



	GIG CYMRU NHS WALES Iechyd Cyhoeddus Cymru Public Health Wales	Quality, Safety and Improvement Committee
		Date of Meeting 25 th November 2024 Agenda item: 4.5

Health and Safety Report	
Executive lead:	Huw George, Deputy Chief Executive / Executive Director of Operations and Finance
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Approval/Scrutiny route:	Health and Safety Group Business Executive Team- 6.11.24
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Purpose
This report provides an update on the health and safety performance for the period of 01 July 2024 – 30 September 2024.

Recommendation:				
APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
The Committee is asked to: <ul style="list-style-type: none"> • 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	Supporting the development of a sustainable health and care system.
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Summary impact analysis

Equality and Health Impact Assessment	Internal report only
Risk and Assurance	The paper details the health and safety risks on Directorate and divisional risk registers and also includes safety alert notifications. It additionally outlines where gaps have been identified, control measures are being implemented to address issues identified.
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Theme 2 - 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 July 2024 to 30 September 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 2 (01 July 2024 – 30 September 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 Further to the completion of the health and safety audits, the Health and Safety Advisor has commenced audit review visits at premises to review progress of identified actions and help support premise leads on actions yet to have been completed.

4. Health and Safety Incident Reporting

4.1. Statistics on incident records by 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 July 2024 to 30 September 2024, we have seen a total of 89 incidents reported, an increase of 35 incidents on the previous quarter, and the highest since Quarter 2 2022/23. This is a result of a significant increase in the total reported incidents by the Screening Division, and the most they’ve reported in over two years of reporting. 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 Q1	No of incidents Q2
Health and Wellbeing	1	1
HPSS - Health Protection	0	1
HPSS - Microbiology	40	36
HPSS - Screening	21	46
QNAHPs	2	0
NHS Executive	0	3
Operations and Finance	0	2
Total	64	89

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.

4.2. Statistics on incident records by classification/category

All incidents reported 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 Q1	No of incidents Q2
Accident, Injury		
Burns or scalds	1	0
Contact with needles or medical sharps	3	3
Contact with object or animal	1	8
Contact with or exposure to hazardous substance	15	18
Slip, trip, or fall	5	7
Patient Injury	0	1
Road Traffic Collision	0	1
Struck against or by an object	1	1
Behaviour		
Aggressive/threatening behaviour	2	3
Anti-social behaviour	0	4
Equipment, Devices		
Medical devices	17	12
Non-medical equipment	7	17
Infection Prevention and Control		
Environmental cleaning (process and procedures)	2	2
Hand hygiene	0	1
Ill Health (work related)		
Ill Health	1	0
Infrastructure (including staffing, facilities, environment)		
Cleanliness	1	1
Collection/delivery services	1	4
Environmental hazards / issues	5	6
Fire Safety	2	0
Total	64	89

All Incidents from Quarter 2 have been reviewed and a number of trends have been highlighted. Concern had been raised regarding the number of contact injuries occurring around the Breast Screening Mobile Units. In collaboration between local leads and the Health & Safety Team a number of recommendations have been made to improve visibility of areas of the mobile unit that caused concern as well the

erection of highly visible signage to restrict movement into unsafe areas. This will be reviewed going forward to ensure the actions taken help reduce incidents. Additionally, concerns had also been raised regarding the number of anti-social and aggressive behaviour incidents occurring at a specific clinic used by Screening Services. It was agreed a risk (ID-1682) would be raised to further highlight the concerns and ensure an action plan is put in place to reduce or eliminate the risk to staff and service users.

On reviewing the harm assessment of each incident, 34 were considered no harm, 52 low harm and only 3 considered of moderate harm.

Of the 89 incidents reported during Quarter 2, 62 have been fully investigated and closed, with a further six incidents submitted for closure. The remaining 21 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 5162 – Microbiology (Incident Date–27 September 2024)

Submitted as - Specified Injury – Bone Fracture

A staff member was retrieving analyser kits from outside stores at Singleton site. The staff member was wearing appropriate clothing and shoes, was competent for manual handling B training and using a trolley for transportation of the kits. The lighting was good on the day and the weather overcast. It was not raining at the time of the incident although it is hard to clarify if there had been rain earlier on in the day. The flooring and pavement were clean and in good condition. The staff member slipped off the door sill, which is sloped for rainwater run-off, turning the ankle, which resulted in a right ankle fracture.

Subsequent inspection of the site showed the flooring in good condition and the outside sill to be in good condition and clean. However, it was identified that there are no markings on the step to enhance its visibility and no textured grip on the sill to reduce the likelihood of a slip.

First aid was given on site, and the staff member attended the Minor Injury Unit the next day. The staff member returned to work on Monday 30 September. As part of the investigation follow up it was noted that the staff member sustained a similar injury (non-work related) approx. 15-20 years ago.

Communication of this incident has been good and followed appropriate escalation pathways. The Health Board Health & Safety team have been notified and a Datix placed on both PHW and the Health Board systems.

An SBAR will be written up to support the investigation. As of 4 October 2024, the Health and Safety Executive have yet to make contact regarding this RIDDOR.

6. Health & Safety Executive Visits

The HSE attended University Hospital Wales, University Hospital Llandough and Singleton laboratories (6 containment level 3 (CL3) laboratories) between 30 July and 1 August as part of a schedule of routine site visits.

Overall, the visit was very positive, and the inspector commentated that the management and resilience of the CL3 health and safety to be vastly improved compared to the last visit in 2018. However, a formal letter (not an enforcement notice) was issued detailing four findings which require evidence of actions to be provided by 3 February 2025.

In summary the four findings are:

- Complete the efficacy studies for the containment level 3 laboratories.
- Undertake testing (minimum visual inspection, best practise a leak/pressure test) of the CL3 cabinet ducting for assurance of integrity.
- Improve complexity of uncontrolled spillage drills and standardise emergency response kits for uncontrolled spillage.
- Formalise monitoring arrangements for CL3 through a Code of Practise and Policy. Devise topic based horizontal audit programme to improve existing audit schedule.

The Microbiology Health and Safety Team are currently working through the action plan to ensure the evidence is provided by the required date, and regular meetings have been scheduled with the Estates and Health & Safety Team to provide regular updates on progress.

The other facilities will be inspected around February 2025 and will be subject to a different inspector due to the high reactive workload of the initial inspection lead. It is anticipated that the inspector will have a background in clinical microbiology and will have had previous experience of PHW as a part of a previous work associated with site inspections.

All sites due inspection will have pre inspection visits and preparatory work by the Microbiology Health and Safety team. In the interim the findings identified but not listed in the formal letter will also be progressed for best practise going forward.

7. 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 – 82% compliant
- Asbestos survey/re-inspection – 100% compliant
- Electrical Inspection Condition Report (EICR) – 100% compliant
- Gas Safety Certification – 80% compliant
- Water Management (Legionella) Risk Assessments – 100% compliant

Further details are set out in **Appendix A** in relation to Fire Risk Assessments and Gas Safety Certification.

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.

As previously communicated, despite the introduction of an online assurance check with health Boards, challenges remain with securing returns from Health Boards. 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 and Safety
- Moving and Handling Level 1
- Violence and Aggression A

The organisations compliance status for Quarter 2 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 still 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 Policy and International Health, WHO Collaborating Centre Directorate is achieving the Public Health Wales target across all four training areas. The Corporate Directorate remains an area of particular concern, and although improvement has been made to get the Fire Safety and

Health and Safety modules above the Welsh Government target they are failing to meet both WG and PHW targets across two of the training programmes as highlighted in Table 2. Additionally, the Operations and Finance Directorate have fallen below the Welsh Government target for two of the four modules reported.

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	88.89%	88.89%	81.48%	81.48%
028 L3 Data, Knowledge and Research Directorate	95.61%	96.49%	93.86%	99.12%
028 L3 Health & Wellbeing Directorate	89.76%	92.17%	85.54%	97.59%
028 L3 Health Protection and Screening Services Directorate	87.80%	93.38%	86.82%	96.09%
028 L3 Operations and Finance Directorate	84.40%	84.40%	85.82%	96.45%
028 L3 People & OD Directorate	90.91%	97.73%	95.45%	100.00%
028 L3 Policy and International Health, WHO Collaborating Centre Directorate	96.34%	96.34%	96.34%	96.34%
028 L3 Quality Nursing & Allied Profs Directorate	95.65%	93.48%	86.96%	97.83%
028 L3 SPRs Directorate	86.67%	73.33%	93.33%	93.33%
Overall Compliance	88.40%	92.85%	87.58%	96.33%

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

8. Additional training

8.1 First Aid / Fire Warden Training

Although First Aid provision continues to be a challenge across the Public Health Wales Estate, significant work has been undertaken by the Estates and Health & Safety Division in collaboration with local premise leads to ensure First Aid Needs Assessments are carried out for all premises. These assessments help us ensure we have identified the right level of first aid provision across all Public Health Wales premises.

As previously reported, an Appointed Person Training Course has been procured, and is being rolled out at sites where this level of provision as a minimum is required. There are currently 14 staff who have been registered for the training, with 9 having completed the course, a further 3 who have yet to start their training and 2 whom have expired and are required to complete a refresher course.

Where Emergency First Aid at Work trained staff have been identified as a requirement for premises, the Estates and Health & Safety Division continue to work with premise leads to ensure an appropriate training programme is identified.

There are premises which still require volunteers to come forward for training and the Estates and Health & Safety Division are continuing to monitor and work with premise leads to 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.

Online training of Fire Wardens continues to be rolled out across the organisation, with 338 staff registered for training. Currently 171 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 100 staff who have previously completed the training module but have fallen out of compliance due to not completing refresher training.

As identified through the Health & Safety Audit process, challenges still continue regarding fire warden provision which meets the requirements for specific premises, and to ensure cover for when fire wardens are hybrid workers and may not always be present at site. Volunteer support from some from some directorates are still outstanding and this is currently being progressed by the Estates and Health & Safety Division.

A total of 67 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.

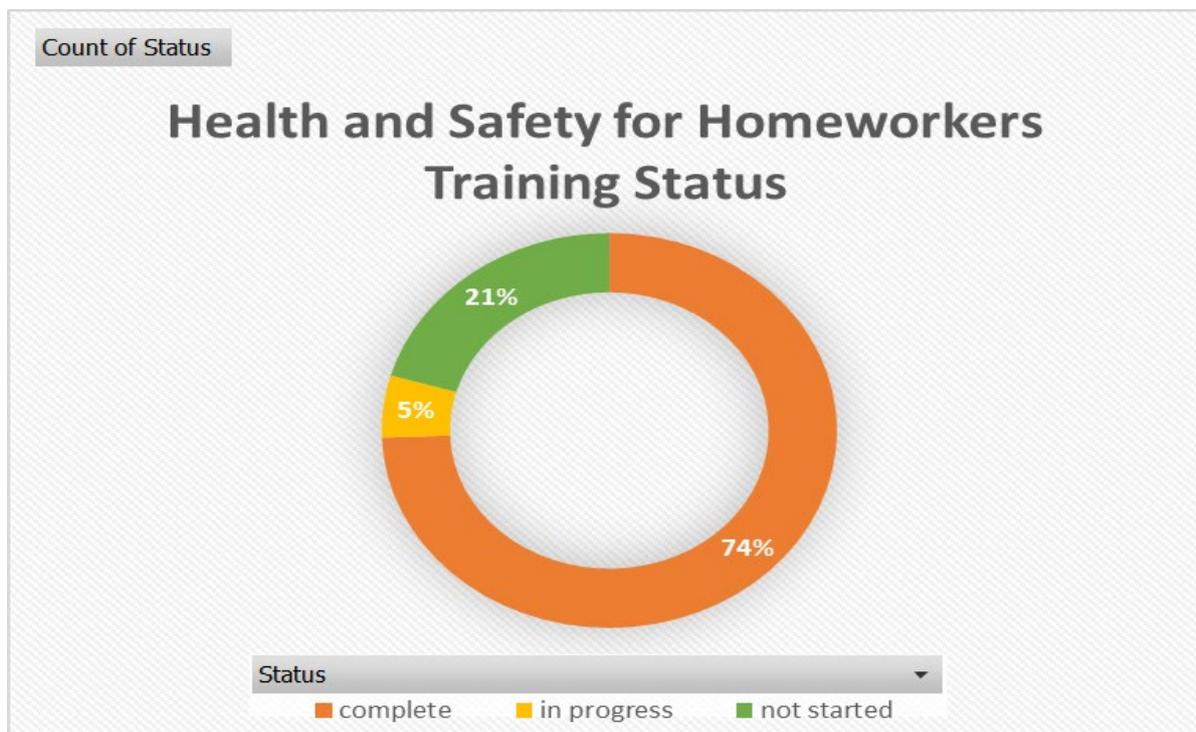
The Estates and Health & Safety Division continue to work with Business Leads through the Health & Safety Group to increase training compliance rates and obtain volunteers for premises where gaps exist, and we will be looking for Business Leads

to obtain lists of staff who regularly 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.

A summary of compliance with completion to date is shown below.



As of 7 October 2024, 74% of staff who have been registered for the Health and Safety for Homeworkers training have completed the module, which is a 15% improvement on the previous quarter, and the largest improvement seen in the last 12 months. However, there remains work still to be done to get compliance rates to the agreed organisation target of 85% compliance.

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 Q2 (%)
Corporate Directorate	81.48%
Operations and Finance Directorate	81.74%
People & OD Directorate	97.22%
Quality Nursing & Allied Profs Directorate	76.47%
Policy, International Health and WHO CC Directorate	96.00%
Data, Knowledge and Research Directorate	97.35%
Health & Wellbeing Directorate	83.87%
Health Protection and Screening Services Directorate	65.03%
SPRs Directorate	100.00%
NHS Executive	70.00%

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%. Significant work has been undertaken by all Directorates over the last quarter and all have improved on their compliance rates during that period. However, work still needs to be done by the Health Protection and Screening Services (HPSS) Directorate, Quality, Nursing and Allied Professionals 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.

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 where the need has been identified.

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 in early October 2024, with results expected around November/December 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 440 Screening staff have been registered for the training programme, with 13.6% of those staff having completed the training to date, which is a 7.2% increase on the previous quarter. Regular reminder emails are being sent to staff to complete the training, and we expect the compliance rates to continue to rise in Quarter 3.

9. Health & Safety Audits

All fifteen Health & Safety Audits have been completed and action plans have been developed and agreed for all audits completed to date. A summary of progress on actions plans will be provided to the Health and Safety Group at the Quarter 2 meeting.

During 2024/25 attention will focus on working with premise leads through the respective actions plans. work has commenced to revisit all sites to undertake a review of progress against the identified actions arising from audit visits and provide the appropriate support to complete actions where required.

10. Risk Registers

There are currently 19 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 September 2024. Since the last report, five new risks have been raised and two risks have been closed (ID 980 and 1649) following review and the implementation of key controls to reduce the risk to target levels:

Number of open Health and Safety Risks	19
Number not meeting target risk score - Tolerate	2 (ID-1378, 1562)
Number not meeting target risk score - Treat	17 (ID-1108, 1169, 1367, 1383, 1415, 1501, 1540, 1551, 1622, 1623, 1639, 1646, 1657, 1664, 1668, 1682, 1684)
New risks since last Health and Safety Report	5 (ID-1657, 1664, 1668, 1682, 1684)

The following table shows the risk profile for all identified open risks:

	Initial	Current	Target
Risk Level			
Blanks	-	3	2
Low Risk	0	1	9
Moderate Risk	4	6	8
High Risk	9	9	0
Extreme Risk	6	0	0

Details relating to the new risks for the period can be found at **Appendix C** The new risk reported in the last quarter was:

11. Policy updates

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

Display Screen Equipment Procedure – This procedure has been through the consultation process and updated accordingly. The procedure was distributed to the Health & Safety Group members for approval on the 23 September 2024. Once approved, the procedure will be translated and will be published once completed.

Waste Management Policy and Procedure – As previously reported, the waste management policy and procedure has been redrafted and split to address clinical waste and general / recycling waste as two distinctly different waste streams.

It had been envisaged that both sets of documents would have completed the consultation phase during quarter 2, however due to challenges ensuring accurate read across between the two has delayed issuing for publication. It is now anticipated that both will be published for consultation in November ahead of final publication in December.

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, two SESNs and two Publication Notices have been received:

Date Received	SESN No./ PN No.	SESN Description	Action
4 July 2024	SESN24/13	Healthcare Planner Framework	No Action required – for information only
4 July 2024	Publication Notice 24/02	WHTM 06/02: Electrical Safety Handbook (low Voltage)	No Action required – for information only
9 July 2024	Publication Notice 24/02	WHTM 06-03: Electrical Safety Guidance for High Voltage Systems	No Action required – for information only
2 September 2024	SESN 24/14	OccupEye Space Utilisation Software	No Action required – for information only

13. Additional updates

BTW Screening Centres - Air Conditioning Units

Following the review of the performance of air conditioning systems at the four Breast Test Wales centres recommendations from the performance reports were as previously reported actioned and fully implemented.

In addition to the initial recommendations requiring which required immediate attention there was also a recommendation made at the time of the review for the need for additional air conditioning units to be installed to two sites to improve operational conditions. The installation of these units has now been completed.

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:

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

Appendix A

Compliance Summary

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

CQ2: Further to the previously reported issues regarding the indemnity cover for our contractor, an alternative contractor has been commissioned and approved by the landlord. The FRA is now scheduled for completion on 09/10/24.

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. Due to staff role changes at the NHS Executive at River House and associated challenges addressing some areas of health & safety (including compliance assurance) the Estates and Health & Safety Team arranged a FRA to be undertaken with. A date for the Fire Risk Assessment was arranged for 09/09/24. However, due to unforeseen circumstances occurring at short notice the FRA assessor was unable to attend. The FRA has been rescheduled for 09/10/24.

Rhos House: A date for the Fire Risk Assessment was arranged for 09/09/24 with our appointed contractor. However, due to unforeseen circumstances occurring at short notice the assessor was unable to attend the appointment. The Fire Risk Assessment has now been rescheduled for 16/10/24.

Gas Safety:

24 Alexandra Rd (BTW Swansea): On carrying out the gas safety checks the boilers were found to be in need of replacement due to their condition. The contractor isolated them from the gas supply and provided an Isolation Notice. The acquisition and replacement of these boilers is currently with being taken forward by the estates team. Due to the expected value of the project being in excess of £25k, a formal tender process is required; the tender documentation has been prepared to support the procurement exercise. It is anticipated an award for the required work will be made in October with works commencing immediately.

Temporary arrangements have been made to ensure heating is provided to ensures staff and service comfort.

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

Directorate/Division	Compliance Rate (%)
Corporate Directorate	81.48%
Operations and Finance Directorate	81.74%
Communications Division	68.42%
Estates, Safety and Facilities Division	100.00%
Finance Division	100.00%
IM&T Division	65.90%
Strategy, Planning & Corporate Affairs Division	100.00%
People & OD Directorate	97.22%
Quality Nursing & Allied Profs Directorate	76.47%
Integrated Governance Division	100.00%
National Safeguarding Division	71.43%
Quality & Nursing Division	66.67%
Policy, International Health and WHO CC Directorate	96.00%
ACE's Hub Division	100.00%
Behavioural Science Division	85.71%
Central Division	100.00%
International Health Division	94.74%
Policy Division	88.89%
Projects Division	100.00%
WHIASU Division	100.00%
Data, Knowledge and Research Directorate	97.35%
Health & Wellbeing Directorate	83.37%
Health Improvement Division	83.49%
HWB Mgt. and Admin Division	85.71%
PCIC Division	84.38%
Health Protection and Screening Services Directorate	65.03%



Health Protection Division	87.71%
HPSS Corporate Division	80.00%
Microbiology Division	47.51%
Screening Services Division	59.37%
SPRs Directorate	100.00%
NHS Executive	70.00%
Strategic Programmes for Planned Care Division	0.00%
Strategic Programmes for Primary Care Division	100.00%
Strategic Programme for Mental Health Division	83.87%
Quality, Safety and Improvement Division	74.71%
Planned Care & Recovery Division	44.44%
Performance & Assurance Division	0.00%
Networks & Planning Division	69.23%
Finance Planning & Delivery Division	54.55%
Digital, Technology, Innovation & Value Division	93.33%

Appendix C

New risks reported during Quarter 2

Risk ID-1657 Screening - There is a risk that staff would not be able to competently support participants in clinic with resuscitation in an emergency situation.

Key Controls are: All DESW participant facing staff to be reminded of where the AEDs are located in relation to PHW / DESW venues. Information is currently being collected for all other sites being visited to share with staff. Staff asked to make sure they are familiar with where the AEDs are located in the clinics and be aware of what to do in the event of a life support emergency at each location.

Actions being undertaken Confirmation has been received from the Learning and Development Team that an external training provider has been awarded the contract for provision of resuscitation training across the organisation. It has been confirmed training sessions will begin in October 2024. Training compliance will continue to be monitored until the risk has reduced.

Risk ID-1664 Health Protection - Staff members concerned for their own personal safety, and that of their families, due to the racial connotations of the riots across the UK.

Whilst this is a national picture, there is particular concern for staff that are in the epicentre of the larger demonstrations which have seen an escalation in tensions which has contributed to riotous/terror behaviours.

Staff have been verbally abused and are scared for their physical safety - also there is a significant issue with emotional injuries linked to fear and PTSD.

Key controls are: No controls currently in place.

Actions being undertaken: Ongoing monitoring of the likelihood and impact of an incident occurring, due to the current volatility across the UK. As a result, there is the potential for this risk consequence to be escalated to critical. An Action Plan is being developed and will be reviewed at the next SMT meeting in November 2024 as well as agreeing next steps.

Risk ID-1668 Health Protection – The Environmental Health Protection Team (EHPT) have noted there is a risk to staff safety and personal security if the EHPT continue communicating using unmasked individual e-mail addresses.

Key controls are: No controls currently in place until IT can sort the functionality of the EHPT generic inbox to mask staff individual e-mail addresses.

Actions being undertaken: The EHPT have been liaising with IT to fix the email masking issue, which has now been finalised. The residual risk has now been reduced to the target level and this risk will be discussed at the next SMT where it will be requested that this risk be closed.

Risk ID-1682 Screening: There is a risk that the safety of WAAASP screeners and its participants could be in question, when screening from the venue called Newport Central.

Key controls are: The South-East Regional Nurse Coordinator (RCN) has raised the concerns with the local authorities. Additionally, the service has obtained acceptance from the adjacent ASDA supermarket for staff and participant parking, which does help with a more direct route to the venue.

Actions being undertaken: The Screening Business Team have been notified and asked if they can provide any assistance in locating an alternative venue. This is currently being investigated further, but there is currently no capacity at alternative screening venues.

Risk ID-1684 Microbiology: There is a risk that staff will be injured/harmed by multiple environmental/building/housekeeping issues with the gas cylinder storage area located under the ramp outside the pathology/staff entrance at the University Hospital of Wales.

Key controls are: All tasks relating to the gas cylinder storage will be undertaken by two members of staff. The use appropriate PPE, including safety shoes, has been implemented.

Actions being undertaken Contact has been made with the Local Health Board to make them aware of the issues, however no action on potential solutions has been taken to date due to financial constraints.

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 or eliminate the risk and 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.