



 <p>GIG CYMRU NHS WALES</p> <p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p>Name of Meeting Quality, Safety and Improvement Committee</p> <p>Date of Meeting 21 February 2024</p> <p>Agenda item: 3.8</p>
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Health and Safety Report

Executive lead:	Huw George, Deputy Chief Executive / Executive Director of Operations and Finance
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Author:	Neil Desmond, Head of Estate and Health and Safety Scott Thomas, Health and Safety Advisor
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Approval/Scrutiny route:	Health and Safety Group (2 February 2024) Business Executive Team (7 February 2024) Quality, Safety and Improvement Committee (21 February 2024)
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Purpose
This report provides an update on the health and safety performance for the period of 01 October 2023 – 31 December 2023.

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 Committee is asked to:

- Take **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 and well-being objectives.

This report contributes to the following:

Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives
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Summary impact analysis

Equality and Health Impact Assessment	Internal report only
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.
Health and Social Care (Quality and Engagement) (Wales) Act Health and Social Care (Quality and Engagement) (Wales) Act	This report summarises the health and safety compliance, which supports the delivery of safe care.
Financial implications	None identified
People implications	There are no implications for workforce / staff identified



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 2023 – 31 December 2023. 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

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 No RIDDORs was reported during Quarter 3 (01 October 2023 - 31 December 2023).

3.2 There are 18 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 falling short of the 100% compliance target in relation to two of the five key areas. Further detail is provided at Section 6 (page 5).

- 3.3 All health and safety alerts and notifications received within the reporting period have been reviewed and addressed, with appropriate actions taken where required.
- 3.4 Ten health and safety audits, across the Corporate and Screening properties managed by Public Health Wales, have been completed since June 2023 following approval of the health and safety audit and inspection procedure. Actions Plans continue to be worked through and updated in collaboration with local premise leads. The remaining five audits have been scheduled in throughout Quarter 4, and an update on the overall position of the estate will be provided to the Health & Safety Group at the Quarter 4 meeting.

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 2023 to 31 December 2023, no significant trends have been identified, with the total number of reported health and safety incidents provided with a breakdown by directorate shown in Table 1.

Table 1. Reported health and safety incidents by Directorate

Division	No of incidents
Operations & Finance	3
Health Protection - Microbiology	29
Health Protection - Screening	28
NHS Collaborative	1
Total	61

All incidents relating to health and safety are notified to the relevant Health and Safety Managers and are followed up. Work is underway to look at the learnings from investigations and how we share these amongst all directorates as appropriate.

These incidents are classified under the following classifications and categories:

Table 2. Reported health and safety incidents by classification and category

Classification and Category	No of incidents
Accident, Injury	
Burns or scalds	1
Contact with object or animal	6
Contact with or exposure to hazardous substance	11
Road traffic collision	1
Slip, trip or fall	4
Struck against or by an object	3
Behaviour	
Anti-social behaviour	1
Aggressive/threatening behaviour	1
Equipment, Devices	
Medical devices	10
Non-medical equipment	9
Infection Prevention and Control	
Environmental cleaning (process and procedures)	1
Hand hygiene	2
Infrastructure (including staffing, facilities, environment)	
Clinical waste disposal	1
Collection/delivery services	2
Environmental hazards / issues	8
Total	61

5.0 RIDDORs

No RIDDORs have been reported to the Health and Safety Executive since the previous report.

6.0 Estates Compliance

Over the reporting period 01 October 2023 – 31 December 2023 the monitoring and scheduling of compliance has continued to be maintained. There are 18 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) – 93% compliant
- Gas Safety Certification – 80% compliant
- Water Management (Legionella) Risk Assessments – 100% compliant

Further details are set out in Appendix A in relation to electrical inspection condition (EICR) and gas safety certification.

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

As communicated previously, due to the challenges with securing compliance information from Health Boards, an online compliance form was developed and introduced. Continued attempts have been made to secure compliance assurance from Health Boards, with the latest approach being made to Health Boards on 3 July 2023 in line with the planned request schedule, however, several compliance returns were never submitted by Health Boards, despite our continued efforts to obtain the information. The compliance form will be reissued to Health Boards during Quarter 4 and updates on return levels will be provided to the Health & Safety Group. Any continued challenges associated with securing returns will continue to be addressed at a national level with Directors of Estates by the Head of Estates and Health & Safety.

In the absence of responses of compliance returns from health boards. It is important to note, that an assumption should **not** be made, that the hosted sites are non-compliant with their respective statutory requirements.

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 for quarter 3 is shown in the table below. Overall, there has been a slight decrease in compliance in all four training modules across the organisation. Currently all four areas meet the Welsh Government target of 85%, however, Fire Safety, Health and Safety and Moving and Handling are all falling short of the Public Health Wales Target of 95%. Only Violence and aggression training is meeting the Public Health Wales target. As can be seen in the table, only the Data, Knowledge and Research Directorate is achieving the Public Health Wales target across all four training areas, with most Directorates failing to meet the Public Health Wales target. The following Directorates are of particular concern, failing to meet both WG and PHW targets across three training programmes as highlighted below:

- Corporate Directorate - failing to meet both targets for Fire Safety, Manual Handling and Violence and Aggression Training.
- SPR Directorate – failing to meet both targets for Fire Safety, Health & Safety and Manual Handling.

We will continue to encourage staff to ensure training compliance is maintained and in areas that are falling short of WG and PHW targets, we work through Health and Safety Group representatives to highlight non-compliance with those targets to ensure training is undertaken.

Table 2: Health and safety training compliance by Directorate

Directorate	Fire Safety	Health and Safety	Manual Handling	Violence & Aggression
028 L3 Corporate Directorate	67.74%	90.32%	67.74%	80.65%
028 L3 Data, Knowledge and Research Directorate	96.43%	98.21%	96.43%	100.00%
028 L3 Health & Wellbeing Directorate	88.69%	92.86%	85.71%	96.43%
028 L3 Health Protection and Screening Services Directorate	88.46%	91.63%	86.65%	96.39%
028 L3 Improvement Cymru Directorate	85.85%	92.45%	90.57%	96.23%
028 L3 Operations and Finance Directorate	90.44%	95.59%	90.44%	97.79%
028 L3 People & OD Directorate	88.10%	95.24%	90.48%	97.62%
028 L3 Quality Nursing & Allied Profs Directorate	88.89%	97.78%	97.78%	97.78%
028 L3 SPRs Directorate	68.42%	84.21%	63.16%	100.00%
028 L3 WHO Collaborating Centre	95.00%	97.50%	92.50%	98.75%
Total	88.66%	92.71%	87.58%	96.61%

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



8.0 Additional training

First Aid / Fire Warden Training

First Aid provision continues to be an issue across the Public Health Wales Estate, as the Estates and Health and Safety Team try to determine which staff are currently working from offices and those working from home due to Work How it Works Best. Although a large number of staff have received training, which has significantly improved our compliance, further training sessions are being arranged as we continue to investigate which staff are in a position to act as First Aiders across Public Health Wales premises. Several premises still require volunteers to come forward for training and the Estates and Health and Safety Division are continuing to monitor and request volunteers until the requirements for each premises are met. Compliance for each premise will also be monitored through the Health & Safety Audit process.

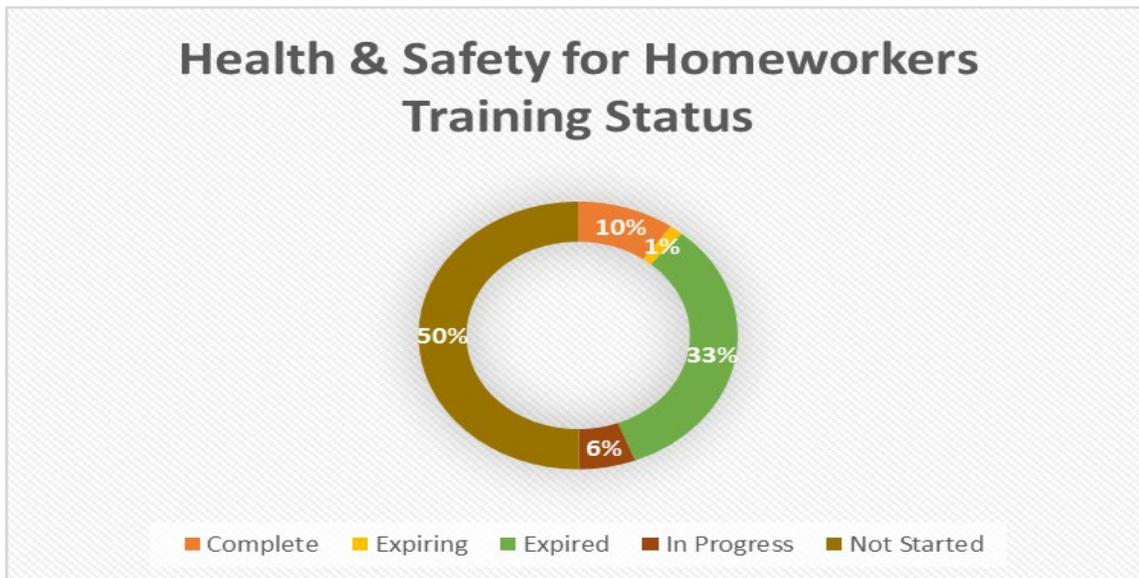
Online training of Fire Wardens continues to be rolled out across the organisation, and we currently have 145 trained fire wardens across the estate. This has dropped considerably within the last quarter, with the training expiring for 99 staff between October 2023 and January 2024. Although we have a considerable number of trained Fire Wardens several premises are still lacking the required number of Fire Wardens to meet the requirements for those premises and to cover gaps due to a large portion of our workforce being hybrid workers, working both from the office and at home. Volunteers from some directorates are still outstanding and this is currently being progressed by the Estates and Health and Safety Division. 74 members of staff have been registered for the training and have either yet to start or the training programme is in progress, and this will be followed up with Line Managers to ensure training is completed.

Health & Safety for Homeworkers Training

Staff working from home are required to undertake accredited online Health & Safety for Homeworkers training to ensure their safety and wellbeing. All and any issues identified by individuals completing the training are addressed via the provision of specific equipment and guidance on working practices. The following graph outlines the current status of those individuals who have been invited to undertake this training module:



Health & Safety for Homeworkers Training Status



We have seen a decrease in the percentage of total staff who have completed the required Health & Safety for Homeworkers training module over the previous quarter, down 2% to a total of 11% of the staff who have been registered as homeworkers within the organisation, with 1% of that figure nearing expiration of certification. Additionally, a further 6% of staff registered have started, but not completed the training module. Reminders will be sent to these staff to remind them of their responsibilities and to complete the training module as soon as possible.

The total figure for staff whose training has expired is 33%. It is proposed that consideration is given to asking staff to renew their training to ensure they continue to be aware of their Health & Safety responsibilities when working from home.

50% of staff who have been registered for the training still have not completed the training module. Although this has only reduced by 1% since the last quarter and has reduced for the second quarter running, this is still a substantial number of homeworkers not completing their required training. It has been recognised that some existing staff and new starters may not work from home and have been misidentified as requiring the training and we continue to ask managers to check with staff to ensure that these errors are being corrected to ensure the figures are accurate for future reporting.

The lack of compliance will be highlighted at the Quarter 3 Health & Safety Meeting, and it will be recommended that this is raised as a risk within the organisation so appropriate action can be taken.

We are currently unable to reflect these figures by directorate, and we continue to work with POD to find ways to present these figures by directorate for future reports.

Health and Safety Audits

Ten of the fifteen audits have been completed since the process was agreed by the Health & Safety Group in July 2023. The schedule for completing the remaining five audits during Quarter 4 has been developed. Audits are on schedule to be completed by the end of 2023/24.

Action Plans have been developed and agreed for eight of the ten Audits completed to date. A summary of actions will be provided to the Health and Safety Group at the Quarter 3 meeting as well as progress on the actions identified and performance against the deadlines for completion of actions.

Once the audit programme has been completed a report will be submitted to the Health & Safety Group giving an overview of the audit process as well as highlighting trends across the estate and high risks that should be noted for action.

9.0 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 31 December 2023. Since the last report, one risk has been closed (ID 1434) following review. No new risks were reported during quarter 3.

Number of open Health and Safety Risks	12
Number of meeting target risk score (tolerate)	0
Number of risks not meeting target risk score (treat)	12 (ID-720, 1108, 1169, 1199, 1345, 1367, 1378, 1383, 1415, 1540, 1551, 1562)
New risks since last Health and Safety Report	0

10.0 Policy updates

This section provides a brief update on the current progress of Health & Safety Policies and Procedures currently under review:

Control of Substances Hazardous to Health Procedure – Procedure has been through consultation and is to be approved by the Health & Safety Group at the Quarter 3 meeting on 02 February 2024.

Low Voltage Safety and Electrical Equipment Procedure – Procedure has been through consultation and is to be approved by the Health & Safety Group at the Quarter 3 meeting on 02 February 2024.

Safe Driving at Work Procedure – Procedure has been through consultation and is to be approved by the Health & Safety Group at the Quarter 3 meeting on 02 February 2024.

11.0 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 these alerts are managed by the Quality, Nursing and Allied Professionals Directorate and a report submitted to the Quality and Safety and Improvement 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, five SESNs have been received:

Date Received	SESN No./ PN No.	SESN Description	Action
25 October 2023	SESN23/08	Carpark Fire Risks - Multi-Storey, enclosed carparks, and car parking in close proximity to healthcare buildings	No action Required – For Information only
3 November 2023	SESN23/09	Authorising Engineer for Ventilation	Actioned - Letter of appointment issued by PHW as required.



14 November 2023	SESN23/11	Publication of Estates and Facilities Performance Management System (EFPMS) NHS Estate 'Dashboard' Report – 2022/23	No action Required – For Information only
15 November 2023	SESN23/12	Management of Hospital Landing Sites (HLS)	No action Required
17 November 2023	SESN23/13	NHS Wales Decarbonisation Strategic Delivery Plan Initiative 17	No action Required – For Information only

12.0 Additional updates

Reinforced Autoclaved Aerated Concrete (RAACS) update

Public Health Wales (PHW) received from NHS Specialist Estates Service (SES) a Specialist Estates Safety Notice (SESN 22-02 regarding Reinforced Autoclaved Aerated Concrete (RAAC) in buildings constructed between 1960 – 1990. The notice has been issued further to an alert issued by The Standing Committee on Structural Safety (SCOSS). The safety notice required PHW to review its property estate and to identify if RAAC had been used in its construction and if so, put in place a management plan to monitor and manage.

As reported in the Quarter 2 report a final formal report has been received from Ove Arup & Partners confirming that RAAC was not believed to have been used in the construction of properties owned or leased by Public Health Wales. This report has been submitted to NWSPP Specialised Estates Services.

In addition to the PHW owned or leased sites, PHW has staff working from a number of Health Board owned properties. Health Boards have been required to undertake reviews of their own estates and premises to identify if RAAC had been used in its construction, and if so, put in place management plans to monitor and manage.

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.

Incidents and RIDDOR's are actively managed, with lessons learned identified and shared.



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 Committee is asked to:

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



Appendix A

Compliance Summary

Electrical Inspection Condition Report (EICR): One premises is currently out of compliance as of 17/10/23.

18 Cathedral Road

The scheduled inspection was not completed by the contractor and was since deferred to allow essential works at 18 Cathedral Road that would not have been able to commence if the test had taken place. A new date for completion has been sought on repeated occasions from the contractor's scheduling team and account manager.

Gas Safety: - One site is currently out of compliance

BTW Wrexham – This site has recently fallen under the responsibility of PHW. This is due to a change in arrangements between the landlord, BCUHB, and PHW, BCUHB is still to forward on the most recent maintenance report. The contractor was originally booked in for 11/01/24, this has since been moved by the contractor to 19/01/24.