 <p> <b>GIG</b>      CYMRU  <b>NHS</b>      WALES   </p> <p>     Iechyd Cyhoeddus      Cymru      Public Health      Wales   </p>	<p> <b>Name of Meeting</b>        Quality, Safety and Improvement Committee     </p> <p> <b>Date of Meeting</b>        13 December 2023     </p> <p> <b>Agenda item:</b>        4.6     </p>
--	--

<b>Health and Safety Report Quarter 2, 2023-24</b>	
<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 Scott Thomas, Health and Safety Advisor

<b>Approval/Scrutiny route:</b>	Health and Safety Group Business Executive Team
---------------------------------	--

<b>Purpose</b>
This report provides an update on the health and safety performance for the period of 01 July 2023 – 30 September 2023.

<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 Committee is asked to: <ul style="list-style-type: none"> <li> <b>Take 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 and well-being objectives.

This report contributes to the following:

<b>Strategic Priority/Well-being Objective</b>	All Strategic Priorities/Well-being Objectives
<b>Strategic Priority/Well-being Objective</b>	Choose an item.
<b>Strategic Priority/Well-being Objective</b>	Choose an item.

**Summary impact analysis**

<b>Equality and Health Impact Assessment</b>	Internal report only
<b>Risk and Assurance</b>	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.
<b>Health and Social Care (Quality and Engagement) (Wales) Act</b>	This report supports and/or takes into account the <a href="#">Health and Care Standards for NHS Wales</a> Quality Themes
<b>Financial implications</b>	Theme 2 - Safe Care
<b>People implications</b>	



## 1. Purpose / situation

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 2023 – 30 September 2023. 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. Description/Assessment

3.1 No RIDDORs was reported during Quarter 1 (01 July 2023- 30 September 2023).

3.2 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 meeting the 100% compliance target in relation for all five areas. Further detail is provided at Section 6 (page 5).

- 3.3 All health and safety alerts and notifications received within the reporting period have been reviewed and addressed, with appropriate actions taken where required.
- 3.4 Six health and safety audits have been completed since June 2023 following approval of the health and safety audit and inspection procedure. Actions Plans continue to be worked through and updated in collaboration with local premise leads. Further Audits have been scheduled in throughout Quarter 3.

#### 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 2023 to 30 September 2023, 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*

<b>Division</b>	<b>No of incidents</b>
Health and Wellbeing	1
Microbiology	34
Screening	23
NHS Collaborative	4
<b>Total</b>	<b>62</b>

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*

Category	No of incidents
<b>Accident, Injury</b>	
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	9
Manual Handling - Non patient/service user handling	1
Manual Handling - Patient/service user handling	1
Patient injury	2
Road traffic collision	1
Slip, trip or fall	3
<b>Behaviour</b>	
Aggressive/threatening behaviour	1
<b>Equipment, Devices</b>	
Medical devices	11
Non-medical equipment	12
<b>Infection Prevention and Control</b>	
Environmental cleaning (process and procedures)	1
<b>Infrastructure (including staffing, facilities, environment)</b>	
Collection/delivery services	1
Environmental hazards / issues	6
Fire safety	1
Security - NHS premises	2
Security - Property	1
<b>Total</b>	<b>62</b>

## 5.0 RIDDORs

No RIDDORs have been reported to the Health and Safety Executive since the previous report.

## 6.0 Estates Compliance

Over the reporting period 01 July 2023 – 30 September 2023 the monitoring and scheduling of compliance has continued to be maintained. There are 19 properties within the organisation's estate portfolio where the responsibility to undertake statutory duties is that of the organisation.



Compliance levels for the five key areas for all sites is currently 100% as at 16 October 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 communicated previously, due to the challenges with securing compliance information from Health Boards, an online compliance form was developed and introduced. Continued attempts have been made to secure compliance assurance from Health Boards, with the latest approach being made to Health Boards on 3 July 2023 in line with the planned request schedule, however, a number of completed Health Boards returns are still awaited and remain outstanding. Subsequent requests have been made for returns to be completed. The continued challenge associated with securing returns will continue to be addressed at a national level with Directors of Estates by the Head of Estates and Health & Safety.

In the absence of responses of compliance returns from health boards, it should be noted that an assumption should **not** be made that the hosted sites are not compliant with their respective 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. There has been a slight increase in compliance in Fire Safety training, moving and handling and violence and aggression across the organisation. Currently all four areas meet the Welsh Government target of 85%, however, Fire Safety, Health and Safety and Moving and Handling are all falling short of the Public Health Wales Target of 95%. Only Violence and aggression training is meeting the Public Health Wales target. As can be seen in the table, some Directorates are achieving the Public Health Wales target across all four training areas, however most Directorates are failing to meet the Public Health Wales target. The following Directorates are of particular concern, failing to meet both WG and PHW targets across three training programmes as highlighted below:

- Corporate Directorate - failing to meet both targets for Fire Safety, Manual Handling and Violence and Aggression Training.



- SPR Directorate – failing to meet both targets for Fire Safety, Health & Safety and Manual Handling.

We will continue to encourage staff to ensure training compliances are maintained and in areas that are falling short of WG and PHW targets, we 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 (data as of end of September 2023)*

Directorate	Fire Safety %	Health and Safety %	Manual Handling %	Violence & Aggression %
Corporate Directorate	70.97%	90.32%	70.97%	80.65%
Data, Knowledge and Research Directorate	95.50%	99.10%	95.50%	100.00%
Health & Wellbeing Directorate	88.05%	91.82%	86.16%	93.71%
Health Protection and Screening Services Directorate	88.48%	93.35%	86.63%	97.19%
Improvement Cymru Directorate	89.80%	93.88%	91.84%	97.96%
Operations and Finance Directorate	91.47%	97.67%	93.02%	98.45%
People & OD Directorate	95.24%	95.24%	95.24%	100.00%
Quality Nursing & Allied Profs Directorate	86.67%	97.78%	97.78%	97.78%
SPRs Directorate	80.00%	80.00%	80.00%	100.00%
WHO Collaborating Centre	95.71%	100.00%	92.86%	100.00%
Overall Total	<b>89.07%</b>	<b>94.03%</b>	<b>88.05%</b>	<b>97.13%</b>

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

## 8.0 Additional training

### First Aid / Fire Warden Training

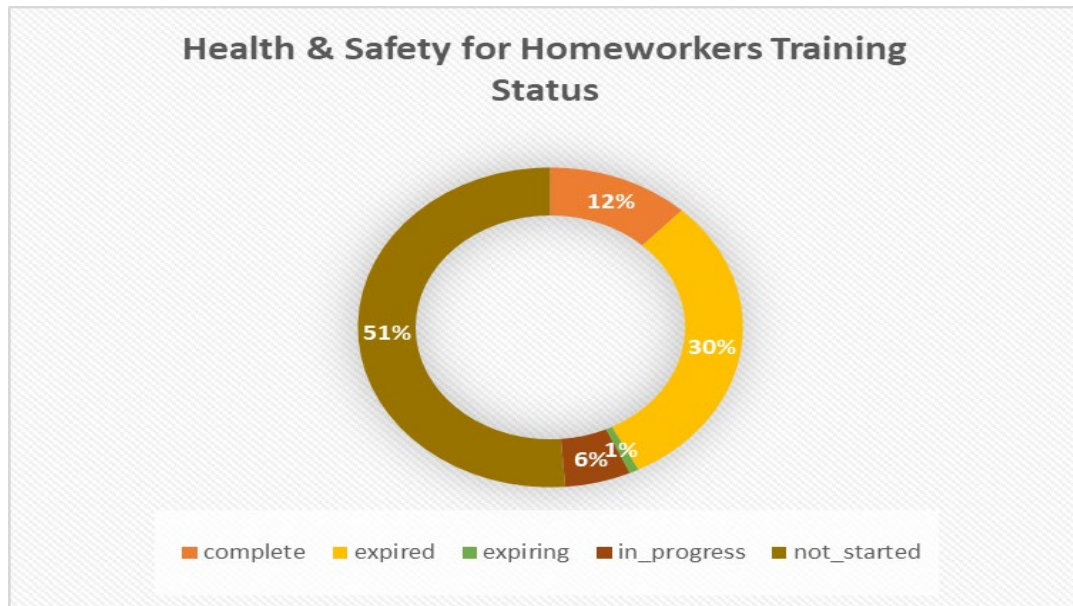
First Aid provision continues to be an issue across the Public Health Wales Estate, as the Estates and Health and Safety Team try to determine which staff are currently working from offices and those working from home due to Work How it Works Best. Although a large number of staff have received training, which has significantly improved our compliance, further training has been postponed whilst we continue to investigate which staff are in a position to act as First Aiders across Public Health Wales premises. Several premises still require volunteers to come forward for training and the Estates and Health and Safety Division are continuing to monitor and request volunteers until the requirements for each premises are met. Compliance for each premise will also be monitored through the Health & Safety Audit process.

Online training of Fire Wardens is progressing, and we currently have 216 trained fire wardens across the estate. Although we have a significant number of trained Fire Wardens several premises are still lacking the required number of Fire Wardens to meet the requirements for those premises. Volunteers from some directorates are still outstanding and this is currently being progressed by the Estates and Health and Safety Division. 61 members of staff have been registered for the training and have yet to start and this will be followed up with Line Managers to ensure training is completed.

Training on local fire warden duties to ensure all Fire Wardens are fully aware of their local responsibilities and familiarise them with local fire equipment and evacuation procedures continues to be rolled out across premises. Four sessions are currently scheduled in for October 2023 with Fire Wardens at Number 2 Capital Quarter. Further sessions at other premises will continue to be rolled out through 2023/24.

### 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 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:



Although this has increased slightly since Quarter 1, currently only 12% of the staff who have been registered as homeworkers with the organisation have completed the required Health & Safety for Homeworkers training module, with a further 30% of staff having completed the training but have allowed this to expire. We continue to remind Managers to ensure their staff to complete the training to ensure they are aware of their Health & Safety responsibilities when working from home.

51% of staff who have been registered for the training still have not completed the training module. Although this has slightly reduced by 2% since the last quarter, this is still a significant number of homeworkers not completing their required training. It has been recognised that some new starters may not work from home and have been misidentified as requiring the training and we continue to ask managers 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 highlighted at the Quarter 2 Health & Safety Meeting to recommend 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, and we continue to work with POD to find ways to present these figures by directorate for future reports.

### Health and Safety Audits

Six Audits have been completed since June 2023, with the process delayed during the summer period due to availability. The audit schedule for Quarter 3 has been developed, and the results of those Audits will be presented to the Health & Safety

Group at the Quarter 3 meeting. Audits are on schedule to be completed by the end of 2023/24.

Action Plans have been developed and agreed for five of the six completed Audits to date. A summary of actions will be provided to the Health and Safety Group at the Quarter 2 meeting as well as progress on the actions identified and performance against the deadlines for completion of actions.

## 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 03 October 2023. Since the last report, two risks has been closed (ID 1241 and 1524) following review. There were two new risks reported during quarter 2 and further information is included below.

<b>Number of open Health and Safety Risks</b>	<b>13</b>
<b>Number of meeting target risk score (tolerate)</b>	<b>0</b>
<b>Number of risks not meeting target risk score (treat)</b>	<b>13</b> (ID-720, 1108, 1169, 1199, 1345, 1367, 1378, 1383, 1415, 1434, 1540, 1551, 1562)
<b>New risks since last Health and Safety Report</b>	<b>2</b> (1551, 1562)

New risks reported during last quarter-

**Risk ID 1551- Microbiology-** There is a risk that the physical infrastructure across the laboratory sites can result in harm to staff and/or jeopardies business delivery. The laboratory sites have a number of challenges including:

- General age with significant wear and tear
- suboptimal design
- failing infrastructure e.g., CL3, physical limitations to aspects such as air flow, temperature management, movement of heavy items.

This could lead to potential for increased risk of workplace harm through events such as manual handling, failure of CL3 disrupting service delivery and leading to lab-acquired infection, temperature-related wellbeing and temperature-related impact on platforms.

Key controls include:

- Local, Regional and National Health & Safety, Quality oversight
- Operational management and escalation through existing governance routes for exacerbations or significant issues.
- Risks will only be improved with purpose-built, maintained facilities.

Actions being undertaken: Further information required from the Head of Operations in Microbiology to inform action going forward.

**Risk ID 1562- Microbiology-** There is a risk that the laboratory waste including that from the CL3 laboratory will not be able to be sterilised for disposal. One autoclave in Llandough laboratory, Cardiff has been deemed to be at the end of life and many critical parts are no longer available. If it breaks down it may not be able to be repaired and will be taken out of service. If the laboratory cannot sterilise waste, it would need to be stored before being sent for direct incineration as a short-term contingency. There are limited storage options and could result in additional costs being incurred. This could not be done indefinitely.

Key controls include:

- Regular tests and maintenance to the autoclave however parts may not be available to resolve issues
- One autoclave has been replaced and operational.

Actions being undertaken:

Under the SLA between Public Health Wales and Cardiff and Vale UHB (CAVUHB), replacement of autoclave is responsibility of CAVUHB and this has been raised within their Estates and Capital teams.

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 Risk Manager to explore alternative and improved ways to communicate risks and provide assurance on the action that is being undertaken.

## 10.0 Policy updates

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

**Management of Violence and Aggression Procedure** – Procedure approved by the Health and Safety Group at the meeting on 13 October 2023.

**Lone Worker Procedure** – Procedure approved by the Health and Safety Group at the meeting on 13 October 2023.

**Provision and Use of Work and Lifting Equipment Procedure** - Procedure approved by the Health and Safety Group at the meeting on 13 October 2023.

**Control of Substances Hazardous to Health Procedure** – Procedure has been through the Health and Safety Group for comments. Procedure is now out for consultation until 2 November 2023. Will be approved by Health & Safety Group virtually once comments have been collated and the procedure updated where required.

**Low Voltage Safety and Electrical Equipment Procedure** – Procedure is currently with the Health and Safety Group for comments and will be put out for consultation week commencing 9 November 2023. We will be seeking virtual approval from the Health & Safety Group once comments have been collated and the procedure updated where required.

## 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, one SESNs have been received:

Date Received	SESN No./ PN No.	SESN Description	Action
15 September 2023	SESN 23/08	Adoption of NHS Net Zero Building Standard by NHS Wales	Action – to be discussed by Estates & Facilities Division

## 12.0 Additional updates

### Reinforced Autoclaved Aerated Concrete (RAACS) update

Public Health Wales (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 safety notice required PHW to review its property estate and to identify if RAAC had been used in its construction and if so, put in place a management plan to monitor and manage.

PHW commenced an initial desktop review of the estate (71 properties) identifying all properties which were constructed / potentially constructed within the date range that RAAC was used in construction. At sites which fell within the scope of concern specialist site inspection / intrusive surveys were undertaken to investigate for the presence of RAAC.

A requisite return was made to Specialist Estates Services (NWSPP-SES) providing the position re RAAC use in the PHW estates. PHW reported that based on the desk top review and some site visits / intrusive surveys no RAAC was present at properties owned or leased by PHW.

Subsequent to the above being reporting by PHW to NWSPP-SES, all NHS organisations were contacted 1 March 2023 by NWSPP-SES informing NHS organisations that further assurance work was required and instructing all NHS organisations to;

- Revisit (as a result of a revised broadening of the construction date range of buildings) all properties included in the scope of the initial reviews.
- Appoint an engineer from an approved list of structural engineers identified by NWSPP-SES to review the PHW desktop review.

PHW have submitted to the approved structural engineers (Ove Arup & Partners) our completed estate findings from our initial desktop review. Ove Arup have undertaken and completed a review of the PHW desk top review, providing PHW



with a report (12 June 2023) with recommendations that further investigations were required to be undertaken at seven of PHW sites.

Further to discussions with Ove Arup this was reduced to five sites - as one site was due to be vacated due to lease coming to an end, and a second site had recently been inspected by specialist structural engineers and a report provided that RAAC was not present.

Sites visits were undertaken and concluded by Ove Arup by 15 September 2023.

Further to a request from the office of the Chief Executive NHS Wales, an update was provided on 7 September as to the PHW position is at, detailing final actions to be concluded.

A final formal report has been received and has confirmed that RAAC was not believed to have been used in the construction of the five properties. This has been sent to Specialised Estates Services.

### 13.0 Recommendation

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.

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 Committee is asked to:

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