

Health and Safety Report

Executive lead:	Huw George, Deputy Chief Executive / Executive Director of Operations and Finance
Author:	Chris Orr, Head of Estates and Health and Safety Neil Desmond, Compliance Lead
Approval/Scrutiny route:	Health and Safety Group- January 2023

Purpose

This report provides an update on the health and safety performance for the period of 01 October 2022 – 31 December 2022.

Recommendation:

APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
-------------------------------------	--------------------------------------	---------------------------------------	-----------------------------------	--

The Committee is asked to:

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

Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities.

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 October 2022 – 31 December 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 Three RIDDORs were reported during Quarter 3 (01 October 2022 – 31 December 2022.). An additional RIDDOR has been reported on 14th January to the HSE following an incident on 05 January 2023. Further details can be found on page 5 and Appendix A.
- 3.2 The Health & Safety Advisor was appointed during this reporting period and is currently reviewing existing health and safety audit reports in use across the organisation and other Health Boards across Wales. This will ensure we have a robust system in place for all sites where Public Health Wales has duty holder responsibilities and where this is held by another organisation. The aim is to have a system in place to commence audits in Quarter 1 2023.
- 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 four areas, namely, fire risk assessment, electrical inspection condition reports, gas safety 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 October 2022 – 31 December 2022, no significant trends have been identified, with the total number of reported health and safety incidents provided with a breakdown by directorate shown in Table 1.

Table 1. Reported health and safety incidents by Division

Division	No of incidents
Health and Wellbeing	2
Microbiology	37
NHS Collaborative	3
Estates and Health and Safety	2
Screening	23
Total	67

All incidents relating to health and safety are notified to the relevant Health and Safety Managers and are followed up. Work is underway to look at the learnings from investigations and how we share these amongst all directorates as appropriate.

These incidents are classified under the following categories-

Table 2. Reported health and safety incidents by category

Date: 31/01/23	Version: 1	Page: 4 of 20
-----------------------	-------------------	----------------------

Category	No of incidents
Accident, Injury	
Burns or scalds	1
Contact or exposure to electricity (electric shock)	1
Contact with needles or medical sharps	1
Contact with object or animal	4
Contact with or exposure to hazardous substance	6
Manual Handling - Non patient/service user handling	1
Patient injury	1
Slip, trip or fall	6
Struck against or by an object	1
Equipment, Devices	
Medical devices	3
Non-medical equipment	30
Infection Prevention and Control	
Environmental cleaning (process and procedures)	1
Infrastructure (including staffing, facilities, environment)	
Cleanliness	1
Collection/delivery services	1
Environmental hazards / issues	6
Security - NHS premises	2
Vehicles	1
Total	67

5.0 RIDDORs

Four RIDDORs have been reported to the Health and Safety Executive since the previous report. A brief outline on the RIDDORs is provided below with further details and actions taken provided in Appendix A:

19 November 2022- Microbiology Division

A biomedical scientist inoculated an organism on the open bench within containment level 2 onto a MALDI ToF plate for identification. The organism later identified as Neisseria Meningitidis.

02 December 2022- Microbiology Division

A staff member inoculated what was provisionally thought to be a Haemophilus species onto the MALDI ToF plate for identification. The organism later identified as Neisseria meningitidis.

21 December 2022- Microbiology Division

A staff member had parked in the hospital car park and was walking to the laboratory. Whilst ascending the stairs, her foot slipped off the step, pitching her forwards such that her left knee impacted the steps above.

05 January 2023 - Microbiology Division

RIDDOR submitted on 14 January 2023 to HSE for incident resulting due to another exposure to *Neisseria meningitidis* during maldi plate inoculation and purity plate inoculation.

HSE Visit- 17 January 2023

The HSE visited UHW Microbiology Cardiff to interview staff and investigate the incident that occurred in August 2022. At the time of the visit-

- They requested to look more closely at the Maintenance Requests and the related actions
- Further investigating into a design issue with the safety cabinets in that we had wrongly interpreted that if the light was on then it meant the fans were working.
- It was identified that we needed to improve our documentation and amend a couple of documents that referred to each other regarding our actions should one of the cabinets in the CL3 room not work.

Estates, Facilities and Safety are working with the Microbiology Division to ensure all investigations have been completed and learning outcomes and actions are progressed from the investigations and subsequent HSE visit. A verbal update will be provided to the Quality, Safety and Improvement Committee at the next meeting on a subsequent action arising from the visit.

6.0 Estates Compliance

Over the reporting period 01 October 2022 – 31 December 2022 the monitoring and scheduling of compliance has continued to be maintained. 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 – 94.7% compliant (Same as Quarter 2)

- Asbestos survey/re-inspection – 100% compliant (same as Quarter 2)
- Electrical Inspection Condition Report (EICR) – 78.6% compliant (1 premise less compliant than Quarter 2)
- Gas Safety Certification – 92.3% compliant (1 premise less compliant than Quarter 2)
- Water Management (Legionella) Risk Assessments – 84.6% compliant (1 premise less compliant than Quarter 2)

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 31 December 2022.

River House - The risk assessment was due to be reviewed on the 27 October 2022. Local premise lead has been chased on a number of occasions for an update on the report, which we are yet to receive. This has now been escalated to senior management within the NHS Collaborative.

Electrical Inspection Condition Report (EICR): Three premises are currently out of compliance as of 31 December 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 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 was instructed to schedule a new EICR. As at 12 December this still has not been undertaken, consequently Estates, Facilities and Health and Safety will look to commission the work directly to be completed this quarter.

Caerleon House – This has been out of compliance since 25 September 2022. There have been scheduling issues with the supplier which has significantly delayed this assessment. This has now been scheduled in for the 16 January 2023.

24 Alexandra Road (BTW Swansea) – This came out of compliance on the 25th September 2022. There have been some scheduling issues with the supplier which has caused significant delays with this assessment. This was completed in January 2023.

Water Management (Legionella) Risk Assessments: Two premises are currently out of compliance as of 31 December 2022.

Clwydian House – The scheduled assessment had been deferred due to delays in the completion of refurbishment. Currently awaiting confirmation of assessment date from contractor. There have been delays in receiving a date from our appointed contractor since the last update, and we are currently chasing an urgent date for the risk assessment. Premise is considered low risk due to the current controls in place (monthly water temperature tests and 6 monthly water sampling).

Matrix House – The existing risk assessment fell out of compliance on the 21 December 2022. We are currently awaiting the quote from our contractor for the assessment, which has been delayed due to the Christmas period. Completion of risk assessment is expected by the end of Quarter 4. Premise is considered low risk due to the current controls in place (monthly water temperature tests and 6 monthly water sampling).

Gas Safety: One premise is currently out of compliance as of 31 December 2022.

Fairway Court – The assessment fell out of compliance on the 22 December 2022. Due to the Christmas period there was a slight delay in getting this work booked due to contractor availability. This has now been scheduled in to take place early January 2023.

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. Monitoring of Health Board/landlord returns will continue and be reviewed accordingly ahead of the next scheduled issuing of the e-assurance document in April 2023.

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 3 is shown in the table below. There have been increases in compliance in Fire training, health and safety training and manual handling training with all three areas now meeting the Welsh Government target of 85%. Violence and aggression training continues to meet the Public Health Wales target of 95% despite a slight drop in compliance by 0.07%.

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

Directorate	Fire Safety %	Health and Safety %	Manual Handling %	Violence & Aggression %
Corporate Directorate	68.97%	86.21%	72.41%	68.97%
Data, Knowledge and Research Directorate	92.66%	99.08%	93.58%	95.41%
Health & Wellbeing Directorate	87.94%	85.82%	81.56%	94.33%
Health Protection and Screening Services Directorate	84.88%	92.99%	84.07%	95.94%
Hosted Directorate	86.96%	91.85%	88.59%	91.30%
Improvement Cymru Directorate	87.50%	92.05%	80.68%	94.32%
Operations and Finance Directorate	91.60%	95.42%	94.66%	96.18%
People & OD Directorate	88.89%	91.67%	80.56%	97.22%
Quality Nursing & Allied Profs Directorate	90.24%	97.56%	95.12%	97.56%
SPRs Directorate	95.24%	90.48%	95.24%	100.00%
WHO Collaborating Centre	98.51%	98.51%	98.51%	100.00%
Overall	86.61%	92.96%	85.79%	95.23%

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

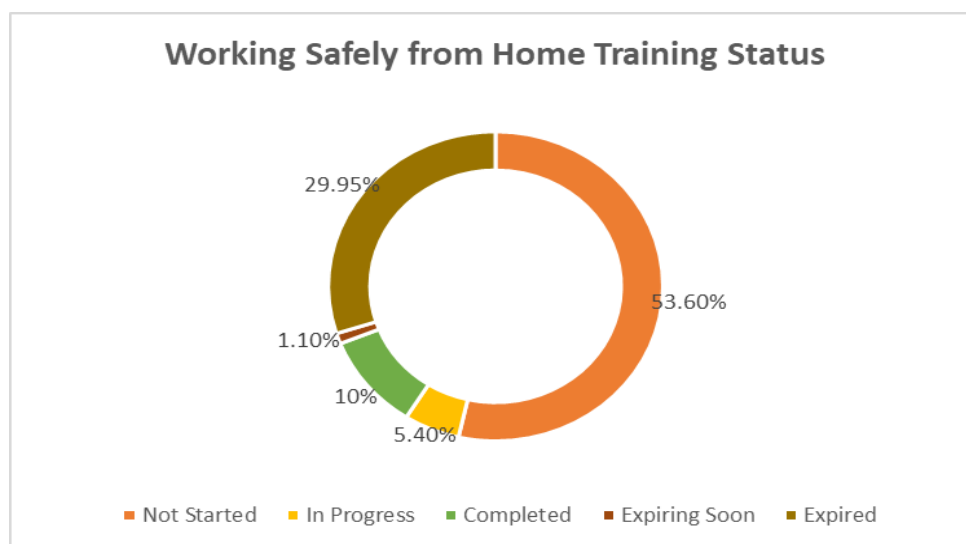
8.0 Additional training

First Aid / Fire Warden Training

The Executive Team have agreed that they will identify staff within their respective Directorates to undertake fire warden training to ensure there is adequate cover for facilities for where their staff are based. Training will initially be provided online and onsite specific training will be arranged to take place in February and March 2023.

Working Safely from Home Training

Staff working from home are required to undertake accredited online Working Safely from Home training to ensure their safety and wellbeing. All and any issues identified by individuals completing the training are addressed via the provision of specific equipment and guidance on working practices. The following graph outlines the current status of those individuals who have been invited to undertake this training module:



It must be noted that despite there being 53.6% of individuals who have not started the training, some of the new starters may not work from home and have been misidentified as requiring the training. Managers are being asked to check with staff to ensure that these errors are being corrected to ensure the figures are accurate for future reporting.

If it is determined that these figures are accurate as reported, it is proposed that this is raised as a risk within the organisation and appropriate action will be taken.

We are currently unable to reflect these figures by directorate, but we are currently working with POD to present these figures for future reports.

Moving and Handling Training B and C

Following discussions with the Health and Safety Leads in Screening and Microbiology regarding the issues currently faced with obtaining external training companies to undertake on-site training to meet the needs of the services, we are developing a procedure for the delivery and management of in-house training teams to deliver Manual Handling B & C Training. This would allow the training programmes to be tailored to the services provided in Screening and Microbiology. We hope to have the procedure completed and approved by the start of Quarter 1 2023/24.

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 04 January 2023. Since the last report, three risks have been closed (ID 987, ID 978, ID 1366) following review. Of the 15 open risks, there has been one new risk reported since the last health and safety report. Details of this risk is included below-

Number of open Health and Safety Risks	15
Number of meeting target risk score (tolerate)	0
Number of risks not meeting target risk score (treat)	15 (ID-, 980, 720, 1108, 1169, 1199, 1238, 1241, 1248, 1345, 1367, 1378, 1383, 1398, 1415, 1434)
New risks since last Health and Safety Report	1434

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 1434- Microbiology- There is a risk that infectious waste may build up within lab areas if autoclaves are out of action for an extended period of time. It has been acknowledged that these units are at end of life

Date: 31/01/23	Version: 1	Page: 11 of 20
-----------------------	-------------------	-----------------------

in many labs, but unfortunately lack of engagement and acknowledgement of ownership from health boards may result in delayed replacements of units deemed end of life. This is caused by aged equipment beyond end of life not being replaced in a timely manner. This will potentially lead to a build-up of infectious clinical waste (designated as Category A) in Containment level 3 laboratories, whilst contingency plans are put into effect and also whilst waiting for specialist disposal. This may result in exposure of waste material to staff or in a slip/trip/fall injury due to the lack of available space for such storage. On some sites this will affect the ability to support Genetically Modified Organisms (GMO) services which require on site sterilization to proceed. There will be additional cost to the laboratory to remove the specialist waste and potential reputational impact.

Also, if further issues /downtime are noted on University Hospital Llandough (UHL) site, then there is the risk of loss of TB Reference lab services which will impact All Wales labs. If the service does not have autoclaving capabilities at UHL, there is no contingency for where samples can be processed, therefore there is a risk of complete loss of reference service.

Current autoclaves identified as end of life are located within the following Public Health Wales sites: Bangor, UHL (x1), UHW (x2). Autoclaves with recurring issues but are not considered end of life are located at the following PHW sites: Rhyl (service issue to 2 autoclaves) and Swansea (x1).

Key controls-

- Priority replacement list identifies order for replacement
- Business case and specification agreed with health board estates team and Shared services before submission.
- Contingency plans for removal of waste in event of autoclave failure in place with risk assessments.
- Category A contractors identified and contracts in place as part of contingency plan.
- MOU, maintenance and testing schedules in place.
- Dangerous Goods Safety Adviser (DGSA) contract in place.

Actions to be undertaken:

- Working with Cardiff and Vale University Health Board to procure replacement autoclave following agreement of funding to Cardiff and Vale by Welsh Government.

10.0 Policy updates section

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

Moving and Handling Procedure – Draft is currently being reviewed and updated alongside the Manual Handling B & C Management and Delivery procedure. The aim is to go out for consultation during Quarter 4 2023.

Asbestos Management Procedure – Draft has been updated and is currently under consultation with a deadline of the 19 January 2023. This will be approved virtually by the Health and Safety Group in February 2023.

First Aid and the Provision of First Aid Equipment Procedure – Has been through the consultation process. Pending some slight alterations following consultation, procedure will be sent to the Health and Safety group for approval on 17 January 2023.

Smoke Free Environment Procedure - Has been through the consultation process and is to be approved to the Health and Safety group on 17 January 2023.

Control of Contractors Procedure – Has been through the consultation process and is to be approved to the Health and Safety group on 17 January 2023.

Fire Safety Policy and Procedure - Policy and Procedure was approved by the Quality and Safety Committee on the 14 December 2022 and has been published.

Water Management Policy and Procedure – Policy and Procedure was approved by the Quality and Safety Committee on the 14 December 2022 and has been published.

From Quarter 4 we will also report on Policies and Procedures that are due for review over the next 12 months and proposed completion dates.

11.0 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:

- 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, 2 SESNs have been received:

Date Received	SESN No./ PN No.	SESN Description	Action
13/10/22	SESN 22-13	Decarbonisation: Transport Task and Finish Group	Actioned- Nominations for representation provided
26/10/22	SESN 22-14	Business Case Reporting Levels for Capital Schemes	No Action required – for information only

12.0 Additional updates

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.

However as a result of new ways of working we have seen increased occurrences of lone working within our estate. Guidance has been shared on the intranet to support staff working in these circumstances. A link to this article can be found [here](#).

Ensuring we have enough fire wardens in our buildings each day has also been an issue particularly in our office environments. Executive Directors have agreed to ensure there are adequate numbers of trained staff and names are being collated to undertake the training. This

Due to the recent cold weather, the Estates and Health and Safety Division have also published advice for staff to help avoid any slips, trips and falls and to ensure staff are aware of the hazards posed by wintery weather.

Microbiology update

Since the last report, four RIDDORs have been reported in Microbiology. Details of these can be found in section 5 (page 5).

Containment level 3 sealability issues are still ongoing. These include:

- Carmarthen retested identifying further issues. Remedial work underway with a provisional certificate in place.
- Welsh Centre for Mycobacteria (WCM) labs tested in house in October following completion of remedial work by Estates. Further work identified which has been completed. External testing now due in January 2023.
- UHW scoping work for sealability remedial work has been completed by Estates and a quote provided. Detail regarding the work is missing and has been requested. C&V HB identify no funding to undertake the work and Estates and Health and Safety Team are helping to progress.
- External report for network labs commissioned, but timeline has not been provided by company. Meeting due with company regarding timeliness and accuracy of reporting paperwork.

No further efficacy studies have progressed, while sealability issues corrected.

Autoclave issues are also ongoing across the network. These include:

- The Bangor autoclave specification is completed and business case is being generated.
- 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.
- UHL autoclave identified as end of life. Estates close out meeting from annual inspection identifies that the HB do not recognise it as their asset.
- Air compressors at UHW now installed. Scheduled testing not completed which in conjunction with failure of the remaining

autoclave resulted in progression to contingency as no autoclaves were working. Welsh Government money identified to purchase another autoclave. Specification agreed between PHW, Shared Services engineers and BM Weston and C&V HB progressing purchase.

Training update:

- Multiple work streams progressing, slow but steady. Network laboratories providing support by taking on work to allow training to take place on other sites.
- Manual handling Module B holding progression of other competencies e.g. autoclaves and gas cylinders.

Project update:

Replacement of class I cabinets at UHW approved. Site visit on Jan 5th to inspect plant room and discuss timelines for service disruption preparation.

Screening update

The following update relates specifically to Screening Division.

- During the reporting period there have been no RIDDORs reported across the screening division.
- Work continues replacing the existing BTW Mobile Screening Units with D12 to D16 having been delivered and D17 due on 9th January 2023.
- Screening continue to source additional venues to deliver the service. Additional training on venue suitability assessment is scheduled for staff in west Wales in early February.
- Issues with cleaning have been raised and work is ongoing monitoring cleaning standards across Screening Premises.
- Of the three health and safety risks identified in DESW, 2 have now been closed. The remaining risk, ID:980, has been reviewed and still remains. Work on lone working arrangements across Screening is being undertaken.
- The Cervical Screening Information Management System (CSIMS) went live successfully on the 20 September.
- Cervical Screening Information Management System (CSIMS) is a pathway management system developed by PHW Informatics Team for Cervical Screening Wales (CSW), and will be used CSW to manage the call/recall, issuing of results letters and failsafe of people eligible for cervical screening in Wales.

- Work on the new LINC system continues.

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.

To date, RAACs have not been identified at any PHW owned or managed properties. Sites where we have staff based in properties managed by Swansea Bay University Health Board have yet to be assessed. This is the responsibility of the health board and an assessor has been instructed.

Clwydian House is the only other property in the Public Health Wales estate that is yet to be surveyed and this will be completed in quarter 4 following the final snagging works being completed at the site following modernisation works.

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. An audit schedule will be in place for the next quarter, where any actions will be 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.

Date: 31/01/23	Version: 1	Page: 17 of 20
-----------------------	-------------------	-----------------------

The Group is asked to:

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

Appendix A

RIDDOR's reported during Quarter 3:

19 November 2022- Microbiology Division

A biomedical scientist inoculated an organism on the open bench within containment level 2 onto a MALDI ToF plate for identification. The organism later identified as *Neisseria Meningitidis*. Initial investigation identified that the organism was from a blood culture and had been identified as a gram positive staphylococcus. Current protocol for inoculation of Gram-positive cocci organisms from blood cultures allows inoculation on the open bench at containment level 2. Had the gram stain been identified as gram negative, protocol requires removal to the safety cabinet for inoculation, therefore no breach in protocol occurred. Only one staff member was affected by this incident as it occurred on the night shift. The staff member has been prescribed prophylactic treatment.

Actions include:

- Update Standard Operating Procedure so all maldi inoculations for all blood culture isolates to be undertaken in the Microbiological Safety Cabinet

02 December 2022- Microbiology Division

Whilst reading the 24hr respiratory bench, a staff member inoculated what was provisionally thought to be a *Haemophilus* species onto the MALDI ToF plate for identification. This occurred on the open bench at containment level 2. The organism later identified as *Neisseria meningitidis*. No sensitivity profile was inoculated. The staff member was referred to occupational health and was identified as vaccinated for meningitis ACWY.

Actions include:

- Update Standard Operating Procedure so all *haemophilus* species will be moved into a microbiological safety cabinet for manipulation (to allow investigation and confirmation of identification)
- To provide specific training for staff to identify *Neisseria meningitidis* and all associated risks
- A change in location for the reading of respiratory samples to facilitate microbiological cabinet use.

21 December 2022- Microbiology Division

A staff member had parked in the hospital car park and was walking to the laboratory. Whilst ascending the stairs, her foot slipped off the step, pitching her forwards such that her left knee impacted the steps above. Weather conditions on the day were rainy and the stairs were noted to be wet in patches. There were no other observations that indicated any fault

with the stairs. As a result of the incident, the staff member attended A&E on site within the hour and was x-rayed. Whilst no fracture was found the staff member was diagnosed with soft tissue damage and was given crutches and told to rest. The staff member was absent from work for 11 days, returning to work on Jan 2nd (when next scheduled), but declaring herself fit for work on Dec 31st.

Actions include:

- Investigate stairway for integrity and ensure handrails are fixed in place
- Investigate whether there is sufficient matting in place around the entrance/exits to avoid any pooling of water
- Collaborate with the Cardiff and Vale Estates and Health & Safety Team to ensure there is an internal review of stairway to ensure safety of staff and members of the public.

05 January 2023 - Microbiology Division

RIDDOR submitted on 14 January 2023 to HSE for incident resulting due to another exposure to *Neisseria meningitidis* during maldi plate inoculation and purity plate inoculation. This was caused by the misidentification of an organism, which resulted in an open bench inoculation rather than inoculation in a microbiological safety cabinet. Recommendations pending the completion of the investigation.