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Health and Safety Annual Report 2022-2023

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Who will present: Chris Orr, Head of Estates and Health and & Safety

Date of Committee meeting:

Committee/Groups that have received or considered this paper:
Health and Safety Group

The Committee are asked to: (please select one only)

Approve the recommendation(s) proposed in the paper

Discuss and scrutinise the paper and provide feedback and comments

Receive the paper for information only

✓

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1. Introduction

This report provides analysis of the level of health and safety performance throughout the organisation for the financial year 2022-2023.

The Health and Safety at Work etc. Act 1974 provides a legislative framework to promote, stimulate and encourage high standards of health and safety at work.

In particular, it requires organisations to provide and maintain:

- a) A Health and Safety Policy;
- b) A system to manage and control risks in connection with the use, handling, storage and transport of articles and substances;
- c) A safe and secure working environment, including provision and maintenance of access to and egress from premises;
- d) Safe and suitable plant, work equipment and systems of work that are without risks;
- e) Information, instruction, training and supervision as is necessary;
- f) Adequate welfare facilities.

The legislation is enforced by the Health and Safety Executive (HSE) who have far-reaching powers, which include:

- a) Access to work premises at any reasonable hour;
- b) Freedom to interview staff and visitors, contractors or patients;
- c) Confiscation of equipment and applicable documents;
- d) Taking statements, photographs, measurements and samples;
- e) Issuing notices (Improvement and Prohibition) requiring respectively improvements within a certain timeframe or stopping work until improvements are made also within a timeframe;
- f) Initiating criminal court proceedings for alleged breaches of health and safety legislation.

2. Background

2.1 Health and Safety Governance

Public Health Wales' Terms of Reference for the Health & Safety Group require submission of an Annual Report to the Quality, Safety and Improvement Committee with the intention of outlining the work of the Health and Safety Group and to identify how it has fulfilled the duties required of it.

The fundamental purpose of the Health and Safety Group is to provide assurance around the organisation's arrangements for ensuring the health, safety, welfare and security of the organisation's business operations.

The Annual Report specifically comments on key issues considered by the Health and Safety Group in terms of health & safety, security and the adequacy of policies and plans in place.

During 2022/23 the Health and Safety Group met quarterly, and the group routinely receives exception reports from all the Directorates. Key challenges highlighted have included RIDDORs, estates compliance, operational issues, resources, accommodation and training and development.

To support delivery of the Health and Safety work plan, a Health and Safety Advisor has been successfully recruited in November 2022.

2.2 Policies and Procedures Developed or Reviewed

All Policies and Procedures have been through the organisation's consultation and ratification process. For many procedures, accompanying guidance has been incorporated into the procedure to make it easier and similar for staff to find the information they require. Policies and Procedures approved within the reporting period include:

- Health and Safety Policy
- Control of Contractors Procedure
- Water Management Policy and Procedures
- First Aid and Provision of First Aid Equipment Procedure
- Fire Safety Policy and Procedure
- Asbestos Management Procedure
- Smoke Free Environment Procedure

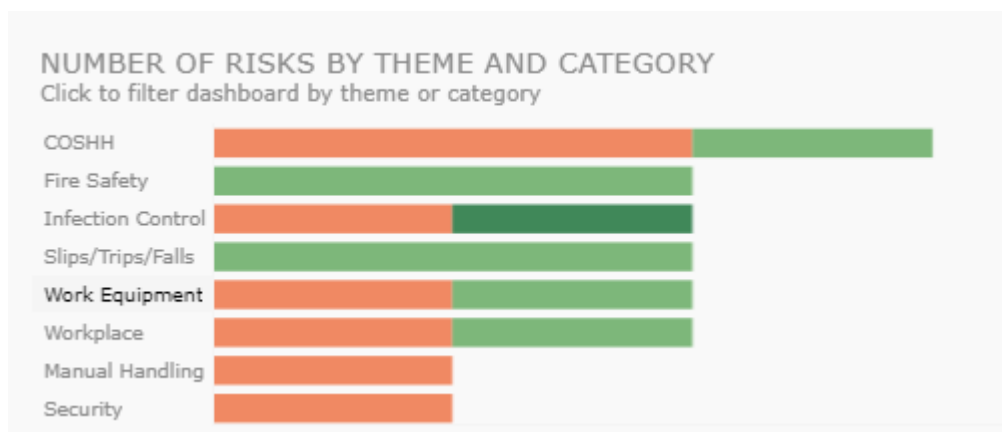
3. Risk Register

Health and Safety Risks are held on the respective Directorate risk registers and monitored by the Health and Safety Group. This ensures risks are owned by the respective Directorate/ Division and escalated to the Corporate Risk Register through the Health and Safety Group as required. As of 16 June 2023, there are 15 risks identified which are monitored and updated by the respective Divisions and reviewed by the Health and Safety Group.

During 2022/23 the Health and Safety Group have started using the Performance and Assurance Dashboard as the basis of the risk discussions at Health and Safety Group. This has allowed the group to focus on the highest scoring health and safety risks, discussing progress to mitigate the

risks and any new actions identified. Once assessed by the Group these can be escalated to the next level (Corporate Risk Register) if deemed necessary.

The dashboard below provides a summary of how the risks are scored and by theme and category (data as of 31 May 2023).



The table below highlights how the risks are spread across the respective Divisions. 14 are currently above the target risk score and 1 is below target.

Table 1.

Health and Safety Risks	Number of Risks
Microbiology	10
Screening	1
Estates and Health and Safety	3
Quality, Nursing and Allied Health Professionals	1

During 2022/23 there were 10 new health and safety risks opened relating to health and safety and 12 risks were closed during the period.

As part of the internal audit of our Health and Safety arrangements (see section 4 below), ensuring that all risks recorded on Datix were up to date was an action identified. To support this Screening and Microbiology will be arranging training for managers within their services to ensure that staff are

aware of how to use Datix and the information that is required. This training has been delayed due absence of the Risk Manager however will be taken forward in 2023/24.

4. Internal Audit Report - Health and Safety Arrangements

In February 2023, Internal Audit undertook an audit of Public Health Wales health and safety arrangements. The Trust received reasonable assurance with three matters identified as needing attention. These were:

- The information on the risk register is not up to date / accurate and may include risks which are not actual risks
- Policies / Procedures within Health and Safety require updating
- The membership of the Health and Safety Group needs to be reviewed.

The actions to address these matters are currently being progressed including the ongoing review and updating of policies and working with Health and Safety Risk Managers across the Trust to ensure risks are up to date and the Datix system used to record our risks is utilised appropriately (see section 3). Membership of the Health and Safety Group has been reviewed.

5. Operational Health & Safety

5.1 Incidents

Incident rates for 2022/23 by Division are shown below in table 2. Incidents reported increased by 37% in comparison to 2021/22, up to 332 from 243 incidents. This increase can be attributed to improvements across the organisation in the reporting of incidents as opposed to increasing failures in safe systems of work.

95% of incidents reported are attributed to Public Health Services, with 55% coming from Microbiology and 40% coming from the Screening Division. This high percentage can be attributed to the nature of their work undertaken within these services and the high number of processes undertaken. However, it should be noted that incident rates are very low for the number of processes carried out and incidents continue to be investigated so appropriate controls can be put in place to ensure future incidents do not occur.

Table 2. Health and Safety Incidents by Division

Division	No of incidents 2022/23
Local Public Health Teams	2
Screening	133
Health Protection	2
Microbiology	182
NHS Collaborative	4
Estates and Health and Safety	5
Quality, Nursing and Allied health Professionals	1
Health and Wellbeing	3
Total	332

Whereas in previous years we would have provided a comparison of all incidents categories reported against the previous year's data, we are unable to provide this due to improvements made in the DATIX system. The number of categories available for health and safety incidents have increased significantly, providing us with more accurate descriptions of the incidents that have occurred. However, this makes it impossible to compare against all the categories previously reported and highlight where improvements are being made. Where direct comparisons can be made this has been highlighted below.

Equipment and devices incidents make up 48% of the total incidents reported in 2022/23. These mainly relate to failures in equipment and devices used by the Screening and Microbiology divisions to undertake the services they provide. No data from previous years is available to compare performance in this area. However, inspection and maintenance requirements are being reviewed to ensure schedules are in place to reduce avoidable failures.

Sharps injuries have seen a decrease of 83% over the previous year, due to improvements made in operating procedures and safe systems of work. We have also seen a significant decrease of 71% in incidents related to contact with or exposure to hazardous substances. These cases mainly originate from Microbiology, who have made significant improvements in their operating procedures to ensure these incidents do not reoccur.

Violence and aggression, slips trips and falls, infection control and manual handling incidents have recorded similar levels to 2021/22. These incident rates will continue to be monitored through the Health & Safety Group to ensure incidents are investigated fully and any lessons learnt from investigations are shared as appropriate.

Table 3. Health and Safety Reported Incidents by Category 2022/23

Category	No of incidents
Accident, Injury	
Contact with object or animal	17
Contact with or exposure to hazardous substance	32
Contact with needles or medical sharps	4
Contact or exposure to electricity (electric shock)	1
Burns or scalds	2
Manual Handling - Non patient/service user handling	6
Manual Handling - Patient/service user handling	3
Patient injury	4
Slip, trip or fall	25
Struck against or by an object	4
Road traffic collision	5
Behaviour (including violence and aggression)	
Aggressive/threatening behaviour	8
Anti-social behaviour	2
Equipment, Devices	
Medical devices	30
Non-medical equipment	128
Ill health	
Ill health	1
Infection Prevention and Control	
Environmental cleaning (process and procedures)	8
Infection outbreak / period of increased incidence	1
Infrastructure (including staffing, facilities, environment)	
Cleanliness	3
Collection/delivery services	9
Environmental hazards / issues	29
Fire safety	1
Security - NHS premises	3
Temperature levels	1
Vehicles	4
Patient/ Service User death	
Unexpected death	1
Total	332

5.2 RIDDOR's Reported

Reporting Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) is a legal requirement of which there are specific categories of incident or dangerous occurrence, which require reporting to the Health and Safety Executive (HSE). There were eight RIDDOR incidents (Table 4) reported during this period, and although a single incident under RIDDOR is not welcomed, given the activities undertaken by Public Health Wales this number within a twelve-month period is not considered high. All RIDDORs were reported as required and follow up discussions with the HSE have taken place and any recommended actions have been implemented where required.

Following investigation into the eight reported incidents:

- Two of the incidents were slips, trips and falls related. One incident was due to external environmental factors which were deemed unavoidable, resulting in no specific actions. The second incident which resulted in a specified injury to a member of staff was investigated and it was determined the incident could have been avoided. Recommendations were made and implemented to minimise the potential for reoccurrence.
- One incident resulted in an injury to a staff member due to a falling object. The investigation determined the incident could have been avoided and recommendations were made and implemented to minimise the potential for reoccurrence.
- Five separate incidents resulting in exposure of laboratory staff to biological agents were reported. Four incidents related specifically to exposure to Neisseria Meningitidis. Following discussions with the HSE and a review of procedures, additional control measures have been put in place to reduce further incidents, and in agreement with the HSE it was deemed that incidents of this kind were no longer required to be reported as RIDDORs under DOS10, unless that incident led to development of disease. The remaining incident resulted from a non-operating Microbiological Safety Cabinet. Following internal discussions and an HSE investigation, actions were identified to reduce future incidents. Further details relating to the HSE investigation are provided in section 6.3.

Table 4. Number of RIDDORs by Category 2022-23

RIDDOR Category	Number of Incidents 2022/23
Over 7 Day Injury	2

Specified Injury	1
Dangerous Occurrence	5
Injury (including major injury) to Member of the Public/Patient & Non-Employees (students/contractors)	0
Fatality	0
Total	8

In addition to the RIDDOR's identified in table 4, there was a separate notification reported to the HSE in March 2023 under Regulation 5 and 37 of the Ionising Radiation Regulations 2017. These Regulations come into effect when the annual average radon level in a workplace is 300 Bq/m³ or higher.

Plans are currently underway to reduce the levels of radon at the Breast Screening Centre in Wrexham, which includes continuous monitoring of the levels of Bq/m³ until radon levels are brought below actionable levels.

5.3 Enforcement Agency Interventions

Health and Safety Executive (HSE)

In response to the RIDDOR reported to the HSE in August 2022 which resulted from a non-operating Microbiological Safety Cabinet at the CL3 Laboratory in University Hospital of Wales Cardiff, the HSE undertook an investigation of the incident and further to attending the site in January 2023 a letter was issued by the HSE to raise matters that fell below the minimum legal requirements, and which must be addressed to ensure compliance with current health and safety legislation. A number of actions were identified within the letter which are summarised below:

Issue 1 - Use of Control Measures

Action: Devise and implement a system to ensure that control measures i.e., MSCs are properly applied and used. Our system must also ensure the process has been appropriately risk assessed and documented.

Issue 2 - Maintenance of CL3 Laboratory equipment by Cardiff and Vale Health Board Estates department

Action: Develop and implement a system to ensure that maintenance and repair of safety critical engineering control measures is carried out in a timely manner. This should include a mechanism to ensure that Laboratory management are informed that the Laboratory equipment is safe to use and/or is operating as intended after being serviced or repaired. This must be recorded.

Issue 3 - Functions of Safety representatives

Action: Develop and implement a system which ensures that appointed Trade Union safety representatives are given the paid time necessary to carry out their functions

As required, a written response to this letter outlining Public Health Wales' response to the actions and the systems being put in place to ensure compliance with the relevant regulations was issued to the HSE on the 29 March 2023.

Health and Safety Inspection Audits

5.4 Update on Health and Safety Inspections

Due to the organisations response to COVID-19 no Health and Safety Inspection Audits took place during 2022/23. During this period, it was decided a review would take place of the health and safety audit process within the organisation and this was added to the health and safety workplan, with the audit process to be developed by the newly appointed Health and Safety Advisor. Subsequently, the revised audit and supporting procedure was developed and then approved by the Health & Safety Group during the Quarter 4 meeting. Scheduling of the 2023/24 Health & Safety Inspection Audits will start during Quarter 1 of 2023/24, with the audits and action plans reported to the Health & Safety Group on a quarterly basis as well as progress on action plans from previous quarters. Additionally, a summary of all audits undertaken during the year, as well as any significant learning, will be provided in future Health and Safety Annual Reports.

5.5 Estates Compliance

The organisation has mainly a leasehold property portfolio with varying responsibilities, with some compliances falling to the organisation and some with the landlord or host body. The Estates, Safety and Facilities Division has developed an organisation wide plan, with key dates the completion of the relevant assessments to ensure timely scheduling of the assessments are maintained to provide assurance to the organisation.

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 five key areas:

- Asbestos Management

- Water Management (Legionella)
- Fire Safety Management
- Gas Safety
- Fixed Electrical Wiring Certification

The established rolling programme of planned compliance checks has for the reporting period been adhered to as far as practicable, so as to ensure inspections and testing has been undertaken at appropriate intervals at all sites. Updates on planned compliance assessments are routinely provided to the organisation's Health & Safety Group on a quarterly basis providing assurance.

In addition to the sites for which the organisation has specific responsibility for, the organisation also needs to ensure that sites where staff are hosted or are tenants are also compliant with statutory compliance requirements in the five key areas. Securing this information has previously proved challenging. To address this an online compliance form (e-assurance form) was developed and introduced during the reporting period. This was initially issued to Health Boards in September 2022, however completion rates remain low. It is proposed that the issues associated with securing returns will be progressed via 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.

6. Training

6.1 Statutory and Mandatory Training

All staff are mandated to undertake Health and Safety Awareness training subjects; Moving and Handling, Violence and Aggression, Health and Safety and Fire Safety.

The table below summarises the position as of 31 March 2023 by Directorate.

Table 5.

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%
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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%

Since 01 April 2022, we have seen a 6% increase in compliance with fire training, 3% increase for Health and Safety training however 2 % decreases in compliance for Manual Handling and Violence and Aggression training.

Directorates/Divisions are required to monitor performance against Welsh Government and Public Health Wales' performance targets. The Statutory and Mandatory figures are monitored by People and Organisational Development Directorate.

The organisation recognises the additional responsibilities that Managers have for Health and Safety and consequently identified further training needs in addition to the statutory and mandatory training.

6.2 Additional training

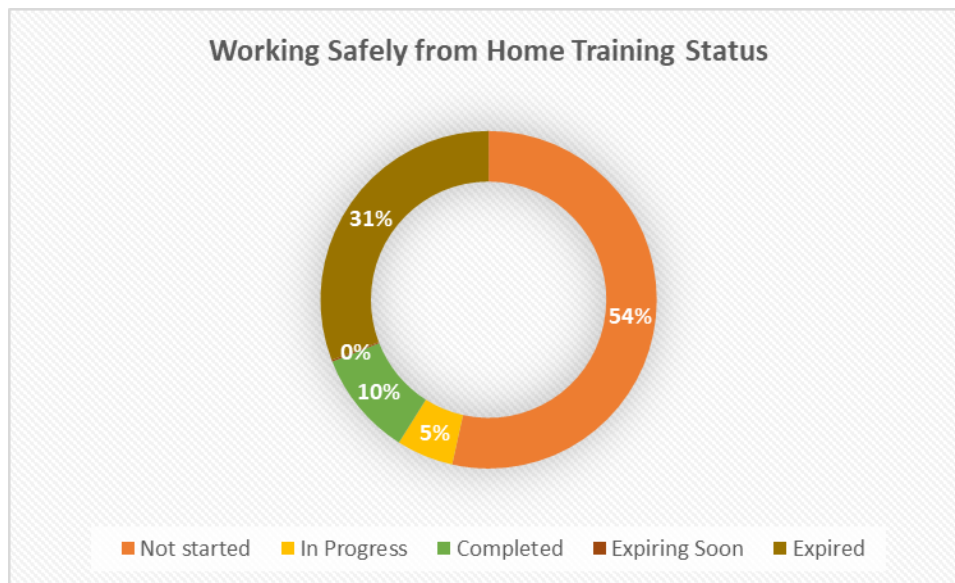
First Aid / Fire Warden Training

In 2022/23 the Estates and Health and Safety Division rolled out three of first aid sessions across the organisation. This has significantly improved our compliance in this area across the estate.

Due to changes in how the organisation is working, with many more staff adopting a hybrid approach, the organisation has had to review how we approach ensuring we have adequate number of trained fire wardens across the estate. The Estates and Health and Safety Division worked with Directorates to identify staff who were willing to be trained as fire wardens across our managed properties. An online course was procured, and the Health & Safety Advisor has undertaken a train the trainer course through the Fire Protection Association and will develop a programme to deliver onsite specific fire warden training beginning in 2023/24.

Working Safely from Home Training

With the increased number of staff working from home, an accredited online working safely from home training package was procured that all staff working from home are required to undertake to ensure their safety and wellbeing. This training includes how to make your workspace safe, set up your equipment to meet your needs 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 position of completion of the course as at April 2023 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.

Moving and Handling Training B and C

In 2022/23, a number of issues were identified with regard to obtaining external training companies to undertake on-site training to meet the needs of the services. Following discussions with the Health and Safety Leads in Screening and Microbiology regarding the issues currently faced a procedure for the delivery and management of in-house training teams to deliver Manual Handling B & C Training has been developed and approved by the Health and Safety Group. This will allow the training programmes to be tailored to the services provided in Screening and Microbiology.

7. Health and Safety Workplan Plan 2022/23

To further the progress of activity initiated during this reporting period a health safety work plan has been produced and agreed by the Health and Safety Group. This is provided as a separate document and is received by the Quality, Safety and Improvement Committee on an annual basis.

The 2022/23 Health and Safety Workplan was approved by the Quality, Safety and Improvement Committee on 18 May 2022. The workplan consisted of 20 actions within categories of general health and safety, Covid-19 actions, policies, risk and training. 12 actions were completed during the period, 2 were on track for delivery and will continue into 2023/24 and 6 were rolled forward into the 2023/24 workplan. These were primarily policy and procedure updates of which two of these are now completed.

The Health and Safety Group will continue to monitor and deliver the action plan, with monitoring being overseen by the organisation's Health and Safety Group.

8. Covid-19

During the first six months of 2022/23 the last remaining Covid-19 restrictions were eased allowing the organisation to remove some of the measures that had been implemented over the previous two years to mitigate the risk of infection. Many measures such as increased access to alcohol gels and wipes and practice such as wiping down desks will remain, and staff are reminded of the requirement to follow good practice.

In May 2022, the last remaining restrictions regarding the wearing of face masks in health and care settings was removed and Public Health Wales has eased all restrictions across its estate however it remains 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.

As the continue to live with Covid-19, Health and Safety Managers worked with IP&C colleagues to prepare communications reminding staff of the advice and guidance to help mitigate the risk of spreading infection in the workplace. Key messages included:

- 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. Staff were also encouraged to receive their flu vaccination.
- 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 factor 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 remain underutilised as staff continue to embrace new and more flexible ways of working which has helped 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 has continued to be reviewed as part of the 'Work How it Works Best' trial.

9. Alerts and SESNs

Public Health Wales receives a number of health and safety related alerts and notifications. These cover a number of issues, specifically and categorised as follows:

- 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 summary report relating to the alerts and

notifications is submitted quarterly to the Quality and Safety and Improvement Committee for information.

The organisation also receives via the Estates and Health & Safety Division 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. on receipt they are appraised for relevance to the organisation and actioned accordingly and as appropriate. For the reporting period, a total of 9 SESNs were received with all being actioned as required.

10. RAAC Planking

In January 2019 Public Health Wales (PHW) received from NHS Specialist Estates Service (SES) a Specialist Estates Safety Notice (SESN 19-11) regarding Reinforced Autoclaved Aerated Concrete Planks (RAACs) in buildings constructed between 1960–1990. The SESN had been issued further to a 2019 alert issued by The Standing Committee on Structural Safety (SCOSS) relating to emerging concerns regarding potential catastrophic failure of the planks which were widely used in public sector construction. The SESN notification required the organisation undertake investigations across our estate of all our owned and managed properties for the presence of RAACs. A desk top review exercise was completed and further to a revised SESN (SESN 20-22) and discussions with Specialist Estates Services colleagues the organisation was required to extend our investigations to include properties where we are either hosted or tenants. In response to the safety notice instructions the following actions have been undertaken;

- A review of the owned and managed estate, 19 properties, has been undertaken to determine properties, which fall within the scope of the affected construction period.
- All landlords and host organisations (Health Boards) where PHW are tenants or hosted, 50 properties, were contacted with a request to provide confirmation as to whether their property falls within the scope of the notice and if so, provide confirmation of the status of the presence or otherwise of RAACs.
- A structural engineer was engaged to review the construction details of properties identified as falling within the scope of the notice and undertake where necessary site visits and visual / intrusive surveys.

Further to the actions taken above, no RAACs have 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.

All Welsh NHS bodies were contacted by the Specialist Estates Services in March 2023 and instructed to appoint a Structural Engineer from an accredited list of advisors published by the Institution of Structural engineers to oversee and sign off the desk top review described above to confirm completion in accordance with the SCOSS alert dated 2019. The review was required to widen the scope of the construction dates of buildings from 1960–1990 to 1960–2000. PHW appointed Structural Engineers, Arup, in March 2023 to undertake the additional review.

Should any further work be identified by the Arup review and RACCs subsequently 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.

11. Conclusion

The report highlights the significant amount of work that has been undertaken during 2022/23, supported by the Board and their commitment to improve the management of health and safety in the organisation.

The Estates and Health and Safety Division continues to make progress with revised inspection and assessment programmes and ongoing development of training to improve knowledge, appreciation and awareness of health and safety matters across the organisation. The division also continue to provide proactive and reactive advice and guidance to managers and staff to ensure they are able to meet the needs of the organisation in its compliance with health and safety legislation.

Through engagement with various forums, other specialist services, organisations and health boards, the division will continue to assist in the further development of safe working environments for our staff and service users with consideration and implementation of good practice models. This will include how we work close with Infection, Prevention and Control and People and OD.

The Committee is asked to receive assurance, based on the information available, that health and safety in the workplace is actively managed, and is monitored through audits, Datix, RIDDOR reporting and supported by appropriate policies and procedures.