

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	07 July 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health and Learning Disabilities Clinical Care Group Health & Safety Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Caruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Becky Temple-Purcell, Assistant Director of Nursing, Patient Safety, Quality and Experience (Mental Health and Learning Disabilities Clinical Care Group)

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 Mental Health and Learning Disabilities (MH/LD) Clinical Care Group (CCG), providing information on governance arrangements, compliance with statutory requirements, and management of key risks. The Committee is asked to take assurance from current performance, whilst noting areas requiring improvement, including Manual Handling training compliance and higher levels of training, management of historical inspection actions, and immediate actions arising from a recent Health Inspectorate Wales (HIW) inspection.

Cefndir / Background

Since April 2026, a Health and Safety dashboard has been implemented within the MH/LD Clinical Care Group, providing monthly performance data to strengthen oversight, transparency, and accountability. Health and Safety is a standing core agenda item at the MHL D Clinical Care Group Integrated Governance Group, with further development underway to incorporate trend reporting and enhance proactive risk identification.

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. Responsibility for outstanding moderate and major risks, totaling 91 actions for the Mental Health and Learning Disabilities Clinical Care Group, has now been transferred to services to ensure appropriate local ownership, leadership and review within a set timescale.

Additionally, an unannounced HIW inspection of Enlli Ward, Bronglais Hospital, undertaken on 15–17 June 2026, identified an immediate assurance action relating to compliance with Reducing Restrictive Practices (RRP) which sits under Health and Safety compliance. The Health Board is currently developing its formal response, including action already underway to deliver team-based RRP training (planned for 7 July 2026).

Asesiad / Assessment

Governance and Assurance

- Monthly dashboard reporting embedded since April 2026, supporting routine scrutiny through the Integrated Governance Group. The most recent set of dashboard data is provided as Appendix 1.
- Development of trend reporting is underway to strengthen proactive risk management.
- Planned approach to building and enhancing monthly dashboard reports to include locally held data is being developed and expected to be implemented by Quarter 3.

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

- 2 RIDDOR incidents (April 2026) with 100% (2/2) submitted within statutory timescales
- Financial year-to-date compliance with statutory timescales remains 100% against a 60% target

Incidents and Risk Trends

- Total staff incidents: 28 → 32 → 28 (↓ improving)
- Violence & Aggression incidents: 50 → 61 → 49 (↓ improving)
- Ligation incidents: (↓ improving)
- Near misses stable: 10 → 12 → 12 (↔)

Manual Handling and Workforce Safety

- Level 1 compliance: ~77.5% (↓ below 85% target)
- Level 2 compliance: ~54% (significantly below target)
- Overall 30–50% training non-attendance impacting compliance (not specific to MHLDCCG)
- MHLDCCG meeting planned with Manual Handling lead to review role-specific training requirements and confirm appropriate courses and delivery models across Mental Health and Learning Disabilities services.
- Feedback given to Health and Safety Compliance Group regarding lack of availability of training in some localities, reported last minute cancellations, need to improve Electronic Staff Record (ESR) course information, ensuring target audiences are clearly defined, and clearer venue information to promote attendance.
- Strengthening oversight of compliance and follow-up, with regular monitoring and escalation through governance structures.

Workforce Health and Sickness Monitoring

- Monthly sickness absence rates are routinely monitored within the CCG, including analysis of reasons for absence
- The service does not currently have the capability to reliably report on work-related sickness absence (e.g. stress, violence-related)
- Work is planned with workforce colleagues to explore how data can be generated to strengthen understanding of the impact of health and safety risks on staff wellbeing.

Wider Training and Safety Systems

- Health & Safety training: ~93% (compliant)
- Violence & Aggression training: ~97% (compliant)
- Display Screen Equipment training: ~99% (sustained compliance)
- Reducing Restrictive Practice training: ~81% (below 85% target) Recovery plans in place and being monitored. Enlli Ward has a pre planned team based session taking

place on 7 July 2026 which will address current deficits highlighted through HIW inspection.

- Infection Prevention and Control Level 1: ~89.2% (sustained compliance)
- Infection Prevention and Control Level 2: ~80.8% (near compliance)
- Fire Safety Level 1: ~95.44% (sustained compliance)
- Fire Safety Level 2: ~78.20%. Recovery plans being revisited.
- Fire Safety Level 3: No data held. Urgent review of competency allocation across MHL D CCG to be undertaken.

Historical Health and Safety Inspection Actions and Risk Management

- Outstanding actions:
 - Moderate: 69/75 outstanding
 - Major: 22/25 outstanding
 - Catastrophic: 0 (fully compliant)
- Handover of actions from Health and Safety team to MHL D CCG undertaken 21 June 2026. Structured service-led review and tracking arrangements are now in place with completion date set for 30 September 2026.

Risk Assessment Assurance

- Violence and Aggression risk assessments linked to incidents: ~95–96% compliance
- Ligature assessments in date:
 - Inpatient MH: ~89% which currently has a scheme of work to address previously identified risks. Re assessment will take place upon completion.
 - Outpatient MHL D: ~72% (gap identified) Prioritisation being given to re assessment of inpatient wards, utilising new national policy and assessment framework to ensure alignment with national standards at the earliest point. Outpatient assessments will follow.
 - The Committee is reminded of the previous paper presented in July 2026 regarding the Health Board's position on Point of Ligature (PoL) risk assessments and adoption of the All-Wales policy and procedure. This highlighted the active involvement of MHL D services in both local and national work to strengthen consistency, governance and learning in this area, including the planned transition to the All-Wales Policy and Assessment framework during 2026.

Key Risks Identified

- Low compliance in Manual Handling training (particularly Level 2)
- Improvement needed with Fire Safety Training Level 2 and Infection Prevention and Control Training Level 2
- Gap in training data for Fire Safety Training Level 3
- Gaps in ligature risk assessment coverage, particularly outpatient settings
- High volume of outstanding historical inspection actions requiring sustained oversight
- HIW immediate assurance requirements relating to Reducing Restrictive Practice
- Limited current capability to report on work-related sickness absence trends
- Need to enhance trend analysis capability for proactive risk management

Argymhelliad / Recommendation

The Committee is asked to:

- **Take assurance** on the Mental Health and Learning Disabilities Clinical Care Group Health & Safety Assurance position, including strong compliance with statutory reporting requirements, strengthened governance arrangements, improving incident trends, progress in training compliance across key areas, structured management of

historical inspection actions, and the response to HIW immediate assurance requirements.

- **Note** the key areas requiring continued oversight and improvement, namely manual handling and specific training compliance levels, Reducing Restrictive Practice requirements, gaps in ligature risk assessments, development of work-related sickness absence reporting, enhancement of dashboard trend analysis, and the timely closure of outstanding inspection actions.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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 a Sgôr 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)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report.
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:	N/A
---	-----

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	N/A
Risg: Risk:	N/A
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A

APPENDIX 1: CCG Health and Safety Metrics

This Clinical Care Group Assurance Report provides details of the organisation's compliance with its statutory duties under health and safety legislation, including:

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;
 Ligate Risk Management(Inc: Emergency Workers Act 2017);
 Health and Safety (Sharp Instruments in Healthcare) Regulations 2013;
 Personal Protective Equipment at Work Regulations 1992 (PPE) and associated regulations.

Further detail about the actions needed to improve the current position are included in the main body of the report.

Reporting Period	March-May 2026		Unable to report compliance
Responsible Head of Service	Rebecca Temple-Purcell		Non-compliant
Date	24-Jun-26		Non-compliant but tracking Executive agreed plan
Author	Rebecca Temple-Purcell		Compliant

Performance Metric	Target	Mar-26	Apr-26	May-26	Interim Target	Trend
Sickness absence (WTE) attributed to violence & aggression		No current capability to reliably report on work-related sickness absence (e.g. stress, violence-related). To be further explored with workforce colleagues.				↑ ↓ ↔
Sickness absence (WTE) attributed to musculoskeletal injury						↑ ↓ ↔
Sickness absence (WTE) attributed to stress / work-related mental ill-health						↑ ↓ ↔
Total number of staff/contractor incidents reported via Datix	N/A	28	32	28	N/A	↓
Staff/contractor incidents rate per 100 staff	N/A	2.1	2.4	2.1	N/A	↓
Number of RIDDOR reportable incidents	N/A	0	0	<5	N/A	↑
% of RIDDOR reportable incidents submitted within timescales (Financial year to date)	60%	100%	N/A	100%	60%	↑
Number of health and safety near-miss staff/contractor incidents reported	N/A	10	12	12	N/A	↔
Number of violence & aggression incidents (from V&A Case Manager Database)	N/A	50	61	49	N/A	↓
Number of manual handling / MSK staff/contractor incidents	N/A	<5	0	0	N/A	↔
Number of slips, trips and falls staff/contractor incidents	N/A	0	<5	0	N/A	↓
Number of needlestick staff/contractor incidents	N/A	0	0	0	N/A	↔
Number of COSHH related staff/contractor incidents	N/A	<5	0	0	N/A	↔
Number of electric shock staff/contractor incidents	N/A	0	0	0	N/A	↔
Number of absconding incidents (from Security Manager Database)	N/A	0	0	<5	N/A	↑
Number of ligature related incidents	N/A	<5	5	<5	N/A	↓
% overdue actions related to health and safety incidents		Not Known	Not Known	Not Known		↑ ↓ ↔
% overdue actions on Datix related to violence, aggression and security		Not Known	Not Known	Not Known		↑ ↓ ↔
% of overdue actions on Datix related to manual handling		Not Known	Not Known	Not Known		↑ ↓ ↔
Number of staff/contractor incidents still awaiting review after 30 days	TBC	10	9	18	TBC	↑
Outstanding moderate actions from internal H&S inspections (Old system - risk stratification)	0	70 of 75	69 of 75	69 of 75	TBC	↔
Outstanding major actions from internal H&S inspections (Old system - risk stratification)	0	24 of 25	22 of 25	22 of 25	TBC	↔
Outstanding catastrophic actions from internal H&S inspections (Old system - risk stratification)	0	0	0	0	0	↔
Outstanding moderate actions from internal H&S inspections (AMaT)	0	Not Available	Not Available	Not Available	0	↔
Outstanding major actions from internal H&S inspections (AMaT)	0	Not Available	Not Available	Not Available	0	↔
Outstanding catastrophic actions from internal H&S inspections (AMaT)	0	Not Available	Not Available	Not Available	0	↔
% completion of mandatory Health, Safety & Welfare training	85.0%	93.0%	93.7%	93.2%	85.0%	↓
% compliance level 1 manual handling	85.0%	79.2%	79.0%	77.5%	85.0%	↓

4 Categories on Dashboard - MH Equipment / Non-Patient / Patient & MSK

Review of these areas needed to ensure linked to datix incidents.

Not currently possible to report on. To be explored with Health and Safety, Datix Teams.

Identified as future areas to report on through Health and Safety function.

% compliance with level 2 manual handling training	85.0%	54.6%	54.9%	54.1%	85.0%	↓	
% compliance with V&A training Module A	85.0%	97.6%	97.8%	97.5%	85.0%	↓	
% compliance with DSE training	85.0%	98.9%	98.9%	98.9%	85.0%	↔	
% of Managers Health and Safety Induction completed		Not Known	Not Known	Not Known		↑ ↓ ↔	Total number known. Health and Safety not able to split compliance by CCG. Local reporting to be implemented.
% level 1 fire safety training	85.0%	95.55%	95.49%	95.44%	85.0%	↓	
% level 2 fire safety training	85.0%	78.68%	78.43%	78.20%	85.0%	↓	
% level 3 fire safety training	85.0%	Not known			85.0%		Urgent review of competency allocation across MHL D CCG Services needed
Overdue fire risk assessment actions due	0	Available from July	Available from July	Available from July	0	↑ ↓ ↔	
% compliance with Infection Prevention and Control Level 1 training	85.0%	89.16%	89.14%	89.2%	85.0%	↑	
% compliance with Infection Prevention and Control Level 2 Training	85.0%	80.64%	80.65%	80.8%	85.0%	↑	
% compliance with COSHH assessments		Not Known	Not Known	Not Known		↑ ↓ ↔	Local systems to be developed by MHL D CCG to capture and monitor this data.
% Training in date for trained Fit-Testers		Not Known	Not Known	Not Known		↑ ↓ ↔	
% of staff who have been fitted for fit mask		Not Known	Not Known	Not Known		↑ ↓ ↔	
% of first aid needs assessments in place		Not Known	Not Known	Not Known		↑ ↓ ↔	
% of areas with suitable and sufficient first aiders		Not Known	Not Known	Not Known		↑ ↓ ↔	
% of V&A/Security risk assessment in place		Not Known	Not Known	Not Known		↑ ↓ ↔	
% V&A/Security risk assessments in place for reported incidents	100%	90.0%	96.7%	95.9%	95%	↓	
% of lone worker risk assessment in place		Not Known	Not Known	Not Known		↑ ↓ ↔	Local systems to be developed by MHL D CCG to capture and monitor this data.
% of staff latex risk assessments in place		Not Known	Not Known	Not Known		↑ ↓ ↔	
% of risk assessments in place for use of sharps without safety devices		Not Known	Not Known	Not Known		↑ ↓ ↔	
% of Pregnancy Care Plan Form 1s in place		Not Known	Not Known	Not Known		↑ ↓ ↔	
% of Pregnancy Care Plan Form 2s in place		Not Known	Not Known	Not Known		↑ ↓ ↔	
Number of redundant outlets		Not Known	Not Known	Not Known		↑ ↓ ↔	Data held is qualitative and not split by CCG - Any concerns will be escalated via the Water Safety Group at the Health and Safety Compliance Group.
% flushing regimes completed as scheduled		Not Known	Not Known	Not Known		↑ ↓ ↔	
% compliance with water cooler cleaning checks (where applicable)		Not Known	Not Known	Not Known		↑ ↓ ↔	
% RRP training compliance - Overall	85%	81%	81%	81%	85%	↔	
% RRP training compliance breakdown - MHL D: • Morlais • LSU • St Caradog • PICU • Bryngofal • Begetly • Enlli • St Non • Bryngolau	85%	97% 72% 75% 73% 88% 87% 78% 88% 64%	100% 57% 82% 84% 93% 87% 35% 77% 51%	100% 78% 60% 97% 94% 100% 40% 77% 80%	85%	↑ ↑ ↓ ↑ ↑ ↑ ↑ ↔ ↑	
Number of CCG RRP incidents reported (On Datix, in the 'Restrictive Practices' category)	N/A	18	40	36	N/A	↓	Review of these areas needed to ensure linked to datix incidents.
Number of MHL D RRP incidents reported (Figures collated by RRP Team)	N/A	43	61	39	N/A	↓	
Number of RRP incidents with lawful justification (MHA)	N/A	Not Available	Not Available	37	N/A	↔	
Number of RRP incidents with lawful justification (MCA/DoLS/Common Law)	N/A	Not Available	Not Available	<5	N/A	↔	
Number of RRP incidents with lawful justification not recorded	0	Not Available	Not Available	<5	0	↔	
Number of RRP incidents (female)	N/A	Not Available	Not Available	11	N/A	↔	
Number of RRP incidents (male)	N/A	Not Available	Not Available	28	N/A	↔	
Number of RRP incidents (trans/non-binary)	N/A	Not Available	Not Available	0	N/A	↔	
Number of RRP incidents (gender not recorded)	N/A	Not Available	Not Available	0	N/A	↔	
Total time duration of all RRP incidents	N/A	Not Available	Not Available	175 mins	N/A	↔	
Average time duration of RRP incidents	N/A	Not Available	Not Available	4m 29s	N/A	↔	
% of Ligature Audits / Risk Assessments in date - Inpatient MH	100%	Not Available	Not Available	88.9%	100%	↔	
% of Ligature Audits / Risk Assessments in date - Inpatient LD	100%	Not Available	Not Available	100.0%	100%	↔	
% of Ligature Audits / Risk Assessments in date - Outpatient MHL D	100%	Not Available	Not Available	72.4%	100%	↔	