Pwyllgor Iechyd a Diogelwch/ Health and Safety Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	**03 NOVEMBER 2026**
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Primary Care Clinical Compliance Group Update Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Rhian Bond, Assistant Director of Primary Care

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/ For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide a compliance update to the Health and Safety Committee on the Health Board's compliance for Corporate Health and Safety. Corporate Health and Safety is governed by the following regulations/industry standards:

- Management of Health and Safety at Work Regulations 1999 (MHSWR).
- Workplace (Health, Safety and Welfare) Regulations 1992 (WHSWR).
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Manual Handling Operations Regulations 1992.
- Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH).
- Personal Protective Equipment at Work Regulations 1992 (PPE).
- Violence & Aggression.
- Safety Representatives and Safety Committees Regulations 1977.
- Health and Safety (Consultations with Employees) Regulations 1996.
- Ligature Risk Management (Inc: Emergency Workers Act 2017).
- Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Personal Protective Equipment at Work Regulations 1992 (PPE)

Cefndir / Background

This report has been compiled from intelligence captured through Datix Risk, Our Performance Dashboard, Primary Care Information Portal, EMIS (Egton Medical Information Systems) extract and NWSSP (NHS Wales Shared Services Partnership) reports.

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.

Asesiad / Assessment

Primary Care Contractors

In relation to General Medical Services (GMS), General Dental Services (GDS), Personal Dental Services (PDS), General Ophthalmic Services (GOS) and Community Pharmacy, responsibility for compliance with health and safety legislation rests with individual contractors. The Health Board's role is to obtain assurance, through contractual monitoring arrangements under the National Health Service (General Medical Services Contracts) (Wales) Regulations 2023, The National Health Service (General Dental Services Contracts and Patient Charges) (Amendment) (Wales) Regulations 2026, The National Health Service (Personal Dental Services Agreements) (Wales) Regulations 2006, The National Health Service (Ophthalmic Services) (Wales) Regulations 2023 and the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 respectively, that contractors have appropriate policies, procedures, risk assessments and governance arrangements in place to comply with relevant legislation.

Managed Practices have their own set of Regulations and are monitored against the GMS contract assurance frameworks.

Health Board Managed Practices

There are six Health Board managed practices within Hywel Dda, three in Carmarthenshire (Ash Grove Medical Centre in Llanelli, Meddygfa Minafon in Kidwelly and Meddygfa'r Sarn in Pontyates) and three in Pembrokeshire (Tenby Surgery, Neyland & Johnston Surgery and Meddygfa Penrhyn in Solva). Health and safety features on the agendas of the monthly Quality, Health & Safety Integrated Governance Group (QHS) and Performance, People and Planning Group (PPP), with attendance by the Health and Safety Team subject to availability.

Health and Safety audits of the individual practices conducted by the Health and Safety Team with the respective Service Delivery Managers have accompanying action plans. The majority of incomplete actions relate to actions assigned to estates. Repeat practice visits to monitor compliance and any new issues are due later in 2026.

Mandatory training compliance stands at 87.2% (September 2026) across the six Managed Practices with lowest achievement in Infection Prevention and Control. Moving and Handling and Fire Safety were underperforming areas, however these are now above target. Recent Protected Time for Learning (PT4L) sessions have enabled staff to focus on maintaining compliance levels, and managers are proactively addressing areas of lower compliance through targeted engagement and support with their teams.

There is an increased focus on compliance with mandatory training requirements relating to Infection Prevention and Control, Violence Against Women, Domestic Abuse, and Sexual Violence.

Community Dental Services

Community Dental Services provide care across seven Health Board clinics: two in Carmarthenshire, two in Ceredigion and three in Pembrokeshire. Health and safety compliance, incident management, risk, and workforce compliance are reviewed through routine Community Dental Services governance arrangements, including monthly Quality, Health and Safety (QHS) meetings and Performance, People and Planning (PPP) meetings.

The service is undergoing a period of improvement activity, including renewed health and safety and violence and aggression risk assessments across all clinic sites, due for completion by the end of September 2026. This work will provide a refreshed baseline of environmental and operational risk and support prioritised action planning.

Although current incident data shows no longstanding open investigations, the low number of reported incidents should not be interpreted as an absence of risk. Managers within the Community Dental Services recognise that incident and near-miss reporting have historically been lower than expected for a geographically dispersed clinical service. Managers are therefore reinforcing the Health Board incident reporting procedure through team meetings, supervision and local governance routes, with the aim of improving reporting culture, learning and assurance.

Out of Hours Service

The Out of Hours Service operates from each hospital site, as well as accommodation within Llynyfran Surgery. Health and safety compliance, incident management, risk management and workforce compliance are monitored through established governance arrangements, including monthly QHS and PPP meetings.

The Service has maintained a focus on incident management. As of September 2026, one incident remains open beyond 120 days. This case has been referred to the Redress process, and no further action is currently required from the Out of Hours Service.

Compliance with the Core Skills Training Framework remains below the required target across a number of areas. While some improvement has been seen in recent months, continued focus is required to sustain this progress and achieve the expected levels of compliance.

Data analysis and findings

Performance Metric	Target	Apr-26	May-26	Sep-26	Oct-26	Interim Target	Trend
Outstanding moderate actions from internal H&S inspections (Old system - risk stratification)	0	32 of 32	26 of 32	20 of 32	14 of 32	0	↑
Outstanding major actions from internal H&S inspections (Old system - risk stratification)	0	5 of 5	5 of 5	5 of 5	4 of 5	0	↑
% compliance with level 2 manual handling training	85.0%	35.1%	32.6%	42.1%	Not yet available	85.0%	↑
% Violence and Aggression (V&A)/Security risk assessments in place for reported incidents	100%	N/A	N/A	50%	N/A	100%	↑

Reasons for gaps in compliance

The reason for the gap in compliance is outlined below:

Performance Metric	Reason for gap in compliance
Outstanding moderate actions from internal H&S inspections (Old system - risk stratification)	All outstanding moderate and major actions are being reviewed, and updates will be provided in due course. 285 staff (out of 338) have achieved **level 1** moving and handling training on Electronic Staff Record (ESR). Across the service 53 staff do not have this competency, or it has expired. A further 11 staff are due to expire soon. The Out of Hours service needs to focus on this competency: • Out of Hours – 76% - 22 needed The V&A/Security risk assessment template has been shared with the Business & Risk Manager who will support the HB managed services to gain compliance during November / December 2026.
Outstanding major actions from internal H&S inspections (Old system - risk stratification)	
80% compliance with level 1 manual handling training	
% V&A/Security risk assessments in place for reported incidents	

How Compliance is to be Achieved

To address the lack of compliance with the above metrics, the following actions/ improvement plan will be implemented.

Performance Metric	Target Set	Actions to improve compliance (SMART actions)	By when	By whom
Outstanding moderate actions from internal H&S inspections (Old system - risk stratification)		• Identify outstanding actions from these inspections. • Implement actions where still appropriate	November 2026	• Primary Care (PC) Leads (Heads of) • PC Leads (Heads of)
Outstanding major actions from internal H&S inspections (Old system - risk stratification)		• Identify outstanding actions from these inspections. • Implement actions where still appropriate	November 2026	• PC Leads (Heads of) • PC Leads (Heads of)
% compliance with level 2 manual handling training	85.0%	• Communication to staff to encourage booking and completion of level 2 manual handling training. • Monitor uptake of training. • Raise with individual team members in line management.	November 2026	• PC Leads (Heads of) • PC Leads (Heads of) • Line managers
% V&A/Security risk assessments in place for	100%	• Identify where risk assessment has not been completed. • Ensure completion.	November 2026	• PC Leads (Heads of) • PC Leads (Heads of)

reported incidents		• Communicate need to ensure that risk assessments are reviewed following V&A incidents.		• PC Leads (Heads of)

Risk Management

One of the eight risks for the Managed Practices relates explicitly to Health & Safety, that being 2069 - Risk of service disruption and physical harm in Tenby Surgery due to water ingress from the roof. This risk is assessed as High at a score of 15 and is reviewed monthly. A visit by the Health Board Health & Safety Team took place in July 2026 with a recommendation for an inspection report to be completed. Measures to minimise any related incidents and harms have been reviewed and implemented. Work is underway with business continuity planning to identify an alternative solution to accommodate the Managed Practice with room utilisation reviews being undertaken in the Practice and in the Walk-In Centre next door.

METRICS WHERE COMPLIANCE CANNOT CURRENTLY BE REPORTED:

Reasons why compliance cannot be reported.

There are some metrics that cannot currently be reported for Corporate Health and Safety. The reasons for this are detailed below:

How compliance is to be reported

To address the lack of compliance reporting with these metrics, the following actions/ improvement plan will be implemented:

Performance Metric	Target Set	Actions to enable reporting (SMART actions)	By when	By whom
All H&S measures	TBC	• Monitoring and compliance will be managed through existing meeting structures in the CSG	October 2026	Primary Care Business Support Team
All H&S measures	TBC	• Identify reporting route for incoming Clinical Compliance Group (CCG) H&S reporting	September 2026	PC Leads (Heads of)
All H&S measures	TBC	• Add all domains of H&S compliance reporting to data pack collated for QHS meetings & Primary Care and Community Services Groups (PCCSG) for a full PC-wide view	Dec 2026	Primary Care Business Support Team

By implementing the actions above, the timeline for reporting compliance for these metrics is expected to follow the trajectory below:

Performance Metric	Interim Target May 2026	Interim Target Jun 2026	Interim Target Jul 2026	Interim Target Aug 2026	Interim Target Sept 2026	Interim Target Oct 2026
All H&S measures	December 2026					

Risk Management

The current risks identified for the reporting against these metrics are as follows, together with their management plans/actions:

Performance Metric	Current Risks	Management Plan/Actions
H&S CCG reports	Lack of access to timely CCG level reporting would hamper ability on a service area level to address compliance on a targeted basis.	Activity to address compliance list in previous section would address these risks.
All remaining currently non-reportable metrics	Non-reporting of these metrics at PCCSG level hampers assurance of the delivery of services in line with H&S regulation.	Activity to address compliance list in previous section would address these risks.

Argymhelliad / Recommendation

The Health & Safety Committee is requested to:

- **Receive assurance** regarding the ongoing work to improve health and safety compliance, recognising the differing approaches required across primary care contractors and Health Board-provided services.

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:	2069 - Risk of service disruption and physical harm in Tenby Surgery due to water ingress from the roof – score 15
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:	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	10. Not Applicable
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:	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 Iechyd: **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