Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Pwyllgor Iechyd a Diogelwch/ Health and Safety Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	**03 NOVEMBER 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:	Kirstie James, Head of Health, Safety and Security

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 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, emerging risks and improvement actions.

Asesiad / Assessment

Whilst the majority of health and safety management arrangements are operating effectively, assurance is reduced by persistently low Manual Handling Level 2 compliance, ongoing violence and aggression risks, and continued reliance on local management action to improve these areas.

Significant assurance continues to be provided through strong compliance with core health and safety mandatory e-learning requirements, stable incident reporting arrangements and effective management of statutory Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reporting obligations. These arrangements demonstrate that key health

and safety management systems remain embedded and continue to provide effective organisational oversight.

Areas below the Health Board's expected compliance standards include:

- Manual Handling Level 2 training compliance remains below the organisational target. In addition to targeted training delivery and compliance monitoring, a joint programme of work with Learning & Development is underway to review Training Needs Analyses and validate Electronic Staff Record (ESR) competency assignments, improving confidence in compliance reporting and workforce training requirements.
- Violence and aggression related incidents continue to present a significant workforce safety risk. Improvement actions include strengthened governance arrangements through the newly established Violence and Aggression Sub-Group, enhanced operational oversight and continued focus on local violence and aggression risk assessments.

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 actions being taken to improve performance.

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:	1860 – 20 2381 – 20 2119 – 12 1549 – 12 1540 – 8
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	1. Healthy, Thriving Teams 5. People First, Digital Always
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 Iechyd 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:	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 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:**	Failure to comply with health and safety legislation may adversely impact employee health, wellbeing, attendance and workforce availability.
Tegwch Iechyd: **Health Equity:**	Not Applicable.
Risg: **Risk:**	Failure to maintain effective health and safety management arrangements could result in harm to staff, patients, contractors or others, regulatory enforcement action and reputational damage.
Cyfreithiol: **Legal:**	Failure to comply with health and safety legislation may result in enforcement action by regulators, including Improvement Notices, Prohibition Notices or criminal prosecution, together with associated civil claims and reputational impacts.
Enw Da: **Reputational:**	Significant health and safety failures, enforcement action or civil claims may result in adverse publicity and damage to public confidence in the Health Board.
Gyfrinachedd: **Privacy:**	Not Applicable.
Cydraddoldeb: **Equality:**	No evidence gathered to indicate a negative impact on any protected group/s.

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Hywel Dda
University Health Board

Health and Safety Assurance Report

Health and Safety Committee

3 November 2026

Situation

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

Health & Safety Assurance Report

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Purpose and Scope

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

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Area	RAG	Assurance Position	Key Message
Health and Safety Mandatory Training		Assure	E-learning compliance remains above target in most areas with strong organisational performance.
Manual Handling Compliance		Alert	Level 2 patient handling compliance remains significantly below target and represents the most significant compliance risk.
Violence & Aggression		Advise	Violence and aggression remains a significant workforce safety risk and continues to drive RIDDOR reporting.
RIDDOR Compliance & Governance		Assure	Statutory reporting performance remains strong, with 80% of incidents reported within required timescales.

Mandatory e-learning compliance remains strong across most subject areas, with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reporting performance and incident reporting levels continuing to provide assurance regarding statutory compliance, organisational learning and risk oversight.

However, significant challenges remain in relation to Manual Handling Level 2 training compliance and violence and aggression risks. A joint improvement programme with Learning & Development is underway to strengthen training compliance, validate competency requirements and support targeted risk reduction measures.

Key Risks & Issues

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Violence & Aggression (V&A)

Issue:

- V&A remains the leading cause of RIDDOR-reportable injuries in 2026/27, accounting for 11 reports to date.

Assurance:

- Deep-dive review identified no common causal factor or single hotspot. Incidents are distributed across Community Integrated Medicine (CIM) and Mental Health/Learning Disabilities (MH/LD) services and are broadly consistent with recognised service risks.
- All reports were submitted within statutory timescales.

Risk:

- Persistent risk of serious staff injury, sickness absence and workforce harm if violence and aggression prevention measures are not maintained and strengthened.

Manual Handling Compliance

Issue:

- Level 2 compliance remains below target across all major operational services.

Assurance:

- Planned recovery work with Learning & Development (L&D) will improve the accuracy of mandatory training compliance data through Training Needs Analysis (TNA) validation and competency review.
- Targeted improvement actions are delivering increased compliance across Clinical Compliance Groups (CCGs), with Manual Handling performance continuing to improve.

Risk:

- Staff may undertake patient handling activities without current competency, increasing the risk of injury to staff and patients.

Health and Safety Metrics

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Health and Safety Mandatory Training E-learning Compliance (at 31/08/2026): (Target: ≥ 85% Compliance)

Health, Safety & Welfare Level 1

Function	Headcount	% compliance
Executive Allied Health Professions and Health Sciences	1	100.0%
Finance	100	100.0%
Digital	384	96.1%
Mental Health and Learning Disabilities	1380	93.8%
Workforce and Organisational Development	258	92.2%
Chief Operating Officer Management	139	92.1%
Operational Allied Health and Health Sciences	1373	91.7%
Medical	144	90.3%
Pharmacy and Medicines Management	271	90.0%
Nursing, Quality and Patient Experience	209	89.0%
Community and Integrated Medicine	3929	88.6%
Public Health	169	88.2%
Estates and Facilities	1035	87.4%
Strategy and Planning	57	86.0%
Planned and Specialist Care	2713	85.0%
Primary Care	333	84.4%
Chief Executive	95	81.1%

Display Screen Equipment (DSE)

Function	Headcount	% compliance
Finance	100	100.0%
Medical	88	100.0%
Pharmacy and Medicines Management	16	100.0%
Workforce and Organisational Development	214	99.5%
Estates and Facilities	88	98.9%
Mental Health and Learning Disabilities	172	98.3%
Strategy and Planning	48	97.9%
Digital	368	97.8%
Public Health	92	97.8%
Primary Care	132	97.7%
Nursing, Quality and Patient Experience	119	96.6%
Community and Integrated Medicine	436	95.9%
Planned and Specialist Care	418	94.5%
Operational Allied Health and Health Sciences	137	93.4%
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	1	100.0%
Finance	100	99.0%
Chief Operating Officer Management	139	98.6%
Workforce and Organisational Development	258	98.4%
Digital	384	97.9%
Mental Health and Learning Disabilities	1380	97.7%
Nursing, Quality and Patient Experience	209	97.6%
Medical	144	97.2%
Operational Allied Health and Health Sciences	1373	97.1%
Public Health	169	97.0%
Strategy and Planning	57	96.5%
Estates and Facilities	1035	95.9%
Pharmacy and Medicines Management	271	95.6%
Community and Integrated Medicine	3929	94.4%
Planned and Specialist Care	2713	93.5%
Primary Care	333	93.1%
Chief Executive	95	88.4%

Manual Handling (MH) Compliance (at 31/07/2026 and 31/08/2026 for comparison):

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

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

Level 1 MH (Non-Patient Handling) at 31/08/2026:

Function	Headcount	% compliance	
Executive Allied Health Professions and Health Sciences	1	100.0%	+ 50%
Finance	100	95.0%	=
Digital	384	90.9%	- 2.0%
Medical	144	88.9%	+ 0.9%
Chief Operating Officer Management	139	88.5%	=
Workforce and Organisational Development	258	88.0%	- 1.9%
Public Health	169	85.8%	=
Operational Allied Health and Health Sciences	1373	85.8%	+ 0.3%
Nursing, Quality and Patient Experience	209	83.7%	- 0.7%
Primary Care	333	82.6%	+ 2.4%
Mental Health and Learning Disabilities	1380	81.2%	+ 0.9%
Chief Executive	95	81.1%	+ 1.1%
Estates and Facilities	1035	79.8%	+ 0.5%
Strategy and Planning	57	78.9%	- 1.5%
Community and Integrated Medicine	3929	78.5%	- 0.2%
Pharmacy and Medicines Management	271	77.9%	- 2.8%
Planned and Specialist Care	2713	73.9%	- 0.5%

(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 31/07/2026 and 31/08/2026 for comparison):

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

Function	Headcount	% compliance
Digital	8	75.0%
Workforce and Organisational Development	33	72.7%
Public Health	74	71.6%
Operational Allied Health and Health Sciences	736	68.2%
Estates and Facilities	144	64.6%
Community and Integrated Medicine	3229	61.7%
Mental Health and Learning Disabilities	1040	58.2%
Planned and Specialist Care	2165	57.8%
Medical	36	55.6%
Nursing, Quality and Patient Experience	77	49.4%
Primary Care	97	38.1%
Pharmacy and Medicines Management	4	25.0%
Chief Operating Officer Management	18	16.7%
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 31/08/2026:

Function	Headcount	% compliance	
Workforce and Organisational Development	34	73.5%	+ 0.8%
Public Health	75	70.7%	- 0.9%
Operational Allied Health and Health Sciences	732	70.2%	+ 2.0%
Digital	9	66.7%	- 8.3%
Estates and Facilities	144	63.2%	- 1.4%
Community and Integrated Medicine	3231	61.6%	- 0.1%
Mental Health and Learning Disabilities	1041	59.0%	+ 0.8%
Planned and Specialist Care	2163	57.4%	- 0.4%
Medical	35	54.3%	- 1.3%
Nursing, Quality and Patient Experience	77	48.1%	- 1.3%
Primary Care	95	42.1%	+ 4.0%
Pharmacy and Medicines Management	4	25.0%	=
Chief Operating Officer Management	19	15.8%	- 0.9%
Chief Executive	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:

- Care Group leads to ensure staff are released to attend booked manual handling (MH) training sessions;
- Enhanced monitoring of compliance through Care Group and Directorate performance reporting arrangements;
- The MH Team has maximised available training capacity to deliver the highest possible number of training sessions;
- Targeted support and engagement from the MH Team to areas with the lowest levels of compliance;
- MH Team to work with L&D to validate and correct Electronic Staff Record (ESR) competency assignments for approximately 1,500 roles, ensuring compliance metrics more accurately reflect actual training requirements.

Reducing Restrictive Practice (RRP) Team training compliance (at 31/08/2026): (Target: ≥ 85% Compliance)

Mental Health / Learning Disabilities (MH/LD):

- Morlais 83% **(Down 17%)**
- Low Secure Unit (LSU) 72% **(Down 8%)**
- St Caradog 66% **=**
- Paediatric Intensive Care Unit (PICU) 98% **=**
- Bryngofal 89% **=**
- Begelly 100% **=**
- Enlli 68% **=**
- St Non 85% **(Down 4%)**
- Bryngolau 81% **(Up 8%)**

Key message:
Most services have demonstrated either no change or a slight reduction in compliance since the previous reporting period. Notable decreases within Morlais, St Nons and LSU highlight the ongoing challenge of maintaining competence levels within some clinical areas. However, an improvement in compliance was recorded within Bryngolau, demonstrating that positive progress remains achievable. Portering compliance also reduced slightly during the reporting period.

Porter Training:

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

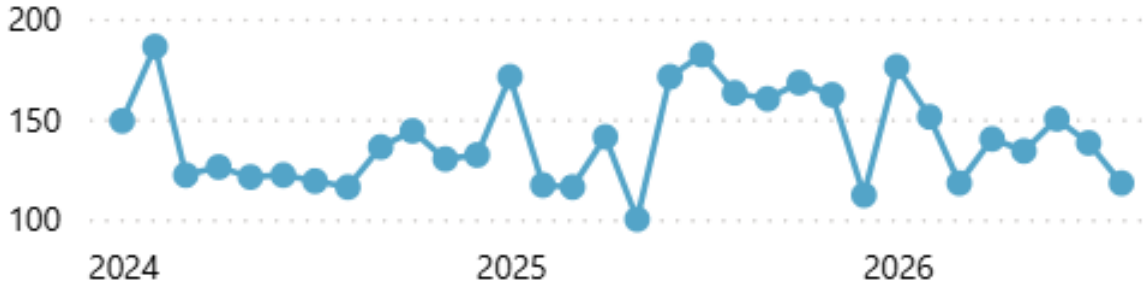
- PPH 77% **=**
- GGH 72% **(Down 4%)**
- BGH 93% **=**
- WGH 85% **(Down 11%)**

Actions undertaken:
- Local monitoring of refresher requirements;
- Improved oversight through MH/LD governance arrangements.

Next steps:
- Targeted recovery plans for LSU, St Caradog and Enlli;
- Continued focus on refreshers nearing expiry;
- Review of barriers to attendance in areas where compliance has declined.

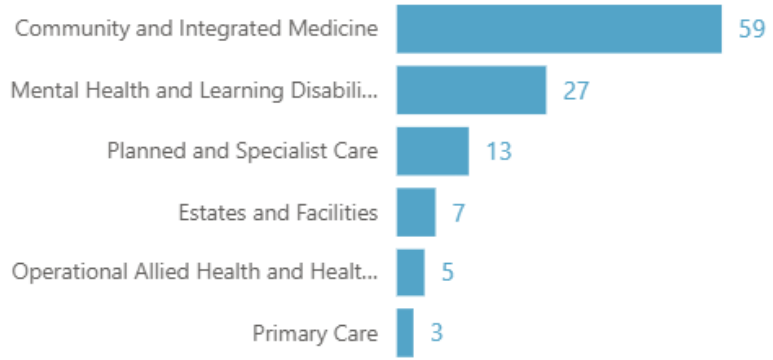
All staff can access the dashboard here (internally): **Health and Safety dashboard - Power BI**

Staff / Contractor Incidents Reported via Datix (at 31/08/2026):



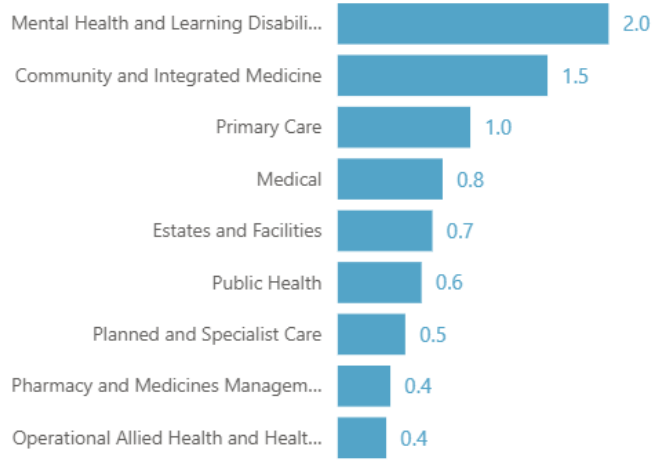
Incident reporting levels have returned to expected levels following previous peaks and remain stable overall.

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



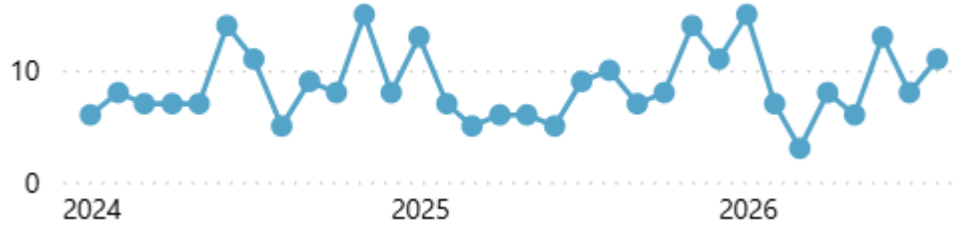
CIM continues to account for the highest number of incidents, however when viewed as an incident rate per 100 (see top right), MHLD report the highest level, reflecting the higher-risk nature of services delivered.

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



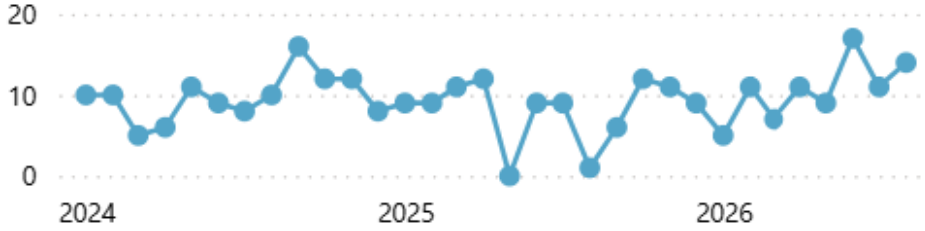
Staff / Contractor Incidents Reported via Datix (at 31/08/2026):

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



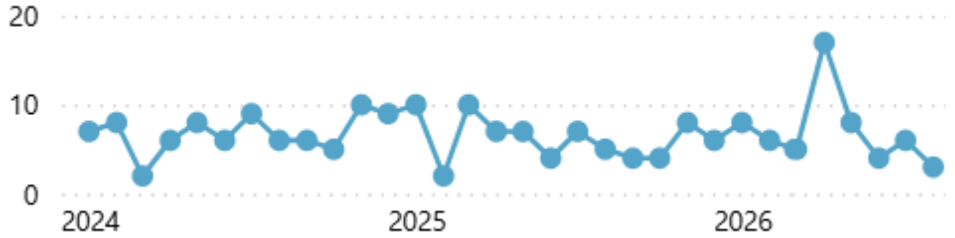
Slip, trip and fall incidents have shown a gradual upward trend since reaching a low point in early 2026, mirroring the seasonal increase observed during summer 2024. Consistent peaks are also evident during the winter months across successive years, suggesting that seasonal and climatic factors may influence incident rates.

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



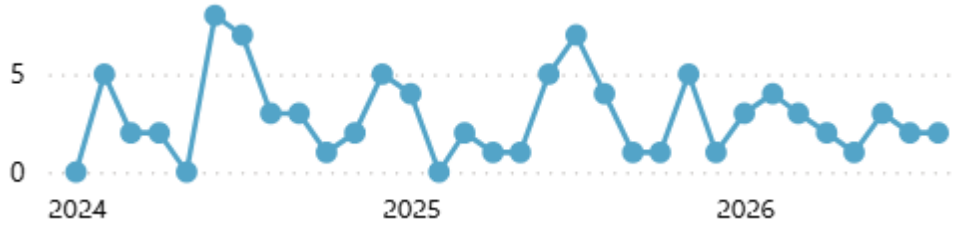
Needlestick/sharps incidents increased again during August 2026. Although a number of incidents were reported within CIM, review identified no common themes or recurring causes requiring additional Health Board-wide controls at this time. The position will continue to be monitored closely to establish whether this represents an emerging trend or normal variation in incident levels.

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.

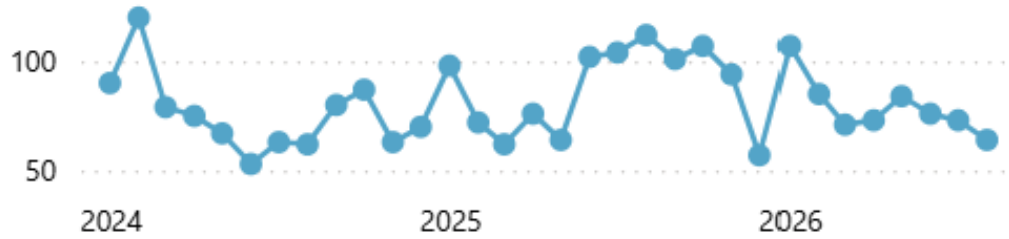
All 'Contact with or exposure to chemicals'(i.e. COSHH) incidents reported via Datix by month:



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

Staff / Contractor Behaviour Incidents Reported via Datix (at 31/08/2026):

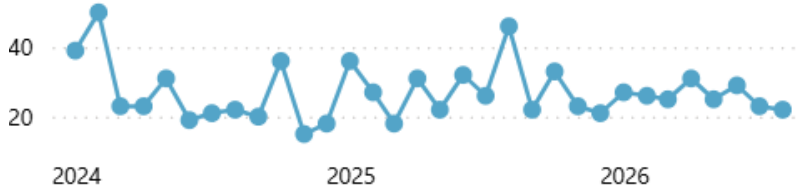
All behaviour incidents reported via Datix by month:



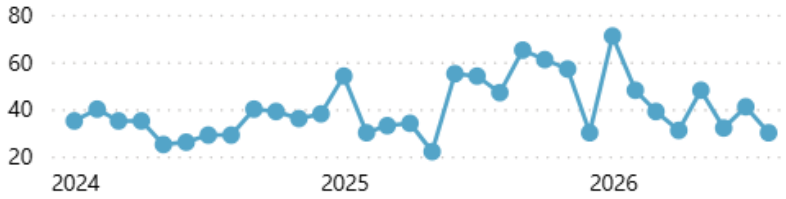
Incident levels have remained consistently low in recent months, despite a concurrent increase in violence and aggression-related RIDDOR reports during the same period (see next slide).

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

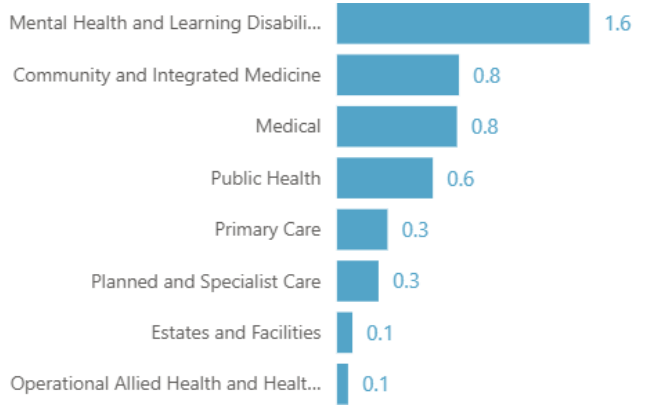
MH/LD:



CIM:



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



Committee attention is drawn to the following:

- CIM and MH/LD continue to account for the highest rates of V&A incidents across the Health Board;
- V&A remains a persistent workforce safety risk, with incident levels continuing to place pressure on staff despite no significant change in the overall trend;
- V&A continues to be the predominant cause of RIDDOR-reportable incidents during 2026/27 (see next slide), reinforcing the importance of targeted prevention and risk reduction measures.

Actions being taken:

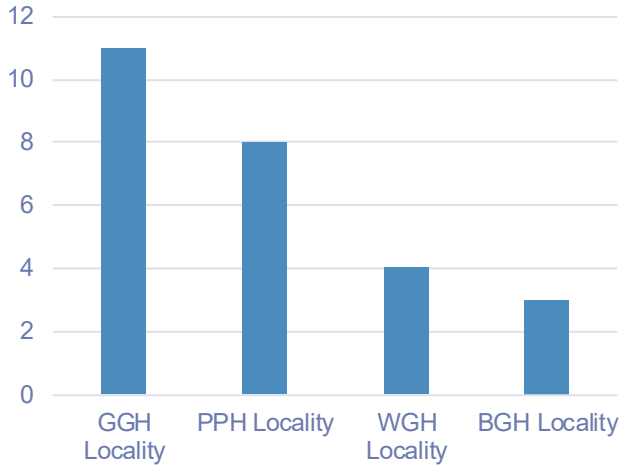
- A V&A Sub-Group has been established which will report to the Health & Safety Compliance Group to increase operational oversight;
- Continued emphasis on the completion and quality of local violence and aggression risk assessments.
- Ongoing promotion of incident reporting, lessons learned and post-incident support mechanisms.

Incidents reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) in 2026/27 (at 31/08/2026):

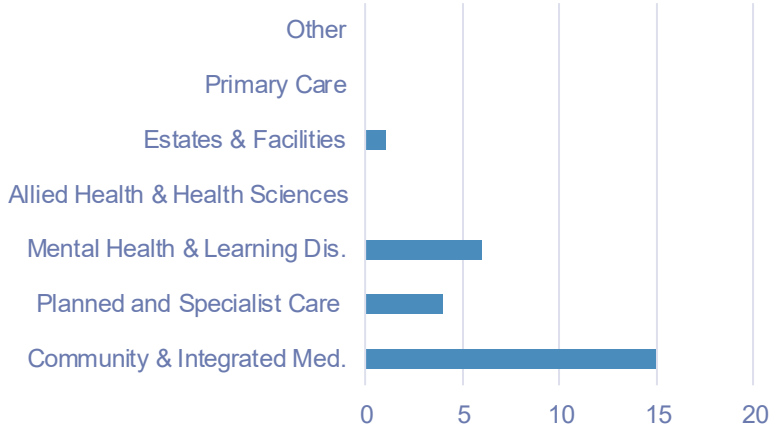
2026/27 Incidents by Cause



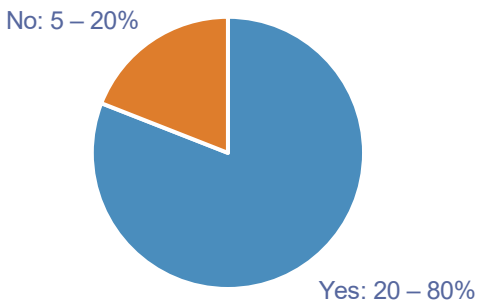
2026/27 Incidents by Locality



2026/27 Incidents by Care Group / Function



2026/27 Incidents Reported on Time



What is the data telling us?

- CIM continues to account for the majority of RIDDOR-reportable incidents;
- Violence and aggression remains a significant contributor to reportable injuries and continues to be the leading cause of RIDDOR notifications;
- RIDDOR reporting performance remains strong, with 80% of reportable incidents submitted within statutory timescales during 2026/27 to date. It is known from All-Wales benchmarking exercises that HDdUHB are one of the top performers in terms of timely reporting of incidents to the HSE.

Actions being taken:

- Review of RIDDOR incidents to identify common themes and learning;
- Targeted support and intervention within areas reporting higher incident rates;
- Ongoing monitoring and oversight through established H&S governance arrangements;
- Sharing learning from significant incidents to support continuous improvement across the Health Board.

Overall Assurance Statement

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Overall Assurance Level: Moderate Assurance (Amber)

The Health Board can take moderate assurance (Amber) that health and safety arrangements are generally effective and that key statutory duties are being discharged. Compliance performance remains strong across most mandatory e-learning subjects, incident reporting arrangements continue to function effectively, and RIDDOR reporting is being managed appropriately. However, assurance is reduced by persistently low Manual Handling Level 2 compliance and ongoing workforce exposure to violence and aggression. Continued management focus on these areas is required to strengthen assurance during 2026/27.

Strengths:

- Strong compliance levels across the majority of Health & Safety mandatory e-learning subjects;
- Stable incident reporting rates, providing ongoing intelligence regarding workforce safety risks;
- Effective statutory RIDDOR reporting arrangements, with high levels of reporting within required timescales;
- Despite several ongoing operational challenges, available evidence indicates that key health and safety management arrangements remain embedded across the organisation and continue to support effective risk management.

Key Risks:

- Manual Handling Level 2 (Patient Handling) compliance remains substantially below the Health Board target across operational services;
- Violence and aggression continues to present a significant workforce safety risk, particularly within CIM and MH/LD services;
- Potential inaccuracies in ESR competency assignments may affect the reliability of some training compliance data.

Focus Areas / Improvement Measures:

- Continue delivery of targeted Manual Handling compliance recovery plans and maximise training capacity;
- Propose the review of approximately 1,500 ESR competency assignments alongside Learning & Development;
- Strengthen violence and aggression prevention arrangements through the newly established V&A Sub-Group and improved risk assessment processes;
- Maintain scrutiny of incident trends, RIDDOR notifications and compliance performance through established Health & Safety governance forums.