

**COFNODION CYMERADWY O GYFARFOD Y PWYLLGOR IECHYD A DIOGELWCH/
APPROVED MINUTES OF THE HEALTH AND SAFETY COMMITTEE MEETING**

Date of Meeting: **9:30 AM, Tuesday 10 March 2026**

Venue: **Microsoft Teams**

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

In Attendance: Adam Springthorpe, Health & Safety Manager
Anthony Dean, Staff Side Representative
Ardiana Gjini, Executive Director of Public Health
Charlotte Wilmshurst, Assistant Director of Assurance and Risk, (*deputising for Joanne Wilson, Director of Corporate Governance/Board Secretary*)
James Severs, Executive Director of Allied Health Professions and Health Science
Jonathan Arthur, Deputy Director of Health Sciences
Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience
Simon Chiffi, Head of Operations
Karen Ryan, Head of Occupational Health
Gareth Cottrell, Deputy Chief Operating Officer (*deputising for Andrew Carruthers, Chief Operating Officer*)
Heather Hinkin, Assistant Director People Management
Elin Brock, Head of Research, Innovation & Improvement (observing)
Ruth Poynting, Committee Services Officer (*Minutes*)

Apologies: Andrew Carruthers, Chief Operating Officer
Joanne Wilson, Director of Corporate Governance/Board Secretary

Minutes Ref.	Item	Action
HSC(26)013	Welcome and Apologies	
	Ms Ann Murphy welcomed all to the meeting and apologies were noted as above.	
	Ms Murphy apologised for the challenges experienced during the previous meeting on 13 January 2026, noting that site limitations made it difficult for attendees to hear proceedings clearly.	

Mr James Severs welcomed Ms Elin Brock as an observer to the meeting.

HSC(26)014 **Declarations of Interest**

There were no declarations of interest.

HSC(26)015 **Minutes of Previous Meeting Held on 13 January 2026**

The minutes of the previous meeting were approved as an accurate record.

Decision: The minutes of the previous meeting were approved.

HSC(26)016 **Matters Arising and Table of Actions from Meeting held on 13 January 2026**

Members were advised of one ongoing action due in May 2026 for operational leads to provide updates on outstanding Health and Safety Actions within their remit. Mr Gareth Cottrell provided assurance that the work is progressing and will be reported in May.

Decision: The Committee noted the Table of Actions

HSC(26)017 **Assurance and Risk Report**

Ms Charlotte Wilmshurst presented the current Operational Risks. Following the disestablishment of the Health and Safety Sub-Committee (HSSC), risks have been realigned to the relevant committees. A total of 48 risks now sit within the remit of the Health and Safety Committee (HSC), with two being presented to the Health and Safety In-Committee due to their sensitivity.

The majority of risks relate to Estates and Facilities. Further work is required to ensure full alignment with the HSC before the final position is presented. It was noted that the management of some risks is dependent on the availability of capital funding, and that a decision will be required on whether certain risks can be accepted pending the release of capital.

Mr Iwan Thomas highlighted the importance of training for staff, particularly those on the frontline, in relation to violence and aggression. He noted that the risk summary now reflects that training has commenced, and he asked whether any feedback had been received from staff on whether they feel more empowered as a result. In response, Mr Severs advised that this is training staff should have been accessing routinely, and that a summary of feedback is not yet available. He emphasised the need to monitor progress through the Security Management Teams to ensure staff are completing the training. He added that Facilities Managers have been actively supporting this work.

Mr Thomas suggested that a questionnaire be developed for staff, similar to the approach used by the Workforce and Organisational Development teams, drawing on existing workforce development surveys to gather staff views. Mr Severs confirmed that he would welcome this and noted that such feedback would be valuable as part of the ongoing security review.

JS

Mr Anthony Dean sought clarification as to whether risks without an identified location applied across the Health Board or reflected missing information. Ms Wilmshurst confirmed that these risks are Health Board-wide.

Ms Sarah Harraway noted that Risk 1270 (Risk of electrical shock to staff/patients/visitors due to standard of secondary electrical wiring) appears twice on the register and that the description for Risk 471 (Risk of serious harm to patients, staff and visitors due to no walkway on access road between Acute Medical Assessment Unit (AMAU) and staff car park) does not make clear which site it relates to. Mr Simon Chiffi confirmed that Risk 471 refers to Prince Phillip Hospital (PPH).

Ms Harraway also questioned whether Risk 1994 (Risk that onward referrals from Clinical Musculoskeletal Assessment and Treatment service being misdirected/wrong pathway by medical records) appropriately fell within the remit of HSC. The Committee agreed this risk would not ordinarily fall within the HSC's remit; however, it was noted that this risk has now been closed.

Ms Harraway further observed that several risks were overdue for review and queried whether a year-on-year comparison could be undertaken to assess the direction of travel. She also questioned how risks describing potential harm are being prioritised alongside operational and strategic work.

Mr Severs explained that the severity of current risks is largely dependent on the availability of capital funding. While work is progressing, many risks will take time to resolve, with some funding allocated, although delivery ongoing and other areas, still awaiting funding. He emphasised the need for clearer articulation of the actions or investment required to materially, that the level of residual will need to be tolerated. He also highlighted the value of more granular, building-specific level risk profiling, to support effective Committee oversight. Ms Harraway agreed that understanding risks at site level would be valuable.

Mr Chiffi provided assurance that all Estates risks detailed in the report are discussed on at least a monthly basis by the specific teams at each site. These risks are then also reported to the Health and Safety Compliance Group (HSCG). It should be recognised that the Health Board has a significantly aged estate with a backlog of around £300m, however mitigation plans have been established and reviewed regularly.

Mr Imperato recognised the significant work being undertaken however expressed concern that some risks have quite long achievement dates.

Ms Harraway highlighted the risks associated with patients being accommodated in corridor areas noting concerns raised by staff during a recent visit to Glangwili Hospital (GGH) Emergency Department (ED). She queried the absence of this issue on the risk register. Mr Cottrell confirmed that the matter is captured on the Health Board Risk Register, with an extremely high score, while Ms Wilmshurst noted that although care being provided in non-designated areas is recognised, the specific Health & Safety risk of blocked corridors is not clearly articulated.

Ms Sharon Daniel advised that individual risk assessments are being completed for each patient placed in these areas. However, she emphasised the need to ensure that immediate, patient-level risks are clearly linked to the wider systemic risks.

Ms Murphy queried whether risks would be better grouped by site, with Ms Wilmshurst confirming this is a possibility. Forthcoming regulation assurance reports should also strengthen the overall assurance position.

Mr Severs cautioned that the Committee must be mindful of its duty to assure the Board, expressing concern about a disconnect between the Committee's reading of the risk position and the current reporting.

Ms Harraway and Mr Imperato agreed that while they were assured that the necessary work was being undertaken, the current articulation of risks does not provide sufficient assurance, making it difficult to form complete view. Mr Dean added that it would be beneficial for the report to set out the mitigations in place.

While it was recognised that mitigation is constrained by limited capital, Ms Harraway stressed that the absence of funding does negate the risks and they cannot simply be tolerated due to financial limitations. The Board needs clarity on the funding required to address them.

Ms Daniel recalled a similar discussion at Quality, Safety and Experience Committee (QSEC) approximately 18 months ago relating to risk reporting to the Board and Welsh Government. She suggested that she and Mr Severs revisit the outcome of that previous discussion. **SD, JS**

Mr Thomas noted that the Committee remains supportive of the work underway, acknowledging the challenging parameters. However, he stressed that the Committee must also recognise that this situation could escalate to an alert. While detailed evidence exists, the scale and potential impact on other services must be clearly acknowledged.

The Committee agreed to ADVISE the Board. While the Committee was assured of the professionalism of staff and supportive of the work undertaken to date, greater profiling of the risks is required, given the potential for this to escalate to an alert.

Decision: The Committee were not able to take assurance that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise.

HSC(26)018

Health and Safety Assurance Report

Mr Adam Springthorpe advised that the final response to the Health and Safety Executive (HSE) improvement notice, produced by Pathology has been submitted. He noted that two additional questions were subsequently, for which draft responses have been prepared.

Concerns have been raised around the provision of a Manual Handling Training venue in Ceredigion. Current arrangements in the Thomas Parry building in Aberystwyth have been extended to the end of March 2026. Learning and Development has identified a potential site in Aberystwyth, however this potential is still being investigated.

The second phase of the Health and Safety Dashboard is now live and now includes the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) module.

There has been no change to the Risk Stratification. The work with Clinical Care Groups (CCGs) referenced by Mr Cottrell earlier in the meeting will be able to provide better oversight.

A new Health and Safety Regulations Baseline Assessment has been developed, providing a clear starting point for reviewing existing regulations and identifying gaps where further regulatory coverage is required.

Ms Harraway enquired whether data is available to demonstrate how the dashboard is being used, as the Committee sought assurance that it is actively utilised and contributing to improvements. Mr Springthorpe advised that this would need to be confirmed with the Performance Team.

In response to a query from Ms Harraway related to a high number of smoking-related abscondments in a Mental Health ward, Mr Springthorpe noted that the smoking ban has been identified as a contributing factor.

Ms Ardiana Gjini noted that such issues are more prevalent within Mental Health settings, however clear guidance exists and the law does allow for special circumstances. She emphasised that this is

not confined to one site, as similar patterns are being seen across multiple locations. She reported that the Health Board-wide Tobacco Control Group, which has not met for some time, is now being re-established. The Group will consider nicotine dependency across all sites and examine how the organisation can ensure that its sites remain smoke-free.

Ms Harraway sought clarification on plans to redesign the Manual Handling training provision and intended outcomes. Mr Springthorpe explained that the primary objective is to improve compliance, with delivery requirements determined by the All Wales Passport. Training at Wthybush Hospital (WGH) has been relocated to the training centre to increase capacity, though non-attendance remains an issue despite high booking levels. Sessions can now accommodate larger groups through the use of multiple trainers, and staff from neighbouring sites are able to attend.

Mr Springthorpe confirmed that the Baseline Assessment is the initial step, with further evaluation planned to provide assurance. Work is currently focused on consolidating existing metrics and exploring identifying any additional data required, with the intention that this can ultimately be handed over to the CCGs, to support local reporting and assurance. Learning from approaches adopted by other Health Boards will be considered. He noted that the overall structure will be reviewed once the team is fully staffed and emphasised that filling the vacant Head of Health Safety post is essential in order to deliver the level of assurance required.

Ms Wilmshurst sought clarification on how DSEAR (Dangerous Substances and Explosive Atmospheres Regulations) assessments are monitored and the level of risk they present. Mr Chiffi confirmed oversight is provided through the HSCG. Progress on risk stratification work was also queried, assurance provided that these risks sit with the CCG Leads, who have reviewed them following Internal Audit input. Mr Cottrell confirmed that engagement with the CCGs had recently improved, and that outstanding actions are being actively progressed and supported by fortnightly meetings, acknowledging that some actions may remain open due to their nature.

Mr Severs expressed concern at the progress made, noting that the same issues had been raised six months earlier, with little change since July last year. He stressed the need to maintain Committee oversight and highlighted the importance of receiving a clear and detailed position from the CCGs to enable the Committee to distinguish between moderate and major risks, noting that assurance is difficult to provide without clarity.

Ms Wilmshurst requested clarification on the level of risk within the Baseline Assessment and whether there is a plan for when the required elements will be in place. In response, Mr Severs advised that capacity within the service is currently extremely stretched, with the Head of Service post vacant. He anticipated an improved

position by the end of Quarter 2. Interviews for the Head of Health and Safety role are scheduled for 18 March, with an expected start date around Quarter 3 due to the appointment process.

Mr Severs observed that some matters are being escalated directly to the Committee without prior consideration by the HSCG and emphasised the need for improved alignment to strengthen scrutiny.

Both Ms Murphy and Mr Imperato noted that the report was clear and easy to understand and highlighted positive developments, including improvements in Reducing Restrictive Practice (RRP) training though there is potential for some risks to influence discussions across the wider agenda

The Committee agreed to advise the Board that many high and major risks highlighted in internal Health and Safety inspections remain unresolved. Assurance was given that these are being reviewed, and a more detailed update will be provided in May.

Decision: The Committee were not able to take assurance from the contemporaneous issue updates, dashboard statistics and the baseline assessment.

HSC(26)019

Individual Regulation Assurance Reports

Mr Chiffi introduced the Individual Regulation Assurance Reports, noting that these are closely linked to the Baseline Assessment and will act as a pilot for reporting regulatory assurance going forward. He highlighted the significant amount of work involved, drawing on input from the HSCG, Estates and Facilities, Fire Safety, and other operational teams.

Mr Chiffi outlined the regulatory requirements, emphasising the need to demonstrate compliance with relevant legislation. The position is up to date against these requirements, with training previously discussed as a key component. Engagement continues with Mid and West Wales Fire and Rescue Service (MAWWFRS), the enforcing authority, which is responsible for issuing enforcement and prohibition notices.

Two enforcement notices remain in place for WGH and GGH, with Phase 2 project works currently underway in collaboration with the Capital Team to address these.

Compliance is delivered through the Health Board's approved policies, regular Fire Safety Group meetings, and systems such as BORIS and Audit Management and Tracking (AMaT), as well as training and maintenance systems. NHS Wales Shared Services Partnership (NWSSP) has also conducted audit work in this area. Assurance was received that the fire safety governance structure is fully established.

Interim support has been provided by the Head of Estates Risk & Compliance. While no extreme risks are overdue, backlog of high, moderate, and low-level fire risks actions remain across the Estates.

The 2025/26 audit has been completed and submitted, and work on the 2026/27 audit is already underway, with submission to NWSSP scheduled for May 2026.

There are currently 57 open recommendations arising from Letters of Fire Safety Matters (LoFSM): 11 are overdue, 13 are dependent on external factors, and 23 pending closure on the Audit Management and Tracking (AMaT) system. This represents a significant reduction from approximately 96 recommendations a year ago.

Fire system maintenance, including Planned Preventative Maintenance (PPMs), is progressing well, although some areas are constrained by contractor availability. Improvement actions have been identified through the Estates Recovery Plan, and additional staff have been brought in to support fire door PPMs.

Mr Chiffi expressed thanks to Mr Springthorpe and the Health & Safety Team, recognising the significant amount of work undertaken and the scale of the Estates backlog.

The relationship with MAWWFRS remains strong, with the next meeting scheduled for April 2026. This will include updates on fire safety officer capacity, training levels, and the status of enforcement notices. A request has been made to extend the Fire Policy due to current capacity constraints within the team.

While commending the quality of the report, Ms Harraway queried where accountability sits for outstanding actions and how visibility and oversight are maintained. Mr Chiffi explained that he monitors these actions directly, supported by monthly operational risk meetings, with additional local oversight at each site. Local Fire Safety Groups report into the Health Board Fire Safety Group, providing strengthened governance. Mr Chiffi confirmed he is assured that oversight arrangements are robust.

Mr Chiffi explained that the reporting mechanism for the CCGs has been refined, with reports now shared through the local Fire Safety Groups. Each site has its own Fire Safety Advisor, and updates flow through these local groups before being reported to the Health Board Fire Safety Group. Ms Wilmshurst added that it would be helpful for future reports to include timelines for expected completion.

Mr Severs expressed concern regarding the governance and oversight arrangements for fire risk assessments. He noted that, although actions are tracked through BORIS, the connection between operationally owned assessments and the wider operational governance structure remains clear. Given the high

number of overdue, high risk assessments, he questioned how these are being escalated and assured through the formal governance routes rather than through informal discussions.

He emphasised the need to understand how these risks are being managed at both site and Health Board level, what actions are being taken to improve the position, and how the level of risk differs between sites. He also queried whether any mitigation is reflected within the operational or corporate risk registers.

Ms Wilmshurst raised concerns that a number of fire themed risks have no associated actions to address them. Mr Chiffi advised that may reflect incorrect wording as mitigation is underway.

Ms Harraway stated that she was assured, subject to the planned review of the governance arrangements, and emphasised the importance of ensuring the position is clearly understood.

Mr Severs expressed a more cautious view, noting that he could not provide assurance on compliance while significant risks remain outstanding. He suggested that the Committee would take greater assurance if future reports included clear timelines for addressing Fire Risk Assessment actions.

The Committee agreed to advise the Board that the Individual Regulation Assurance Report for Fire Safety highlights the need to strengthen governance around action timelines and to provide greater clarity on expected outcomes. The high volume of outstanding fire risk assessment actions remains a concern.

Decision: The Committee were not able to receive assurance on fire safety compliance across the Health Board.

HSC(26)020

Health and Safety Operational Compliance Report Template

Mr Springthorpe presented the Health and Safety Operational Compliance Report template, explaining that it provides a model for how Health and Safety information is reported elsewhere. The template is designed for use at CCG level and within the Integrated Quality, Financial Performance and Delivery Group (IQFPD), however at a higher level of detail to demonstrate how data is reported.

Ms Murphy welcomed the template, noting that it provides a strong foundation for CCGs and can be developed into a regular tool for review.

Ms Harraway queried whether the Health and Safety Team currently complete the template. Mr Springthorpe confirmed this, noting an intention to transition ownership to the CCGs. Ms Harraway emphasised the importance of ensuring a prompt handover and for the template to remain consistent with the dashboard. Mr Springthorpe clarified that the template is intended

to support operational reporting rather than to be presented to the Health and Safety Committee.

Mr Severs noted that he and Ms Daniel are considering a standardised template for receiving intelligence. He explained that it will support clearer methodology for operational teams to report into the operational governance structure, given that the current limitations of reporting into IQFPD. He added that the template provides an effective transitional tool to support further development.

HSC(26)021

HSC Workplan

Ms Wilmshurst reported that the 2026/27 work plan has been aligned to the new Terms of Reference. She noted that she has worked with the Health and Safety Team to ensure updates are consistent and is also working with Ms Brock on the Regulation Assurance Reports, with the intention of incorporating these into future reporting to strengthen assurance.

Ms Murphy queried how reporting from the CCGs will operate. Ms Wilmshurst explained that the approach will mirror the arrangements used for QSEC, whereby CCG Directors attend and present their reports directly.

HSC(26)022

ANY OTHER BUSINESS

No other items were raised.

HSC(26)023

MATTERS FOR ESCALATION TO BOARD

The Committee wish to ADVISE the Board that:

- Greater profiling of corporate risks is needed for the **Assurance and Risk Report**.
- Further assurance is needed on the progress being made against the high and major risks highlighted in internal Health and Safety inspections as discussed in the **Health and Safety Assurance Report**.
- The **Individual Regulation Assurance Report for Fire Safety** highlights the need to strengthen governance around action timelines and to provide greater clarity on expected outcomes. The high volume of outstanding fire risk assessment actions remains a concern.

DATE AND TIME OF NEXT MEETING

Tuesday 5 May, 9:30-11:30