



Pwyllgor Iechyd a Diogelwch/ Health and Safety Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	10 SEPTEMBER 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health and Safety Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Adam Springthorpe, Health & Safety Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/ For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This Health and Safety Assurance Report is presented to the Health and Safety Committee (HSC) to provide an update on the following topics:

- Key risks and emerging issues;
- Performance against key safety indicators;
- Areas of compliance and non-compliance;
- Actions in place to mitigate identified risks.

Cefndir / Background

This report forms part of the Committee's arrangements for receiving regular assurance regarding the effectiveness of health and safety management across the Health Board. The accompanying Health and Safety Assurance Report provides an assessment of current performance against key indicators, including mandatory training compliance, incident reporting, investigation timeliness, workforce safety risks and emerging issues.

The report draws upon information from the Datix incident reporting system, mandatory training compliance data, corporate risk data and professional assessment by the Health, Safety and Security Team. An overall assurance rating is provided together with areas requiring continued management focus and improvement.

Asesiad / Assessment

The accompanying report provides an overall assessment of Moderate Assurance (Amber). Strongest assurance is provided in relation to incident reporting and core mandatory training compliance. Areas below the Health Board's expected compliance standards include:

- Manual Handling Level 2 training compliance remains below the organisational target. Action is being taken through targeted training delivery, monitoring of compliance at

director level and escalation through management structures where improvement is not demonstrated;

- Violence and aggression related incidents continue to present a significant workforce safety risk. Improvement actions include implementation of targeted preventative interventions, strengthened local risk assessment arrangements and continued monitoring through relevant governance groups;
- Incident investigation timeliness remains below the required standard in some areas. Actions include enhanced oversight of overdue investigations and regular performance reporting.

These areas will continue to be monitored through the Health and Safety Compliance Group and reported to Committee through future assurance reports.

Argymhelliad / Recommendation

The Health & Safety Committee is asked to:

- **TAKE ASSURANCE** from the Health and Safety Assurance Report regarding the effectiveness of current health and safety management arrangements across the Health Board;
- **NOTE** the areas currently below compliance targets and the improvement actions being progressed to address these;

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	2.1 Provide assurance around the UHB arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers, contractors etc.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable

Nodau Cynllunio 2026/27 Planning Goals 2026/27	8. Fit for Purpose, Modern Facilities and Services
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	3. Create people-centred employment and development opportunities that support workforce transformation, reflect the changing needs of
Model Cymdeithasol ar gyfer lechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (<i>complete for strategic change and/or significant service changes</i>)	Not Applicable
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report and associated Health Board policies.
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Health and Safety Compliance Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impact
Ansawdd / Gofal Claf: Quality / Patient Care:	There is a positive impact on staff and patient safety, health and wellbeing through compliance with health and safety regulations.
Gweithlu: Workforce:	Potential for adverse future staffing impacts if health and safety legislation is not complied with as they relate to employee safety.
Tegwch lechyd: Health Equity:	No direct impact

Risg: Risk:	Risk to health and safety management.
Cyfreithiol: Legal:	A breach of health and safety regulations, such as the Workplace (Health, Safety and Welfare) Regulations 1992, could result in the issue of prohibition or improvement notices or criminal proceedings.
Enw Da: Reputational:	Prosecutions and claims due to breaches in legislation or personal injury claims can lead to negative publicity.
Gyfrinachedd: Privacy:	Not Applicable.
Cydraddoldeb: Equality:	No evidence gathered to indicate a negative impact on any protected group/s.

Health and Safety Assurance Report

Health and Safety Committee

September 2026

This report aims to provide assurance to the Health & Safety Committee on the effectiveness of health and safety arrangements across the Health Board.

The report outlines:

- Key risks and emerging issues
- Performance against key safety indicators
- Areas of compliance and non-compliance
- Actions in place to mitigate identified risks



Purpose and Scope

This report provides an evidence-based assessment of health and safety effectiveness across the Health Board as of September 2026.

Risk and Compliance Monitoring

It includes an analysis of workforce risks, compliance with mandatory training, and incident reporting trends.

Governance and Evidence Sources

The report uses multiple data sources like incident reports and management actions to assess strengths and vulnerabilities.

Assurance Levels and Recommendations

Assurance conclusions help to classify risk control effectiveness and guide Committee decisions for ongoing improvements.

Executive Assurance Summary



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Area	RAG	Assurance Position	Key Message
Core H&S Mandatory Training (Health, Safety & Welfare and Violence & Aggression)	Green	Substantial Assurance	Compliance remains consistently high across most service areas, demonstrating effective governance arrangements.
Manual Handling Training (Level 2 Patient Handling)	Red	Limited Assurance	Compliance remains significantly below other mandatory training subjects and represents the Health Board's most significant workforce safety control weakness.
Violence & Aggression Risk	Red	Limited Assurance	Violence & Aggression is now the leading cause of RIDDOR-reportable incidents, indicating a shift in the workforce risk profile and continued staff exposure to harm.
Incident Investigation Timeliness	Yellow	Moderate Assurance	Significant numbers of overdue investigations remain, particularly within Community & Integrated Medicine, reducing organisational learning opportunities.
Incident Reporting Culture and Governance	Green	Substantial Assurance	Reporting levels remain stable and consistent, indicating a mature reporting culture and providing confidence in the reliability of safety intelligence.

The Health Board continues to demonstrate effective health and safety governance, with strong compliance in core mandatory training and a mature incident reporting culture providing reliable organisational safety intelligence.

However, assurance is reduced by persistent low compliance with Manual Handling Level 2 (Patient Handling) training, continued staff exposure to violence and aggression, and overdue incident investigations within some service areas. These issues present the principal workforce safety and governance risks requiring ongoing management focus

Key Risks & Issues



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Violence & Aggression

Issue:

- Violence and aggression is the leading cause of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reportable incidents so far in 2026/27, replacing Slips/Trips/Falls as the predominant cause in previous years.

Assurance:

- Reporting and governance arrangements are identifying incidents appropriately;
- The change reflects a mature reporting culture and enables clearer identification of workforce safety risks within high-risk clinical services

Risk:

- Persistent staff exposure to violence and aggression remains a significant workforce safety concern requiring sustained preventative action and management oversight.

Ceredigion Training Venue

Issue: Loss of Ceredigion training venue.

Assurance:

- New location agreed; Contract in development;
- New flooring to be installed in early September 2026 ahead of occupation.

Risk: No Ceredigion training location for interim period.

Heat Stress

Issue: Significant issues with heat Health Board-wide during recent extreme heat periods.

Assurance:

- Updated heat stress risk assessment template;
- Updated heat stress intranet page. Including other resources including new Fan Guidance from IP&C and Hot Weather Advice.

Health and Safety Metrics



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University Health Board

Health and Safety Mandatory Training E-learning Compliance (at 31/07/2026): (Target: ≥ 85% Compliance)

Health, Safety & Welfare Level 1

Function	Headcount	% compliance
Executive Allied Health Professions and Health Sciences	2	100.0%
Finance	101	98.0%
Digital	381	96.6%
Mental Health and Learning Disabilities	1379	93.7%
Workforce and Organisational Development	257	93.0%
Operational Allied Health and Health Sciences	1368	91.7%
Pharmacy and Medicines Management	270	90.7%
Chief Operating Officer Management	139	90.6%
Medical	142	90.1%
Nursing, Quality and Patient Experience	211	88.6%
Community and Integrated Medicine	3924	88.2%
Public Health	169	87.6%
Strategy and Planning	56	87.5%
Estates and Facilities	1034	87.0%
Planned and Specialist Care	2711	84.3%
Chief Executive	95	84.2%
Primary Care	338	83.7%

Display Screen Equipment (DSE)

Function	Headcount	% compliance
Finance	101	100.0%
Pharmacy and Medicines Management	17	100.0%
Workforce and Organisational Development	215	100.0%
Mental Health and Learning Disabilities	172	99.4%
Estates and Facilities	87	98.9%
Medical	86	98.8%
Strategy and Planning	47	97.9%
Digital	368	97.6%
Public Health	93	96.8%
Nursing, Quality and Patient Experience	121	96.7%
Primary Care	135	96.3%
Community and Integrated Medicine	442	95.5%
Operational Allied Health and Health Sciences	132	94.7%
Planned and Specialist Care	416	94.5%
Chief Executive	90	88.9%
Chief Operating Officer Management	36	88.9%

Violence & Aggression Module A

Function	Headcount	% compliance
Executive Allied Health Professions and Health Sciences	2	100.0%
Chief Operating Officer Management	139	99.3%
Finance	101	99.0%
Workforce and Organisational Development	257	98.8%
Medical	142	98.6%
Digital	381	98.4%
Mental Health and Learning Disabilities	1379	97.9%
Nursing, Quality and Patient Experience	211	97.6%
Operational Allied Health and Health Sciences	1368	97.1%
Public Health	169	96.4%
Strategy and Planning	56	96.4%
Estates and Facilities	1034	95.7%
Pharmacy and Medicines Management	270	95.6%
Community and Integrated Medicine	3924	94.3%
Planned and Specialist Care	2711	93.2%
Primary Care	338	91.4%
Chief Executive	95	88.4%

Manual Handling (MH) Compliance (at 31/05/2026 and 31/07/2026 for comparison):

Level 1 MH (Non-Patient Handling) at 31/05/2026: Level 1 MH (Non-Patient Handling) at 31/07/2026:

Function	Headcount	% compliance
Executive Allied Health Professions and Health Sciences	2	100.0%
Digital	373	94.4%
Finance	103	93.2%
Workforce and Organisational Development	260	90.8%
Medical	142	89.4%
Public Health	164	87.2%
Chief Operating Officer Management	129	85.3%
Nursing, Quality and Patient Experience	210	83.8%
Operational Allied Health and Health Sciences	1382	82.5%
Estates and Facilities	1035	82.4%
Pharmacy and Medicines Management	275	82.2%
Strategy and Planning	58	81.0%
Chief Executive	95	80.0%
Community and Integrated Medicine	3930	77.9%
Mental Health and Learning Disabilities	1374	77.5%
Primary Care	335	77.0%
Planned and Specialist Care	2696	74.1%

Function	Headcount	% compliance	
Finance	101	95.0%	+ 1.8%
Digital	381	92.9%	- 1.5%
Workforce and Organisational Development	257	89.9%	- 0.9%
Chief Operating Officer Management	139	88.5%	+ 3.2%
Medical	142	88.0%	+ 1.4%
Public Health	169	85.8%	- 1.4%
Operational Allied Health and Health Sciences	1368	85.5%	+ 3.0%
Nursing, Quality and Patient Experience	211	84.4%	+ 0.6%
Pharmacy and Medicines Management	270	80.7%	- 1.5%
Strategy and Planning	56	80.4%	- 0.6%
Mental Health and Learning Disabilities	1379	80.3%	+ 2.8%
Primary Care	338	80.2%	+ 3.2%
Chief Executive	95	80.0%	=
Estates and Facilities	1034	79.3%	- 3.1%
Community and Integrated Medicine	3924	78.7%	+ 0.8%
Planned and Specialist Care	2711	74.4%	+ 0.3%
Executive Allied Health Professions and Health Sciences	2	50.0%	- 50%

(Target: ≥ 85% Compliance)

Improvement actions:

- Monthly compliance reports provided to Care Groups/Functions;
- Targeted booking of staff onto available training sessions;
- Local management review of non-compliant staff;
- Escalation through Care Group governance arrangements where compliance remains below target;
- Monitoring through the Health & Safety Compliance Group.

Manual Handling (MH) Compliance (at 31/05/2026 and 31/07/2026 for comparison):

Level 2 MH (Patient Handling) at 31/05/2026:

Function	Headcount	% compliance
Workforce and Organisational Development	33	81.8%
Public Health	71	71.8%
Estates and Facilities	141	68.8%
Operational Allied Health and Health Sciences	748	62.2%
Community and Integrated Medicine	3320	60.5%
Medical	35	60.0%
Planned and Specialist Care	2182	58.0%
Digital	7	57.1%
Mental Health and Learning Disabilities	1038	54.1%
Nursing, Quality and Patient Experience	75	49.3%
Primary Care	95	32.6%
Pharmacy and Medicines Management	4	25.0%
Chief Operating Officer Management	12	8.3%
Chief Executive	1	0.0%
Executive Allied Health Professions and Health Sciences	1	0.0%
Strategy and Planning	4	0.0%

Level 2 MH (Patient Handling) at 31/07/2026:

Function	Headcount	% compliance	
Digital	8	75.0%	+ 17.9%
Workforce and Organisational Development	33	72.7%	- 9.1%
Public Health	74	71.6%	+ 0.2%
Operational Allied Health and Health Sciences	736	68.2%	+ 6.0%
Estates and Facilities	144	64.6%	- 4.2%
Community and Integrated Medicine	3229	61.7%	+ 1.2%
Mental Health and Learning Disabilities	1040	58.2%	+ 4.1%
Planned and Specialist Care	2165	57.8%	- 0.2%
Medical	36	55.6%	- 4.4%
Nursing, Quality and Patient Experience	77	49.4%	+ 0.1%
Primary Care	97	38.1%	+ 5.5%
Pharmacy and Medicines Management	4	25.0%	=
Chief Operating Officer Management	18	16.7%	+ 8.4%
Chief Executive	1	0.0%	=
Executive Allied Health Professions and Health Sciences	1	0.0%	=
Strategy and Planning	4	0.0%	=

(Target: ≥ 85% Compliance)

Key message: Level 2 compliance remains significantly below the Health Board target of 85% across all major operational service areas and represents the most significant health and safety compliance risk identified within this report.

Improvement actions:

- Clinical Care Group (CCG) leads to ensure staff are released to attend booked manual handling training sessions;
- Enhanced monitoring of compliance through CCG and Directorate performance reporting arrangements;
- The Manual Handling Team has maximised available training capacity to deliver the highest possible number of training sessions;
- Targeted support and engagement from the Manual Handling Team to areas with the lowest levels of compliance;
- Continued oversight through the Health & Safety Compliance Group, with progress reported to the Health & Safety Committee.

Reducing Restrictive Practice (RRP) Team training compliance (at 31/07/2026): (Target: $\geq 85\%$ Compliance)

Mental Health / Learning Disabilities (MH/LD):

- Morlais 100% =
- LSU 80% (Up 2%)
- St Caradog 66% (Up 6%)
- PICU 98% (Up 1%)
- Bryngofal 89% (Down 5%)
- Begelly 100% =
- Enlli 68% (Up 28%)
- St Non 89% (Up 12%)
- Bryngolau 73% (Down 7%)

Key message:

Most services have demonstrated improvement since the previous reporting period, with notable gains within Enlli, St Nons and St Caradogs. However, compliance reductions in Bryngofal and Bryngolau indicate continued challenges in maintaining competence levels within some clinical areas.

Portering compliance has also improved across most acute sites.

Porter Training:

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

- Prince Philip Hospital (PPH) 75% (Up 3%)
- Glangwili Hospital (GGH) 80% (Up 6%)
- Bronglais Hospital (BGH) 93% =
- Withybush Hospital (WGH) 96% (Up 4%)

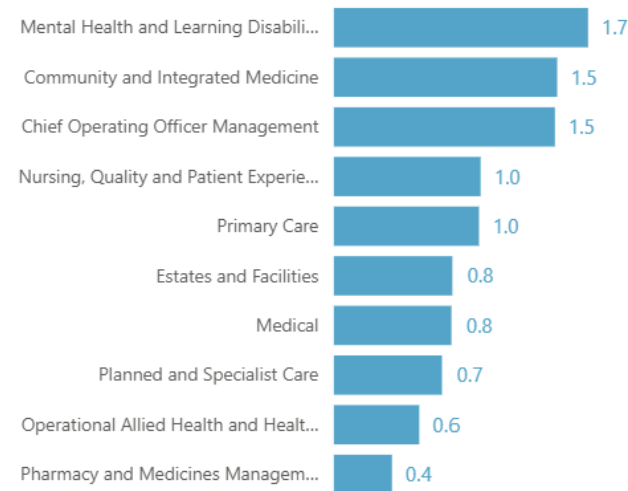
Actions undertaken:

- Additional training sessions delivered;
- Local monitoring of refresher requirements;
- Improved oversight through MH/LD governance arrangements.

Next steps:

- Targeted recovery plans for Bryngofal and Bryngolau;
- Continued focus on refreshers nearing expiry;
- Review of barriers to attendance in areas where compliance has declined.

Staff / Contractor incident rate per 100 staff by Clinical Compliance Group (CCG) in July 2026:

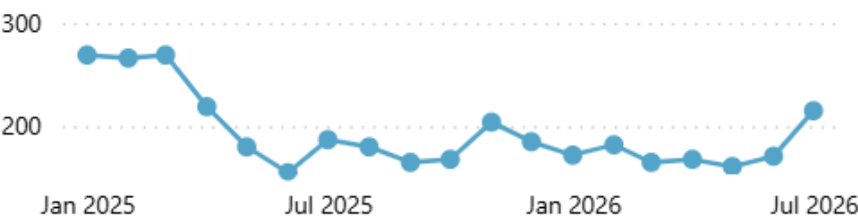


Incident reporting levels have returned to expected levels following previous peaks and remain stable overall.

All Staff / Contractor incidents in July 2026 (3+):



Monthly trend

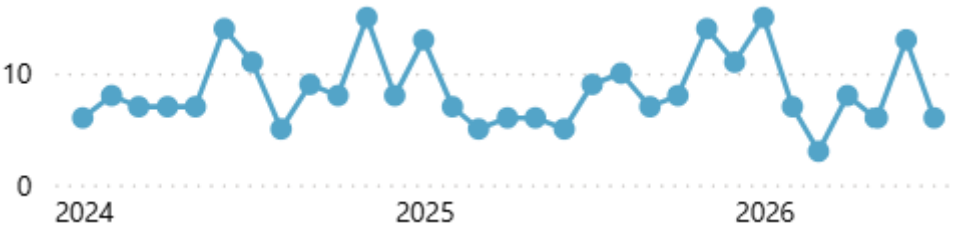


Community & Integrated Medicine (CIM) continues to account for the highest number of incidents, however when viewed as an incident rate per 100 (see top right), MHLD report the highest level, reflecting the higher-risk nature of services delivered.

The reduction in overdue reviews compared to earlier periods is encouraging; however, a backlog remains in some service areas, limiting timely organisational learning.

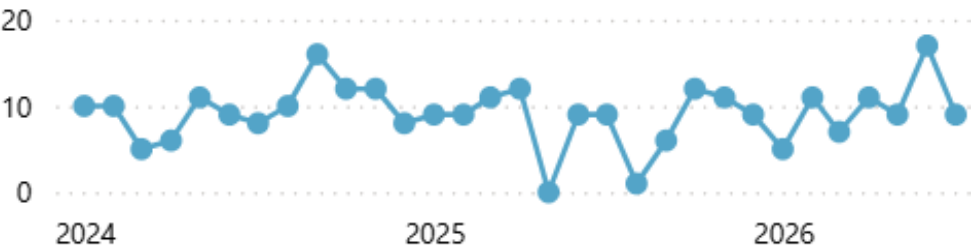
Staff / Contractor Incidents Reported via Datix (at 31/07/2026):

All Slip/Trip/Fall incidents reported via Datix by month:



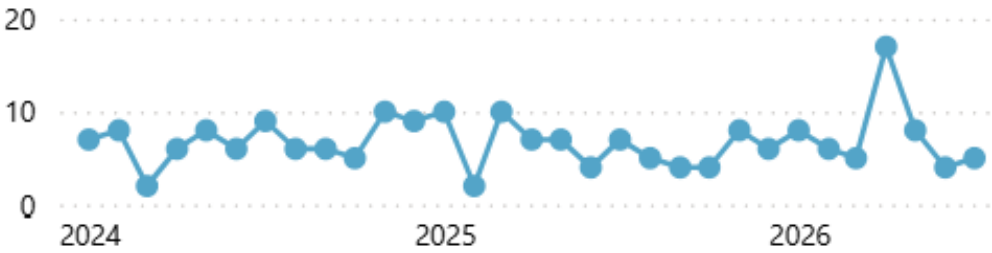
Seasonal increases continue to be observed. Peaks are notable in the winter months in consecutive years, suggesting a climatic link. Summer peak of 2024 repeated in 2026.

All Needlestick / Medical Sharps incidents reported via Datix by month:



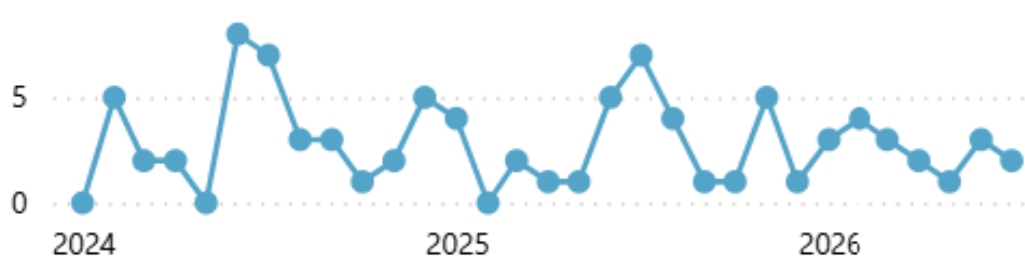
The increase in needlestick/sharps incidents observed during June 2026 was attributable to incidents reported within the CIM CCG. Incident levels returned to expected levels during July 2026, indicating that the June increase does not currently represent a sustained trend. The incidents have been highlighted through the CCG’s monthly H&S metrics report. Review of the incidents identified no common themes or recurring causes requiring additional Health Board-wide control measures at this time.

All Manual Handling / MSK incidents reported via Datix by month:



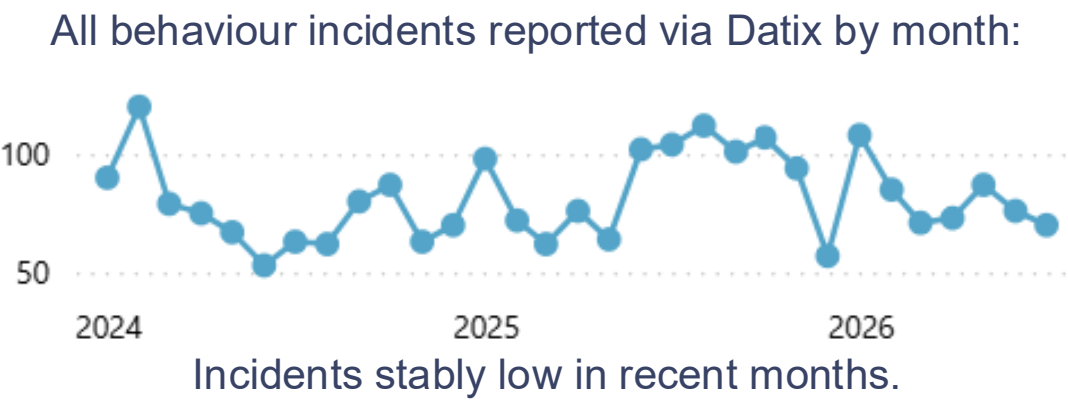
Incidents have returned to normal reporting levels following the peak in highlighted to the committee in the July 2026 assurance report. The peak related to one particularly complex bariatric case.

All ‘Contact with or exposure to chemicals’(i.e. COSHH) incidents reported via Datix by month:



Despite the peaks and troughs, the actual incident rates remain relatively low.

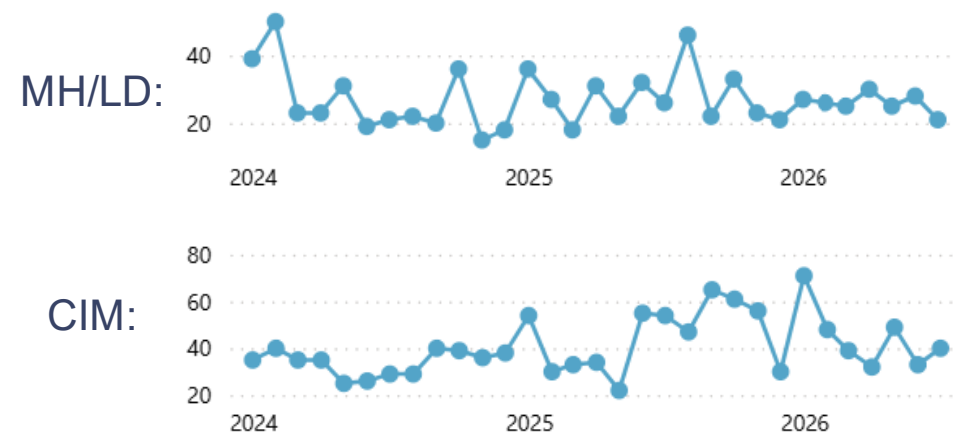
Staff / Contractor Behaviour Incidents Reported via Datix (at 31/07/2026):



Staff / Contractor behaviour incident rate per 100 staff by CCG in July 2026:



MH/LD and CIM CCG behaviour incidents reported via Datix by month:



Committee attention is drawn to the following:

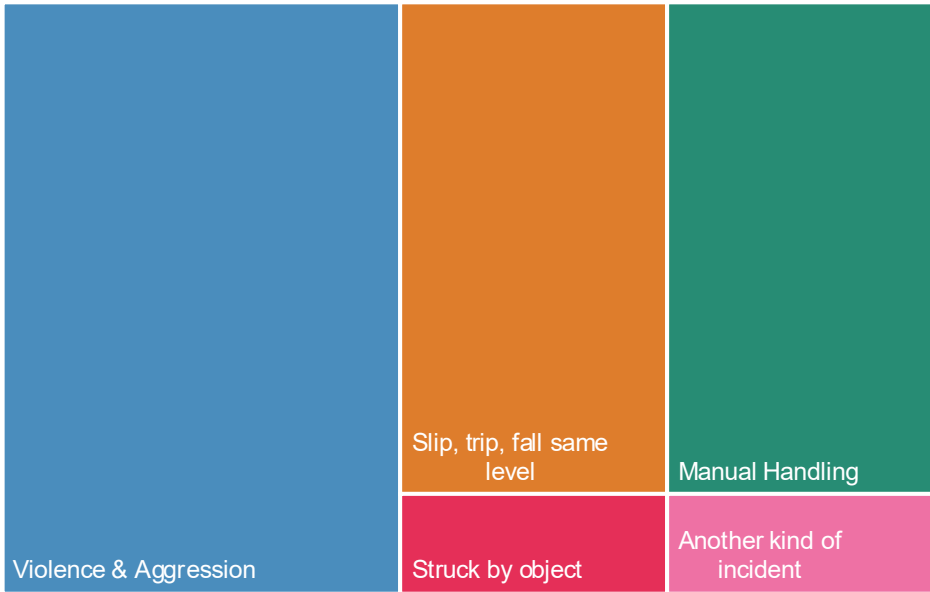
- CIM and Mental Health & Learning Disabilities (MH/LD) continue to experience the highest incident rates;
- Whilst overall incident numbers remain relatively stable, the level of staff exposure to violence and aggression remains a significant workforce safety concern;
- Violence and aggression has become the leading cause of RIDDOR-reportable incidents during 2026/27 (see next slide).

Actions being taken:

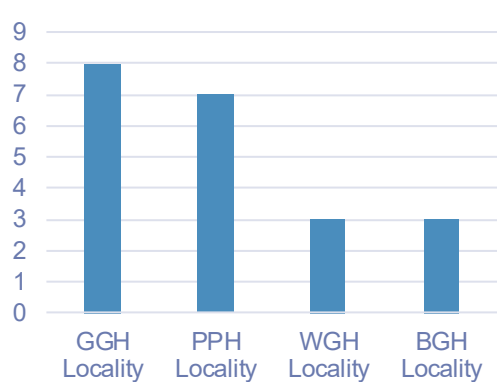
- Review of incidents through established governance forums;
- Focus on local violence and aggression risk assessments;
- Promotion of reporting and post-incident support arrangements;
- Continued monitoring of high-risk clinical environments.

Incidents reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) in 2026/27 (at 31/07/2026):

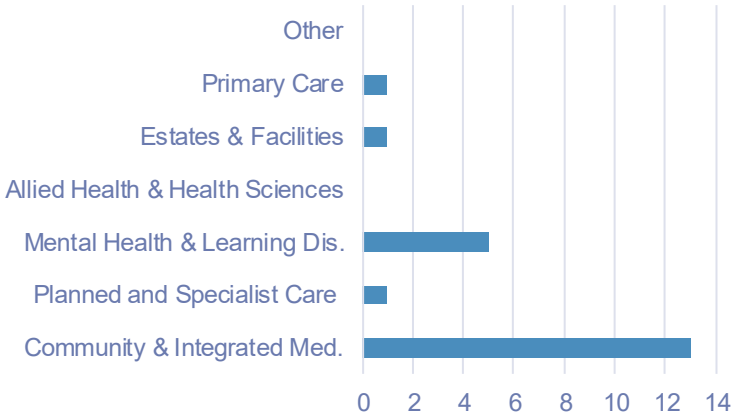
2026/27 Incidents by Cause



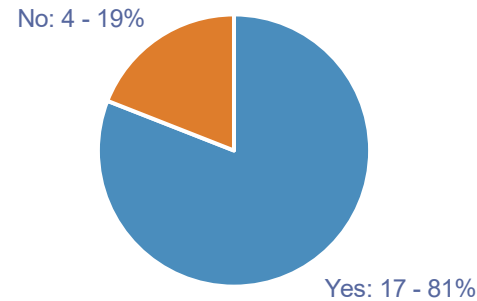
2026/27 Incidents by Locality



2026/27 Incidents by Care Group / Function



2026/27 Incidents Reported on Time



What is the data telling us?

- CIM CCG accounts for the majority of reportable incidents;
- Violence and aggression has emerged as a significant contributor to reportable injuries;
- 81% reported on time so far in 2026/27 which is a great achievement by the H&S Team in the absence of a Head of Service.

Actions being taken:

- Review of RIDDOR incidents to identify common themes and learning;
- Targeted intervention within high-incidence areas;
- Ongoing monitoring through H&S governance arrangements;
- Sharing of learning from significant incidents across the Health Board.

Overall Assurance Statement



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Overall Assurance Level: Moderate Assurance (Amber)

- The Committee can take moderate assurance that appropriate health and safety management arrangements are established and operating across the Health Board. Core mandatory health and safety training compliance remains strong, incident reporting levels remain stable, and there is evidence of a mature reporting culture supporting effective organisational oversight.
- However, assurance is moderated by several significant residual risks. Manual Handling Level 2 (Patient Handling) compliance remains below acceptable levels across a number of service areas, violence and aggression has emerged as the leading cause of RIDDOR-reportable incidents during 2026/27, and a backlog of overdue incident investigations persists within parts of the organisation. These factors increase workforce safety risk and limit the level of assurance that can currently be provided.
- **Strengths:**
 - Strong compliance in core Health, Safety & Welfare and Violence & Aggression mandatory training;
 - Stable incident reporting trends and a mature reporting culture;
 - Effective identification and governance of health and safety risks through established monitoring arrangements.
- **Key Risks:**
 - Low Manual Handling Level 2 (Patient Handling) compliance;
 - Violence and Aggression as the leading cause of RIDDOR-reportable incidents;
 - Overdue incident investigations, particularly within Community & Integrated Medicine.
- **Focus Areas / Improvement Measures:**
 - Improve compliance with Manual Handling training, particularly patient handling competencies, through targeted recovery plans;
 - Continue focused work to reduce violence and aggression related harm through risk assessment, governance oversight and incident review;
 - Maintain strong reporting culture and assurance arrangements;
 - Strengthen monitoring and escalation of overdue incident investigations, particularly within Community & Integrated Medicine.