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**Quality, Safety and
Improvement Committee**
Date: 16 May 2023
Agenda item 5.2

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 Scott Thomas, Health and Safety Advisor

Approval/Scrutiny route:	Health and Safety Group
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Purpose

This report provides an update on the health and safety performance for the period of 01 January 2023 – 31 March 2023.

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
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Strategic Priority	
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Strategic Priority	
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Summary impact analysis

Equality and Health Impact Assessment	Internal report only
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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.
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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
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Financial implications	None identified
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People implications	There are no implications for workforce / staff identified
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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 January 2023 – 31 March 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. Key Highlights

3.1 One RIDDORs was reported during Quarter 4 (01 January 2023- 31 March 2023.). Further details can be found on page 5. An additional update has also been included on the feedback from the HSE after their visit on the 17 January 2023.

3.2 There are 22 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).

3.3 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 January 2023 – 31 March 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

Division	No of incidents
Health and Wellbeing	1
Microbiology	41
Health Protection	1
Screening	36
Estates and Health and Safety	1
Total	80

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
Accident, Injury	
Contact with needles or medical sharps	2
Contact with object or animal	5
Contact with or exposure to hazardous substance	15
Manual Handling - Non patient/service user handling	2
Patient injury	2

Road traffic collision	1
Slip, trip or fall	6
Struck against or by an object	2
Behaviour	
Aggressive/threatening behaviour	2
Anti social behaviour	2
Equipment, Devices	
Medical devices	3
Non-medical equipment	20
Ill health	
Ill health	1
Infection Prevention and Control	
Infection outbreak / period of increased incidence	1
Infrastructure (including staffing, facilities, environment)	
Collection/delivery services	3
Environmental hazards / issues	10
Fire safety	1
Security - NHS premises	1
Patient/ Service User death	
Unexpected death	1
Total	80

5.0 RIDDORs

One RIDDOR has been reported to the Health and Safety Executive since the previous report. A brief outline on the RIDDOR is provided below with further details and actions taken provided in Appendix B.

14 February 2023 - Microbiology Division

Inoculation of organism took place on maldi ToF plate for identification. This occurred on the open bench at containment level 2. The maldi result identified the organism as *Neisseria meningitidis*. A total of 5 (staff and students) were identified as being exposed during the manipulations of the organism. A clinical risk assessment with respect to prophylaxis was undertaken with clinicians which determined that this was not required.

A meeting was held between the HSE, and Microbiology leads on 13 March to discuss the recent trend of exposure to *Neisseria meningitidis* in the laboratory. Since November 2022, four RIDDORS have been submitted under Dangerous Occurrences Section 10 (DOS10) Biological agents which relates to release of organisms capable of causing severe disease or human infection.

The specific wording and requirement of the reporting under RIDDOR was discussed with an outcome that exposure to Neisseria meningitidis is not required to be reported under DOS10. If however, an exposure led to development of disease, this would be required to be reported under the RIDDOR laboratory acquired infections section of the Regulations. Neisseria meningitidis remains hazard group 2 derogated up because of its aerosolisation transmission pathway. This requires the laboratory to mitigate the risk of exposure when it is reasonably suspected as present.

The training team have produced a training package which is targeted to raise awareness of the situations in which the organism can be isolated including specimen types, media and incubation conditions and to increase knowledge in identification of the organism. This in combination with moving suspect organisms to a safety cabinet will reduce the risk of exposure. A process needs to be identified to show we monitor staff who are exposed during the incubation period in case of disease development.

A working group will be formed to evidence the new strategy on reporting of these exposures unless it leads to disease.

Additionally, a response to the HSE inspection findings on Jan 17th following the RIDDOR reported in August 2022 was submitted to the HSE on 31 March 2023. A copy of the letter will be circulated to the Quality, Improvement and Safety Committee.

6.0 Estates Compliance

Over the reporting period 01 January 2023 – 31 March 2023 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 22 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 – 96% compliant
- Asbestos survey/re-inspection – 100% compliant
- Electrical Inspection Condition Report (EICR) – 93% compliant
- Gas Safety Certification – 93% compliant
- Water Management (Legionella) Risk Assessments – 75% compliant

Further details are set out in Appendix A in relation to fire risk assessment, electrical inspection condition reports, gas safety certification and water management compliance.

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. This was initially issued to Health Boards in September 2022, however, completed returns Health Boards remain outstanding. The continued challenge associated with securing returns will continue to be addressed at a national level with Directors of Estates by the Head of Health and Safety. The next scheduled issuing of the e-assurance document is due April 2023 and will include an emphasis on the essential need for returns to be completed.

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 4 is shown in the table below. There have been small increases in compliance in Fire training, health and safety training with both areas meeting the Welsh Government target of 85%. Violence and aggression training has dropped below Public Health Wales target of 95% but still meets the Welsh Government requirement. Manual Handling training has also dropped by 5.7%, bringing it below both Public Health Wales and Welsh Government requirements. Six Directorates fall below this requirement within the organisation and we recommend that these Directorates are reminded of their obligations to complete this training module.

Table 2: Health and safety training compliance by Directorate (data as of end of March 2023)

Directorate	Fire %	Health & Safety %	Manual Handling %	Violence & Aggression %
028 L3 Corporate Directorate	78.57%	92.86%	79.31%	79.31%
028 L3 Data, Knowledge and Research Directorate	96.36%	99.09%	97.30%	97.30%
028 L3 Health & Wellbeing Directorate	86.58%	83.22%	83.22%	90.60%
028 L3 Health Protection and Screening Services Directorate	84.69%	93.03%	75.60%	90.44%
028 L3 Hosted Directorate	91.07%	95.83%	85.87%	91.30%
028 L3 Improvement Cymru Directorate	88.42%	93.68%	83.17%	95.05%
028 L3 Operations and Finance Directorate	89.15%	94.57%	91.79%	96.27%
028 L3 People & OD Directorate	94.59%	100.00%	85.00%	92.50%
028 L3 Quality Nursing & Allied Profs Directorate	95.45%	100.00%	82.35%	88.24%
028 L3 SPRs Directorate	95.24%	90.48%	90.48%	100.00%
028 L3 WHO Collaborating Centre	97.14%	95.71%	95.89%	95.89%
Overall	87.08%	93.32%	80.09%	91.44%

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

8.0 Additional training

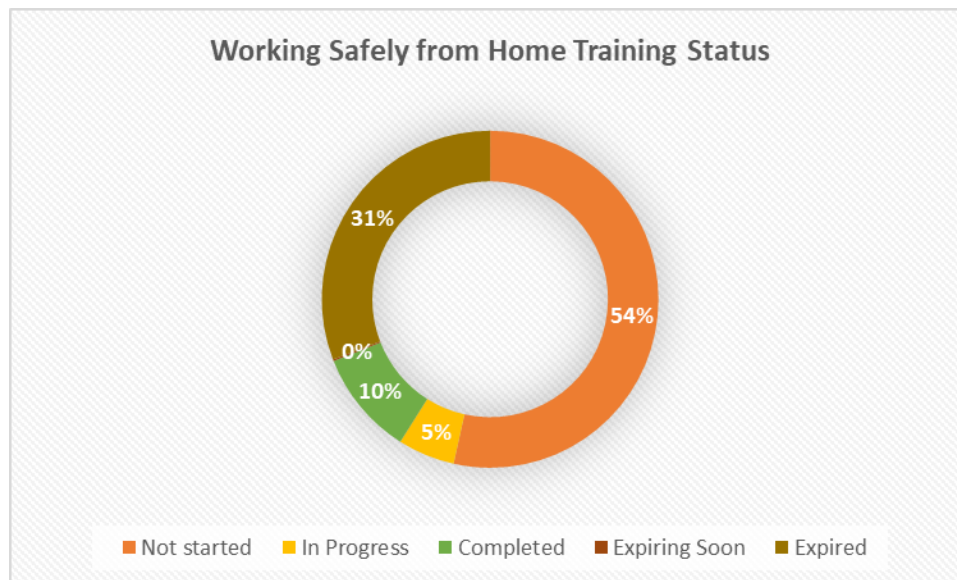
First Aid / Fire Warden Training

First Aid training has begun to be rolled out across the organisation, which has been arranged by the Facilities Management Team. This has significantly improved our compliance in this area across the estate. However, at several sites the Facilities Team are still waiting for volunteers to come forward for training. It is recommended that further requests are sent out through directorates for volunteers.

Online training of Fire Wardens is progressing, although volunteers from directorates are still outstanding. The Health & Safety Advisor has undertaken a train the trainer course through the Fire Protection Association and will now develop a programme to deliver onsite specific fire warden training beginning in 2023/24.

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 54% 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. The training procedure is still being

developed but will be completed and sent for approval by the Health & Safety Group during 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 14 April 2023. Since the last report, five risks has been closed (ID 980, 1248, 1471, 1493, 1489) following review. There were four new risks reported during quarter 4 however action has been taken and the risks have subsequently been closed.

Number of open Health and Safety Risks	13
Number of meeting target risk score (tolerate)	0
Number of risks not meeting target risk score (treat)	13 (ID-, 720, 1108, 1169, 1199, 1238, 1241, 1345, 1367, 1378, 1383, 1398, 1415, 1434)
New risks since last Health and Safety Report	0

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.

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 – Draft has been updated and is currently out for consultation with a deadline of the 24 April 2023. Some comments have been received which will be incorporated where agreed. This procedure will then be sent for virtual approval by the Health & Safety Group in May 2023.

Slips Trips and Falls Procedure – Draft has been updated and is currently out for consultation with a deadline for responses on the 24 April 2023. Some comments have been received which will be incorporated where agreed. This procedure will then be sent for virtual approval by the Health & Safety Group in May 2023.

Personal Protective Equipment Procedure - Draft has been updated and is currently out for consultation with a deadline for responses on the 17 April 2023. Some comments have been received which will be incorporated where agreed. This procedure will then be sent for virtual approval by the Health & Safety Group in May 2023.

Moving and Handling Procedure – Draft has been reviewed and updated alongside the Manual Handling B & C – In-house Training Procedure and Trainer Information Pack. These documents were issued for consultation on the 17 April 2023.

Asbestos Management Procedure – Approved virtually by the Health and Safety Group in February 2023 and sent for publication.

First Aid and the Provision of First Aid Equipment Procedure – Approved by Health & Safety Group in January and sent for publication

Smoke Free Environment Procedure - Approved by Health & Safety Group in January and sent for publication.

Control of Contractors Procedure – Approved by Health & Safety Group in January and sent for publication.

Lone Worker Procedure – Draft is currently being reviewed after the previous procedure and guidance were combined into one document. Procedure will be sent out for consultation in May 2023.

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, 3 SESNs have been received:

Date Received	SESN No./ PN No.	SESN Description	Action
03/01/23	SESN 23-01	FIRE SAFETY AUDIT SYSTEM – Extent of audit submissions 2022/23	No action required – for information only
28/02/2023	SESN 23-02	NHS ESTATE IN WALES - FIRE STATISTICS REPORT	Actioned – Disseminated internally
10/03/2023	SESN 23-03	AECOM Heat Decarbonisation Pathway for Wales	Actioned – Shared with Head of Estates for Info

12.0 Additional updates

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 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.

Further to receipt of the Safety Notice, PHW undertook desktop investigations and in some cases specialist site inspection / intrusive surveys across all of our owned and managed properties across the PHW property estate to investigate for the presence of RAACs. During the course of the investigation work, additional direction was provided by NHS Wales

Shared Services Partnership's Specialist Estates (NWSPP- SES) Team to extend investigations to include properties at which we also hosted in or were tenants at. A return was made to NWSPP-SES in line with their reporting timeframe, providing the position re RAAC use in the PHW estates.

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

1. Revisit buildings included in the scope of reviews as a result of a revised extension of the construction date range of buildings to be used to inform inclusion and to include all sites with pitched roofs or for any where drawings don't exist and which had not previously been included in the scope of the initial review.
2. Appoint an engineer from an approved list of structural engineers identified by NWSPP-SES to review the PHW desktop review.

To date, PHW has submitted as required to the approved structural engineers (Ove Arup & Partners) our completed estate findings from our initial exercise. On completion of the review by the appointed independent structural engineer of the PHW estate we are required to provide a letter of assurance from the responsible Board Level Director that all further actions directed have been undertaken and that the PHW Board has noted the findings and approved any proposed Risk Assessments and Actions plans.

Should any RAACs be identified at any properties where PHW are based or hosted, 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.

At the time of reporting, RAACs had have not been identified by our initial review at any PHW owned or managed properties.

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.

A health and safety audit schedule is currently being developed to begin audits in Quarter 1, where any resultant actions will be acted upon to ensure gaps in compliance and process are resolved. Results of audits will be reported in the Health and Safety Report in future quarters. 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 Committee is asked to:

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

Appendix A

Compliance Summary

Fire Risk Assessment - One premise is currently out of compliance as of 31 March 2023.

River House - The risk assessment was due to be reviewed on the 27 October 2022. After contacting senior management within the NHS Collaborative regarding inaction, no further progress has been made. The Estates and Health and Safety Team have informed the NHS Collaborative that they will be actioning the Fire Risk Assessment in Quarter 1 to ensure this is brought into compliance.

Electrical Inspection Condition Report (EICR): One premises are currently out of compliance as of 31 March 2023.

Magden Park – As reported previously, due to the length of time taken to complete the actions from the previous EICR, local site manager was asked to arrange another inspection. As the inspection has not been scheduled in within agreed timescales the Estates and Health and Safety Team will be progressing the inspection. This is currently being arranged for Quarter 1.

Water Management (Legionella) Risk Assessments: Three premises are currently out of compliance as of 31 March 2023.

Clwydian House – The scheduled assessment had been deferred due to delays in the completion of refurbishment. There have been delays in receiving a date from our appointed contractor since the last update, however this has now been booked in for the 02 May 2023. 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. There have been delays in receiving a date from our appointed contractor since the last update, however this has now been booked in for the 22 May 2023. Premise is considered low risk due to the current controls in place (monthly water temperature tests and 6 monthly water sampling).

Kimberley House – This is a new site added to the estate portfolio and this will be the first risk assessment undertaken for this property. There have been some delays in receiving a date from our appointed contractor, but this has now been booked in for the 02 May 2023.

Gas Safety: One premise is currently out of compliance as of 31 March 2023.

Date: 18/04/23	Version: 1	Page: 15 of 17
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Rhos House – The assessment fell out of compliance on the 18 March 2023. Premise lead has confirmed that their contractor has been notified and they are awaiting the date for the assessment in May 2023.

Appendix B

RIDDOR's reported during Quarter 4:

14 February 2023 - Microbiology Division

An eye swab from a neonatal baby was received into the laboratory and processed appropriately. At the 24-hour read of culture plates, one colony was isolated on a VCAT plate and purity plated on the open bench at containment level 2 onto another VCAT plate. The purity plate was incubated for 24 hours and on the next day a gram stain and oxidase were performed followed by inoculation onto a maldi ToF plate for identification. This occurred on the open bench at containment level 2. At this point Haemophilus influenzae or Neisseria gonorrhoea were suspected. The maldi result identified the organism as Neisseria meningitidis. A total of 5 (staff and students) were identified as being present during the manipulations of the organism. A clinical risk assessment with respect to prophylaxis was undertaken with clinicians which determined this was not required due to the type of manipulations involved and the likelihood of the organism being a carriage organism as opposed to pathogenic species. The original plates showed normal respiratory flora. Investigation is ongoing and being linked into previous RIDDOR submissions at this and one other site (all for exposure to Neisseria meningitidis).

Actions include:

- External consultation has been secured to review work processes and reporting procedures in addition to HSE support to identify suitable and long-term mitigating measures.