

 <b>GIG Cymru NHS Wales</b> Iechyd Cyhoeddus Cymru Public Health Wales		<b>Name of Meeting</b> Quality, Safety and Improvement Committee <b>Date of Meeting</b> 14 <sup>th</sup> Dec 2022 <b>Agenda item</b> 4.9		
<b>Executive lead:</b>		Huw George, Deputy Chief Executive / Executive Director of Operations and Finance		
<b>Author:</b>		Chris Orr, Head of Estates and Health and Safety Neil Desmond, Compliance Lead		
<b>Approval/Scrutiny route:</b>		Health and Safety Group		
<b>Purpose</b> <p>This report provides an update on the health and safety performance for the period of 01 July 2022 – 30 September 2022.</p>				
<b>Recommendation:</b>				
APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
The Quality, Safety and Improvement Committee is asked to: <ul style="list-style-type: none"> <li>• <b>Receive assurance</b> that appropriate measures are in place to monitor compliance and to address areas identified for improvement.</li> </ul>				

**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:

<b>Strategic Priority</b>	Choose an item.All organisational priorities
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<b>Strategic Priority</b>	
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<b>Strategic Priority</b>	
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**Summary impact analysis****Equality and Health  
Impact Assessment**

Internal report only

**Risk and Assurance**

The paper details the health and safety risks on Directorate and divisional risk registers and also includes safety alert notifications. It additionally outlines where gaps have been identified, control measures are being implemented to address issues identified.

**Health and Care  
Standards**

This report supports and/or takes into account the [Health and Care Standards for NHS Wales](#) Quality Themes

Theme 2 - Safe Care

**Financial implications**

None identified

**People implications**

There are no implications for workforce / staff identified

## **1. Introduction and Purpose**

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 2022 – 30 September 2022.. 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 Two RIDDORs were reported during Quarter 2 (01 July 2022 – 30 September 2022.). Further details can be found on page 5.

3.2 Due to the organisation's response to COVID-19, no health and safety audits have been undertaken within the specified timeframe. Following appointment of the Health and Safety Advisor who will take up post in November 2022, a revised audit will be developed over the next few months and audits will recommence.

3.3 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

Currently we are falling short of the 100% compliance target in relation to three areas, namely, fire risk assessment, electrical inspection condition reports and water management. Further detail is provided at Section 6 (page 6).

- 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.

## 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 2022 – 30 September 2022, 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
Estates and Health and Safety	2
Screening	35
Quality, Nursing and Allied health Professionals	1
Microbiology	61
<b>Total</b>	<b>99</b>

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
<b>Accident, Injury</b>	
Burns or scalds	1
Contact with needles or medical sharps	1
Contact with object or animal	5
Contact with or exposure to hazardous substance	7
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Manual Handling - Non patient/service user handling	2
Manual Handling - Patient/service user handling	1
Patient injury	1
Road traffic collision	4
Slip, trip or fall	6
<b>Behaviour (including violence and aggression)</b>	
Aggressive/threatening behaviour	3
<b>Equipment, Devices</b>	
Manual Handling - Patient/service user handling	2
Medical devices	7
Non-medical equipment	45
<b>Infection Prevention and Control</b>	
Environmental cleaning (process and procedures)	2
<b>Infrastructure (including staffing, facilities, environment)</b>	
Collection/delivery services	3
Environmental hazards / issues	7
Temperature levels	1
Vehicles	1
<b>Total</b>	<b>99</b>

## 5.0 RIDDORs

Two RIDDORs have been reported to the Health and Safety Executive during quarter two.

### 01 August 2022- Microbiology Division

A member of staff had mounted a small stepladder with two steps to store a microbiological isolate tube in a freezer. The staff member descended to the bottom step (30cms) from the floor and when transferring down to the floor, experienced pain in the hip and down her leg (likened to severe cramp). The leg gave way causing the staff member to fall to the floor landing heavily on their left wrist. This was diagnosed as a fracture when attending A&E that afternoon. Investigation of the environment and equipment has concluded no causal factors. However the equipment used would not have enabled the staff member to prevent the fall assuming she was able to due to the lack of handles at an appropriate height. The staff member has a personal risk assessment in place for an existing injury in the area that she experienced pain.

Actions include:

- Review and implementation of the personal risk assessment to remove any work at height for the staff member including using lift to access differing floor levels

- Removal of existing steps and replacement with other suitable stepladders already available
- Support for staff member to obtain relevant referrals for medical condition.

## **19 August 2022- Microbiology Division**

Approximately 30 routine sputum samples were processed in the class 1 safety cabinet whilst the cabinet was turned off. Cabinet was accidentally turned off whilst being cleaned. Staff did not notice that the cabinet was off until after approximately 30 routine sputum samples had been processed. The room is also noisy due to other safety cabinets and an excessively noisy anaerobic incubator and the airflow indicators were not checked before processing. It was later confirmed samples were TB negative.

Actions include:

- A business case has been submitted to replace the MSC systems in the CL3
- due to the age of the equipment and its potential to fail (Included on Divisional risk register)
- The anaerobic cabinet will be investigated to determine why it is noisy and preventative repair or replacement will be pursued
- Staff who work in CL3 to attend specific targeted training to reinforce the importance of the checks associated with entry to the room (magnehelic gauge) and the safety cabinet checks before commencing processing, with the intention to ensure staff understand how these checks indicate potential issues within the room that impact their safety
- Signage to be placed to prompt and reinforce the requirement to check the magnehelic gauge and the MSC before entry and commencing work respectively.

## **RIDDOR Review Exercise**

Following a number of RIDDORs submitted to the Health and Safety Executive over the last 12 months, a review exercise has been undertaken in September 2022 to determine if any further action is required to mitigate the risk of future incidents occurring, to establish if there are any causal links between the incidents and what are the internal and external factors that we may want to explore further and these will be actioned through the Health and Safety Group. A paper will be reviewed by the Health and Safety Group at the meeting in January 2023.

## **6.0 Estates Compliance**

Over the reporting period 01 July 2022 – 30 September 2022 the monitoring and scheduling of compliance has continued to be maintained.

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Compliance levels for the five key areas, at sites where the organisation has a statutory responsibility for are shown below.

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 - 95% compliant
- Asbestos survey/re-inspection – 100% compliant
- Electrical Inspection Condition Report (EICR) – 92% compliant
- Gas Safety Certification – 100% compliant
- Water Management (Legionella) Risk Assessments - 92% compliant

Further details are set out below in relation to fire risk assessment, electrical inspection condition reports and water management compliance.

**Fire Risk Assessment** - One premise is currently out of compliance as of 30 September 2022.

**Clwydian House** - The scheduled assessment due in the reporting period was deferred due to renovation works being undertaken at site. Further to the completion of the works a Fire Risk Assessment has been scheduled for 25 October 2022.

**Electrical Inspection Condition Report (EICR):** One premise is currently out of compliance as of 30 September 2022.

**Magden Park** – As reported previously an inspection had been undertaken in line with the scheduled programme, but a small number of minor recommendations had been made in the inspection report were still being undertaken at the time of reporting last quarter. Confirmation has been provided by local premise lead that that the actions have been completed, but despite requests the contractor has not provided a conformity report post completion of works. Due to the delays in securing the requisite final report the site manager has been instructed to schedule a new EICR. Completion is expected in November.

**Water Management (Legionella) Risk Assessments:** One premise is currently out of compliance as of 30 September 2022.

**Clwydian House** – The scheduled assessment had been deferred due refurbishment. Currently awaiting confirmation of assessment date from contractor. It is anticipated that the assessment will be completed during November.

The established six year rolling programme of compliance checks continues to be adhered to as far as practicable, so as 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.

As previously communicated, 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. Further to challenges with securing confirmation of compliance from landlords / hosts an e-assurance document was produced and issued to all landlords / host organisations for completion. To date, we continue to experience difficulties securing returns. It is therefore proposed that the issue will be raised at a national level with Directors of Estates by the Head of Health and Safety

It should be noted despite the lack of response it should be noted that an assumption should **not** be made that the hosted sites are not compliant with statutory requirements.

## 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 for quarter 2 is shown in the table below. For the second consecutive quarter there have been increases in compliance across all four areas Health and Safety training, Manual Handling and Violence and Aggression of training. Violence and Aggression training is now meeting the statutory and mandatory Public Health Wales target of 95% however fire safety, health and safety and manual handling is still falling short of this target. Health and Safety is however meeting the Welsh Government target of 85%.

*Table 2: Health and safety training compliance by Directorate (data as of end of September 2022)*

Directorate	Fire %	Health & Safety %	Manual Handling %	Violence & Aggression %
028 L3 Corporate Directorate	70.00%	73.33%	80.00%	70.00%



028 L3 Covid 19 Directorate	89.19%	91.89%	89.19%	97.30%
028 L3 Data, Knowledge and Research Directorate	89.32%	99.03%	95.15%	98.06%
028 L3 Health & Wellbeing Directorate	85.05%	89.41%	85.05%	95.64%
028 L3 Health Protection and Screening Services Directorate	81.65%	90.37%	82.11%	95.53%
028 L3 Hosted Directorate	86.29%	93.14%	84.57%	90.86%
028 L3 Improvement Cymru Directorate	94.05%	95.24%	84.52%	96.43%
028 L3 Operations and Finance Directorate	90.63%	92.97%	93.75%	97.66%
028 L3 People & OD Directorate	84.21%	94.74%	84.21%	97.37%
028 L3 Quality Nursing & Allied Profs Directorate	95.00%	95.00%	95.00%	97.50%
028 L3 SPRs Directorate	90.48%	95.24%	100.00%	100.00%
028 L3 WHO Collaborating Centre	96.88%	96.88%	93.75%	96.88%
<b>Overall</b>	<b>84.45%</b>	<b>91.31%</b>	<b>84.79%</b>	<b>95.30%</b>

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

## 8.0 Additional training

### First Aid / Fire Warden Training

First Aid training and fire warden training was discussed at the Health and Safety Group on 03 October 2022. A number of options were presented for consideration and funding has been agreed to take forward the agreed approach. It was agreed that the Head of Estates and Health and Safety will work with the Leadership Team and Business Leads to agree a proposed approach as there are potential implications for ways of working and financial implications depending on the agreed model of delivery.

### Working Safely From Home Training

Following agreement by the Health & Safety Group for the Estates and Facilities to continue to fund all new starters working wholly or partly from home (as the *Work How it Works Best* pilot continues) to undertake accredited on line Working Safely from Home training to ensure their safety and wellbeing. All and any issues identified by individuals completing the training issues are addressed via the provision of specific equipment and guidance on working practices. To date of those individuals invited to undertake the training a total of 930 have undertaken and completed.

and monitored, and as staff continue to work flexibly and from home, it has been agreed at Health & Safety Group that the organisation will continue to fund

## 9.0 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 12 October 2022. Since the last report, two risks have been closed following review. Of the 17 open risks, there are two new risk reported since the last health and safety report. Details of these risks are included below-

<b>Number of open Health and Safety Risks</b>	<b>17</b>
<b>Number of meeting target risk score (tolerate)</b>	<b>1</b> (ID- 987)
<b>Number of risks not meeting target risk score (treat)</b>	<b>16</b> (ID- 978, 980, 720, 1108, 1169, 1199, 1238, 1241, 1248, 1345, 1366, 1367. 1378. 1383, 1398, 1415)
<b>New risks since last Health and Safety Report</b>	1383, 1415

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 ID 1383- Microbiology-** There is a risk that the CL3 laboratory in Carmarthen will fail the sealability test in October 2022. This is due to the room not being sealed appropriately and could lead to potential leakage of infectious material into external atmosphere and any connecting ducts.

Key controls-

- Contingency plan has been put in place to transfer work to Singleton laboratory.

Actions to be undertaken:

- Arena have been commissioned to review and identify areas for action to address sealability issues across the Microbiology network
- Working with Hywel Dda University Health Board to complete necessary work to seal the room

**Risk ID 1415- Estates and Health and Safety-** There is a risk that some premises across the estate may not in the event of a fire have a fully effective fire stopping infrastructure. Further to a recent fire door survey and fire compartmentation survey undertaken across the estates has identified a number of issues with fire doors and fire stopping (compartmentation) which could compromise staff safety however it should be noted that the sites relating to the risks are deemed to be low risk properties.

Key controls-

- Fire warden checks are required to be undertaken at sites across estates premises by nominated fire wardens.
- Scheduled Fire Risk Assessments continue to be undertaken as a part of the planned programme of inspections across estates premises.
- PHW Fire Safety Procedure states that all staff have responsibility to report any identified Fire safety issues. This is complemented by requirement of all staff to completed mandated Fire Safety Awareness training.

Actions to be undertaken:

- Application for funding to be sourced through Estates Funding Advisory Board. Subject to a successful application, work to be undertaken in 2023/24.
- Alternative options for funding and delivery including prioritisation plan if funding application is unsuccessful.

## 10.0 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 and Improvement Committee for information.

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

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- 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, 4 SESNs have been receive

<b>Date Received</b>	<b>SESN No./ PN No.</b>	<b>SESN Description</b>	<b>Action</b>
12/05/22	SESN 22-08	NHS Estates & Facilities National Day of Celebration - 15th June 2022	Actioned
31/05/22	SESN 22/09	Decarbonisation Strategy: Low Carbon Heat Development Fund	Actioned
29/06/22	SESN 22-11	Assets Collaboration Programme Wales Grant Scheme – Phase 3	No Action Required
21/09/22	SESN 22-12	Welsh Government (Capital, Estates & Facilities) Funding Programme For Targeted Improvements (2023 – 2025)	Actioned

## **11.0 Additional updates**

### **Covid-19 workplace updates**

Following the last remaining restrictions regarding the wearing of face masks in health and care settings on 30 May 2022, Public Health Wales has eased all restrictions across its estate however it is at the discretion of individuals if they choose to wear a face covering whilst in our premises. Where we have staff in health board settings, staff are still required to follow local arrangements as required.

With the increased circulation of Covid-19 in the community, a communication has been prepared, working with IP&C colleagues reminding staff of the advice and guidance to help mitigate the risk of spreading infection in the workplace. Key messages include:

- Whilst there are no current restrictions in law relating to social distancing and wearing of masks, please be mindful of the health and well-being of your colleagues and the people around you and ensure you comply with local arrangements in clinical settings
- You should stay at home if you have symptoms of respiratory illness, or do not feel well enough to go into the workplace. Please ensure you inform your line manager so that you can receive the appropriate support and advice, relevant to your needs. For further information, please refer to the [Managing Attendance At Work Policy](#)
- Best line of defence is vaccination. Your Covid-19 vaccinations will be delivered via your local health board. If you haven't had your flu vaccine yet, you can book here.
- Good hand hygiene and respiratory hygiene- The good practice we followed during the pandemic is still relevant. Cover your mouth and nose when coughing or sneezing, using the crook of your elbow or a tissue, and wash hands regularly.
- Over the winter period, there is a chance that guidance may change in relation to face masks and other mitigating factors and the IP&C and Health and Safety functions will update staff with the relevant guidance as soon as available.
- Wipe down your work surfaces when you start, and finish work each day with the products supplied

At present, a large number of our workplaces are underutilised as staff continue to embrace new and more flexible ways of working which helps us to continue to reduce risk of spread of infection within the estate. Equipment to support staff to work remotely continues to be issued on a case by case basis. This continues to be reviewed as part of the 'Work How it Works Best' trial.

### **Microbiology update**

Containment level 3 (CL3) sealability issues are ongoing across the estate. Primary cause is an ageing estate which was not purpose built. Issues include:

- Carmarthen retested following Estates remedial work in house on 22.09.22. Leakage now found through floor sealant, so will retest

following Hywel Dda Estates fix to ensure no further progressive issues.

- WCM labs due to be tested in house on 12/11th October following completion of remedial work by Estates. UHW scoping work for sealability remedial work is held by requirement for schematics which Estates have not yet provided.

An external report for network labs being commissioned to identify CL3 weaknesses and provide potential solutions to keep services going for next 5 years.

In addition. efficacy studies commissioned have been successful at Aberystwyth, Rhyl and Swansea but have failed at the Food Water and Environmental Lab at Llandough. Further efficacy studies planned once sealability issues resolved.

We also have a number of issues regarding autoclaves across the microbiology network. These include:

- The Bangor autoclave is 40+ years old. This has previously been part of a two machine installation, however one machine has been scavenged for parts to keep the second running. This is unsustainable as parts are obsolete. A working group has drafted specifications and identified a preferred supplier to replace both with one machine going forward. This is intended to be submitted with a business case as per previous autoclave replacement projects. This would support the service delivery at Bangor.
- There are ongoing issues with University Hospital Llandough estate such that one autoclave is has been notified as end of life. This has been discussed with Cardiff and Vale University Health Board Estates however the health board do not recognise it as their asset. Options currently being discussed with Finance.
- Rhyl autoclaves are in and out of use due to failure of steam supply. This is related to incorrect installation of correct grade of piping, which is being replaced as each failure occurs.
- University Hospital Wales, Cardiff can only run one autoclave at a time due to steam supply issues. Air compressors bought but not yet installed. This is being followed up with the health board estates team.

### **Reinforced Autoclaved Aerated Concrete (RAACS) update**

PHW received from NHS Specialist Estates Service (SES) a Specialist Estates Safety Notice (SESN 22-02 regarding Reinforced Autoclaved Aerated Concrete (RAAC) in buildings constructed between 1960 – 1990 -

the notice has been issued further to an alert issued by The Standing Committee on Structural Safety (SCOSS).

The requires PHW to undertake investigations across our estate of all our owned and managed properties for the presence of RAACs. Further to discussion with SES colleagues we have subsequently been instructed to extend or investigations to include properties where we are either hosted or tenants.

In response to the safety notice instruction the requisite actions have been taken as previously reported.

At present we are completing commissioned investigations at two sites, Rhos House, Mountain Ash as the landlord has not been able to confirm that RAACs weren't used in the properties construction and at Clwydian House, Wrexham at which building surveyors engaged on refurbishment works at the site were unable to determine the use of RAAC planking.

To date, RAACs have not been identified at any PHW owned or managed properties and only one site where we are hosted has confirmed the presence of RAACs, however they are not present in a PHW occupied area.

Should any RAACs be identified at any properties where PHW are based or host service users we are required to work with a designated competent person to put in place a management plan to ensure that any risk is appropriately managed by relevant mitigation actions and that management plans are monitored through the corporate risk log.

## 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.

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.

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.