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Name of Meeting

Quality, Safety and
Improvement
Committee

Date of Meeting

24 July 2024

Agenda item:

4.4

Health and Safety Annual Report 2023-2024

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Date: 26 June 2024

Version: V1

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

Who will present: Neil Desmond, Head of Estates and Health & Safety

Date of Committee meeting: 24 July 2024

Committee/Groups that have received or considered this paper:
Health and Safety Group

Recommendation:

APPROVE

CONSIDER

RECOMMEND

ADOPT

ASSURANCE

The Committee is asked to:

- **Receive assurance**, based on the information available, that health and safety in the workplace is proactively managed, and is monitored through audits, Datix, RIDDOR reporting and supported by appropriate policies and procedures.

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1. Introduction

This report provides analysis of the level of health and safety performance throughout the organisation for the financial year 2023-2024.

The Health and Safety at Work etc. Act 1974 provides a legislative framework to promote, stimulate and encourage high standards of health and safety at work.

In particular Act require requires organisations to provide and maintain:

- a) A Health and Safety Policy
- b) A system to manage and control risks in connection with the use, handling, storage and transport of articles and substances
- c) A safe and secure working environment, including provision and maintenance of access to and egress from premises
- d) Safe and suitable plant, work equipment and systems of work that are without risks
- e) Information, instruction, training and supervision as is necessary
- f) Adequate welfare facilities

The legislation is enforced by the Health and Safety Executive (HSE) who have far-reaching powers, which include:

- a) Access to work premises at any reasonable hour
- b) Freedom to interview staff and visitors, contractors or patients
- c) Confiscation of equipment and applicable documents
- d) Taking statements, photographs, measurements and samples
- e) Issuing notices (Improvement and Prohibition) requiring respectively improvements within a certain timeframe or stopping work until improvements are made also within a timeframe
- f) Initiating criminal court proceedings for alleged breaches of health and safety legislation.

2. Background

2.1 Health and Safety Governance

Public Health Wales' Terms of Reference for the Health & Safety Group require submission of an Annual Report to the Quality, Safety and Improvement Committee with outlining the work of the Health and Safety Group and to demonstrate how it has fulfilled its responsibilities.

The purpose of the Health and Safety Group is to provide assurance relating to the organisation's arrangements for ensuring the health, safety, welfare and security of the organisation's business operations.

The Annual Report specifically comments on key issues considered by the Health & Safety Group in terms of health & safety, security and the adequacy of policies and plans in place.

2.2 Policies and Procedures Developed and Reviewed

All policies and procedures have been through the organisation's consultation and ratification process. For many procedures, accompanying guidance has been incorporated into the procedure to make it easier and similar for staff to find the information they require. Policies and Procedures approved within the reporting period include:

- Control of Substances Hazardous to Health Procedure
- Moving and Handling Procedure
- Management of Violence and Aggression Procedure
- Personal Protective Equipment Procedure
- Slips, Trips and Falls Procedure
- Lone Worker Procedure
- Provision and Use of Work and Lifting Equipment Procedure
- Low Voltage Electrical Safety and Electrical Equipment Procedure

3. Risk Register

Health and Safety Risks are held on the respective Directorate / Divisional risk registers and reviewed by the Health and Safety Group. This ensures appropriate scrutiny of recorded risks by the Group and provides an opportunity for the Group to recommend escalation as required. As of 4 May 2024, there were 14 risks identified which were monitored and updated by the respective Divisions and reviewed by the Health and Safety Group.

The Health and Safety Group continue to utilise the Performance and Assurance Dashboard, which was introduced into the management process in 2022/23, as the basis of the risk discussions at Health and Safety Group. This has allowed the group to focus on the highest scoring health and safety risks, discussing progress to mitigate the risks and any new actions identified. Once assessed by the Group these can be escalated to the next level (Corporate Risk Register) if deemed necessary.

The dashboard below provides a summary of how the risks are scored and by theme and category (data as of 4 May 2023).

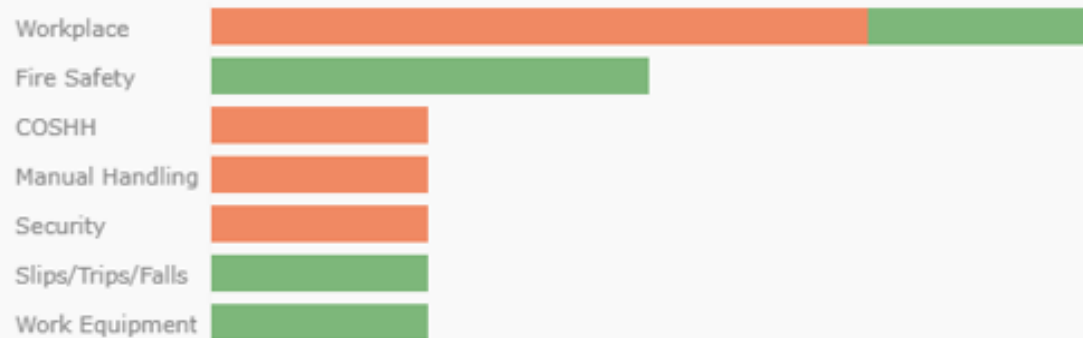
RISK MATRIX

Likelihood x Consequence = Exposure

		1 Negligible	2 Minor	3 Moderate	4 Major	5 Critical
5 Almost certain		0	1	0	0	0
4 Highly Likely		0	0	0	0	0
3 Likely		0	0	2	1	0
2 Unlikely		0	0	4	1	1
1 Highly Unlikely		0	0	0	0	1

NUMBER OF RISKS BY THEME AND CATEGORY

Click to filter dashboard by theme or category



The table below highlights the distribution of risks across the respective Divisions. Ten are currently above the target risk score, 1 is on target with 3 remaining 3 still not having been scored.

Table 1.

Health and Safety Risks	Number of Risks
Microbiology	10
Screening	1
Estates and Health and Safety	1
Quality, Nursing and Allied Health Professionals	1
NHS Executive	1

During 2023/24 only 5 new health and safety risks were opened and 7 risks were closed during the period, which is almost half of that reported during 2022/23. The Estates and Health and Safety Team continue to work with Directorate leads to ensure all Health and Safety risks are being captured and are updated accordingly.

As part of the internal audit of our Health & Safety arrangements (see section 4 below), ensuring that all risks recorded on Datix were up to date was an action identified. To support this Screening and Microbiology will be arranging training for managers within their services to ensure that staff are aware of how to use Datix and the information that is required. This training has been delayed due absence of the Risk Manager however will be taken forward in 2024/25.

4. PHW Health & Safety Audit Report - Health and Safety Arrangements

In February 2023, Internal Audit undertook an audit of Public Health Wales health and safety arrangements. The Trust received reasonable assurance with three matters identified as needing attention. These were:

- The information on the risk register is not up to date / accurate and may include risks which are not actual risks
- Policies / Procedures within Health and Safety require updating
- The membership of the Health and Safety Group needs to be reviewed.

The actions to address were taken forward into 2023/24, with significant progress made on reviewing and updating of policies (see section 2). Additionally, the Health & Safety Group are working with Health and Safety Risk Managers across the Trust to ensure risks are up to date and the Datix system used to record our risks is utilised appropriately (see section 3) and have included the reviewing and updating of risk as an ongoing action as part of the Health & Safety Workplan. Membership of the Health & Safety Group has been reviewed and we will continue to do to ensure appropriate representation is maintained from across the organisation.

5. Operational Health & Safety

5.1 Incidents

Incident rates for 2023/24 by Division are shown below in table 2. Incidents reported decreased by 25% in comparison to 2022/23, down from 332 to 248 incidents and is in line with the reported figures from 2021/22. The levels of incident reporting can partly be attributed to improvements across the organisation in the reporting of incidents as opposed to increasing failures in safe systems of work.

95% of incidents reported are attributed to Public Health Services, with 57% sitting in Microbiology and 38% in the Screening Division. This high percentage can be attributed to the nature of their work undertaken within these services and the high number of processes undertaken. However, it should be noted that incident rates are very low for the number of processes carried out and incidents continue to be investigated and trend analysis undertaken where required, so appropriate controls can be put in place to ensure future incidents do not occur.

Table 2. Health & Safety Incidents by Division

Division	No of incidents 2022/23	No of Incidents 2023/24
Local Public Health Teams	2	0*
Screening	133	94
Health Protection	2	2
Microbiology	182	141
NHS Collaborative	4	7
Estates and Health and Safety	5	2
Quality, Nursing and Allied health Professionals	1	0
Health and Wellbeing	3	0
Digital Services	0	1
Strategy & Planning	0	1
Total	332	248

*Local Public Health Teams transferred to University Health Boards 1st October 2022

Equipment and devices incidents make up 32% of the total incidents reported in 2023/24. These mainly related to failures in equipment and devices used by the Screening and Microbiology divisions to undertake the services they provide. Although this makes up one third of all reported incidents, there has been a significant reduction in incidents in this area compared to 2022/23, dropping 50% in that 12-month period. Inspection and maintenance arrangements continue to be reviewed to ensure schedules are in place to reduce avoidable failures.

A slight increase in incidents related to contact with or exposure to hazardous substances has also been identified, which currently makes up 16% of reported incidents. These cases mainly originate from Microbiology, who continue to review and make improvements in their operating procedures and systems to ensure these incidents do not reoccur.

There has been a decrease in manual handling incidents, which can be attributed to improvements in the training processes, with a procedure agreed by the Health & Safety Group to implement internal training programmes for Manual Handling B & C. Additionally, there has been a decrease in the reported number of slips, trips and falls incidents over the last 12 months, attributed to improved communications to staff over winter periods as well as improvements in cleaning standards across the estate.

Infrastructure incidents have also reduced, making up 16% of all incidents reported in 2023/24. The Estates and Health & Safety Team continue to work with services to ensure building are appropriately maintained to reduce the risk of incidents in this category.

Behaviour (including violence and aggression), infection control and patient injury incidents have recorded similar levels to 2022/23. These incident rates will continue

to be monitored through the Health & Safety Group to ensure incidents are investigated fully and lessons learnt from investigations are shared as appropriate.

Table 3. Health & Safety Reported Incidents by Category 2023/24

Category	No of incidents 2022/23	No of incidents 2023/24
Accident, Injury		
Choking	0	1
Contact with object or animal	17	17
Contact with or exposure to hazardous substance	32	40
Contact with needles or medical sharps	4	8
Contact or exposure to electricity (electric shock)	1	2
Burns or scalds	2	2
Manual Handling - Non patient/service user handling	6	2
Manual Handling - Patient/service user handling	3	1
Patient injury	4	4
Slip, trip or fall	25	16
Struck against or by an object	4	15
Road traffic collision	5	2
Behaviour (including violence and aggression)		
Absconding or missing patient/service user	0	2
Aggressive/threatening behaviour	8	5
Anti-social behaviour	2	3
Equipment, Devices		
Medical devices	30	42
Non-medical equipment	128	38
Ill health		
Ill health	1	0
Infection Prevention and Control		
Environmental cleaning (process and procedures)	8	4
Hand hygiene	0	3
Infection outbreak / period of increased incidence	1	0
Infrastructure (including staffing, facilities, environment)		
Cleanliness	3	1
Clinical waste disposal	0	3

Collection/delivery services	9	7
Environmental hazards / issues	29	27
Fire safety	1	3
Security - NHS premises	3	0
Temperature levels	1	0
Vehicles	4	0
Patient/ Service User death		
Unexpected death	1	0
Total	332	248

5.2 RIDDOR's Reported

Reporting Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) is a legal requirement of which there are specific categories of incident or dangerous occurrence, which require reporting to the Health and Safety Executive (HSE).

There were two RIDDOR incidents (Table 4) reported during this period, and although any incident under RIDDOR is not welcomed, given the activities undertaken by Public Health Wales the reported number within a twelve-month period is not considered high, and is a significant reduction on the 8 reported in the previous year.

All RIDDORs were reported and where follow up discussions with the HSE were undertaken, recommendations were implemented as required.

Following investigation into the two reported incidents neither incident were related: The first incident was a specified injury causing a fracture resulting from a trip, the subsequent investigation has not found any external determining factors which caused the incident.

The second incident was a 7-day incapacitation to a member of staff which resulted from handling and moving of clinical waste, which was investigated and a number of contributing factors including the overfilling of waste bins and the staff member not adhering to manual handling procedures relating to waste handling.

SBAR's were completed for both RIDDOR's and recommendations and actions documented implemented to minimise the potential for reoccurrence.

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 RIDDOR's associated with their service. The presentation sought to provide assurance to the Committee on the effective management of incidents by the organisation.

Table 4. Number of RIDDORs by Category 2023-24

RIDDOR Category	Number of Incidents 2022/23	Number of Incidents 2023/24
Over 7 Day Injury	2	1
Specified Injury	1	1
Dangerous Occurrence	5	0
Injury (including major injury) to Member of the Public/Patient & Non-Employees (students/contractors)	0	0
Fatality	0	0
Total	8	2

5.3 Radon

Under the *Health and Safety at Work etc. Act 1974* and the *Management of Health and Safety at Work Regulations 1999*, Public Health Wales are required to undertake Radon monitoring across its estate where we have the responsibility for compliance with health & safety legislation. The *Ionising Radiations Regulations 2017 (IRR17)* sets out that if radon levels in any part of a workplace exceeds 300 Becquerels per cubic metre (300 Bq/m³) as an annual average, the organisation is required to undertake sufficient remedial actions to bring radon levels in the workplace below the actionable level of 300 Bq/m³.

After undertaking an initial desktop assessment of its estate in 2017, the Estates and Health & Safety team began a programme of radon monitoring at premises across its estate over the winter of 2017/18. Since monitoring commenced actionable levels of Radon were discovered at Llys Britannia, Bangor and Clwydian House Wrexham and subsequently radon mitigation systems have been installed to lower radon levels below actionable levels, as well as a system of biennial monitoring at these sites as part of the monitoring programme. Monitoring undertaken during 2023/24 confirmed all areas monitored at these premises have levels below 100 Bq/m³.

During 2023/24, two new sites have been added to the Public Health Wales estate, with both being monitored and reports confirming all areas tested were below 100 Bq/m³. These premises have been added to the re-monitoring programme where measurements will be retaken after 10 years, in 2033.

As part of our re-monitoring programme monitors were installed at Breast Test Wales, Wrexham over the 2022/23 winter period. The results of this testing confirmed that two area of the premise had radon levels exceeding the actionable level of 300 Bq/m³ and a storeroom which had levels very close to actionable levels. Short-term measures were immediately put in place to improve ventilation of these areas and reduce access, as well as staff being informed about the nature and level of risk from the monitored levels. Additionally, it was decided as a long-term measure a radon extraction system would be installed to reduce radon levels in the actionable areas, which were installed over the summer of 2023.

Subsequent to the radon extraction systems being installed, radon monitors were installed in BTW Wrexham between October 2023 and February 2024 to measure radon levels post installation. The monitoring report (Annex G) confirmed that all areas had measurements below 100 Bq/m³. Re-monitoring will take place after 2 years, in the winter of 2025, as per the agreed programme, unless any renovation work undertaken at the premises alters the airflow, where measurements will be taken after the completion of any works.

6. Health and Safety Audit and Inspections

The Health & Safety Audit and Inspections commenced during Quarter 1 of 2023/24, after the Health & Safety Group agreed to implement a new Health & Safety Audit Programme for its estate to ensure all properties managed by the organisation are compliant with current Health & Safety regulations. Areas covered under the audit process are:

Health & Safety Audit Sections			
Management	Asbestos	PPE	Welfare Facilities
Fire Safety	Gas Safety	Control of Contractors	Housekeeping & Waste Management
Electrical Safety	COSHH	DSE	General Facilities
Water Safety	First Aid	Lifts and Lifting Equipment	

A total of 15 Audits were scheduled to be undertaken across corporate and screening premises over year. For the reporting period 13 of the 15 Audits were completed, with all audits providing detailed action plans as required. The two outstanding audits are scheduled to be completed during Quarter 1 of 2024/25.

All audit reports and action plans are reported to the Health & Safety Group on a quarterly basis as well as any lessons learnt from the process, trends identified across the audits as well as any key actions that need to be highlighted to the group.

In 2024/25 all sites will be revisited to review progress on action plans. This review, as well as the performance from the audit, will help determine whether a new audit needs to be undertaken immediately or will be undertaken as a part of the agreed 3 year rolling programme.

7. Estates Compliance

The organisation has mainly a leasehold property portfolio with varying responsibilities, with some compliances falling to the organisation and some with the landlord or host body. The Estates and Health & Safety Division has established a structured approach to ensuring the undertaking taking of statutory and regulatory compliance inspections across its estate with key dates the completion of the relevant assessments to ensure timely scheduling of the assessments are maintained to provide assurance to the organisation. The Division has for this financial year secured

capital investment for the purchase of a bespoke Computer Aided Facilities Management System (CAFM) which will enhance the management of estate compliance and provide the organisation with additional assurance.

There are 22 properties within the organisation's estate portfolio where the responsibility to undertake statutory duties is that of the organisation. These duties include five key areas:

- Asbestos Management
- Water Management (Legionella)
- Fire Safety Management
- Gas Safety
- Fixed Electrical Wiring Certification

The established rolling programme of planned compliance checks has for the reporting period been adhered to as far as practicable, so as to ensure inspections and testing has been undertaken at appropriate intervals at all sites. Updates on planned compliance assessments are routinely provided to the organisation's Health & Safety Group on a quarterly basis providing assurance.

In addition to the sites for which the organisation has specific responsibility for, the organisation also needs to ensure that sites where staff are hosted or are tenants of are also compliant with statutory compliance requirements for the five key areas. Securing this information has proved challenging. To address this an online compliance form (e-assurance form) was developed and introduced. This was initially issued to Health Boards in September 2022, however completion rates still remain low.

It is proposed that in addition to the challenges with securing compliance information from Health Boards being raised at a national level with Directors of Estates by the PHW 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.

In the absence of responses of compliance returns from Health Boards, it should be noted that an assumption should **not be made** that the Health Board sites hosting PHW staff are not compliant with their respective statutory and requirements.

As a part of the PHW hosting arrangements of the NHS Executive, going forward the NHS Executive will be responsible for the reporting of their respective compliance with statutory and regulatory requirements to the PHW 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.

8. Training

8.1 Statutory and Mandatory Training

All staff are required to undertake a number of statutory and mandatory training modules, which includes the following Health and Safety Awareness training subjects:

- Health and Safety
- Manual Handling Module A
- Violence and Aggression
- Fire Safety

Additionally, all directorates are required as a minimum to attain Welsh Government All Wales compliance target of 85%, with an organisational target of 95%. The table below summarises the position as of 31 March 2024 by Directorate.

Table 5.

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%

Since 1 April 2023, we have seen a 2% increase in compliance with fire training, an 8% increase for Manual Handling training and a 5% increase for Violence and Aggression Training. However, there was a slight 1% decrease in compliance for the Health & Safety training module. Public Health Wales are meeting the Welsh Government target of 85% for all four training modules.

Directorates/Divisions are required to monitor performance against Welsh Government and Public Health Wales' performance targets. The Statutory and Mandatory figures are monitored by People & Organisational Development Directorate. Additionally, the Health & Safety Group monitors the health and safety modules, and where Directorates are falling short of Welsh Government and Public

Health Wales targets we work with Directorate representatives to highlight non-compliance with those targets to ensure training is undertaken in a timely manner.

The organisation recognises the additional responsibilities that Managers have for Health and Safety and consequently identified further training needs in addition to the statutory and mandatory training.

8.2 Additional training

First Aid / Fire Warden Training

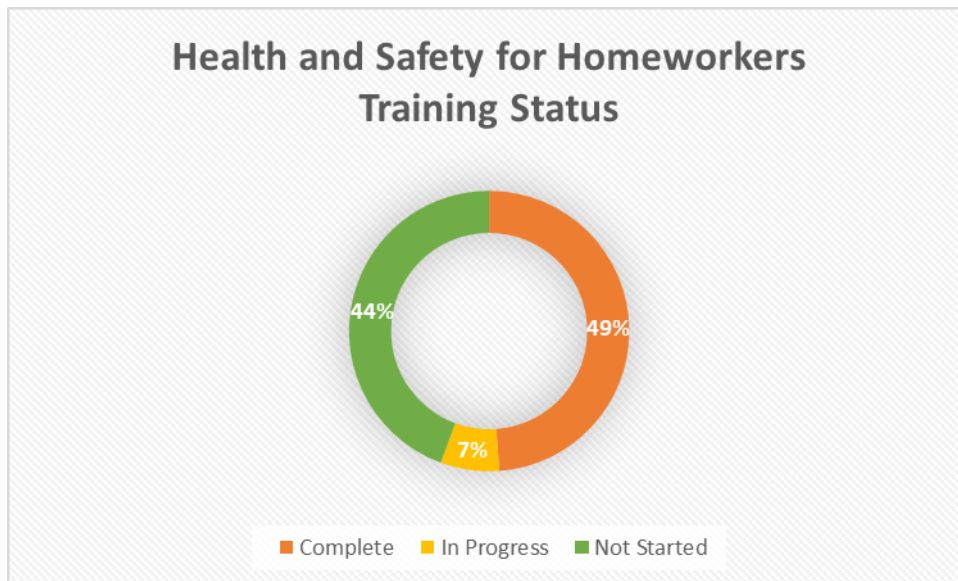
First Aid provision - continues to be challenge across the Public Health Wales estate, primarily due to the challenges of the determining which staff are currently working from offices and when, and which staff are working either wholly or partially from home as part of the *Work How it Works Best* initiative operated by PHW. Challenges have also been identified in relation to recruiting staff to volunteers to be trained to undertake the role.

To address the challenges associated with recruiting volunteers to undertake First Aider roles, Appointed Person (AP) training has been purchased and is being rolled out for 2024/25 where gaps in provision has been identified. These AP roles are acceptable under legislation for low risk, low occupancy sites. An AP role 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 does not require the administration of first aid but allows for the provision situation management, by ensuring that emergency services are alerted and summoned if required, the accident or incident scene is secured to ensure no further harm comes to an individual and remains stays with the individual until the emergency services arrives.

Fire Warden provision - Having adequate Fire Warden provision also continues to be a challenge across the estate. Online training continues to be rolled out, and as of 31 March 2024 there were 140 trained fire wardens. Although we have a considerable number of trained Fire Wardens several premises are still lack the required number of Fire Wardens to meet the requirements for those premises and to cover any gaps, which is due to a substantial portion of our workforce being hybrid workers who work both from the office and at home. The Health & Safety Group will continue to work with Directorate Leads to ensure volunteers for the role are encouraged to come forward to ensure adequate provision can be provided at all premises.

Working Safely from Home Training

With the increased number of staff working from wholly or partly from home, an accredited online working safely from home training package was procured that all staff working from home are required to undertake to ensure their safety and wellbeing. This training includes how to make workspaces safe, ensure equipment being used is meets individual needs 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 rates of completion of the course as of April 2024 of those individuals who have been invited to undertake this training module, showing 49% of staff have completed the course:



Due to completion rates being so low and having only increased by 8% over the last 12 months, it was agreed at the Quarter 4 Health & Safety Group that a focused push to raise compliance levels across the organisation was required. It was agreed within the group that an organisational 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.

It should be noted that despite there being 44% of staff who have not started the training, some staff registered may not work from home and have been misidentified as requiring the training. Managers are being asked to check with staff to ensure that these errors are being corrected to ensure the figures are accurate for future reporting.

As part of the work to improve compliance levels, Business Leads across the organisations Directorates are supporting a drive to secure compliance targets.

Directorate progress on compliance will continue to be reported to the Health & Safety Group and updates provided to Business Leads so as to improve Directorate compliance where necessary.

9. Health and Safety Workplan Plan 2023/24

To further the progress of activity initiated during this reporting period a health safety work plan has been produced and agreed by the Health and Safety Group. This plan is provided to and received by the Quality, Safety and Improvement Committee on an annual basis.

The 2023/24 Health and Safety Workplan was approved by the Quality, Safety and Improvement Committee on 16 May 2023. The workplan consisted of 21 actions within categories of general health and safety, policies, risk management, fire safety and training. A total of 14 actions were completed during quarter one; one action requires ongoing monitoring which will continue into the 2024/25 reporting period; and six have been rolled forward into the 2024/25 workplan - these were primarily policy and procedure updates of which two of these are now completed.

The Health and Safety Workplan for 2024/25 has been developed for approval by the Quality, Safety and Improvement Committee, and the Health and Safety Group will continue to monitor and deliver the action plan.

10. Alerts and SESNs

Public Health Wales receives a number of health and safety related alerts and notifications. These cover a number of issues, specifically and categorised as follows:

- 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 alerts are managed by the Quality, Nursing and Allied Professionals Directorate and a summary report relating to the alerts and notifications is submitted quarterly to the Quality and Safety and Improvement Committee for information.

The organisation also receives via the Estates and Health & Safety Division 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. On receipt they are appraised for relevance to the organisation and actioned accordingly and as appropriate. For the reporting period, a total of eight SESNs were received with all being actioned as directed and required.

It should be noted that the majority of the alerts received were, for PHW, considered to be for information only, it should be noted that two were pertinent to supporting and informing the development and planning of work of the organisation to support the decarbonisation and sustainability agenda.

11. RAAC Planking

In January 2019 Public Health Wales (PHW) received from NHS Specialist Estates Service (SES) a Specialist Estates Safety Notice (*SESN 19-11*) regarding Reinforced Autoclaved Aerated Concrete Planks (RAACs) in buildings constructed between 1960–1990. The SESN had been issued further to a 2019 alert issued by The Standing Committee on Structural Safety (SCOSS) relating to emerging concerns regarding potential catastrophic failure of the planks which were widely used in public sector construction.

The SESN notification required the organisation undertake investigations across our estate of all our owned and managed properties for the presence of RAACs. A desk top review exercise was completed as directed by the *SESN (19-11)*. Further to the issue of the *SESN (19-11)* alert a further SESN alert was issued in January 2022.

The January 2022 SESN alert received by (PHW) issued by NHS Wales Shared Services Partnership 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 was issued further to an alert issued by *The Standing Committee on Structural Safety (SCOSS)*. The safety notice required PHW to further review its property estate, utilising an approved engineering consultancy from a prescribed list, and to identify if RAAC had been used in its construction and if so, put in place a management plan to monitor and manage.

Investigations and reporting on PHW's position in relation to RAAC was concluded further to a final report in Quarter 2 of the reporting period of 2022/2023 provided by structural engineers Ove Arup & Partners. The report confirmed there was no evidence of RAAC having been used in the construction of properties owned or leased by Public Health Wales. The report was submitted to NHS Wales Shared Services Partnership Specialist Estates Services as required.

It should be noted that in addition to the PHW owned or leased sites covered by the report, PHW has staff working from a number of Health Board owned properties. As a part of the assurance exercise, it should be noted that Health Boards further to the issue of the *SESN 22-02* were 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 as directed. For the reporting period, no premises where PHW staff are based or work from or out of have been highlighted through the review process to PHW as having RAAC present.

12. Conclusion

The report highlights the significant amount of work that has been undertaken during 2023/24, supported by scrutiny by the Quality Safety and Improvement Committee of Board and the commitment to improve the management of health and safety in the organisation.

The Estates and Health & Safety Division continues to make progress with revised inspection and assessment programmes and ongoing development of training to

improve knowledge, appreciation and awareness of health and safety matters across the organisation. The division also continue to provide proactive and reactive advice and guidance to managers and staff to ensure they are able to meet the needs of the organisation in its compliance with health and safety legislation.

Through engagement with various forums, other specialist services, organisations and Health Boards, the division will continue to assist in the further development of safe working environments for our staff and service users with consideration and implementation of good practice models. This will include how we work with Infection, Prevention and Control colleagues and People & OD.

The Committee is asked to:

- **Receive assurance**, based on the information available, that health and safety in the workplace is proactively managed, and is monitored through audits, Datix, RIDDOR reporting and supported by appropriate policies and procedures.