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Public Health  
Wales

**Name of Meeting**  
Quality, Safety and  
Improvement  
Committee  
**Date of Meeting**  
24 July 2024  
**Agenda item:**  
4.3

## Health and Safety Report

**Executive lead:** Huw George, Deputy Chief Executive / Executive Director of Operations and Finance

**Author:** Neil Desmond, Head of Estate and Health and Safety  
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**Approval/Scrutiny route:** Health and Safety Group

### Purpose

This report provides an update on the health and safety performance for the period of 01 April 2024 – 30 June 2024.

### 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:

**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:

<b>Strategic Priority</b>	Supporting the development of a sustainable health and care system.
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**Summary impact analysis**

<b>Equality and Health Impact Assessment</b>	Internal report only
<b>Risk and Assurance</b>	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.
<b>Health and Care Standards</b>	This report supports and/or takes into account the <a href="#">Health and Care Standards for NHS Wales</a> Quality Themes  Theme 2 - Safe Care
<b>Financial implications</b>	None identified
<b>People implications</b>	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 April 2024 to 30 June 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 One RIDDOR was reported during Quarter 1 (01 April 2024 – 30 June 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 (pages 6 & 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 All fifteen 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.

## 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 1 January 2024 to 31 March 2024, we have seen a total of 64 incidents reported, a decrease of 13 incidents on the previous quarter. This is a result of a decrease in the total reported incidents by both Microbiology and Screening. 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
Health and Wellbeing	1
Health Protection - Microbiology	40
Health Protection - Screening	21
QNAHP's	2
<b>Total</b>	<b>64</b>

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 1 have been reviewed and no noticeable trends have been identified.

All incidents reported are classified under the following classifications and categories:

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

<b>Classification and Category</b>	<b>No of incidents</b>
<b>Accident, Injury</b>	
Burns or scalds	1
Contact with needles or medical sharps	3
Contact with object or animal	1
Contact with or exposure to hazardous substance	15
Slip, trip, or fall	5
Struck against or by an object	1
<b>Behaviour</b>	
Aggressive/threatening behaviour	2
<b>Equipment, Devices</b>	
Medical devices	17
Non-medical equipment	7
<b>Infection Prevention and Control</b>	
Environmental cleaning (process and procedures)	2
<b>Ill Health (work related)</b>	
Ill Health	1
<b>Infrastructure (including staffing, facilities, environment)</b>	
Cleanliness	1
Collection/delivery services	1
Environmental hazards / issues	5
Fire Safety	2
<b>Total</b>	<b>64</b>

Of the 64 incidents reported during quarter 1, 44 have been fully investigated and closed, with a further seven incidents submitted for closure. The remaining 13 incidents are currently still in the investigation or management review stage and will be updated and closed once this has been completed.

## **5. RIDDORs**

One RIDDOR has 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 4466 - Microbiology**

**3 June 2024**

**Submitted as an injury preventing the injured person from working for more than 7 days**

A staff member was using a scalpel to cut a cable tie to release a nozzle head from sterilised tubing in order to replace it with a larger type. The scalpel slipped during use causing a laceration to the finger, which required stitches.

There has subsequently been a review of processes comparing the use of scalpels in other PHW laboratories that perform the same tasks. Examination of alternatives in use for recommendation of best practise and removing scalpels from use where possible. A risk assessment for scalpel use to be developed where it cannot be removed and provide gauntleted PPE for staff. Regular checks will take place on staff training to ensure competency is relevant and in date for staff designated to these tasks. All lessons learnt will be communicated through the laboratory network.

As of 30 June 2024, the Health and Safety Executive have yet to make contact regarding this RIDDOR.

## **6. Estates Compliance with statutory and regulatory requirements**

During the reporting period 01 April 2024 to 31 June 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 – 88% compliant
- Asbestos survey/re-inspection – 100% compliant
- Electrical Inspection Condition Report (EICR) – 93% compliant
- Gas Safety Certification – 100% compliant
- Water Management (Legionella) Risk Assessments – 94% compliant

Further details are set out in **Appendix A** in relation to Fire Risk Assessment, Electrical Inspection Condition Reporting (EICR) and Water Management.

The rolling programme of compliance checks continues to be adhered to as far as practicable, in order to ensure that inspections and testing are undertaken at appropriate intervals at all sites that fall under the responsibility of Public Health Wales. Updates on these and their status will continue to be provided to the group on a quarterly basis providing assurance on compliance and highlighting any issues as appropriate.

Despite the introduction of the online return challenges have remained with securing returns from Health Boards. It is proposed that in addition to the challenges being raised at a national level with Directors of Estates by the

Public Health Wales Head of Estates and Health & Safety further options will be explored with Health Boards to identify a way forward that ensures compliance assurance is secured.

It is important to note however, that in the absence of compliance returns from health boards 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 1 is shown in the table below. Again, there has been little 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, no Directorate is achieving the Public Health Wales target across all four training areas. The Corporate Directorate are of particular concern, who are now failing to meet both WG and PHW targets across all four training programmes as highlighted in the table.

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	81.48%	81.48%	77.78%	77.78%
028 L3 Data, Knowledge and Research Directorate	94.64%	96.43%	94.64%	99.11%
028 L3 Health & Wellbeing Directorate	89.22%	94.01%	86.23%	97.60%
028 L3 Health Protection and Screening Services Directorate	88.86%	91.87%	87.18%	95.44%
028 L3 Operations and Finance Directorate	86.23%	91.30%	89.86%	98.55%
028 L3 People & OD Directorate	90.70%	95.35%	95.35%	97.67%
028 L3 Quality Nursing & Allied Profs Directorate	94.81%	96.10%	93.51%	97.40%
028 L3 SPRs Directorate	93.48%	95.65%	82.61%	97.83%
028 L3 WHO Collaborating Centre	89.47%	78.95%	89.47%	100.00%
Organisational Compliance	89.30%	92.32%	87.89%	96.01%

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 a challenge across the Public Health Wales Estate, as the Estates and Health & Safety Division try to determine which staff are currently working from offices and those working from home under 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 (APs) across Public Health Wales premises. However, challenges with ensuring First Aiders and APs are present at any given site on any given day is proving to be difficult at particular sites.

An Appointed Person (AP) is a far less onerous role and is a 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. To date we have issued this training to 16 members of staff, 13 of whom have completed the training.

There are premises which still require volunteers to come forward for training and the Estates and Health & 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 and the development of First Aid Needs Risk Assessments, which help determine the exact requirements for each of our premises.

Online training of Fire Wardens continues to be rolled out across the organisation, and we now have 338 staff registered for training. Currently have 142 of those staff have completed the fire warden training and therefore are able to undertake this role within their designated base. There are a further 125 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 & Safety Division.

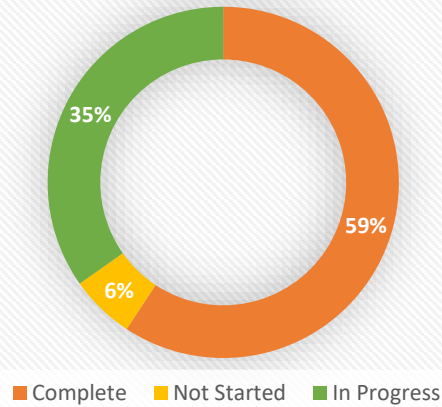
71 members of staff have been registered for the training and have either yet to start or the training programme is in progress, and this continues to be followed up with Line Managers to ensure training is completed.

Further work with Business Leads through the Health & Safety Group is required to increase training compliance rates and volunteers for premises and we will be looking for Business Leads to obtain lists of staff who regular attend PHW premises to ensure we are targeting the right staff for the role.

## **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 issues identified by individuals completing the training and the associated self-assessment 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



It was agreed at the Quarter 4 Health & Safety Group that compliance figures for this training module were too low, and a focused push to raise compliance levels across the organisation was required. It was agreed within the group that an organisation target of 85% compliance would be set and monthly compliance updates would be sent to all Directorates along with a list of non-compliant staff to help improve compliance levels.

As of 30 June, 59% of staff who have been registered for the Health and Safety for Homeworkers training have completed the module, which is a 10% improvement on the previous quarter, and the largest improvement seen in the last 12 months. However, significant work remains to be done to get compliance rates to the agreed level.

As part of the work to improve compliance levels, with the support of the People & Organisational Development Directorate we are now able to report compliance levels by Directorate and Division, and the following table shows the current picture of compliance levels by Directorate across the organisation:

Directorate	Compliance Rate (%)
Corporate Directorate	70.0%
Operations and Finance Directorate	73.50%
People & OD Directorate	97.1%
Quality Nursing & Allied Profs Directorate	72.9%
Policy, International Health and WHO CC Directorate	90.0%
Data, Knowledge and Research Directorate	89.4%
Health & Wellbeing Directorate	78.6%
Health Protection and Screening Services Directorate	47.7%
SPRs Directorate	76.5%

NHS Executive	53.3%
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For a further detailed breakdown, please refer to **Appendix B**, which details Divisional compliance rates for each Directorate.

As can be seen from the above table, the majority of Directorates are either meeting or close to meeting the organisation target of 85%. However, significant work still needs to be done by the Health Protection and Screening Services (HPSS) Directorate and NHS Executive to raise their compliance levels.

We will continue to work closely with all Directorates, ensuring monthly compliance updates are sent until compliance levels have met the required target.

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 will 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.

### **8.3 Other Health & Safety Related Training**

Training identified as part of the Health & Safety audit is progressing well. Legionella Awareness training for staff responsible for the local management of water systems continues to be rolled out across the estate. All staff registered on the IOSH (Institution of Occupational Safety and Health) Managing Safely course are currently working through that programme with an expected completion date of the end of September 2024.

The disability awareness and inclusion training programme provided via online training which is being rolled out to Screening commenced in quarter 1. A total of 456 Screening staff have been registered for the training programme, with 6.4% of those staff having completed the training to date. Regular emails are sent to staff to complete the training, and we expect the compliance rates to rise significantly in quarter 2.

## **9. Health and Safety Audits**

All fifteen Health and Safety Audits have been completed since the process was agreed by the Health & Safety Group in July 2023, with the final two audits completed during quarter 1 of 2024/25.

Action Plans have been developed and agreed for thirteen Audits completed to date. A summary of the audits will be provided to the Health and Safety

Group at the Quarter 1 meeting as well as progress on the actions identified and performance against the deadlines for completion of actions.

During 2024/25 we will be focusing on working with premise leads through the actions plans and revisiting all sites to undertake a review of progress against those actions.

## 10. Risk Registers

There are currently 16 open Health and Safety Risks across the organisation. These are held across 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 30 June 2024. Since the last report, five new risks have been raised and two risks have been closed (ID 1345 and 1597) following review and the implementation of key controls to reduce the risk to target levels:

<b>Number of open Health and Safety Risks</b>	<b>16</b>
<b>Number of meeting target risk score (tolerate)</b>	<b>2</b> (ID-1383, 1501)
<b>Number of risks not meeting target risk score (treat)</b>	<b>14</b> (ID-980, 1108, 1169, 1367, 1378, 1383, 1415, 1501, 1540, 1551, 1562, 1622, 1623, 1639, 1646, 1649)
<b>New risks since last Health and Safety Report</b>	<b>5</b> (ID-1622, 1623, 1639, 1646, 1649)

The new risk reported in the last quarter was:

**Risk ID-1622 Microbiology** - There is a risk of fire spreading due to the absence of a functioning sprinkler system at IP5.

**Key Controls are:** Fire Drills and false alarm activations have confirmed that the alarms and evacuation procedures are effective.

**Actions being undertaken:** The following actions are being taken forward to reduce the level of risk:

- Improved Communications - New Walkie Talkies to be purchased and placed at agreed points for use by designated parties in the event of an evacuation, and additionally we will be looking at positioning a fire warden on the corners of the building to monitor people leaving in a safe manner. Further information on this will be shared once the plan is ready to be implemented. This should ensure there is greater clarity

in ensuring all staff/visitors and Fire Wardens are safely out of the building in a timely manner

- Door Releases – We will be reviewing which doors do and don't automatically release in the event of a fire activation. Some Doors are designed not to release in the event of a fire for security reasons and to release would need the green break glass activated to release the door. We will look at installing improved signage in these areas and providing some further info for relevant departments where needed.
- Review of Electrical Items within Offices – Although not directly linked to the incident it has been brought to our attention by one of our wardens that there appears to have been an increase in the number of non-essential electrical items such as kettles now being held and used in offices. We will review this over coming weeks but there are a number of Hot Water Boilers in the canteens around site so these should be used as a main source for hot water and suitable flasks (similar to those used in the meeting rooms) used to move and then store the hot water in offices.

**Risk ID-1623 Microbiology** - There is a risk of repetitive strain injury to staff delivering the national cryptosporidium reference services due to high workload and manual DNA extraction.

**Key controls are:** Rotation of staff and the use of electronic pipettes, however they can only do part of the process and are an interim partial measure.

**Actions being undertaken:** A risk assessment undertaken by the Microbiology Health & Safety Team covering the processing samples following CRUSOP 005 DNA extraction is to be undertaken for review of existing controls and the implementation of further controls to reduce the risk, by the Directorate Central Business team.

**Risk ID-1639 Screening** - There is an increased risk of fire at BTW Swansea due to the excessive build-up of combustible materials in a number of areas that are not suitable for storage or the amount of stored items in them (Fire loading is too high). Additionally, there is a risk that the fire detection system will not operate efficiently and effectively due to the build-up of stored materials being too close to smoke detectors.

**Key controls are:** consumables have been moved out of storage areas to reduce fire loading. However, these are currently located in the reception area behind a screen, which is creating a separate fire risk, as well as reducing operational space and a negative impact on service user experience.

**Actions being undertaken:** Screening are currently working with the Estates Team to design and fit additional storage space to reduce fire loading throughout the building.

**Risk ID-1646 Microbiology:** There is a risk that there will be further adverse security incidents at Public Health Wales Microbiology Wrexham site due to the outer Pathology door lock not working, and HB staff propping the door open.

**Key controls are:** Security door with observation window at entry to laboratory which is kept closed. Heightened staff awareness of issues with door.

**Actions being undertaken:** Escalated to BCU security team and Estates to resolve door lock repair, which has now been completed. However, the Health Boards Blood Science Department have risk assessed leaving the door open for staff and service users, which is adding further security risks. Further discussion with local Health Board representatives required to ensure Microbiology concerns over potential risks to staff are considered.

**Risk ID-1649 Microbiology:** There is a risk that the management of Health & Safety at a departmental level at Singleton Hospital will not be able to be maintained.

**Key controls are:** One Part-Time Band 6 also supporting Health & Safety however they need to be guided by the Band 7 lead currently.

**Actions being undertaken:** No further actions currently being undertaken to progress this outside of current controls

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:

**Equipment and Workplace DSE Assessment Procedure** – Procedure was approved by the Health & Safety Group at the Quarter 4 meeting on 22 April 2024. Procedure is currently going through the translation process and will be published when this has been completed.

**Display Screen Equipment Procedure** – This procedure has been drafted and is currently going through the consultation process. This is due to end on the 17 July 2024. Once through consultation the procedure will be updated accordingly and distributed to the Health & Safety Group for approval.

**Waste Management Policy and Procedure** - The original waste management policy and procedure are being divided to deal with organisational procedures on clinical waste and recycling separately. All documents have been drafted and are due out for consultation at the start of July 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, one SESN has been received:

<b>Date Received</b>	<b>SESN No./ PN No.</b>	<b>SESN Description</b>	<b>Action</b>
16 May 2024	SESN24/09	Estates and Facilities Performance Management System (EFPMS) - Submission	Action required. Progressed via Estates Division.

		of Data for April 2023 - March 2024.	
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### **13. Additional updates**

Following the review of the performance of air conditioning systems at the four Breast Test Wales centres recommendations from the performance reports were actioned and fully implemented. In addition to the recommendation's, further investigations have also been undertaken to identify opportunities for additional cooling to be installed at one site to improve operational conditions.

### **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:

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

## Appendix A

### Compliance Summary

**Fire Risk Assessment (FRA):** Two premises are currently out of compliance, Capital Quarter 2 as of 14/03/24 and River House as of 10/05/24.

**CQ2:** This was included with a batch of FRA's which have been successfully carried out by an approved contractor. With regards to CQ2, an acceptance of the approved contractor's professional Indemnity Insurance is required, as this has capped liabilities for premises over four storeys.

Normally this acceptance has been sought from and supplied by the landlord's management agent in accordance with the approved contractor's policy. The agent has been contacted on a regular basis since February to secure confirmation of the acceptance of the liability under the insurance.

A response was eventually secured on the 24/06/24 to say that it was not in their remit to approve these conditions, and that it was a PHW liability. The approved contractor has since been contacted and they are currently checking with their insurer whether it is possible for them to carry out the FRA on the agreement of PHW as the tenant.

**River House:** The NHS Executive are responsible for arranging Fire Risk Assessments for their own premises, and this has fallen out of compliance as of 10/05/24. The premise lead has been contacted as to the status of this Risk Assessment, however, to date no reason for the delay has been provided.

**Electrical Inspection Condition Report (EICR):** One premises is out of compliance - DESW St David's Park.

**DESW St Davids Park** – This site has recently come under the remit of PHW following a Health & Safety Audit and was previously the responsibility of the landlord. A fixed wiring test has been booked in and is due to be completed on 12/07/24.

**Water Management (Legionella) Risk Assessments (LRA):** One premises is out of compliance - River House as of 24/04/24.

**River House:** The NHS Executive are responsible for arranging their own LRA's. The premises lead manager was contacted on 05/02/24 to

whether LRA had been completed. To date no response has been received. A quote from PHW's approved contractor has been secured to support the assessment and shared with the premises lead. It is understood that the assessment is due to be completed 03/07/24.

**Note:** As a part of the PHW hosting arrangements of the NHS Executive, going forward the NHS Executive are to be responsible for the reporting of their respective compliance with statutory and regulatory requirements to the Health & Safety Group and the Quality, Safety and Improvement Committee of the PHW Board. Compliance with this requirement will be monitored and reported to the Health and Safety Group.

## **Appendix B**

## Health & Safety for Homeworkers Training Status by Directorate and Division

<b>Directorate/Division</b>	<b>Compliance Rate (%)</b>
<b>Corporate Directorate</b>	<b>70.0%</b>
<b>Operations and Finance Directorate</b>	<b>73.50%</b>
Communications Division	47.4%
Estates, Safety and Facilities Division	100.0%
Finance Division	93.5%
IM&T Division	57.8%
Strategy, Planning & Corporate Affairs Division	100.0%
<b>People &amp; OD Directorate</b>	<b>97.1%</b>
<b>Quality Nursing &amp; Allied Profs Directorate</b>	<b>72.9%</b>
Integrated Governance Division	92.3%
National Safeguarding Division	81.8%
Quality & Nursing Division	58.3%
<b>Policy, International Health and WHO CC Directorate</b>	<b>90.0%</b>
ACE's Hub Division	100.0%
Behavioural Science Division	80.0%
Central Division	85.7%
International Health Division	88.2%
Policy Division	92.9%
Projects Division	75.0%
WHIASU Division	85.7%
<b>Data, Knowledge and Research Directorate</b>	<b>89.4%</b>
<b>Health &amp; Wellbeing Directorate</b>	<b>78.6%</b>
Health Improvement Division	77.1%
HWB Mgt. and Admin Division	92.9%
PCIC Division	77.4%
<b>Health Protection and Screening Services Directorate</b>	<b>47.7%</b>
Health Protection Division	76.0%
HPSS Corporate Division	71.4%
Microbiology Division	27.8%
Screening Services Division	52.5%
<b>SPRs Directorate</b>	<b>76.5%</b>
<b>NHS Executive</b>	<b>53.3%</b>

Strategic Programmes for Planned Care Division	0.0%
Strategic Programmes for Primary Care Division	100.0%
Strategic Programme for Mental Health Division	40.0%
Quality, Safety and Improvement Division	59.1%
Planned Care & Recovery Division	42.9%
Performance & Assurance Division	66.7%
Networks & Planning Division	56.9%
Finance Planning & Delivery Division	40.9%
Digital, Technology, Innovation & Value Division	50.0%

The Committee is asked to:

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