		Name of Meeting
		Quality, Safety and Improvement Committee
		Date of Meeting
		10 November 2021
		Agenda item:
		4.5

Health and Safety Report

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Approval/Scrutiny route:	Health and Safety Group (24 October 2021)

Purpose

This report provides an update on the health and safety performance for the period of 01 July – 30 September 2021.

The report is split into two sections. Section one of this report provides an update on the health and safety performance for the period of 01 July – 30 September 2021. Section two (page 11) of the report provides an update on the workplace measures that have been undertaken across the organisation in response to the legislation and regulations imposed on us as a result of the COVID-19.

Recommendation:

APPROVE ☐	CONSIDER ☐	RECOMMEND ☐	ADOPT ☐	ASSURANCE ☒

The Quality, Safety and Improvement 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. This report contributes to the following:	
Strategic Priority	Choose an item.All organisational priorities
Strategic Priority	
Strategic Priority	

Summary impact analysis	
Equality and Health Impact Assessment	Internal report only
Risk and Assurance	The paper details the health and safety risks on Directorate and divisional risk registers and also includes safety alert notifications. It additionally outlines where gaps have been identified, control measures are being implemented to address issues identified.
Health and Care Standards	This report supports and/or takes into account the [Health and Care Standards for NHS Wales](#) Quality Themes Theme 2 - Safe Care
Financial implications	None identified
People implications	There are no implications for workforce / staff identified

1. Introduction and Purpose

1.1 The purpose of section one of this report is to provide an update on the health and safety activities and performance for the period 01 July 2021- 30 September 2021. 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
- The provision of Directorate health and safety updates

The report also provides an update on the specific measures and actions that have been completed or are planned in relation to ensure our estate is compliant with the various legislation and regulations as a result of COVID-19 following the previous update provided in the quarter one report.

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 No RIDDDORs was reported during Quarter 1 (1 July – 30 September 2021) however two RIDDORS have been reported in October 2021 and the Quality and Safety Committee will receive a verbal update at the meeting.

3.2 During quarter 2, we have had a number of staff reporting as Covid-19 positive, however following investigation no conclusive evidence has been identified to suggest that infections could be attributed of workplace transmission.

3.3   Due to the organisation's response to COVID-19, no health and safety audits have been undertaken within the specified timeframe. However we have undertaken a COVID workplace preparedness risk assessment of the workplace and subsequently established compliance monitoring processes. These have been continuing during quarter 1.

3.4   There are 19 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

As at the 30 September 2021, we have seen a decrease in compliance of fire risk assessment and water management. This is as a result of four properties dropping out of compliance. All other properties for which the organisation has statutory responsibility are compliant for the five key areas of statutory responsibility. Further detail is provided at Section 6 page 5.

3.5 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 per 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 July – 30 September 2021, the total number of reported health and safety incidents is provided with a breakdown by directorate shown in Table 1.

Table1. Reported health and safety incidents by Division

Division	No of incidents
Local Public Health Team	1
Microbiology	74
Screening	13

Networks	1
Communications and Stakeholder Engagement	1
Total	**90**

All incidents relating to health and safety are notified to the relevant Health and Safety Managers and are followed up. Any learning is captured and shared to prevent reoccurrence.

These incidents are classified under the following categories-

Table 2. Reported health and safety incidents by category

Category	No of incidents
Contact	12
Exposure/Spillage of Chemical/Micro-organism /Hazardous Substances	40
Exposure- other	1
Fire Incident	2
Fire Safety Equipment/System Fault or Failure	1
Ill Health	6
Manual Handling	6
Sharps (Including Needlestick)	8
Slip/Trip/Fall	10
Violence and Aggression	3
Infection control incident	1
Total	**90**

Note- where no incidents are reported against a category, these have been omitted from the table above.

5.0   RIDDORs

No RIDDORs have been reported to the Health and Safety Executive during quarter two however two RIDDORS have been reported in October 2021 and the Quality and Safety Committee will receive a verbal update at the meeting.

6.0   Estates Compliance

Over the reporting period 01 July 2021 to 30 September 2021 the monitoring and scheduling of compliance has continued to be maintained as far as reasonably possible. Compliance levels for the five key areas, at sites where the organisation has a statutory responsibility for, are shown below for the five key areas of statutory responsibility:

- Fire Risk Assessment – 95% compliant
- Asbestos – 100% compliant

- 5 year electrical inspection – 100% compliant
- Gas Safety – 100% compliant
- Water Management (Legionella) – 73% compliant

The fall in compliance for fire risk assessment is due to one premise (River House, Cardiff)) being out of out of compliance as of 30 September 2021. The assessment was due for renewal on 22 July 2021.

The fall in compliance for water management is due to three premises being out of compliance as of 30 September 2021 – Fairway Court, Treforest, and its two garages (No.9 & No.22). The assessments were unable to take place due to contractor pressures and confirmation of an assessment date is awaited. It should be noted, the sites are classed as low risk as we have ongoing water management systems in place for the three sites. Under the L8 Approved Code of Practice Regulations for the Control of Legionella Bacteria in Water Systems, assessments may be deferred at sites where there have been no changes to infrastructure of the water system and as this is the case at the sites and as we have water management systems in place, the delay does not pose a risk.

The established six year rolling programme of compliance checks continues to be adhered to, to ensure inspections and testing are undertaken at appropriate intervals at all sites. Updates will continue to be provided to the group on a quarterly basis providing assurance on compliance.

Compliance information is also required to be collated for sites at which we have staff based and for which landlords or host organisations have responsibility for. It had been anticipated that the introduction of an online compliance assurance return would have been initiated during the reporting period this will now commence during quarter 3.

As previously highlighted, it should be noted that despite the lack of supporting statutory compliance documentation from our hosts and landlords for their areas of compliance – it does not necessarily mean that they are not compliant.

7.0   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, Safety and Welfare

- Moving and Handling Level 1
- Violence and Aggression A

The organisations compliance status as of for quarter two is shown in the table below. All four statutory and mandatory training areas have seen a slight decrease in compliance and remain short of the Public Health Wales target of 95%. Health and Safety and Violence and Aggression training are however meeting the Welsh Government target of 85%.

Table 2: Health and safety training compliance by Directorate (data as of end of September 2021)

Directorate	Fire Safety %	Health & Safety %	Manual Handling %	Violence & Aggression %
Corporate Directorate	56.00%	64.00%	68.00%	68.00%
Covid 19 Directorate	87.92%	93.72%	88.41%	85.02%
Health & Wellbeing Directorate	84.35%	90.14%	86.39%	96.94%
Hosted Directorate	89.13%	92.75%	88.41%	93.48%
Knowledge Directorate	90.29%	95.15%	91.26%	97.09%
NHS Quality Improvement Directorate	91.03%	96.15%	92.31%	100.00%
Operations and Finance Directorate	84.03%	93.28%	89.08%	96.64%
People & OD Directorate	81.82%	96.97%	90.91%	96.97%
Health Protection & Screening Services Directorate	77.46%	87.11%	75.38%	91.61%
Quality Nursing & Allied Profs Directorate	73.68%	92.11%	84.21%	97.37%
SPRs Directorate	84.21%	94.74%	89.47%	100.00%
WHO CC	96.08%	96.08%	96.08%	100.00%
Overall	**81.75%**	**89.75%**	**81.84%**	**92.82%**

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

8.0   Risk Registers

There are a number of open Health and Safety Risks across the organisation. These are held on Directorate and Divisional Risk Registers. The risks are reviewed by the respective Directorates and by the Divisional Senior Management Team meetings at monthly meetings.

The table below summarises the number of health and safety risks currently managed at a Directorate and Divisional level. Please note this covers all new risks reported since the previous report up until 21 October 2021. Since the last report, three risks have been closed following review. Of the 20 open risks, there is one new risk reported since the last health and safety report. Details of these risks are included below-

Number of open Health and Safety Risks	20
Number of meeting target risk score	**3** (ID- 1064 1201, 987)
Number of risks not meeting target risk score	**21** (ID- 978, 980, 720, 879, 1040, 1108, 1137, 1152, 1169, 1174, 1240, 1199, 1238, 1241, 1215, 1220, 1248, 1254)
New risks since last Health and Safety Report	1248

For risks not meeting the target risk score, the Estates and Health and Safety Team continue to work with Health and Safety Leads across the organisation to ensure actions are being undertaken to mitigate the risk down to meet the agreed target score. Work is ongoing with the Chief Risk Officer to explore alternative and improved ways to communicate risks and provide assurance on the action that is being undertaken.

New risk updates:

Risk 1248- Microbiology- There is a risk that the laboratories in the event of an emergency would not be able to respond as required within the MDHS001 Microbiology laboratory preparedness to infection emergencies policy. This would be in the event that any of the labs be required to collect and refer such a specimen to PHE Porton for testing as we have not been able to undertake CAT A packaging training and the donning and doffing of full PPE training that would be required to handle the category 4 pathogens. The current policy that outlines the process requires updating and it lacks the formal response flow and checks ensure the process run smoothly. We have some staff who have received the training, but none have had the required refresher sessions that should occur every two years.

Control measures:

- Process covered in existing emergency response plan.
- Periodic review of policy.
- MDHSGUID 010F1 checklist for donning and removal of PPE when working with VHF.

Actions: Cat A training currently being arranged with an external provider and there is now a written a donning and doffing of PPE SOP and the policy is highlighted for review. This will be completed by 31 January 2022.

9.0 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 of these alerts are managed by the Quality, Nursing and Allied Professionals Directorate and a report submitted to the Quality and Safety 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, a total five have been received and are detailed in Table 3.

Table 3. Specialist Estates Service Notifications received.

Date Received	SESN No:	SESN Description	Action
01/07/2021	SESN 21-13	Introduction To Solar Developments Guidance	No action Required
08/07/2021	SESN 21-14	Medicines Storage in clinical areas	Circulated to IPC and Lead Nurse for Flu vaccination programme

08/07/2021	SESN 21-15	Facilities For Same Day Emergency Ambulatory Care	No action Required
17/08/2021	SESN 21-16	Covid 19 And Mitigating Airborne Transmission In Healthcare Settings: Ventilation Guidance Updates	Circulated To Operational Services Health And Safety Lead / Reviewed by Estates & / Facilities
27/09/2021	SESN 21-17	Withdrawal of NHS Wales Affordable Housing Protocol	No action Required

10.0 Summary

The organisation has a number of 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.

In light of the risks of Covid-19 transmission we have taken independent health and safety advice, completed risk assessments and reviewed these and addressed actions to ensure our workplaces are Covid safe and continue to monitor compliance and adjust to ensure compliance with regulations. Regular spot checks are taking place and Health and Safety leads are regularly visiting buildings across the estate to address staff concerns and implement actions as necessary.

Incidents and RIDDOR's are actively managed, with lessons learned identified and shared. Audit schedules are in place, undertaken and results acted upon to ensure gaps in process are resolved. Risk registers have been reviewed with issues identified and actions outlined to mitigate risks.

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.

11. Recommendation

The Quality, Safety and Improvement Committee is asked to:

Receive assurance that appropriate measures are in place to monitor compliance and to address areas identified for improvement.

Section 2- Additional workplace safety measures

Since the *Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020* came into force in Wales on 07 April 2020, Public Health Wales has been working across its estate to ensure compliance and maintain the safety of staff and service users. It states '*A person responsible for work being carried out at premises where a person is working must, when such work is being carried out during the emergency period, take all reasonable measures to ensure that a distance of 2 metres is maintained between any persons on the premises.'*

Guidance has also been issued to work places that states provided '*reasonable steps'* have been taken an employer would be compliant with the Regulations. It should also be noted that the guidance also states '*while that is an objective test that is intended to be applied consistently, it is not an absolute rule that has to be applied all of the time in all circumstances. In addition it is not a measure that will apply in the same way in all circumstances.'*

Further actions undertaken since previous update

Since the previous update, the Estates and Health and Health and Safety Team, in conjunction with Infection Prevention and Control Leads and Health and Safety Managers, have continued to put in place measures in line with guidance to ensure the safety of our staff and service users. Details of these actions have been included below.

Covid-19 Workplace Risk Assessment Review

Since the start of the pandemic, the Estates and Health and Safety team, working alongside the Lead for Infection Prevention and Control and service leads have implemented a number of measures to ensure the safety of both staff and service users. This measures were informed on workplace risk assessments that were undertaken by an independent Health and Safety consultant and actions arising from the risk assessments have been implemented. On 6 August 2021, Welsh Government announced the move to Alert Level 0 and the further easing of restrictions. At the time of the announcement, it was agreed that at this stage, Public Health Wales would not ease any further measures however we would undertake a review of our risk assessments and identify any potential areas where restrictions could be relaxed.
A letter issued by Chris Jones, Deputy Chief Medical Officer and Gareth Howells, Interim Chief Nursing Officer also outlines possible options for consideration within elective pathways that could be considered.

Discussions to date have been held with service leads in Screening for Breast Test Wales, DESW and AAA.

Public Health Wales covid-19 workplace risk assessments broadly cover three types of workplace; office locations, screening sites and laboratories. Therefore as part of the reviews the Estates and Health and Safety team have held sessions with relevant Health and Safety leads, Infection Prevention and Control colleagues. Unfortunately staff side colleagues were unable to attend the review sessions however the report detailing the outcome of the review has been shared.

In addition to this, review meetings have also been held with Breast Test Wales, AAA and DESW to explore options for increasing footfall through screening clinics to support recovery in line with the letter issued by the Deputy Chief Medical Officer.

As part of the review it was agreed that there would be no changes to current arrangements and that these would continue to be reviewed in light of any changes to alert levels in Wales and any changes discussed through the Health and Safety Group and communicated to the organisation accordingly.

'Working Where it Works best'

The Estates and Health and Safety Division are working closely with colleagues in People and Organisational Development to develop principles to support how we will work in the future when restrictions are eased. These include ensuring staff understand their health and safety responsibilities, ensuring staff are up to date with health and safety training and also understand how to work safely both from within the workplace and in other environments. The principles will be discussed in October and November with the Leadership team and detailed guidance for staff will be developed during November and December 2021.

Compliance monitoring- Following the risk assessment, compliance monitoring has been a key element of ensuring our premises remain safe for staff and service users. This has continued across the estate through our Health and Safety leads and risk assessments are also updated accordingly to reflect the changing guidance and regulations as and when required.

It has been apparent that numbers of staff utilising the estate has increased however this remains within manageable levels. We are however seeing regular occurrences of staff not following the guidelines and we will be communicating with staff on the importance of following the local arrangements.

Staff working from home- All staff that are not, as part of their role, required to be on a specific site have been encouraged through Directorates/ Divisions to work from home in line with the Welsh Government guidance. This is to reduce the risk of spreading infection and ensure that those who do need to be in the workplace remain as safe as possible. A large proportion of staff are now able to work from home and guidance has been provided to managers and employees through the staff bulletins and internet pages which also includes guidance on home working, setting up IT equipment and using skype. Microsoft Teams, One Drive and other O365 packages have also been rolled out across the organisation providing another communication tool for staff.

Since the start of the pandemic, the Estates and Health and Safety Team have been working closely with the Information Management and Technology (IM&T) Division to support requests for equipment to enable working from home. As at 21 October 2021, 1922 pieces of equipment have been loaned to staff. This includes requests for provision of a monitor, key board, mouse, head sets and chair following review of a completed DSE assessment.

Additional training for staff

To ensure staff can continue to work safely whilst at home we have procured additional online training to ensure staff are aware of how to set up their work environments and we have revised the Display Screen Equipment assessment process that is incorporated into the training.

Currently 28% of staff have completed the training (an increase of 4%) from figures reported previously following the roll out in May 2021. It should be noted this includes all staff, some of which, due to the nature of their roles are not able to work from home. Compliance with this training will be a key element of 'Working where it works best' pilot.

Covid-19 Vaccinations

As of the 18 October 2021, 2,170 current PHW employees have been given their first dose, which is 94% of our total workforce. 2113 Public Health Wales employees are now fully vaccinated (92%). In terms of our front-line workers, 863 have been given their first dose, which is 95% of our front-line workers. 845 front-line workers are now fully vaccinated (93%), this includes staff vaccinated at mass vaccination centres and by the internal vaccination team. The data is based on staff who are employed by Public Health Wales on the 18 October 2021, so the total number of staff vaccinated will fluctuate as new starters join and when employees leave. Please note that ongoing data entry means that the true number of vaccinations given is likely to be higher. We are currently working on

incorporating Covid Booster vaccination figures into our reports moving forward.

Screening update

Further to review of current risk assessments – it was agreed that measures currently in place should remain. However, it was noted that specific actions were being considered for implementation in relation to approaches to service delivery which may require revisions to existing risk assessments. These proposed approaches include -

Breast Test Wales - Pilot is being undertaken to reduce appointment times in our mobile units to increase numbers of participants who can be screened. This is based on studies conducted by Breast Test Scotland.

AAA –The programme is looking to review the clinic's operational processes at two venues, with the aim of trying to make changes to reduce service user's appointment times. This would require an increase in the number of service users accessing the designated waiting area, thereby ensuring that more service users are present and ready for their respective appointment.

DESW- The programme would undertake a time and motion study at Clytha and Llys Britannia sites in order to ascertain whether it is possible to reduce the time between arriving service users from 15 minutes to 12 minutes.

Covid Measures- Following current guidance we have made no changes to staffing levels or Covid secure measures in buildings, this will be reviewed as guidance changes. Currently following WG guidance on frontline staff and Covid contact.

Microbiology update

Key health and safety work being undertaken:

- Biosafety specific advice and support provided to Coryton project for PenGu
- Business case underway to replace autoclave at Bangor which is over 40 years old and obsolete in terms of part replacement should it fail.
- Business case to progress further replacement activity for containment level 3 cabinets in network.
- Efficacy testing of containment level 3 laboratories being progressed.
- Substantial co-ordination to bring Bangor Containment level 3 laboratory back into use.
- Supporting movement of health and safety training and competency programmes to new eQMS system with training team.

- Development of Health and Safety leads to roll out training programmes

Additional COVID-19 measures:

- All COVID risk assessments up to date. No substantive change in policy or procedure. All laboratories wearing facemasks FRSM type IIR where social distancing not possible unless mandated by health board.
- Staff identified as contact for positive case of COVID-19 assessed in terms of criticality before removing from workplace and working from home. This is mandated for some of the Health Boards above Welsh Government guidance.