



Pwyllgor Iechyd a Diogelwch/ Health and Safety Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	10 SEPTEMBER 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Planned Care and Specialist Services Clinical Compliance Group Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Olwen Morgan, Assistant Director of Nursing, Quality & Patient Experience

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 report provides an update on Health and Safety performance within the Planned Care & Specialist Services Clinical Care Group (PC&SS CCG) providing information on governance arrangements, compliance with statutory requirements, and management of key risks. The Health & Safety Compliance Group is asked to note the current position, areas requiring improvement including manual handling training and higher levels of training and management of historical inspection actions

Cefndir / Background

Since April 2026, a Health and Safety dashboard has been implemented providing monthly performance data to strengthen oversight, transparency, and accountability. Health and Safety is a standing core agenda item at the PC&SS Clinical Care Group Integrated Governance Group

The performance metrics have been agreed by the Health and Safety Compliance Group on the advice of the Accountable Lead for Corporate Health and Safety. These metrics will capture the requirements against the health and safety regulations and industry standards outlined above to demonstrate the Health Board's level of compliance. A Health Board-wide audit of Health and Safety inspections (2023–2025) identified a gap in assurance relating to tracking and closure of approximately 1,000 actions.

Asesiad / Assessment

This report provides some detail about the performance metrics where non-compliance is reported (RAG rated red or where we are currently unable to demonstrate compliance (indicated as grey in Appendix 1) against an agreed metric.

It is acknowledged that data and information is incomplete and further work is required

METRICS DEMONSTRATING NON-COMPLIANCE OR CONCERNING TRENDS (RAG rated red in Appendix 1):

Data analysis and findings

Performance Metric	Target	Mar-26	Apr-26	May-26	Jun-26	Interim Target	Trend
Total number of staff/contractor incidents reported via Datix	N/A	15	11	17	14	N/A	↓
Staff/contractor incidents rate per 100 staff	N/A	0.6	0.4	0.6	0.5	N/A	↓
Number of RIDDOR reportable incidents	N/A	0	0	0	1	N/A	↑
% of RIDDOR reportable incidents submitted within timescales (Financial year to date)	60%	50%	N/A	N/A	100%	60%	↔
Number of health and safety near-miss staff/contractor incidents reported	N/A	4	0	5	7	N/A	↑
Number of violence & aggression staff/contractor incidents reported	N/A	1	4	6	2	N/A	↓
Number of manual handling / MSK staff/contractor incidents	N/A	2	0	3	0	N/A	↓
Number of slips, trips and falls staff/contractor incidents	N/A	1	0	0	1	N/A	↑
Number of needlestick staff/contractor incidents	N/A	3	2	1	1	N/A	↔
Number of COSHH related staff/contractor incidents	N/A	1	2	1	1	N/A	↔
Number of electric shock staff/contractor incidents	N/A	0	0	0	0	N/A	↔
Number of absconding incidents (from Security Manager Database)	N/A	0	0	0	0	N/A	↔
Number of ligature related incidents	N/A	0	0	0	0	N/A	↔
Number of staff/contractor incidents still awaiting review after 30 days	N/A	22	19	29	34	N/A	↑
Outstanding moderate actions from internal H&S inspections (Old system - risk stratification)	0	16 of 16	12 of 16	12 of 16	12 of 16	0	↔
Outstanding major actions from internal H&S inspections (Old system - risk stratification)	0	3 of 3	2 of 3	2 of 3	2 of 3	0	↔
Outstanding catastrophic actions from internal H&S inspections (Old system - risk stratification)	0	0	0	0	0	0	↔
Outstanding moderate actions from internal H&S inspections (AMaT) (Programme currently paused)	0	0	0	0	0	0	↔
Outstanding major actions from internal H&S inspections (AMaT) (Programme currently paused)	0	0	0	0	0	0	↔
Outstanding catastrophic actions from internal H&S inspections (AMaT) (Programme currently paused)	0	0	0	0	0	0	↔
% completion of mandatory Health, Safety & Welfare training	85.0%	83.3%	83.0%	83.8%	84.1%	85.0%	↑
% compliance level 1 manual handling	85.0%	76.6%	76.2%	74.1%	75.2%	85.0%	↑
% compliance with level 2 manual handling training	85.0%	60.9%	60.0%	58.0%	58.5%	85.0%	↑
% compliance with V&A training Module A	85.0%	92.0%	92.4%	92.6%	92.9%	85.0%	↑
% compliance with DSE training	85.0%	93.6%	94.3%	94.3%	94.4%	85.0%	↔
% compliance with Infection Prevention and Control Level 1 training	85.0%	Not Available	Not Available	83.0%	82.6%	85.0%	↓
% V&A/Security risk assessments in place for reported incidents	100%	0.0%	20.0%	42.9%	50.0%	85.0%	↑
Number of CCG RRP incidents reported (On Datix, in the 'Restrictive Practices' category)	N/A	0	0	0	0	N/A	↔

Governance & Assurance

- It is evident that several compliance metrics require improvement and action will be taken to improve compliance within the services.
- It is positive to see that compliance across a significant number of metrics is improving, although it is recognised that further and sustained improvement is required.

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

- 1 RIDDOR incident (June 2026) reported within statutory timescale.

Incidents & Risk Trends

Manual Handling & Workforce Safety

- Level 1 compliance: ↑75.2% but below 85% target
- Level 2 compliance: ↑58.5% well below 85% target
- Overall, 30–50% training non-attendance impacting compliance (Health Board wide)

Action:

Regular monitoring and escalation required through governance structures of the service groups to strengthen oversight of compliance and follow-up.

Workforce Health & Sickness Monitoring

- Sickness and absence rates are routinely monitored within the CCG. Hot spot trend noted within Acute Paediatrics at Glangwili Hospital (GGH) with 33% absence due to work related stress.

Action:

Service to undertake a 'deep dive' to identify themes and trends to address issues.

Risk Assessment Assurance

- Violence & Aggression (V&A) Security Risk Assessments in place for reported incidences: ↑50%

Action:

Services to undertake a review and develop a plan to strengthen compliance and monitoring

Wider Training & Safety Systems

- Health, Safety & Welfare Training compliance: ↑84.1%
- Violence & Aggression Training Module A: ↑92.9%
- Infection Prevention & Control (IP&C) Training Level 1: ↓82.6%
- Display Screen Equipment Training: →94.4%
- Fire Training: Level 1 78.44%; Level 2 68.27%

Action:

Improvement plan request to Service Delivery Group (SDG) and report through service group quality & safety meeting.

Incident & Risk Management

- Total staff/contractor incidents in first quarter: 42 (↓11 ↑17 ↓14)
- Violence & Aggression incidents showing an improvement: 12 (↑4 ↑6 ↓2)
- H&S Near-miss incidents showing an increasing trend: (↓0 ↑5 ↑7)
- Incidents awaiting review over 30 days showing a deteriorating trend: (↓19 ↑29 ↑34)

Action:

Further detail requested of incidents to identify trends to support governance and improvement
Services to undertake a review and trajectory for closure.

Historical Health and Safety Inspection Actions and Risk Management

Handover of actions from Health & Safety Team planned end of August 2026.

Key Risks Identified

- Low compliance in Manual Handling training (particularly Level 2)
- Improvement needed with Level 2 Fire Safety Training
- Low compliance with V&A Security risk assessments
- Improvement needed in timely review and investigation of H&S incidents <30 days
- Limited current capability to report on work-related sickness absence trends

- Limited data availability and need to enhance trend analysis capability for proactive risk management

Management plans/actions will be developed to address these and included in the next Corporate Health and Safety compliance report to the Health and Safety Compliance Group.

Argymhelliad / Recommendation

The Health & Safety Committee is requested to:

- **Receive assurance** on the current position and the management of historical inspection actions, while noting the areas requiring further improvement.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.1.3 Receive bi-annual assurance reports from each Clinical Care Group Service Director on their individual Clinical Care Group health and safety arrangements.
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)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	8. Fit for Purpose, Modern Facilities and Services
Hypergyswilt i Amcanion Llesiant HDdUHB 2026	10. Not Applicable

Hyperlink to HDdUHB Well-being Objectives 2026	
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: (complete for strategic change and/or significant service changes)	Not Applicable
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Health & Safety Committee Terms of Reference Establishment/Dis-establishment of Committees/Sub-Committees (SOP for the Management of Board and Committees)
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:	Director of Corporate Governance (Board Secretary) Assistant Director of Assurance and Risk Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impact
Ansawdd / Gofal Claf: Quality / Patient Care:	The intention of this report is to improve health and safety governance arrangements to drive improvements within the Health Board
Gweithlu: Workforce:	No direct impact
Tegwch lechyd: Health Equity:	No direct impact
Risg: Risk:	No direct impact
Cyfreithiol: Legal:	No direct impact
Enw Da: Reputational:	No direct impact
Gyfrinachedd: Privacy:	No direct impact

Cydraddoldeb: Equality:	No direct impact
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