

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 05 May 2026**

Venue: **Microsoft Teams Meeting**

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

In Attendance: Adam Springthorpe, Health & Safety Manager
Anthony Dean, Staff Side Representative
Ardiana Gjini, Executive Director of Public Health (*part*)
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 (*part*)
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
Sam Hussell, Head of Health Emergency Planning
Cathie Steele, Interim Assistant Director of Nursing Assurance and Safeguarding (*part, deputising for Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience*)
Ruth Poynting, Committee Services Officer (*Minutes*)

Apologies: Andrew Carruthers, Chief Operating Officer
Sarah Harraway, Independent Board Member
Iwan Thomas, Independent Board Member

Minutes Ref.	Item	Action
HSC(26)024	Welcome and Apologies Ms Ann Murphy welcomed all to the meeting and apologies were noted as above.	
HSC(26)025	Declarations of Interest Board Member DOI Register	

There were no declarations of interest.

HSC(26)026 **Minutes of Previous Meeting Held on 10 March 2026**

The minutes of the previous meeting were approved.

Decision: The minutes of the previous meeting were APPROVED as an accurate record.

HSC(26)027 **Matters Arising and Table of Actions from Meeting held on 10 March 2026**

HSC(26)017: Ms Sharon Daniel referred to an earlier discussion at the Quality, Safety and Experience Committee in June 2025, which highlighted challenges relating to the flexibility of discretionary capital funding and how the scale of Facilities and Estates work required was communicated to Welsh Government. A review of Estates work has since been completed, with a particular focus on inpatient areas.

Mr James Severs proposed that a similar exercise be undertaken within HSC, while acknowledging that the newly developed risk profiling may already address much of this work. Ms Jo Wilson further suggested inviting a representative from the Capital and Planning Team to a future HSC meeting.

Decision: The Committee NOTED the Table of Actions.

HSC(26)028 **Review of HSC Terms of Reference (TORs)**

Ms Wilson presented the amended HSC Terms of Reference, noting that Mr Gareth Cottrell will replace Mr Andrew Carruthers as an in-attendance member of the Committee.

Mr Michael Imperato sought clarification on the meaning of “work-related activities” referenced under section 2.1. Ms Wilson explained that the term relates to compliance with Health and Safety at Work legislation. Mr Severs added that it is intended as an all-encompassing term, covering a broad range of areas from stress to fire safety. Mr Imperato welcomed the clarification, noting that while patients are referenced, the focus remains on health and safety in relation to them.

Decision: The Committee APPROVED the Health and Safety Committee’s Terms of Reference (v.12) for onward ratification by the Board on 28 May 2026.

HSC(26)029 **HSC Annual Self-Assessment of Effectiveness Outcome Report**

Ms Wilson reported that only four of the eleven individuals approached had responded, making it difficult to draw firm

conclusions. However, she noted that several areas were identified as working well, particularly communication with trade unions. She added that there is a desire to strengthen awareness of, and compliance with, health and safety legislation across the organisation. She also referenced a recent Board seminar, which included feedback on how Committee papers are written and presented.

Mr Severs thanked colleagues for their support over the past year, acknowledging that it had been a challenging period. He noted that, while progress has been made, the desired level of governance has not yet been fully achieved, and further work is required to improve oversight and develop a more robust approach to managing risks.

Decision: The Committee CONSIDERED the outputs from the Committee Self-Assessment process and AGREED to the actions to be taken to improve its effectiveness.

HSC(26)030

Health & Safety Committee Annual Report 2025/26

Ms Wilson explained that the Annual Report has been produced to provide a summary of the Committee's activity over the year, in line with the requirements set out in the Standing Orders.

Ms Murphy thanked the Committee for their hard work throughout the year.

Decision: The Committee APPROVED the HSC Annual Report as an accurate record.

HSC(26)031

Assurance and Risk Report

Ms Wilson presented the report, outlining the risks currently under consideration, noting that one within the Committee's remit, together with activity relating to 40 audits and inspections and correspondence received from Mid and West Wales Fire and Rescue Service (MAWWFRS).

Mr Severs highlighted the work undertaken by the Assurance and Risk Team to reprofile risks in a different format, specifically referencing risks 1860 and 1861, and acknowledged the support provided by Ms Elin Brock in this process.

Mr Imperato drew attention to the recommendations, observing that while the risks described were significant, the associated recommendations appeared moderate. He queried whether there was a disconnect between the level of assurance being received and the severity of the risks, noting that, while the report was robust, the risks remained considerable. In response, Ms Wilson explained that work is ongoing to test the assurance provided by risk owners, ensuring that all possible actions are being taken through audits and monitoring. She added that it is for the Committee to determine how this is reported to the Board. Mr Imperato emphasised the importance of ensuring alignment,

noting a common theme across Committees regarding audits. Ms Wilson confirmed that this had been raised with Committee Chairs.

Mr Severs noted a number of overdue actions without updates, suggesting this indicates a need for further work on assurance processes. He added that actions have now been grouped by site level to provide improved clarity.

Ms Daniel emphasised the importance of ensuring actions are SMART and queried whether the Health and Safety Compliance Group may have a role, and whether the actions identified are sufficient to close the risks, suggesting that a more detailed review may be needed. Mr Severs confirmed that actions are now being linked to the action log to strengthen Committee oversight and assurance.

Ms Wilson advised that Mr Andrew Carruthers, Mr Gareth Cottrell and Mr Keith Jones are undertaking deep dives on outstanding risks.

The Committee agreed that, while there is assurance that key risks are being monitored, these remain significant and further work is required to strengthen assurance, including through clearer reporting and deep dive reviews, therefore the Board would need to be advised.

Decision: The Committee took LIMITED ASSURANCE that identified controls are in place and working effectively, 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.

Decision: The Committee took LIMITED ASSURANCE on the management of recommendations raised in audit, inspection and regulatory reports within their area of responsibility, particularly in respect of confirming the full implementation of recommendations, any barriers to delivery and subsequent impacts of non/late delivery, and assurance that the risks associated with these are being managed effectively.

HSC(26)032

Health and Safety Assurance Report

Mr Adam Springthorpe advised the Committee that, although a candidate had been identified for the Head of Health and Safety post, they had subsequently withdrawn, and the appointment had therefore not progressed as planned.

The Microbiology Health and Safety Improvement Notice had now been signed off. Mr Springthorpe further advised that progress on manual handling continues, with further work underway to improve training attendance.

Mr Imperato welcomed the dashboard approach, noting that it improved understanding of the information presented. He raised the issue of absconding patients and asked which areas were of greatest concern. Mr Springthorpe advised that compliance with Martyn's Law is expected to support further improvements through enhanced ward security. He identified slips, trips and falls, manual handling, and violence and aggression (V&A) as the main areas of concern. While slips, trips and falls account for relatively small numbers, these are across a wide range of settings. Manual handling incidents remain higher due to the nature of the work, and V&A incidents are currently low in number.

Ms Daniel noted that additional assurance in relation to absconding patients would be beneficial and suggested this could form a future piece of work, including analysis of trends over several years. She also highlighted the opportunity to draw lessons learnt from previous incidents, noting the robust and technically strong process applied, which originated in Swansea Bay University Health Board (SBUHB).

Mr Severs noted that, in light of the previous discussion, any inspection or enforcement action from the Health and Safety Executive should be regarded as a serious matter for the organisation. He advised that an update is scheduled to be presented to the Health and Safety Compliance Group on 11 May 2026, which will provide an opportunity to identify any early learning from the process. He proposed that a further update be presented to a future Committee meeting for consideration.

In response to the causes of the greatest concern within the risks presented, Ms Elin Brock highlighted that V&A incidents are a key concern. She noted that such incidents can have a significant impact on staff wellbeing and, given the current pressures on clinical teams, there is a likelihood that incidents may be underreported.

Ms Brock also drew attention to a reduction in compliance with Restrictive Practice Training at Prince Philip Hospital. However, she provided assurance that refresher training has now been booked for the relevant staff, and it is anticipated that compliance levels will return to target within the next eight weeks.

Mr Cottrell highlighted that, while progress has been made, compliance with manual handling training is still not at the desired level. He queried whether services were receiving the appropriate level of support from the Health Board and whether the issues related to capacity or engagement. In response, Mr Springthorpe advised that a key challenge is that staff often book training but do not attend. He emphasised the need to ensure staff are adequately released to complete all training. He also noted plans to strengthen the role of workplace assessors, enabling more training and assessment to take place on site, with staff only required to return to central training facilities every three years.

Mr Severs also confirmed that interim arrangements are being established pending the recruitment of a Head of Health and Safety, with support from the Executive Team to strengthen organisational capacity.

Decision: The Committee TOOK ASSURANCE from the contemporaneous issue updates and the health and safety metrics outlined in the Health and Safety Assurance Report.

HSC(26)033

Individual Regulation Assurance Reports

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

Mr Springthorpe reported a year-on-year decline in the number of RIDDOR reports. Robust processes and scrutiny arrangements were noted to be in place, and the continued reduction was viewed as encouraging. However, it was acknowledged that additional years of data would be required to confirm whether this represents a sustained trend. Reporting timeliness were noted to be just under 70%.

Mr Severs commended the progress made and queried whether improvements were attributable to organisational culture or process.

Mr Springthorpe advised that both factors have contributed. Regular reporting through CCG structures has increased visibility and accountability, with more consistent follow-up at senior management level. In addition, significant work has taken place, including detailed review of incidents, staff training, and strengthened relationships within teams.

In response to a query from Mr Severs, Mr Springthorpe clarified that the focus of reporting is more aligned to localities rather than acute hospital settings. Data for each site is available however the Committee agreed the current level of reporting is appropriate.

Decision: The Committee TOOK ASSURANCE that the Health Board is operating in compliance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

HSC(26)034

Fire Regulation Assurance Report Update

Mr Simon Chiffi provided an update on the implementation and use of the BORIS system, which was introduced in 2021. This follows concerns raised at the previous Committee meeting regarding the volume of outstanding actions.

Assurance has been provided from the NHS Wales Shared Services Partnership (NWSSP) Senior Fire Safety Advisor that the system is extracting the necessary data. There are currently 338 live Fire Risk Assessments (FRAs) in place, covering both clinical and non-clinical areas. Each

assessment comprises 54 questions, resulting in a significant volume of data. This represents a substantial improvement compared to previously available systems and data sets.

The ongoing fire safety programme is expected to reduce the current tolerated risk score of 15 significantly over time. Each identified action within the system is assigned a timeframe and is submitted to an action approver for either approval or closure, supporting improved risk score management. Current reporting indicates no extreme risks.

Despite promotion of BORIS by the Fire Safety Team and the delivery of training, further improvements are required to maximise effectiveness. It was noted that BORIS was developed prior to the establishment of CCGs, which has resulted in some gaps in accountability. While action owners have been identified, these were not originally assigned through CCG structures; this is now under review.

Work is also underway to enhance system functionality, including improving automated notifications to staff and increasing ease of access for users.

Letters of Fire Safety Matters have reduced significantly from 98 to 57, with 29 letters currently awaiting closure.

The target date to reduce the tolerated risk score to five is 2029. This is supported by Phase Two works at Glangwili Hospital (GGH) and significant project developments at Bronglais Hospital (BGH).

Mr Imperato commended the report, noting the reduction in high estates actions from 889 to 665 as outlined in Table 1, and requested clarification on how this improvement had been achieved. Mr Chiffi advised that the reduction is largely attributable to the completion of Phase One works at Withybush General Hospital (WGH) and GGH, where those projects addressed a significant number of actions. In addition, progress has been supported through the Targeted Estates Fund (TEF) programme, which is 70% funded by Welsh Government. Further contributing factors include the fire alarm project at WGH, a number of targeted fire door schemes, and improved accountability within the team and CCGs.

Ms Wilson asked what support was required from operational, corporate, and internal teams, and whether there were specific areas where the Committee could provide assistance, and whether there were any significant issues not already highlighted. Mr Chiffi advised that there are no major or extreme issues at present. Four Fire Safety Advisors have identified responsible owners; however, these have not yet been formally assigned to CCGs.

In relation to his own team, Mr Chiffi noted that further work is required to ensure actions are correctly categorised, particularly in determining which items require capital funding. This includes confirming whether appropriate bids have been submitted and whether they have wider Health Board support. He emphasised that this is a significant piece of work that will take time to fully develop.

Regarding corporate teams, Mr Chiffi highlighted the recent change in chairing arrangements for the Fire Safety Group (FSG) and stressed the importance of consistent attendance and ensuring all members are clear on their responsibilities.

Mr Severs added that this will be discussed at the Health and Safety Compliance Group (HSCG) to further develop a plan with clear actions, timescales, and overall clarity.

While the Committee recognised that the report demonstrated significant improvement, it was unable to take full assurance due to a lack of clarity regarding timelines and CCG accountability.

Decision: The Committee RECEIVED LIMITED ASSURANCE from the Fire Safety Risk Assessment System (Boris) report; whilst noting progress since September 2025 in reducing outstanding FRAs and the continued oversight of the FRA Action Improvement Plan (table 1.0) by the Health and Safety Compliance Group.

HSC(26)035

Health and Safety Inspection Actions

Mr Springthorpe reported that progress has been made, particularly in relation to risk stratification, with a 29% reduction in moderate actions and a 30% reduction in major actions.

Mr Cottrell acknowledged the progress achieved however emphasised that further work is required. He noted that the focus needs to shift to CCGs to ensure that actions are effectively closed down.

Mr Imperato noted that overall progress remains limited and highlighted the challenge in quantifying improvement. He sought clarity on the definition of success. In response, Mr Cottrell advised that he would develop a clear trajectory to enable the Committee to more effectively hold teams to account.

Mr Severs welcomed the revised table, noting that it reflects historic issues more clearly. He added that this would also be considered further at HSCG.

The Committee was assured regarding the overall direction of travel; however, it was agreed that further development of the metrics is required to clearly define and monitor the trajectory.

Decision: The Committee TOOK ASSURANCE from the Site Visit Report and Associated Actions Report that the H&S inspection

risk stratification work has enabled the Health Board to understand and manage the residual risks from historic HSS Team inspections. It also NOTED the monitoring of the Health and Safety Actions (table 2.0 and table 3.0) by the Health and Safety Compliance Group.

HSC(26)036

New Health and Safety Inspection Process

Mr Springthorpe informed the Committee that a procedure for the Health and Safety Inspection Process has been developed and approved.

Mr Severs and Ms Murphy agreed that it would be useful for the procedure to be presented to the Committee for information. Ms Murphy also noted that Trade Unions own their own inspection procedures.

In response to a query from Ms Wilson, Mr Springthorpe confirmed that the procedure had been circulated through the global email prior to approval and had undergone an Equality Impact Assessment (EqIA).

Decision: The Committee RECEIVED ASSURANCE that a new methodology for Health and Safety inspections has been implemented, together with a procedure for managing actions arising from all new inspections.

HSC(26)037

Revised Pandemic Framework

Ms Sam Hussell presented the revised Pandemic Framework for approval, highlighting a significant focus on emergency planning for the coming year. She outlined the number of exercises the Health Board has participated in, including Projects Pegasus and Solaris, and explained that the framework has been updated and refreshed to reflect current requirements.

Ms Hussell confirmed that command and control structures have been fully updated and that the framework has been aligned with the Dyfed Powys Local Resilience Forum pandemic arrangements. The report sets out the key changes incorporated into the revised approach.

Ms Hussell also advised that a multi-disciplinary tabletop exercise is scheduled for the end of June 2026, with work underway to identify key leads to ensure representation from all departments. This forms part of an ongoing programme of work, alongside operational-level discussions to strengthen preparedness.

Mr Imperato queried whether recommendations from the COVID-19 Inquiry had been incorporated. Ms Hussell confirmed that these have been reflected within the framework and Ms Wilson added that lessons learned were undertaken from this inquiry.

Mr Severs referred to Appendix F and sought clarification on how operational and corporate teams would demonstrate

preparedness. Ms Hussell explained that this will be achieved through business continuity planning, service-level plans at an operational level, infection prevention and control (IPC) arrangements, and clearly defined local response plans, providing a bridge between strategic direction and operational delivery.

Decision: The Committee RECOMMENDED the Pandemic Response Framework for onward approval by the Board on 28 May 2026.

HSC(26)038

HSC Workplan

There were no comments on the workplan.

HSC(26)039

ANY OTHER BUSINESS

As the CCG Assurance reports were deferred to the next meeting, Ms Murphy noted that the Committee is now six months into the year and, following the cessation of the Health and Safety Sub-Committee (HSSC), has not received an update. She advised that, in the absence of a timely update, there is a risk this matter may require escalation to the Board.

Mr Severs acknowledged the challenge, highlighting the current absence of a Head of Health and Safety. He advised that he has commissioned a review of the HSCG terms of reference, alongside governance, management, and reporting arrangements, to ensure these remain fit for purpose in light of recent changes to the operational governance structure.

Ms Brock provided further context, explaining that a baseline assessment has been undertaken to map relevant regulations and standards. This has enabled the identification of gaps in compliance, as well as the development of key performance indicators (KPIs) and metrics. Work is ongoing to establish a comprehensive suite of KPIs, with meetings held with accountable leads and the development of a template to demonstrate compliance. She added that she is working with Mr Cottrell to determine how Health and Safety matters should be reported and to review the terms of reference.

Mr Cottrell emphasised the importance of clearly demonstrating how Health and Safety challenges and risks are being addressed and ensuring that reporting is consistent and appropriate. He reiterated a commitment to strengthening this area.

Ms Wilson provided clarification that HSCG should maintain an operational focus, while CCGs must ensure clear accountability and ownership.

HSC(26)040

MATTERS FOR ESCALATION TO BOARD

The Committee agreed to advise the Board of the following:

- Overdue actions and potential disconnect between assurance received and residual risk levels outlined in the **Assurance and Risk Report**.
- Gaps in clarity of action ownership and lack of alignment with CCGs identified in the **Fire Risk Assessment (Boris) report**.

DATE AND TIME OF NEXT MEETING

Tuesday 7 July 2026, 9.30am-11.30am