

PWYLLGOR IECHYD A DIOGELWCH HEALTH & SAFETY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	07 July 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health and Safety Training Overview
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

<p>ADRODDIAD SCAA SBAR REPORT</p> <p><u>Sefyllfa / Situation</u></p> <p>This report provides the Health and Safety Committee with an overview of health and safety training compliance, key risks, and actions being taken to improve performance across the Health Board.</p> <p><u>Cefndir / Background</u></p> <p>Health and safety training is currently delivered across Hywel Dda University Health Board through:</p> <ul style="list-style-type: none"> • E-learning modules (mandatory training) • Face-to-face training (high-risk, competency-based training such as: <ul style="list-style-type: none"> ○ Manual Handling ○ Reducing Restrictive Practice (RRP) <p>Training is aligned to statutory requirements and organisational policy, and compliance is monitored through ESR and local systems.</p> <p>Overall position:</p> <ul style="list-style-type: none"> • E-learning compliance is strong (≥88%) • Face-to-face training compliance remains below target in key risk areas: <ul style="list-style-type: none"> ○ Manual Handling Level 2: 59.6% ○ Manual Handling Level 1: 80.4% ○ RRP overall: 81% (target 85%) <p>The assessment below illustrates that training capacity is significantly underutilised due to high non-attendance rates.</p>
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Asesiad / Assessment

- **Manual Handling and Reducing Restrictive Practice (RRP) training**

Manual handling and RRP training both represent **high-risk, safety-critical competencies**, yet compliance remains below target:

- Manual Handling Level 2: **59.6%**
- RRP overall: **81% (target 85%)**

Manual Handling

The following table shows the current compliance levels for the two manual handling competencies Health Board wide on 30/04/2026.

Competency	Compliance
Manual Handling - Level 1	80.40%
Manual Handling - Level 2	59.60%

The Manual Handling team also collate data on the efficacy of its training offer, as outlined below:

Period	Course	Places Offered	Places Booked	Actual Attendance	DNA / Withdrawn
01/04/25 – 31/03/26	All M&H Courses	5279	4537	2794	1743
			85.94%	52.93%	38.42%

DNA	877	19.33%
Withdrawn	866	19.09%

As shown above, only 2,794 out of a possible 5,279 training places were filled, representing approximately 53% uptake.

Of staff who registered for courses, 38% did not attend (DNA) the training session, with 19% recorded as DNA and a further 19% withdrawing in advance. The team recognises that staffing pressures and the associated challenges in releasing staff from clinical areas to attend training are the primary contributing factors.

Reducing Restrictive Practice

Reducing Restrictive Practice (RRP) training compliance at 30/04/2026 is shown below:

Performance Metric	Target	Apr-26	May-26	Trend
% RRP training compliance - Overall	85%	81%	81%	↔

% RRP training compliance breakdown - MHLd: • Morlais • LSU • St Caradog • PICU • Bryngofal • Begelly • Enlli • St Non • Bryngolau	85%	100%	100%	↔
		57%	78%	↑
		82%	60%	↓
		84%	97%	↑
		93%	94%	↑
		87%	100%	↑
		35%	40%	↑
		77%	77%	↔
		51%	80%	↑
% RRP training compliance breakdown - Porters: • PPH • GGH • BGH • WGH	85%	77%	72%	↓
		87%	74%	↓
		92%	93%	↑
		93%	92%	↓

Period	Course	Places Offered	Places Booked	Actual Attendance	DNA / Withdrawn
01/04/2025 – 31/03/2026	All RRP Courses	1584	885	658	227
			55.87%	41.54%	25.65%

RRP training courses experience a lower rate of non-attendance and withdrawals compared to Manual Handling; however, at 25.7%, this still has a significant impact on the team's capacity.

In terms of utilisation, the RRP team achieved only 42% of available training capacity, which is notably lower than the 53% achieved by Manual Handling.

These represent direct risks to staff and patient safety, particularly in responding to violence and aggression incidents.

2. Capacity versus Attendance Problem

The information outlined above raises concerns about capacity versus attendance with:

- Manual Handling attendance: 53% utilisation of available places,
- RRP attendance: 42% utilisation of available places.

Both training modules experience high DNA rates and withdrawal rates:

- Manual Handling: **38%**
- RRP: **25.7%**

This is primarily an issue of staff release, prioritisation and administrative coordination, rather than training capacity. Further review is required to understand and streamline the booking and course-arrangement processes, ensuring it is as easy as possible for staff to attend.

3. Demand versus Resource Gap (RRP)

The current ways of working and resource levels do not meet full organisational need.

A Training Needs Analysis for RRP has also identified **unmet demand**, particularly in Emergency and urgent care settings. The RRP data highlighted above does not include training data for frontline staff working in emergency/urgent care settings or wards identified as using restrictive practices. This represents a critical area of training, which the RRP Team seeks to support wherever possible.

4. Improvement Plan:

A number of actions have already been implemented to improve training compliance, including:

- Monthly reporting of compliance data to the CCG Quality, Health and Safety Groups, to raise the profile of manual handling training compliance;
- Increasing training capacity within the system (subject to trainer availability) through:
 - Relocation of training delivery in Pembrokeshire to the Conference Centre, increasing course capacity from 16 to 24 participants;
 - Temporary relocation of training delivery in Carmarthenshire from Glien House to Ystwyth at Hafan Derwen, increasing capacity from 16 to 24 participants. The team will subsequently relocate to the Atriwm/Hwb (former Debenhams site) once this facility is completed;
- Collaboration with the Learning and Development Team (L&D) to reduce incorrect bookings through the separation of courses MH102, MH103, and MH104;
- The team provide dates in November/December each year for a full 12-month period to enable managers and staff to forward plan.
- The Reducing Restrictive Practice Team has confirmed that all staff groups currently below the minimum 85% compliance threshold in Mental Health & Learning Disabilities (MHLDD), and Portering have improvement plans in place to support achievement of the required standard.
- Digital delivery options have been explored and implemented where feasible. Currently, six hours of the Restraint Reduction course are delivered by e-learning, allowing staff to complete this element in their own time.

Further actions required to improve compliance include:

- Reviewing how training is organised; and identify behavioural nudges that can be implemented;
- Work with L&D to support a collaborative review of the current Trainee Nursing Associates (TNAs), reporting arrangements, and operational oversight for Manual Handling and Reducing Restrictive Practice training. The outcome of this joint work will be presented to Strategic People Planning and Education Group (SPPEG) for further consideration and direction.
- Strengthening senior management accountability for ensuring staff receive suitable and sufficient manual handling training to undertake their roles safely.
- Support CCGs/Functions to identify interventions that could further help release staff to attend training to reduce the DNA/withdrawal rate;
- Support and encourage time for trained Workplace Assessors (WPAs) to complete assessments, supporting overall compliance.
 - If wards and departments adopt the WPA model at a suggested ratio of 1:15, each staff member would require 9.5 hours over a 3-year cycle (1 classroom session and 2 assessments), compared to 21.5 hours currently (3 classroom sessions);
 - This approach would reduce the number of classroom sessions required, enabling the training team to spend more time in clinical areas delivering reinforcement training and providing targeted support with workplace assessments in underperforming areas.

Other Considerations:

The L&D Team is progressing a project to manage course bookings through a new app. Once implemented, the app is expected to improve training attendance and reduce DNA rates through automated reminders issued to delegates in advance of courses.

5. E-Learning

E-learning compliance continues to be above the 85% target for all three dedicated health and safety e-learning modules. Compliance figures for each module at 30/04/2026 were:

	Compliance
Health, Safety and Welfare	88.4%
Violence and Aggression – Module A	94.8%
Display Screen Equipment	96.8%

6. Manager's Health & Safety Induction

Since the Manager's Health and Safety Induction course launched in October 2020, 757 managers and aspiring managers have successfully completed the full 4 x 0.5-day course. Figures from the last 12 months have been included below:

Course	Number
May/June 2025	22
Sept/Oct 2025	10
Nov/Dec 2025	20
Jan/Feb 2026	16
Apr/May 2026	8

7. Qualitative Face-Fit Train-the-Tester (For Respiratory Protective Equipment (RPE))

Fit-testers trained (new and/or refresher) by the Health, Safety and Security (HSS) Department for the periods November 2024 to December 2025 and January 2026 to April 2026 were as follows:

Site	Nov 24 - Dec 25	Jan - Apr 2026
Prince Philip Hospital and locality	27	9
Glangwili Hospital and locality	45	11
Withybush Hospital and locality	30	31
Bronglais Hospital and locality	22	8

Fit-tester training is valid for two years. Therefore, the current total of fit-testers trained at each locality since the HSS Team updated their recording mechanisms in November 2024 are:

Site	Number
Prince Philip Hospital and locality	36
Glangwili Hospital and locality	56
Withybush Hospital and locality	61
Bronglais Hospital and locality	30

Argymhelliad / Recommendation

The Health & Safety Committee is requested to:

- **NOTE** current compliance levels and associated risks outlined in the Health and Safety Training Overview Report
- **TAKE ASSURANCE** that improvement plans are in place to improve compliance
- **RECEIVE** further updates on:
 - Impact of actions and improvement plans on the efficacy of manual handling and Reducing Restrictive Practice (RRP) training
 - Progress against Training Needs Analysis

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:	1549 – Score 12 2119 – Score 12 1540 – Score 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
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.
Partïon / 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 • Key Stakeholders

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.