



Name of Meeting Quality, Safety and Improvement Committee
Date of Meeting 04 November 2025
Agenda item: 3.6

Health and Safety Report	
Executive lead:	Angela Williams, Interim Executive Director of Operations and Finance
Author:	Neil Desmond, Head of Estate and Health & Safety Scott Thomas, Health & Safety Advisor
Approval/Scrutiny route:	Health and Safety Group – 04.11.25 Business Executive Team – 05.11.25 Quality, Safety and Improvement Committee
Purpose This report provides an update on the health and safety performance for the period of 01 July 2025 – 30 September 2025.	
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: <ul style="list-style-type: none"> 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 and well-being objectives.

This report contributes to the following:

Strategic Priority/Well-being Objective	5 - Supporting a sustainable health and care system
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Summary impact analysis

Equality and Health Impact Assessment	Internal report only
Risk and Assurance	The paper details the health and safety risks on Directorate and Divisional risk registers and also includes safety alert notifications. It additionally outlines where gaps have been identified, control measures are being implemented to address issues identified.
Health and Social Care (Quality and Engagement) (Wales) Act	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

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 2025 to 30 September 2025. The key areas of compliance includes:

- Health and safety incidents reported, and lessons learnt under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
- Health and safety premise inspection audits
- Health and safety statutory/mandatory training
- Health and safety Corporate Risk Register
- Notifications and alerts
- Health and safety policies and procedures

2. Background

In order for the Health and Safety Group to discharge its responsibilities, it needs to receive assurance that the organisation is effectively managing health and safety. This includes details of any concerns, areas of non-compliance, outstanding actions from relevant health and safety action plans and controls and mitigations are in place.

The Health and Safety Group receives this assurance via this report and exception reports received from the various Directorates/Divisions through the respective Health and Safety leads.

3. Key Highlights

3.1 Two RIDDORs were reported during the Quarter 2 reporting period (1 July 2025 to 30 September 2025). Further information on this can be found in Section 5.

3.2 Significant progress has been made on the findings and actions from the HSE visits over the previous 12 months. A further HSE visits to Bangor was undertaken in October 2025. Further information can be found in Section 6 as well as an embedded copy of the Action Tracker.

3.3 There are 16 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

All sites are achieving the 100% compliance target across all five key areas. Further information can be found in Section 7.

3.4 Four new health and safety risks have been identified during quarter 2, with an update provided in appendix B on each risk.

3.5 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 by 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 2025 to 30 September 2025, we have seen a total of 66 incidents reported, a decrease of 18 incidents on the previous quarter. The total number of reported health and safety incidents is provided with a breakdown by directorate shown in Table 1.

Table 1. Reported health and safety incidents by Directorate

Division	No of incidents Q1	No of incidents Q2
Research, Data and Digital	2	0
HPSS - Microbiology	37	36
HPSS - Screening	38	29
Nursing, Quality & Integrated Governance	1	0
NHS Performance and Assurance	4	1
Operations and Finance	2	0
Total	84	66

All incidents relating to health and safety are notified to the relevant Health and Safety Managers and are followed up to ensure all incidents are investigated correctly and to help identify any trends. Support is provided by the Estates, Facilities and Health & Safety Division as required at an appropriate level of intervention dependant on the nature of the incident.

4.2 Statistics on incident records by classification/category

All incidents reported are classified under the following classifications and categories:

Table 2. Reported health and safety incidents by classification and category

Classification and Category	No of incidents Q1	No of incidents Q2
Accident, Injury	35	27
Burns or scalds	0	2
Choking	0	0
Contact or exposure to electricity (electric shock)	0	0
Contact with needles or medical sharps	1	4
Contact with object or animal	3	2
Contact with or exposure to hazardous substance	17	12
Manual Handling - Non patient/service user handling	2	1
Manual Handling - Patient/service user handling	0	1
Patient Injury	2	0
Road Traffic Collision	0	0
Slip, trip, or fall	6	3
Struck against or by an object	4	2
Behaviour	3	3
Aggressive/threatening behaviour	3	2
Anti-social behaviour	0	1
Patient clinically challenging behaviour	0	0
Equipment, Devices	33	20
Medical devices	14	11
Non-medical equipment	19	9
Infection Prevention and Control	5	3
Environmental cleaning (process and procedures)	4	1
Infection outbreak / period of increased incidence	0	0
Sterilisation / decontamination of equipment (including vehicles)	0	1
Hand hygiene	1	1
Ill Health (work related)	0	0
Ill Health	0	0
Infrastructure (including staffing, facilities, environment)	8	13

Cleanliness	0	1
Collection/delivery services	1	0
Environmental hazards / issues	4	11
Fire Safety	2	1
Service Resources	1	0
Total	84	66

All Incidents from Quarter 1 have been reviewed to ensure the organisation is aware of any possible emerging risk to staff and service users and can continue to enhance our safety performance by ensuring our policies and procedures are fit for purpose and improved where required, as well as identifying any trends in reported incidents so appropriate action can be taken.

20 incidents (30.3%) have been reported under the “Equipment, Devices” classification, which after reviewing the data, it has been determined that the majority of these incidents relate to the impact on service delivery across our Screening and Microbiology services and have no health and safety implications.

Of the incident reported, the highest numbers have been reported in the following categories:

- 12 have been reported under “contact with or exposure to hazardous substance”
- 11 have been reported under “Environmental hazards / issues”

All the above incidents have been reviewed to identify trends and potential emerging risks. Although no concerning trends have been identified, there is an ongoing issue with water safety in the Breast Screening Mobile Units linked to one of the incidents (ID-7130) reported under “Environmental hazards / issues”, where abnormal results have been reported through microbiological monitoring undertaken on the mobile units. A number of risks (Risk ID-2009 & ID-2037) have been raised in relation to water safety on the mobile units, with an update provided on these in Appendix B. An IMT was formed in August, with representation from key areas across the organisation, to address the concerns raised by the microbiological monitoring undertaken to date and the required actions that have been identified through the legionella risk assessments for the mobile units. These meetings are ongoing and will continue until satisfactory safe systems have been put in place to effectively manage water safety in the mobile units and any risk to staff or service users have been eliminated. Two SBAR documents have been developed to be submitted to the Business Executive Team for consideration.

On reviewing the harm assessment of each incident, 29 (44%) were considered no harm, 35 (53%) low harm and 2 (3%) moderate harm. Of the two considered of moderate harm, one relates to staff exposure to Salmonella Typhi (ID-7250) and the other a needlestick injury to a member of staff in the CL3 Laboratory at Singleton



Hospital (ID-7244). Both were reported to the HSE as RIDDOR's and an update on these is provided in Section 5.

Of the 66 incidents reported during Quarter 1, 47 have been fully investigated and closed, with a further 1 incident awaiting closure. The remaining 18 incidents are currently still in the investigation or management review stage and will be updated and closed once this has been completed.

Of the incidents reported in the last reporting quarter (Quarter 1), 83 of the 84 incidents have been fully investigated and closed, with 1 incident still in the management review stage (ID-6875).

5. RIDDORs

Two RIDDORs have been reported to the Health and Safety Executive in Quarter 2. A brief outline on the RIDDOR is provided below along with details of any actions taken:

Datix Incident 7250 – Microbiology (Incident Date – 24 August 2025)

Submitted as – Dangerous Occurrence (Release or escape of biological agents)

Blood culture received into the laboratory which became positive for both bottles (anaerobic and aerobic) in early hours of 23 August 2025. This was cultured appropriately within a microbiological safety cabinet (MSC) and a Biofire identified this as Salmonella species. At this point the plates were not removed to containment level 3 (CL3). The plates were then read, put up on MALDI and serological agglutinations performed within an MSC. The sensitivity plates were handled on the open bench at containment level 2 (CL2). There were no other staff members present at this point. The next day the sensitivity plates were not semi confluent in growth and were repeated. This was handled on the open bench at CL2 by a different member of staff. There were no other staff members present at this point. All further work was performed within the Class I MSC at CL3.

An on-site investigation has been completed by the network Health and Safety team in collaboration with on-site Management. Findings included a reduced perception of risk associated with isolation from blood cultures, due to the rarity of the event and the typical profile being associated Salmonella enteritidis; anomalous methodology used for agglutinations, which included a dilution step; quality control material not used with agglutinations and gaps in Standard Operating Procedures (national and local) in terms of where to process organisms that may be identified as hazard group 3 organisms. The exposure events occurred over a bank holiday weekend when minimal staff were rota'd and workload was high.

Control measures to be implemented are the movement of all processes with non-lactose fermenting, oxidase negative gram negative bacilli isolates from blood



cultures into CL3 until hazard group 3 agent ruled out (variation being on sites with Biofire who at the point of identification would move it to CL3 as all processes before this are in a Class II MSC at CL2, SOPS /bench aids) and risk assessments to be updated to reflect this. Currently the documentation identifies any isolates with high-risk clinical information should be processed in CL3. For this sample, there was no high-risk clinical information available.

A HSE site inspection was arranged for the 07 October 2025 at Glangwilli Hospital. However, the inspector was taken ill. Some advice and guidance have been given, which is currently being worked through by the service, and a rescheduled inspection will be rearranged shortly.

Datix Incident 7244 – Microbiology (Incident Date – 27 August 2025)

Submitted as – Dangerous Occurrence (Release or escape of biological agents)

A member of staff was working in a microbiological safety cabinet (MSC) (class I) within CL3 processing a blood culture which was Hep C positive. After completing the process, she removed the venting needle from the blood culture bottle and proceeded to place in the sharps bin. The sharps bin was placed out of reach which resulted in the staff member overreaching, over balancing (her foot slipped off the metal ring located at the base of the chair) and falling forwards. While saving herself she impaled her right index finger on the needle at the base of the BD venting needle. The staff member removed the needle and initiated the needlestick procedure ensuring she bled the wound for 10 mins and washing the area with soap. She then reported the injury to her Senior who escalated appropriately to management, medics and the health and safety team. Occupational Health were informed and the staff member attended A&E at Morrision Hospital as per protocol where baseline bloods were drawn and a Hep B booster given. The staff member will be followed up and monitored via Occupational Health. The blood culture result was Staph aureus. The staff member is also being monitored for any development of infection for this.

An onsite investigation has been conducted by the network Health and Safety team in collaboration with on site management. The following findings were found to contribute to the incident; Clutter in MSC resulting in sharps bin being out of reach and a box under the MSC limiting how close the chair could be brought to the MSC for the staff member to sit on and prohibiting siting of a footrest.

Control measures to implement include the use of a blood transfer device instead of BD venting needle for high risk blood cultures in CL3 (one less needle present which has rubber sheath protection and is harder to contact with due to siting), removal of box, review of CL3 for superfluous equipment/material for removal, review of equipment/consumables in MSC for removal of non-essential items, training for staff member on ergonomic positioning including purchase of footrest to support safe practise.



A HSE site inspection has been booked in for the 25 November at Singleton. All the required documents have been submitted as required and the service are working through the SBAR actions.

6. Health & Safety Executive

6.1 Routine Visits

The Bangor laboratory was proactively inspected on 02 October 2025. The feedback received was for four cases of verbal advice, which included ensuring contingency for the autoclave if it fails and the enactment of replacing the autoclave ultimately), and one verbal warning. All are achievable and the actions have no associated deadline for completion. Additionally, positive feedback was received from the visit, which included:

- 1) The management reporting structure for H&S within the division and also connecting through to main PHW.
- 2) The use of learning outcomes from incidents to inform training and competency and strengthen areas of weakness identified from the incidents.

The inspector identified that going forward this site may be suitable for tabletop inspection as opposed to site visits due to a new risk derived assessment system.

The action plan and current progress are available on request.

6.2 Formal Letters Issued

A formal letter (appendix 2) was issued on the 02 September 2025 in response to a RIDDOR submitted under Dangerous Occurrences Section 10 Biological agents in response to staff processing samples in a Class I MSC which was not switched on in the CL3 Laboratory at Clan Clwyd Hospital, Rhyl. The deadline for submission of evidence requested is 21 November 2025. An action log is attached as appendix 3.

A formal letter regarding the sealability of the network containment level 3 laboratories was issued (appendix 4) on 26 June 2025 following a RIDDOR reported at the Laboratory at Llandough Hospital, on 16 May 2024. The actions from this are being tracked at SMT and are shown below in appendix 5. The original deadline was extended to 21 November 2025 to allow due governance of the MOU between PHW Microbiology and Cardiff and Vale University Health Board (CVUHB) Estates. This has now been reviewed by legal and risk and is waiting for Business Executive Team and Board approval. Due to the complexities of developing the MOU, a further extension is being sought with the HSE into the new year.



7. Estates Compliance with statutory and regulatory requirements

During the reporting period 01 July 2025 to 30 September 2025 the monitoring and scheduling of compliance has continued to be maintained. There are 16 properties within the organisation's estate portfolio.

In addition, please note that one site of the 16 reported sites counts as a collective of the BTW Mobile Units. These 16 properties are where the responsibility to undertake statutory duties is that of the organisation. These duties include:

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

The rolling programme of compliance checks continues to be adhered to as far as practicable, to ensure that inspections and testing are undertaken at appropriate intervals at all sites that fall under the responsibility of Public Health Wales. Updates on these and their status will continue to be provided to the group on a quarterly basis providing assurance on compliance and highlighting any issues as appropriate.

As a part of the PHW hosting arrangements of the NHS Wales Performance and Improvement (NHS Wales P&I), NHS Wales P&I are responsible for the reporting of their respective compliance with statutory and regulatory requirements to the Health & Safety Group and the Quality, Safety and Improvement Committee of the PHW Board. Compliance with this requirement will be monitored and reported to the Health and Safety Group.

Public Health Wales continues to, despite the introduction of an online assurance check with Health Boards, experience challenges with securing compliance assurance for sites which host Public Health Wales staff. Due to operational pressures during the reporting period the scheduled issue of the online compliance confirmation request form to all Health Boards was delayed and issued during October. It is important to note however, that in the absence of compliance returns from health boards an assumption should **not be made**, that the hosted sites are non-compliant with their respective statutory requirements. Relationships with the Health Boards estates functions are well established and where specific issues relating to health & safety compliance are identified direct approaches are made to the Health Boards on the specific issue and Health Boards are appropriately responsive.

8. 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 and Safety
- Moving and Handling Level 1
- Violence and Aggression A

The organisations compliance status for Quarter 2 is shown in table 2 below. Again, there has been little change in the overall compliance levels for all four training modules across the organisation since the last quarterly report. Currently the overall compliance for all four areas all four areas meet the Welsh Government target of 85%, however, Fire Safety, Health and Safety and Moving and Handling are still all falling short of the Public Health Wales Target of 95%.

Currently, only Violence and Aggression training is meeting the Public Health Wales target across the whole organisation. As can be seen in the table, only one Directorate (Research, Data and Digital Directorate) is achieving the Public Health Wales target across all four training areas. However, all Directorates are achieving compliance rates above the Welsh Government target of 85%, which is a significant improvement on previous quarters and has been achieved through engaging with Business Leads in the relevant Directorates to improve compliance rates.

Table 2: Health and safety training compliance by Directorate

Directorate	Fire Safety %	Health and Safety %	Manual Handling %	Violence and Aggression %
028 L3 Corporate Directorate	85.71%	92.86%	92.86%	89.29%
028 L3 Health & Wellbeing Directorate	87.86%	91.91%	87.28%	95.95%
028 L3 Health Protection and Screening Services Directorate	89.62%	91.22%	88.49%	96.21%
028 L3 Nursing, Quality and Integrated Governance Directorate	96.23%	90.57%	98.11%	98.11%
028 L3 Operations and Finance Directorate	92.93%	89.90%	91.92%	95.96%
028 L3 People & OD Directorate	95.92%	95.92%	93.88%	95.92%
028 L3 Policy and International Health Directorate	100.00%	95.45%	98.86%	94.32%
028 L3 Research, Data and Digital Directorate	96.11%	98.89%	97.22%	99.44%

Overall Compliance	90.84%	92.13%	90.11%	96.32%
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Welsh Government target **85%**; Public Health Wales target **95%**

Additionally, from this quarter onwards, we are also including the following modules as part of the reporting process:

- Resuscitation Level 1
- Resuscitation Level 2 – Adult
- Resuscitation Level 2 – Paediatric

The organisations compliance status for Quarter 2 is shown in table 2 below:

Table 3: Resuscitation training compliance by Directorate

Directorate	Resuscitation Level 1 %	Resuscitation Level 2 Adult %	Resuscitation Level 2 Paediatric %
028 L3 Corporate Directorate	85.71%	0.00%	-
028 L3 Health & Wellbeing Directorate	91.33%	-	-
028 L3 Health Protection and Screening Services Directorate	90.42%	81.06%	75.44%
028 L3 Nursing, Quality and Integrated Governance Directorate	96.23%	100.00%	-
028 L3 Operations and Finance Directorate	89.90%	-	-
028 L3 People & OD Directorate	95.92%	-	-
028 L3 Policy and International Health Directorate	95.45%	-	-
028 L3 Research, Data and Digital Directorate	98.33%	-	-
Overall Compliance	91.53%	80.74%	75.44%

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

All Directorates are currently meeting the Welsh Government target for Resuscitation Level 1. However, significant work still needs to take place for Resuscitation Level 2 Adult and Paediatric. In relation to the Level 2 Adult training, only 1 member of staff from the Corporate Directorate has been registered for the training. For the Health Protection and Screening Services Directorate, 264 staff have been registered for the training, with 214 having completed to date, with this training being undertaken by Screening staff and the compliance rate is significantly below the Welsh Government and Public Health Wales target. For the Nursing, Quality and Integrated Governance Directorate, all five of the staff registered for the training have completed. For the Level 2 Paediatric training module, no data on number of staff registered in the Health Protection and Screening Services Directorate has been provided.

Direction will continue to be provided to staff to ensure training compliance is maintained across all statutory and mandatory training modules and in areas that are falling short of Welsh Government and Public Health Wales targets, focused



work through Health and Safety Group representatives to highlight non-compliance with those targets to ensure training is undertaken.

9. Additional training

9.1 First Aid Training

The Estates and Health & Safety Division continues to work with local premise leads to ensure First Aid Needs Assessments are being completed and regularly reviewed for Public Health Wales premises. These assessments help us ensure we have identified the right level of first aid provision across all Public Health Wales premises and therefore identify the correct training.

As previously reported, an Appointed Person Training Course was procured, and rolled out at sites where this level of provision as a minimum is required. There are currently 31 staff who have been registered for the training, however only 14 of these have completed the training and are compliant. A further 7 have completed the training, but have allowed this to expire, as this course is required to be completed every 12 months and staff are required to refresh their training. This is being followed up with the relevant individuals as well as the 10 members of staff who have been registered but are yet to start the training.

Where Emergency First Aid at Work trained staff have been identified as a requirement for premises, the Estates and Health & Safety Division continue to work with premise leads to ensure an appropriate training programme is provided for staff who have volunteered for the role and refresher training is provided where required.

Compliance for each premise is also being monitored through the Health & Safety Audit process and review of First Aid Needs Risk Assessments.

9.2 Fire Warden Training

Online training of Fire Wardens continues to be rolled out across the organisation, with 345 staff registered for training, a decrease of 46 on the previous reported figures, which is due to work being undertaken to remove staff who are no longer able to undertake the role due to changes in base or no longer attending the office due to being a homeworker. Currently 232 of those staff have completed the fire warden training (67.3%), an increase of 27 staff members on the previously reported numbers and therefore are able to undertake this role within their designated base. There are a further 55 staff (16%) who have previously completed the training module but have fallen out of compliance due to not completing refresher training. We will continue to contact these staff members to ensure training is refreshed or they are removed from the training if no longer Fire Wardens.

As identified through the Health & Safety Audit process, challenges still continue regarding fire warden provision which meets the requirements for specific premises,



and to ensure cover for when fire wardens are hybrid workers and may not always be present at site. Volunteer support from some from some premises are still outstanding and this continues to be progressed between the Estates and Health & Safety Division and local leads.

A total of 58 members of staff have been registered for the training and have either yet to start or the training programme is in progress, and this continues to be followed up with those members of staff to ensure training is completed.

The Ihasco training database has now been updated to include a section for staff to include their base. This section is currently being updated so we can provide a breakdown of fire wardens per site in future reports and allow us to easily identify where gaps currently exist.

The Estates and Health & Safety Division continue to work with Business Leads through the Health & Safety Group to increase training compliance rates and obtain volunteers for premises where gaps exist through lists of staff who regularly attend PHW premises to ensure we are targeting the right staff for the role.

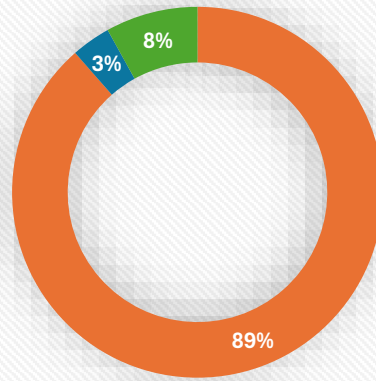
9.3 Health & Safety for Homeworkers Training and Home Self-Assessment

Staff working from home are required to undertake accredited online Health & Safety for Homeworkers training to ensure their safety and wellbeing. All issues identified by individuals completing the training and the associated self-assessment are addressed via the provision of specific equipment and guidance on working practices.

A summary of compliance with completion to date is shown below.



Health & Safety for Homeworkers Training Data



Complete In Progress Not Started

As of 15 October 2025, 89% of staff who have been registered for the Health and Safety for Homeworkers training have completed the module, which is a 3% improvement on the previous quarter and is above the agreed organisation target of 85% compliance.

The following table shows the current picture of training compliance levels by Directorate across the organisation:

Directorate	Training Compliance Rate Q2 (%)
Corporate Directorate	82.6%
Operations and Finance Directorate	92.2%
People & OD Directorate	97.5%
Nursing, Quality and Integrated Governance Directorate	94.6%
Policy, International Health Directorate	100%
Research, Data and Digital Directorate	89.2%
Health & Wellbeing Directorate	88.7%
Health Protection and Screening Services Directorate	87.8%
NHS Wales Performance & Improvement Directorate	84.8%
TOTAL	88.5%

For a further detailed breakdown, please refer to **Appendix A**, which details Divisional compliance rates for each Directorate.



As can be seen from the above table, the majority of Directorates are either meeting or close to meeting the organisation target of 85%. Again, some Directorates continue improve compliance rates over the previous quarter, with increases seen from the Research, Data and Digital Directorate (4.7% improvement), Health Protection and Screening Services Directorate (2.9% improvement) and NHS Wales Performance & Improvement Directorate (4.3% improvement).

However, some work still needs to be done by the Corporate Directorate and NHS Wales Performance & Improvement Directorate to raise their compliance levels to the agreed target.

For this quarter onwards we are also providing an update on the home working self-assessment all staff must complete after the training to ensure they have a safe, ergonomic, and healthy space to work at home. Currently only 75.3% of staff who have been registered have completed the self-assessment. The following table shows the current compliance levels for the self-assessment by Directorate across the organisation:

Directorate	Self-assessment Compliance Rate Q2 (%)
Corporate Directorate	69.6%
Operations and Finance Directorate	83.3%
People & OD Directorate	90%
Nursing, Quality and Integrated Governance Directorate	91.1%
Policy, International Health Directorate	86.3%
Research, Data and Digital Directorate	79.5%
Health & Wellbeing Directorate	70.7%
Health Protection and Screening Services Directorate	71.7%
NHS Wales Performance & Improvement Directorate	74.2%
TOTAL	75.3%

A further detailed breakdown is provided in the table in **Appendix A**, which details Divisional compliance rates for each Directorate.

As can be seen from the above table, very few Directorates are either meeting or close to meeting the organisation target of 85%. Significant work needs to be done by the Corporate Directorate, Research, Data and Digital Directorate, Health & Wellbeing Directorate, Health Protection and Screening Services Directorate and NHS Wales Performance & Improvement Directorate to raise their compliance levels to the agreed target.

Work will continue with all Directorates, ensuring monthly compliance updates are provided to Business Leads to support individual Directorates in achieving the

organisational target and support the organisations total compliance level remains at or above the agreed target.

9.4 Other Health & Safety Related Training

The Disability Awareness and Inclusion training programme provided via online training continues to be rolled out across the Screening Services Division. A total of 412 staff are currently registered for the training programme with 126 (31%) of those staff registered having completed the training to date, which is a decrease of 11% over the previous quarter. This is due to 55 staff allowing their training compliance to expire. 231 members of staff have yet to complete the training, and the Health & Safety Team will continue to work with Screening to improve this compliance further and ensure regular reminder emails are being sent to staff to complete the training.

10. Risk Registers

There are currently 14 open Health and Safety Risks across the organisation. These are held across Directorate and Divisional Risk Registers. The risks are reviewed by the respective Directorates and by the Divisional Senior Management Team 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 2025. Since the last report, four new risks have been raised and three risks have been closed (ID 1623, 1757, 1808) following review and the implementation of key controls to reduce the risk to target levels:

Number of open Health and Safety Risks	14
Number not meeting target risk score - Tolerate	3 (ID-1562, 1706, 1736)
Number not meeting target risk score - Treat	10 (ID-1415, 1551, 1657, 1684, 1720, 1748, 1795, 1868, 2009 and 2037)
Number not meeting target risk score - Not Assessed	1 (ID-2040)
New risks since last Health and Safety Report	4 (ID-1868, 2009, 2037 and 2040)

The following table shows the risk profile for all identified open risks:

	Initial	Current	Target
Risk Level			
No Assessment	-	1	1
Low Risk	0	0	10
Moderate Risk	4	7	3
High Risk	8	6	0
Extreme Risk	2	0	0

As can be seen from the above table there are no current extreme risk health & safety risks, as current control measures that have been put in place have downgraded these to high risk. One Risk (ID-2040) has yet to have its current and target risk rating updated. This will be raised with the risk lead to ensure this is updated as a priority.

Details relating to the new risks for the period can be found at **Appendix B**.

11. Policy updates

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

Health and Safety Policy – Policy has been updated and will be sent for consultation on the 3 October 2025.

Waste Management Policy and Procedure – delays have been experienced with the finalising of the policy and the procedure. The proposed publication date has been reviewed by the Division with the Directorate’s Governance & General Manager to reset publication timeline and a revised date of 31 December has been agreed for publication for consultation. Further to which they will be translated and published.

Bomb Threat and Suspicious Packages Procedure - delays have been experienced with the finalising of the procedure. The proposed publication date has been reviewed by the Division with the Directorate’s Governance and General Manager to reset publication timeline and a revised date of 31 December has been agreed for publication for consultation. Further to which they will be translated and published.

Security Procedure - delays have been experienced with the finalising of the procedure. The proposed publication date has been reviewed by the Division with the Directorate’s Governance and General Manager to reset publication timeline and a revised date of 31 December has been agreed for publication for consultation. Further to which they will be translated and published.

12. 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 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 and **no** Publication Notices have been received:

Date Received	SESN No./ PN No.	SESN Description	Action
8 July 2025	SESN 25/06	Digital Estate Management Survey	Actioned – PHW Estates completed the survey and submitted a return by 1 August requirement.

13. Health and Safety Culture Survey

As part of our ongoing commitment to creating a safe and supportive work environment, the Workplace Health & Safety Culture Survey was launched on the 15 September 2025. This important initiative was designed to strengthen our workplace environment and safeguard the well-being of all staff members. By gathering staff insights, the aim of the survey is to:

- Identify strengths and areas we can improve in our health and safety practices.
- Find out if there are any barriers or challenges that can impact on good safety practices.

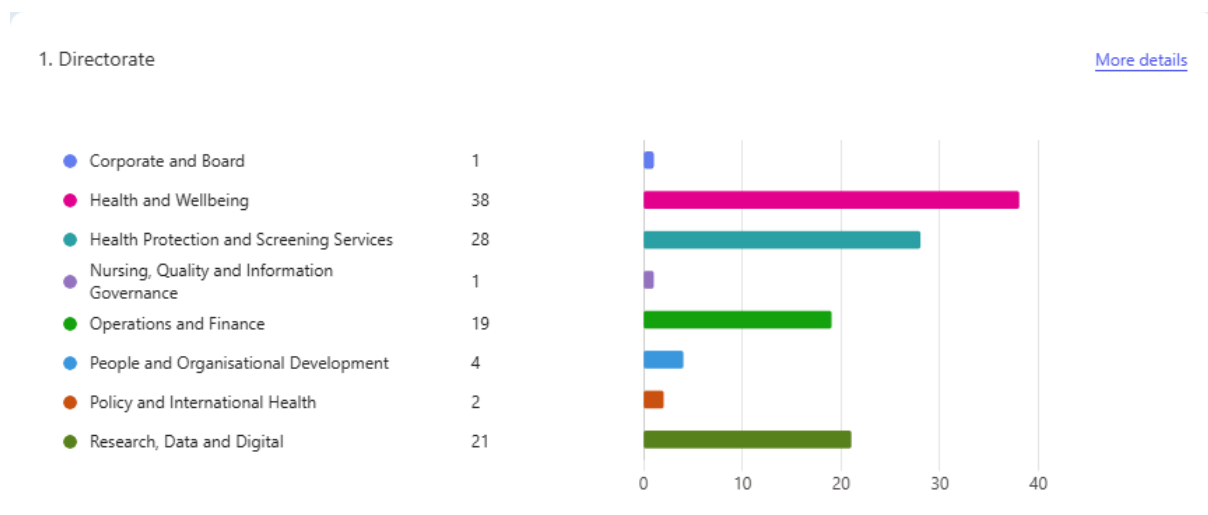


- Understand how safety policies and procedures are understood and followed across different areas of the organisation
- Understand how well our current safety management systems are working
- Boost staff morale and job satisfaction by addressing concerns and building a supportive work environment.
- Help prevent and reduce workplace accidents and injuries, making work safer and more productive.
- Ensure compliance with health and safety regulations, demonstrating our commitment to legal and ethical standards.

The feedback received will be used to:

- Identify areas for improvement.
- Create clear action plans.
- Guide our health and safety strategy.
- Improve training and resources.
- Encourage open conversations and share good practices.

Despite the survey being out for nearly two months, responses to the survey have been disappointing. As of 4 November 2025, only 114 responses have been received from staff across the organisation. Below is an extract showing current response rates from Directorates across the organisation:



With the original close date of the survey being the 31 October, it has been proposed to the Health and Safety Group to extend the survey to the 30 November, and a request going out to Business Leads and the Leadership Team to encourage staff to encourage staff to complete the survey.



14. Summary

The organisation has several 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:

- **Receive assurance** that appropriate actions are being undertaken to address issues raised in this report

Appendix A

Health & Safety for Homeworkers Training Status by Directorate and Division

Directorate/Division	Training Compliance Rate Q2 (%)	Self-Assessment Compliance Rate Q2 (%)
Corporate Directorate	82.61%	69.57%
Operations and Finance Directorate	92.22%	83.33%
Communications Division	87.50%	83.33%
Estates, Safety and Facilities Division	91.67%	91.67%
Finance Division	94.44%	83.33%
Strategy, Planning & Corporate Affairs Division	94.44%	77.78%
People & OD Directorate	97.50%	90.00%
Nursing, Quality and Integrated Governance Directorate	94.64%	91.07%
Corporate Division	80.00%	80.00%
Integrated Governance Division	100.00%	85.71%
National Safeguarding Division	90.91%	90.91%
Quality & Nursing Division	96.15%	96.15%
Policy, International Health Directorate	100%	86.32%
ACE's Hub Division	100.00%	90.00%
Behavioural Science Division	100.00%	90.91%
Central Division	100.00%	84.21%
Climate & Health Division	100.00%	100.00%
International Health Division	100.00%	82.35%
Policy Division	100.00%	80.00%
Projects Division	100.00%	100.00%
WHIASU Division	100.00%	81.82%
Research, Data and Digital Directorate	89.19%	79.46%
RTS/CDR Division	100%	100.00%
Operations & Management Division	94.44%	83.33%
Digital Services Division	79.69%	65.63%
CARIS/CMP Division	100%	83.33%
Data Science & Analysis Division	96.88%	84.38%



Knowledge & Evidence Division	90.91%	86.36%
Research & Evaluation Division	91.67%	87.50%
WCISU Division	92.86%	92.86%
Health & Wellbeing Directorate	88.67%	70.67%
Health Improvement Division	88.57%	72.38%
HWB Mgt. and Admin Division	87.50%	62.50%
PCIC Division	89.29%	71.43%
Health Protection and Screening Services Directorate	87.78%	71.71%
Health Protection Division	95.80%	80.25%
HPSS Corporate Division	77.27%	77.27%
Microbiology Division	77.39%	60.30%
Screening Services Division	88.65%	71.28%
• Antenatal Screening	100.00%	85.71%
• Bowel Screening	100.00%	84.21%
• Breast Screening	67.69%	53.85%
• Cervical Screening	100.00%	59.62%
• Diabetic Eye Screening	89.74%	76.92%
• Lung Screening	100.00%	100.00%
• Newborn Hearing Screening	85.19%	81.48%
• Abdominal Aortic Aneurysm (AAA) Screening	91.30%	73.91%
• Screening Management	97.92%	89.58%
SPR's Division	100.00%	91.67%
NHS Wales Performance and Improvement	84.83%	74.17%
Strategic Programmes for Planned Care Division and Planned Care & Recovery Division	75%	69.44%
Strategic Programmes for Primary Care Division	93.33%	86.67%
Strategic Programme for Mental Health Division	96.55%	72.41%
Urgent & Emergency Care Division	40.00%	44.00%
Quality, Safety and Improvement Division	92.23%	77.67%
Performance & Assurance Division	72.97%	70.27%
Networks Division	87.18%	73.08%
Planning Division	93.75%	75.00%
Finance Planning & Delivery Division	88.89%	100.00%
Digital, Technology, Innovation & Value Division	89.23%	78.46%



Appendix B

New risks reported during Quarter 2

Risk ID-1868 – Strategy and Planning

	Initial	Current	Target
Risk Level	Moderate Risk	Moderate Risk	Low Risk

There is a risk that if improvements are not made to the administrative estate, it may negatively impact staff satisfaction due to the working environment. This would be caused by the continuation of the current situation of sub-par working conditions for example, at the Preswylfa office. The impact will be on staff based at the office with sub-par working conditions having to continue working in the current environment.

Key Controls are: No current controls in place

Actions being undertaken: A business case to provide an alternative site location is currently being considered.

Risk ID-2009 & ID-2037 – Screening Services

	Initial	Current	Target
Risk Level – ID-2009	High Risk	High Risk	Low Risk
Risk Level – ID-2037	High Risk	Moderate Risk	Low Risk

There is a risk of service disruption due to issues with water stored in tanks on the BTW mobiles. Additionally, there is a risk of harm being caused to staff and/or service users who utilise the BTW mobile mammography unit (D19) from exposure to legionella or other harmful micro-organisms originating from the water system. Water sampling has identified levels of bacteria higher than expected, as well as E. Coli present on mobile unit D19 which can cause illness if ingested directly or indirectly from contaminated water. A risk assessment has also identified several areas of improvement in relation to water storage and management processes around the use of the water on the mobiles. Water is currently only used for handwashing and is not drinking water. Ongoing remedial processes will require downtime of the mobiles for safe completion. If exposure occurs there is a risk of staff/service user harm, litigation, reputational damage and service disruption.

Key controls are: Signs have been erected to state water is not for drinking. Alcohol gel is also in use to replace handwashing to reduce exposure to water. Staff have been informed to make them aware of situation and mitigations in



place. Additionally, T-safe filter fitted to taps to filter out harmful bacteria. Water treatment undertaken on D19 unit to remove E. Coli from the water system.

Actions being undertaken: An IMT was formed in August, with representation from key areas across the organisation, to address the concerns raised by the microbiological monitoring undertaken to date and the required actions that have been identified through the legionella risk assessments for the mobile units. An additional Task and Finish Group has also been implemented to review the actions from the Legionella Risk Assessments, with input from expertise from NWSSP, to ensure appropriate measures are put in place to close the actions.

Risk ID-2040 – Screening Services

	Initial	Current	Target
Risk Level	Moderate Risk	-	-

There is a risk that the breast screening clinic at 18 Cathedral Road is at increased risk of break in and therefore disruption, because the intruder alarm system cannot be set. There is a line failure that is being investigated by Facilities, and until further information is available no action can be taken. The cause is that the line connecting the alarm system to the alarm monitoring service has failed and therefore the system cannot be set. In addition, the system is making a regular 'beeping' noise, which is disruptive for any screening/assessment clinics on site. The impact will be that the business premises are not safeguarded by a security alarm, and that women and staff in the centre's reception will have to endure additional stress because of the noise the system is making.

Key controls are: The centre is locked by key overnight. Service Users are moved through to sub-waiting / clinical areas within a short period of time.

Actions being undertaken: No further actions until this has been investigated by the Facilities Team.