After not receiving assurance at the meeting in July 2024, a further report to the HSC meeting in September 2024 provided assurance that the four-step plan was progressing to improve education around the use of the cleaning agent.
- The Health and Safety Committee governance structure required strengthening following discussion at the May 2024 meeting. As part of the work to address this, the Health and Safety Sub Committee (HSSC) was established with the first meeting taking place 6 December 2024. Revisions to the Terms of Reference for both HSC and HSSC established the reporting arrangements.
- In March 2025 the Committee was unable to take assurance from the update provided on health and safety site audits on learning that significant number of issues raised through the audits remain unresolved, and that the associated level of risk was unquantified. The Health, Safety and Security team are in the process of reviewing their processes and will be using the AMaT system to manage audits moving forward.

Fire Safety Management Update

- The Committee were not able to take assurance on the Fire Risk Assessments in the update presented in May 2024. The matter was presented again in the **Fire Safety Audit System (Boris)** report in September 2024 where the Committee were again not assured due to technical issues with the system. Assurance however was then received in an updated **Fire Safety Audit System (Boris)** report in November 2024 that the system was in place to manage and escalate fire safety risks.

Estates Low Voltage (LV) Electricity Compliance Update

- The Committee advised the Board of ongoing concerns around electricity compliance for low voltage items following the meeting in May 2024. An update report presented in November 2024 provided assurance that many recommendations have been completed, including high risk items.

CONTEST 6-Month Update Report

- The Committee were not initially assured of the preparedness of the organisation for the implementation of ‘Martyn’s Law’ or ‘the Terrorism Protection of Premises Bill’ when the report was first presented in May 2024. An update provided in March 2025 provided assurance that whilst the legislation was not expected to be in place for at least two years, a preparedness plan is being developed in advance.

Operational Risk Report

- Assurance could not be taken on the management of risk 1263 “risk to patient safety due to ongoing issues with vermin (pigeons) at Withybush Hospital” presented in the meeting in July 2024. Outstanding queries were to be forwarded to the Executive Director of Allied Professions and Health Science.

Analysis of Sharps Incidents Report (financial year 2023-24 and financial year 2024-25 (up to 31/08/24))

- Limited assurance was received on the analysis of sharps incidents in November 2024 as there seemed to be an increasing trend in numbers of needle stick incidents. The Sharps Safety Group was reconvened to manage this risk and report directly to HSSC.

Prince Philip Hospital (PPH) – Temporary Traffic Control Issues Report

- In November 2024, traffic control measures in place at PPH were having an adverse impact on traffic accessing the site, and the Committee requested that concerns were raised with Carmarthenshire County Council. An update provided in March 2025 highlighted that the traffic control measures are scheduled to be in place until February 2026 and continue to impact access to the site. Work is ongoing to communicate issues to staff in PPH and improve communication with the Council on any future works.

Health and Safety Regulations Overview

- Assurance was not provided by the overview presented in January 2025 as three regulation areas did not have formal policies or procedures. The Health, Safety and Security Department are taking steps to strengthen monitoring arrangements and arrange training to close these gaps in compliance as a priority in 2025.

Staff Story - Reinforced Autoclaved Aerated Concrete (RAAC) remedial works

- A staff story presented by members of the Facilities team provided insight to challenges of domestic staff working in areas where Reinforced Autoclaved Aerated Concrete (RAAC) remedial works were undertaken in 2023/24. A

commitment was made to review and improve the process of re-inspection and ensure lessons learned help reduce the risks to patients and staff.

Assure – *The following matters were areas where there was confidence that robust actions are in place and are sufficient to address the issues to operate effectively.*

Health and Safety Update Report

- In May 2024, assurance was provided that suitable steps to manage cable management risks associated with medical devices on beds were being taken on Health Board sites, including electrical safety awareness training, and continued electrical safety audits.
- Assurance was provided in the meeting in May 2024 that the inspections undertaken by the Health and Safety Executive (HSE) regarding RAAC and asbestos have been positive.
- The update in September 2024 provided assurance that progress has been demonstrated towards compliance with the Control of Vibration at Work Regulations 2005 and the Work at Height Regulations 2005.
- Security and Manual Handling information is shared through ‘seven-minute briefings’ as noted in the November 2024 update.
- The January 2025 update confirmed that adequate arrangements for legionella control, asbestos management control and safe working at height arrangements are in place to manage and monitor health and safety compliance within these high-risk areas.

WHTM (Welsh Health Technical Memorandums) 6-Monthly Update Report

- Assurance was provided in May 2024 that work was underway to address the further improvement required to achieve WHTM compliance. This was reinforced by the update presented in November 2024 which showed improved compliance, however delays were also noted in Authorised Person appointments despite staff completing the training.

Fire Safety Training

- Assurance was received on fire safety training through updates in July and September 2024 which noted that training needs analysis took place, and the training material had been strengthened. The update in March 2025 informed the Committee that electrical safety training is being incorporated into fire safety training which will now move to online learning.

Fire Management Update

- The update in January 2025 informed the Committee that the fire works programme dates for the full fire investment programme have been agreed with Mid and West Wales Fire and Rescue Service (MAWWFRS).

Reinforced Autoclaved Aerated Concrete (RAAC)

- In September 2024, the update of the capital programme of works and the ongoing work to manage the risks of RAAC provided assurance. This was initially managed by control groups which were then stood down and this

matter is now being managed as business as usual by operational teams as assured in the January 2025 meeting.

Operational Risks Assigned to Health and Safety Committee Report

- Assurance was provided that relevant controls and mitigating actions are in place to address these risks following discussion in the November 2024 meeting. These are now overseen by the Health and Safety Sub-Committee.

Health and Safety Internal Audit Report

- An action plan is in place to address the areas of improvement identified in the Health and Safety Internal Audit Report which provided a limited assurance rating as assured by the report presented in the March 2025 meeting.

Compliance with the Confined Space Regulations 1997

- The report presented in March 2025 provided assurance that robust management arrangements are in place for work in Confined Spaces.

Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR) – 6 Monthly Update

- This update presented in November 2024 provided assurance that the Health Board is operating in compliance with RIDDOR, however there were some areas identified for improvement, which will be raised at directorate governance/quality and safety meetings. The **RIDDOR – All Wales Benchmark Update** presented in January 2025 reinforced Health Board's compliance status alongside data from other organisations.

Control of Substances Hazardous to Health (COSHH) Regulations

- Assurance was received on progress made and the continuing work to address the remaining gaps in compliance with COSHH regulations in the meeting in July 2024. The associated policy was also updated and shared in January 2025 and approved via Chair's Action on 20 February.

Health and Safety Display Screen Equipment Regulations

- Assurance was taken in July 2024 that the Health Board was compliant with Health and Safety Display Screen Equipment Regulations.

Bariatric Compliance (Manual Handling Operations Regulations 1992) Update Report

- In September 2024, the Committee was unable to take assurance on progress made to reach compliance against the Manual Handling Operations Regulations, specifically in relation to people with higher body weights, due to a lack of evidence. A further update given in March 2025 provided assurance that significant progress has been made in monitoring and assessing the care delivery for bariatric patients.

Items Approved by the Committee During the Year

- Policy 258 - Waste Management Policy – Approved 7 May 2024
- Policy 403 - Water Safety Policy - Approved 7 May 2024
- Framework 1155 - Critical Threat Level Response - Approved 7 May 2024
- Major Incident Annual Plan 2024/25 – Approved 9 July 2024
- Policy 703 - Control of Substances Hazardous to Health (COSHH) – Approved 20 February 2025
- Policy 010 – Health and Safety Policy – Approved 10 September 2024
- HSC Terms of Reference – Approved 12 November 2024 then updated and approved to align with the HSSC in March 2025
- Health and Safety Sub-Committee (HSSC) Terms of Reference – Approved March 2025

The approval of policies, with the exception of Policy 010 – Health and Safety Policy was removed from the HSC Terms of Reference in November 2024 and now falls under the remit of the HSSC.

6. Committee Effectiveness - Feedback from self-assessment process

As stipulated within Standard Orders, the Board introduced a process of regular and rigorous self-assessment and evaluation of the performance of the Health and Safety Committee.

- For the Health and Safety Committee this involved the completion of a short digital form which requested feedback on the following areas:
 - Governance and administration
 - Committee's inputs
 - Conduct of Committee meetings
 - Interface with other Committees, including the Board
 - Committee's impact
 - Individual role on Committee

The results from which were fed into an action plan, combining information and Auditor/Regulator feedback.

The process was undertaken during the year and reported to the Committee on 4 March 2025 - [Health and Safety Committee \(HSC\) Self-Assessment Outcome Report 2024/25](#)

The Committee will receive an update on progress at the mid-year point.

7. Conclusion

The Committee is satisfied that it continues to operate effectively and in line with the Terms of Reference. Issues have been escalated to Board as appropriate, and the Committee uses feedback from the self-assessment process to evolve and continually improve.

1.6

9:46 AM, 10 Mins

1.6 - Health and Safety Sub Committee Update *James Severs (Hywel Dda UHB - Executive Director of Allied Health Professions and Health Science)*

| For assurance

Attachments

[Committee Update Report - HSSC 1 4 25 JA.pdf](#)

HEALTH & SAFETY SUB-COMMITTEE UPDATE REPORT

Date of last meeting: 1 April 2025

Quoracy: Met

Report by: Jonathan Arthur, Deputy Director of Health Sciences (Vice-Chair)

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

Alert (may require discussion)

The Health and Safety Sub-Committee wish to **alert** members of the Health and Safety Committee that:

- There are no alerts currently.

Assure (to note)

The Health and Safety Sub-Committee wish to **assure** members of the Health and Safety Committee that:

- The security management paper is on track for submission to the Executive Team by 4 June 2025.
- Compliance with level 2 Fire Safety training is at 61% which is below the target of 85% agreed with the Mid and West Wales Fire Service. There is an urgent need to meet this target by June/July 2025. The Head of Fire Safety and the Head of Estates Risk & Compliance are prioritising this work to improve compliance.
- Associated with the level 2 fire safety work, the following efforts aims to increase compliance:
 - A new e-learning system will be implemented at the end of April 2025.
 - Further communication will take place with the clinical care groups to emphasise the importance of training,
 - Specific content and requirements for different levels of fire training is to be clarified for managers.
- Some specific targeted electrical infrastructure improvements have been approved. Confirmation of Welsh Government funding for a second generator at Bronglais Hospital (BGH), with completion due in April 2025.
- Positive feedback from a recent Health and Safety Executive (HSE) visit was noted regarding asbestos management within the Health Board. A letter of thanks will be sent to all teams concerned to recognise their help in managing this issue.
- Laser Safe UK are now providing laser safety advice and training to services within the Health Board for those services using lasers.
- The health and safety annual work plan is now in place.
- New metrics for the Health and Safety Dashboard include incident rates, training compliance and Reporting of Injuries, Diseases and Dangerous Occurrences 2013 (RIDDOR) data.
- Health and safety regulation compliance reporting has moved from the Health and Safety Committee to the Health and Safety Sub-Committee as of April 2025.

Advise (to monitor)

The Health and Safety Sub-Committee wish to **advise** members of the Health and Safety Committee that:

- A briefing paper is being developed to provide assurance regarding the electrical infrastructure for each Health Board site, this will include the generator capital replacement process update.
- A briefing paper is being developed to provide assurance regarding the medical gases pipeline system as some elements in various locations are due for upgrade.
- Trade Union colleagues have carried out H&S audits on a number of sites, when the completed reports are available, they will be discussed at subcommittee level initially.
- It was agreed to review of regulations applicable to the Health Board especially those that may not be fully understood or monitored.

Review of Risks

None discussed.

Sharing of Learning

None discussed.

Recommendation

The Health and Safety Committee is asked to receive assurance from the Health and Safety Sub-Committee update report.

2 - Health and Safety Updates

2.1

9:56 AM, 15 Mins

2.1 - Staff/Patient Story

TBC

| For assurance

2.2

10:11 AM, 10 Mins

2.2 - Health and Safety Update Report

*Adam Springthorpe
(Hywel Dda UHB -
Health & Safety
Manager), Tim
Harrison (Hywel Dda
UHB - Head of
Health, Safety and
Security)*

| For information

Attachments

[SBAR HS Update Paper - May 25 V1.1.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	06 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health and Safety Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Adam Springthorpe, Health & Safety Manager Tim Harrison, Head of Health, Safety & Security

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 following topics:

- Health and safety dashboard development;
- Work to mandate the Manager's Health and Safety Induction course;
- Health and safety training compliance.

Cefndir / Background

Health and Safety Dashboard Development

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. Note: The Improvement Notice was signed off by the HSE as satisfactorily completed in 2021.

The 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 took a long time to develop but was finally launched at the end of February 2021. Unfortunately, the Dashboard then stopped working in April 2021 when HDdUHB switched to the new Datix incident reporting system, having been 'live' for less than 2 months. Following a number of delays, the Performance Team is now in a position to look at the development of a new replacement H&S Dashboard.

Manager's Health and Safety Induction Course

The Manager's Health and Safety Induction (MH&SI) course was created in 2020 in response to the above mentioned HSE notices. The primary reason behind many of these notices was that HDdUHB failed to provide managers with the necessary knowledge and skills to fulfil their managerial responsibilities with regards to health and safety responsibilities in their workplace.

The purpose of the MH&SI course is to provide managers with an understanding of their responsibilities under the Health and Safety at Work Act 1974 and associated statutory instruments (regulations), Approved Codes of Practice (ACOP) and guidance and their practical application in the workplace.

When signing off the Improvement Notices and Material Breaches in 2021, the HSE inspectors were very complementary of the course that HDdUHB had created.

Upon completion of the course delegates are deemed competent to apply the principles of risk assessment to all aspects of their area(s) of responsibility, complete workplace inspections to identify the hazards within their workplace and undertake suitable and sufficient investigations into incidents. Additionally, they will have a managerial understanding of topics such as health and safety law, manual handling, violence and aggression, security, Display Screen Equipment (DSE), new and expectant mothers, first aid at work and many more health and safety topics.

Health and Safety Training Compliance

Health and safety training is delivered within HDdUHB via both E-learning and face-to-face methods. Mandatory training modules owned by the HSS Dept delivered via E-learning include:

- Health, Safety and Welfare – Level 1;
- Violence and Aggression – Module A;
- Moving and Handling – Level 1;
- Display Screen Equipment.

Face-to-face courses are predominantly delivered by the Health, Safety and Security Department's two training teams which are:

- Manual Handling (MH) Team;
- Reducing Restrictive Practice (RRP) Team.

Other courses delivered by the HSS Dept include:

- Manager's Health & Safety Induction;
- Qualitative Face-Fit Train-the-Tester (For Respiratory Protective Equipment (RPE)).

Asesiad / Assessment

Health and Safety Dashboard Development

The opportunity has been taken to revise and improve the performance metrics for the new H&S Dashboard. The table below shows the agreed metrics for the new dashboard:

Topic	Metric	Filters	Phase
All Staff/Contract or Incidents	The number of Staff / Contractor Safety Incidents reported through Datix in a given period.	Incident Type - Classification Incident Type - Category Level of harm Directorate/clinical care group, service, team/ward Timeframe	1
Incident Rate	Incident Rate (e.g. Number of staff incidents divided by the number of staff)	Incident Type - Classification Incident Type - Category Level of harm Directorate/clinical care group, service, team/ward Timeframe	1

H&S E-Learning Modules	Compliance level of the 4 H&S E-learning modules: - Health & Safety Level 1 - Manual Handling - V&A Module A - Display Screen Equipment (DSE)	Directorate/clinical care group, service, team/ward	1
All RIDDORs	The number of incidents reported to the HSE under RIDDOR (and logged on Datix) in a given period.	Notification type Directorate/clinical care group, service, team/ward Timeframe	2
Late RIDDORs	Number of RIDDORs reported late	Notification type Directorate/clinical care group, service, team/ward Timeframe	2
H&S Training MH	H&S Training Compliance % - Manual Handling (Classroom) (NHS CSTF Moving and Handling - Level 2 - 2 Years)	Directorate/clinical care group, service, team/ward Timeframe	2
Incidents Awaiting Review	Number of open Staff/Contractor incidents awaiting review after 30 days	Level of harm Directorate/clinical care group, service, team/ward Timeframe	2
H&S Training MH&SI	H&S Training Compliance % - Manager's H&S Induction	Directorate/clinical care group, service, team/ward Timeframe	3
H&S Training V&A	H&S Training Compliance % - Violence & Aggression (Other)	Directorate/clinical care group, service, team/ward Timeframe	3

Work to create the dashboard is split into three phases:

Phase 1 – Proposed timeline Q2 (Jul-Sep) 2025/26

This phase can be completed the quickest as no new data needs to be added to the data warehouse. (The required data from Datix is already transferred in order to run other existing dashboards such as [‘Our Performance Dashboard’](#)).

Phase 2 – Proposed timeline Q2 (Jul-Sep) 2025/26 – Provided Data-Mapping is Successful

This phase is dependent on new programming that is required to facilitate the transfer of RIDDOR data and additional Electronic Staff Record (ESR) manual handling training data to the data warehouse in order to make the dashboard work. The Health and Safety Manager is currently working with the Performance Team to see if this is possible. If it is not then there may be a significant delay as the Information Services Team have a number of other key priorities looming.

Note: ‘Incidents Awaiting Review’ is set at 30 days, however the Interim Assistant Director of Nursing Assurance and Safeguarding has advised that they are currently working to address patient safety incidents awaiting review at 120 days, so we may be a long way from achieving satisfactory results against this target.

Phase 3 – Proposed timeline TBC

The HSS Department is currently working with Learning and Development (L&D) and ESR to establish relevant staff groups in order to be able to quantify compliance. Once this work is completed, these metrics can then be added to the final health and safety dashboard.

Once fully developed, it is envisaged that senior managers will be able to easily access statistical information on the various metrics outlined above from their health and safety dashboard to inform their meetings and gain assurance.

Ultimately the aim of the dashboard is to aid the process of embedding safety culture within individual directorates / departments.

Manager’s Health and Safety Induction Course

The course has proven to be extremely successful, with 676 managers and/or aspiring managers having completed the full course as of February 2025. However, the Internal Audit of Health and Safety (HDU-2425-23) recently noted that it was not possible to report compliance figures on this (and certain other) HSS Department courses.

As noted in Phase 3 above, the HSS Department has been working with L&D and ESR to establish relevant staff groups in order to be able to quantify compliance for the MH&SI course. From studying available datasets, a number of staff groups/roles have been selected that most suit the course definition, with a total of 789 staff included. A copy of the selected roles can be found in Appendix 1.

It is acknowledged that there are various other staff groups/roles not included in the 789 where the course would be relevant for certain staff and not others, such as management roles under Admin & Clerical and the Staff Nurses. However, the course will always remain available for those that fall outside of the defined staff groups/roles.

A mandatory training proposal has been submitted and the HSC will be kept updated on progress.

Health and Safety Training Compliance

A detailed paper on health and safety training compliance was presented to the Health and Safety Sub-Committee (HSSC) for discussion. This is a summary of that information.

E-Learning

Compliance figures for the health and safety E-learning training modules at 11/03/2025 was:

	Required	Achieved	Compliance
Health, Safety and Welfare	12350	10806	87.5%
Violence and Aggression – Module A	12350	11539	93.4%
Moving and Handling – Level 1	12350	9792	79.3%
Display Screen Equipment	2486	2381	95.8%

Face-to-Face Learning

Training figures for face-to-face courses delivered by the Manual Handling Team and the Reducing Restrictive Practice Team for January and February 2025 are as follows:

Service	Month	Places Offered	Actual Attendance	Uptake %
Manual Handling	Jan & Feb	662	299	45%
Reducing Restrictive Practice	Jan & Feb	156	48	31%

The HSS Department understand that staffing shortages and the related inability to release staff from their work areas to attend training are the primary reasons for the relatively low uptake of these courses. The Executive Director of Allied Health Professions and Health Science has asked the training teams to scrutinise their offering and allow enough places for all staff that require the training, plus 10% (for sickness etc) and no more.

Manager's Health & Safety Induction

Since the Manager's Health and Safety Induction course launched in October 2020, 676 staff have successfully completed the full 4 x 0.5-day course. Figures from the last 12 months have been included below:

Course	Number
Feb/Mar 2024	18
Apr/May 2025	11
June/July 2024	11
Sept/Oct 2024	14
Nov/Dec 2024	15
Jan/Feb 2025	6

Qualitative Face-Fit Train-the-Tester (For Respiratory Protective Equipment (RPE))

Fit-tester training (new and/or refresher) by the HSS Department since November 2024 in preparation for the winter flu/virus season:

Site	Number
Prince Philip Hospital and locality	6
Glangwili Hospital and locality	22
Withybush Hospital and locality	13
Bronglais Hospital and locality	9

Argymhelliad / Recommendation

The Health & Safety Committee is asked to:

TAKE ASSURANCE

- That the Health and Safety Dashboard is in development and that at least the first phase will be in place by the end of Q2 2025/26.
- That the Health, Safety and Security Department strives to deliver high quality health and safety training to those staff that require it. However, there are challenges to that delivery and Directorates will need to take ownership of the issues raised and ensure that staff can be released to attend H&S training.

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 Quality and Engagement Act (sharepoint.com)	1. Safe
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	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: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:

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:	Health and Safety Sub-Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	No direct costs.
Ansawdd / Gofal Claf: Quality / Patient Care:	There is a positive impact on staff and patient safety, health and wellbeing through compliance with health and safety regulations.

Gweithlu: Workforce:	Potential for adverse future staffing impacts if health and safety legislation is not complied with as they relate to employee safety.
Risg: Risk:	Risk to health and safety management.
Cyfreithiol: Legal:	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.
Enw Da: Reputational:	Prosecutions and claims due to breaches in legislation or personal injury claims can lead to negative publicity.
Gyfrinachedd: Privacy:	Not Applicable.
Cydraddoldeb: Equality:	No evidence gathered to indicate a negative impact on any protected group/s.

Appendix 1 - Staff Roles for the MH&SI Mandatory Training Proposal

Staff Group	Role	Pay Scale Description	Count of Assignment No.
Add Prof Scientific and Technic	Manager	Band 7	1
		Band 8 - Range C	1
Allied Health Professionals	Chiropracist or Podiatrist Manager	Band 8 - Range A	4
		Band 8 - Range C	1
	Dietitian Manager	Band 8 - Range A	1
		Band 8 - Range C	2
	Multi Therapist Manager	Band 8 - Range B	1
		Occupational Therapist Manager	Band 8 - Range A
		Band 8 - Range C	1
		Operating Department Prac.	Band 6
	Operating Department Prac. Manager	Band 7	8
		Band 8 - Range A	2
	Orthoptist Manager	Band 7	2
		Physiotherapist Manager	Band 8 - Range A
			Band 8 - Range B
		Band 8 - Range C	2
	Radiographer - Diagnostic	Band 8 - Range A	1
		Radiographer - Diagnostic, Manager	Band 7
			Band 8 - Range A
	Band 8 - Range B	1	
	Band 8 - Range C	1	
Sonographer	Band 8 - Range A	1	
	Speech and Language Therapist	Band 8 - Range A	7
		Band 8 - Range B	2
Estates and Ancillary	Building Officer	Band 6	5
		Band 7	4
	Engineer	Band 6	1
	Supervisor	Band 6	2
Healthcare Scientists	Clinical Scientist	Band 8 - Range A	1
		Manager	Band 7
		Band 8 - Range A	15
		Band 8 - Range B	5
	Band 8 - Range C	2	
Nursing and Midwifery Registered	Midwife - Manager	Band 7	3
		Band 8 - Range A	2
		Band 8 - Range B	2
		Band 8 - Range C	1
	Nurse Manager	Band 7	121
		Band 8 - Range A	90
		Band 8 - Range B	11
		Band 8 - Range C	17
		Sister or Charge Nurse	Band 6
Band 7	104		
TOTAL			789

2.3

10:21 AM, 10 Mins

2.3 - H&S Annual Work Plan 2025/26

*Tim Harrison (Hywel
Dda UHB - Head of
Health, Safety and
Security)*

| For assurance

Attachments

[SBAR HS Workplan Paper - May 25 V1.0.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	06 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health and Safety Committee (H&S) Annual Work Plan 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Tim Harrison, Head of Health, Safety & Security

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 Health, Safety and Security annual workplan for 2025/26.

Cefndir / Background

The full detailed workplan has been presented to the Health and Safety Sub-Committee on 1 April 2025. This report provides general themes taken from the plan that will be progressed throughout 2025/26 by the Health, Safety and Security Team with the assistance of other key stakeholders where necessary.

Asesiad / Assessment

Policy/Procedure Updates and Reviews

The following policies will be reviewed and amendments made where appropriate:

- Fit Testing for Respiratory Protective Equipment Procedure
- First Aid at Work Procedure
- Display Screen Assessment Procedure
- Reducing Restrictive Practice Policy
- Assessment and Management of Environmental Ligature Risks Procedure

Management of Noise at Work

Advice has been provided to Estates leads in all acute sites to advise them of how to manage risk based on initial measurements. Initial reasonable recommendations that were advised to reduce exposure have been actioned. Additional work to be undertaken regarding noise risk assessments including compressor and vacuum pump rooms.

Control of Substances Hazardous to Health (COSHH)

Continue to maintain the database using findings from site visits and audits; generate stats for Care Group use.

Manual Handling

Continue to deliver Manual handling training to all staff on induction and update training provision at appropriate intervals.

Provide timely advice on complex patient handling in the acute and community setting.

Managers Health & Safety Induction

Continue to deliver the Managers Health & Safety Induction course. Work has progressed to identify staff professional groups as requiring this training. Paper is being presented to the Mandatory Training Group highlighting the number of staff profiles requiring mandatory training status. This will allow compliance training figures to be produced for Care Groups to monitor.

Incident reporting, investigation and RIDDOR

Ensure as many timely RIDDORs as possible; proactive promotion of RIDDORs by issuing guidance and ensuring all managers interacted with know how to recognise future RIDDORs with less help from H&S. This compliance will also be monitored via the Health and Safety Dashboard and visible to individual Care Groups.

Points of Ligature

Amendment to the Assessment and Management of Environmental Ligature Risks Procedure following learning from serious incident at St Caradogs Ward in April 2025.

A programme of annual audits is scheduled which is led by MHLD business managers; H&S and Estates & Capital also support where non-MHLD sites are identified.

Work at Height

H&S to continue inspections/tagging of all non-Estates/Facilities work at height equipment. To be logged on the new database via SharePoint. Estates to continue inspections/tagging of all Estates work at height equipment.

Security Management

Site plans to be reviewed and improved based upon changes to access control doors. Communication methods.

Preparation for the requirements under the Protection of Premises Regulations 2025
Access control management and improvement for managing the risks of absconding/wandering patients.

Violence and Aggression Management

Training needs assessment to be completed with the aim of presenting training solutions/recommendations to Health and Safety Sub-Committee. Reducing Restrictive Practice team to continue to deliver training to staff.

Argymhelliad / Recommendation

The Health & Safety Committee is asked to:

TAKE ASSURANCE

- That the Health and Safety and Security Team have a work plan in place and that progress will be monitored by the Health and Safety Sub-Committee during 2025/26.

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 Quality and Engagement Act (sharepoint.com)	1. Safe
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	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: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
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.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Health and Safety Sub-Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct costs.

Ansawdd / Gofal Claf: Quality / Patient Care:	There is a positive impact on staff and patient safety, health and wellbeing through compliance with health and safety regulations.
Gweithlu: Workforce:	Potential for adverse future staffing impacts if health and safety legislation is not complied with as they relate to employee safety.
Risg: Risk:	Risk to health and safety management.
Cyfreithiol: Legal:	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.
Enw Da: Reputational:	Prosecutions and claims due to breaches in legislation or personal injury claims can lead to negative publicity.
Gyfrinachedd: Privacy:	Not Applicable.
Cydraddoldeb: Equality:	No evidence gathered to indicate a negative impact on any protected group/s.

2.4

10:31 AM, 10 Mins

2.4 - Electrical Infrastructure Risks

*Simon Day (Hywel
Dda UHB - Head of
Maintenance &
Engineering)*

| For assurance

Attachments

[HSC SBAR Electrical Infrastructure Risks 6 May 25.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	06 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Electrical Infrastructure Risks
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Simon Chiffi, Head of Estates Operations Simon Day, Head of Maintenance and Engineering

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 provides an update to this Committee regarding Electrical Infrastructure Risks.

Cefndir / Background

The paper updates members of the Health & Safety Committee that:

- Electrical infrastructure at Hywel Dda University Health Board (HDdUHB) needs urgent modernising at all hospital sites. All sites have single points of failure, inherent from design.
As part of Estates Funding Advisory Board (EFAB) 2 / Welsh Government (WG) Funding, upgrades have been carried out to improve resilience.
- Currently there is limited resilience in the Health Board (HB)'s backup power generation. *The requirement from Welsh Health Technical Memorandum (WHTM) 06-01 is for Acute Hospital sites to have N+1 resilience.*
During EFAB 2 second generator connection points were established at all Acute hospital sites.
WG Funding has been provided to provide a second Generator at Bronglais Hospital (BGH). Completion and commissioning due April 2025.
- Aside from the Acute Hospital site, (*where plans are budgeted for N+1 generator resilience*) the other in-patient sites only have one backup generator per site.

Asesiad / Assessment

The paper to **advise** members of the Health & Safety Committee that:

- Statutory funding has been made available to carry out fixed wire testing across all acute sites. A tender exercise has been carried out and a 5 year programme has commenced.
Funding has been secured as part of Targeted Estates Funding (TEF) to carry remedial actions, to include distribution board replacements, starting in April 2025 to complete March 2027.
- Electrical Safety Group meet regularly, in line with the defined requirements of the WHTM. The group is well attended and the required quorum as defined by the TOR is always met. There are also Electrical Safety sub-groups that regularly meet between the Medical Gas Pipeline Services (MGPS) Safety Group to resolve issues at a working group level.
- Robust Authorised Person (AP) & Competent Person (CP) appointment process is established in the HB.
- Statutory finance provided annually to carry out fixed-wire testing. This funding is essential.
- Planned Preventative Maintenance (PPM) programme is well established in the HB and PPMs are tracked on the Computer-Aided Facility Management (CAFM) system.
- Audit regularly carried. NWSSP/SES. Bi-annual Authorising Engineer (AE) audit carried out. AP appointments carried out by HB following AE assessment, where site reviews and assessments are also carried out.
The HB are in the process of adding all Audits onto AMaT for robust tracking.

Next steps

- There is an approved TEF bid process that will target improvements to the electrical infrastructure across the Acute sites.
- There is a major infrastructure bid to carry out significant upgrades to the incoming High Voltage (HV) at Glangwili Hospital (GGH), Prince Philip Hospital (PPH), BGH and Withybush Hospital (WGH) and Low Voltage (LV) incoming switchgear at PPH, BGH and WGH.
Major infrastructure programme will also target GGH circuit breaker upgrades, planned summer 2025.
- Approved TEF funding will provide second Generators at GGH, WGH and PPH over a 2 year programme, starting in April 2025, to Complete March 2027.
- There are future plans to enhance the resilience other in-patient sites; these will be the subject of Discretionary Capital Programme (DCP) bids for consideration FY25/26 FY26/27.

Review of Risks

There are no specific Electrical Safety risks to escalate for HSC.

The Estates and Facilities Risk process is summarised below for assurance:

- All Estates and Facilities risks have individual risk references and risk scores and have been articulated on Datix.
- All risks above tolerance that are at directorate level are reported to the assigned Committee, such as Health and Safety Committee (HSC) or Capital Sub Committee.
- The Head of Estates Risk manages risks within the Directorate and there are monthly Central Compliance Assurance and Audit Meetings (CCAAM), Audit meetings with Health Board Risk team and this area is also reviewed monthly at Department of Facilities Team Management (DFTM)
- Service level risks are being reviewed to assess whether these also need to be at directorate level.

Argymhelliad / Recommendation

The Health and Safety Committee is asked to:

- **TAKE ASSURANCE** on the risk management process employed to manage electrical risk.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

<p>Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:</p>	<p>3.8 Provide assurance that robust and effective safety management systems are in place operationally to deliver the Health Board's health, safety and security objectives and fulfil its statutory duties.</p> <p>3.16 Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee and its sub-committees, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board.</p>
<p>Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:</p>	<p>1382 1699 1707</p>
<p>Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)</p>	<p>1. Safe</p>
<p>Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)</p>	<p>6. All Apply</p>

Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Great care
Amcanion Cynllunio Planning Objectives	8 Estates plans
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Within the report
Rhestr Termau: Glossary of Terms:	Within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Strategic Development and Operational Delivery Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	EFAB and Welsh Government funding provided.
Ansawdd / Gofal Claf: Quality / Patient Care:	Direct Impact on patient Environment.
Gweithlu: Workforce:	Direct Impact on staff Environment
Risg: Risk:	The risk is identified on the corporate risk register. Targeted meetings being arranged to manage the risk.

Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Potential for media and political interest.
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

2.5

10:41 AM, 10 Mins

2.5 - Risk 1745 - Estates Condition

Deferred to July meeting.

| For assurance

2.6

10:51 AM, 10 Mins

2.6 - RAAC Assurance Report

*Simon Day (Hywel
Dda UHB - Head of
Maintenance &
Engineering)*

| For assurance

Attachments

[HSC SBAR RAAC Planks at WGH 6 May 25.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	06 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Reinforced Autoclave Aerated Concrete (RAAC) Planks – update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Simon Chiffi, Head of Estates Operations Paul Williams, Head of Property Performance

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 provides an update to this Committee following the previous report on the 7 May 2024.

Cefndir / Background

The paper updates members of the Health & Safety Committee that:

- The remedial works to all areas impacted by RAAC were completed in line with the reported programme in 2023/24 and 2024/25. These works covered the remediation repairs to Phase 1 and Phase 2 Planks (critical and high-risk respectively). The Amber risk planks and Green risk planks will require regular inspection initially every 12 months but this will be reviewed following the first inspection undertaken. In addition, being mindful that as further national research is undertaken on the management of RAAC Planks this may require a change to the routine inspection processes.
- The management of RAAC will be an ongoing requirement for Hywel Dda University Health Board (HDdUHB), this will continue to be managed through operational estates to ensure that all matters of safety around RAAC continue to be monitored and controlled.
- The control measures that are established by the site operational teams and the ongoing programme of re-inspections to ensure that the risk posed by RAAC continues to be managed.
- As previously reported, HDdUHB met with a Health & Safety Executive (HSE) inspector at Withybush General Hospital (WGH) who raised a number of standard questions on how the Health Board approached the RAAC challenge. A significant amount of

information was supplied to the HSE and all questions fully responded to. The response from HSE did not raise any concerns or additional queries.

- All actions now being undertaken by the HDdUHB are fully aligned to revised industry guidance, which was updated in early 2023, this supported by our appointed engineers.

Asesiad / Assessment

The paper to **advise** members of the Health & Safety Committee that:

- The ongoing management of RAAC risk continues to impact on resource and hospital site operational delivery at WGH (the impact at the Bronglais Hospital (BGH) site is far less due to scale and location). The re-inspections of the wards required the closure of the six wards for 3 – 4 weeks per ward and caused significant resources and operational challenges for site management, clinical, maintenance and facilities teams i.e. to arrange and coordinate ward relocations / closures, prepare the areas of survey and return to operation.
- Preparations are ongoing to manage the ground floor accommodation re-inspections with planned closure of accommodation to facilitate the surveys. This survey is expected to cause significant disruption to clinical services during this period, this being managed by the onsite management teams, supported by the operational and facilities teams on site.
- The RAAC risk represents an ongoing challenge for the maintenance teams due to the specific safety considerations. As previously reported the maintenance team has established control measures to restrict and secured access to RAAC roof areas, RAAC risk identified on Planned Priority Maintenance (PPM) and as part of the dynamic risk assessment process ensures the RAAC risk is identified and managed via permit and officer control in line with the plans and Standard Operating Procedures (SOPs).

Next steps

- To arrange re-inspections of the ground floor RAAC impacted areas from September 2025, with targeted completion by March 2026.
- HDdUHB has requested a status report from Curtins to reflect on the current re-inspection outputs and to provide a recommendation on the frequency of future re-inspection surveys beyond the current survey programme. This will be in line with the Institution of Structural Engineers guidelines 'Reinforced Autoclaved Aerated Concrete (RAAC) Investigation and Assessment guidance. The advice given will need to be checked following the completion of the ground floor inspections and BGH site. The possible outcome is that the frequency of surveys is extended, this providing the HDdUHB continues to manage changes in site risks and conditions, i.e. if there is water leaks these areas are prioritised for more frequent inspections.

What is clear is that the impact of RAAC will need to be managed, in particular the risks and operational pressures on site, until such time as RAAC is removed. Research in RAAC continues to evolve so the future approach to managing the risk may need to adapt to reflect changes in guidance.

The Health Board represents at the NHS England Group to oversee and report on the RAAC risk. Whilst outside the reporting requirements for NHS England, attending and learning from the NHS England has been a useful forum. As an example, in NHS England there is a commitment to remove RAAC by 2035 through the new Hospital programme and development plans.

Financial

Due to the RAAC considerations identified the following additional costs are being incurred (as a current and ongoing cost pressure) on an annual basis, as outlined below:

- Curtins, the appointed specialist engineers, are required to support ongoing re-inspection at WGH and BGH sites, this is currently at £150k per annum. The future frequency of inspections will determine the annual cost impact going forward.
- The additional maintenance costs directly linked to managing the RAAC risk is circa £70k per annum (this will vary), as examples includes increased access costs due to restrictions on roof access, more frequent gutter cleaning, water ponding monitoring and action etc.

Review of Risks

There are no specific new risks on RAAC to escalate for this meeting, other than what has been previously reported around the RAAC situation.

The Estates and Facilities Risk process is summarised below for assurance:

- The RAAC risk reference and risk scores and have been articulated on Datix.
- All risks above tolerance that are at directorate level are reported to the assigned Committee, such as Health and Safety Committee (HSC) or Capital Sub Committee.
- The Head of Operations manages risk within the Directorate, this through Operational control measures and ongoing re-inspections to monitor condition and risk via appointed structural engineers.

Argymhelliad / Recommendation

The Health and Safety Committee is asked to:

- **TAKE ASSURANCE** from the current position on the outcome of the reinspection surveys to date and the ongoing controls established by the Operational teams to safely manage the risk.
- **NOTE** the ongoing surveys of Reinforced Autoclaved Aerated Concrete Planks ground floor areas in the future and the expectation of further deterioration and further investment being necessary.
- **NOTE** that further updates will be presented at future Health and Safety Committee meetings.

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.8 Provide assurance that robust and effective safety management systems are in place operationally to deliver the Health Board's health, safety and security objectives and fulfil its statutory duties. 3.16 Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee and its sub-committees, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1382 1699 1707
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Great care
Amcanion Cynllunio Planning Objectives	8 Estates plans
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Within the report
Rhestr Termiau: Glossary of Terms:	Within the report

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Strategic Development and Operational Delivery Committee
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Capital funding required to deliver the survey programme
Ansawdd / Gofal Claf: Quality / Patient Care:	Direct Impact on patient Environment. Ward decant being arranged to maintain capacity. Some risk that it will be challenging to maintain capacity dependent on the outcome of the survey findings
Gweithlu: Workforce:	Staffing impacts being mapped out by operational site teams with full HR support.
Risg: Risk:	The risk is identified on the corporate risk register. Targeted meetings being arranged to manage the programme, to include development of project specific risk register.
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	High potential for media and political interest. Communication team supporting the programme.
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

3 - For Information

3.1

11:01 AM, 2 Mins

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
GOVERNANCE & RISKS									
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	✓	✓	✓	✓	✓	✓
Corporate Risks Assigned to HSC	Assurance	JS	RW		✓	✓		✓	
H&S Sub-Committee TOR	Approval	JS	JS						✓
HEALTH AND SAFETY UPDATES									
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		✓			✓	
<i>Safety Management Systems and Audits, and associated corrective actions</i> * (3.7 & 3.10)	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
Accident, Incident and Notifiable Statistics Process Review* Including V&A (3.8)	Assurance	JS	TH	✓			✓		
Monitoring of H&S Annual Work Plan (3.9)	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		D	✓				
RAAC Assurance Report	Assurance	JS		✓					
Power Outages Assurance Report	Assurance				✓				
Fire Enforcement Notice 5438/02 - Cwm Seren									
EMERGENCY PLANNING									
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				
Administration									
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	✓	✓	✓	✓	✓	✓

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
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

11:03 AM, 2 Mins

4 - Any Other Business

All

5

11:05 AM, 2 Mins

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

Thursday 3 July 2025, 9:30-11:30