

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

Date of Meeting: **9:30 AM, Thursday 03 July 2025**  
Venue: **Microsoft Teams Meeting/ Ystwyth Boardroom**

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

In Attendance: James Severs Executive Director of Allied Health Professions and Health Science  
Keith Jones, Director of Operational Planning & Performance (*deputising for Andrew Carruthers, Chief Operating Officer*)  
Sam Hussell, Head of Health Emergency Planning (*Deputising for Ardiana Gjini, Executive Director of Public Health*)  
Anthony Dean, Staff Side Representative  
Tim Harrison, Head of Health, Safety and Security  
Jonathan Arthur, Deputy Director of Health Sciences  
Chantal Patel, Independent Board Member  
Simon Chiffi, Head of Operations  
Karen Ryan, Head of Occupational Health  
Joanne Wilson, Director of Corporate Governance/Board Secretary  
Tomos Jones, Audit Wales  
Ruth Poynting, Committee Services Officer (minutes)

Apologies: Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience  
Adam Springthorpe, Health & Safety Manager  
Andrew Carruthers, Chief Operating Officer  
Ardiana Gjini, Executive Director of Public Health  
Amanda Glanville, Assistant Director of People Development

<b>Minutes Ref.</b>	<b>Item</b>	<b>Action</b>
HSC(25)017	<b>Welcome and Apologies</b>  Ms Ann Murphy welcomed all to the meeting and apologies were noted as above.	
HSC(25)018	<b>Declarations of Interest</b>  There were no declarations of interest.	
HSC(25)019	<b>Minutes of the Previous Meeting held on 6 May 2025</b>  Mr James Severs noted that the previous minutes refer to the Committee as a group. This will be updated throughout.	

Subject to the above amendment, the minutes of the previous meeting were APPROVED.

**Decision:**

The minutes of the previous meeting were APPROVED.

HSC(25)020

**Matters Arising and Table of Actions from Meeting held on 6 May 2025**

The Table of Actions was reviewed, in terms of matters arising, the following was noted:

**HSC(24)131:** Dr Jonathan Arthur noted that the Violence and Aggression Management Plan and the portering role has been escalated and a plan has been created to improve compliance. The report on this matter is still in development.

Mr Simon Chiffi provided a brief overview advising that work is ongoing to improve rates of Reducing Restrictive Practice training in Withybush Hospital (WGH) and Bronglais Hospital (BGH). Site plans have been developed with site leads and the Reducing Restrictive Practice Lead Trainer with a deadline for completion of September 2025.

**HSC(25)008:** Mr Tim Harrison informed the Committee that the Mandatory Training Group deferred the proposal for Manager Health and Safety Training at its meeting in July 2025. It was noted that a new date to present this proposal is being arranged.

**Decision:**

The Committee NOTED the table of actions.

HSC(25)021

**Health and Safety Sub Committee Update**

Dr Arthur informed the Committee that the substructure for the Health and Safety Sub Committee (HSSC) is under review.

Two extraordinary meetings took place on 27 June 2025, one for the Fire Safety Group and another for the Security Management group. These meetings outlined the responsibilities of each group and reinforced their purpose. Each group will meet once a month for the next six months.

Security management was highlighted as an area for improvement. The Terms of Reference (ToRs) for the Security Management Group will be updated to reflect the two new subgroups for Violence and Aggression Management and Security Systems.

The Fire Safety Group has implemented an enhanced training plan with additional fire safety training sessions which commenced on 12 May 2025. Additionally, the level 2 Fire Safety course has been made available through the Electronic Staff Record (ESR) to help increase uptake. Ms Sam Hussell highlighted that there has been an issue with ESR not automatically showing compliance

once the course is completed, therefore staff need to manually check the course has registered.

While there has been a reduction in the number of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) incidents over the past year there are still concerns over the timeliness in reporting. The HSSC has requested an update on the current position along with a trajectory for improvement.

Ms Chantal Patel inquired about the reasons behind staff non-attendance at Fire Safety training. Dr Arthur explained that it is often a challenge to release staff from their operational duties to attend training.

The Committee discussed the remit of the HSSC. Mr Severs advised the intention to reinforce HSC as an assurance Committee with operational discussions taking place in HSSC. The Health and Safety workplan is being developed over the next month to support this structure.

The Committee agreed to advise the Board of concerns raised around training, stating that an alert is not currently required due to the plans that have been put in place.

The Terms of Reference for HSSC were APPROVED with the understanding that further changes are expected following the governance structure review.

**Decision:**

The HSC agreed to advise the Board of training concerns and APPROVED the HSSC Terms of Reference.

HSC(25)022

**Corporate Risks Assigned to HSC**

Mr Severs informed the Committee that a review of risk scores for risks 1860 and 1861 has been initiated with updates expected within the next six weeks. Progress will be monitored through the Security Management Group.

Members noted that: The Security Management Group has been tasked with oversight of Risk 813. In terms of Risk 1433, the national position on this risk is still pending.

Ms Murphy noted the importance of clear timelines for risk 813, particularly in response to any enforcement notices.

The Committee was ASSURED by the progress against the risks within its remit.

**Decision:**

The HSC was ASSURED by the Corporate Risks update.

HSC(25)023

**Staff/Patient Story**

Mr Harrison explained that a porter had been identified to attend the meeting to share his personal experience with violence and aggression however there was a scheduling conflict on the day that has prevented this. The Committee agreed to defer this item to the September 2025 meeting.

**Decision:**

The Staff Story was DEFERRED.

HSC(25)024

**Internal Audit Update Report and Associated Actions**

Mr Harrison provided background on the update report, explaining that it originated from an internal audit conducted last year. The audit identified five key findings including a lack of oversight on Mandatory Training, inadequate risk stratification of outstanding internal audit actions and delays in RIDDOR reporting

To improve oversight of some mandatory training the Mandatory Training Group will consider adding Manual handling training for managers as a mandated course. This was originally scheduled for discussion at the Mandatory Training Group meeting in July however this has been deferred, and an alternative date is yet to be arranged. 789 staff have been identified that require this training.

Clinical Care Groups (CCG) will be issued with the relevant outstanding audit actions and asked to review each risk using a Risk Assessment and Decision (RAD) rating system.

Ms Patel queried the RIDDOR compliance figure of 66% and its implications. Mr Harrison clarified that this figure relates to the timeliness of RIDDOR reports and how many of these are reported on time. Challenges include determining whether incidents are RIDDOR reportable. This is particularly noted in instances of absences of seven days or more. Efforts are ongoing to raise awareness among CCGs, with H&S teams supporting reporting. Mr Harrison added that all Health Boards are reporting similar levels of compliance.

Ms Hussell queried whether existing systems for absence reporting could automatically flag the need for RIDDOR reports. While it was noted that this could cause some conflict with unrelated absence reporting the Committee agreed it could be beneficial to further consider these processes and move away from purely human reporting.

Ms Joanne Wilson noted that the Audit Management and Tracking (AMaT) system has not been fully updated. The Committee agreed that this item will remain as an advisory to Board until the system reflects an improved picture of compliance.

**Decision:**

The Committee were not fully assured by the report and chose to ADVISE the Board of outstanding actions.

HSC(25)025

### **Monitoring of H&S Annual Work Plan**

Mr Severs stated that, as part of the overall governance structure review, a workplan is being developed against the standards of the organisation as opposed to individual pieces of work.

The Committee felt assured that work is taking place to strengthen this process.

#### **Decision:**

The Committee were ASSURED by the workplan update with the understanding that this work is still under review.

HSC(25)026

### **Compliance with Health and Safety, Fire, and Security Training**

Mr Harrison highlighted difficulties around delivering training highlighted in the report, particularly around poor attendance for Manual Handling and Violence and Aggression training.

Additionally, low compliance in one area can impact reported figures in others, as Level 1 Manual Handling Training compliance is often recorded through the completion of Level 2 training.

A room in Aberystwyth University has been secured to allow for manual handling and other forms of training in Ceredigion.

In response to a query from Ms Harraway Mr Harrison stated that there is no consistent follow-up with staff who register for courses but do not attend.

Themes are being recorded, with workplace pressures cited as a key barrier.

Work is ongoing to deliver more training in the workplace with workforce assessors.

Mr Severs highlighted a need to ensure flexibility and capacity in training delivery. To achieve this, operational barriers must be understood, and core issues must be addressed. To support this a robust system to provide real time feedback to CCGs may be necessary. To be discussed further.

JS/KJ

The Committee acknowledged that, although efforts are underway to improve compliance, concerns remain regarding the actual figures.

Ms Harraway queried whether the Committee is assured that training is sufficient, accessible, and appropriately scaled. Mr Harrison confirmed that Violence and Aggression and Manual Handling training follows the All-Wales standard and that HDdUHB offers an accredited course, unique in Wales. Where necessary delivery methods are reviewed for efficiency.

#### **Decision:**

The Committee were ASSURED by the update.

HSC(25)027

### **Major Incident Annual Plan: 2025/26**

Ms Hussell informed the Committee that the Major Incident Plan (MIP) goes through an annual review process to align with the Civil Contingencies act. It is reviewed through the Emergency Preparedness, Resilience & Response (EPRR) group, endorsed by the Executive Team, then presented to HSC and subsequently to the Board.

Key updates to the 2025/26 plan include work on streamlining the notification and activation process as there has historically been some duplication in notifications received by the Switchboard. Additionally, work has taken place with the Executive team to ensure a 24/7 Gold On Call process.

Ms Hussell highlighted the report detailing Exercise Tendley, a four day emergency response exercise that took place on the railway tracks adjacent to the GGH site. This exercise tested the hospital coordination centre and included the mortuary service for the first time. The exercise proved beneficial, and lessons were identified to strengthen processes.

**Decision:**

The Committee APPROVED the Major Incident Plan 2025/26 for further approval by the Board and NOTED the outcome of Exercise Tendley.

HSC(25)028

**Business Continuity & Planning Policy**

Ms Hussell presented the policy as part of the annual review process. While the document received a slight refresh, there were no significant amendments requiring the Committee's attention or concern.

**Decision:**

HSC APPROVED the Business Continuity and Planning Policy.

HSC(25)029

**HSC Workplan**

The Committee noted the report and acknowledged that the workplan for HSC will be reviewed following updates to the HSSC and CCG structure.

**Decision:**

HSC NOTED the Committee workplan.

HSC(25)030

**Any Other Business**

No other items were raised for discussion.

HSC(25)031

**Matters for Escalation to Board**

There were no matters the Committee wished to alert the Board of.

The following will be presented as advisory:

- Training concerns identified in the **Health and Safety Sub-Committee (HSSC) Update Report** and the **Compliance with Health and Safety, Fire, and Security Training** report.

- Delays in RIDDOR reporting identified in the **HSSC Update Report**.
- Outstanding actions noted in the **Internal Audit Update Report and Associated Action** report.

HSC(25)032

**Date and Time of Next Meeting**

9 September 2025