 <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 20 May 2024 </p> <p> Agenda item: 3.7 </p>
--	---

<h2 style="text-align: center;">Health and Safety Report</h2>	
Executive lead:	Huw George, Deputy Chief Executive / Executive Director of Operations and Finance
Author:	Neil Desmond, Head of Estate and Health and Safety Scott Thomas, Health and Safety Advisor

Approval/Scrutiny route:	Health and Safety Group – 22 April 2024 Business Executive Team 2 May 2024
---------------------------------	---

Purpose
<p>This report provides an update on the health and safety performance for the period of 01 January 2024 – 31 March 2024.</p>

Recommendation:				
APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Consider the report and; • 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.

This report contributes to the following:

Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives
--	--

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	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

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 January 2024 – 31 March 2024. 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 Two RIDDORs was reported during Quarter 4 (01 January 2024 - 31 March 2024).
- 3.2 There are 17 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 7).

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 Thirteen 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 two audits have been scheduled in throughout Quarter 1, and an update on the current position of the audits 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 January 2024 to 31 March 2024, we have seen a total of 77 incidents reported, an increase of 15 incidents on the previous quarter and is the highest reported quarter of 2023/24. This increase is solely contributed to by Microbiology, who saw an increase of 18 incidents on the previous quarter, whilst other Divisions have seen a reduction in incidents. The total number of reported health and safety incidents is 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	1
Health Protection – General	2
Health Protection - Microbiology	47
Health Protection - Screening	25
NHS Collaborative	2
Total	77

All incidents relating to health and safety are notified to the relevant Health and Safety Managers and are followed up to ensure all incidents are investigated correctly and to help identify any trends. Work is underway to look at the learnings from investigations and how we share these amongst all directorates as appropriate. All incidents from quarter 4 have been reviewed and although there has been an increase in incidents over previous quarters, there has been no significant increase in any one category and no noticeable trends have been identified.

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 or exposure to electricity (electric shock)	1
Contact with needles or medical sharps	3
Contact with object or animal	3
Contact with or exposure to hazardous substance	13
Manual Handling - Non patient/service user handling	1
Patient injury	1
Slip, trip, or fall	5
Struck against or by an object	4
Behaviour	
Anti-social behaviour	2
Aggressive/threatening behaviour	2
Equipment, Devices	
Medical devices	10
Non-medical equipment	13
Infection Prevention and Control	
Environmental cleaning (process and procedures)	2
Infrastructure (including staffing, facilities, environment)	
Cleanliness	1
Clinical waste disposal	1
Collection/delivery services	1
Environmental hazards / issues	11
Fire Safety	2
Total	77

Of the 77 incidents reported during quarter 4, 63 have been fully investigated and closed, with one further submitted for closure. The remaining 13 incidents are currently still in the investigation stage and will be updated and closed once this has been completed.

5. RIDDORs

Two RIDDORs have been reported to the Health and Safety Executive since the previous report. A brief outline on the RIDDOR is provided below along with details of any actions taken:

Datix Incident 3794 - Microbiology

9 February 2024

Submitted as a specific injury – fracture of radius.

On the 8 February 2024, a member of staff tripped upstairs at the University of Wales Hospital, taking weight of fall on hand. The staff member reported correctly and first aid/access to A&E was prompt. After attending A&E an X-ray was performed which confirmed staff member had a broken radius.

Subsequent engagement with the Health Board's Health and Safety team has been very good. Both the Health Board and Microbiology teams have inspected the site for any issues with the stairs, access/egress or wet weather coping strategies. No issues have been found. An SBAR has been completed and identified actions are in progress.

As of 18 April 2024, the Health and Safety Executive have yet to make contact regarding this RIDDOR.

Datix Incident 3867 – Microbiology

9 February 2024

Submitted as a 7-day incapacitation of worker due to work related injury.

On the 10 December 2023, a staff member was handling clinical waste which was overfilled and experienced pain in shoulder and left arm. The staff member did not stop the task and proceeded to continue to take the bags of waste to the yellow skip using a trolley and then lifted the bags from the trolley into the yellow skips. This was not reported on the day and preliminary investigation has confirmed the staff member has completed their Manual Handling B training and has also identified the staff member had previously received treatment for a weakness in that shoulder but had not reported this to senior management.

Submission of the RIDDOR is outside of the 15-day reporting time frame required by the Health Safety Executive. SBAR in first draft and awaiting revision in response to feedback.

As of 18 April 2024, the Health and Safety Executive have yet to make contact regarding this RIDDOR.

Further to a request from the Quality Safety and Improvement Committee a presentation was made to the Committee on the 21 February 2024 by Estates and Microbiology on the processes and approaches to documentation and investigation of incidents, with Microbiology providing a detailed overview of the management of recent RIDDOR's associated with their service. The presentation sought to provide assurance to the Committee on the effective management of incidents by the organisation.

6. Estates Compliance

Over the reporting period 01 January 2024 – 31 March 2024 the monitoring and scheduling of compliance has continued to be maintained. There are 17 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 – 94% compliant
- Asbestos survey/re-inspection – 100% compliant
- Electrical Inspection Condition Report (EICR) – 86% compliant
- Gas Safety Certification – 100% compliant
- Water Management (Legionella) Risk Assessments – 100% compliant

Further details are set out in Appendix A in relation the Fire Risk Assessment and Electrical Inspection Condition Reporting (EICR).

The 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 falling under the responsibility of Public Health Wales. Updates on these and the status of these will continue to be provided to the group on a quarterly basis providing assurance on compliance and highlighting any issues as appropriate.

As communicated previously, due to the challenges with securing compliance information from Health Boards, an online compliance form has been developed introduced. Despite the introduction of the online return challenges have remained with regards to securing returns. It is proposed that this will be raised at a national level with Directors of Estates by the Public Health Wales Head of Estates and Health & Safety.

However it should be noted, that in the absence 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. 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 4 is shown in the table below. There has been no change in the compliance levels for all four training modules across the organisation since the last quarterly report. 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%.

Currently, only Violence and Aggression training is meeting the Public Health Wales target. As can be seen in the table, only the People & OD 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, who continue to fail 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 & Safety %	Manual Handling %	Violence & Aggression %
028 L3 Corporate Directorate	62.07%	89.66%	68.97%	79.31%
028 L3 Data, Knowledge and Research Directorate	93.97%	96.55%	93.10%	99.14%
028 L3 Health & Wellbeing Directorate	92.31%	95.27%	91.12%	97.63%
028 L3 Health Protection and Screening Services Directorate	88.26%	91.96%	87.27%	95.52%
028 L3 Improvement Cymru Directorate	92.59%	95.37%	95.37%	96.30%
028 L3 Operations and Finance Directorate	88.32%	94.16%	90.51%	98.54%
028 L3 People & OD Directorate	97.67%	95.35%	95.35%	100.00%
028 L3 Quality Nursing & Allied Profs Directorate	93.75%	93.75%	91.67%	95.83%
028 L3 SPRs Directorate	78.95%	84.21%	73.68%	100.00%
028 L3 WHO Collaborating Centre	92.11%	92.11%	86.84%	94.74%
Organisational Compliance	89.12%	92.79%	88.38%	96.00%

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

8. Additional training

8.1 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 Division 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 build up our numbers of First Aiders and Appointed Persons (AP) across Public Health Wales premises. However, challenges with ensuring First Aiders AND Appointed Persons are present at any given site on any given day is proving to be difficult at some sites.

An Appointed Person is a far less onerous role and is minimal legal requirement at sites assessed to be low risk and low occupancy. The role of the AP then does not require the administration of first aid but allows for the provision of ensuring that emergency services are alerted and summoned if required, secure the scene to

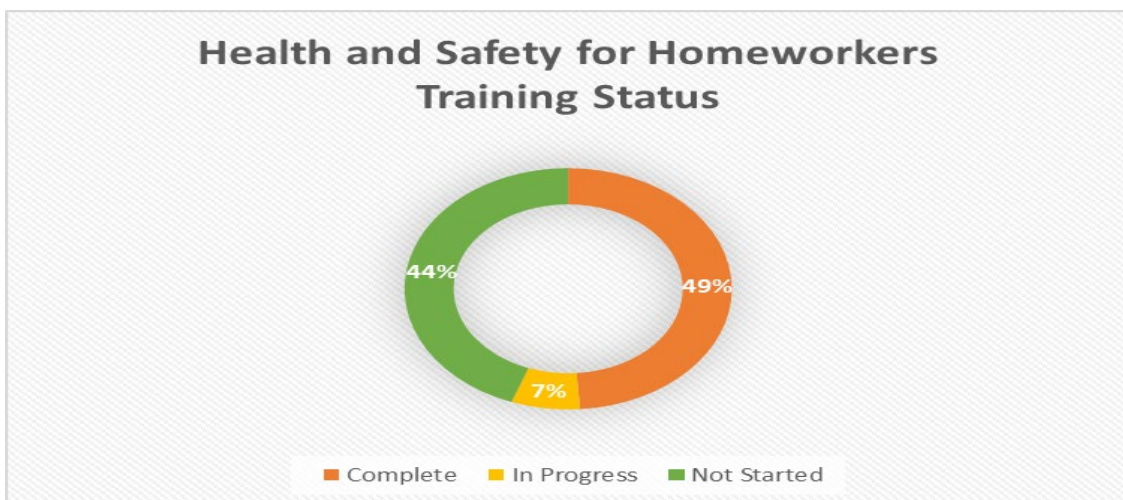
ensure no further harm comes to an individual and stays with the individual until the emergency services arrives.

There are premises which 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 appropriately met. Compliance for each premise is also being monitored through the Health & Safety Audit process.

Online training of Fire Wardens continues to be rolled out across the organisation, and we currently have 140 trained fire wardens across the estate. There are a further 150 staff who have previously completed the training module but have fallen out of compliance due to not completing refresher training. 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 substantial 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. 85 members of staff have been registered for the training and have either yet to start or the training programme is in progress, and this continues to be followed up with Line Managers to ensure training is completed.

8.2 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:



Currently 49% of staff who have been registered for the Health and Safety for Homeworkers training have completed the module. Additionally, a further 7% of staff registered have started, but have not completed the training. Reminders will be sent to these staff to remind them of their responsibilities and to complete the training module as soon as possible.

44% of staff who have been registered for the training still have not started the training module. Although this has only improved by 6% since the last quarter and has reduced for the third quarter running, this is still a substantial number of staff registered as 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.

Work is underway to reflect this data by directorate, in cooperation with POD, as this will enable us to target individuals through the Health & Safety group to determine whether this training is required and monitor completion through Directorate Management for those who do require the training.

8.3 Other Health & Safety Related Training

As part of the Health & Safety Audit process the Estates and Health & Safety Division have been undertaking a review of Health & Safety related training requirements across the organisation. A lack of provision of required training has been identified in a number of key areas, with the following training courses identified to fill any gaps:

- IOSH Managing Safely
- Disability Awareness
- COSHH Awareness
- Asbestos Awareness
- Legionella Awareness
- Risk Assessment and Method Statement Training

Personnel from the Estates Team, Premise Leads as well as staff who support in the management of the estate have been nominated for these courses, which will be rolled out over Quarter 1 and 2 of 2024/25. Updates on progress will be provided to the Health and Safety Group.

9. Health and Safety Audits

Thirteen of the fifteen audits have been completed since the process was agreed by the Health & Safety Group in July 2023. The remaining two audits had to be postponed during quarter 4 for unexpected reasons but will be completed during quarter 1 of 2024/25.

Action Plans have been developed and agreed for ten of the thirteen Audits completed to date. A summary of actions will be provided to the Health and Safety Group at the Quarter 4 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.

10. Risk Registers

There are currently 13 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 March 2024. Since the last report, two risks have been closed (ID 720 and 1199) following review and the implementation of key controls to reduce the risk to target levels. One new risk was reported during quarter 4.

Number of open Health and Safety Risks	13
Number of meeting target risk score (tolerate)	0
Number of risks not meeting target risk score (treat)	13 (ID-980, 1108, 1169, 1345, 1367, 1378, 1383, 1415, 1501, 1540, 1551, 1562, 1597)
New risks since last Health and Safety Report	1 (ID-1597)

The new risk reported in the last quarter was:

Risk ID-1597 NHS Collaborative - There is a risk that staff and/or visitors entering and/or exiting the building as well as ascending and descending of stairwell might incur injury. Failure of sensored lighting including emergency lighting resulting in poor visibility especially before sunrise or after sunset.

Key Controls are: No controls currently in place

Actions being Undertaken: The Estates and Health & Safety Team have requested that the NHS Collaborative arrange for an engineer to attend site to make repairs to the lighting. Currently awaiting an update from Premise Lead.

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 Risk Manager to explore alternative and improved ways to communicate risks and provide assurance on the action that is being undertaken.

11. 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 was approved by the Health & Safety Group at the Quarter 3 meeting on 02 February 2024. The Procedure is currently going through translation and will be published once completed.

Low Voltage Safety and Electrical Equipment Procedure – Procedure was approved by the Health & Safety Group at the Quarter 3 meeting on 02 February 2024. The Procedure is currently going through translation and will be published once completed.

Safe Driving at Work Procedure – Procedure was approved by the Health & Safety Group at the Quarter 3 meeting on 02 February 2024 and has been published.

Equipment and Workplace DSE Assessment Procedure – Procedure to be submitted for approval to the Health & Safety Group at the Quarter 4 meeting on 22 April 2024.

12. 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, four SESNs have been received:

Date Received	SESN No./ PN No.	SESN Description	Action
10 January 2024	SESN23/08	Workplace recycling regulations	Action required. Progressed via Estates Division.
12 January 2024	SESN24/04	Lessons learned: Prince Phillip hospital modular theatres development.	No action Required- For information only
31 January 2024	SESN24/06	NHS Net Zero Building Standard – Guidance Note	No action Required
12 March 2024	SESN24/07	NHS Estate in Wales - Fire statistics report fire incidents and unwanted fire signals 2023	No action Required- For information only

13. Additional updates

Further to discussions with the lead for Infection Prevention Control (IPC) lead at PHW a number of condition surveys and performance reports were commissioned for air conditioning systems at the four Breast Test Wales centres. Site visits were undertaken by a commissioned contractor during March 2024 and individual site reports provided to the organisation. The reports have been shared with screening service leads and with the IPC lead.

The reports have made a series of recommendations which are currently being taken forward by the Estates, Facilities and Health & Safety Division and a further update on progress will be provided at the next reporting period.

14. Summary



The organisation has several 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:

- **Consider** the report; and
- **Take assurance** that appropriate actions are being undertaken to address issues raised in this report

Appendix A

Compliance Summary

Fire Risk Assessment: One Premises is currently out of compliance as of 14/03/24

CQ2: This was included with a batch of FRA's which have been successfully carried out by Sircle. An acceptance of Sircle's professional Indemnity Insurance has capped liabilities for premises over 4 stories and previously this acceptance has been sort by from the landlord Workman LLP. The landlord has not replied to any correspondence thus far throughout February and March on this on this matter, which is placing a hold on this FRA being carried out.

Electrical Inspection Condition Report (EICR): 18 Cathedral Road premises is currently out of compliance as of 17/10/23. BTW Wrexham is out of compliance as of 30/03/24

18 Cathedral Road

The scheduled inspection was not completed by the contractor and was 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. This has been finalised for 20/04/24 and 21/04/24

BTW Wrexham – This site has recently fallen under the responsibility of PHW. This is due to BCUHB withdrawing support for all statutory and regulatory compliance checks at this site. The inspection has been booked in on 24/04/24.