

**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 13 January 2026**
Venue: **Microsoft Teams meeting; Conference Room, Parc Dewi Sant**

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
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 (*part*)
Simon Chiffi, Head of Operations
Joanne Wilson, Director of Corporate Governance/Board Secretary
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
Janice Cole-Williams, Assistant Director of Nursing (*part*) (*deputising for Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience*)
Sam Hussell, Head of Health Emergency Planning (*deputising for Ardiana Gjini, Executive Director of Public Health*)
Ruth Poynting, Committee Services Officer (*Minutes*)

Apologies: Anthony Dean, Staff Side Representative
Andrew Carruthers, Chief Operating Officer
Ardiana Gjini, Executive Director of Public Health

Minutes Ref.	Item	Action
HSC(26)001	Welcome and Apologies Ms Ann Murphy welcomed all to the meeting and apologies were noted as above.	
HSC(26)002	Declarations of Interest There were no declarations of interest.	
HSC(26)003	Minutes of Previous Meeting Held on 11 November 2025 The minutes of the meeting held 11 November 2025 were ACCEPTED as an accurate record. Decision: The minutes of the meeting held 11 November 2025 were APPROVED as an accurate record.	

HSC(26)004 **Matters Arising and Table of Actions from Meeting held on 11 November 2025**

HSC(25)053: Mr Adam Springthorpe advised that a meeting took place with Louise O'Connor in which an agreement was made that an annual report would be developed to share data on Personal Injury claims. This item will now be closed.

Decision: The Committee NOTED the Table of Actions.

HSC(26)005 **Review of Health and Safety Committee (HSC) Terms of Reference (ToRs)**

The HSC Terms of Reference have been updated to reflect the governance changes following the decommissioning of the Health and Safety Sub-Committee and updated reporting arrangements. Mr James Severs thanked the Corporate Governance Team for their support in developing these changes.

Ms Murphy noted several references to 'Chairman' within the Terms of Reference and requested that these are updated to the more gender neutral term 'Chair'.

CSO

Subject to the agreed amendments, the Committee APPROVED the updated Terms of Reference.

Decision: The Committee APPROVED the updated Terms of Reference for onward submission to Board on 29 January 2026.

HSC(26)006 **Health and Safety Sub-Committee Table of Actions**

Mr Severs explained that a meeting was held to distribute the outstanding actions remaining following the final Health and Safety Sub-Committee (HSSC) meeting in October 2025 to individual leads across the organisation. Overarching responsibility for these actions will now be held by the newly established Health and Safety Compliance Group.

The Committee noted that the table's format lacks clarity, as there is no key to indicate relevant job titles or names. A point was raised regarding the clarity of responsibility columns in the action table, suggesting that job titles or full names should be used instead of initials to enhance transparency

The Committee were ASSURED that the outstanding actions have been resolved or delegated to the relevant lead.

Decision: The Committee NOTED the Health and Safety Sub-Committee Table of Actions.

HSC(26)007 **Assurance and Risk Report**

The Assurance and Risk Report was discussed, with Ms Joanne Wilson highlighting a lack of revised dates for outstanding actions. There is an ongoing action for all directorates to address any

recommendations over six months old, particularly those lacking implementation dates or barriers beyond individual areas' control.

Ms Sarah Harraway raised concerns about the lack of updates on corridor care, a topic discussed in previous meetings. The system is currently under significant pressure, impacting the ability to discharge patients and manage admissions effectively. This has resulted in patients being cared for in non-designated spaces, including corridors and emergency departments. Mr Gareth Cottrell assured that efforts are being made to maintain patient dignity and safety, with additional staffing resources and measures in place. Regular walkarounds are also taking place. Ms Sharon Daniel added that the Executive Team have approved staffing for the Urgent Care Centre (UCC) in Bronglais Hospital (BGH). This is now being implemented through the Clinical Care Group (CCG). Focus is also being applied to the healthcare support work element in Glangwili Hospital (GGH).

Mr Severs provided assurance that three new members of security staff have been appointed and work is ongoing to implement security measures for porters including the implementation of body armour and personal video recording.

There is a need to distinguish between actual violence and aggression incidents and challenging behaviours exhibited by unwell patients. This distinction will be added to the risk assessment in quarter four.

Mr Simon Chiffi clarified that risk 813 – *Risk of non-compliance with the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure* has been reviewed due to training attendance improvements. Estate condition remains a driver of this risk and will therefore not be fully mitigated until late 2029 following the completion of the project in BGH.

Ms Sam Hussell provided assurance that it is expected that risk 1433 - *Risk to the ability to maintain routine and emergency services in the event of a severe pandemic* will meet the target risk date of March 2026. An exercise has taken place to measure readiness in the case of an emergency and lessons learned from this exercise will be combined with the Government Respiratory Pandemic Guidance following its publication.

In response to a query from Ms Murphy on the status of acquired sites such as Solva surgery Mr Chiffi advised that actions have been completed on these sites however they may still be awaiting final inspections or gathering evidence.

The Committee agreed to ADVISE the Board of outstanding actions that need to be updated.

Decision: The Committee agreed to ADVISE the Board of outstanding actions outlined in the Assurance and Risk Report.

Health and Safety Assurance Report

Mr Severs introduced the report, noting that this template has been developed to provide an overarching view to the Committee, and welcomed any comments on the format.

Reports outlining the levels of training are now being shared with the Clinical Compliance Groups (CCGs). This is expected to improve compliance with Level 2 Manual Handling. Mr Adam Springthorpe added that this work reinforces the importance of the workplace assessor role, which involves observing staff in practice to reduce the number of times they are required to repeat training.

Ownership of this will transfer to the operational teams with the Integrated Quality, Financial Performance and Delivery Group (IQFPDG) holding the overarching responsibility.

The Committee provided positive feedback on the format of the report and the accessibility of information it provides. Mr Springthorpe assured that more information on RIDDOR compliance will be provided in the next report as this information is now available on the dashboard.

Ms Harraway raised concerns around absconding patients, noting that feedback received during a recent walkaround suggested that the majority of absconding cases are due to sites being non-smoking areas. Patients take smoking breaks on the main road which then results in them absconding. The Committee considered whether exceptions could be made to smoking rules in extraordinary circumstances.

The Committee agreed to ADVISE the Board that while progress is being made to improve oversight of Health and Safety across the organisation, assurance will only be received when the CCGs report back to the Committee.

Decision: The Committee were assured that progress is being made to improve oversight however agreed to ADVISE the Board of ongoing concerns in the Health and Safety Assurance Report.

Site Visit Report and Associated Actions

Members were advised that individual actions from the Site Visit Report were presented to CCGs who then given three to four months to review each risk and provide an update to the Health and Safety Team. Following the receipt of updates, the CCGs have been asked to determine whether each risk can be tolerated or requires further monitoring.

Mr Springthorpe noted that the majority of these actions were historic. Future actions will be tracked on the Audit Management and Tracking (AMaT) system which will prompt owners of the actions on a weekly basis.

Although individual teams have worked with services such as Dyfed-Powys Police and Mid and West Wales Fire and Rescue Service for some time, a more robust and coordinated relationship has recently been established. Additionally, the Health and Safety Team maintains close relationships with operational managers across all sectors.

Mr Severs noted that the operational work underway through the IQFPDG process and internal business meetings with CCGs is progressing well and helping to strengthen communication. He highlighted that the current Quality, Health and Safety reporting template is primarily focused on patient safety and patient experience. To address this, new templates are being developed that will enable CCG leadership teams to clearly define their reporting priorities and demonstrate their performance against them.

The Committee agreed that while they were assured of the improved oversight of the action tracking process they can not be fully assured of the progress against the actions due to the lack of clear timescales and will therefore ADVISE the Board that this work is still ongoing.

The Operational Team were asked to update on the outstanding Health and Safety actions within their remit.

AC/GC

Decision: The Committee agreed to ADVISE the Board that they were not able to gain assurance from the Site Visit Report and Associated Actions due to a lack of clear timescales.

HSC(26)010

HSC Workplan

This workplan will be updated in line with the updated Terms of Reference.

Mr Springthorpe advised that the Trade Union Health and Safety Report is shared with the Health and Safety Compliance Group and does not need to be shared with HSC directly.

Decision: The Committee NOTED the HSC Workplan.

HSC(26)011

ANY OTHER BUSINESS

Mr Severs noted that a detailed paper on Stress at Work will be shared at the People, Organisational Development & Culture Committee (PODCC) in February 2026. This report will link with data also being presented on sickness rates across the organisation and avoid duplication of reports.

HSC(26)012

MATTERS FOR ESCALATION TO BOARD

The Committee agreed to advise the Board of the following:

- Outstanding actions relating to Corporate Risks identified in the Assurance and Risk Report
- Processes to review, monitor, and enhance health and safety regulatory compliance are being developed as detailed in the Health and Safety Assurance Report.
- Further assurance is needed on progress against the actions outlined in the Site Visit Report and Associated Actions.

DATE AND TIME OF NEXT MEETING

Tuesday, 10 March 2026, 9:30 am - 11:30 am.