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|  <p>GIG CYMRU NHS WALES</p> | <p>Iechyd Cyhoeddus Cymru<br/>Public Health Wales</p> | <p><b>Name of Meeting</b><br/>Quality, Safety and Improvement Committee<br/><b>Date of Meeting</b><br/>02 June 2025<br/><b>Agenda item:</b><br/>5.4</p> |
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| <h2 style="text-align: center;">Health and Safety Annual Report 2024-25</h2> |   |
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| <b>Approval/Scrutiny route:</b> | Health and Safety Group<br>Business Executive Team 21.05.25 |
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| <b>Purpose</b>  |
| To present the annual Health and Safety report for 2024/25. |

|  |                          |                          |                          |                                     |
|--|--------------------------|--------------------------|--------------------------|-------------------------------------|
| <b>Recommendation:</b>   |                          |                          |                          |                                     |
| APPROVE  | CONSIDER                 | RECOMMEND                | ADOPT                    | ASSURANCE                           |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| The Quality, Safety and Improvement Committee is asked to:   |                          |                          |                          |                                     |
| <ul style="list-style-type: none"> <li>- Receive <b>assurance</b>, based on the information available, that health and safety in the workplace is proactively managed, and is monitored through audits, Datix, RIDDOR reporting and supported by appropriate policies and procedures.</li> </ul> |                          |                          |                          |                                     |

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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 2024-2025.

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, the Act 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

The Terms of Reference for the Health & Safety Group require submission of an Annual Report to the Quality, Safety and Improvement Committee which

outlines the work of the Health and Safety Group and to demonstrate how it has fulfilled its responsibilities.

The purpose of the Health and Safety Group is to provide assurance relating to 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 & Safety Group in terms of health & safety, security and the adequacy of policies and plans in place.

## 2.2 Policies and Procedures Developed and 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:

- Display Screen Equipment Procedure
- Equipment and Workplace/DSE Assessment Procedure

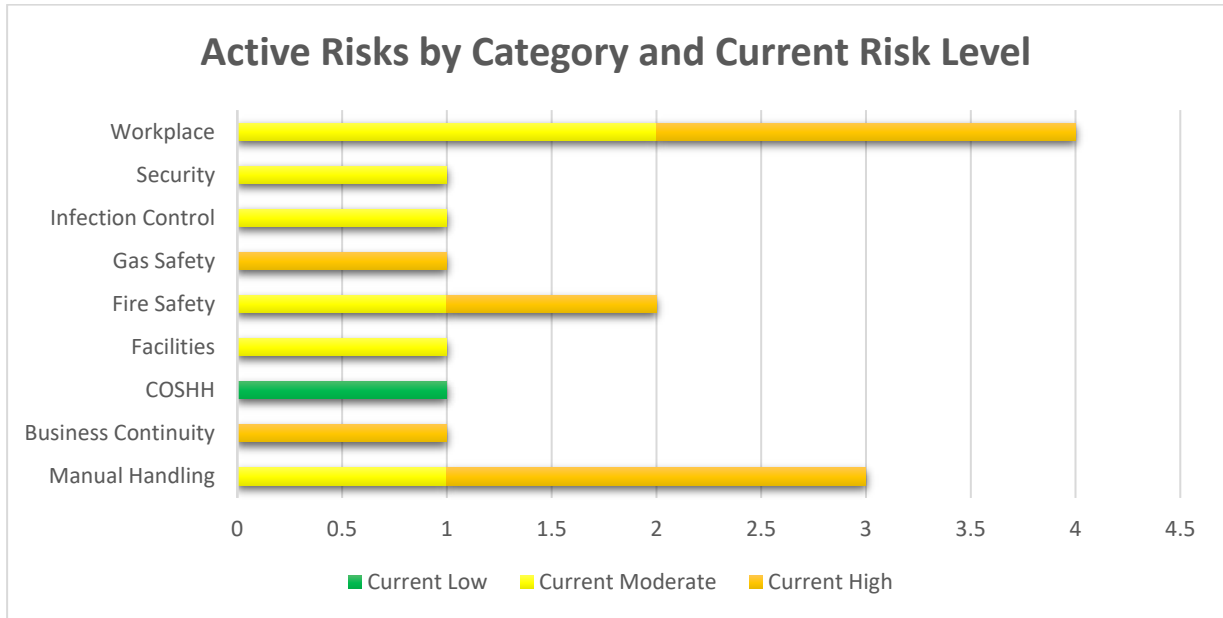
## 3. Risk Register

Health and Safety Risks are held on the respective Directorate / Divisional risk registers and reviewed by the Health and Safety Group. This ensures the Group have appropriate scrutiny of recorded risks and an opportunity to recommend escalation as required. As of 31 March 2025, there are currently 15 active risks identified which are being managed and monitored by the respective Divisions and reviewed by the Health and Safety Group.

The following dashboards provide a summary of how the 15 risks are scored and the current risk rating by category. When initially raised, 6 of the risks were deemed an extreme risk, 6 as high risk and 3 as moderate. Control measures that have been implemented to date to help mitigate the risks have allowed risk owners to downgrade the majority of current risks. There are currently no risks classified as extreme, with the remainder classified as 7 High, 7 Moderate and 1 Low risk. Where target scores are met but risks have not yet been closed, Health and Safety Leads will work with risk owners to ensure those risks are closed as soon as possible.

|                      | Initial | Current | Target |
|----------------------|---------|---------|--------|
| <b>Risk Level</b>    |         |         |        |
| <b>Low Risk</b>      | 0       | 1       | 10     |
| <b>Moderate Risk</b> | 3       | 7       | 5      |
| <b>High Risk</b>     | 6       | 7       | 0      |

|                     |          |          |          |
|---------------------|----------|----------|----------|
| <b>Extreme Risk</b> | <b>6</b> | <b>0</b> | <b>0</b> |
|---------------------|----------|----------|----------|



Reviewing and analysing the above information allows the Health and Safety 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.

Table 1 highlights the current distribution of the 15 risks across the respective Directorates and Divisions, with the majority of risks shared between Microbiology (8) and Screening (5).

**Table 1. Current Health and Safety Risks by Directorate/Division**

| Directorate/Division                                    | Number of Risks |
|---|-----------------|
| Health Protection and Screening Services - Microbiology | 8               |
| Health Protection and Screening Services - Screening    | 5               |
| Operations and Finance - Estates and Health and Safety  | 1               |
| Nursing, Quality and Integrated Governance              | 1               |

During 2024/25 a total of 16 new risks were identified across the organisation, which is more than triple of those reported in 2022/23. A total of 13 risks were also closed during this period, which shows risks are being actively monitored, actions are being implemented, and records being updated accordingly. The following tables highlight the distribution of the

new risks that were identified across the organisation and the health and safety categories they fell into:

**Table 2. 2024/25 Health & Safety Risks by Directorate/Division**

| Directorate/Division   | Number of Risks |
|--|-----------------|
| Health Protection and Screening Services - Microbiology      | 6               |
| Health Protection and Screening Services - Screening         | 8               |
| Health Protection and Screening Services - Health Protection | 2               |

**Table 3. 2024/25 Health & Safety Risks by Risk Theme**

| Risk Theme          | Number of Risks |
|---------------------|-----------------|
| Fire Safety         | 2               |
| Manual Handling     | 3               |
| Security            | 4               |
| Workplace           | 3               |
| Violence            | 1               |
| Gas Safety          | 1               |
| Facilities          | 1               |
| Business Continuity | 1               |

The Estates and Health and Safety Team continue to work with Directorate leads to ensure all Health and Safety risks are being captured and are updated where appropriate.

## 4. Operational Health & Safety

### 4.1 Incidents

Incident rates for 2024/25 by Division are shown below in **Table 4**. Incidents reported increased by 39% compared to 2023/24, up from 248 to 345 incidents, however, are comparable to the reported figures from 2022/23. The increasing levels of incident reporting is believed in part attributable to improvements across the organisation in the reporting of incidents, particularly within the Screening Division. Where failures in safe systems of work have been identified, the Health and Safety leads provide appropriate support to ensure measures are put in place to reduce the likelihood of these incidents taking in the future.

93% of incidents reported are attributed to Health Protection and Screening Services, which is consistent with previous years, with 44% sitting in

Microbiology and 49% in 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, and trend analysis undertaken where required, so appropriate controls can be put in place to ensure future incidents do not occur.

**Table 4. Health & Safety Incidents by Directorate/Division**

| <b>Division</b>                              | <b>No of incidents 2022/23</b> | <b>No of Incidents 2023/24</b> | <b>No of Incidents 2024/25</b> |
|--|--------------------------------|--------------------------------|--------------------------------|
| Local Public Health Teams                    | 2                              | 0*                             | -                              |
| HPSS - Screening                             | 133                            | 94                             | 169                            |
| HPSS - Health Protection                     | 2                              | 2                              | 1                              |
| HPSS - Microbiology                          | 182                            | 141                            | 153                            |
| NHS Executive                                | -                              | -                              | 9                              |
| NHS Collaborative                            | 4                              | 7                              | -                              |
| Operations and Finance                       | 5                              | 4                              | 7                              |
| Nursing, Quality and Integrated Governance** | 1                              | 0                              | 2                              |
| Health and Wellbeing                         | 3                              | 0                              | 4                              |
| <b>Total</b>                                 | <b>332</b>                     | <b>248</b>                     | <b>345</b>                     |

\*Local Public Health Teams transferred to University Health Boards 1<sup>st</sup> October 2022

\*\* Formally the Quality, Nursing and Allied health Professionals Directorate

Table 5 provides an overview of the reported incidents by category. Of the 345 incidents reported 336 have been fully investigated and closed. Those incidents which remain open are being closely monitored and will be closed once investigations have been completed and appropriate control measures have been implemented.

Accident, Injuries make up the largest percentage of incidents across the organisation with a total of 144 (42%) reported. Incidents related to contact with or exposure to hazardous substances has seen another increase over the previous year, but still only makes up 16% of reported incidents. These cases mainly originate from Microbiology, who continue to review and make the necessary improvements in their operating procedures and systems in an effort to ensure these incidents do not reoccur.

Equipment and devices incidents make up 34% of the total incidents reported in 2024/25, which is consistent with the previous year. These mainly related to failures in equipment and devices used by the Screening and Microbiology divisions to undertake the services they provide and therefore not health and

safety related. Inspection and maintenance arrangements continue to be reviewed to ensure schedules are in place to reduce avoidable failures.

There is an increase in the number of medical devices incidents reported in PHW over the 3 year period. On investigation, this reflects an increase in reporting rather than a real increase in the number of incidents. There are no particular themes or trends, and the level of harm identified is low or none.

The timing of the initial increase in reporting coincides with the Clinical Governance Manager in the Office of the Medical Director taking up post. There has been a closer look at incidents working with NQIG, the promotion of incident reporting and a focus on shared learning through the reinvigorated Medical Devices Management Group. The Medical Devices Safety Officer role has been established in relevant areas with roles and responsibilities now clearly defined. This positive reporting culture has a number of clear benefits:

The benefits of capturing greater numbers of medical device incidents include:

- **To Service Users:** improves safety and reduced harm, improved service user experience i.e. does not impact on change to clinic appointment, informed decision making.
- **To the Division:** provides a sense of openness and supports learning, enables themes and trends to be identified which support the consideration of possible alternatives at the procurement stage, aligns with the Duty of Quality.
- **To the Organisation:** enables continuous improvement and supports the development of healthcare within the organisation, enables opportunities for collaborative shared learning, could potentially reduce costs i.e. claims/redress with effective learning.

Assurance from increase in medical devices incidents:

- **Processes:** There are governance processes in place- Medical Devices Procedure, Effectiveness checks as preventative measures to prevent future incidents. These processes lead to improved patient safety, contributes to post-market surveillance and mitigation of risk.

Clinical Governance Manager in post from May 2024. Local Medical Devices Safety Officer for Screening Services in post in February 2025.

It is anticipated that the number of medical devices reported will increase due to:

- Improvements in reporting due to education, training and support. The Clinical Governance Manager is working with the local Medical Devices Safety Officer to ensure the Medical Devices Asset register is up to date and that it can be used by services as a tool to refer to, ensuring correct identification of a medical device. The Clinical Governance Manager will

provide informative sessions to the Datix Super User group around the classification of medical device incidents and the benefits of reporting to Datix.

Additionally, we have seen a significant increase in slip, trip and fall incidents over the previous year, up 13 to 29 incidents, an increase of 81%. Although we have seen an increase, all incidents have been reviewed and no trends have been identified. All incidents have been investigated, and advice provided by Health and Safety leads where appropriate on actions and improvements that can be made to reduce the risk of the incidents reoccurring. Further details can be found at **Appendix 1**.

Behaviour (including violence and aggression) incidents have almost doubled over the previous two years. These incidents mainly occur in Screening Services, where members of staff are more likely to be exposed to members of the public who are either attending appointments or accompanying them whilst doing so. A number of these types of incidents were also associated with third party, non-service users, who were frequenting the vicinity of clinics Screening Services operated from. Where necessary, changes have been made to operational arrangements or clinic sites. These incident rates will continue to be monitored through the Health & Safety Group to ensure incidents are investigated fully and lessons learnt from investigations are shared as appropriate. Additional training for staff is also being progressed to assist them during these types of incidents and will be rolled out to all relevant staff.

Infrastructure incidents have also increased, seeing slight increases across cleanliness, collection/delivery services and environmental hazards/issues, but still only making up 15% of all incidents reported in 2024/25. The Estates and Health & Safety Team continue to work with services to ensure building are appropriately maintained to reduce the risk of incidents in this category.

**Table 5. Health & Safety Reported Incidents by Category 2024/25**

| Category  | No of incidents 2022/23 | No of incidents 2023/24 | No of incidents 2024/25 |
|---|-------------------------|-------------------------|-------------------------|
| <b>Accident, Injury</b>                             | <b>103</b>              | <b>110</b>              | <b>144</b>              |
| Choking   | 0                       | 1                       | 1                       |
| Contact with object or animal                       | 17                      | 17                      | 22                      |
| Contact with or exposure to hazardous substance     | 32                      | 40                      | 56                      |
| Contact with needles or medical sharps              | 4                       | 8                       | 10                      |
| Contact or exposure to electricity (electric shock) | 1                       | 2                       | 1                       |



|   |            |           |            |
|---|------------|-----------|------------|
| Burns or scalds   | 2          | 2         | 3          |
| Manual Handling - Non patient/service user handling                 | 6          | 2         | 4          |
| Manual Handling - Patient/service user handling                     | 3          | 1         | 1          |
| Patient injury  | 4          | 4         | 2          |
| Slip, trip or fall  | 25         | 16        | 29         |
| Struck against or by an object                                      | 4          | 15        | 10         |
| Road traffic collision  | 5          | 2         | 5          |
| <b>Behaviour (including violence and aggression)</b>                | <b>10</b>  | <b>10</b> | <b>19</b>  |
| Absconding or missing patient/service user                          | 0          | 2         | 0          |
| Aggressive/threatening behaviour                                    | 8          | 5         | 8          |
| Anti-social behaviour   | 2          | 3         | 10         |
| Patient clinically challenging behaviour                            | 0          | 0         | 1          |
| <b>Equipment, Devices</b>   | <b>158</b> | <b>80</b> | <b>117</b> |
| Medical devices   | 30         | 42        | 66         |
| Non-medical equipment   | 128        | 38        | 51         |
| <b>Ill health</b>   | <b>1</b>   | <b>0</b>  | <b>3</b>   |
| Ill health  | 1          | 0         | 3          |
| <b>Infection Prevention and Control</b>                             | <b>9</b>   | <b>7</b>  | <b>11</b>  |
| Environmental cleaning (process and procedures)                     | 8          | 4         | 7          |
| Hand hygiene  | 0          | 3         | 1          |
| Infection outbreak / period of increased incidence                  | 1          | 0         | 1          |
| Sterilisation / decontamination of equipment (including vehicles)   | 0          | 0         | 2          |
| <b>Infrastructure (including staffing, facilities, environment)</b> | <b>50</b>  | <b>41</b> | <b>51</b>  |
| Cleanliness   | 3          | 1         | 6          |
| Clinical waste disposal   | 0          | 3         | 0          |
| Collection/delivery services  | 9          | 7         | 10         |
| Environmental hazards / issues                                      | 29         | 27        | 33         |
| Fire safety   | 1          | 3         | 2          |
| Security - NHS premises   | 3          | 0         | 0          |
| Temperature levels  | 1          | 0         | 0          |
| Vehicles  | 4          | 0         | 0          |

| <b>Patient/ Service User death</b> | <b>1</b>   | <b>0</b>   | <b>0</b>   |
|------------------------------------|------------|------------|------------|
| Unexpected death                   | 1          | 0          | 0          |
| <b>Total</b>                       | <b>332</b> | <b>248</b> | <b>345</b> |

## 4.2 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 three RIDDOR incidents reported during this period, see **Table 6** for details. RIDDORS are taken extremely seriously when they occur, it is positive to note the low number reported in the period.

All RIDDORs were reported and where follow up discussions with the HSE were undertaken, recommendations were implemented as required.

Following investigation into the three reported incidents none of the incidents were related. The first incident was a 7-day incapacitation to a staff member when they received a finger cut on a sharp object (scalpel) when trying to remove a cable tie from work equipment. The subsequent investigation found the staff member was unfamiliar with the task being undertaken and not adequately protected by PPE. An action plan was developed to review processes involving the use of scalpels, with a view to removing where possible, and reviewing Risk Assessments where this isn't feasible to ensure appropriate controls are in place to reduce the risk to staff.

The second incident was a specified injury (bone fracture) to a member of staff from handling and moving work equipment, where they were exiting the stores and slipped off the door sill landing on the outside pavement. The incident was investigated, and it was determined there were no external contributing factors that caused the incident. It was recommended that staff awareness of the step being increased in the hope of avoiding these incidents in future.

The third incident was reported as a dangerous occurrence, as a result of a typhi exposure at a Microbiology Laboratory. The HSE visited the site on 16 April 2025 in response to the submission. The outcome of the visit was received on 23 April 2025 as no further actions required. An SBAR has been submitted to the HSE as evidence of actions taken.

**Table 6. Number of RIDDORs by Category 2024/25**

| <b>RIDDOR Category</b>   | <b>Number of Incidents 2022/23</b> | <b>Number of Incidents 2023/24</b> | <b>Number of Incidents 2024/25</b> |
|--|------------------------------------|------------------------------------|------------------------------------|
| Over 7 Day Injury  | 2                                  | 1                                  | 1                                  |
| Specified Injury   | 1                                  | 1                                  | 1                                  |
| Dangerous Occurrence   | 5                                  | 0                                  | 1                                  |
| Injury (including major injury) to Member of the Public/Patient & Non-Employees (students/contractors) | 0                                  | 0                                  | 0                                  |
| Fatality   | 0                                  | 0                                  | 0                                  |
| <b>Total</b>   | <b>8</b>                           | <b>2</b>                           | <b>3</b>                           |

## 5. Health and Safety Audit and Inspections

The final Health & Safety Audit and Inspections were completed Quarter 1 of 2024/25, with all sites having detailed action plans as required.

All audit reports and action plans are reported to the Health & Safety Group on a quarterly basis as well as any lessons learnt from the process, trends identified across the audits as well as any key actions that need to be highlighted to the group. In 2024/25 sites were revisited to review progress on action plans and whilst significant progress has been made, further support will be provided to complete outstanding actions.

A new audit schedule for 2025/26 is being developed, which will look to utilise the Auditing Management and Tracking (AMaT) system, and will allow us to better track, monitor and report on progress against actions that have been identified. Updates will continue to be provided to the Health & Safety Group at each quarterly meeting.

## 6. 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 and Health & Safety Division has established a structured approach to ensuring the completion of statutory and regulatory compliance inspections across its estate. Key dates for the completion of the relevant assessments are scheduled and monitored to ensure timely completion of the assessments is maintained to provide assurance to the organisation. The proposed purchase of a bespoke Computer Aided Facilities Management System (CAFM), to enhance the management of estate compliance and provide the organisation with additional assurance, which was planned for 2024/25, was postponed due to

|                         |                    |                       |
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challenges with procurement lead in times. A statement of need has been submitted and prioritised as part of the capital planning process for 2025/26. Once formally approved then the procurement process will commence for the CAFM system to be purchased during 2025/26.

There are 17 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. This ensures inspections and testing has been undertaken, as required, at appropriate intervals at all premises. 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 premises, which the organisation has specific responsibility for, the organisation also needs to ensure that premises where staff are hosted or are tenants of are also compliant with statutory compliance requirements for the five key areas. The online compliance form (e-assurance form) previously developed and introduced in an attempt to better support hosting organisations to provide compliance assurance continues to be utilised. However, securing this information proves challenging and return rates continue to remain low.

In the absence of responses of compliance returns from Health Boards, it should be noted that an assumption should **not be made** that the Health Board sites hosting PHW staff are not compliant with their respective statutory and regulatory requirements.

The NHS Executive, as a part of the PHW hosting arrangement, are responsible for the reporting of their own respective compliance with statutory and regulatory requirements to the PHW Health and Safety Group and the Quality, Safety and Improvement Committee of the PHW Board. From 2025/26 the quarterly Health & Safety Report will provide confirmation of NHS Executive compliance with this requirement for their respective premises.

## 7. Training

### 7.1 Statutory and Mandatory Training

All staff are required to undertake a number of statutory and mandatory training modules, which includes the following Health and Safety Awareness training subjects:

- Health and Safety
- Manual Handling Module A
- Violence and Aggression
- Fire Safety

Additionally, all directorates are required as a minimum to attain Welsh Government All Wales compliance target of 85%, with an organisational target of 95%. The table below summarises the position as of 31 March 2025 by Directorate.

**Table 7. Health & Safety Training Compliance for 2024/25**

| Directorate   | Fire Safety % | Health and Safety % | Manual Handling % | Violence and Aggression % |
|---|---------------|---------------------|-------------------|---------------------------|
| 028 L3 Corporate Directorate                                  | 88.89%        | 81.48%              | 88.89%            | 85.19%                    |
| 028 L3 Health & Wellbeing Directorate                         | 90.12%        | 91.28%              | 84.30%            | 96.51%                    |
| 028 L3 Health Protection and Screening Services Directorate   | 89.10%        | 93.57%              | 88.56%            | 97.22%                    |
| 028 L3 Nursing, Quality and Integrated Governance Directorate | 94.55%        | 94.55%              | 89.09%            | 100.00%                   |
| 028 L3 Operations and Finance Directorate                     | 94.02%        | 93.16%              | 92.31%            | 97.44%                    |
| 028 L3 People & OD Directorate                                | 90.20%        | 98.04%              | 88.24%            | 98.04%                    |
| 028 L3 Policy and International Health Directorate            | 94.19%        | 95.35%              | 94.19%            | 100.00%                   |
| 028 L3 Research, Data and Digital Directorate                 | 92.21%        | 94.81%              | 94.16%            | 98.05%                    |
| 028 L3 SPRs Directorate                                       | 92.86%        | 85.71%              | 100.00%           | 100.00%                   |
| <b>Overall Compliance</b>                                     | <b>90.06%</b> | <b>93.45%</b>       | <b>89.13%</b>     | <b>97.31%</b>             |

Since 1 April 2024, we have seen a small increase in compliance across all four training modules. Public Health Wales are meeting the Welsh Government target of 85% for all four training modules. However, Fire Safety, Health and Safety and Moving and Handling are still all falling short of the Public Health Wales target of 95%.

As can be seen in the table, there are no Directorates achieving the Public Health Wales target across all four training areas. However, most Directorates are managing to maintain compliance rates above the Welsh Government target of 85%. Only two Directorates are falling short of the Welsh Government target in a single training module, with the Corporate Directorate at 81.5% for Health & Safety and the Health & Wellbeing Directorate at 84.3% for Manual Handling A. This is a major improvement on the previous year where two Directorates did not meet the target in three separate training modules.

Directorates and 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. Additionally, the Health and Safety Group monitors the health and safety modules, and where Directorates are not meeting the Welsh Government and Public Health Wales targets, the Health and Safety Group work with Directorate representatives to ensure the non-compliance is reported appropriately, action is taken and training completed in a timely manner.

The organisation recognises the additional responsibilities that Managers and Staff have for Health and Safety and consequently identified and continues to identify further training needs in addition to the statutory and mandatory training. Updates on further training can be found below in section 7.2.

## 7.2 Additional training

### First Aid Training

Ensuring there is suitable and sufficient first aid provision across the Public Health Wales estate continues to be a challenge, with flexible working and difficulty in recruiting and retaining first aid trained staff proving to be negative factors in our ability to fulfil our requirements. To determine our needs, a First Aid Needs Assessment for each premise across the estate are required and the Estates and Health & Safety Division continues to work with local premise leads to ensure First Aid Needs Assessments are being completed. 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 reported last year, First Aid Appointed Person training had been purchased and was rolled out during 2024/25 where gaps in provision have been identified, and Appointed Persons had been deemed sufficient provision for the premise, through the First Aid Needs Assessment. This role is acceptable under legislation for low risk, low occupancy sites. This role is a far less onerous role and is the minimal legal requirement at sites assessed to be low risk and low occupancy. The role of the Appointed Person does not require

the administration of first aid but allows for the provision of situation management, by ensuring that emergency services are alerted and summoned if required, the accident or incident scene is secured to ensure no further harm comes to an individual and remains with the individual until the emergency services arrives.

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

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

## **Fire Warden Training**

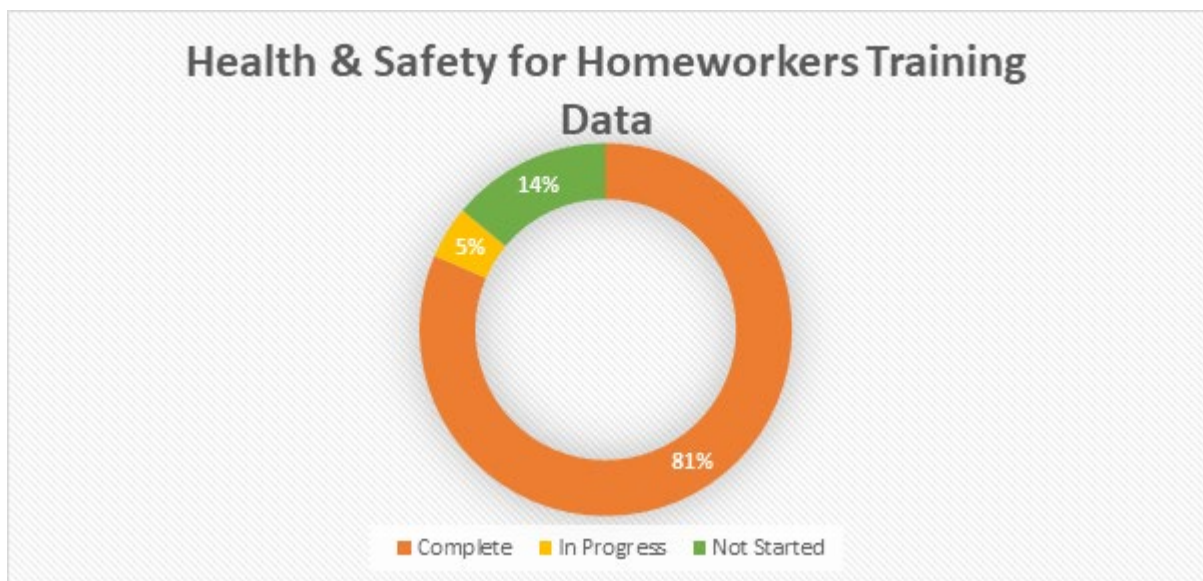
The provision of sufficient Fire Wardens across the Public Health Wales estate continues to present a challenge, however, there have been improvements over the last 12 months. Online training continues to be rolled out, and we now have 187 trained fire wardens, up 47 on those reported last year. However, there are a further 99 staff 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 and Safety Audit process, challenges still continue regarding fire warden provision for each of our premises, this includes ensuring cover for when named fire wardens are hybrid workers and may not always be present at site. Evacuation Plans for all sites are currently being reviewed to ensure adequate provision is in place and to identify any gaps. On completion, the necessary actions will be taken to address any lack of provision and as a last resort we could ultimately be required to temporarily restrict access to premises until sufficient fire warden cover is assured.

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

## Working Safely from Home Training

With the increased number of staff working from home, either wholly or partly, 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 workspaces safe, ensure work equipment being used is meets individual 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 chart outlines the rates of completion of the course as of 31 March 2025 for those individuals who have been invited to undertake this training module, showing 81% of staff have completed the course:



This is a significant improvement (32%) on the 49% compliance rate as reported on 31 March 2024. This is due to the work undertaken by the Health and Safety Team with support from Business Leads, this has included monthly compliance updates being sent to all Directorates highlighting those non-compliant staff to help improve compliance levels.

Directorate progress on compliance will continue to be reported to the Health and Safety Group and updates provided to Business Leads so as to further improve and maintain Directorate compliance where necessary.

## Disability Awareness & Inclusion Training

A licence for the provision of a Disability Awareness and Inclusion training module was purchased during 2024/25, after discussions between the Estates and Health and Safety Team and Screening Services, due to the potential risk from a gap in knowledge of staff. To date, a total of 416

Screening staff have been registered for the training programme, with 39.2% of those staff having completed the training to date.

The Health and Safety Team continue to work with Screening Services to improve training compliance further and regular reminder emails are being sent to staff to complete the training. Progress on compliance will continue to be reported to the Health and Safety Group on a quarterly basis and updates provided to Business Leads. Completion rates will be closely monitored.

## 8. Health and Safety Workplan Plan 2024/25

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 plan is provided to and received by the Quality, Safety and Improvement Committee on an annual basis.

The 2024/25 Health and Safety Workplan was approved by the Quality, Safety and Improvement Committee and consisted of 16 actions within categories of general health and safety, policies, risk management, fire safety and training. A total of 8 actions have been completed and 8 have been rolled forward into the 2025/26 workplan. The outstanding actions are primarily policy and procedure updates or larger pieces of work which require considerable collaboration with other areas of the organisation and are consequently taking longer to implement than originally anticipated. The actions rolled forward have been planned for completion by the end of the first quarter of 2025/26.

The Health and Safety Workplan for 2025/26 has been developed for approval by the Quality, Safety and Improvement Committee, and the Health and Safety Group will continue to monitor and deliver the action plan.

## 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 alerts are managed by the Nursing, Quality and Integrated Governance 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 ten SESNs and four PN's were received with all being actioned as directed and required.

It should be noted that the majority of the alerts received were, for PHW, considered to be for information only, it should be noted that only one required action, which relates to the submission of estates performance data for the Estates Facilities Performance Management System (EFPMS) of Welsh Government, to be submitted by 30 June 2025.

## 10. Conclusion

The report highlights the significant amount of work that has been undertaken during 2024/25, supported by scrutiny by the Quality Safety and Improvement Committee of Board and the 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 with Screening Services, Microbiology, Infection, Prevention and Control colleagues and People and Organisational Development Directorate.



The Committee is asked to receive assurance, based on the information available, that health and safety in the workplace is proactively managed, and is monitored through Health and Safety Audits and Inspections, Datix and related investigations, and supported by appropriate policies and procedures.



## 11. Appendix 1

|  |   |   |
|--|---|---|
|  <p>GIG CYMRU NHS WALES</p> | <p>Iechyd Cyhoeddus Cymru<br/>Public Health Wales</p> | <p><b>Name of Meeting</b><br/>Quality, Safety and Improvement Committee<br/><b>Date of Meeting</b><br/>02 June 2025<br/><b>Agenda item:</b><br/>5.4</p> |
|--|---|---|

|   |  |
|---|--|
| <h3>Medical Devices Governance Report</h3>                      |  |
| <p><b>Executive lead:</b></p>                                   | <p>Meng Khaw<br/>National Director of Health Protection and Screening Services, Executive Medical Director</p> |
| <p><b>Author:</b></p>   | <p>Jessica Pincemy, Clinical Governance Manager, OMD<br/>Ruth Tofton, Business and Workforce, OMD</p>          |
| <p><b>Approval/Scrutiny route:</b></p>                          | <p>Medical Devices Management Group</p>  |
| <p><b>Purpose</b></p>   |  |
| <p>Review of Medical Devices Incidents as reported on Datix</p> |  |



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## 1. Introduction

This report provides an overview of medical devices incidents over the last 3 years (1 April 2022- 31 March 2025). The Medical Devices Dashboard and Datix were used to formulate this report.

The total number of incidents reported are outlined in Table 1.

| Category           | No of incidents 2022/2023 | No of incidents 2023/2024 | No of incidents 2024/2025 |
|--------------------|---------------------------|---------------------------|---------------------------|
| Equipment, Devices | 158                       | 80                        | 117                       |
| Medical Devices    | 30*                       | 42                        | 66                        |

Table 1: Data from Health & Safety Annual Report 2024-2025.

An explanatory overview of the reasons for the two-fold increase of medical device incidents reported over the last three years, will be provided with reference to trends and themes. After a review of the medical device incidents, the majority sit with HPSS. However, there is noticeably 1 medical device incident that sits in NQIG.

\*Please note that there is a discrepancy with this data set. There were 23 MD incidents on the MD dashboard and Datix for 1 April 2022- 31 March 2023.

## 2. Summary

As observed in *Figure 1*, there has been an overall increase over 3 years (1 April 2022- 30 March 2025) in the number of medical device incidents reported on Datix.

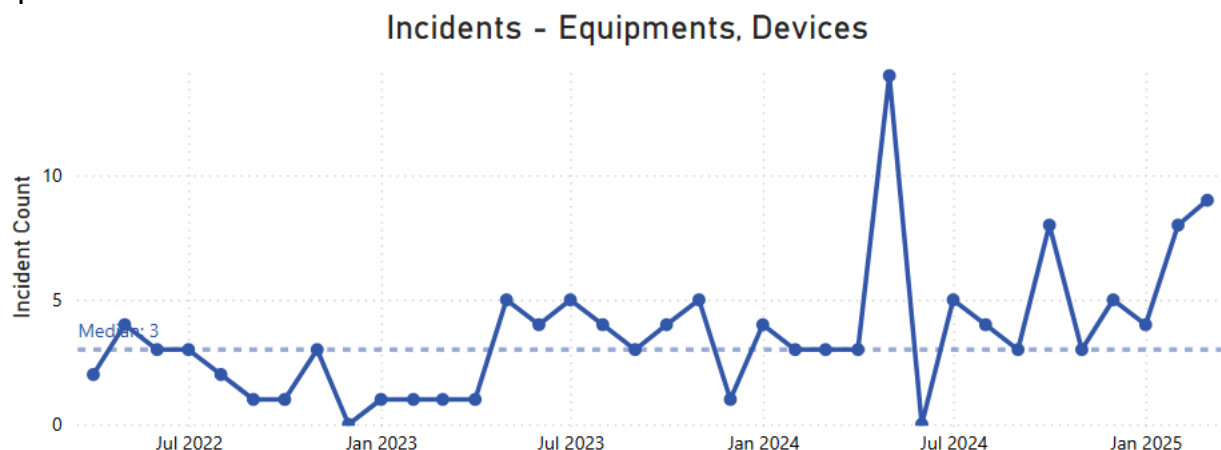


Figure 1

As observed in *Figure 2* the majority of medical device incidents over the last 3 years are within HPSS- Infection Services and Screening Division. The majority of medical device incidents (53%) occur in Infection Services, where there are the most medical devices.



### Incidents - Equipments, Devices

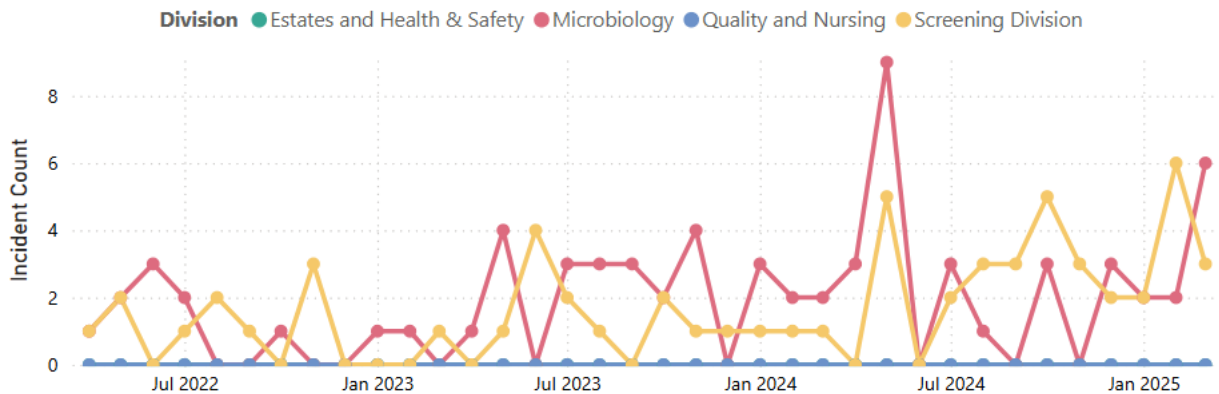


Figure 2

There is noticeably an increase of medical device incidents reported in May 2024. Special cause variation was noted. For Infection Services, this is an astronomical data point; this was due to a failure of medical device associated with LIMs which warranted further discussions as a Network and with BD. The increase was due to an issue with the Synapses software, which handles the data for the blood culture instruments around the Network and the Kiestra (front-end automation) in North Wales. The software for the whole network runs off the system in North Wales and an issue was identified where staff could inadvertently add text into a field on the software, which impacted on the order of the data and all instruments on this software in the other labs, causing problems sending patient results across to LIMS. Once identified, this was raised with the manufacturer, so this particular issue cannot reoccur. Communications across the Network have improved so that if there is an issue with Synapses, everyone is aware and there is increased vigilance with the data transfer. There was an increase in reporting of medical device incidents in Screening Services However no incidents during this time were related.

In October 2024, there was an increase in medical device incidents reported in both Infection Services and Screening Services. There were no related incidents in Infection Services. There were no related medical device incidents in Screening Services. However, during this time there were 4 accident/injury incidents due to difficulties manoeuvring the new cameras on the new trolleys. While these incidents are not categorised as medical device incidents, there were immediate actions were put in place.

In February 2025, there were 6 unrelated medical device incidents reported in Screening Services.

In March 2025, there was an increase in incidents reported in Infection Services. These incidents were all failure of medical devices trends identified included the Sysmex down in Swansea and Carmarthen.

There have repeated incidents occurring over time. Examples of which include the failure of medical devices with fundus cameras. The contributing

factors for this were that the devices were coming to end of life which supported the procurement process for the new cameras. There have been repeated incidents where artefacts in the BTW mobile units. The contributing factors for this is environmental, i.e. dust.

### 3. Incidents by Categories

#### Infection Services

Figure 4 provides an overview of the reported incidents category for Infection Services over the last 3 years (1 April 2022- 31 March 2025). The 70 medical devices incidents have been fully investigated and closed. The majority, 79% of medical device incidents, were categorised as failure of medical device. 4 incidents were accidental damage or loss, 4 incidents were medical device user error, 3 incidents were lack of availability of the medical device, 2 incidents were lack of availability of consumables, 1 incident was expired equipment/device and 1 incident was classified as other (incident occurred in 2023 and could have been classified as failure of medical device). There has been work undertaken to support and educate Datix Users on the correct classification of medical device incidents.

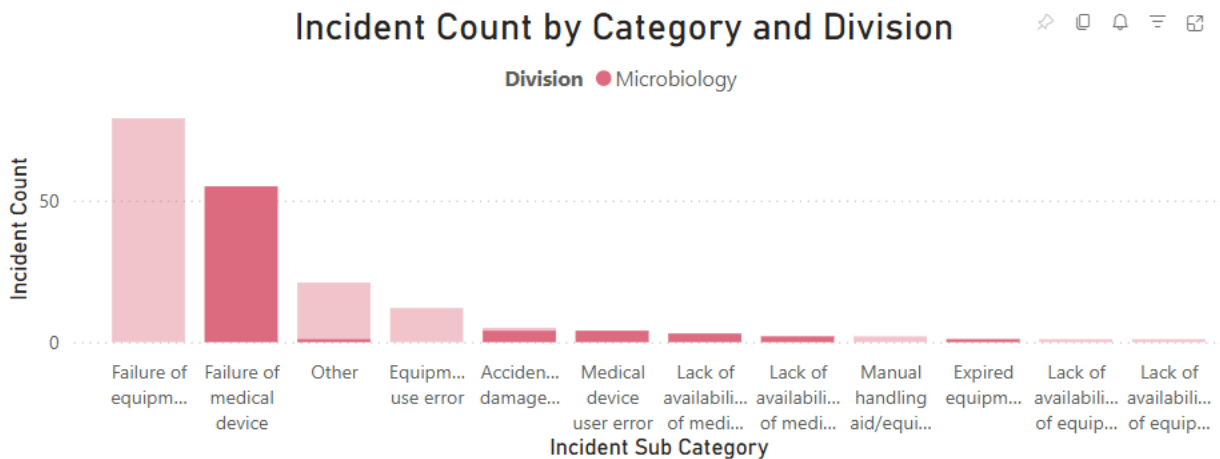


Figure 4

Areas in Infection Services reporting medical device incidents:

- Microbiology All Wales- 3 incidents
- Microbiology Betsi Cadwaladr – 8 incidents
- Microbiology Cardiff and Vale- 14 incidents
- Microbiology Cwm Taff- 3 incidents
- Microbiology Hywel Dda- 20 incidents
- Microbiology Swansea- 22 incidents

#### Screening Services

Figure 5 provides an overview of the reported incidents category for Screening Services over the last 3 years (1 April 2022- 31 March 2025). The 60 medical devices incidents have been fully investigated and closed. The majority, 58% of medical device incidents, were categorised as failure of medical device. 8 incidents were accidental damage or loss, 5 incidents were medical device user error, 4 incidents was classified as other (1 was identified it was a non-incident, 1 could have been categorised as a failure of medical device, 1 was referring to inadequate decontamination of the device and 1 could be categorised as expired equipment/device), 2 incidents were lack of availability of the medical device, 2 incidents were lack of availability of consumables, 2 incidents were expired equipment/device, 1 incident was unauthorised modification or adjustment and 1 incident was using the wrong device.

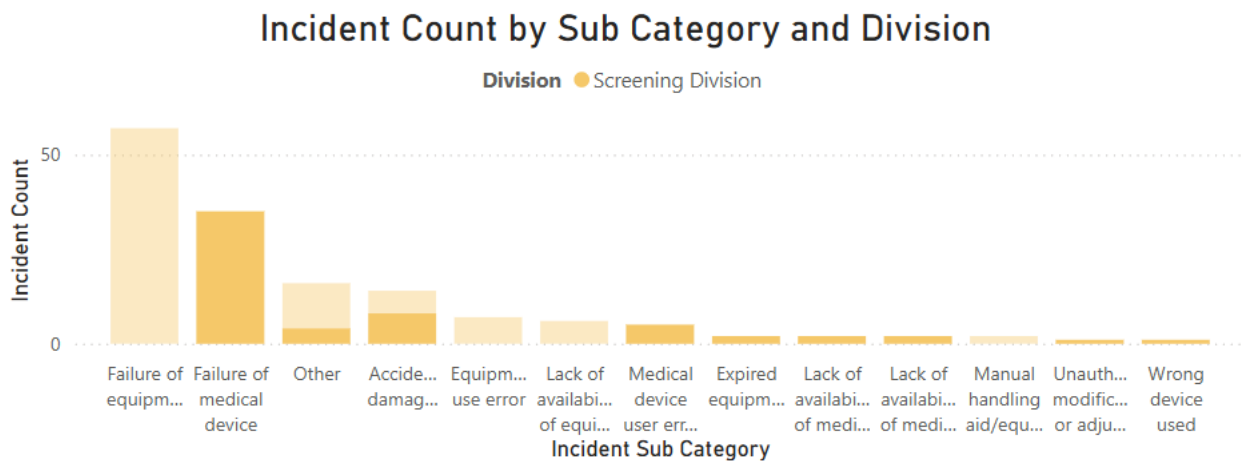


Figure 5

Areas in Screening Services reporting medical devices incidents:

- Wales Abdominal Aortic Aneurysm Screening Programme – 2 incidents
- Antenatal Screening Wales- 0
- Bowel Screening Wales- 0
- Breast Test Wales- 23 incidents
- Cervical Screening Wales- 3 incidents
- Diabetic Eye Screening Wales- 25 incidents
- Newborn Bloodspot Screening- 1 incident
- Newborn Hearing- 5 incidents
- Screening Labs- 1 incident

## 4. Levels of Harm

The reporter levels of harm were classified as:

None - 62

Low - 67

Moderate - 1

Severe - 0

The incident reported as moderate harm was in Infection Services. This incident was downgraded by the manager level of harm assessment to low.

\*\*Post investigation levels of harm were classified as:

None - 39

Low - 44

All moderate and above reported medical device incidents will be reviewed by the Putting Things Right (PTR) team together with the Clinical Governance Manager (CGM) and local Medical Device Safety Officers (MDSOs).

\*\* There are a total of 83 medical devices incidents on the MD dashboard recording post investigation level of harm.

## 5. Conclusion

There is an increase in the number of medical devices incidents reported in PHW over the 3 year period. On investigation, this reflects an increase in reporting rather than a real increase in the number of incidents. There are no particular themes or trends, and the level of harm identified is low or none.

The timing of the initial spike in reporting coincides with the Clinical Governance Manager in the Office of the Medical Director taking up post. There has been a closer look at incidents working with NQIG, also the promotion of incident reporting and a focus on shared learning through the reinvigorated Medical Devices Management Group. The Medical Devices Safety Officer (MDSO) role has been established in relevant areas with roles and responsibilities now clearly defined. This positive reporting culture has a number of clear **benefits**:

The benefits of capturing greater numbers of medical device incidents include:

- **To Service Users:** improves safety and reduced harm, improved service user experience ie. does not impact on change to clinic appointment, informed decision making.
- **To the Division:** provides a sense of openness and supports learning, enables themes and trends to be identified which support the consideration of possible alternatives at the procurement stage, aligns with the Duty of Quality.
- **To the Organisation:** enables continuous improvement and supports the development of healthcare within the organisation, enables

opportunities for collaborative shared learning, could potentially reduce costs i.e. claims/redress with effective learning.

## 6. Assurance

Assurance from increase in medical devices incidents:

- **Processes:** There are governance processes in place- Medical Devices Procedure, Effectiveness checks as preventative measures to prevent future incidents, development of shared learning, PHW MDSO meetings, PHW MDSO mailbox, MD Incident and Risk meetings- triangulating risks and incidents, identifying themes and trends, Quality Review meetings with CGM and PTR team, MD audits, MDMG, OMD CG meeting.

The above processes lead to improved patient safety, contributes to post-market surveillance and mitigation of risk.

CGM in post from May 2024. Local MDSO for Screening Services in post in February 2025.

## 7. Forward look

It is anticipated that the number of medical devices reported will increase due to:

- Improvements in reporting due to education, training and support. The CGM is working with the local MDSOs to ensure the Medical Devices Asset register is up to date and that it can be used by services as a tool to refer to, ensuring correct identification of a medical device. The CGM will provide informative sessions to the Datix Super User group around the classification of medical device incidents and the benefits of reporting to Datix.
- Quality Improvement project- posters will be developed to visually display what qualifies as a reportable medical device incident. Services may consider medical devices incidents are issues and therefore are not capturing these currently on Datix.