 <p>GIG CYMRU NHS WALES Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p>Name of Meeting Quality, Safety and Improvement Committee</p> <p>Date of Meeting 29th September 2025</p> <p>Agenda item: 4.6</p>
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Health and Safety Report	
Executive lead:	Angela Williams, Interim Executive Director of Operations and Finance
Author:	Neil Desmond, Head of Estate and Health & Safety Scott Thomas, Health & Safety Advisor

Approval/Scrutiny route:	Health and Safety Group – 23/07/25 Business Executive Team – 06/08/25
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<p>Purpose</p> <p>This report provides an update on the health and safety performance for the period of 01 April 2025 – 30 June 2025.</p>
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Recommendation:				
APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Receive assurance that appropriate measures are in place to monitor compliance and to address areas identified for improvement. • Note that the Business Executive Team approved the Health and Safety Terms of Reference at its meeting on 16th September 2025 (Appendix E). 				



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
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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 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 April 2025 to 30 June 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 Three RIDDORs were reported during the Quarter 1 reporting period (01 April 2025 to 30 June 2025). Further information on this can be found in Section 5.
- 3.2 Significant progress has been made on the findings and actions from the HSE visits over the previous 12 months. A further HSE visits to Bangor is being scheduled in for October 2025. Further information can be found in Section 6 as well as an embedded copy of the Action Tracker.
- 3.3 There are 16 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 two sites are falling short of the 100% compliance target in one of the five key areas. Further information can be found in Section 7 and Appendix C.

- 3.4 All health and safety alerts and notifications received within the reporting period have been reviewed and addressed, with appropriate actions taken where required.
- 3.5 Further to the completion of the health and safety audits, the Health and Safety Advisor has continued 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 01 April 2025 to 30 June 2025, we have seen a total of 84 incidents reported, a decrease of 6 incidents on the previous quarter. 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
Research, Data and Digital	2
HPSS - Microbiology	37
HPSS - Screening	38
Nursing, Quality & Integrated Governance	1
NHS Performance and Assurance	4
Operations and Finance	2
Total	84

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
Accident, Injury	35
Burns or scalds	0
Choking	0
Contact or exposure to electricity (electric shock)	0
Contact with needles or medical sharps	1
Contact with object or animal	3
Contact with or exposure to hazardous substance	17
Manual Handling - Non patient/service user handling	2
Manual Handling - Patient/service user handling	0
Patient Injury	2
Road Traffic Collision	0
Slip, trip, or fall	6
Struck against or by an object	4
Behaviour	3
Aggressive/threatening behaviour	3
Anti-social behaviour	0
Patient clinically challenging behaviour	0
Equipment, Devices	33
Medical devices	14
Non-medical equipment	19
Infection Prevention and Control	5
Environmental cleaning (process and procedures)	4
Infection outbreak / period of increased incidence	0
Sterilisation / decontamination of equipment (including vehicles)	0
Hand hygiene	1
Ill Health (work related)	0
Ill Health	0
Infrastructure (including staffing, facilities, environment)	8
Cleanliness	0
Collection/delivery services	1
Environmental hazards / issues	4

Fire Safety	2
Service Resources	1
Total	84

All Incidents from Quarter 1 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.

Although 30 incidents have been reported under the Equipment, Devices classification, which is over one third of the total reported incidents this quarter, after reviewing the data it has been determined that the majority of these incidents relate to the impact on service delivery across our Screening and Microbiology services and have no health and safety implications. One of these incidents did relate to an Automated External Defibrillator (AED), where the batteries had expired and pads used for defibrillation were out of date. Further to work led by the Estates and Health & Safety Division and the health and safety lead for screening a new process has now been implemented across the organisation to ensure AED's are inspected monthly, with inspection results sent directly to a central database, which allows for improved monitoring of inspections being undertaken and immediate action to be taken for any issues identified with the AED's. This will also allow us to report on the status of AED inspections in future quarterly reports and provide greater reassurance to the organisation on the condition of AED's across the estate.

On reviewing the harm assessment of each incident, 40 were considered no harm, 39 low harm, 4 moderate harm and 1 severe harm. The 1 considered severe harm related to a screener who accidentally banged their thumb against a face guard on the x-ray equipment they were utilising at the time. This was considered more severe as the member of staff had pre-existing condition, which resulted in the staff member being off work for over 7 days and therefore was reported as a RIDDOR. Further information on this can found in Section 5 below.

Of the 84 incidents reported during Quarter 1, 65 have been fully investigated and closed, with a further 4 incidents submitted for closure. The remaining 15 incidents are currently still in the investigation or management review stage and will be updated and closed once this has been completed.

Of the incidents reported in the last reporting quarter (Quarter 4), all incidents have been fully investigated and closed.

5. RIDDORs

Three RIDDORs have been reported to the Health and Safety Executive in Quarter 1. A brief outline on the RIDDOR is provided below along with details of any actions taken:

Datix Incident 6518 – Microbiology (Incident Date - 29 April 2025)

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

The Public Health Wales containment level 3 (CL3) was experiencing negative pressure issues so a decision to move to the back-up CL3 in Cytology Ysbyty Glan Clwyd was made. This is usually run at containment level 2 (CL2). There is a conversion checklist which is used to implement the CL3 required controls. During the conversion process the microbiological safety cabinet (MSC) was not already turned on, and the instruction to switch it on was missed. Three samples were processed before it was identified that the MSC was not switched on. The samples were a sputum and pleural fluid which have been screened as negative for the presence of TB and an enteric which was query VTEC/Campylobacter. The Reference laboratory has confirmed that the VTEC was not present.

This is considered a near miss incident in terms of staff exposure and there is no risk of staff developing disease. However, due to the nature of the incident, had a hazard group 3 organism been present, this would have been an exposure, and as such hits the definition to report under RIDDOR Dangerous Occurrences Section 10 Biological agents.

An SBAR has been produced with a number of findings and actions identified, which are currently being worked through by the Microbiology Division.

The HSE have confirmed a site visit is not required, but a letter will be issued, which will be submitted to the Health & Safety Group for review once received.

Datix Incident 6519 – NHS Wales Performance & Improvement (Incident Date - 30 April 2025)

Submitted as – Specified Injury (Bone Fracture)

A member of staff was leaving the office of a property managed by another organisation. They were going down the staircase into the main foyer of the building, at which point they slipped on a wet floor in the foyer whilst stepping off the last step of the stairs. The member of staff was then transported to the nearest



hospital where it was confirmed the member of staff had sustained a left lower leg fracture and soft tissue injury to the left buttock.

Upon further investigation it was confirmed by both the injured staff member and a witness to the event that the floor was wet, which was later confirmed to be due to recent cleaning of the floor from the cleaning company for the building, but no wet floor signage had been put out to warn building occupants that this had taken place.

The landlord for the property was informed about the incident on the 1 April 2025, due to this taking place in a communal area of the building for which they have responsibility for. The landlord was also requested to take immediate action with the contracted cleaning company to ensure they put out adequate signage whenever floor cleaning takes place to ensure staff are aware and can take appropriate precautions to avoid further incidents taking place. No further incidents have occurred since this was reported.

The HSE were informed of the incident on the 1 May 2025. No follow up actions from the HSE have been received to date.

Datix Incident 6780 – Screening Services (Incident Date - 12 June 2025)

Submitted as – Injury preventing the injured person from working for more than 7 days (Superficial Injury to Head)

A member of staff was carrying empty sample bag through the Cervical Screening Laboratory at Magden Park, lost their balance and fell into door frame. After hitting their face against door frame, they then fell to the floor. The member of staff suffered superficial injuries to face and had a nosebleed at the time of the incident. The staff member then attended the local hospital where it was confirmed they had suffered no significant injuries.

A subsequent investigation of the workspace confirmed indoor lighting was at an adequate level. The flooring is of vinyl construction and there are no loose edges or joints observed. The flooring space was free of trip hazards such as trailing cables and no spills of water present. Subsequently, no contributory factors were identified and no changes to procedures or environment have been recommended.

The HSE were informed of the incident on the 23 June 2025. No follow up actions from the HSE have been received to date.

6. Health & Safety Executive Visits

Further to the HSE routine site visits to microbiology laboratories undertaken between 30 July 2024 and January 2025, as part of a schedule of routine site visits, and the issuing of the formal letter from the HSE, the following progress has been made on the findings:

- The letter issued last year with four actions had an original deadline of 6 months but was extended due to difficulties procuring ducting testing. Ducting testing completed and reports submitted by new deadline of 14 July 2025. Awaiting review by HSE and confirmation of satisfaction.
- Current formal letter regarding sealability of network and specifically at WCM (Llandough Hospital) has a deadline of 26 September 2025. Recommended actions are currently progressing. Only risk for completion will be evidence of Memorandum of Understanding with Estates regarding remedial work in response to sealability issues.

Further details on progress of actions can be reviewed in the feedback plan update (**Appendix D**).

A further HSE sites inspection has been provisionally scheduled in for the Bangor Laboratory around 02 October 2025. This will be confirmed in mid-August.

7. Estates Compliance with statutory and regulatory requirements

During the reporting period 01 April 2025 to 30 June 2025 the monitoring and scheduling of compliance has continued to be maintained. There are 16 properties within the organisation's estate portfolio.

Since the last quarterly report one property, River House which accommodates NHS Wales Performance and Improvement has been removed from the PHW estates compliance reporting and going forward will be reported via assurance report from NHS Wales Performance and Improvement. In addition, please note that one site of the 16 reported sites counts as a collective of the BTW Mobile Units. These 16 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 – 87% compliant
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Further details are set out in Appendix C in relation 'Water Management (Legionella) Risk Assessments' compliance.

The rolling programme of compliance checks continues to be adhered to as far as practicable, 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 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. Compliance 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. The next scheduled issue of the online compliance confirmation request form to all Health Boards is scheduled for July during the Quarter 2. 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 established and 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. This was evidenced during the reporting period when a member of staff was unwell with Pontiac Fever, and we requested compliance documentation from a Health Board for their water and air conditioning system at a particular site. The Health Board promptly provided all requisite documentation evidencing that all compliance arrangements were in place and that they were operating safe systems in line with statutory and regulatory compliance requirements.

8. 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 1 is shown in table 2 below. Again, there has been little change in the overall compliance levels for all four training modules across the organisation since the last quarterly report. Currently the overall

compliance for all four areas 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 across the whole organisation. As can be seen in the table, only one Directorate (Policy and International Health Directorate) is achieving the Public Health Wales target across all four training areas. However, all Directorates are achieving compliance rates above the Welsh Government target of 85%, which is a significant improvement on previous quarters and has been achieved through engaging with Business Leads in the relevant Directorates to improve compliance rates.

Direction will continue to be provided to staff to ensure training compliance is maintained and in areas that are falling short of Welsh Government and Public Health Wales targets, focused 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 and Safety %	Manual Handling %	Violence and Aggression %
028 L3 Corporate Directorate	92.31%	92.31%	96.15%	92.31%
028 L3 Health & Wellbeing Directorate	87.86%	91.91%	87.28%	97.69%
028 L3 Health Protection and Screening Services Directorate	88.53%	93.16%	87.93%	97.25%
028 L3 Nursing, Quality and Integrated Governance Directorate	92.16%	98.04%	94.12%	100.00%
028 L3 Operations and Finance Directorate	92.39%	93.48%	94.57%	96.74%
028 L3 People & OD Directorate	93.88%	95.92%	91.84%	97.96%
028 L3 Policy and International Health Directorate	100.00%	97.65%	100.00%	96.47%
028 L3 Research, Data and Digital Directorate	93.30%	97.77%	93.85%	97.77%
Overall Compliance	89.75%	93.80%	89.47%	97.30%

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

9. Additional training

9.1 First Aid Training

The Estates and Health & Safety Division continues to work with local premise leads to ensure First Aid Needs Assessments are being completed and regularly reviewed for Public Health Wales premises. These assessments help us ensure we have identified the right level of first aid provision across all Public Health Wales premises and therefore identify the correct training.

As previously reported, an Appointed Person Training Course was procured, and rolled out at sites where this level of provision as a minimum is required. There are currently 34 staff who have been registered for the training, however only 12 of these have completed the training and are compliant. A further 7 have completed the training, but have allowed this to expire, as this course is required to be completed every 12 months and are required to refresh their training. This is being followed up with the relevant individuals as well as the 15 members of staff who have been registered but are yet to start the training.

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 provided for staff who have volunteered for the role and refresher training is provided where required.

Compliance for each premise is also being monitored through the Health & Safety Audit process and review of First Aid Needs Risk Assessments.

9.2 Fire Warden Training

Online training of Fire Wardens continues to be rolled out across the organisation, with 391 staff registered for training, an increase of 24 on the previous reported figures. Currently 205 of those staff have completed the fire warden training (52.4%), an increase of 18 staff members on the previously reported numbers and therefore are able to undertake this role within their designated base. There are a further 113 staff (29%) who have previously completed the training module but have fallen out of compliance due to not completing refresher training. We will continue to contact these staff members to ensure training is refreshed or they are removed from the training if no longer Fire Wardens.

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 premises are still

outstanding and this continues to be progressed between the Estates and Health & Safety Division and local leads.

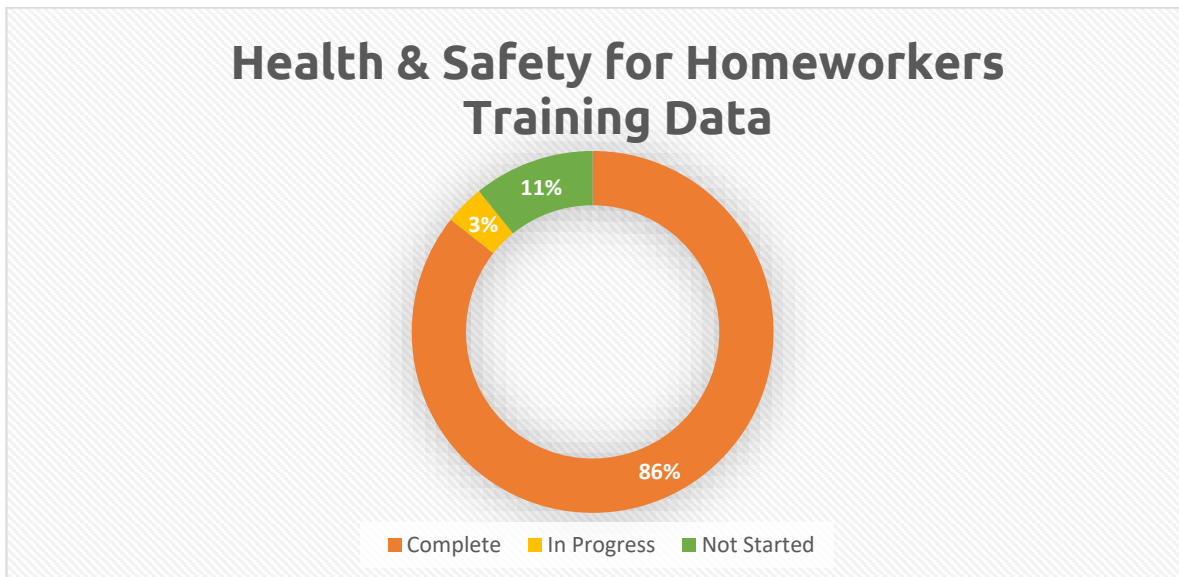
A total of 73 members of staff have been registered for the training and have either yet to start or the training programme is in progress, and this continues to be followed up with those members of staff to ensure training is completed.

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 through lists of staff who regularly attend PHW premises to ensure we are targeting the right staff for the role.

9.3 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 16 July 2025, 86% of staff who have been registered for the Health and Safety for Homeworkers training have completed the module, which is a 5% improvement on the previous quarter and now takes us above agreed organisation target of 85% compliance.

As part of the work to improve compliance levels, with the support of the People & Organisational Development Directorate, it is possible to report compliance levels

by Directorate and Division - the following table shows the current picture of compliance levels by Directorate across the organisation:

Directorate	Compliance Rate Q3 (%)
Corporate Directorate	82.6%
Operations and Finance Directorate	90.7%
People & OD Directorate	97.4%
Nursing, Quality and Integrated Governance Directorate	98.1%
Policy, International Health Directorate	100%
Research, Data and Digital Directorate	84.5%
Health & Wellbeing Directorate	87.1%
Health Protection and Screening Services Directorate	84.9%
NHS Wales Performance & Improvement Directorate*	80.5%
TOTAL	85.6%

*The NHS Executive now operates as the NHS Wales Performance & Improvement Directorate

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, the majority of Directorates are either meeting or close to meeting the organisation target of 85%. Again, some Directorates continue improve compliance rates over the previous quarter, with significant increases from the Operations and Finance Directorate (13.7% improvement), People & OD Directorate (7% improvement), Health Protection and Screening Services (5.8% improvement) and the NHS Executive (6.3% improvement).

However, work still needs to be done by the Health Protection and Screening Services Directorate, Corporate Directorate, Research, Data and Digital 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 416 staff are currently registered for the training programme with 42% of those staff registered having completed the training to date, which is a further increase of

2.5% over the previous quarter. 241 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.

10. Health & Safety Audits

The Health and Safety Audit question set is currently being migrated to the AMaT auditing system which will allow us to better track, monitor and report on progress against actions that have been identified. Once this has been completed a new schedule of audits will be developed and carried out. We are currently aiming to begin audits from Quarter 3 onwards. Updates will continue to be provided to the Health & Safety Group at each quarterly meeting.

11. Risk Registers

There are currently 13 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 30 June 2025. Since the last report, two new risks have been raised and five risks have been closed (ID 1108, 1501, 1540, 1622 and 1712) following review and the implementation of key controls to reduce the risk to target levels:

Number of open Health and Safety Risks	13
Number not meeting target risk score - Tolerate	5 (ID-1562, 1684, 1706, 1736 and 1808)
Number not meeting target risk score - Treat	8 (ID-1415, 1551, 1623, 1657, 1720, 1748, 1757 and 1795)
New risks since last Health and Safety Report	2 (ID-1795 and 1808)

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

	Initial	Current	Target
Risk Level			
Low Risk	0	0	7
Moderate Risk	3	7	6
High Risk	7	6	0
Extreme Risk	3	0	0

As can be seen from the above table there are no current extreme risk health & safety risks, as current control measures that have been put in place have downgraded these to high risk.

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

12. Policy updates

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

Waste Management Policy and Procedure – Both the policy and the procedure have been finalised and are due for publication for consultation in July. Further to which they will be translated and published.

Bomb Threat and Suspicious Packages Procedure - Both the policy and the procedure have been finalised and are due for publication for consultation in July. Further to which they will be translated and published.

Security Procedure - Both the policy and the procedure have been finalised and are due for publication for consultation in July. Further to which they will be translated and published.

13. Alerts and Notifications

The organisation receives a number of alerts under the headings:

- Safety Action Bulletins (SAB)
- Medical Device Alerts (MDA)
- Drug Alerts (DA)
- Chief Medical Officer Alerts (CMO)
- High Voltage Hazard Alerts (HVHA)
- Estates and Facilities Alerts (EFA)

All these alerts are managed by the Quality, Nursing and Allied Professionals Directorate and a report submitted to the Quality and Safety and Improvement Committee for information.

The organisation also receives a number of notifications under the headings:

- Specialist Estates Service Notifications (SESN)
- Publication Notices (PN)

These notifications are sent out directly from NHS Wales Shared Services Specialist Estates Service as Specialist Estates Service Notifications (SESN) and Publication Notices (PN) to the Estates, Safety and Facilities Division. For the reporting period, **one** SESNs and **No** Publication Notices have been received:

Date Received	SESN No./ PN No.	SESN Description	Action
19 May 2025	SESN 25/06	2026 Non-domestic (Business Rates) Rating Revaluation	Actioned – PHW Estates has provided confirmation of participation.

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.

15. Recommendation

The Committee is asked to:

- **Receive assurance** that appropriate measures are in place to monitor compliance and to address areas identified for improvement.
- **Note** that the Business Executive Team approved the Health and Safety Terms of Reference at its meeting on 16th September 2025 (Appendix E).

Appendix A

Health & Safety for Homeworkers Training Status by Directorate and Division

Directorate/Division	Compliance Rate Q3 (%)
Corporate Directorate	82.61%
Operations and Finance Directorate	90.70%
Communications Division	87.50%
Estates, Safety and Facilities Division	90.91%
Finance Division	100.00%
Strategy, Planning & Corporate Affairs Division	77.78%
People & OD Directorate	97.37%
Nursing, Quality and Integrated Governance Directorate	98.08%
Corporate Division	100.00%
Integrated Governance Division	100.00%
National Safeguarding Division	90.91%
Quality & Nursing Division	100.00%
Policy, International Health Directorate	100%
ACE's Hub Division	100.00%
Behavioural Science Division	100.00%
Central Division	100.00%
International Health Division	100.00%
Policy Division	100.00%
Projects Division	100.00%
WHIASU Division	100.00%
Research, Data and Digital Directorate	84.53%
RTS/CDR Division	100%
Operations & Management Division	100%
Digital Services Division	62.9%
CARIS/CMP Division	100%
Data Science & Analysis Division	96.97%
Knowledge & Evidence Division	88.24%
Research & Evaluation Division	95.93%
WCISU Division	92.86%

Health & Wellbeing Directorate	87.10%
Health Improvement Division	87.04%
HWB Mgt. and Admin Division	89.47%
PCIC Division	85.71%
Health Protection and Screening Services Directorate	84.99%
Health Protection Division	96.84%
HPSS Corporate Division	75.00%
Microbiology Division	77.61%
Screening Services Division	80.89%
SPR's Division	92.86%
NHS Executive	80.53%
Strategic Programmes for Planned Care Division and Planned Care & Recovery Division	75.68%
Strategic Programmes for Primary Care Division	93.33%
Strategic Programme for Mental Health Division	93.10%
Urgent & Emergency Care Division	28.00%
Quality, Safety and Improvement Division	92.00%
Performance & Assurance Division	72.97%
Networks Division	76.32%
Planning Division	93.75%
Finance Planning & Delivery Division	66.67%
Digital, Technology, Innovation & Value Division	87.30%

Appendix B

New risks reported during Quarter 1

Risk ID-1795 - Microbiology

	Initial	Current	Target
Risk Level	High Risk	High Risk	Moderate Risk

There is a risk that the Class II Microbiological safety cabinets (MSCs) across the network will fail. The age and condition of some of the class II MSCs across the network means that there is a risk of failure. For some there is limited availability of replacement parts due to the age and manufacturing company no longer being in production. The Failure of the MSC during processing could result in staff exposure to hazardous organisms. Additionally, the failure of a Class II MSC within containment level 2 (CL2) would impact the ability of staff to perform aerosolised operations safely and in a timely manner. There is also the additional impact on turnaround times, should samples be required to wait for space in alternative MSC or be rerouted to another laboratory which could result in reputation loss for the organisation.

Key Controls are: There is a maintenance contract in place with Nationwide. With Class II MSCs maintained every 6 months. Additionally, there is a network contingency for work to be rerouted. Network replacement program to monitor condition, reliability and age of MSCs.

Actions being undertaken: The asset register has been updated and MSC's scored based on risk of failure to inform a SON which will be submitting to replace cabinets which are either beyond end of life or with recurring issues. There are 5 hitting this criteria currently. Negotiations are taking place for an asset transfer from Pharmacy which will replace one of the MSCs and are looking to submit a SON for like for like replacement on the other four.

Risk ID-1808 – NHS Wales Performance and Improvement

	Initial	Current	Target
Risk Level	Extreme Risk	High Risk	Moderate Risk

There are an insufficient number of fire wardens to provide cover during opening hours, with a risk of untrained staff entering the building. This has been caused by the reduction of RBU training staff and lack of uptake from other areas for fire warden training. This could result in staff confusion during a fire and a possible risk to life.



Key controls are: Signs displayed with regard to risk of entering the building

Actions being undertaken: Advice has been sought and provided by the Health & Safety Advisor to NHS Wales Performance & Improvement on how to manage an evacuation during a fire if there are no fire wardens available to manage the process. This is currently being reviewed internally to ensure a safe evacuation of premises can take place.

Appendix C

Compliance Summary

Water Management (Legionella) Risk Assessments (LRA): Two premises were out of compliance as of 30 June 2025.

Kimberley House

The LRA was scheduled with WCS for 25/06/25. Unfortunately, staff were not available on site as arranged and the LRA was not carried out.

The LRA was rearranged for 09/07/25 and has now been carried out, with the assistance of screening management staff.

Clwydian House

Schedule date for the LRA was sought from contractor for North Wales in the period of May and June. However, due to contractor availability the earliest available date was 07/07/25 this LRA has now been completed.