GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Name of Meeting	Quality, Safety and Improvement Committee
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Health and Safety Report

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Approval/Scrutiny route:	Health and Safety Group Business Executive Team 04.02.26 Quality, Safety and Improvement Committee

Purpose

This report provides an update on the health and safety performance for the period of 01 October 2025 – 31 December 2025.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☐	☐	☐	☒

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 and well-being objectives. This report contributes to the following:	
Strategic Priority/Well-being Objective	5 - Supporting a sustainable health and care system
Summary impact analysis	
Equality and Health Impact Assessment	Internal report only
Risk and Assurance	The paper details the health and safety risks on Directorate and Divisional risk registers and also includes safety alert notifications. It additionally outlines where gaps have been identified, control measures are being implemented to address issues identified.
Health and Social Care (Quality and Engagement) (Wales) Act	This report 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 October 2025 to 31 December 2025. 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 Four RIDDORs were reported during the Quarter 3 reporting period (1 October 2025 to 31 December 2025). Further information on this can be found in Section 5.

3.2 Progress continues to be made in relation to actions arising from previous HSE engagement, with ongoing investigations relating to RIDDOR notifications submitted in earlier reporting periods. No new HSE investigations were initiated during the current quarter. Further information can be found in Section 6, alongside the HSE Action Trackers.

3.3 There are 17 properties within the organisation's estate portfolio where the responsibility to undertake statutory duties is that of the organisation. Of the 17 sites under our health and safety statutory compliance, 15 are fixed sites (permanent buildings) and 2 are mobile breast screening units. These duties include:

- Fire Risk Assessment

- Water Management (Legionella) Risk Assessments
- Electrical Inspection Condition Report (EICR)
- Asbestos survey/re-inspection
- Gas Safety Certification

All sites are achieving the 100% compliance target across all five key areas. Further information can be found in Section 7.

3.4 Health and safety training compliance remains stable at organisational level, with all statutory and mandatory modules meeting Welsh Government targets and Violence and Aggression training meeting the Public Health Wales target. Site- and role-specific training, including Fire Wardens, First Aid and Resuscitation, continues to be strengthened through improved data visibility and targeted action. Further information can be found in Sections 8–9.

3.5 Five new health and safety risks have been identified during Quarter 3, with an update provided in appendix B on each risk.

3.6 All health and safety alerts and notifications received within the reporting period have been reviewed and addressed, with appropriate actions taken where required.

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 01 October 2025 to 31 December 2025, we have seen a total of 91 incidents reported, an increase of 25 incidents (38%) on the previous quarter. This increase is primarily driven by HPSS Microbiology and HPSS Screening divisions, with 95% of Quarter 3 incidents occurring within the two HPSS divisions. 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	No of incidents Q3
Research, Data and Digital	2	0	0

HPSS - Microbiology	37	36	45
HPSS - Screening	38	29	41
Nursing, Quality & Integrated Governance	1	0	0
NHS Performance and Assurance	4	1	4
Operations and Finance	2	0	1
Total	**84**	**66**	**91**

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. Support is provided by the Estates, Facilities and Health & Safety Division as required at an appropriate level of intervention dependant on the nature of the incident.

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	No of incidents Q3
Accident, Injury	**35**	**27**	**34**
Burns or scalds	0	2	1
Choking	0	0	0
Contact or exposure to electricity (electric shock)	0	0	0
Contact with needles or medical sharps	1	4	3
Contact with object or animal	3	2	4
Contact with or exposure to hazardous substance	17	12	15
Manual Handling - Non patient/service user handling	2	1	2
Manual Handling - Patient/service user handling	0	1	0
Patient Injury	2	0	1
Road Traffic Collision	0	0	0
Slip, trip, or fall	6	3	8
Struck against or by an object	4	2	0

Behaviour	**3**	**3**	**3**
Aggressive/threatening behaviour	3	2	2
Anti-social behaviour	0	1	1
Patient clinically challenging behaviour	0	0	0
Equipment, Devices	**33**	**20**	**46**
Medical devices	14	11	17
Non-medical equipment	19	9	29
Infection Prevention and Control	**5**	**3**	**0**
Environmental cleaning (process and procedures)	4	1	0
Infection outbreak / period of increased incidence	0	0	0
Sterilisation / decontamination of equipment (including vehicles)	0	1	0
Hand hygiene	1	1	0
Ill Health (work related)	**0**	**0**	**0**
Ill Health	0	0	0
Infrastructure (including staffing, facilities, environment)	**8**	**13**	**8**
Cleanliness	0	1	1
Clinical waste disposal - Sharps	0	0	1
Collection/delivery services	1	0	1
Environmental hazards / issues	4	11	2
Fire Safety	2	1	1
Security - NHS premises	0	0	2
Service Resources	1	0	0
Total	**84**	**66**	**91**

All Incidents from Quarter 3 have been reviewed to ensure the organisation is aware of any possible emerging risk to staff and service users and can continue to enhance our safety performance by ensuring our policies and procedures are fit for purpose and improved where required, as well as identifying any trends in reported incidents so appropriate action can be taken.

46 incidents (50.5%) have been reported under the "Equipment, Devices" classification, which after reviewing the data, it has been determined that the 30 of these incidents relate to the impact on service delivery across our Screening and Microbiology services and have no health and safety implications, whilst 16 specifically related to health and safety incidents. These incidents primarily related to power supply and generator reliability on mobile screening units, water ingress

affecting electrical safety, laboratory consumable integrity issues, and environmental or infrastructure faults. No staff or patient injuries were reported. All incidents were identified promptly and managed in line with established escalation and risk control procedures, including the application of interim safety measures, engagement with contractors and suppliers, and cancellation or postponement of services where safety could not be assured. Ongoing actions are focused on improving resilience of mobile unit infrastructure, strengthening preventative maintenance arrangements, and ensuring timely identification and management of emerging risks.

Outside of equipment, device incidents, of the incident reported the highest numbers fall into the following categories:

- 15 (16.5%) have been reported under "contact with or exposure to hazardous substance"
- 8 (8.8%) have been reported under "Slip, trip, or fall"

Incidents involving contact with or exposure to hazardous substances predominantly related to laboratory processing activities, including inadvertent splashes or contamination of PPE, samples being processed outside of appropriate containment due to incomplete or delayed clinical information, and mammography exposures identified as occurring within shorter-than-recommended screening intervals. The majority of these incidents resulted in no harm; however, one exposure incident met the reporting threshold under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) in relation to exposure to a biological agent and is detailed in the RIDDOR section of this report.

Slips, trips and falls incidents involved both staff and service users and occurred across a range of settings, including stairwells, clinical environments, mobile units, and external walkways. While most incidents resulted in minor or no injury, two incidents resulted in injuries that met the criteria for RIDDOR reporting and are summarised in the subsequent RIDDOR section.

Overall, the incidents reported in these categories continue to highlight the importance of accurate clinical information, strict adherence to containment and processing protocols, and proactive management of environmental and estate-related risks. Learning from these incidents is being used to inform local improvements, reinforce staff awareness, and strengthen preventative controls. Further detail on RIDDOR-reportable incidents is provided in the following section.

On reviewing the harm assessment of each incident, 34 (37.4%) were considered no harm, 54 (59.3%) low harm and 3 (3.3%) moderate harm. Of the three considered of moderate harm, one relates to anti-social behaviour from a service user (ID-7658) which has now been investigated and closed, another relates to medical device failure (ID-7864) where Alinity M HBV PCR control failures resulted in delayed testing and sample transfer to UHW, which is still under investigation. The other relates to equipment failure at BTW Wrexham (ID-7960) where a burst pipe in the

roof space resulted in a leak coming into the plant room. This has been fully investigated and is currently going through management review.

Of the 66 incidents reported during Quarter 2, 65 have been fully investigated and closed, with a further 1 incident still under investigation (ID-7313) which will be updated and closed once this has been completed.

4.3 Update on BTW Mobile Unit Water Safety Incidents

In the Quarter 2 we reported on incident (ID-7130) in relation to a water safety concern in the Breast Screening Mobile Units. This was reported under "Environmental hazards / issues", due to the abnormal results reported through microbiological monitoring undertaken on the mobile units. In addition, a number of risks (Risk ID-2009 & ID-2037) were also raised in relation to the water safety on the mobile units, and these were also included in the Quarter 2 report.

An additional risk (Risk ID-2041) has been raised in Quarter 3 regarding the financial pressures related to the actions required to ensure safe provision of water on the mobile units which would mitigate the risks. An update on this is provided in Appendix B.

An IMT was established in August, meetings have been held regularly with representation from key areas across the organisation. The focus of the IMT has been to address the concerns raised by the microbiological monitoring undertaken to date and the required actions that have been identified through the legionella risk assessments for the mobile units. In addition to the IMT a Task and Finish Group was also established to advance agreed actions to support business as usual safe operation of the mobile units with respect to safe water provision and use.

An IMT closure report has been requested for BET and will include full details of agreed decisions of the IMT and the proposed actions agreed by the Task and Finish Group with outline financial costs for the implementation of all mitigation measures. An estimate of the costs required has been calculated and included within the draft Financial Plan for 2026-27.

5. RIDDORs

Four RIDDORs have been reported to the Health and Safety Executive in Quarter 3. A brief outline on the RIDDOR is provided below along with details of any actions taken:

Datix Incident 7544 – Screening Services (Incident Date – 15 October 2025)

Submitted as – Report of an Injury (Member of public taken directly to hospital)

A RIDDOR notification was submitted following an incident involving a member of the public at a Breast Test Wales mobile mammography unit (Unit D16) located in a public car park in Ruthin, Denbighshire.

The incident occurred on 15 October 2025 while the service user was leaving a screening appointment and descending the steps from the mobile unit. The individual struck the edge of the lift platform, sustaining a laceration to the nose. Weather conditions at the time were overcast with light rain.

Immediate first aid was provided by staff, and the service user attended A&E as a precaution. Follow-up confirmation the following day confirmed that stitches were not required, and the injury was treated with steri-strips.

The incident has been reviewed, and additional control measures are being considered, including the installation of high-visibility or reflective hazard tape on exposed edges of the lift platform to improve visibility and reduce the likelihood of recurrence. It was noted at the time that the service user was distracted while leaving the unit, which may have contributed to the incident.

At the time of reporting, no follow-up action has been requested by the Health and Safety Executive (HSE).

Datix Incident 7625 – Microbiology (Incident Date – 29 October 2025)

Submitted as – Dangerous Occurrence (Release or escape of biological agents)

A RIDDOR notification has been submitted under Dangerous Occurrences, Regulation 10 (Biological Agents) following the exposure of a member of staff to Brucella melitensis at the Laboratory in University Hospital of Wales.

An initial investigation meeting has been completed, and responsibility for the investigation has since been formally handed over to the HSE. A site visit has been scheduled for 3 February 2026. An SBAR outlining the incident and associated actions is currently being finalised through Senior Management Team governance arrangements, with actions already being progressed.

Early learning from this incident, alongside analysis of recent RIDDOR notifications, indicates a need to strengthen adherence to health and safety procedures during out-of-hours and lone working, particularly where workload pressures are present. As part of the response, work is underway to engage with the Behavioural Sciences team to support targeted health and safety cultural improvement activity.

Progress against actions will continue to be monitored through established governance arrangements, with updates provided in future reports as the investigation concludes.

Datix Incident 7899 – Screening Services (Incident Date – 08 December 2025)

Submitted as – Report of an Injury (Specified Injury)

A RIDDOR notification was submitted following a slip, trip and fall on the same level at 1 Fairway Court, Upper Boat, involving an employee from Diabetic Eye Screening Wales.

The incident occurred while the staff member was moving between a garage unit and the office building during normal working hours. The individual attempted to step from the pavement into the car park, stumbled on the kerb and fell, sustaining a fracture to the fifth metatarsal of the left foot, which meets the criteria for a Specified Injury under RIDDOR.

Environmental conditions at the time were favourable, with the incident occurring in daylight and no adverse weather. The kerb and surrounding area were confirmed to be in good condition, with no defects or contributing structural issues identified.

Immediate local actions included reinforcing the use of designated pedestrian walkways and discouraging short cutting across vehicular areas. No machinery, equipment or substances were involved in the incident.

At the time of reporting, a response has been received from HSE that they did not believe the incident was RIDDOR reportable. The incident has been recorded and managed through internal governance arrangements, with no wider site safety concerns identified.

Datix Incident 7962 – Health Protection (Incident Date – 17 December 2025)

Submitted as – Report of an Injury (Specified Injury)

A RIDDOR notification was submitted following a slip, trip and fall on the same level at 2 Capital Quarter, Cardiff, involving an administrative employee.

The incident occurred on 17 December 2025 while the staff member was leaving the building at the end of the working day and using the internal staircase. No work activity was being undertaken at the time of the incident. The individual sustained ligament damage to the ankle and a chipped bone in the foot, meeting the criteria for a Specified Injury under RIDDOR.

A review of the incident confirmed that the staircase was in good condition, with adequate lighting, dry surfaces and no obstructions or defects identified. No machinery, equipment or substances were involved.

Local actions included confirming the effectiveness of existing inspection, maintenance and housekeeping regimes, which will continue as planned. Staff have been reminded to take care when using stairways.

At the time of reporting, no follow-up or further action has been requested by the Health and Safety Executive (HSE). The incident has been assessed as an isolated event, with no wider systemic issues identified.

6. Health & Safety Executive

6.1 Current HSE Investigations

The following RIDDOR notifications were submitted in previous reporting periods and remain under investigation at the time of this report.

The first relates to a Dangerous Occurrence under Regulation 10 (Biological Agents), following the exposure of two members of staff to Salmonella typhi (Hazard Group 3) during sensitivity processing of a blood culture specimen. A close-out meeting was scheduled with the HSE on 22 January 2026. Feedback has been received from the HSE and two verbal warnings have been issued, but no formal written enforcement action. The investigation of this incident has now been closed.

The second RIDDOR notification relates to a staff member being incapacitated for more than seven days due to a workplace injury. This incident also relates to a previous reporting period. No feedback has been received from the HSE to date, and no further action is currently anticipated.

6.2 HSE Formal Correspondence

The HSE has issued a formal letter regarding the sealability of Network Containment Level 3 laboratories. Actions arising from this correspondence are being actively tracked through Infection Services Senior Management Team governance arrangements, with progress reviewed on a fortnightly basis. The letter and action plan are included as Appendix 1 and 2

An extension to the original deadline was agreed to allow for appropriate governance and approval of a Memorandum of Understanding between Public Health Wales Microbiology and Cardiff and Vale University Health Board Estates. This documentation has now been reviewed by Legal Services, Risk, and the Directorate Management Team and is progressing through the remaining approval stages, including BET and Board consideration.

A further formal letter relating to the management of sharps has been issued following a RIDDOR notification at Singleton Hospital, where a member of staff sustained a needlestick injury involving a blood culture venting needle. Actions in response to this correspondence are being managed locally and through established governance arrangements. The formal letter and action plan are attached as appendix 3 and 4.

6.3 Proactive Inspections

All scheduled HSE proactive inspections for the current inspection cycle have been completed. No further inspections are due until 2027.

7. Estates Compliance with statutory and regulatory requirements

During the reporting period 01 October 2025 to 31 December 2025 the monitoring and scheduling of compliance assessments and inspections has continued to be maintained. There are 17 properties within the organisation's estate portfolio.

In addition, please note of the 17 sites under our health and safety statutory compliance assessments and inspections, 15 are fixed sites (permanent buildings) and 2 are mobile breast screening units. These mobile screening units are D11 (older unit) and D18 (new unit) and are representative of the old and new mobile units that make up the fleet and the two different designs, layout and water systems in operation within those mobile units. These 17 properties are where the responsibility to undertake statutory duties is that of the organisation. These duties include:

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

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

It should be noted, that 100% compliance with completion of assessments and inspections does not indicate that properties are without risk, but provides and highlight where actions relating to maintaining our statutory obligations are required and indicative timelines for completion. The investment in a Computer Aided Facilities Management (CAFM) System, will allow for recording and monitoring of all actions identified in assessments and inspections, allowing for increased assurance that the organisation is compliant with its statutory obligations and reporting of progress of action completion through the Health and Safety Group and the quarterly report.

As a part of the PHW hosting arrangements of the NHS Wales Performance and Improvement (NHS Wales P&I), NHS Wales P&I are 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. Going forward from Q1 of the 2026/27 financial year adherence with this requirement will be monitored and reported to the Health and Safety Group.

Public Health Wales continues to, despite the introduction of an online assurance check with Health Boards, experience challenges with securing compliance assurance for sites which host Public Health Wales staff. 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. Relationships with the Health Boards estates functions are well established and as previously reported where specific issues relating to health & safety compliance are identified direct approaches are made to the Health Boards on the specific issue and Health Boards are appropriately responsive.

8. Health and Safety Statutory/Mandatory Training

All staff are required to complete a range of statutory and mandatory training modules. As a minimum, all Directorates are expected to achieve the Welsh Government All Wales compliance target of 85%, with an organisational target of 95% set by Public Health Wales.

The key health and safety statutory and mandatory training modules are:

- Fire Safety
- Health and Safety
- Moving and Handling Level 1
- Violence and Aggression A

The organisation's compliance position for Quarter 3 is shown in Table 2 below.

Overall compliance remains above the Welsh Government target of 85% across all four training modules, providing assurance that statutory requirements continue to be met at an organisational level. Violence and Aggression training continues to meet the Public Health Wales target of 95%, with overall compliance increasing slightly from 96.32% to 96.91% this quarter.

Compliance for Fire Safety and Health and Safety training has shown a small overall increase since the previous quarter, however, both modules remain below the Public Health Wales target of 95%. Moving and Handling compliance has reduced marginally at organisational level this quarter, though it continues to exceed the Welsh Government target.

Table 2: Health and safety training compliance by Directorate

Directorate	Fire Safety %	Health and Safety %	Manual Handling %	Violence and Aggression %
028 L3 Corporate Directorate	75.00%	82.14%	85.71%	85.71%
028 L3 Health & Wellbeing Directorate	88.00%	92.00%	83.43%	96.57%
028 L3 Health Protection and Screening Services Directorate	90.23%	92.01%	88.84%	96.77%
028 L3 Nursing, Quality and Integrated Governance Directorate	95.00%	98.33%	96.67%	98.33%
028 L3 Operations and Finance Directorate	92.93%	90.91%	88.89%	94.95%
028 L3 People & OD Directorate	95.92%	97.96%	97.96%	97.96%
028 L3 Policy and International Health Directorate	97.70%	97.70%	97.70%	98.85%
028 L3 Research, Data and Digital Directorate	96.28%	96.81%	95.21%	99.47%
Overall Compliance	**91.05%**	**92.78%**	**89.69%**	**96.91%**

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

Directorate-level analysis highlights some increased variability this quarter. While several Directorates continue to perform strongly — including People & OD, Policy and International Health, and Research, Data and Digital, which remain close to or above the Public Health Wales target across most modules — a small number of Directorates have experienced a reduction in compliance, most notably within Fire Safety and Health and Safety training.

The Corporate Directorate currently falls below the Welsh Government target for Fire Safety and Health and Safety training. This is being followed up with Business Leads to understand the drivers for this reduction and to agree targeted actions to improve compliance.

Encouragingly, four Directorates now meet or exceed the Public Health Wales target across all four training modules, compared with one Directorate reported in the previous quarter. This demonstrates that sustained engagement with Business Leads and Directorate management continues to have a positive impact where applied consistently.

The Estates and Health & Safety Division will continue to work with Directorates through established governance arrangements to address areas of reduced compliance, prioritise overdue training, and support recovery where performance

has dipped. Progress will continue to be monitored and reported on a quarterly basis.

Resuscitation training continues to be reported as part of the statutory and mandatory training suite, following its introduction in the previous quarter. The following modules are included within this reporting:

- Resuscitation Level 1
- Resuscitation Level 2 – Adult
- Resuscitation Level 2 – Paediatric

The organisation's compliance position for Quarter 3 is shown in Table 3 below.

Table 3: Resuscitation training compliance by Directorate

Directorate	Resuscitation Level 1 %	Resuscitation Level 2 Adult %	Resuscitation Level 2 Paediatric %
028 L3 Corporate Directorate	82.14%	0.00%	-
028 L3 Health & Wellbeing Directorate	91.43%	-	-
028 L3 Health Protection and Screening Services Directorate	89.57%	74.72%	59.29%
028 L3 Nursing, Quality and Integrated Governance Directorate	96.67%	95.00%	-
028 L3 Operations and Finance Directorate	88.89%	-	-
028 L3 People & OD Directorate	93.88%	-	-
028 L3 Policy and International Health Directorate	96.55%	-	-
028 L3 Research, Data and Digital Directorate	97.34%	-	-
Overall Compliance	**90.82%**	**74.91%**	**59.29%**

Overall compliance for Resuscitation Level 1 remains above the Welsh Government target of 85%, at 90.82%, providing assurance that statutory requirements continue to be met at organisational level. However, this represents a slight reduction compared to the previous quarter, with a small number of Directorates now falling marginally below the Welsh Government target. This is being followed up through engagement with Business Leads to support recovery.

Compliance for Resuscitation Level 2 – Adult and Resuscitation Level 2 – Paediatric remains below both the Welsh Government target of 85% and the Public Health Wales target of 95%, with overall compliance of 74.91% and 59.29% respectively.

These modules continue to represent the most significant area of risk within resuscitation training and remain a priority focus for improvement activity.

Directorate-level analysis indicates that Health Protection and Screening Services accounts for the majority of staff requiring Level 2 Adult and Paediatric training. Compliance within this Directorate has reduced since the previous quarter, reflecting the volume of staff requiring training and the operational challenges associated with releasing staff to complete training. In contrast, the Nursing, Quality and Integrated Governance Directorate continues to demonstrate strong compliance, with Level 2 Adult training approaching the Public Health Wales target.

Targeted work continues through Directorate Health and Safety Group representatives to improve compliance for Level 2 training, including prioritisation of high-risk roles, engagement with managers, and ongoing monitoring through established governance arrangements.

The Estates and Health & Safety Division will continue to provide oversight to ensure compliance is maintained for Resuscitation Level 1 training and to support focused recovery actions for Level 2 Adult and Paediatric training where compliance remains below organisational targets.

9. Additional training

9.1 First Aid Training

The Estates and Health & Safety Division continues to work with premises leads to ensure First Aid Needs Assessments are completed and kept under review, enabling the appropriate level of first aid provision and training to be identified for each site.

There are currently 30 staff registered for Appointed Person training across the organisation. Of these, 11 staff (36.7%) are fully compliant, having completed the required training. A further 8 staff have yet to commence the training, while 11 staff remain out of compliance due to expired training, reflecting the requirement for this course to be refreshed annually.

Table 4: Appointed Person Training Compliance by Site

Site	Registered	Completed	Not Started	Expired
No.2 Capital Quarter	13	3	3	7
Matrix House	1	0	0	1
18 Cathedral Rd	1	0	0	1
1 Fairway Court	1	0	1	0
River House	11	5	4	2
Bocam Park	3	3	0	0
TOTAL	**30**	**11**	**8**	**11**

Site-level reporting introduced this quarter highlights a small number of premises accounting for the majority of non-compliance. No.2 Capital Quarter represents the most significant hotspot, with a high proportion of expired training relative to the number of registered Appointed Persons. River House also requires further follow-up, with both expired and not-started training identified.

In contrast, Bocam Park currently demonstrates full compliance, providing assurance that the current approach is effective where staffing levels and attendance patterns are stable.

Follow-up activity is ongoing with staff whose training has expired to ensure refresher training is completed, or to confirm whether they remain appropriate to undertake the Appointed Person role. Engagement is also continuing with staff who have not yet started the training to improve overall compliance.

Where Emergency First Aid at Work (EFAW) provision has been identified as a requirement through First Aid Needs Assessments, the Estates and Health & Safety Division continues to work with premises leads to ensure appropriate training and refresher provision is in place.

Compliance with first aid training requirements continues to be monitored through the Health & Safety Audit process and review of First Aid Needs Assessments, enabling targeted action where gaps in provision are identified.

9.2 Fire Warden Training

Online Fire Warden training continues to be rolled out across the organisation and is now being reported by site for the first time, providing improved visibility of compliance levels and enabling targeted action where gaps exist.

There are currently 301 staff registered as Fire Wardens across all sites. Of these, 225 staff (74.8%) are fully compliant, having completed the required training. A further 13 staff are currently in progress, and 17 staff have yet to commence training. 46 staff remain out of compliance due to expired training, primarily concentrated within a small number of larger or operationally complex premises.

The increase in completion figures this quarter reflects both continued follow-up activity and improved data accuracy following the removal of staff who are no longer able to undertake the role.

Site-level Fire Warden training compliance is summarised below:

SITES	TOTAL	Completed	In Progress	Not Started	Expired
ADMIN SITES					

Clwydian House	3	2	0	0	1
Matrix House	12	10	1	0	1
No.2 Capital Quarter	72	43	3	4	22
Preswylfa	3	3	0	0	0
S4C Hub	5	2	0	1	2
SCREENING SITES					
(DESW) 1 Fairway Court, Treforest	19	18	1	0	0
18 Cathedral Rd	5	5	0	0	0
24 Alexandra Rd	10	8	2	0	0
BTW Llandudno	2	2	0	0	0
BTW North Wales - Wrexham	4	4	0	0	0
Kimberley House	1	1	0	0	0
Magden Park Llantrisant	10	10	0	0	0
Rhos House	1	1	0	0	0
St Davids Park	1	1	0	0	0
Llys Castan	5	4	0	1	0
University Hospital of Wales (NBHSW)	3	3	0	0	0
INFECTION SERVICES SITES					
Bronglais Hospital	3	2	0	0	1
Glangwili Hospital	4	4	0	0	0
Glanrhyd Hospital	1	0	0	0	1
Llandough Hospital	3	2	0	0	1
Morriston Hospital	4	1	1	1	1
Prince Charles Hospital	5	4	1	0	0
Prince Phillip Hospital	10	9	0	0	1
Princess of Wales Hospital	1	0	0	1	0
Singleton Hospital	11	6	1	2	2
University Hospital of Wales	20	13	0	2	5
Wales Genomic Health Centre	4	4	0	0	0
Wrexham Maelor Hospital	3	2	0	0	1
Ysbyty Glan Clwyd	9	8	0	0	1
Ysbyty Gwynedd, Bangor	5	4	1	0	0
NHS WALES P&I SITES					
Bocam Park	34	29	0	5	0
River House	28	20	2	0	6

Overall compliance remains strong across Screening Sites, where the majority of locations demonstrate full or near-full coverage, with minimal expired or outstanding training. Several sites continue to show 100% completion rates.

Across Administrative and Infection Services sites, compliance levels are more variable. Premises, including No.2 Capital Quarter, University Hospital of Wales, and River House, account for a significant proportion of expired or outstanding training. This reflects ongoing challenges associated with staff turnover, hybrid working arrangements, and maintaining sufficient on-site cover across extended operating hours.

As previously identified through the Health & Safety Audit process, ensuring adequate Fire Warden provision that meets site-specific requirements, particularly where staff are hybrid workers and not consistently present on site, remains an ongoing challenge. Work continues between the Estates and Health & Safety Division, Business Leads, and local managers to address these gaps, including targeted engagement with staff who regularly attend specific premises.

The IHasco training system has now been updated to formally capture each Fire Warden's base location. This enhancement has enabled the introduction of site-level reporting this quarter and will support more proactive monitoring, allowing gaps to be identified and addressed more effectively in future reporting cycles.

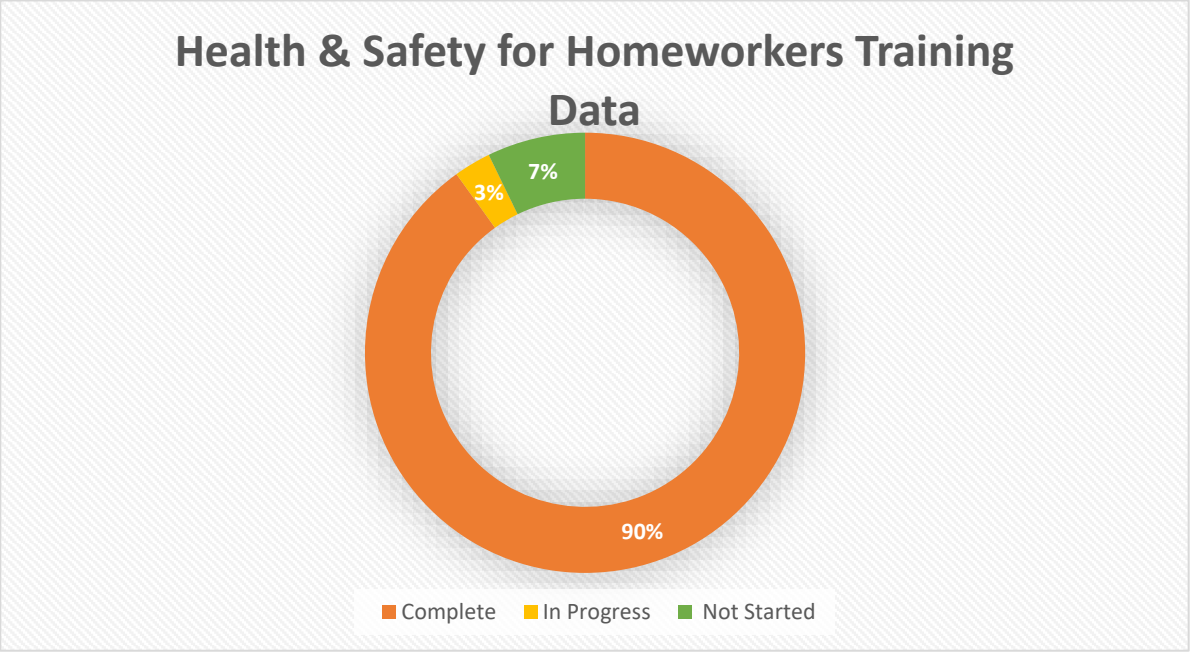
Follow-up activity is ongoing with staff who have expired or incomplete training to either refresh their certification or confirm whether they are still able to undertake the Fire Warden role. This work will continue into the next quarter, alongside efforts to recruit additional volunteers where required to ensure appropriate coverage is maintained across all premises.

Alongside the online Fire Warden training programme, site-specific face-to-face Fire Warden training is being rolled out in collaboration with Facilities and Health & Safety Managers within Screening and Infection Services. This training focuses on practical, site-specific arrangements, including evacuation procedures and fire safety roles in complex premises. Initial delivery has prioritised higher-risk sites and will continue to be expanded based on risk, audit findings, and compliance data.

9.3 Health & Safety for Homeworkers Training and Home Self-Assessment

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 12 January 2026, 90% of staff who have been registered for the Health and Safety for Homeworkers training have completed the module, which is a 1% improvement on the previous quarter and is still above the agreed organisation target of 85% compliance.

The following table shows the current picture of training compliance levels by Directorate across the organisation:

Directorate	Training Compliance Rate Q2 (%)
Corporate Directorate	82.6%
Operations and Finance Directorate	93.5%
People & OD Directorate	97.6%
Nursing, Quality and Integrated Governance Directorate	100%
Policy, International Health Directorate	100%
Research, Data and Digital Directorate	91.6%
Health & Wellbeing Directorate	87.3%
Health Protection and Screening Services Directorate	88.9%
NHS Wales Performance & Improvement Directorate	87.5%
TOTAL	**90.1%**

For a further detailed breakdown, please refer to **Appendix A**, which details Divisional compliance rates for each Directorate.

As can be seen from the above table, all but one Directorate are either meeting the organisation target of 85%, with the Corporate Directorate still needing to raise their compliance levels to the agreed target. Additionally, the majority of Directorates have continued to improve compliance rates over the previous quarter, with both the Nursing, Quality and Integrated Governance Directorate and Policy, International Health Directorate now achieving 100% compliance.

As confirmed during the last report, we are now able to provide an update on the home working self-assessment all staff must complete after the training to ensure they have a safe, ergonomic, and healthy space to work at home. Currently only 78.8% of staff who have been registered have completed the self-assessment, however this is a 3.5% improvement on the last reporting period. The following table shows the current compliance levels for the self-assessment by Directorate across the organisation:

Directorate	Self-assessment Compliance Rate Q2 (%)
Corporate Directorate	69.6%
Operations and Finance Directorate	84.8%
People & OD Directorate	97.6%
Nursing, Quality and Integrated Governance Directorate	96.5%
Policy, International Health Directorate	93%
Research, Data and Digital Directorate	83.2%
Health & Wellbeing Directorate	71.8%
Health Protection and Screening Services Directorate	74.4%
NHS Wales Performance & Improvement Directorate	78.7%
TOTAL	**78.8%**

A further detailed breakdown is provided in the table in **Appendix A**, which details Divisional compliance rates for each Directorate.

As can be seen from the above table, five of nine Directorates are either meeting or close to meeting the organisation target of 85%. Significant work needs to be done by the Corporate Directorate, Health & Wellbeing Directorate, Health Protection and Screening Services Directorate and NHS Wales Performance & Improvement Directorate to raise their compliance levels to the agreed target.

Work will continue with all Directorates, ensuring monthly compliance updates are provided to Business Leads to support individual Directorates in achieving the organisational target and support the organisations total compliance level remains at or above the agreed target.

9.4 Other Health & Safety Related Training

The Disability Awareness and Inclusion training programme provided via online training continues to be rolled out across the Screening Services Division. A total of 408 staff are currently registered for the training programme. However, only 104 (25.5%) of staff are currently compliant, which is a decrease of 5.5% over the previous quarter. This is due to 86 staff allowing their training compliance to expire. 218 members of staff have yet to complete the training, and the Health & Safety Team will continue to work with Screening to improve this compliance further and ensure regular reminder emails are being sent to staff to complete the training. Current compliance levels by screening programme is provided below:

Screening Programme	Training Compliance Q3
Antenatal Screening	83.3%
Bowel Screening	36.4%
Breast Screening	15.6%
Cervical Screening	22.6%
Diabetic Eye Screening	31.9%
Newborn Hearing Screening	19.5%
Abdominal Aortic Aneurysm (AAA) Screening	17.6%
Screening Management	48.1%

10. Risk Registers

There are currently 18 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 at monthly meetings.

The table below summarises the number of health and safety risks currently managed at a Directorate and Divisional level. Please note this covers all new risks reported since the previous report up until 31 December 2025. Since the last report, five new risks have been raised, and one risks has been closed (ID 1684) following review and the implementation of key controls to reduce the risk to target levels:

Number of open Health and Safety Risks	**18**
Number not meeting target risk score - Tolerate	**4** (ID-1562, 1706, 1720, 1736)
Number not meeting target risk score - Treat	**13** (ID-1415, 1551, 1657, 1748, 1795, 1868, 2009, 2037, 2041, 2043, 2077, 2120 and 2134)
Number not meeting target risk score – Not Assessed	**1** (ID-2040)

New risks since last Health and Safety Report	**5** (ID-2041, 2043, 2077, 2120 and 2134)

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

	Initial	Current	Target
Risk Level			
No Assessment	-	1	1
Low Risk	0	0	10
Moderate Risk	4	9	7
High Risk	11	7	0
Extreme Risk	3	1	0

The Health & Safety risk profile shows a clear improvement from the initial assessment position and continues to move towards the target risk state.

- The number of High and Extreme risks has reduced significantly, from 14 at initial assessment to 8 currently, with a further reduction planned to zero at target.
- Extreme risks have reduced from three to one, demonstrating that the most serious risks are being actively mitigated and controlled.
- High risks have reduced from eleven to seven, reflecting progress in delivering agreed control measures and action plans.
- The increase in Moderate risks (from four initially to nine currently) largely reflects:
    - Re-scoring following more detailed risk assessments
    - The down-rating of previously High and Extreme risks as controls take effect
- The target profile shows a planned shift towards Low and Moderate risks only, indicating alignment with the organisation's risk appetite.

One risk remains unassessed (ID-2040), and this is being prioritised for completion in the next reporting period to ensure full visibility and oversight.

Overall, the organisation maintains a robust Health & Safety risk management framework. All material risks are identified, assessed, owned, and actively managed. The current position provides reasonable assurance that Health & Safety risks are being identified, escalated appropriately, and reduced through structured action planning. Continued focus next quarter will be on closing the remaining Extreme risk, further reducing High risks, and embedding controls to achieve the target risk profile.

Details relating to the new risks for the period can be found at **Appendix B**.

11. Policy updates

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

Health and Safety Policy – Policy has been through Consultation and has been submitted to the Leadership Team and Health and Safety Group for consideration before being submitted for final approval by the Quality, Safety and Improvement Committee

Water Management Policy and Procedure – The Water Management Policy and Procedure have been comprehensively reviewed and updated to reflect current legislation, guidance, and organisational practice. Both documents have now been issued for internal consultation and will progress through the formal approval process following feedback.

Fire Safety Policy and Procedure - The Fire Safety Policy and Procedure have undergone a significant update to strengthen governance, clarify roles and responsibilities, and align with current fire safety legislation and best practice. The revised documents are currently subject to internal consultation and will be submitted for approval once this process is complete.

Waste Management Policy and Procedure – delays continue to have been experienced with the finalising of the policy and the procedure. The previously target publication date agreed by the Division with the Directorate's Governance & General Manager for a publication timeline of 31 December was not achieved. A reset publication date is now planned for March 31st

Bomb Threat and Suspicious Packages Procedure – delays continue to have been experienced with the finalising of the procedure. The proposed publication date agreed by the Division with the Directorate's Governance and General Manager to reset publication timeline of 31 December was not achieved.
Support has been sought from the Emergency Preparedness & Response Team with the procedure's completion, and a reset publication date is now planned for March 31st

Security Procedure - delays continue to have been experienced with the finalising of the procedure. The proposed publication date agreed by the Division with the Directorate's Governance and General Manager to reset publication timeline of 31 December was not achieved. Support has been sought from the Emergency Preparedness & Response Team with the procedure's completion, and a reset publication date is now planned for March 31st

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, **three** SESNs and **no** Publication Notices have been received:

Date Issued / Received	SESN No./ PN No.	SESN Description	Action
8 July 2025	SESN 25/08	Digital Estate Management Survey	Actioned – PHW Estates completed the survey and submitted a return by 1 August requirement.
10 October 2025	SESN 25/09	NHS Wales Building Resilience Survey	Action – PHW were initially not required to complete a return. However further to dialogue with WG PHW were asked to complete a return and were provided with an extension to the return date. The return is currently being completed
22 December 2025	SESN25/10	Publication of Estates and Facilities	Action - For info only; (PHW

		Performance Management System (EFPMS) NHS Estate Dashboard' Report – 2024/25	previously completed the required information return re the PHW estate to inform the report).

13. Health and Safety Culture Survey

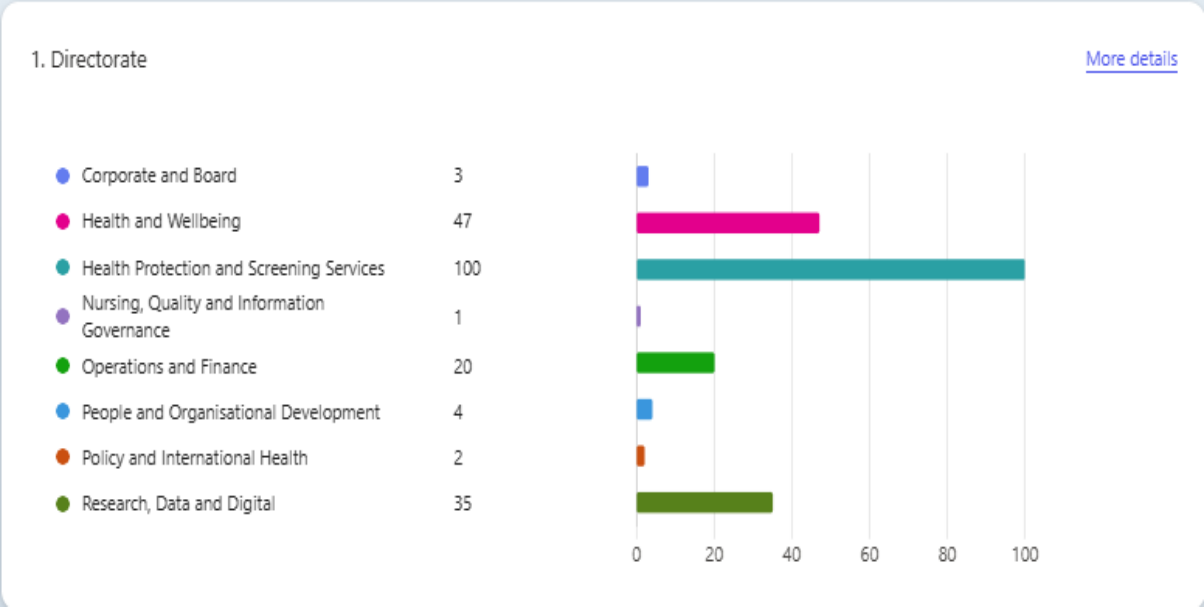
As part of our ongoing commitment to creating a safe and supportive work environment, the Workplace Health & Safety Culture Survey was launched on the 15 September 2025. This important initiative was designed to strengthen our workplace environment and safeguard the well-being of all staff members. By gathering staff insights, the aim of the survey is to:

- Identify strengths and areas we can improve in our health and safety practices.
- Find out if there are any barriers or challenges that can impact on good safety practices.
- Understand how safety policies and procedures are understood and followed across different areas of the organisation
- Understand how well our current safety management systems are working
- Boost staff morale and job satisfaction by addressing concerns and building a supportive work environment.
- Help prevent and reduce workplace accidents and injuries, making work safer and more productive.
- Ensure compliance with health and safety regulations, demonstrating our commitment to legal and ethical standards.

The feedback received will be used to:

- Identify areas for improvement.
- Create clear action plans.
- Guide our health and safety strategy.
- Improve training and resources.
- Encourage open conversations and share good practices.

Due to the poor response rate reported last quarter, it was agreed at the last Health & Safety Group Meeting that the survey would be extended to 31 December 2025. As of 21 January 2026, only 212 responses have been received (up 98 responses from the last quarterly report) from staff across the organisation. Below is an extract showing response rates from Directorates across the organisation:



We are now analysing these responses in detail to produce a report, which will be presented at the next Health & Safety Group meeting in April 2026. This report will help inform targeted actions and improvements to further enhance our safety culture and ensure that all staff feel supported in maintaining a safe working environment.

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

Health & Safety for Homeworkers Training Status by Directorate and Division

Directorate/Division	Training Compliance Rate Q3 (%)	Self-Assessment Compliance Rate Q3 (%)
Corporate Directorate	**82.61%**	**69.57%**
Operations and Finance Directorate	**93.48%**	**84.78%**
Communications Division	91.30%	82.61%
Estates, Safety and Facilities Division	92.31%	92.31%
Finance Division	94.74%	86.84%
Strategy, Planning & Corporate Affairs Division	94.44%	77.78%
People & OD Directorate	**97.56%**	**97.56%**
Nursing, Quality and Integrated Governance Directorate	**100.00%**	**96.49%**
Corporate Division	100.00%	100.00%
Integrated Governance Division	100.00%	85.71%
National Safeguarding Division	100.00%	100.00%
Quality & Nursing Division	100.00%	100.00%
Policy, International Health Directorate	**100.00%**	**93.00%**
ACE's Hub Division	100.00%	88.89%
Behavioural Science Division	100.00%	90.91%
Central Division	100.00%	90.00%
Climate & Health Division	100.00%	100.00%
International Health Division	100.00%	90.00%
Policy Division	100.00%	100.00%
Projects Division	100.00%	100.00%
WHIASU Division	100.00%	92.31%
Research, Data and Digital Directorate	**91.58%**	**83.16%**
RTS/CDR Division	100.00%	80.00%
Operations & Management Division	95.45%	86.36%
Digital Services Division	83.33%	69.70%
CARIS/CMP Division	100.00%	100.00%
Data Science & Analysis Division	96.97%	87.88%

Knowledge & Evidence Division	88.24%	88.24%
Research & Evaluation Division	96.00%	88.00%
WCISU Division	100.00%	100.00%
Health & Wellbeing Directorate	**87.25%**	**71.81%**
Health Improvement Division	87.50%	72.12%
HWB Mgt. and Admin Division	88.24%	64.71%
PCIC Division	85.71%	75.00%
Health Protection and Screening Services Directorate	**88.92%**	**74.41%**
Health Protection Division	96.31%	82.38%
HPSS Corporate Division	80.95%	80.95%
Infection Division	79.59%	63.78%
Screening Services Division	89.54%	73.94%
• Antenatal Screening	100.00%	100.00%
• Bowel Screening	95.24%	76.19%
• Breast Screening	71.21%	57.58%
• Cervical Screening	100.00%	67.31%
• Diabetic Eye Screening	92.11%	78.95%
• Lung Screening	66.67%	66.67%
• Newborn Hearing Screening	88.46%	84.62%
• Abdominal Aortic Aneurysm (AAA) Screening	91.30%	73.91%
• Screening Management	97.92%	89.58%
SPR's Division	100.00%	91.67%
NHS Wales Performance and Improvement	**87.47%**	**78.72%**
Strategic Programmes for Planned Care Division and Planned Care & Recovery Division	76.32%	73.68%
Strategic Programmes for Primary Care Division	100.00%	92.86%
Strategic Programme for Mental Health Division	96.55%	75.86%
Urgent & Emergency Care Division	56.00%	60.00%
Quality, Safety and Improvement Division	94.23%	86.54%
Performance & Assurance Division	72.97%	72.97%
Networks Division	89.47%	75.00%
Planning Division	93.75%	75.00%
Finance Planning & Delivery Division	100.00%	100.00%
Value Transformation Division	89.23%	76.92%

Appendix B

New risks reported during Quarter 3

Risk ID-2041 – Screening Division

	Initial	Current	Target
Risk Level	High Risk	High Risk	Moderate Risk

There is risk of additional unforeseen financial expenditure. This relates to water testing which has identified elevated bacterial levels in a sample of BTW mobiles outside of expected levels that will require treatment to return levels to expected range. The Legionella Risk Assessment has identified non-conformities with the water safety scheme and management processes that will require remediation or confirmation of conformity from manufacturer. This links to the two risks (ID-2009 and 2037) reported last quarter regarding water safety on the BTW mobile units.

Key Controls are: No current controls in place relating to financial expenditure

Actions being undertaken: A specification has been developed for the appointment of a contractor to undertake water safety monitoring on the BTW Mobile Units, which will help determine financial implications for the service.

Risk ID-2043 – Infection Services

	Initial	Current	Target
Risk Level	High Risk	High Risk	Moderate Risk

There is a risk that Bacteriology YGC Autoclaves could fail. The cause will be the failure of existing parts (solenoid valves) which are proving difficult to obtain. Currently autoclave 2 has at least 4 which are leaking air, but they are within tolerance limits. This may deteriorate resulting in loss of autoclave. The impacts will be the removal of autoclave provision for the containment level 3 laboratory. This will result in the contingency plan being implemented which includes; CL3 waste (Category B) having to be removed through yellow bag incineration, Category A waste will have to be removed through specialist contractor with the permission of the HSE. Category A waste would be required to be stored at CL3, pending collection, which would be space limiting and could result in slips trips and falls.

Key controls are: The risk associated with potential autoclave failure within Bacteriology at YGC is mitigated through a combination of planned maintenance, monitoring, and contingency arrangements. Autoclaves are covered by an active maintenance contract and operated in line with a defined testing and validation schedule, with ongoing engagement from Estates to support reliability and

timely response to faults. Where required, direct engagement with the manufacturer is in place to source specialist parts, supported by access to approved specialist contractors to minimise downtime. A documented autoclave contingency plan is in place to ensure continuity of safe waste management in the event of equipment failure, with appropriate liaison with the Health and Safety Executive (HSE) where necessary. In the interim, lockable autoclave waste bins are available to allow for the safe and secure storage of clinical waste, and the volume of waste meeting Category A criteria remains limited, further reducing the likelihood of escalation.

Actions being undertaken: Solenoid subbase sealing kit were purchased and have now been received, ready for installed at the next quarterly service. This has been booked in for the beginning of February. Risk has now been closed.

Risk ID-2077 – Nursing, Quality and Integrated Governance

	Initial	Current	Target
Risk Level	**Extreme Risk**	**Extreme Risk**	**Low Risk**

There is a risk that PHW staff may have a vehicle accident in the Copperworks multi-storey car park near Capital Quarter. The cause will be unsafe and slippery concrete on the flooring of the car park, which in wet weather allows water to pool on it allowing vehicles to lose control and slip. The impact will be PHW staff and / or other users of the car park becoming injured in vehicle accidents.

Key controls are: As car park is not owned by PHW, there are limits to what can be addressed by PHW.

Actions being undertaken: The PHW Estates team have informed Copperworks of the accident and requested that the floor be looked at to see what can be done to reduce the likelihood of another incident.

Member of staff that had an accident and crashed a car in the car park in October 2025, has contacted Copperworks to request an incident form be raised and completed.

Risk ID-2120 – Infection Services

	Initial	Current	Target
Risk Level	**High Risk**	**Moderate Risk**	**Low Risk**

There is a risk that the medical gas regulators and manifolds will not be covered by pressure systems insurance (via HDUHB) as they are overdue replacement.

British Compressed Gases Association (BCGA) Codes of Practices 39 identifies pressure systems regular examination, inspection, and maintenance to ensure the

continuing integrity of the equipment and the safety of personnel. Recommendations are a change of manifolds/regulators every 5 years. Current regulators were installed in August 2020. H&S risk to staff and environment. Non-compliance with insurance and may not be covered in event of a medical gas incident.

The cause will be non-replacement of regulators and manifolds in line with regulated guidance and therefore leading to non-compliance with insurance. Agreement to raise PO for works currently pending with NWSSP procurement, all documentation provided. The impact will be the safety of staff and environmental safety in the event of gas incident. If not covered by insurance, there may also be a financial impact if an incident occurs. An incident could result in a RIDDOR and HSE inspection.

Key controls are: The pressure system undergoes a yearly service. Additionally, there is a weekly gas leak test undertaken on the system. Staff have also been trained to safely replace gas cylinders.

Actions being undertaken: The PHW Estates team have agreed to transfer slippage money to Hywel Dda Estates before the end of the financial year to cover the cost of replacement. Quotes received from 2 companies so far. A third quote is being sought pending identification of a suitable potential supplier by procurement.

Risk ID-2134 – Communications and Stakeholder Engagement

	Initial	Current	Target
Risk Level	**High Risk**	**High Risk**	**Moderate Risk**

There is risk of psychological harm to case studies from unexpected effects of appearing in the media, as well as the post traumatic effect of re-sharing their story many times over. As result there is also a reputational risk for Public Health Wales who could be seen as the cause of this distress. There is also a Risk to staff mental health and wellbeing of handling emotionally traumatised people. Additionally, there is a risk of case studies stories being shared in perpetuity. This Risk is currently being managed by the Communications and Stakeholder Engagement Team as a safeguarding risk, however it is being reported through the Health & Safety Group due to potential mental health and wellbeing implications for staff.

This will be caused by case studies not being made aware of these risks, not being handled sensitively and protected by Comms Officers during their media engagement.

Key controls are: case studies guidance has been drafted and provided to staff. The People & OD Directorate have provided links to mental health charities and

helplines should staff need them when having difficult conversations with trauma victims.

Actions being undertaken: No further actions being undertaken at present. Risk is being monitored based on current controls in place.