 <p data-bbox="406 280 534 425">GIG CYMRU NHS WALES</p> <p data-bbox="566 280 837 425">Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p data-bbox="1029 268 1388 369">Name of Meeting Quality, Safety and Improvement Committee</p> <p data-bbox="1141 376 1388 448">Date of Meeting 02 June 2025</p> <p data-bbox="1173 452 1388 515">Agenda item: 5.4</p>
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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 Business Executive Team

Purpose
<p data-bbox="204 1057 1388 1131">This report provides an update on the health and safety performance for the period of 01 January 2025 – 31 March 2025.</p>

Recommendation:				
<p data-bbox="300 1288 459 1317">APPROVE</p> <p data-bbox="359 1321 395 1355"><input type="checkbox"/></p>	<p data-bbox="592 1288 762 1317">CONSIDER</p> <p data-bbox="657 1321 694 1355"><input type="checkbox"/></p>	<p data-bbox="804 1288 1018 1317">RECOMMEND</p> <p data-bbox="890 1321 927 1355"><input type="checkbox"/></p>	<p data-bbox="1058 1288 1150 1317">ADOP T</p> <p data-bbox="1086 1355 1123 1388"><input type="checkbox"/></p>	<p data-bbox="1193 1288 1377 1317">ASSURANC E</p> <p data-bbox="1267 1355 1303 1388"><input checked="" type="checkbox"/></p>
<p data-bbox="204 1397 598 1426">The Committee is asked to:</p> <ul data-bbox="288 1467 1388 1538" style="list-style-type: none"> <li data-bbox="288 1467 1388 1538">• Receive assurance that appropriate measures are in place to monitor compliance and to address areas identified for improvement. 				



Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities.

This report contributes to the following:

Strategic Priority	Supporting the development of 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 quality themes of 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 January 2025 to 31 March 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 No RIDDORs were reported during the Quarter 3 reporting period (01 January 2025 to 31 March 2025).
- 3.2 Significant progress has been made on the findings from the summer HSE visits. Further HSE visits to Carmarthen and Aberystwyth have taken place in January, where additional actions have been identified which are currently being implemented by the Microbiology Division. Further information can be found in Section 6.
- 3.3 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:
 - Fire Risk Assessment
 - Water Management (Legionella) Risk Assessments
 - Electrical Inspection Condition Report (EICR)
 - Asbestos survey/re-inspection
 - Gas Safety Certification

All sites are currently at the 100% compliance target in relation these five key areas.

Further information can be found in Section 7.

3.4 All health and safety alerts and notifications received within the reporting period have been reviewed and addressed, with appropriate actions taken where required.

3.5 Further to the completion of the health and safety audits, the Health and Safety Advisor has continued audit review visits at premises to review progress of identified actions and help support premise leads on actions yet to have been completed.

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 January 2025 to 31 March 2025, we have seen a total of 90 incidents reported, a decrease of 11 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	No of incidents Q3	No of incidents Q4
Health and Wellbeing	1	1	2	0
HPSS - Health Protection	0	1	0	0
HPSS - Microbiology	40	36	40	38
HPSS - Screening	21	46	57	46
Nursing, Quality and Integrated Governance Directorate	2	0	0	0
NHS Executive	0	3	2	4
Operations and Finance	0	2	0	5
Total	64	89	101	93



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	No of incidents Q3	No of incidents Q4
Accident, Injury	26	39	40	40
Burns or scalds	1	0	1	1
Choking	0	0	0	1
Contact or exposure to electricity (electric shock)	0	0	0	1
Contact with needles or medical sharps	3	3	1	3
Contact with object or animal	1	8	9	4
Contact with or exposure to hazardous substance	15	18	14	9
Manual Handling - Non patient/service user handling	0	0	4	0
Manual Handling - Patient/service user handling	0	0	0	1
Slip, trip, or fall	5	7	7	11
Patient Injury	0	1	0	1
Road Traffic Collision	0	1	1	3
Struck against or by an object	1	1	3	5
Behaviour	2	7	6	4
Aggressive/threat ening behaviour	2	3	2	1



Anti-social behaviour	0	4	4	2
Patient clinically challenging behaviour	0	0	0	1
Equipment, Devices	24	29	34	30
Medical devices	17	12	16	21
Non-medical equipment	7	17	18	9
Infection Prevention and Control	2	3	2	4
Environmental cleaning (process and procedures)	2	2	0	3
Infection outbreak / period of increased incidence	0	0	1	0
Sterilisation / decontamination of equipment (including vehicles)	0	0	1	1
Hand hygiene	0	1	0	0
Ill Health (work related)	1	0	1	1
Ill Health	1	0	1	1
Infrastructure (including staffing, facilities, environment)	9	11	18	14
Cleanliness	1	1	1	2
Collection/delivery services	1	4	5	0
Environmental hazards / issues	5	6	12	12
Fire Safety	2	0	0	0
Total	64	89	101	93

All Incidents from Quarter 4 have been reviewed to identify any trends so appropriate action can be taken. Although 30 incidents have been reported under the Equipment, Devices classification, which is one third of the total reported incidents this quarter, 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.

On reviewing the harm assessment of each incident, 34 were considered no harm, 54 low harm, 4 moderate harm and 1 severe harm. The 1 considered severe harm is not health and safety related, as it relates to Equipment, Devices incidents in Screening Services, with an issue reported on one of the switches in the server room causing problems with the transfer of screening information at BTW Wrexham. This incident has been fully investigated and closed.

Of the 93 incidents reported during Quarter 4, 59 have been fully investigated and closed, with a further 3 incidents submitted for closure. The remaining 31 incidents are currently still in the investigation or management review stage and will be updated and closed once this has been completed.

5. RIDDORs

No RIDDORs have been reported to the Health and Safety Executive in Quarter 4.

6. Health & Safety Executive Visits

Further to the HSE routine site visits undertaken between 30 July and 1 August, as part of a schedule of routine site visits, and the issuing of the formal letter from the HSE, the following progress has been made on the findings:

No.	Finding	Progress
1	Complete the efficacy studies for the containment level 3 laboratories.	WCM (TB Ref lab and processing lab) completed. Efficacy report sent to inspector.
2	Undertake testing (minimum visual inspection, best practise a leak/pressure test) of the CL3 cabinet ducting for assurance of integrity.	Date being booked in. Deadline extended to June 27th to accommodate contractor. Three-year contract in place. Reports to be sent to inspector.
3	Improve complexity of uncontrolled spillage drills and standardise emergency response kits for uncontrolled spillage.	Completed.
4	Formalise monitoring arrangements for CL3 through a Code of Practise and Policy. Devise topic based horizontal audit programme to improve existing audit schedule.	Completed.



Further to the visit to the Rhyl Lab in December, additional visits were made to Carmarthen and Aberystwyth in January 2025, where verbal warnings on findings have also been issued. A workplan of all advise and warnings issued by the HSE has been developed and is currently being progressed.

The major impact from these visits occurred during the Carmarthen visit, where a direction to cease and desist from fumigation at the site was given. Instruction was given to inspect the network sealability certificates and any sites not sealed to be treated as Carmarthen. A new risk (1748 – Appendix 2) has been raised on Datix as a result. Actions have been identified to fix the sealability issues across the estate, which is currently being worked through by the Microbiology Division and is being tracked by the Senior Management Team.

A further HSE sites inspection will be scheduled in for the Bangor Laboratory around September 2025.

7. Estates Compliance with statutory and regulatory requirements

During the reporting period 01 January 2025 to 31 March 2025 the monitoring and scheduling of compliance has continued to be maintained. 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:

- 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 Executive, the NHS Executive 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. 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 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 4 is shown in the table below. Again, there has been little change in the compliance levels for all four training modules across the organisation since the last quarterly report. Currently 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, there are no Directorates achieving the Public Health Wales target across all four training areas. 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.

We will continue to direct staff to ensure training compliance is maintained and in areas that are falling short of Welsh Government and Public Health Wales targets, we work through Health and Safety Group representatives to highlight non-compliance with those targets to ensure training is undertaken. For the areas highlighted as red below an action to follow up directly with business leads within the Corporate and Health & Wellbeing Directorate will be recorded on the Health & Safety Group Action Log, and monitored by the group until compliance with the Welsh Government target in the respective training module.

Table 2: Health and safety training compliance by Directorate

Directorate	Fire Safety %	Health and Safety %	Manual Handling %	Violence and Aggression %
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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%
Overall Compliance	90.06%	93.45%	89.13%	97.31%

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

9. Additional training

9.1 First Aid / Fire Warden Training

The Estates and Health & Safety Division continues to work with local premise leads to ensure First Aid Needs Assessments are being completed 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 21 staff who have been registered for the training, all of whom have completed the training module, however 11 of these have now expired and are required to refresh their training. This is followed up with the relevant individuals.

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.



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

Online training of Fire Wardens continues to be rolled out across the organisation, with 367 staff registered for training. Currently 187 of those staff have completed the fire warden training (51.1%) and therefore are able to undertake this role within their designated base, which is a 3.9% improvement on last quarter. There are a further 99 staff (27%) 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 Directorates are still outstanding and this continues to be progressed between the Estates and Health & Safety Division and local leads.

A total of 80 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 Line Managers to ensure training is completed.

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.

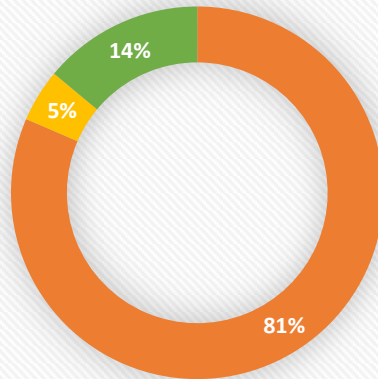
9.2 Health & Safety for Homeworkers Training

Staff working from home are required to undertake accredited online Health & Safety for Homeworkers training to ensure their safety and wellbeing. All 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 31 March 2025, 81% of staff who have been registered for the Health and Safety for Homeworkers training have completed the module, which is a 2% improvement on the previous quarter. However, there remains work still to be done to get compliance rates to the agreed organisation target of 85% compliance.

As part of the work to improve compliance levels, with the support of the People & Organisational Development Directorate we are now able to report compliance levels by Directorate and Division, and the following table shows the current picture of compliance levels by Directorate across the organisation:

Directorate	Compliance Rate Q3 (%)
Corporate Directorate	78.57%
Operations and Finance Directorate	77%
People & OD Directorate	90.48%
Nursing, Quality and Integrated Governance Directorate	95%
Policy, International Health Directorate	97.25%
Research, Data and Digital Directorate	91.3%
Health & Wellbeing Directorate	83.02%
Health Protection and Screening Services Directorate	79.14%
SPRs Directorate	100.00%
NHS Executive	74.19%

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, we have seen some Directorates improve compliance rates over the previous quarter, specifically the Nursing, Quality and Integrated Governance Directorate (16.43% improvement) and the NHS Executive (8.1% improvement).

However, work still needs to be done by the Health Protection and Screening Services (HPSS) Directorate, Corporate Directorate, Operations and Finance Directorate, Health & Wellbeing Directorate and NHS Executive to raise their compliance levels to the agreed target.

We will continue to work closely with all Directorates, ensuring monthly compliance updates are sent until compliance levels have met the required target.

9.3 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 416 Screening staff are currently registered for the training programme, with 18% 39.2% of those staff having completed the training to date, which is a 21.2% increase on the previous quarter and our biggest improvement in compliance to date. The Health & Safety Team continue to work with Screening to improve training compliance further and regular reminder emails are being sent to staff to complete the training. We expect the compliance rates to continue to rise in Quarter 1.

10. Health & Safety Audits

Action Plans from the Health & Safety Audits continue to be reviewed and there continues to be significant progress against the identified actions arising from audit visits, with appropriate support provided to complete actions where required. A new schedule for 2025/26 is being developed, which will look to utilise the AMaT auditing system, which will allow us to better track, monitor and report on progress against actions that have been identified. Updates are provided to the Health & Safety Group at each quarterly meeting.

11. Risk Registers

There are currently 15 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 meetings at monthly meetings.

The table below summarises the number of health and safety risks currently managed at a Directorate and Divisional level. Please note this covers all new risks reported since the previous report up until 31 March 2025. Since the last report, three new risks have been raised and six risks have been closed (ID 1169, 1378, 1639, 1646, 1682, 1732) following review and the implementation of key controls to reduce the risk to target levels:



Number of open Health and Safety Risks	15
Number not meeting target risk score - Tolerate	1 (ID-1562)
Number not meeting target risk score - Treat	14 (ID-1108, 1415, 1501, 1540, 1551, 1622, 1623, 1657, 1684, 1712, 1720, 1736, 1748, 1757)
New risks since last Health and Safety Report	3 (ID-1736, 1748, 1757)

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

	Initial	Current	Target
Risk Level			
Low Risk	0	1	10
Moderate Risk	3	7	5
High Risk	6	7	0
Extreme Risk	6	0	0

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

12. Policy updates

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

Display Screen Equipment Procedure – This procedure was approved by the Health & Safety Group at the Quarter 2 meeting and has been through the translation process. Procedure was published on the organisation’s intranet at the beginning of April 2025.

Waste Management Policy and Procedure –

Both the policy and the procedure are being finalised for the end of January and the challenges associated with ensuring accurate read across addressed between the policy and procedure.

Both will be available for consultation in may with final publication target date of July 2025.

Bomb Threat and Suspicious Packages Procedure -

This is currently in the process of being redrafted with an intended completion of date of April 2025. Further to which it will be published for consultation.

Security Procedure -

This is currently in the process of being redrafted with an intended completion date of April 2025. Further to which it will be published for consultation.

13. 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, **five** SESNs and **No** Publication Notices have been received:

Date Received	SESN No./ PN No.	SESN Description	Action
6 January 2025	SESN 25/01	Fire Safety Audit System	No Action required – PHW exempt from reporting requirements.
27 January 2025	SESN 25/02	SES Drone Service	No Action required – for information only
21 February 2025	SESN 25/03	NHS Estate in Wales – Fire Statistics Report Fire Incidents Unwanted Fire Signals 2024	No Action required – for information only



10 March 2025	SESN 25/04	Imaging and Therapies proposed approach to Capital Allocation 25/26-26/27	No Action required – for information only. (Relevant to Planning / Finance / HPSS)
9 April 2025	SESN 25/05	Estates and Facilities Performance Management System (EFPMS) - Submission of data for April 2024 - March 2025	Action – Completion of return required by June 30 th 2025. To be completed by Estates Division

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 measures are in place to monitor compliance and to address areas identified for improvement.



Appendix A

Health & Safety for Homeworkers Training Status by Directorate and Division

Directorate/Division	Compliance Rate Q3 (%)
Corporate Directorate	78.57%
Operations and Finance Directorate	77.00%
Communications Division	69.57%
Estates, Safety and Facilities Division	90.91%
Finance Division	94.59%
IM&T Division	31.59%
Strategy, Planning & Corporate Affairs Division	100.00%
People & OD Directorate	90.48%
Nursing, Quality and Integrated Governance Directorate	95.00%
Corporate Division	100.00%
Integrated Governance Division	92.31%
National Safeguarding Division	93.33%
Quality & Nursing Division	96.43%
Policy, International Health Directorate	97.25%
ACE's Hub Division	100.00%
Behavioural Science Division	100.00%
Central Division	100.00%
International Health Division	85.00%
Policy Division	100.00%
Projects Division	100.00%
WHIASU Division	100.00%
Research, Data and Digital Directorate	91.30%
Health & Wellbeing Directorate	83.02%
Health Improvement Division	82.14%
HWB Mgt. and Admin Division	88.24%
PCIC Division	83.33%



Health Protection and Screening Services Directorate	79.14%
Health Protection Division	92.08%
HPSS Corporate Division	72.73%
Microbiology Division	71.43%
Screening Services Division	74.28%
SPRs Directorate	100.00%
NHS Executive	74.19%
Strategic Programmes for Planned Care Division	100.00%
Strategic Programmes for Primary Care Division	66.67%
Strategic Programme for Mental Health Division	96.67%
Urgent & Emergency Care Division	100.00%
Quality, Safety and Improvement Division	81.63%
Performance & Assurance Division	54.05%
Networks Division	79.69%
Planned Care & Recovery Division	48.57%
Planning Division	87.50%
Finance Planning & Delivery Division	60.00%
Digital, Technology, Innovation & Value Division	79.31%

Appendix B

New risks reported during Quarter 4

Risk ID-1736 Screening

	Initial	Current	Target
Risk Level	Moderate Risk	Moderate Risk	Low Risk

There is a risk that staff may have to physically lift the camera when unloading and loading a van in Wrexham car park due to the uneven surface between the parking area and the venue. This is a manual handling risk as it could cause injury to staff and damage DESW equipment.

Key Controls are: Screeners to ensure they park in a suitable area for unloading/loading as per procedure. There are suitable areas available if you park a little further away for safe unloading/loading and then move the van once the camera is safely in clinic. This eliminates the risk because screeners will be able to load and unload as per procedure.

Actions being undertaken: Ongoing work being completed in conjunction with PHW Facilities Team and BCUHB Estates to identify an alternative venue for DESW Wrexham Maelor staff, which would seek to address a number of issues with the site and mitigate this risk

Risk ID-1748 Microbiology

	Initial	Current	Target
Risk Level	Extreme Risk	High Risk	Moderate Risk

There is a risk to the safety of staff (both PHW and Health Board staff) should a hazard group 3 organism with an aerosol transmission pathway (HG3AT) be isolated. This is linked to risk 1551.

This is caused by isolation of HG3AT unexpectedly (when not indicated by clinical information on request form) or deliberately on a site without a sealed containment level 3 laboratory (CL3) where it is not possible to fumigate in response to a spillage, to return the lab to safe use. Non sealed CL3 will be caused by insufficient repair and or maintenance of the existing CL3 laboratories, particularly those which have been retrofitted and repurposed rather than purpose built.

The effects will include:



1. an inability to process cultures of hazard group 3 organisms that are aerosol transmitted
2. removal of the WCM (Welsh Centre for Mycobacteria) service should this site be affected
3. inability to respond to white powder events at affected sites
4. increased TAT for patient results
5. increased costs for work transferred outside of PHW network (where it would not already be referred)
6. increased logistics costs
7. reputational impact
8. unknown impact on patient outcomes depending on suitability of empirical therapies

Key controls are:

- Code of practice detailing maintenance and monitoring checks for containment level 3 and its critical equipment.
- Audit schedule
- Annual sealability test and efficacy tests where laboratories are deemed sealable provided by external contractor.
- MDRA 042 detailing way of working in laboratories that are not sealed (not suitable for fumigation)
- MDHSGUID 042 detailing way of working for laboratories not suitable for fumigation
- Action plan to address sealability issue being monitored through SMT
- Estates paper drafted and escalated through SMT - linked to risk 1551

Actions being undertaken: Solutions are being sought for the sealability issues. An action plan is in progress and being monitored through SMT. A site visit is due to take place on 06/05/2025 by external contractors. Project proposal being developed to understand risk associated with Gram staining of high-risk blood cultures.

Risk ID-1757 Screening

	Initial	Current	Target
Risk Level	High Risk	High Risk	Low Risk

There is a risk that staff will not be compliant with statutory and mandatory face to face training courses due to issues with access to training. Therefore, an incident could occur due to staff not having sufficient training which could cause harm to staff and/or service users.

Key controls are: There are currently no controls in place to manage this risk.



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Actions being undertaken: Concerns have been raised with POD Business Partners. Discussions to take place to determine best way for staff to access training without further delays.