

Listed in formal letter						
No	Item/RAG (perceived difficulty)	Solution	Assigned to	Estimated date of completion All to be completed with evidence submitted by february 2025	Status/RAG	Completed date
1	Validation of fumigation for emergency spillage in containment level 3	Undertake validation of fumigation procedure. (Requires efficacy study). Obtain quotes for each site and identify priority order to complete.	MP/RR	February 2025 (to complete WCM and have financed plan in place to complete other sites).	<p>Completed review of PO. PO review completed and agreed with Ellab. Credit note to be placed against continuing efficacy studies. Quoting for 5 visits (7 labs).</p> <p>08.10.24 Quotes received and progressed via KW with timeline for completion. 21.10.24 No feedback on progress.</p> <p>23.10.24 no progress esclated to KW on monday for feedback to progress.</p> <p>24.10.24 Funding approved. Meeting requested to schedule tests with Ellab.</p> <p>08.11.24 Funding approved, waiting for info from procurement as to how to proceed.</p> <p>14.11.24 Waiting for PO to be produced.</p> <p>19.11.24 Met with LMB and procurement. currently filling in STA. LF to RAID/Gant.</p> <p>12.12.24 Requisition raised 300158034. Gant chart created 12.12.24 with LF to identify required steps</p>	21.01.25

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2	Ducting assurance - assurance that ducting is intact particularly for the Singleton site. Less than 2 years old - UHW x2, Less than 4 years old - GGH, Bangor and WCM main lab. Visually accessible - Aber (drones)WCM ref lab, FW&E, Rhyl and Swansea where located in plant room. (Swansea where placed outside of plant room not accessible to inspect)	<p>Task 1) Determine if SBUHB have access to drone to replicate Aber or alternative solution.</p> <p>Task 2) Review BS 12469 and LEV 5726 Link to No 6 and No 7 for requirements to monitor integrity of ducting. (velocity testing, implantation of smoke above HEPA filter??</p> <p>Task 3) Engagement with Andy Plume re ports for MSC.</p> <p>Task 4) RA to underpin reasoning of choices</p>	MP/RR	November 2024	<p>Meeting with estates at SBUHB to look at ducting schematic. Pilot velocity test achieved at WCM. Waiting on report to see if hits requirement</p> <p>08.10.24 Schematics received for Carmarthen. Prograssing visits on other sites to verify assumed knowledge. Will place in central document for future information.</p> <p>Waiting on NCS to provide velocity report to detrimne suitability of implementation.</p> <p>09.10.24 Swansea visit completed.</p> <p>21.10.24 Multiple companies contacted re pressure/leakage testing. No solid progress. Access to roof potential issue. RR writing doc describing ducting.</p> <p>23.10.24 MP investigating companies able to do leak/pressure testing. Feedback to go through but currently not viable</p> <p>08.11.24 Doc first draft in situ. Expert to review Swansea for confirmation of approach. RA to be formulated.To be published under MDHSGUID 016</p> <p>19.11.24 MDRA 038 to be published. Both docs need proofing - time booked 22.11.24</p> <p>12.12.24 singleton review completed estimated cost of £850 + VAT. Pursuing network evaluation with laboratory air services. New testing added to forward budget.</p> <p>03.02.25 deadline extended due to procurement times exceeding deadline. STA submitted to procurement.</p> <p>18.03.25 STA signed, ready to raise requisition.</p> <p>28.04.25 dates being agreed. deadline extended to accomodate contractor availability - now 27.06.25</p> <p>16.06.25 deadline extended to cover negative pressure issue repair at Rhyl. Date of potential fix 26.06.25 followed by ducting testing on 30.06.25</p>	14.07.25
3	Complexity of uncontrolled spillage drills - some uncertainty in grey areas found during inspection	Review spillage drills and expand repertoire to increase complexity of scenario.Link with JE/existing scenarios/previous uncontrolled spillages. Identify learning outcomes through template	H&S team	November 2024	<p>time booked - 22.10.24</p> <p>23.10.24 Reviewd in team meeting 22.10.24. RP leading to integrate feedback and represent plus template on Nov 5th.</p> <p>08.11.24 meeting to review spillage guidance - mior amendments and then can be published with template form. MDHSGUID 015 and F1</p>	12.11.24
3	Standardisation of spill kits	<p>Task 1)Review requirement of spill kit and standardise for network - publish</p> <p>Task 2) Implement and ensure safe storage</p>	RP	September 2024	Published as MDHS 015F4. Listed as requirement to check contents as part of quarterly audit MDHS 005F3.	13.09.24

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4	Monitoring arrangements are not formalised for CL3 - need to identify frequency of checks, what checks are undertaken, by whom, how they are recorded and escalated.	Task 1) Write a policy Task 2) Write a code of practise Task 3) Create annual audit and horizontal auditing system for containment level 3 including templates and guidance (commissioning ans system based Q) Task 4 Cross ref with No 4 for continuity Task 5) Update cross ref docs	H&S team	December 2024	time booked to complete. 21.10.24 Topics of audits to be formalised on 23.10.24 to allow progress. 23.10.24 Reviewed in team meeting 22.10.24 Key topics identified: Management, documentation, equipment and facilities, and training and competency. Breakdown of areas to test completed. Write audits as next tep in conjunctionwith COP and policy 08.11.24 policy reviewed and agreed in first draft. To be proofed by HOO and agreed through SMT. proposed schedue for audit one topic per year. Write audits. 13.11.24 Policy being proofed by JR before dissemination to SMT 19.11.24 out for proofing. 20.11.24 feedback incorporated and distibuted to SMT ready for ratification and feedback in week 4 12.12.24 policy ratified through SMT 28.11.24 as MDHS 024	28.11.24

Other Significant Issues

No	Item/RAG	Site	Status/RAG	Completed date
1	Validation of internal HPV decontamination	All sites - validation per model for typical agent/model agent	<p>Seeking quotes for biological indicators/chemical indicators and incubator appropriate in network. Supplier identified which uses 30-35 degree incubation. RR pursuing. Likely available to purchase through Ellab.</p> <p>23.10.24 Chemical indicators used by Sandondaf. RR to contact Sanondaf to obtain info.</p> <p>08.11.24 PO raised. 14.11.24 indicators received. Validation plan to be completed - assigned RP via SB from Quality team</p> <p>28.04.25 contacted sanondaf - no guidance. make decision on placement of indicators 2.5.25. Write validation plan - RP.</p> <p>16.06.25 Validation plan agreed. To be implemented. Aber due 17.06.25</p> <p>17.07.25 validation plan written - awaiting quality check</p>	
2	Autoclave MOU consistency across network	UHW, UHL, Rhyl and Carmarthen.	<p>summary spreadsheet compiled of testing/mou status/cost responsibility sent to RH and KW</p> <p>16.08.24. RH escalating to TC</p> <p>09.10.24 All MOUS in date except for S.E Region</p> <p>23.10.24 no change</p> <p>24.10.24 CVUHB meeting with LC on Nov 27th discussing recharges and costings - should move to new SLA and MOU as a result</p> <p>14.11.24 meeting cancelled, not rearranged as yet</p> <p>20.11.24 Meeting rearranged 20.12.24</p> <p>16.06.25 no change in status - MOU in S. E Region outstanding</p>	
3	Competence of staff responsible for CL3 - identify differences in responsibility within CL3 management and monitoring structure between Operational Managers/Departmental H&S leads/Regional H&S leads/H&S management	Network	<p>Review of CL3 competency 16.08.24 by AS and MP. For proofing. Discussed at audit meeting</p> <p>03.09.24. Out for proofing.</p> <p>09.10.24 CL3 management competency going live in next week. Draft of H&S Departmental lead competency being proofed.</p> <p>23.10.24 Draft proofed. Time booked to write Q - 6th Nov.</p> <p>BR to guinea pig</p> <p>08.11.24 Questions written. Review for non bacti leads and segregate appropriately. Review the training checklist for similar issues.</p> <p>20.11.24 issues resolved. To be published asap.</p>	14.02.25

Other Significant Issues

No	Item/RAG	Site	Status/RAG	Completed date
4	Risk assessments do not articulate how risk is actualised.	Network	<p>New generic template created 09.08.24 Applied to CL3 by team. Proofing due 23.10.24 time booked to proof on 25.10.24 08.11.24 out for proofing 19.11.24 time booked 25.11.24 to finalise 12.12.24 Reviewed by HSE inspector during Rhyl inspeciton. Feedback given to be implemented. 28.04.25 new template published. All new RA being published on new template. HR RA to be prioritised and others to be changed when up for review. High RA = CL3, VHF, Gas, Autoclaves - RR with reg as required. 16.06.25 CL3 completed and published.</p>	
5	Maintenance arrangements are not formalised for critical equipment in the CL3 - need to identify frequency and scope of checks and maintenance, need to identify how reports are formally received, fed back to users in terms of safe/not safe to use and information from contractors is communicated and any issues escalated.	Network	23.10.24 - being amalgamated with monitoring COP	Completed - linked to finding 4 in formal letter 08.11.24
6	Double gloving in containment level 3 - not standardised practise across network	Network	<p>23.10.24 trial across network - use BR/Carrie/everyday staff (Pete). Use engagement sessions for feedback. Write an SBAR - Take it to SMT - MP</p>	
7	Cleaning issues within Containment level 3 - at room and MSC level	Sites inspected	<p>UHW Bacti progressed. CL3 and intended to CL2 09.10.24 implemented at Singleton at CL3 and CL2 23.10.24 Rhyl implemented. (twice weekly) CL3 and CL2 Bring this to SMT for discussion. 18.03.25 CL3 audit at GGH completed 17.03.25. cleaning discussed with seniors on site. Cleaning schedules to be amended and staff allocated time to complete. 28.04.25 Aberystwyth to complete. 17.07.25 waiting on aber to confirm</p>	

Other Significant Issues

No	Item/RAG	Site	Status/RAG	Completed date
8	MSC practise - decontamination and siting of relevant equipment (is it fit for purpose)	Network	Spot audit. Add to quarterly CL3 audit	Completed 31.10.24
9	Critical indicator lights not working	WCM Ref lab and Singleton	Singleton completed 01.07.24 WCM MR submitted 251442. 16.08.24 LEEC attending site to replace bulb (estates refused to do) 08.11.24 WCM completed 05.11.24	Completed 05.11.24
10	Readability and relevance of emergency instructions in CI3	WCM and Singleton	Change requests submitted for MDHS 015 and local versions. 08.11.24 MDHS 015 updated to be published 13.11.24. Local versions to be updated in response.	Completed 05.11.24

Network

No	Item	Site	Solution	Assigned to	Status/RAG	Completed date
1	Permit to work relevance and way being filled in	Network	Task 1)Review permit to work for relevant features and ensure acknowledgement from estates included when fumigating before work commences	RC	for review on 08.11.24 13.12.24 separate ptw for fumigation/sealability/venting processes. Guidance to fill in correctly and the trainign - engagement session?	Forms and guidance completed 29.04.25
2	Ask for written scheme of examination for the autoclaves across the network	Network	Written request for Estates to provide (originally would be provided by manufacturer).		Each autoclave should have a written scheme of examination from the maunfacturer when installed. Need to identify if Estates teams have copies and can they share for records.	
3	Reference PSSR and purpose of each test in autoclave documents	Network	Review of MDHSE 004 autoclave SOP and include		Change request submitted.	
4	Update MDHS 015 CL3 overarching guidance to include risks of fumigation including work place	Network	Update MDHS 015 and local versions with information		Change request submitted.	Completed 08.11.24
5	Expand waste audits to include flow of CL3 to end point. Templates and guidance for each.	Network	Review existing audit and amend as appropriate		Exists as MDHS 021F1. Group with MDHS 022F1 Rebrand as MDHS 014 when written 14.02.25Waste policy being drafted JM 16.06.25 Waste policy ready to publish	Completed 24.04.26
6	In critical equipment log - standards are not correct.	Network	Correct document		Change request submitted	Completed 31.10.24
7	Make decision on use of RPE for uncontrolled spillages	Network	Evidence decision on MDHS 015			23.10.24 No RPE to be used.
8	Critical equipment log – update name and description to reflect full use and refer to exceptions	Network	Review and update		remove embedded doc and update attachment	Completed 31.10.24

Network

No	Item	Site	Solution	Assigned to	Status/RAG	Completed date
9	CL3 guidance missing specific info on centrifuge bucket breakage and how to respond. Transfer	Network	Review and update		Change request submitted	Completed 08.11.24
10	MDHS 015 plus local versions need to identify potential for personal contamination in a	Network	Review and update		Change request submitted	Completed 08.11.24
11	Regional plus management H&S competency needs to identify phileas HPV	Network	Review and update		Reject - technical competncies not included as part of underpinning competency - link through item 13 instead	23.10.24
12	Highlight when to undertake what type of decontamination – HPV Formaldehyde	Network	Review and update		Change request submitted	CL3 guidance completed 08.11.24
13	Description of how training is progressed for H&S roles including timeframes.	Network	Review and update			
14	Appendix 11 – apply network wide MDHS 015 once typos corrected. – mount outside CL3	Network	Review and update		Change request submitted	Completed 08.11.24
15	Review placement of disinfectant in/out of MSC and ensure reflected in documentation as	Network	Review and update MDHS 015 plus local versions		Change request submitted	Completed 08.11.24
16	Review sealability reports and understand impact of non-key controlled	Network	Review with Ellab for context and update MDHS 015 with impact information.		UHL - non key controlled fumigaiton switch identified in sealability report. Review report and ask for clarificaiton from ellab as required. 08.11.24 review has identified issue is a	Completed 13.12.24

Network

No	Item	Site	Solution	Assigned to	Status/RAG	Completed date
17	Refer to autoclave contingency documents in MDHS 015 MDHS 005 and MDHS 014	Network	Review and update		Completed MDHS 015 08.11.24 CR logged for MDHS 005/8 28.04.25 mdhs 015 CR to MDHS 015 to adde MDHSE plan. MDHS 005 needs MDRA 150 adding CR by RC. MDHS 014 is	
18	In audits, significance of non-compliances should be detailed in audit findings – add	Network	Review and update		Change request submitted. 08.11.24 CL3 audit completed. Others to follow	
19	Direct that fumigation requirements from sealability report including where and	Network	Review and update		Change request submitted	Completed 08.11.24
20	Audit guidance doc – create and include details of how MR from audits are tracked and closed	Network	Review and update MDHS 015 plus local versions		link to item 18	
21	Use of bench cote in MSC	Network	Review and update		Review use of bench cote and make a decision update MSC SOP with decision 14.02.25 remove use of bench cote from inside MSC - use kimtech/absorbent	
22	Checking of MSC seals on night doors for fumigation	Network	Add to monitoring checks		Link to Quality team and ask to add to local housekeeping sheets 24.03.25 Regionalto contact quality lead to add onto local housekeeping sheets 28.04.25 NW complete, UHW complete,	
23	daily cleaning of door handles required	Network	Add to monitoring checks		Link to Quality team and ask to add to local housekeeping sheets 24.03.25 Regionalto contact quality lead to add onto local housekeeping sheets 28.04.25 to do	
24	long term look at direct supervision of unregistered staff, how to overcome ?training	Network	Explore options with training team		Need conversation with training team as to whether reasonable ask	

Network

No	Item	Site	Solution	Assigned to	Status/RAG	Completed date
25	VW - Look at changing dynamic RA approach for uncontrolled spillage. - same as	Network		MP	18.03.25 flow chart to be written and added as appendix for display. 28.04.25 flow diagram written - being updated	17.07.25
26	VW-look at how staff trained to identify HG3 agents that are not isolated frequently - how is	Network	Explore options with training team	MP/TP	Initial meeting completed to identify issue. TP to collate info from training team	

No	Item	Solution	Dependancies	Time	Cost	Assigned to	Estimate d date of completi on	Complete d date
1	Quality of remedial sealability work around indicator lights)							

Singleton Specific

No	Item	Solution	Status	Estimated date of completion	Completed date
1	Space in MSC tight	Purchase of smaller equip relevant to number of samples - hotplate, racks	Jm to progress suitable rack solutions 28.4.25 smaller racks purchased	in progress for buying smaller hotplate 16.06.25 racks purchased	
2	electrical circuit bulb blown - formal letter tab duplication				30.07.24
3	Flammable cupboard used for biological storage - relocate?	Remove key and add biohazard sign			Sep-24
4	review lab space to remove clutter	review and remove/purchase as required	shelf fitted in cupboard. Box being emptied. 24.03.25 progressing	In progress	28.04.25
5	consider elbow taps for CL3	review with estates for purchase	24.03.25 JM to submit MR with estate	JM to progress	21.04.25
6	fire signage and eye wash procedure needed in reception	print out and laminate		JM to progress	28.11.24
7	slide holder is open - WCM have closed	purchase similar	24.03.25 - Jm to follow up with BD 28.04.25 received. Check to see if in use	15.11.24 Identified product and sent info to RH LS 16.06.25 ordered	
8	stickers on benches	remove			30.07.24
9	scalpel blades in drawer	remove			30.07.24
10	ceiling sealability - not happy with it, too many seals rather than continuous slab.				

Rhyl

No	Item	Solution	Dependancies	Time	Cost	Assigned to	Status	Estimated date of completion
1	Lack of clarity in instructions to staff about how air handling unit works, with specific ref to how it stops the system from becoming positively pressured.	Update guidance. Clarification to be sought from engineers	Acces to engineers. Time to update guidance			RC	needs to be published.	17.02.25
2	Review spillage procedure to remove reliance on dynamic risk assessment	Update guidance and upskill regional leads to remove reliance on H&S managers	Time to resolve			MP/RR		31.03.25
3	Develop and implement a system to ensure workload only authorised personnel have access to CL3	liaison with HB security to resove. Use of code system (previously inactivated)	security prioiritising the ask			PL/RC/CA	only authorised personnel have access. Controlled by HB security. RC contacts security for new access and leavers. Issues with door not locking after access granted - fixed but potentially need new door.	17.12.24
4	Implement formal system to store schedule 5 organisms	Locked box	Budget/access on oracle					
5	safe storage of flammables - holes in top shelf	buy bunding for shelf or new flammable cupboard or review current storage and streamline	Budget/access on oracle				removed top shelf and limited storage	20.12.24

Completed date
21.02.25
Closed and moved to network tab
14.02.25
11.12.24
14.02.25

Camarthen

No	Item	Solution	Dependancies	Time	Cost	Assigned to	Status	Completed date
1	VW - change keypad code to CL3 reguarly	Log MR with estates to change. Add freq of change to local CMHS 015 and add to CL3 audit schedule to test.				RL and JM	code not changed. Followed up by RL with estates - no feedback. 28.04.25 no further feedback received from estates 16.06.25 no change	
2	VW-look at how staff trained to identify HG3 agents that are not isolated frequently - how is this addressed through competency and training.	Collaboartive moment with TT - TP				MP		Cloed and moved to network tab
3	VW - Look at changing dynamic RA approach for uncontrolled spillage. - same as Rhyl	Review procedure				MP	Move to network tab	Closed and moved to network tab
4	VW - cease and desist from fumigation at GGH. Ensure no propogated work occurs with HG3 organisms with aerosol transmission pathways. Review network sealability	Send email assuring re GGH - RH. Provide RA to KH by end of month after reviewing network sealability documentation.				RH and MP	RH completed assurance email on 15.01.25. MP to present at SMT week 4. Presentation undertaken and network informed.	15.01.25
5	Ad - add alcohol wipes to spillage kit	Add to spillage kit and change standardised content lis on ipassport				RL and JM	picked up in Cl3 audit - 17.03.25	02.04.25
6	Ad - Remove haz tabs from CL3 (risk of incompatibility during fumigation/disinfection)	Store in CL2				RL		14.01.25
7	Ad - Test out of hours procedure with switchboard	Arrange test of concept				RL	28.04.25 RL followed up with switchboard 16.06.25 no change	
8	Ad - Chemical cupboard shelf is upside down	Turn over				RL		14.01.25

Aberystwyth								
No	Item	Solution	Dependancies	Time	Cost	Assigned to	Status	Completed date
1	Chemical storage shelf is upside down	Turn it around					24.03.25 - waiting for confirmation from GT	24.03.25
2	Isolate storage box in CL3 needs to have key removed and stored elsewhere, also not referncing where that is on the box	Remove key to office lock box					24.03.25 - waiting for confirmation from GT	24.03.25
3	Remove liquid disinfectant spillage in spill kit and add alcohol wipes instead	Replace with alcohol wipes. Update standardised contents list.					24.03.25 - waiting for confirmation from GT 28.04.25 alcohol wipes added. Need contents list reprinted. JM to do on site 29.04.25	08.05.25

Positive Feedback

Health and Safety resilience has greatly improved
No showstoppers however some issues holding over from improvement notice in 2018 - formal letter
SOPs and guidance clear and well explained
Staff members good - Carrie picked out in UHW.
Confident we are low risk as a network if practise matches paperwork
All documents requested were presented and could be explained.

Req Info

CL3 Item	Specimen reception	Requested records	Autoclaves
Number of HG3 organisms processed in CL3 per month (TB and internal transfers)	what processes present	MSC service and PTW	PSSR - what to do if out of date, how is it organised
Limits of detection	how they know what is high risk	Autoclave validation and PTW	Testing schedule
what MSC are used for which process	do they enter CL3	Autoclave maintenance and PTW	how actions form annual validation are progressed
Is air con sealed and is it tested when room smoke tested?	what disinfectant used	PSSR	what cycles are in use
contents of sharps boxes and are they autoclaved	how specimens transported	Written scheme of examination for autoclaves	what bins/sharps boxes are validated
record of entry and exit to the CL3	how to deal with leaked samples	Sealability report and certificates	is the autoclave validated with a typical load or not
how waste removed from CL3	do they check for leaks	Monitoring and cleaning schedules (filled in)	how the data is recorded and backed up
how autoclave bins prevent spillage	what about leaks outside of bag	Centrifuges servicing	Use of visor, gloves and apron for loading
How many CL3 competent	eye wash present	Anemometer calibration	how fluid is drained off
do they use gloves all the time or only in MSC	first aid response	Magnehelic gauge calibration	how waste is removed - bag colour and waste skip
how are lab coats disposed of	needlestick procedure	MOU for autoclaves	if health board has a compound for storage
use of phones/PCs in CL3		Training records	manual handling
processing of sputum		conversion checklist for CL2 - 3	how the trolley interlocks with the autoclave
centrifuge procedure			how waste is removed and escorted from CL3
room fumigation procedure			how runs are recorded
MSC fumigation procedure			access to override keys
checked cleaning records			cooling cycle
use of sharps in lab			access to plant room - whether kept locked
TB microscopy process			
whether light and fan were independent and how they know MSC is on if light is on			
exaplination of emergency evac			
differences in alarm for outside of neg pressure v emergency evacuation			
o rings and purpose			
MSC cleaning schedule			
daily cleaning schedule			
chair checks			
sample storage			
how to process pleural fluids and enterics			
Schedule 5 storage - how to ensure we are compliant.			
Calibration of heat blocks			
direct supervision of Band 3/4			
safe entry into and exiting CL3			
difference between controlled and uncontrolled spillage			
how to deal with contaminated clothing in uncontrolled spillage			
how MSC airflows work			
how negative pressure is generated			
is there a HVAC system			
is -20 worse than -50 on negative pressure - why			
control of fumigant			