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Public Health
Wales

Name of Meeting
Quality, Safety and
Improvement Committee

Date of Meeting
15th February 2022

Agenda item:
3.4

Health and Safety Report

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Approval/Scrutiny route: Health and Safety Group (25 January 2022)

Purpose

This report provides an update on the health and safety performance for the period of 01 October 2021 – 31 December 2021.

The report is split into two sections. Section one of this report provides an update on the health and safety performance for the period of 01 October 2021 – 31 December 2021. Section two (page 13) of the report provides an update on the workplace measures that have been undertaken across the organisation in response to the legislation and regulations imposed on us as a result of the COVID-19.

Recommendation:

APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
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The Quality, Safety & Improvement Committee is asked to:

- **Receive assurance** that appropriate measures are in place to monitor compliance and to address areas identified for improvement.

Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities.

This report contributes to the following:

Strategic Priority	Choose an item.All organisational priorities
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Strategic Priority	
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Strategic Priority	
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Summary impact analysis

Equality and Health Impact Assessment	Internal report only
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Risk and Assurance	The paper details the health and safety risks on Directorate and divisional risk registers and also includes safety alert notifications. It additionally outlines where gaps have been identified, control measures are being implemented to address issues identified.
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Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Theme 2 - Safe Care
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Financial implications	None identified
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People implications	There are no implications for workforce / staff identified
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1. Introduction and Purpose

1.1 The purpose of section one of this report is to provide an update on the health and safety activities and performance for the period 01 October 2021 – 31 December 2021. The key areas of compliance includes;

- Health and safety incidents reported and lessons learnt under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
- Health and safety premise inspection audits
- Health and safety statutory/mandatory training
- Health and safety Corporate Risk Register
- Notifications and alerts
- Health and safety policies and procedures

The report also provides an update on the specific measures and actions that have been completed or are planned in relation to ensure our estate is compliant with the various legislation and regulations as a result of COVID-19 following the previous update provided in the quarter one report.

2. Background

In order for the Health and Safety Group to discharge its responsibilities, it needs to receive assurance that the organisation is effectively managing health and safety. This includes details of any concerns, areas of non-compliance, outstanding actions from relevant health and safety action plans and controls and mitigations are in place.

The Health and Safety Group receives this assurance via this report and exception reports received from the various Directorates/Divisions through the respective Health and Safety leads.

3. Key Highlights

- 3.1 Three RIDDORs was reported during Quarter 3 (01 October 2021 – 31 December 2021). Further details can be found on page 5.
- 3.2 During quarter 3, we have had a continued to have small numbers of staff reporting as Covid-19 positive, however following investigation no conclusive evidence has been identified to suggest that infections could be attributed of workplace transmission.
- 3.3 Due to the organisation’s response to COVID-19, no health and safety audits have been undertaken within the specified timeframe. However we have undertaken a COVID workplace preparedness risk

assessment of the workplace and subsequently established compliance monitoring processes. These have been continuing during quarter 3.

3.4 There are 19 properties within the organisation’s estate portfolio where the responsibility to undertake statutory duties is that of the organisation. These duties include:

- Fire Risk Assessment
- Water Management (Legionella) Risk Assessments
- Electrical Inspection Condition Report (EICR)
- Asbestos survey/re-inspection
- Gas Safety Certification

Currently were are falling short of the 100% compliance target in electrical inspection and water management. Further detail is provided at Section 6 on page 7.

3.5 All health and safety alerts and notifications received within the reporting period have been reviewed and addressed, with appropriate actions taken where required.

4. Health and Safety Incident Reporting

4.1 Statistics on incident records per directorate

All staff are required to report incidents using the Datix system in accordance with the organisation’s policies and procedures. Incidents are monitored to help identify trends, to ensure investigations are undertaken and are concluded identifying the incident cause and any lessons learnt.

From 01 October 2021 – 31 December 2021, the total number of reported health and safety incidents is provided with a breakdown by directorate shown in Table 1.

Table1. Reported health and safety incidents by Division

Division	No of incidents
Microbiology	43
Screening	13
Improvement Cymru	1
Total	57

All incidents relating to health and safety are notified to the relevant Health and Safety Managers and are followed up. Any learning is captured and shared to prevent reoccurrence.

These incidents are classified under the following categories-

Table 2. Reported health and safety incidents by category

Category	No of incidents
Contact	6
Exposure - other	1
Exposure/Spillage of Chemical/Micro-organism /Hazardous Substances	23
False Alarm (Fire Alarm Activation - Fire Service did not attend)	1
Fire Safety Equipment/System Fault or Failure	1
Ill Health	2
Infection Control Incident	3
Manual Handling	3
Sharps (Including Needlestick)	8
Slip/Trip/Fall	7
Violence and Aggression	2
Total	57

Note- where no incidents are reported against a category, these have been omitted from the table above.

5.0 RIDDORs

Three RIDDORs have been reported to the Health and Safety Executive during quarter three. These are detailed as follows:

Incident date - 15 October 2021- A member of staff entered a walk in fridge room accompanied by another member of staff. On entering one of the plastic "curtain flaps" fell on the individual's head as they were passing through. No immediate effects were observed, however later on in the shift the staff member vomited and was subsequently sent home. The staff member attended A&E that night and was diagnosed with concussion. The fridge has been inspected by the Regional Health and Safety Lead and the Head of Estates and Health and Safety. There appears to be no faults or issues with the curtains in the fridge. Staff have been reminded to take care when accessing/egressing the fridge and to ensure the curtains are not misused.

Incident date- 18 October 2021- Eight individuals diagnosed with Covid-19 following a positive PCR Test results. Following an investigation it was highly likely that the infection was acquired within the workplace. All staff infected were based in either the main screening pathway admin room, or reception/postal area which is adjacent to the main admin room at DESW, Treforest. All eight cases were within these areas and no one else working within the building had a positive Covid-19 result within the same time frame. There was a member of staff who was in the building on the 8th October who had an initial negative PCR result, this was now believed to be a false negative (part of a wider lab issue at the time) and was followed by

a second test with a positive result. This could have been the infection source but there may have also been unknown asymptomatic infectious staff. All 8 individuals involved were fully vaccinated and had no contact with service users. Staff members were unwell, but nobody was hospitalised. Some staff were identified as clinically vulnerable. Follow up investigations confirmed that staff had been following workplace guidance relating to wearing face masks whilst transiting the building.

Following the identification of positive cases, the workplace has been reviewed to ensure arrangements are in line with Covid-19 workplace risks assessments. Ventilation has been improved and windows are opened every day. Occupancy levels have been reduced from six to four members of staff at any one time. Additional seating has been removed. Reminders have been sent to all staff regarding mask wearing, social distancing and cleanliness. Daily cleaning continues to be routinely undertaken and a cleaning rota continues to be used to ensure that common touch points are cleaned twice daily with Clinell wipes. It has also been suggested revisiting PPE use via an IPC session for non-clinical staff. No further cases have been identified to date however reviews will continue to ensure there are no further linked cases.

Incident date 30 December 2021- A Public Health Wales staff member was crossing the zebra crossing between staff car park and walkway to entrance of laboratory and was hit by a van resulting in transfer to hospital by ambulance with an open fracture of the lower left leg bones. The staff member was operated on and was admitted. The incident was captured on CCTV and was attended by the police. Entry to the site for vehicles is controlled and managed by the security hut situated adjacent to the staff car park. The area was well lit by flood lights at that time of day. The security hut uses manned barriers to allow traffic onto site which has a 10mph speed limit. The distance between the zebra crossing and the security hut is short, downhill in inclination and on a camber. There are a number of factors which contributed to the incident which are:

1. the security barrier was left raised so the van did not stop at the security hut
2. the driver did not stop at the stop sign and also crossed the cross hatch area
3. the van driver did not adhere to the speed limit and from the CCTV footage was estimated to hit the staff member at approximately 20mph.

A number of actions between all organisations on the site have been agreed including:

- raising awareness of all staff in all companies on site
- use of high visibility jackets to allow staff to be more easily seen

- meetings with the landlord and other tenants to discuss further action being taken
- an independent company, Vector, who specialises in traffic management attended the site on 13 January 2021 to risk assess the entire site and focus on the site of the incident, the recommendations and outcomes from which are to be shared with all parties for discussion of implementation
- reinforcement of requirement of drivers and security hut behaviours

6.0 Estates Compliance

Over the reporting period 1 October 2021 – 31 December 2021 the monitoring and scheduling of compliance has continued to be maintained as far as reasonably possible. Compliance levels for the five key areas, at sites where the organisation has a statutory responsibility for, are shown below.

There are 19 properties within the organisation’s estate portfolio where the responsibility to undertake statutory duties is that of the organisation. These duties include:

- Fire Risk Assessment - 100% compliant
- Asbestos survey/re-inspection -100% compliant
- Electrical Inspection Condition Report (EICR) - 92% compliant
- Gas Safety Certification – 100% compliant
- Water Management (Legionella) Risk Assessments - 91% compliant

As at the 31 December 2021, compliance fell across the five compliance areas due to supplier availability and scheduling challenges however since then a number of assessments and checks have been undertaken to address areas of non-compliance for fire risk assessment and asbestos. Details are provided below.

Fire Risk Assessment; 100% of properties compliant. Three premise fell out of compliance as at 31 December 2021, namely BTW Cardiff, BTW Swansea and Magden Park however assessments have subsequently been completed and full compliance achieved.

Asbestos; 100% of properties compliant. Two premises had fell out of compliance as at 31 December 2021, namely BTW Cardiff and BTW Swansea. Re-inspections were completed during January 2022.

Electrical Inspection Condition Report (5 Year Fixed Wiring inspection); 92% of properties compliant. Only one property out of compliance as at 31 December 2021, namely Magden Park. The inspection had been undertaken but at the report date there are outstanding actions still to be completed by the electrical contractor. The local premise lead has

been advised that all outstanding actions will need to be completed by the end of February 2022.

Gas Safety Certification: 100% of properties compliant.

Water Management (Legionella) – 91% of properties compliant. One property out of compliance as of 31 December 2021, namely No. 2 Capital Quarter. Contractor has advised of delays in assessments, but it is anticipated that the assessment will be undertaken during February 2022. It should be noted, the site is classed as low risk as there is an ongoing water management programme in place. Under the L8 Approved Code of Practice Regulations for the Control of Legionella Bacteria in Water Systems, assessments may be deferred at sites where there have been no changes to infrastructure of the water system and as this is the case at this site and as we have water management systems in place, the delay does not pose a risk.

The established six year rolling programme of compliance checks continues to be adhered to as far as practicable, so as to ensure inspections and testing are undertaken at appropriate intervals at all sites. Updates will continue to be provided to the group on a quarterly basis providing assurance on compliance.

Compliance information is also required to be collated for sites at which we have staff based and for which landlords or host organisations have responsibility for. It had been anticipated that the introduction of an online compliance assurance return would have been initiated during the reporting period and this will now commence during quarter 4.

As previously highlighted, it should be noted that despite the lack of supporting statutory compliance documentation from our hosts and landlords for their areas of compliance – it does not necessarily mean that they are not compliant.

7.0 Health and Safety Statutory/Mandatory Training

All staff are required to complete a number of statutory and mandatory modules. All directorates are expected as a minimum to attain Welsh Government All Wales compliance target of 85%, with an organisational target of 95%.

The key health and safety statutory/mandatory modules are:

- Fire Safety
- Health, Safety and Welfare
- Moving and Handling Level 1
- Violence and Aggression A

The organisations compliance status as of for quarter 2 is shown in the table below. There have been small increases in compliance across Health and Safety training and Violence and Aggression training however minor

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decreases in Fire Safety and Manual Handling since the last quarter. All four statutory and mandatory training areas remain short of the Public Health Wales target of 95% however Health and Safety and Violence and Aggression training are however meeting the Welsh Government target of 85%.

Table 2: Health and safety training compliance by Directorate (data as of end of December 2021)

Directorate	Fire Safety %	Health & Safety %	Manual Handling %	Violence & Aggression %
Corporate Directorate	71.73%	88.46%	76.92%	69.23%
Covid 19 Directorate	81.47%	91.58%	87.62%	83.17%
Health & Wellbeing Directorate	85.43%	89.00%	81.67%	95.67%
Health Protection and Screening Services Directorate	77.10%	87.66%	77.25%	92.21%
Hosted Directorate	84.12%	95.45%	86.36%	89.61%
Knowledge Directorate	94.39%	96.23%	94.34%	97.17%
NHS Quality Improvement Directorate	95.25%	96.25%	92.50%	100.00%
Operations and Finance Directorate	90.34%	91.34%	88.98%	95.28%
People & OD Directorate	90.82%	93.33%	96.67%	100.00%
Quality Nursing & Allied Profs Directorate	90.35%	94.59%	91.89%	94.59%
SPRs Directorate	97.89%	100.00%	100.00%	100.00%
WHO CC	92.24%	93.88%	91.84%	95.92%
Overall	81.47%	90.06%	82.36%	92.39%

Welsh Government target 85%; Public Health Wales target 95%

8.0 Risk Registers

There are a number of open Health and Safety Risks across the organisation. These are held on Directorate and Divisional Risk Registers. The risks are reviewed by the respective Directorates and by the Divisional Senior Management Team meetings at monthly meetings.

The table below summarises the number of health and safety risks currently managed at a Directorate and Divisional level. Please note this covers all new risks reported since the previous report up until 19 January 2022. Since the last report, five risks have been closed following review. Of the 17 open risks, there is one new risk reported since the last health and safety report. Details of these risks are included below-

Number of open Health and Safety Risks	17
Number of meeting target risk score	1 (ID- 987)
Number of risks not meeting target risk score	16 (ID- 978, 980, 720, 879, 1108, 1152, 1169, 1240, 1199, 1201, 1238, 1241, 1215, 1220, 1248, 1267)
New risks since last Health and Safety Report	1267

For risks not meeting the target risk score, the Estates and Health and Safety Team continue to work with Health and Safety Leads across the organisation to ensure actions are being undertaken to mitigate the risk down to meet the agreed target score. Work is ongoing with the Chief Risk Officer to explore alternative and improved ways to communicate risks and provide assurance on the action that is being undertaken.

New risk updates:

Risk 1267- Microbiology- There is a risk that in the event of a HSE inspection, the inspector would serve an enforcement notice over the management of the autoclave. This is a result of the weekly testing of the autoclave not being undertaken by an accredited engineer but by the user. MOU with Estates is currently not valid. If the testing is not compliant with the guidance, the autoclave will need to be taken out of use, which will impact the use of the Containment level 3 room which will be unable to run without a working autoclave. This will in turn require to move the service either to an alternative laboratory within the Public Health Wales network at a cost of increased turnaround time and transport or alternatively, the service could be outsourced at an inflated cost of transport, finance and TAT.

This would impact the wellbeing of staff at the sites taking the work and delay the results available to patients. This may have a reputational impact.

Control measures:

- Previous MOU has expired (just for services to the autoclave - steam, electric and water).
- Currently a User is undertaking the weekly testing who has been trained by the manufacturer to undertake this (LTE). This was undertaken in 2013.
- Staff using the autoclave are trained and competent to do so utilising network documentation signed off by Shared Services.

Actions: Discussions are progressing with the Health Board Estates team to agree processes for management of the autoclave. Public Health Wales staff are being supported by the authorised engineer from Shared Services, John Prendergast to resolve the problem.

9.0 Alerts and Notifications

The organisation receives a number of alerts under the headings:

- Safety Action Bulletins (SAB)
- Medical Device Alerts (MDA)
- Drug Alerts (DA)
- Chief Medical Officer Alerts (CMO)
- High Voltage Hazard Alerts (HVHA)
- Estates and Facilities Alerts (EFA)

All of these alerts are managed by the Quality, Nursing and Allied Professionals Directorate and a report submitted to the Quality and Safety Committee for information.

The organisation also receives a number of notifications under the headings:

- Specialist Estates Service Notifications (SESN)
- Publication Notices (PN)

These notifications are sent out directly from NHS Wales Shared Services Specialist Estates Service as Specialist Estates Service Notifications (SESN) and Publication Notices (PN) to the Estates, Safety and Facilities Division. For the reporting period, a total five have been received and are detailed in Table 3.

Table 3. Specialist Estates Service Notifications received.

Date Received	SESN No. / PN No.	SESN Description	Action
15/10/2021	PN 21 01	Primary Care Good Design Illustrated 2005 - 2020	No Action Required
22/10/2021	SESN 21-18	Future Approach to Planning Primary Care Premises in Wales Report / Overview Presentation	No Action Required
09/11/2021	SESN 21-19	Publication of estates and facilities performance management system (EFPMS)(NHS estate dashboard report, 2020/21)	No Action Required- PHW exempt from reporting process
01/12/2021	SESN 21-20	Authorising Engineer (Water)	PHW CEO asked to provide letter of

			authorisation for the proposed appointment of Authorising Engineer (Water Services). Letter issued.
10/12/2021	SESN 21-21	National standards for cleaning in Wales. Addendum: Key Standards for Environmental Cleanliness (Revision 2.0, December 2021)	IPC lead - directed to liaise with NWSSP re All Wales Cleaning contract re cleaning protocols.

10.0 Summary

The organisation has a number of processes in place for maintaining and monitoring health and safety compliances so that assurance can be provided and any gaps identified with the appropriate actions required.

In light of the risks of Covid-19 transmission we have taken independent health and safety advice, completed risk assessments and reviewed these and addressed actions to ensure our workplaces are Covid safe and continue to monitor compliance and adjust to ensure compliance with regulations. Regular spot checks are taking place and Health and Safety leads are regularly visiting buildings across the estate to address staff concerns and implement actions as necessary.

Incidents and RIDDOR's are actively managed, with lessons learned identified and shared. Audit schedules are in place, undertaken and results acted upon to ensure gaps in process are resolved. Risk registers have been reviewed with issues identified and actions outlined to mitigate risks.

Processes are in place to monitor policy and procedure reviews and/or development. There are also systems in place to action alerts and notifications as appropriate for the organisation.

The Quality, Safety & Improvement Committee is asked to:

Receive assurance that appropriate measures are in place to monitor compliance and to address areas identified for improvement.

Section 2- Additional workplace safety measures

Since the *Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020* came into force in Wales on 07 April 2020, Public Health Wales has been working across its estate to ensure compliance and maintain the safety of staff and service users. It states '*A person responsible for work being carried out at premises where a person is working must, when such work is being carried out during the emergency period, take all reasonable measures to ensure that a distance of 2 metres is maintained between any persons on the premises.*'

Guidance has also been issued to work places that states provided '*reasonable steps*' have been taken an employer would be compliant with the Regulations. It should also be noted that the guidance also states '*while that is an objective test that is intended to be applied consistently, it is not an absolute rule that has to be applied all of the time in all circumstances. In addition it is not a measure that will apply in the same way in all circumstances.*'

Further actions undertaken since previous update

Since the previous update, the Estates and Health and Health and Safety Team, in conjunction with Infection Prevention and Control Leads and Health and Safety Managers, have continued to put in place measures in line with guidance to ensure the safety of our staff and service users. Details of these actions have been included below.

Changes within the workplace

Since the start of the pandemic, the Estates and Health and Safety team, working alongside the Lead for Infection Prevention and Control and service leads have implemented a number of measures to ensure the safety of both staff and service users. This measures were informed on workplace risk assessments that were undertaken by an independent Health and Safety consultant and actions arising from the risk assessments have been implemented.

Following the change in the regulations prior in December 2021, Public Health Wales communicated to all staff to work from home if their role permits whilst still recognising that mental wellbeing and business requirements are suitable reasons to attend the workplace following a discussion and agreement from the individuals line manager. In line with Welsh Government moving back to alert level 0, we anticipate relaxing the guidance to accommodate more people in the workplace.

Lateral Flow testing is also been mandated for all those classified as staff who interact with members of the public and service users. This predominately impacts Screening staff and lateral flow tests have been provided.

Communications to all staff have also been issued in line with the guidance issued by Welsh Government to 'flow as you go' before attending the workplace following agreement by the Executive Team on 11 January 2022.

It was also agreed that essential in person mandatory training would also continue, despite the increased risk of Covid-19 transmission with extra precautions such as lateral flow testing requirements.

Compliance monitoring- Following the risk assessment, compliance monitoring has been a key element of ensuring our premises remain safe for staff and service users. This has continued across the estate through our Health and Safety leads and risk assessments are also updated accordingly to reflect the changing guidance and regulations as and when required.

Due to the change in regulations, Public Health Wales sites have been very sparsely populated resulting in good compliance adherence across the estate. As regulations are lifted, we will continue to emphasise the requirement to follow the guidelines and we will be communicating with staff on the importance of following the local arrangements.

Staff working from home- All staff that are not, as part of their role, required to be on a specific site have been encouraged through Directorates / Divisions to work from home in line with the Welsh Government guidance. This is to reduce the risk of spreading infection and ensure that those who do need to be in the workplace remain as safe as possible. A large proportion of staff are now able to work from home and guidance has been provided to managers and employees through the staff bulletins and internet pages which also includes guidance on home working, setting up IT equipment and using skype. Microsoft Teams, One Drive and other O365 packages have also been rolled out across the organisation providing another communication tool for staff.

Since the start of the pandemic, the Estates and Health and Safety Team have been working closely with the Information Management and Technology (IM&T) Division to support requests for equipment to enable working from home. As at 17 January 2022, 2157 pieces of equipment have been loaned to staff. This includes requests for provision of a monitor, key board, mouse, head sets and chair following review of a completed DSE assessment.

Additional training for staff

To ensure staff can continue to work safely whilst at home we have procured additional online training to ensure staff are aware of how to set up their work environments and we have revised the Display Screen Equipment assessment process that is incorporated into the training.

Currently 35% of staff have completed the training (an increase of 7%) from figures reported previously following the roll out in May 2021. It should be noted this includes all staff, some of which, due to the nature of their roles are not able to work from home. Compliance with this training will be a key element of 'Working where it works best' pilot.

Covid-19 and Influenza Vaccinations

As at December 2021 the data for Covid-19 and influenza vaccinations is as follows:

COVID Vaccine surveillance

2197 current PHW employees have been given at least their 1st dose (94%) and 92% fully vaccinated. Of the frontline workers, 93% have been given at least their 1st dose and 95% fully vaccinated. 5% remain unvaccinated. 43% of workforce including 67% frontline workers have received the Booster.

Influenza surveillance

42.3% all staff have had an influenza vaccination, of which 39.2% frontline staff. This is a small increase seen from November 2021. Figures for December 2020 shows we were at 57.3% for all staff which shows that current up take below last years. Staff are still encouraged to have the influenza vaccine via community pharmacy vouchers available for all staff. In house clinics delivering influenza vaccines are not currently running due to low up take however staff can obtain a vaccine if they would like. Officially the influenza season has not been declared yet (correct as at 06 January 2022).

Screening update

Further to review of current risk assessments – it was agreed that measures currently in place should remain. However, it was noted in the previous report that specific actions were being considered for implementation in relation to approaches to service delivery which may require revisions to existing risk assessments. An update to those proposals include -

Breast Test Wales - Pilot is being undertaken to reduce appointment times in our mobile units to increase numbers of participants who can be

screened. This is based on studies conducted by Breast Test Scotland. The pilot worked well on the unit, numbers increased on all three of West Wales mobile units as we changed sites end of last year. We are currently inviting 50 women in a normal day, where we started at 35. This has now rolled out to the other centres.

AAA –The programme is looking to review the clinic’s operational processes at two venues, with the aim of trying to make changes to reduce service user’s appointment times. This would require an increase in the number of service users accessing the designated waiting area, thereby ensuring that more service users are present and ready for their respective appointment. The programme has reviewed the clinic’s operational processes at two venues and has assessed against the required IP&C guidelines to ensure the increase in participant numbers at clinic is safe and compliant with IP&C requirements.

DESW- The programme would undertake a time and motion study at Clytha and Llys Britannia sites in order to ascertain whether it is possible to reduce the time between arriving service users from 15 minutes to 12 minutes. These have been both completed, and we’re still in the process of analysing the data.

Covid Measures- Following current guidance we have made no changes to staffing levels or Covid secure measures in buildings, this will be reviewed as guidance changes. Currently following WG guidance on frontline staff and Covid contact.

Microbiology update

The following actions are currently being progressed within Microbiology:

- There were two RIDDORS submitted during quarter 2 (see page 5 for details.). Both have required investigative efforts, of which one is ongoing requiring collaboration with the landlord and Shared Services.
- Substantial effort has been put into completing SBAR reports outstanding from high risk incidents to produce learning outcomes for network laboratories. To further progress outstanding SBAR actions, an SBAR meeting was created to meet monthly to address barriers. This is chaired by the Deputy H&S Manager and has shown good progress.
- Substantial effort has been directed to reviewing H&S competencies and documentation in anticipation of the movement to the new QMS ipassport.

- A working group has been formed to look at obtaining money from Welsh Government for replacement of autoclave at Bangor.
- A new working group has been identified to look at replacement of microbiological safety cabinets in the containment level 3 facilities at UHW. This group is due to meet in January 2022 to put forward a business case.
- A review of the laboratory network in anticipation of HSE inspections due in coming year undertaken by Julie Strachen.
- Support has been given to: addressing the theft of DX boxes containing patient testing samples, the expansion of hot lab testing project, Health Board SLA review, night shift working review, and re-direction of service at Prince Charles Hospital in response to water leak.