

Health and Safety Assurance Report



Health and Safety Committee

March 2026



The purpose of this report is to provide the Health and Safety Committee (H&SC) with an overview of health and safety across the Health Board.

This report provides information on topics including:

- Contemporaneous issues;
- Health and safety dashboard;
- Health and safety inspections;
- Baseline assessment of regulations.

HSE Improvement Notice – Draft Response from Pathology

A H&S Officer has reviewed the draft final response to the Health and Safety Executive (HSE) improvement notice produced by Pathology, with a small number of minor additions advised which have been completed; draft response will be submitted to Clinical Care Groups (CCG), Integrated Quality, Financial Performance and Delivery Group (IQFPD), and Executives for final scrutiny and approvals before submission to HSE in advance on the deadline.

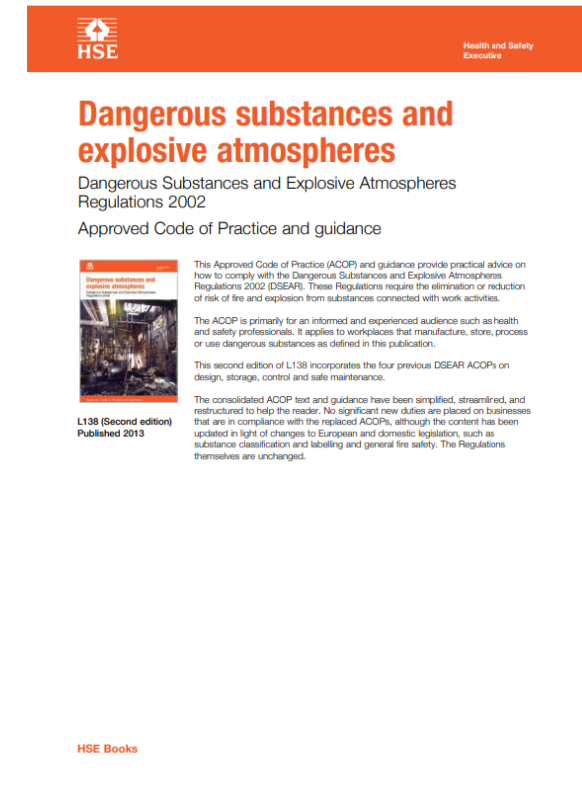
Pathology has led the process with support from the Health and Safety Team, using a template derived from that used with great effect by the Health and Safety Team for previous Improvement Notices. The evidence provided is extensive and detailed.

One aspect of the Improvement Notice was “Interim arrangements for handling laboratory waste”, which had a shorter deadline for completion than the others. This aspect was evidenced within the deadline and has now been closed by the HSE.



Dangerous Substances and Explosive Atmospheres Regulations (DSEAR) 2002

- Two acute sites (Prince Philip Hospital (PPH) and Withybush Hospital) have had a detailed DSEAR assessment undertaken by a competent contractor. The report for PPH is available and has been assessed by the Health and Safety Team as being very detailed and thorough. The other report is in preparation by the contractor.
- The remaining two acute sites will be assessed in a similar manner.
- These assessments looked at industrial plant on the sites (boilers and Combined Heat and Power units), medical gas storage, and storage of hazardous substances, covering the whole site but with more focus on Estates and relevant site infrastructure.
- These assessments and the completion of any remedial actions will be a significant step towards completing DSEAR compliance in the Health Board.
- The Health Board's own DSEAR process will be adjusted to help us maintain compliance and record remedial actions as they are completed.



Manual Handling Training Venues

Ceredigion – The current training room in the Thomas Parry building in Aberystwyth is not confirmed beyond March and as such, no Manual Handling training is confirmed at this venue from April 2026. The H&S Team is liaising with Property and Learning & Development to explore options to minimise service loss in the county.

Carmarthenshire – The Manual Handling Team were meant to move from Glein House to the Hwb (Atriwm) from March 2026, however the building completion has now been delayed until 2027. As a result, the team has temporarily relocated to the Ystwyth building on the Hafan Derwen site for the interim period.

Pembrokeshire – The Manual Handling Team has relocated their training delivery to the Bro Cerwyn Conference Centre, which allows an increase of training places from 16 to 24, thus increasing the team's overall provision of places. Where staff are willing to travel within the Health Board for training, this provides a greater range of training availability.

Fit Tester Train-the-Tester

The Health and Safety Team continue to support departments with fit tester training and in-depth advice on respiratory protection, to ensure all patient facing staff are fit tested every 3 years, and every fit tester trainer undertakes refresher training every 2 years.

The team have been liaising with Stores and Procurement to provide ongoing support with ordering and stocking of protective equipment.

Health and Safety Dashboard



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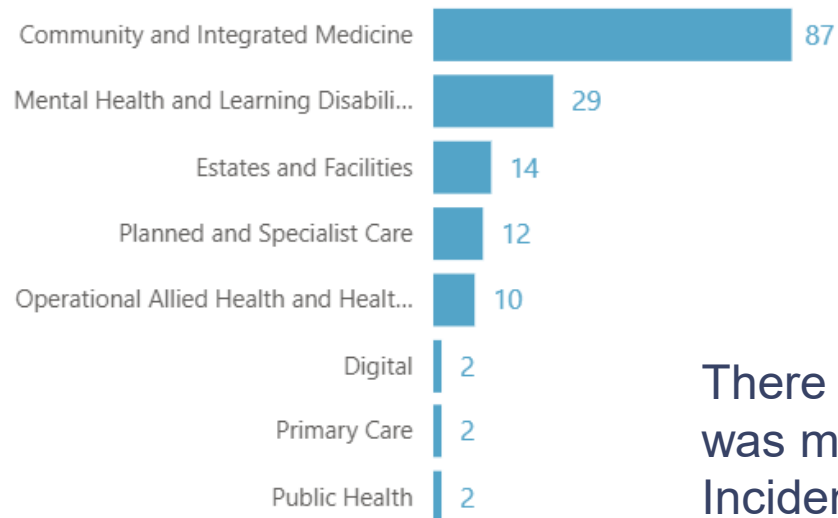
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The second phase of the Health and Safety Dashboard is now live and has been shared with the main CCGs and other key stakeholders in January / February 2026. This second phase added the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) module to the dashboard.

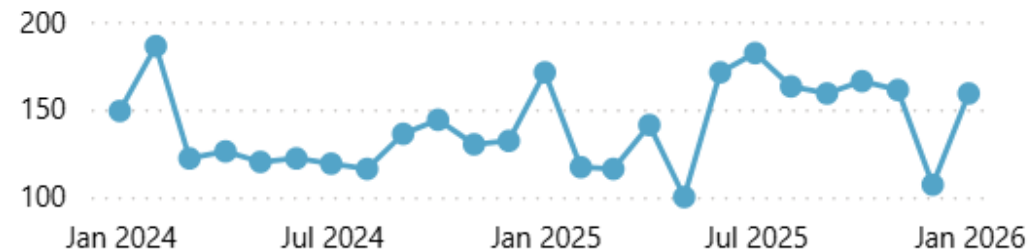
All staff can access the dashboard here: [Health and Safety dashboard - Power BI*](#)

Staff / Contractor Incidents Reported via Datix (at 30/01/2026):

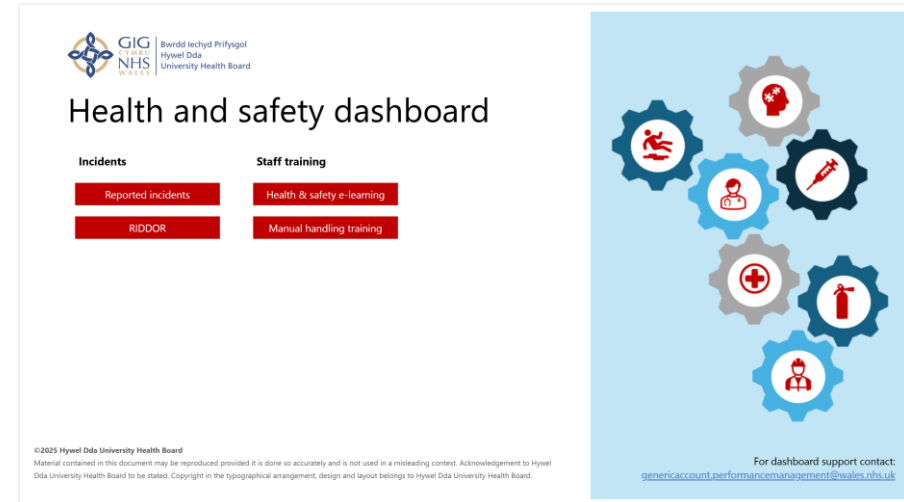
All Staff / Contractor incidents in January 2025 (2+):



By month of occurrence



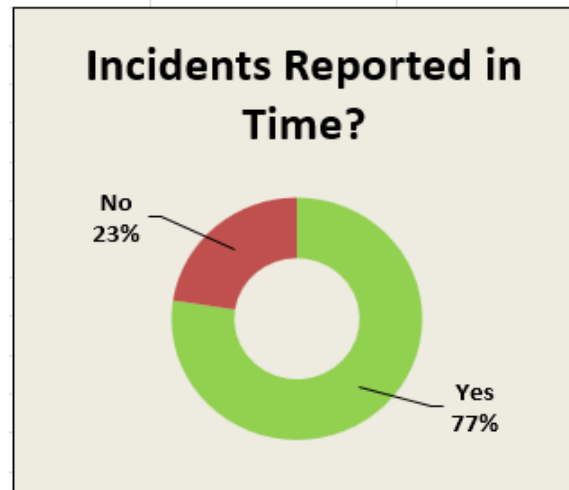
There was a significant dip in incidents in December 2025. From analysis this was mainly due to a drop in Violence & Aggression (V&A) incidents in-month. Incident rates have been fed-back to the individual CCGs for information.



* Internal link only.

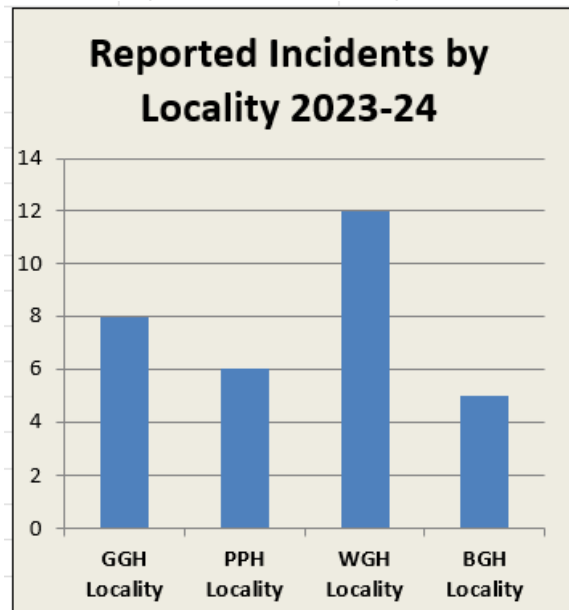
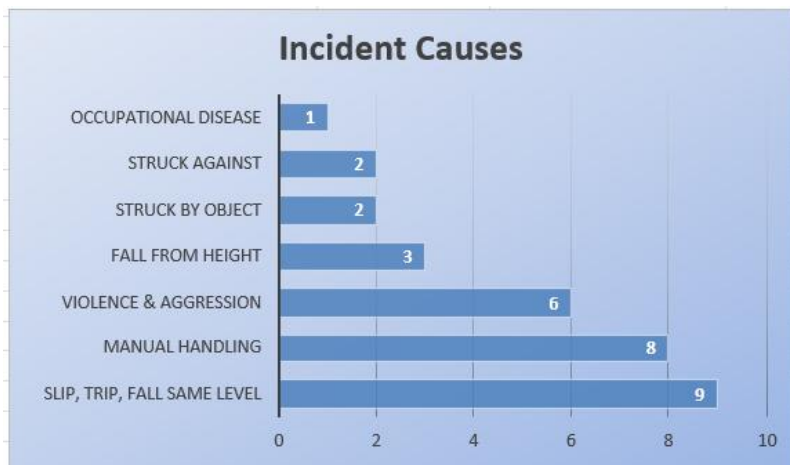
RIDDOR Incidents Reported to the Health & Safety Executive (at 30/01/2026) for 2025-26 Year-to-Date:

Cause	No.	%
Slip, trip, fall same level	9	29.03
Manual Handling	8	25.81
Violence & Aggression	6	19.35
Fall from height	3	9.68
Struck by object	2	6.45
Struck against	2	6.45
Occupational Disease	1	3.23
Contact with electricity	0	0.00
Another kind of incident	0	0.00
Dangerous Occurrence	0	0.00
Burn	0	0.00
Needlestick	0	0.00
Electric shock	0	0.00
Overflow/Leak/Vapour	0	0.00
	31	



CSG / CSG / Other	No.
Community & Integrated Med.	18
Planned and Specialist Care	1
Mental Health & Learning Dis.	1
Allied Health & Health Sciences	2
Estates & Facilities	9
Primary Care	0
Other	0
	31

Currently 77% of RIDDORs have been reported within mandatory timeframes, well above compliance figures achieved in previous years (59.6% at 2024/25 year-end).



Top 3 causes identical to 2024/25 year-end:

Breakdown by Cause	No.
Slip, trip, fall same level	18
Manual Handling	16
Violence & Aggression	7

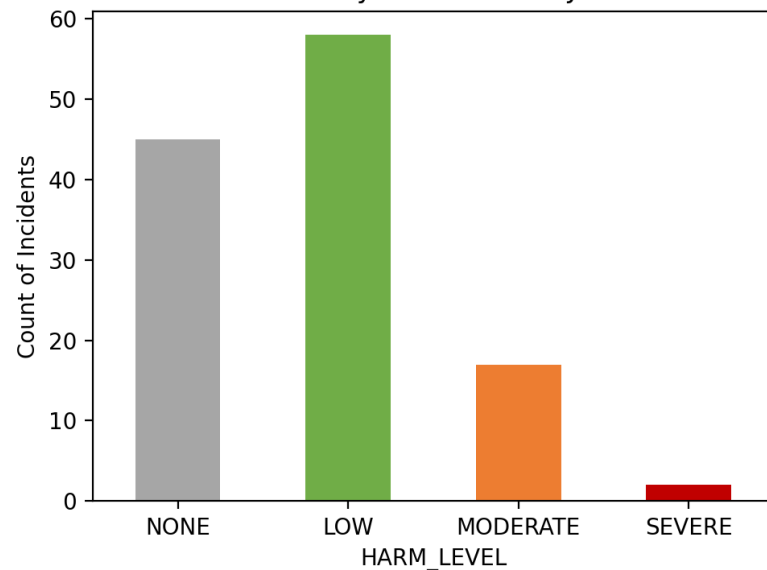
Overall reporting figure is down on same year position last year.

Behaviour (inc. V&A) Staff / Contractor Incidents Reported via Datix (at 30/01/2026):

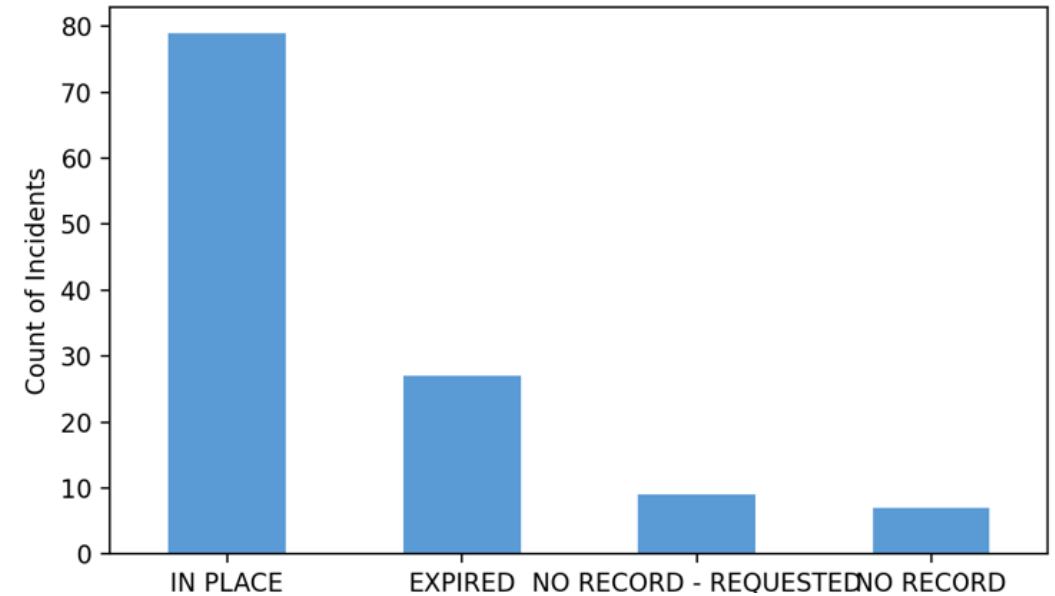
V&A Incident Summary for January 2026:

- **Total incidents:** 122 across 13 sites;
- **Service groups (CCG):** CIM 67, MHL D 45, PSC 6, AHS <5.
- **Harm:** None 45, Low 58, Moderate 17, Severe 2.
- **Risk assessments:** In place 79, Expired 27, No record 7, No record – requested 9.
- **Clinical/needs-related contributory factor recorded in 81.7% of incidents.**

Harm Severity Distribution - Jan 2026

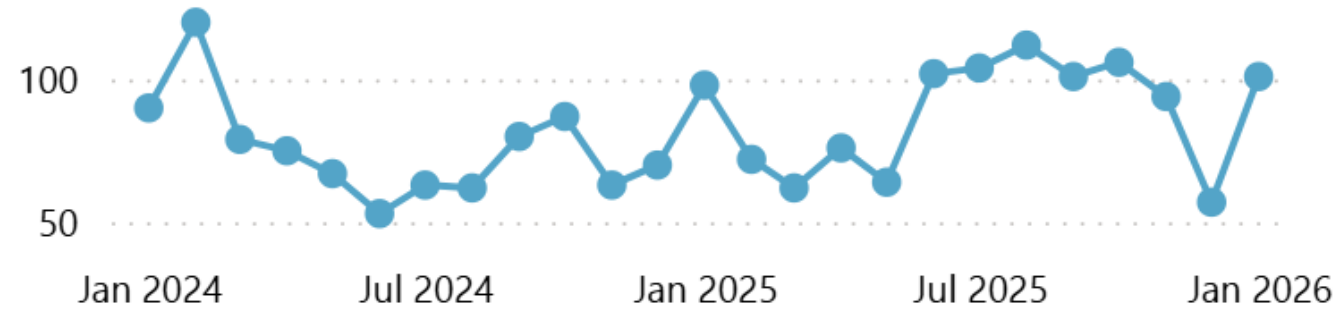


Risk Assessment (V&A/Security) Status - Jan 2026



Behaviour (inc. V&A) Staff / Contractor Incidents Reported via Datix (at 30/01/2026):

By month of occurrence



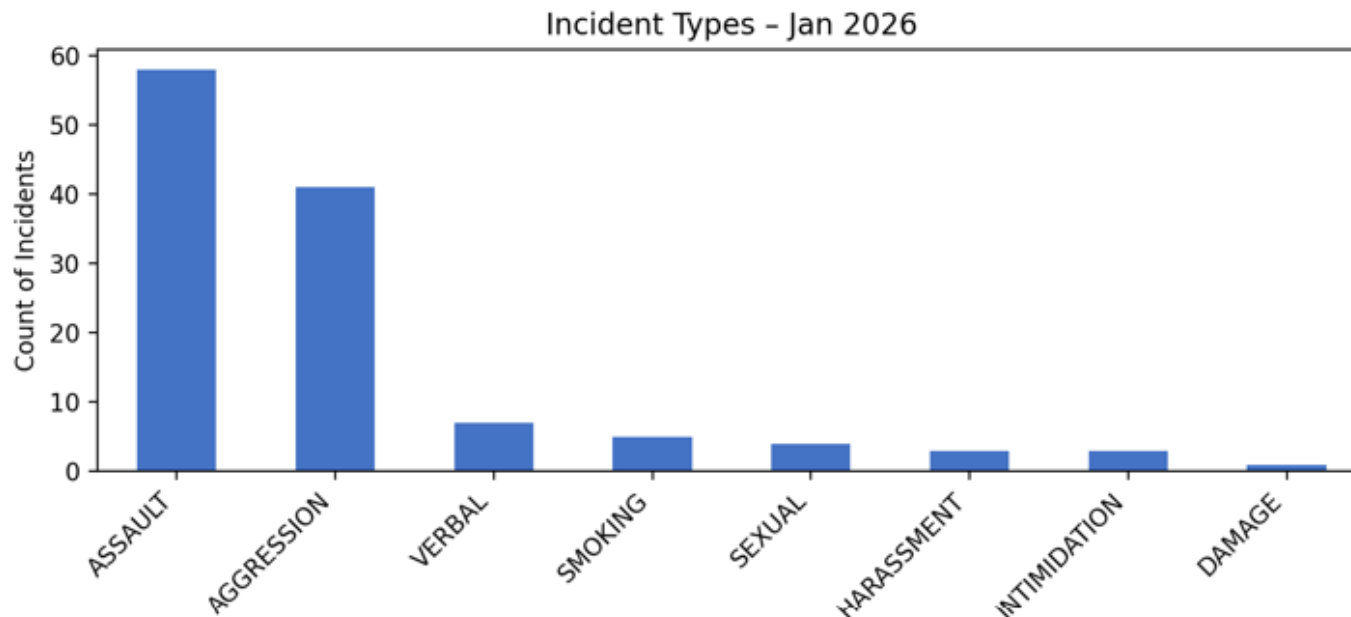
High-risk flags

Weapon-related incidents: <5

Racially aggravated incidents: <5

Hotspots (wards/units with ≥ 5 incidents reported in January 2026):

- ST NONS: 18
- DEWI WARD: 10
- TOWY WARD: 9
- BRYNGOLAU: 9
- YSTWYTH WARD: 8
- AMAU (PPH): 6
- PICU: 6
- WARD 1 (PPH): 6
- WARD 11 (WGH): 5



Absconding Patients (October - December 25):

17 absconding incidents were recorded across the period.

By location:

- **WGH** – 8 incidents (**47.1%**)
- **GGH** – 5 incidents (**29.4%**)
- **PPH** – <5 incidents

Police involvement:

Police were informed in 59% of incidents (10/17) and attended 18% (3/17).

Severity distribution (overall):

- None / unspecified (9)
- Low (5)
- Moderate (1)
- Severe (2)

The high “None” count suggests severity is often left blank or used to mean minimal harm. This has been fed-back to the CCGs.

Manual Handling (MH) Compliance (at 30/11/2025 and 30/01/2026 for comparison):

Level 1 MH (Load Handling) at 30/11/2025:

Function	Headcount	% compliance
Executive Allied Health Professions and Health Sciences	2	100.0%
Finance	101	96.0%
Chief Operating Officer Management	257	91.8%
Workforce and Organisational Development	267	91.0%
Medical	142	89.4%
Digital	237	89.0%
Public Health	164	87.2%
Chief Executive	95	85.3%
Nursing, Quality and Patient Experience	212	82.5%
Primary Care, Community Strategy and Long Term Care	699	81.7%
Operational Allied Health and Health Sciences	1381	79.9%
Estates and Facilities	1036	78.3%
Mental Health and Learning Disabilities	1361	78.0%
Strategy and Planning	39	76.9%
Planned and Specialist Care	2650	76.9%
Community and Integrated Medicine	3770	76.2%

Level 1 MH (Load Handling) at 30/01/2026:

Function	Headcount	% compliance	
Executive Allied Health Professions and Health Sciences	2	100.0%	-
Finance	100	96.0%	-
Medical	141	92.9%	+ 3.5%
Workforce and Organisational Development	264	92.8%	+ 1.8%
Digital	366	91.3%	+ 2.3%
Public Health	166	89.8%	+ 2.6%
Primary Care	332	83.7%	+ 2.0%*
Chief Operating Officer Management	128	83.6%	- 8.2%*
Nursing, Quality and Patient Experience	211	82.9%	+ 0.4%
Strategy and Planning	57	82.5%	+ 5.6%
Pharmacy and Medicines Management	278	82.4%	N/A
Chief Executive	96	82.3%	- 3.0%
Operational Allied Health and Health Sciences	1388	81.8%	+ 1.9%
Estates and Facilities	1037	78.7%	+ 0.4%
Mental Health and Learning Disabilities	1376	78.5%	+ 0.5%
Community and Integrated Medicine	3874	76.6%	+ 0.4%
Planned and Specialist Care	2667	76.4%	- 0.5%

Increases noted for most functions.

* Note: Significant change of headcount due to adjustment of function within the reporting period.

Manual Handling (MH) Compliance (at 30/11/2025 and 30/01/2026 for comparison):

Level 2 MH (Patient Handling) at 30/11/2025:

Function	Headcount	% compliance
Chief Executive	2	100.0%
Workforce and Organisational Development	36	77.8%
Public Health	77	66.2%
Estates and Facilities	137	65.7%
Planned and Specialist Care	2130	62.2%
Community and Integrated Medicine	3218	57.6%
Operational Allied Health and Health Sciences	739	57.4%
Mental Health and Learning Disabilities	1023	54.8%
Digital	6	50.0%
Medical	32	50.0%
Nursing, Quality and Patient Experience	75	49.3%
Primary Care, Community Strategy and Long Term Care	147	42.9%
Chief Operating Officer Management	12	8.3%
Executive Allied Health Professions and Health Sciences	1	0.0%
Strategy and Planning	3	0.0%

Level 2 MH (Patient Handling) at 30/01/2026:

Function	Headcount	% compliance	Change
Workforce and Organisational Development	35	80.0%	+ 2.2%
Public Health	75	70.7%	+ 4.5%
Estates and Facilities	136	66.9%	+ 1.2%
Planned and Specialist Care	2150	60.7%	- 1.5%
Medical	31	58.1%	+ 8.1%
Operational Allied Health and Health Sciences	737	57.7%	+ 0.3%
Community and Integrated Medicine	3292	57.6%	-
Mental Health and Learning Disabilities	1034	54.4%	- 0.4%
Pharmacy and Medicines Management	4	50.0%	N/A
Nursing, Quality and Patient Experience	74	44.6%	- 4.7%
Primary Care	83	44.6%	+ 1.7%*
Digital	7	42.9%	- 7.1%
Chief Operating Officer Management	12	8.3%	-
Chief Executive	1	0.0%	- 100%*
Executive Allied Health Professions and Health Sciences	1	0.0%	-
Strategy and Planning	3	0.0%	-

Increases noted for many functions.

* Note: Change of headcount due to adjustment of function within the reporting period.

The Manual Handling Team has developed a TNA and options appraisal to improve training compliance, through which they are working with Learning and Development to improve training compliance.

Reducing Restrictive Practice (RRP) Team training compliance (at 31/12/2025):

Mental Health / Learning Disabilities:

- Morlais 93%
- LSU 90%
- St Caradog 78%
- PICU 73% **(Up 6%)**
- Bryngofal 63% **(Up 18%)**
- Begelly 87%
- Enlli 79%
- St Non 83% **(Up 7%)**
- Bryngolau 54% **(Up 9%)**

Porter Training:

The percentage of Porter staff that have completed the Restraint Reduction short course (Module D) for acute sites:

- PPH 100%
- GGH 82%
- BGH 81%
- WGH 64%

The RRP Team is currently working on updating the RRP and Violence Reduction Training Pathway for later in 2026, which looks to revolutionise training provision by introducing short, informative multi-media resources to compliment their existing training offering.

Health and Safety Inspections



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Risk Stratification

An Internal Audit of Health and Safety in 2024 was critical of the HSS Team’s inspection process, stating that there was ‘no oversight of the significance of issues raised or outstanding’. Following this, the HSS Team proceeded to review every outstanding unmanaged / unresolved risk from the inspections undertaken in 2023 and 2024 and assess whether the outstanding risks posed by the action was negligible, minor, moderate, major or catastrophic, and colour coded using the recognised green to red risk-rating convention, as shown adjacent. The purpose of the risk-rating was to help managers focus their attention on the hazards that posed the highest risk and help prioritise corrective actions.

Negligible
Minor
Moderate
Major
Catastrophic

Early assurance was taken from the risk stratification exercise that there were no outstanding unmanaged / unresolved risks rated as catastrophic. The completed list was split by Clinical Care Group (CCG) and taken to all the CCG Quality, Health and Safety meetings attended by the HSS Team in July/August 2025. The totals in each risk category by CCG were as follows:

	N/A	Resolved	Managed	Negligible	Minor	Moderate	Major	Catastrophic
Primary Care Clinical Care Group (to include Medicines Management)	0	1	25	8	54	28	5	0
Planned and Specialist Care Clinical Care Group	0	1	22	2	27	13	2	0
Allied Health and Health Sciences Clinical Care Group	0	2	25	0	17	7	3	0
Estates and Facilities Group	1	1	78	4	62	68	7	0
Mental Health and Learning Disabilities Clinical Care Group	0	18	122	18	168	75	25	0
Community and Integrated Medicine Clinical Care Group	15	16	225	19	245	156	33	0
Other	0	1	48	0	43	20	4	0

Risk Stratification

The CCGs were requested to review all outstanding actions and provide feedback to the HSS Team for central monitoring and reporting. The HSS Team recommended that negligible and minor risks be tolerated, allowing focus to shift toward reducing the 82 major and 375 moderate risks identified i.e. those that pose a higher level of concern.

Action owners were asked to report the status of their outstanding actions to the HSS Team, indicating whether each action had been:

- Resolved or eliminated;
- Mitigated to a minor or negligible level;
- Was being actively managed or tolerated;
- Or was still outstanding.

The CCGs were then given time to review their outstanding risks and report back to the HSS Team.

Having given the CCGs 6 months to review their outstanding historical risks and feedback to the HSS Team, the totals in each risk category by CCG as of 11 February 2026 were as adjacent:

	N/A	Resolved	Managed	Negligible	Minor	Moderate	Major	Catastrophic
	Community and Integrated Medicine Clinical Care Group							
At 08/07/25	15	16	225	19	245	156	33	0
At 11/02/26	22	48	212	14	212	125	27	0
	Primary Care Clinical Care Group (to include Medicines Management)							
At 08/07/25	0	1	25	8	54	28	5	0
At 11/02/26	0	1	20	6	61	32	5	0
	Planned and Specialist Care Clinical Care Group							
At 08/07/25	0	1	22	2	27	13	2	0
At 11/02/26	37	67	28	2	29	16	3	0
	Allied Health and Health Sciences Clinical Care Group							
At 08/07/25	0	2	25	0	17	7	3	0
At 11/02/26	0	2	26	0	17	6	3	0
	Estates and Facilities Group							
At 08/07/25	1	1	78	4	62	68	7	0
At 11/02/26	1	1	78	4	62	68	7	0
	Mental Health and Learning Disabilities Clinical Care Group							
At 08/07/25	0	18	122	18	168	75	25	0
At 11/02/26	6	19	131	18	171	70	24	0
	Health Records							
At 08/07/25	0	0	41	0	37	19	4	0
At 11/02/26	0	14	47	0	37	3	0	0
	Other							
At 08/07/25	0	1	15	3	22	8	3	0
At 11/02/26	0	1	21	6	26	9	3	0

Note: Some inspection actions were originally assigned to the incorrect CCG, hence some scores have increased where actions have been reassigned.

Now that CCGs have had the opportunity to review their outstanding risks, a decision is required on whether to continue monitoring or accepting and tolerating these historic risks.

Baseline Assessment of Regulations



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A new Health & Safety Regulations Baseline Assessment has been created to help facilitate a structured review of where HDdUHB currently stands against statutory requirements and best-practice standards.

By mapping existing arrangements, controls, and compliance levels, the Board will be able to identify strengths, gaps, and emerging risks before they escalate into incidents, enforcement action, or reputational impact. This creates a solid foundation for strategic planning, enables prioritisation of resources, and offers assurance that risks are being proactively managed rather than reactively addressed.

In addition, the baseline assessment will support a consistent, organisation-wide approach by aligning different care groups and directorates against a common standard. This helps reduce variability in practice, promotes a positive safety culture, and strengthens accountability at all levels.

Importantly, it also provides a benchmark that can be monitored over time, demonstrating continuous improvement to regulators, staff, and the public. Overall, it equips the Health Board with the clarity and confidence needed to make informed decisions that protect patients, staff, and the organisation.

Recommendations



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The Health and Safety Committee (H&SC) is asked to note the contents of this report.

The Health and Safety Committee is asked to:

- Take assurance from the contemporaneous issue updates, dashboard statistics and the baseline assessment;
- Note the health and safety inspection update, acknowledging that the CCGs leads now need to decide whether to continue monitoring or accepting and tolerating their historic risks.

Authors



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