

**PWYLLGOR IECHYD A DIOGELWCH
HEALTH & SAFETY COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 January 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Site Visit Report and Associated Actions
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 report is presented to the Health and Safety Committee (HSC) to provide an update on the management of actions from Health and Safety (H&S) inspections. The report predominantly focuses on the monitoring of historic H&S inspection actions from the risk stratification exercise, however, also includes an update on the new H&S site inspection process.

Cefndir / Background

The Health, Safety and Security (HSS) Team complete an ongoing programme of H&S inspections of each department, ward and building currently managed by Hywel Dda University Health Board (HDdUHB). The purpose of the inspections is to ensure compliance with health and safety legislation and provide guidance and recommendations as part of a continuous improvement process.

An Internal Audit of Health and Safety in 2024 was critical of the inspection process, commenting *'Actions are assigned a priority rating but this is based on how quickly an issue can realistically be addressed rather than the significance or urgency. A central log of actions is not maintained – these are detailed only within individual site reports, and actions are not monitored through to implementation by the H&S Team, with reliance placed on the site manager/lead to provide updates. Consequently, there is no oversight of the significance of issues raised or outstanding'*.

In response, the HSS Team pursued two routes to improve H&S inspection performance:

1. Undertaking a risk stratification exercise in order to quantify / visualise the risk of the outstanding unmanaged/unresolved risks from the visits undertaken in 2023 and 2024;
2. Creating a new improved system for all inspections going forwards, utilising the Audit Management and Tracking System (AMaT) that is used elsewhere in HDdUHB.

Risk Stratification

As outlined in the July 2025 Internal Audit Update Report to the HSC, 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 is to help managers focus their attention on the hazards that pose 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 of 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

New H&S Inspection Process

Following the risk stratification process the HSS Team temporarily paused their site visit programme to concentrate on exploring the feasibility of utilising AMaT. A new control document (1389 - Health and Safety Site Inspection Procedure) detailing the new and improved H&S inspection process has been developed and has completed global consultation. It will be presented for approval at the January 2026 H&S Compliance Group.

Asesiad / Assessment

Risk Stratification

The CCGs were requested to instruct their managers 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. However, it remained the responsibility of each CCG to determine the level of risk they were willing to tolerate.

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. A process document covering the requirements of the risk stratification exercise was approved by the Estates and Facilities Integrated Governance Group Quality, Health and Safety meeting in August 2025 then escalated to the Integrated Quality, Financial Performance and Delivery Group (IQFPD).

Having given the CCGs 3-4 months to review their outstanding historical risks and feedback to the HSS Team, the totals in each risk category by CCG as of 30 November 2025 were as follows:

	N/A	Resolved	Managed	Negligible	Minor	Moderate	Major	Catastrophic
	Primary Care Clinical Care Group (to include Medicines Management)							
At 08/07/25	0	1	25	8	54	28	5	0
At 30/11/25	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 30/11/25	0	3	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 30/11/25	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 30/11/25	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 30/11/25	6	19	131	18	171	70	24	0
	Community and Integrated Medicine Clinical Care Group							
At 08/07/25	15	16	225	19	245	156	33	0
At 30/11/25	22	48	212	14	212	125	27	0
	Health Records							
At 08/07/25	0	0	41	0	37	19	4	0
At 30/11/25	0	14	47	0	37	3	0	0
	Other							
At 08/07/25	0	1	15	3	22	8	3	0
At 30/11/25	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.

The above figures were reported to the December CCGs via the new Health, Safety and Security Summary Reports (with the exception of Primary Care, Health Records, and 'Other'). The CCG have been instructed via the report to consider, now that they have had the opportunity to review their outstanding risks, whether a decision can be made to either continue monitoring or accepting and tolerating historic risks. This decision cannot be made by the HSS Team and must be made by CCG leads.

A special acknowledgment should go to Health Records who embraced the risk stratification exercise, reducing their Moderate risks from 19 to 3 and their Major risks from 4 to 0.

New H&S Inspection Process

A number of new H&S inspections have been completed during the draft period of the new 1389 - Health and Safety Site Inspection Procedure so that real data could be used whilst the H&S Team experimented using the AMaT system. These first H&S inspection reports were issued and all moderate, major and catastrophic hazards and their recommended corrective actions were logged on AMaT.

The HSS Team is still exploring the outputs from AMaT, however the table below shows an export of the completion status of actions from the first reports added to the AMaT system. In

time, it is hoped that AMaT exports will be able to be tailored by Clinical Care Groups to allow reporting and monitoring.

By site	In progress	Partially complete	Partially complete overdue	Overdue	Total ?	Awaiting approval	Rejected	Approved	Unable to complete	Total ?
Totals	11	0	4	43	58	2	0	20	2	82
Community	0	0	2	36	38	1	0	6	0	45
Glangwili General Hospital	0	0	0	2	2	1	0	0	2	5
Prince Philip Hospital	0	0	0	0	0	0	0	10	0	10
Tregaron Hospital	0	0	0	4	4	0	0	0	0	4
Withybush General Hospital	11	0	2	1	14	0	0	4	0	18

The conducting of new H&S Site Inspections has been temporarily suspended until the draft 1389 Health and Safety Site Inspection Procedure has been formally approved by the Health and Safety Compliance Group.

The HSS Team is currently exploring the possibility of completing new H&S Site Inspections alongside the Patient Safety Team and other disciplines when undertaking the proposed new Care Assurance Visits.

Argymhelliad / Recommendation

The Health & Safety Committee is asked to:

TAKE ASSURANCE

- That the H&S inspection risk stratification work has allowed the Health Board to fully understand and manage the residual risks from historic HSS Team inspections. The CCG leads will now decide on next steps.
- That a new H&S inspection process and procedure have been created to better manage actions raised from all new H&S inspections completed.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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 a Sgôr 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
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 9 Digital plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report and associated Health Board policies.
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	<ul style="list-style-type: none"> • Health and Safety Compliance Group • Estates and Facilities Integrated Governance Group Quality, Health and Safety

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct costs.
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.
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.