



 <p>GIG CYMRU NHS WALES Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p>Name of Meeting Quality, Safety and Improvement Committee</p> <p>Date of Meeting 04/06/2026</p> <p>Agenda item: 4.6</p>
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<h1>Health and Safety Annual Report 2025-2026</h1>	
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<p>Approval/Scrutiny route:</p>	<p>Health and Safety Group – 18/05/26 Business Executive Team – 20/05/26</p>
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<p>Purpose</p> <p>This paper presents the Health and Safety Annual Report for the period 1 April 2025 to 31 March 2026.</p> <p>The report provides the Committee with an annual summary of health and safety performance across Public Health Wales, including incident reporting, RIDDOR notifications, Health and Safety Executive engagement, statutory estates compliance, health and safety training, risk management, policy and procedure development, alerts and notifications, and delivery against the 2025/26 Health and Safety Work Plan.</p> <p>The report also highlights the significant development undertaken during the year to strengthen health and safety assurance arrangements, including improved quarterly reporting, enhanced visibility of statutory compliance and training data, development of digital assurance processes, and the completion of the Workplace Health and Safety Culture Survey and associated action planning.</p> <p>The submission is being made to provide assurance that appropriate arrangements are in place to monitor and manage health and safety risks, maintain compliance with statutory duties, respond to areas requiring</p>
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improvement, and support continued development of the organisation’s health and safety management system.

The Committee is asked to consider the annual position, note the key areas of assurance and improvement, and support continued delivery of the forward health and safety priorities for 2026/27.

Recommendation:

APPROVE <input type="checkbox"/>	CONSIDER <input checked="" type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
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The Committee is asked to:

- Take **assurance** that appropriate arrangements are in place to monitor health and safety performance, manage risks, respond to incidents and regulatory engagement, and progress improvement actions through the Health and Safety Group and established governance routes.



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 social care system
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Summary impact analysis

Equality and Health Impact Assessment	This is an internal assurance report. The report includes reference to the Workplace Health and Safety Culture Survey and actions to strengthen communication, visibility of local governance, DSE/home working arrangements and inclusive training.
Risk and Assurance	The report details the health and safety risk profile, statutory compliance position, incident trends, RIDDOR notifications, Health and Safety Executive engagement, policy development, training compliance and work plan delivery. It identifies areas of positive assurance and areas requiring continued improvement.
Health and Social Care (Quality and Engagement) (Wales) Act	This report supports and takes into account the Health and Care Standards for NHS Wales Quality Themes, particularly Theme 2: Safe Care.
Financial implications	No direct financial implications are identified within this report. Some actions arising from statutory compliance, risk assessment, policy implementation and mobile unit water safety may require local or organisational resource decisions.
People implications	The report identifies areas relating to staff health, safety, welfare, training, culture, home working, DSE, incident reporting and confidence to raise or act on safety concerns.



1. Introduction and Purpose

This report provides an annual assessment of health and safety performance across Public Health Wales for the financial year 1 April 2025 to 31 March 2026. It draws together the quarterly reporting provided to the Health and Safety Group, Business Executive Team and Quality, Safety and Improvement Committee during the year, and provides an overall assurance view on performance, compliance, risk management and improvement activity.

The Health and Safety at Work etc. Act 1974 provides the overarching legislative framework for managing health, safety and welfare at work. The organisation is required to provide safe systems of work, suitable work equipment, safe premises, appropriate information, instruction, training and supervision, and effective arrangements for identifying and controlling risk.

The report also reflects the developments made during 2025/26 to improve the maturity of organisational assurance, including more detailed quarterly analysis, improved reporting of role and site-specific training, enhanced policy and procedure review activity, use of digital inspection and assurance tools, and the launch and analysis of the Workplace Health and Safety Culture Survey.

2. Background

Public Health Wales has a legal duty under the Health and Safety at Work etc. Act 1974 to ensure, so far as is reasonably practicable, the health, safety and welfare of its employees and others who may be affected by its activities. This includes maintaining safe systems of work, safe premises, suitable work equipment, appropriate risk management arrangements, and the provision of information, instruction, training and supervision.

The organisation is also required to maintain effective arrangements for identifying, assessing, managing and monitoring health and safety risks, in line with relevant legislation, regulatory expectations and NHS Wales governance standards. This includes oversight of incident reporting, RIDDOR notifications, statutory compliance, health and safety training, policy implementation, risk registers and improvement actions.

The Health and Safety Group provides the primary governance forum for monitoring these arrangements and receiving assurance on health and safety performance across the organisation. The Annual Report is submitted to provide a year-end summary of performance, key developments, areas of assurance, risks and priorities for improvement.

This report covers the period 1 April 2025 to 31 March 2026 brings together the quarterly health and safety reports presented during the year. It also reflects



significant development activity undertaken during 2025/26, including strengthened assurance reporting, policy and procedure review, improved visibility of compliance data, digital inspection and monitoring arrangements, and the Workplace Health and Safety Culture Survey and associated action planning.

3. Annual Assurance Overview

Overall, the 2025/26 position supports a moderate to high level of assurance. The organisation has maintained effective core arrangements for incident reporting, statutory compliance monitoring, risk management, training oversight and policy review. There is also clear evidence of continued development in the maturity of health and safety governance, particularly through improved data visibility, more analytical quarterly reporting and the development of survey-led safety culture improvement planning.

The annual incident figures differ from those reported in the individual quarterly reports. This is due to a change in Datix review permissions during 2025/26, which provided access to additional incident category and sub-category codes relevant to health and safety review. The annual report is therefore based on the most complete year-end Datix extract available. The increase should be interpreted as an improvement in data visibility and reporting scope, rather than a deterioration in safety performance.

The strongest areas of assurance relate to year-end estates statutory compliance, closure of HSE investigations and formal correspondence, sustained organisational compliance above the Welsh Government 85% training target for core statutory and mandatory training modules, high incident closure rates, and the introduction of survey-led safety culture improvement planning.

The principal areas requiring continued attention are the validation and treatment of open risks, improvement of directorate-level training compliance where the Welsh Government or Public Health Wales targets are not being achieved, continued management of equipment and infrastructure-related incident themes, and implementation of the Health and Safety Culture Survey action plan.

Area	2025/26 assurance summary	Assurance
Reported incidents	405 incidents were identified in the year-end Datix extract. This differs from the 347 incidents previously reported through the quarterly reports due to expanded Datix reporting permissions and access to additional health and safety-relevant codes.	Moderate / High
Incident concentration	Incident reporting remains concentrated in operational areas, with HPSS Screening and	Moderate / High

	HPSS Microbiology accounting for 372 incidents, equivalent to 91.9% of the annual total.	
Incident severity	386 of 405 incidents, equivalent to 95.3%, were assessed as no or low harm. There were 18 moderate harm incidents and one severe harm incident.	High
Incident closure	400 of 405 incidents were closed at the time of the annual extract, representing a closure rate of 98.8%. The remaining five incidents related to Quarter 4 and were still progressing through investigation or management review.	High
RIDDORs	Nine RIDDOR notifications were submitted during the year. No RIDDORs were reported in Quarter 4. No fatalities were reported.	Moderate
HSE engagement	HSE investigations and formal correspondence reported during the year were closed by year end, with no open HSE formal correspondence requiring further action.	High
Estates compliance	By year end, all 17 relevant properties were reported as 100% compliant across the five key statutory compliance areas.	High
Training	All four core statutory and mandatory modules exceeded the Welsh Government 85% target at year end. Only Violence and Aggression exceeded the Public Health Wales 95% organisational target.	Moderate
Risk profile	17 open risks were recorded at year end. High and Extreme risks reduced from 13 at initial assessment to 8 currently, but one Extreme risk and four not-assessed current risks remain.	Moderate
Safety culture	The survey received 213 responses, representing approximately 9.8% of the organisation. Findings provide a useful indicative snapshot and have informed development of a targeted action plan.	Moderate
Work plan	7 of 18 actions were completed in the 2025/26 work plan, with 9 in progress and 2 not started at the latest update.	Moderate

4. Governance and Management Arrangements

The Health and Safety Group provides the primary organisational forum for scrutiny of health and safety performance, risk, compliance and improvement activity. The Group receives quarterly assurance reports and exception reports from relevant Directorates and Divisions through their health and safety leads.



During 2025/26, the quarterly report was strengthened to provide more detailed narrative analysis, clearer exception reporting, more visible risk and training trends, and a stronger link between incident themes, risk registers, policy development and forward improvement actions. This annual report adopts that improved approach and brings the quarterly themes together into a single year-end assurance position.

The governance arrangements continue to support escalation to the Business Executive Team and Quality, Safety and Improvement Committee where required. The development of health and safety policies, procedures, audit arrangements, risk reporting and training data continues to be overseen through these established governance routes.

The Health and Safety Group should continue to receive quarterly updates in 2026/27, with particular focus on the Health & Safety culture survey action plan implementation, risk register validation, directorate training compliance, HSE-related learning, and statutory compliance action tracking through the Computer Aided Facilities Management system once fully operational.

5. Key highlights for 2025/26

Theme	Annual highlight
Incident reporting	The year-end Datix extract identified 405 health and safety incidents during 2025/26. This differs from the 347 incidents previously reported through the quarterly reports due to expanded Datix reviewing permissions and access to additional category and sub-category codes.
DATIX Data visibility	The revised annual extract provides a fuller picture of health and safety-related incident activity, particularly in relation to infrastructure, security, vehicles, staffing, behaviour and infection prevention and control categories.
Operational concentration	Incident reporting remained concentrated within HPSS Screening and HPSS Microbiology, which together accounted for 372 incidents, or 91.9% of the annual total. This remains consistent with the operational nature and risk profile of these services.
Incident severity	The majority of incidents resulted in no or low harm. A total of 386 incidents, equivalent to 95.3%, were assessed as no or low harm, with 18 moderate harm incidents and one severe harm incident.
Incident closure	Incident closure performance was strong, with 400 of 405 incidents closed at the time of the annual extract. The five remaining open incidents related to Quarter 4 and were progressing through investigation or management review.
RIDDORs and HSE	Nine RIDDOR notifications were submitted during the year. No RIDDORs were reported during Quarter 4. By year end,

	relevant HSE investigations and formal correspondence had been closed.
Estates compliance	The year ended with 100% compliance reported across the five key statutory compliance areas for the 17 relevant properties within the estate compliance portfolio.
Policy development	Significant policy and procedure work was progressed, including Health and Safety, Water Management, Fire Safety, Asbestos Management, First Aid, and Control of Contractors.
Digital assurance	Digital approaches were further developed for AED checks, fire warden checks, inspection arrangements and action tracking, improving visibility of compliance and follow-up.
Safety culture	The Workplace Health and Safety Culture Survey was launched, extended, analysed and used to inform a targeted action plan.
Forward planning	The draft 2026/27 Work Plan has been developed to carry forward outstanding items and align future work with safety culture, strategy, policy review and digital assurance priorities.

6. Risk Management and Risk Register

As at the Quarter 4 position, there were 17 open health and safety risks recorded across the organisation. During 2025/26, 15 new health and safety risks were raised. Of these, 9 remained open at year end and 6 were closed during the year. In total, 14 health and safety risks were closed during 2025/26, including Risk 1808, which was not included in the closed risk register extract but has been included based on the information provided separately.

The risk profile demonstrates that health and safety risks continue to be concentrated within operational areas, particularly Screening Services, Infection Services (Microbiology), Estates and Health and Safety. This reflects the nature of the organisation's risk environment, including specialist laboratory activity, mobile screening services, fire safety, estates infrastructure, DSE, water safety, equipment reliability and public-facing services.

6.1. Current open health and safety risks

At year end, the current open risk profile showed that one risk remained Extreme, seven were High, five were Moderate, and four had not yet been assessed with a current score.

Table 1. Current open health and safety risk profile

Risk level	Initial	Current	Target
No Assessment	0	4	4
Low Risk	0	0	6
Moderate Risk	4	5	7
High Risk	10	7	0
Extreme Risk	3	1	0
Total	17	17	17

The profile shows a reduction in the highest-rated risks from the initial assessment position, with High and Extreme risks reducing from 13 initially to 8 currently. This indicates that controls and actions have reduced the level of risk in several areas.

However, the current profile also shows that there remains one Extreme risk, and that four risks do not yet have a current score. These should be prioritised for review during Quarter 1 of 2026/27 to ensure that each risk has a current assessment, target score, action plan, risk owner and clear review route.

The absence of any current Low risks indicates that risks tend to remain open while they are still above target or where further assurance is required before closure. This is appropriate, but the Health and Safety Group should continue to challenge risks that have reached target score to confirm whether they should remain open or be closed.

6.2. Open risks by Directorate / Division

Table 2. Open health and safety risks by Directorate / Division

Directorate / Division	Number of open risks
Screening Division	8
Microbiology	5
Estates and Health and Safety	3
Communications and Stakeholder Engagement	1
Total	17

The majority of open risks are held within Screening Services and Infection Services, which together account for 13 of the 17 open risks. This is consistent with the wider health and safety profile of the organisation, as these areas undertake higher-risk operational activities, including laboratory work, mobile screening, use of specialist equipment, direct public-facing service delivery and reliance on premises or infrastructure outside direct organisational control.

The three open risks held by Estates and Health and Safety relate to fire safety, DSE implementation and slips/trips/falls linked to car park arrangements. These

risks demonstrate the continuing importance of organisational oversight of premises, workplace arrangements and cross-cutting health and safety systems.

6.3. Key themes from current open risks

The current risk register shows several recurring themes:

Fire safety, compartmentation and evacuation arrangements

Fire safety remains a prominent theme. Open risks include fire door and compartmentation issues across the estate, fire compartmentation defects affecting Breast Test Wales, and a vehicle fire risk associated with a manufacturer safety alert. These risks have potential implications for life safety, evacuation, business continuity and regulatory compliance.

The current register also includes an open fire safety risk relating to vehicle fire risk following a safety alert from Ford. This highlights the need to consider fire safety beyond buildings and to include fleet, mobile services and equipment-related fire risks within the wider assurance framework.

Premises, infrastructure and working environment

Several risks relate to the suitability or condition of premises and the working environment. These include the ongoing risk at DESW Wrexham due to the condition of a portacabin used for service delivery, the Breast Test Wales Intruder alarm system issue, the DSE workstation risk, and the AAA screening room / decontamination equipment movement risk.

These risks demonstrate that the health and safety profile of the organisation is strongly influenced by the condition, design and management of the estate. This includes both Public Health Wales managed premises and premises where the organisation is dependent on landlords, Health Boards or other third parties.

Specialist laboratory infrastructure and equipment resilience

Infection Services continues to hold significant risks linked to infrastructure, specialist equipment and business continuity. Open risks include laboratory infrastructure, autoclave provision, Class II Microbiological Safety Cabinet replacement, and laboratory waste/autoclave capacity.

These risks are important because equipment or infrastructure failure in laboratory settings can affect staff safety, safe containment arrangements, waste management, service continuity and compliance with specialist regulatory expectations.



Mobile and public-facing screening services

Screening Services continue to feature strongly in the risk register. Current risks include mobile unit lift safety, DESW equipment movement, AAA clinic room arrangements, Breast Test Wales fire compartmentation and security/alarm issues, and the vehicle fire safety alert.

These risks reflect the complexity of delivering screening services from fixed, mobile and shared environments. They also demonstrate the need for strong local risk assessment, safe systems of work, equipment controls and clear escalation arrangements.

People, training and ergonomic risks

Risks relating to people, competence and ergonomics remain evident. The current register includes risks relating to DSE implementation, resuscitation training for DESW staff, and manual movement of equipment. These themes align with the Health and Safety Culture Survey findings, where DSE, repetitive work, workload and confidence in local arrangements were identified as important issues.

6.4. New risks raised during 2025/26

During 2025/26, 15 new health and safety risks were raised. These risks are listed below.

Table 3. New health and safety risks raised during 2025/26

Risk ID	Directorate / Service	Theme	Initial risk level	Current / closure position	Year-end status
1795	Microbiology - All Wales	Class II Microbiological Safety Cabinet failure / business continuity	High	Current High; target Moderate	Open
1808	NHS Wales Performance and Improvement	Insufficient fire warden cover / evacuation arrangements	Extreme	Current High; target Moderate	Closed during year
1868	Strategy and Planning	Administrative estate / working environment	Moderate	Current Moderate; target Low	Closed during year
2009	Breast Test Wales	Mobile unit water safety / service disruption	High	Reduced to Low; target Low	Closed during year



2037	Breast Test Wales	Legionella / microbiological water risk on mobile unit D19	High	Reduced to Moderate; target Low	Closed during year
2040	Breast Test Wales	Alarm system failure / security and disruption	Moderate	Current score not yet assessed	Open
2041	Breast Test Wales	Financial impact of water safety remedial work	High	Current High; target Moderate	Closed during year
2043	Microbiology - Betsi Cadwaladr	Autoclave failure / business continuity	High	Current High; target Moderate	Open
2077	Estates and Health and Safety	Vehicle accident risk at Copperworks car park	Extreme	Current Extreme; target Low	Open
2120	Infection - Hywel Dda	Medical gas regulators/manifolds and pressure systems assurance	High	Reduced to Moderate; target Low	Closed during year
2134	Communications and Stakeholder Engagement	Psychological harm to case studies from media/digital content	High	Current High; target Moderate	Open
2162	AAA Screening Wales	Manual handling/environment risk from moving decontamination equipment	Moderate	Current score not yet assessed	Open
2197	Estates and Health and Safety	DSE implementation and access to individually assessed workstation	High	Current score not yet assessed	Open
2234	Breast Test Wales	Fire compartmentation defects	High	Current score not yet assessed	Open
2237	AAA Screening Wales	Vehicle fire risk following manufacturer safety alert	High	Current High; target Moderate	Open

The new risks raised during 2025/26 show a broadening of the health and safety risk profile. While specialist operational risks remain important, the new risks also include DSE, fire warden cover, security, financial impact, psychological harm, car park safety and vehicle fire safety. This indicates that risk reporting is becoming more comprehensive and is capturing a wider range of work-related hazards. The largest new risk themes were:

Theme	Relevant risks	Commentary
Estates, premises, fire and physical environment	1808, 1868, 2040, 2077, 2162, 2234	Risks relate to fire warden cover, building suitability, security alarms, car park safety, room layout and compartmentation.
Mobile screening and vehicle-related risks	2009, 2037, 2041, 2237	Risks relate to Breast Test Wales water safety and associated cost pressures and vehicle fire risk affecting AAA vehicles.
Microbiology equipment and business continuity	1795, 2043	Risks relate to failure of specialist laboratory equipment and potential effect on safe service delivery.
People, competence and ergonomic controls	1808, 2162, 2197	Risks relate to evacuation arrangements, manual handling/equipment movement and DSE implementation.
Safeguarding and psychological harm	2134	Risk relates to psychological harm from media/digital content involving case studies.
Gas safety / specialist infrastructure	2120	Risk relates to medical gas regulators, manifolds and pressure systems assurance.

The new risk profile provides assurance that a wider range of health and safety concerns are being identified and captured. However, it also highlights the need to strengthen the consistency of risk recording, particularly where new risks have not yet been assigned a current risk score or action plan.

6.5. Risks closed during 2025/26

A total of 14 health and safety risks were closed during 2025/26.

Table 4. Health and safety risks closed during 2025/26

Risk ID	Directorate / Service	Theme	Initial risk level	Current risk level before closure	Target risk level
1108	Infection - All Wales	Class I Microbiological Safety Cabinet failure	Extreme	Low	Low
1501	Corporate Infection Prevention and Control	IPC capacity and governance	High	Moderate	Low
1540	Infection - Hywel Dda	Storage facilities / manual handling	Extreme	High	Low
1622	Infection - Cardiff and Vale	Fire safety / sprinkler system	Extreme	High	Moderate
1712	Diabetic Eye Screening Wales	Security / damage to Rhos House and vehicles	High	Low	Low
1623	Infection - Swansea Bay	Repetitive strain injury from manual DNA extraction	High	High	Moderate
1757	Screening Wide	Access to statutory and mandatory face-to-face training	High	Moderate	Low
1684	Infection - Cardiff and Vale	Gas cylinder exchange / road and manual handling risk	High	Moderate	Low
1808	NHS Wales Performance and Improvement	Fire warden cover / evacuation arrangements	Extreme	High	Moderate
1868	Strategy and Planning	Administrative estate / working environment	Moderate	Moderate	Low
2009	Breast Test Wales	Mobile unit water safety / service disruption	High	Low	Low
2037	Breast Test Wales	Legionella / microbiological water risk	High	Moderate	Low

2041	Breast Test Wales	Financial impact of water safety remedial works	High	High	Moderate
2120	Infection - Hywel Dda	Medical gas regulators and pressure systems assurance	High	Moderate	Low

The closure of 14 risks during the year provides positive assurance that risks are being actively reviewed, managed and removed from the register where appropriate. It also demonstrates that risk owners are progressing controls and actions sufficiently to allow closure or de-escalation through local governance routes.

However, not all closed risks had reached Low risk before closure. Some were closed while still recorded as High or Moderate. This does not necessarily mean closure was inappropriate, as some risks may have been superseded, transferred, accepted locally, or managed through alternative governance arrangements. However, the annual report should note that the Health and Safety Group should continue to ensure that risk closure decisions are clearly documented, including the reason for closure and evidence that either the target risk score has been achieved or that ongoing management has been transferred to an appropriate route.

6.6. Themes from closed risks

The closed risks during 2025/26 show progress across several important areas.

Specialist laboratory safety and infrastructure

A number of closed risks related to Infection Services (Microbiology), including Class I Microbiological Safety Cabinets, storage and manual handling, sprinkler systems, gas cylinder exchange, medical gas regulators and repetitive strain injury from manual DNA extraction. These risks are significant because they involve specialist environments, staff exposure to hazardous organisms, pressure systems, fire safety and manual handling.

The closure of these risks suggests that actions have been taken to strengthen controls, replace or manage equipment, improve assurance and reduce the risk profile. However, similar themes remain within the open register, particularly around Class II Microbiological Safety Cabinets, autoclaves and wider laboratory infrastructure. This indicates that while individual risks have been addressed, laboratory infrastructure and equipment resilience remain strategic themes for continued oversight.



Screening Services and mobile operational risks

Closed risks within Screening Services included DESW security, screening-wide access to face-to-face training, Breast Test Wales mobile unit water safety, Legionella/microbiological water risk and the financial impact of remedial works. These closures demonstrate progress in managing practical operational risks affecting mobile and public-facing services.

The Breast Test Wales water safety risks are particularly significant because they were linked to microbiological monitoring and Legionella Risk Assessment findings. An Incident Management Team was established and a subsequent Task and Finish Group tasked with the implementation of agreed actions and recommendations. Their closure provides assurance that the immediate risk response was progressed; however, ongoing monitoring of the implementation actions should continue through the relevant operational governance routes.

Fire safety and evacuation arrangements

Closed fire-related risks included the Cardiff and Vale sprinkler system risk and Risk 1808 relating to insufficient fire warden cover in NHS Wales Performance and Improvement. These risks show that fire safety risks continue to arise both from physical infrastructure and from local evacuation arrangements.

Although Risk 1808 is recorded as closed for annual reporting purposes, the narrative indicates that the risk was initially Extreme and reduced to High, with a target of Moderate. This should be checked locally to ensure the closure rationale is clearly documented and that any ongoing fire warden or evacuation arrangements are being monitored through local fire safety arrangements.

Premises, working environment and staff welfare

Risk 1868 related to the administrative estate and working environments. The controls indicate progress through approval of a business case, lease arrangements and fit-out planning for new accommodation. This demonstrates that health and safety risks can arise from the wider quality and suitability of the working environment, not only from traditional safety hazards.

Overall risk assurance statement

Overall, the 2025/26 risk register position provides moderate assurance.

Positive assurance is provided by the active identification of new risks, the closure of 14 risks during the year, and evidence that high and extreme risks are being reviewed through Directorate, Divisional and Health and Safety governance arrangements. The closure of risks relating to Microbiological Safety Cabinets, Breast Test Wales water safety, security, gas safety, training access and fire safety



demonstrates that risk owners are progressing actions and that the register is being used as an active management tool.

However, the current open risk profile also identifies areas requiring continued focus. At year end, one risk remained Extreme, seven risks remained High, and four risks had not yet been given a current risk score. Several open risks also have limited action-plan detail recorded. This reduces the level of assurance that all risks have a clearly defined route to target score.

The main areas for continued focus during 2026/27 are:

- review and validation of the four open risks with no current score
- continued oversight of the current Extreme risk relating to vehicle accident risk at Copperworks car park
- active management of High risks relating to Microbiology infrastructure, fire compartmentation, DSE, vehicle fire risk and safeguarding/psychological harm
- clear documentation of closure rationale where risks are closed before reaching target score
- improved consistency of risk action plans, including named owners, due dates, progress updates and evidence of completion
- continued reporting of new, closed and escalated risks through the Health and Safety Group
- thematic review of recurring risks linked to estates infrastructure, fire safety, specialist laboratory equipment, mobile screening services and people-related risks

The Health and Safety Group should continue to receive quarterly risk updates during 2026/27, including new risks raised, risks closed, movement in risk scores, overdue actions, risks not meeting target score, and any risks requiring escalation to Directorate or organisational risk registers.

7. Operational health and safety performance

7.1. Incident reporting overview

All staff are required to report incidents using the Datix system in accordance with organisational policies and procedures. Incident reports are reviewed to identify trends, ensure appropriate investigation, capture learning and support continued improvement in health and safety performance.

During 2025/26, a total of 405 health and safety incidents were identified through the year-end Datix extract. This differs from the cumulative total reported in the individual quarterly Health and Safety Reports, where 347 incidents had previously been reported.

The difference is due to a change in Datix reviewing permissions during 2025/26, which provided access to additional incident category and sub-category codes relevant to health and safety review. These additional codes include areas such as infrastructure, security, vehicles, staffing, behaviour and infection prevention and control. The annual report therefore reflects the most complete year-end Datix extract available.

The increase should be interpreted as an improvement in data visibility and reporting scope, rather than evidence of a deterioration in safety performance.

Table 5. Incident reporting by quarter

Quarter	Previously reported	Revised annual extract	Difference
Quarter 1	84	103	+19
Quarter 2	66	87	+21
Quarter 3	91	108	+17
Quarter 4	106	107	+1
Total	347	405	+58

Incident reporting was relatively consistent across the year, with Quarter 2 showing the lowest number of reported incidents and Quarter 3 showing the highest. Quarter 4 remained broadly consistent with Quarter 3. This indicates a stable reporting profile across the year, rather than a single period of exceptional incident activity.

Table 6. Incident reporting by Directorate / Division

Directorate / Division	Number of incidents	Percentage of annual total
HPSS - Screening	196	48.40%
HPSS – Infection Services (Microbiology)	176	43.50%
NHS Performance and Assurance	17	4.20%
Operations and Finance	7	1.70%
Research, Data and Digital	6	1.50%
Nursing, Quality and Integrated Governance	3	0.70%
Total	405	100%

Incident reporting remains highly concentrated within operational service areas. HPSS Screening and HPSS Infection Services (Microbiology) together accounted for 372 incidents, representing 91.9% of all reported health and safety incidents during 2025/26.

This remains consistent with operational activity levels the nature of the work undertaken in these services, including laboratory activity, specimen processing, mobile screening operations, clinical screening environments, vehicle use, equipment-dependent service delivery and direct interaction with service users and members of the public.

The data continues to support the conclusion that incident reporting is proportionate to operational activity levels and risk profile, rather than being evenly distributed across the organisation.

7.2. Incident classification and key themes

The 405 incidents reported during 2025/26 have been reviewed by classification to identify the main themes, emerging risks and areas requiring continued monitoring.

Table 7. Incident reporting by classification

Classification	Number of incidents	Percentage of annual total
Equipment, Devices	140	34.60%
Accident, Injury	131	32.30%
Infrastructure, facilities, environment and security	90	22.20%
Behaviour, including violence and aggression	26	6.40%
Infection Prevention and Control	17	4.20%
Patient/service user death*	1	0.20%
Total	405	100%

* This incident does not relate to any event arising from Public Health Wales work activities, but to an individual who passed away between appointments. It has been recorded for completeness and transparency and does not represent a health and safety failure.

The largest classification during 2025/26 was Equipment, Devices, with 140 incidents reported. These incidents were mainly associated with medical and non-medical equipment, equipment reliability, mobile screening unit systems, laboratory equipment, consumable issues, and faults that impacted service delivery. A significant proportion of these incidents related to operational resilience rather than direct health and safety harm. However, they remain important from a health and safety perspective because equipment reliability can affect safe systems of work, service continuity, staff safety and patient/service user experience.

The second largest classification was Accident, Injury, with 131 incidents reported. The main themes within this classification included contact with or exposure to hazardous substances, slips, trips and falls, contact with objects or animals, needlestick or sharps incidents, and struck-by incidents. These incidents continue

to reflect the practical risk profile of operational services, particularly within Infection Services (Microbiology) and Screening Services.

The most significant change from the figures previously reported through the quarterly reports relates to infrastructure, facilities, environment and security, which accounted for 90 incidents in the year-end extract. This increase is largely explained by improved Datix visibility following the change in reviewing permissions and access to additional category and sub-category codes. These additional incidents provide a fuller picture of health and safety-related issues affecting services, including vehicles, security, staffing, service failure and environmental conditions.

Behaviour related incidents accounted for 26 incidents during the year. These included aggressive or threatening behaviour, harassment, inappropriate behaviour and verbal assault. Although the total remains relatively low compared with other categories, the theme requires continued monitoring due to the potential impact on staff wellbeing, confidence and safety, particularly in services with public-facing activity.

Infection Prevention and Control (IPC) incidents accounted for 17 incidents during the year. The revised annual extract provides improved visibility of these incidents compared with the quarterly reports. No systemic IPC failure has been identified from the annual review, but continued monitoring remains important where IPC issues intersect with staff safety, service-user safety, cleaning, decontamination, hand hygiene or clinical environments.

7.3. Key incident categories

Further analysis of the incident categories shows that the largest individual themes relate to equipment, hazardous substance exposure, medical devices, slips/trips/falls, environmental hazards, vehicles and security.

Table 8. Key incident categories during 2025/26

Category	Number of incidents	Percentage of annual total
Non-medical equipment	77	19.00%
Contact with or exposure to hazardous substance	62	15.30%
Medical devices	61	15.10%
Slip, trip or fall	24	5.90%
Environmental hazards / issues	22	5.40%
Vehicles	15	3.70%
Security - NHS premises	14	3.50%
Service failure	13	3.20%
Contact with object or animal	12	3.00%

Contact with needles or medical sharps	10	2.50%
Aggressive / threatening behaviour	9	2.20%
Staffing	9	2.20%

The two equipment related categories, non-medical equipment and medical devices, accounted for 138 incidents. These incidents were particularly associated with Screening Services and Infection Services (Microbiology), where service delivery is highly dependent on specialist equipment, mobile unit infrastructure, laboratory equipment and consumables. While many of these incidents did not result in direct harm, they highlight the importance of preventative maintenance, equipment checks, escalation routes, contractor response and business continuity arrangements.

There were 62 incidents involving contact with or exposure to hazardous substances. These were largely linked to laboratory and screening activity, including biological materials, specimen processing, splashes, contamination of PPE and circumstances where incomplete or delayed clinical information may have affected the initial assessment of risk. This remains a key area for continued monitoring due to the potential severity of exposure incidents and the relationship with RIDDOR-reportable dangerous occurrences.

There were 24 slip, trip or fall incidents during the year. These occurred across a range of environments, including fixed sites, external areas, clinical environments and mobile screening units. Although most resulted in no or low harm, slips, trips and falls remain an important area of focus due to the potential for more serious injury, particularly where incidents involve steps, wet floors, external surfaces, mobile unit access arrangements or service users.

The revised annual extract also provides greater visibility of vehicle, security, service failure and staffing-related incidents. These themes are particularly relevant to mobile and operational services and should be monitored during 2026/27 to identify any recurring locations, service pressures, environmental factors or system issues.

7.4. Harm profile

The majority of incidents reported during 2025/26 were assessed as no harm or low harm.

Table 9. Incident harm assessment during 2025/26

Harm assessment	Number of incidents	Percentage of annual total
No harm	175	43.20%
Low harm	211	52.10%
Moderate harm	18	4.40%

Severe harm	1	0.20%
Total	405	100%

A total of 386 incidents, equivalent to 95.3%, were assessed as either no harm or low harm. This provides assurance that most reported incidents did not result in significant harm and that staff are using Datix to report near misses, low-level incidents and operational safety concerns.

There were 18 moderate harm incidents and one severe harm incident. These incidents were reviewed through the relevant incident management and governance processes. Themes included slips, trips and falls, hazardous substance exposure, needlestick injury, security-related incidents, equipment failure, behaviour-related incidents and one manual handling-related injury.

The harm profile supports the overall conclusion that the organisation has an active reporting culture and that issues are generally being identified and managed before more serious harm occurs. However, the presence of moderate and severe harm incidents reinforces the need for continued focus on higher-risk operational activities, particularly laboratory safety, mobile screening environments, slips/trips/falls, manual handling, equipment reliability and public-facing services.

7.5. Investigation and closure

Incident closure performance during 2025/26 provides positive assurance that reported incidents are being reviewed and progressed through established governance arrangements.

At the time of the annual extract, 400 of the 405 incidents had been closed. Five incidents remained open, all of which related to Quarter 4.

Table 10. Incident investigation and closure position

Status	Number of incidents
Closed	400
Management review	3
Under investigation	2
Total	405

This represents a closure rate of 98.8%. The median time from reported date to closure was 28 days. This provides positive assurance that incidents are being reviewed and closed through established governance arrangements.

The remaining open incidents should continue to be monitored through Datix and local governance arrangements until investigation, management review and any required actions are complete.



The high closure rate provides assurance that incident management processes are functioning effectively. Continued focus should be maintained on the quality of investigations, timely identification of learning, implementation of corrective actions and escalation of any recurring themes or significant risks.

7.6. Overall incident assurance statement

Overall, the 2025/26 incident data provides moderate to high assurance.

Incident reporting remains active and is concentrated in the operational areas where the organisation's highest levels of practical health and safety risk are present. HPSS Screening and HPSS Infection Services (Microbiology) accounted for the majority of incidents, which is consistent with the nature of their work and the level of operational activity undertaken.

The revised annual extract provides a more complete view of health and safety-related incident activity than the quarterly reports, due to expanded Datix coding visibility. The additional incidents do not materially change the overall assurance conclusion, but they do strengthen the need to continue monitoring infrastructure, vehicle, security, service failure, staffing and IPC related themes alongside the more established accident/injury and equipment/device categories.

The majority of incidents resulted in no or low harm, and incident closure performance was strong. This suggests that staff continue to report incidents and near misses and that reported incidents are generally being reviewed and closed through appropriate governance arrangements.

The main areas for continued focus during 2026/27 are:

- equipment and infrastructure resilience, particularly in mobile and operational service environments
- hazardous substance exposure and biological agent controls within Microbiology
- slips, trips and falls across fixed sites, car parks, mobile units and clinical environments
- vehicle and mobile screening unit-related risks
- security and behaviour-related incidents affecting staff and service users
- continued improvement in Datix coding, reporting permissions and data quality
- timely closure of remaining open incidents and evidence of completed learning/actions.

This position should continue to be monitored through quarterly Health and Safety Reports to the Health and Safety Group, with escalation to the Business Executive Team and Quality, Safety and Improvement Committee where required.



7.7. Breast Test Wales mobile unit water safety

Water safety concerns relating to Breast Test Wales mobile units were identified during 2025/26 following abnormal microbiological monitoring results and Legionella Risk Assessment findings. An Incident Management Team was established in August 2025, supported by a Task and Finish Group, to review Legionella Risk Assessment recommendations, identify must-do actions, agree best practice requirements and support implementation of the required control measures.

The work included consideration of safe water provision and use on the mobile units, monitoring arrangements, risk assessment findings, procurement requirements, operational controls and longer-term mitigation measures. A final IMT closure report was prepared in February 2026 and submitted to the Business Executive Team for approval.

An implementation group has since been established to oversee delivery of the agreed IMT and Task and Finish Group actions, with support from NHS Wales Shared Services Partnership colleagues, including Procurement Services and Specialist Estates Services.

This issue represents a significant area of learning and assurance for 2025/26. It demonstrates that concerns identified through monitoring and incident reporting were escalated, reviewed through appropriate governance arrangements, and translated into an implementation programme. Progress against the agreed actions should continue to be monitored during 2026/27 through the relevant operational governance routes, risk registers and Health and Safety reporting arrangements.

8. RIDDOR reporting and Health and Safety Executive engagement

During 2025/26, nine RIDDOR notifications were submitted to the Health and Safety Executive. This represents an increase from the three notifications submitted during 2024/25. The increase was primarily linked to biological agent dangerous occurrences within Infection Services (Microbiology), specified injury notifications and one incident involving a member of the public. No RIDDOR notifications were submitted during Quarter 4 and no work-related fatalities were reported.

The annual RIDDOR profile highlights the importance of maintaining strong controls in specialist laboratory environments, particularly where work involves biological agents, containment arrangements, sharps, out-of-hours working, workload pressures and accurate clinical information. It also reinforces the need to maintain effective controls in public-facing and mobile screening environments,

where service users and members of the public may be affected by Public Health Wales activities.

Table 11. RIDDOR notifications by quarter

Quarter	RIDDOR notifications	Summary
Quarter 1	3	Dangerous occurrence involving biological agents; specified injury; over-seven-day injury.
Quarter 2	2	Two dangerous occurrences involving biological agents, including Salmonella Typhi exposure and a needlestick injury in CL3.
Quarter 3	4	Member of public injury at a mobile unit, Brucella melitensis exposure, and two specified injury notifications. HSE later indicated one specified injury did not meet the RIDDOR threshold.
Quarter 4	0	No RIDDORs reported.
Total	9	

Table 12. RIDDOR notifications by reportable category

RIDDOR category	2025/26 notifications
Over-seven-day injury	1
Specified injury	3
Dangerous occurrence	4
Injury to member of the public / non-employee	1
Fatality	0
Total	9

The RIDDOR profile highlights the need to maintain focus on specialist laboratory processes, particularly where Hazard Group 3 biological agents may be present or where work takes place out-of-hours, with reduced staffing or under workload pressure. Learning from incidents has included strengthened procedure adherence, review of SOPs and bench aids, updated risk assessments, improved escalation and engagement with the Behavioural Sciences team to support targeted cultural improvement activity.

Table 13. Summary of HSE engagement during 2025/26

Matter / incident	Type of HSE engagement	Key action taken	Year-end position
Brucella melitensis exposure	HSE investigation	Investigation completed and relevant evidence/actions reviewed.	Closed

Salmonella Typhi exposure	HSE investigation	Investigation completed and learning/actions progressed through Microbiology governance.	Closed
CL3 laboratory sealability	Formal HSE correspondence	Evidence submitted within required timeframe.	Closed; evidence accepted as sufficient
Sharps management	Formal HSE correspondence	Evidence submitted within required timeframe.	Closed; evidence accepted as sufficient
Scheduled HSE inspection programme	Proactive HSE engagement	Scheduled inspections completed.	No further inspections due until 2027

By year end, HSE investigations relating to Brucella melitensis and Salmonella Typhi exposure had been closed. Formal correspondence relating to the sealability of Network Containment Level 3 laboratories and the management of sharps had also been closed, with submitted evidence accepted as sufficient. There was no open HSE formal correspondence requiring further action at the time of the Quarter 4 report.

All scheduled HSE proactive inspections for the current inspection cycle were completed, with no further inspections due until 2027. This provides positive year-end assurance, while also reinforcing the need to ensure learning from HSE engagement is embedded into local and network-wide arrangements.

Overall, the RIDDOR and HSE engagement position provides moderate assurance. While the number of RIDDOR notifications increased compared with the previous year, incidents were reported to the HSE where required, investigated through relevant governance arrangements, and used to identify learning and corrective actions. By year end, HSE investigations and formal correspondence reported during the year had been closed, with no open HSE formal correspondence requiring further action.

Continued focus is required during 2026/27 on embedding learning from RIDDOR-reportable incidents, particularly within Microbiology and mobile/public-facing screening environments, and ensuring that actions arising from investigations are completed, evidenced and monitored through appropriate governance routes.

9. Estates statutory and regulatory compliance

Public Health Wales operates across a diverse estate, including leased premises, shared premises, hosted environments, mobile screening units and specialist operational areas. Responsibility for statutory compliance varies depending on the property and whether Public Health Wales, the landlord, a Health Board or another host organisation holds relevant duties.

For properties where Public Health Wales is responsible for the relevant statutory duties, compliance is monitored across five key areas:

- Fire Risk Assessment
- Water Management (Legionella) Risk Assessment
- Electrical Installation Condition Report
- Asbestos survey/re-inspection
- Gas Safety Certification

Table 14. Estates statutory compliance portfolio at year end

Quarter	Portfolio reported	Compliance position
Q1	16 properties	Fire, asbestos, EICR and gas were 100%; Water Management was 87%.
Q2	16 properties	100% compliance reported across all five key areas.
Q3	17 properties	100% compliance reported across all five key areas.
Q4	17 properties	100% compliance reported across all five key areas; 15 fixed sites and 2 mobile breast screening units.

The Quarter 1 Water Management shortfall was resolved, and 100% compliance was reported across all five key compliance areas for the remainder of the year. This provides strong assurance that the rolling programme of compliance assessments and inspections is being maintained for premises within the Public Health Wales compliance portfolio.

It is important to note that 100% compliance with completion of assessments and inspections does not mean that sites are free from risk. Rather, it provides assurance that the relevant statutory assessments and inspections have been completed and that resulting actions can be identified, prioritised and monitored.

A Computer Aided Facilities Management system was secured during the reporting period. This should strengthen action tracking, evidence retention, reporting and assurance around statutory compliance actions during 2026/27.



For Health Board or hosted premises, securing formal compliance assurance remains challenging. The online assurance check process is being reviewed to improve return rates. In the absence of returns, it should not be assumed that host sites are non-compliant; however, the organisation should continue to strengthen documented assurance arrangements for hosted environments.

10. Health and safety training

10.1. Core statutory and mandatory training

All staff are required to complete a range of statutory and mandatory training modules. The key health and safety statutory and mandatory modules are Fire Safety, Health and Safety, Moving and Handling Level 1, and Violence and Aggression A. The Welsh Government All Wales compliance target is 85%, with a Public Health Wales organisational target of 95%.

Table 15. Core statutory and mandatory training compliance at year end

Module	Q1	Q4	Movement	Year-end assessment
Fire Safety	89.75%	90.40%	↑0.65%	Above WG target; below PHW target
Health and Safety	93.80%	92.63%	↓1.17%	Above WG target; below PHW target
Moving and Handling Level 1	89.47%	88.13%	↓1.34%	Above WG target; below PHW target
Violence and Aggression A	97.30%	96.77%	↓0.53%	Above WG and PHW targets

At year end, all four core modules remained above the Welsh Government 85% target. However, Fire Safety, Health and Safety and Moving and Handling remained below the Public Health Wales 95% target. Violence and Aggression A remained above both the Welsh Government and Public Health Wales targets.

Directorate-level variation remains an important area for continued action. The Corporate Directorate was below the Welsh Government target for Fire Safety, Health and Safety, and Violence and Aggression A at year end. Focused work should continue through Directorate representatives and Business Leads to improve compliance, particularly where directorates fall below the 85% minimum target or remain materially below the 95% organisational target.

Table 16. Core statutory and mandatory health and safety training compliance by Directorate

Directorate	Fire Safety %	Health and Safety %	Manual Handling %	Violence and Aggression %
028 L3 Corporate Directorate	81.48%	81.48%	85.19%	81.48%
028 L3 Health & Wellbeing Directorate	86.86%	94.29%	86.29%	94.86%
028 L3 Health Protection and Screening Services Directorate	89.63%	91.95%	86.37%	97.01%
028 L3 Nursing, Quality and Integrated Governance Directorate	93.33%	96.67%	98.33%	100.00%
028 L3 Operations and Finance Directorate	94.23%	91.35%	91.35%	94.23%
028 L3 People & OD Directorate	97.96%	87.76%	93.88%	97.96%
028 L3 Policy and International Health Directorate	94.19%	97.67%	95.35%	97.67%
028 L3 Research, Data and Digital Directorate	94.30%	96.37%	94.30%	98.45%
Overall Compliance	90.40%	92.63%	88.13%	96.77%

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

10.2. Resuscitation training

Resuscitation training compliance was included within the Health and Safety quarterly reporting arrangements during 2025/26 to improve visibility of role-specific training requirements. This has strengthened organisational oversight and provides a clearer basis for identifying where targeted follow-up is required.

At year end, overall compliance for Resuscitation Level 1 was 90.86%, which exceeds the Welsh Government 85% compliance target but remains below the Public Health Wales organisational target of 95%. This provides a reasonable level of assurance that the majority of staff who require this training have completed it, although further improvement is required to meet the internal organisational expectation.

Compliance for Resuscitation Level 2 – Adult and Resuscitation Level 2 – Paediatric was lower, at 65.37% and 72.97% respectively. These modules are more targeted and apply to specific staff groups, which means the compliance position should be interpreted in the context of role requirements and local service arrangements.

However, the figures indicate that additional follow-up is required to ensure staff who require this training are identified, booked and supported to complete it.

The lower compliance rates for Level 2 training may reflect a combination of operational pressures, availability of training sessions, release of staff from service delivery areas and the need to ensure accurate staff training profiles. Continued monitoring will be required during 2026/27 to ensure compliance improves and that any barriers to completion are identified and addressed.

Table 17. Resuscitation training compliance by module

Module	Overall compliance at year end	Assessment
Resuscitation Level 1	90.86%	Above Welsh Government 85% target but below PHW 95% target.
Resuscitation Level 2 Adult	65.37%	Requires targeted improvement for staff in relevant roles.
Resuscitation Level 2 Paediatric	72.97%	Requires targeted improvement for staff in relevant roles.

Overall, the Resuscitation Level 1 position provides moderate assurance, while the Level 2 Adult and Paediatric positions require further improvement. Directorate and service leads should continue to review staff training requirements, ensure training profiles are accurate, and monitor completion through local governance arrangements.

10.3. First Aid and Appointed Person training

First aid provision remains a key element of the organisation's health and safety arrangements. During 2025/26, the Estates and Health and Safety Division continued to work with premises leads to strengthen local First Aid Needs Assessments and ensure that first aid provision reflects the nature of the work undertaken, site occupancy, hybrid working patterns, service-user interaction and local risk profile.

At year end, the Appointed Person training position showed that 30 staff were registered for training. Of these, 10 had completed the training, 9 had not started, and 11 had expired training.

Table 18. First Aid Appointed Person training compliance by status

Status	Number of staff	% of registered staff
Completed	10	33.30%
Not started	9	30.00%
Expired	11	36.70%

Total registered	30	100.00%
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The year-end position indicates that Appointed Person training requires focused improvement during 2026/27. While the number of staff registered provides evidence that local arrangements are being identified, the proportion of staff with expired or not-started training reduces the level of assurance that adequate cover is consistently maintained across all areas.

This is particularly important because Appointed Person training is subject to annual renewal. Without effective monitoring and timely refresher completion, compliance can reduce quickly even where training has previously been completed. The introduction of clearer reporting should help identify expired or outstanding training earlier and support more proactive follow-up with premises leads and managers.

The revised First Aid and Provision of First Aid Equipment Procedure should also support improved assurance by clarifying responsibilities for First Aid Needs Assessments, first aid equipment checks, AED inspection arrangements and local review of first aid provision. During 2026/27, the focus should be on ensuring that each site or service has an up-to-date First Aid Needs Assessment, that identified first aid cover is appropriate, and that training records are reviewed regularly.

Overall, the year-end position provides limited to moderate assurance. Arrangements are in place, but training completion and renewal require targeted action.

10.4. Fire Warden training

Fire Warden training continued to be monitored during 2025/26, with improved visibility of completion rates by site. This was an important development because overall organisational figures alone do not provide sufficient assurance that appropriate local fire warden coverage is in place. Site-level reporting enables local gaps, expired training and areas of reduced cover to be identified more clearly.

At year end, 351 staff were registered for Fire Warden training. Of these, 224 had completed training, 12 were in progress, 59 had not started, and 56 had expired training.

Table 19. Fire Warden training compliance by status

Status	Number of staff	% of registered staff
Completed	224	63.80%
In progress	12	3.40%
Not started	59	16.80%
Expired	56	16.00%
Total registered	351	100.00%



The year-end position provides partial assurance. A significant number of staff have completed training, but the number of staff with expired training or training not yet started means that local arrangements require continued monitoring. This is particularly important in the context of hybrid working, variable site occupancy and services operating across different types of premises, including administrative sites, screening locations, microbiology laboratories and hosted environments.

Fire Warden provision should not be assessed solely by the number of trained staff across the organisation. The key assurance question is whether each site has sufficient trained fire wardens available when the building or service is occupied, taking account of working patterns, floor areas, local evacuation arrangements, staff mobility needs and the presence of service users or visitors.

The move towards more structured Fire Warden reporting and digital fire warden checks should strengthen assurance during 2026/27. It will allow the organisation to better identify locations where training has expired, where cover may be insufficient, or where local follow-up is required.

Overall, Fire Warden training provides moderate assurance, with clear evidence of organisational oversight and site-level visibility. However, further work is required to reduce expired and not-started training and to ensure that fire warden provision is aligned with local fire risk assessments and emergency evacuation plans.

10.5. Health and Safety for Homeworkers

Health and Safety for Homeworkers training remains an important control due to the organisation’s continued use of hybrid and home-based working arrangements. The training supports staff to understand the risks associated with working from home, including display screen equipment, workstation set-up, slips and trips, electrical safety, wellbeing and reporting arrangements.

At year end, the training compliance rate was 90.6%, while the associated self-assessment compliance rate was 80.6%.

Table 20. Health and Safety for Homeworkers training and self-assessment compliance

Measure	Year-end position
Training compliance rate	90.60%
Self-assessment compliance rate	80.60%

The training compliance rate provides moderate assurance and shows that the majority of staff have completed the learning element. However, the lower self-assessment completion rate indicates that a proportion of staff may have completed the training without completing or updating the practical assessment of their home working arrangements.

This distinction is important. Training helps staff understand their responsibilities, but the self-assessment provides the practical evidence that staff have reviewed their own workstation and working environment. Without a completed self-assessment, managers and the organisation have reduced visibility of whether staff have identified issues, require equipment, need further advice, or need a formal DSE assessment.

The Health and Safety Culture Survey also identified DSE, repetitive work and home working as important staff-reported themes. This reinforces the need to continue improving self-assessment completion and follow-up arrangements during 2026/27.

The focus for the next reporting period should be to improve the self-assessment completion rate, ensure managers review and act on issues raised, and strengthen links between home working training, DSE assessments, occupational health advice and local management support.

Overall, the homeworking training position provides moderate assurance. The main improvement required is to close the gap between training completion and self-assessment completion.

10.6. Disability Awareness and Inclusion training

Disability Awareness and Inclusion training continued to be rolled out across Screening Services during 2025/26. This training is important because Screening Services involve direct interaction with members of the public and service users, including people who may require reasonable adjustments, accessible communication, additional support or modified service arrangements.

At year end, overall compliance across Screening Services was 39.42%, with variation between screening programmes.

Table 21. Disability Awareness and Inclusion training compliance by Screening Programme

Screening Programme	Training compliance
Antenatal Screening	100.00%
Bowel Screening	45.45%
Breast Screening	27.61%
Cervical Screening	38.71%
Diabetic Eye Screening	42.61%
Newborn Hearing Screening	50.00%
Abdominal Aortic Aneurysm Screening	37.50%
Screening Management	55.56%



Total	39.42%
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The year-end position indicates that further targeted action is required. While some areas have achieved higher compliance, overall completion remains low and inconsistent across programmes. This limits the level of assurance that staff across Screening Services have received consistent training in disability awareness and inclusion.

The variation between programmes suggests that local follow-up and ownership will be important. Programmes with lower compliance should be asked to review the list of staff requiring the training, confirm whether staff profiles are accurate, and identify any barriers to completion. Where completion is higher, learning should be shared to understand whether local communication, management follow-up or training access arrangements have supported improved uptake.

Improving compliance should support both staff confidence and service-user experience. It also aligns with wider organisational priorities around inclusion, accessibility, equality and quality of care.

Overall, the current compliance position provides limited assurance and should remain a specific area for monitoring during 2026/27. Progress should be reported through Screening Services governance arrangements and included in future Health and Safety reporting where appropriate.

10.7. Overall training assurance statement

Overall, the 2025/26 training position provides moderate assurance.

The organisation continues to achieve the Welsh Government 85% compliance target for the four core statutory and mandatory health and safety modules, and Violence and Aggression A remains above the Public Health Wales 95% organisational target. This provides positive assurance that the core training framework is functioning and that most staff are completing mandatory learning.

However, several areas require continued improvement. Fire Safety, Health and Safety, and Moving and Handling Level 1 remain below the Public Health Wales 95% organisational target. There is also variation between Directorates, with some areas falling below expected compliance levels. Role-specific training, including Resuscitation Level 2, Appointed Person training, Fire Warden training and Disability Awareness and Inclusion training, requires more targeted monitoring and follow-up.

The reporting improvements made during 2025/26 provide better visibility of these issues. The priority for 2026/27 should be to use this improved data to support focused action by Directorate and service leads, rather than relying solely on organisation-wide averages.



Future reporting should continue to monitor:

- compliance with the Welsh Government 85% target and Public Health Wales 95% organisational target
- Directorate-level variation in core statutory and mandatory training
- role-specific training compliance for Fire Wardens, First Aid/Appointed Persons and Resuscitation
- expired and not-started training
- homeworking self-assessment completion
- Disability Awareness and Inclusion training within Screening Services
- evidence that managers are acting on training gaps and local compliance issues.

This approach will provide stronger assurance that staff have the required knowledge, skills and competence to support safe working arrangements across the organisation.

11. Health and safety audits, inspections and digital assurance

During 2025/26, the organisation continued to develop its approach to health and safety audits, inspections and action tracking. The Health and Safety Audit question set was migrated to the AMaT auditing system to support improved monitoring and reporting of actions arising from audits.

Digital assurance arrangements were also strengthened through development of centrally visible checks and databases, including AED monthly inspection arrangements, fire warden checks and workplace inspection data. These developments are important because they move assurance away from locally held records and towards centrally visible evidence that can be monitored, reported and escalated.

The 2026/27 Work Plan includes further review of existing health and safety checklists so they can be digitised. This should improve the organisation's ability to monitor compliance trends, identify recurring themes, and provide stronger evidence to the Health and Safety Group and relevant committees.

The purchase of a Computer Aided Facilities Management System (CAFM system) during the year should provide an additional step forward in managing statutory compliance actions, estates related maintenance actions and evidence-based reporting.

12. Policies and procedures developed and reviewed

Significant progress was made during 2025/26 to strengthen the health and safety policy and procedure framework. This is one of the most important areas of system development during the year and should be highlighted as a key assurance improvement.

Table 22. Health and safety policies and procedures reviewed or developed during 2025/26

Policy / Procedure	Year-end position
Health and Safety Policy	Received final approval by the Quality, Safety and Improvement Committee, translated and published on the intranet.
Water Management Policy and Procedure	Comprehensively reviewed and updated to reflect current legislation, guidance and organisational practice; consultation completed and scheduled for approval route.
Fire Safety Policy and Procedure	Significantly updated to strengthen governance, roles and responsibilities, and alignment with current fire safety legislation and best practice; consultation completed and scheduled for approval route.
Asbestos Management Procedure	Reviewed and updated to reflect legislation, HSE guidance, duty holder arrangements, laboratories in Health Board premises, contractor control and records management.
First Aid and Provision of First Aid Equipment Procedure	Reviewed and updated to strengthen First Aid Needs Assessments, first aid provision, AED checks, remote/lone/community working and risk-based assessment templates.
Control of Contractors Procedure	Reviewed and updated to strengthen governance, CDM duties, RAMS, permits to work, contractor induction, monitoring and supporting documentation.
Waste Management Policy and Procedure	Finalisation delayed; support agreed through Directorate SMT and consultation planned for June.
Bomb Threat and Suspicious Packages Procedure	Finalisation delayed; support agreed and completion planned for consultation during June.
Security Procedure	Finalisation delayed; support agreed and completion planned for consultation during June.



The scale of policy and procedure activity demonstrates significant development in the organisation’s documented health and safety management system. For 2026/27, the key priority is to complete outstanding approval and publication steps, communicate changes effectively, and ensure implementation is evidenced through audit, training, inspection and risk management processes.

13. Health and safety culture survey and action plan

The Workplace Health and Safety Culture Survey was launched on 15 September 2025 and extended to 31 December 2025 following a lower than expected initial response rate. The purpose was to gather staff views on health and safety culture across Public Health Wales, including responsibilities, reporting arrangements, local governance, communication, training, and confidence to raise concerns or act on unsafe situations.

A total of 213 responses were received, representing an approximate organisational response rate of 9.8%. The findings should therefore be treated as an indicative culture snapshot rather than a definitive measure of staff opinion across the whole organisation. Directorate-level interpretation should also be treated with caution where response numbers were low.

The survey identified a positive foundation for health and safety culture. Staff responses indicated strong individual awareness of personal responsibilities, safe working practices and reporting routes, with positive responses generally in the range of 80% to 90%. This suggests that many staff understand what is expected of them and know how to raise health and safety concerns.

The survey also identified areas requiring improvement. These included senior leadership communication on health and safety, visibility of local health and safety groups and representatives, training when new processes or ways of working are introduced, confidence that management would support staff who stop work because something is unsafe, and the impact of workload or time pressure on safe working practices.

The dominant risk profile reported by respondents was ergonomic and organisational rather than traditional physical hazards. High levels of DSE use and repetitive work were reported, and free-text comments reinforced themes relating to workload, home working, DSE, communication, feedback and consistency of management response.

Table 23. Health and Safety Culture Survey Action Plan themes and proposed improvement actions

Proposed action plan theme	Improvement action
Leadership visibility and communication	Develop regular senior-level health and safety communication, including visible messages on priorities, learning and expectations.



Local governance visibility	Improve awareness of local Health and Safety Groups, representatives, escalation routes and feedback loops.
Stop-work confidence	Reinforce the expectation that staff will be supported to pause or stop work where they reasonably believe conditions are unsafe.
Change and workload management	Embed health and safety considerations into changes to processes, ways of working, workload and operational pressures.
DSE and home working	Strengthen compliance with workstation self-assessments, DSE follow-up, home working guidance and ergonomic risk controls.
Training and competence	Ensure training and information are provided when new processes, equipment or ways of working are introduced.
Feedback and learning	Improve feedback to staff who raise issues or report incidents, so that learning and action are visible.

A separate survey paper and action plan should be used to provide the detailed response profile, directorate-level considerations, free-text themes, owners, milestones and evidence requirements. For the annual report, the key assurance point is that survey findings have been analysed and translated into a proportionate improvement plan that will also inform the Health and Safety Strategy and the 2026/27 Work Plan.

Implementation of the Culture Survey action plan should be monitored quarterly through the Health and Safety Group during 2026/27, with progress reported by action owner and evidence of completion.

14. Alerts and notifications

Public Health Wales receives a range of health and safety related alerts and notifications, including Safety Action Bulletins, Medical Device Alerts, Drug Alerts, Chief Medical Officer Alerts, High Voltage Hazard Alerts and Estates and Facilities Alerts. These are managed by the Nursing, Quality and Integrated Governance Directorate, with reporting to the Quality, Safety and Improvement Committee as required.

The organisation also receives Specialist Estates Service Notifications and Publication Notices from NHS Wales Shared Services Partnership Specialist Estates Services. These are reviewed by the Estates, Safety and Facilities Division for relevance and actioned as required.

Table 24. Summary of Specialist Estates Services Notifications received during 2025/26

Period	Notification	Action / status
Q1	SESN 25/06 - 2026 Non-domestic (Business Rates) Rating Revaluation	Actioned. PHW Estates provided confirmation of participation in exercise.
Q2	SESN 25/07- Digital Estate Management Survey	Actioned. PHW Estates completed the survey and submitted a return by 1 August requirement.
Q3	SESN 25/08 Digital Estate Management Survey	Actioned. PHW Estates completed the survey and submitted the required return.
Q3	SESN 25/09 NHS Wales Building Resilience Survey	Return progressed following dialogue with Welsh Government and extension to return date.
Q3	SESN 25/10 EFPMS NHS Estate Dashboard 2024/25	For information. PHW had already completed the required information return.
Q4	SESN 26/01 Fire Safety Audit System	Action required with completion date for submission of 29 May 2026.
Q4	SESN 26/02 RAAC in NHS Building Construction	No action required; for information.
Q4	SESN 26/03 Potential Risks from Transfer Slabs in Buildings	No action required; for information.
Q4	SESN 26/04 NHS Estate in Wales Fire Statistics Report	No action required; for information.
Q4	SESN 26/05 Building Safety Act and Building Control Process	No action required; for information.

All alerts and notifications received during the reporting periods were reviewed and actioned where required. Continued quarterly reporting should be maintained to provide assurance that relevant alerts are identified, assessed and progressed.

15. Health and Safety Work Plan 2025/26 and forward plan 2026/27

The 2025/26 Health and Safety Work Plan was used to monitor planned improvements across policy, training and general health and safety activity. Based on the Q4 update, the plan contained 18 actions. Of these, 7 were completed, 10 were in progress and 1 were not started at the latest update.

Table 25. Health and Safety Work Plan 2025/26 delivery summary

Status	Number of actions	% of plan
Completed	7	38.88%
In progress	10	55.56%
Not started	1	5.56%
Total	18	100.00%

Completed actions included identification of additional health and safety training modules, development of health and safety KPIs, development and issue of the Workplace Health and Safety Culture Survey, achievement of the 85% organisational target for Health and Safety for Homeworkers training, review of the Health and Safety Policy, senior manager risk training, and creation of a database approach for risk assessment action plans.

Several policy and procedure actions remained in progress, including Asbestos Management, Fire Safety, First Aid, Control of Contractors, Water Management, Bomb Threat, Smoke Free Environment, Security and Waste Management. The scale and complexity of these documents, together with consultation, information governance considerations and approval routes, contributed to the need for continued work into 2026/27.

The one action recorded as not started is the development of the draft Health and Safety Strategy. This was delayed because it is dependent on the Culture Survey analysis and wider strategic framing. This provides a clear link between the 2025/26 work plan, the survey action plan and the draft 2026/27 work plan.

15.1. Draft 2026/27 priorities

The draft 2026/27 Work Plan includes 15 actions. The plan appropriately carries forward outstanding policy and digital assurance work and introduces a specific action to implement the Health and Safety Culture Survey action plan. It also includes development of a draft Health and Safety Strategy, which should provide a stronger three-year framework for future work.

Table 26. Draft Health and Safety Work Plan 2026/27 priority areas

Theme	Number of actions	Focus
Safety Culture and Leadership	1	Implement the agreed Health and Safety Culture Survey Action Plan with named owners, target dates, progress status and evidence of completion.
General Health and Safety	2	Digitise existing checklist arrangements and develop a draft

		Health and Safety Strategy using survey and audit findings.
Policy	12	Review and update priority procedures including safe driving, electrical safety, slips/trips/falls, PUWER/lifting equipment, PPE, violence and aggression, moving and handling, lone working, smoke-free environment, waste management, bomb threat and security.

16. Conclusion

The 2025/26 annual position demonstrates that Public Health Wales has continued to strengthen its health and safety management arrangements, assurance reporting and governance oversight. The year has seen significant development in the maturity of health and safety reporting, including more detailed quarterly analysis, improved visibility of training and statutory compliance, enhanced incident data access, greater use of digital assurance tools, and the completion of the Workplace Health and Safety Culture Survey.

The overall year-end position provides moderate to high assurance. Positive assurance is provided by the achievement of 100% compliance across the five key statutory estates compliance areas for the 17 relevant properties at year end, closure of Health and Safety Executive investigations and formal correspondence, sustained compliance above the Welsh Government 85% target for core statutory and mandatory training, strong incident closure performance, and active risk management through Directorate, Divisional and Health and Safety governance arrangements.

The revised annual Datix extract identified 405 health and safety incidents during 2025/26. This differs from the 347 incidents previously reported through the quarterly reports due to expanded Datix reporting permissions and access to additional health and safety-relevant category and sub-category codes. The revised figure provides a more complete annual picture and should be interpreted as improved data visibility rather than evidence of a deterioration in safety performance. The majority of incidents were assessed as no or low harm, and 400 of the 405 incidents were closed at the time of the annual extract.

The annual RIDDOR profile shows that nine notifications were submitted to the Health and Safety Executive during the year, with no RIDDORs reported in Quarter 4. The main RIDDOR themes related to biological agent dangerous occurrences, specified injuries, one over-seven-day injury and one injury to a member of the public. By year end, HSE investigations and formal correspondence reported during the year had been closed, with no open HSE formal correspondence requiring further action.

The health and safety risk register remained active during 2025/26. Fifteen new risks were raised, and 14 risks were closed during the year. At year end, 17 risks remained open, including one Extreme risk, seven High risks and four risks requiring current assessment. The risk profile demonstrates active risk identification and treatment but also highlights the need for continued focus on risk validation, action plan quality, evidence of completion and closure rationale.

The completion of a Workplace Health and Safety Culture Survey was a significant development during the reporting year. While the response rate means the findings should be treated as an indicative snapshot rather than a definitive organisational position, the survey has provided valuable insight into staff perceptions of leadership visibility, communication, local governance, DSE, home working, workload pressure, training and confidence to stop work where staff believe conditions are unsafe. These findings have informed the development of an action plan and should be used to shape the Health and Safety Strategy and 2026/27 Work Plan.

The key priorities for 2026/27 are to implement the Health and Safety Culture Survey Action Plan, complete and embed outstanding policy and procedure updates, improve role-specific training compliance, strengthen risk register quality and closure evidence, continue development of digital assurance arrangements, and maintain oversight of incident themes relating to equipment, infrastructure, hazardous substances, slips/trips/falls, vehicles, security and behaviour-related incidents.

17. Recommendation

The Committee is asked to **take** assurance that appropriate arrangements are in place to monitor health and safety performance, manage risks, respond to incidents and regulatory engagement, and progress improvement actions through the Health and Safety Group and established governance routes.

Appendix A: Annual performance dashboard 2025/26

Area	2024/25 position	2025/26 position	Year-end assessment
Reported health and safety incidents	345	405	The revised 2025/26 figure reflects expanded Datix reporting permissions and improved visibility of additional health and safety-relevant codes. It should not be interpreted as a direct deterioration in performance.
Previously reported quarterly total	Not applicable	347	The cumulative quarterly figure differs from the annual extract due to improved access to additional incident category and sub-category codes.
Revised annual incident total	Not applicable	405	Annual report based on the most complete year-end Datix extract available.
Incidents assessed as no or low harm	Not reported in same format	386 of 405, 95.3%	Provides positive assurance that most incidents resulted in no or low harm.
Incidents closed at time of annual extract	336 of 345	400 of 405, 98.8%	Strong closure performance. Remaining open incidents related to Quarter 4.
RIDDOR notifications	3	9	Increase from previous year. Main themes related to biological agent dangerous occurrences, specified injuries, over-seven-day injury and one injury to a member of the public.

Work-related fatalities	0	0	No work-related fatalities reported.
HSE investigations/formal correspondence	HSE engagement ongoing during the year	Closed by year end	Positive assurance. No open HSE formal correspondence requiring further action at year end.
Relevant estate compliance portfolio	Noted in annual report	17 properties: 15 fixed sites and 2 mobile breast screening units	Portfolio clarified during the year.
Fire Risk Assessment compliance	100% at year end	100% at year end	Positive assurance.
Water Management Risk Assessment compliance	100% at year end	100% at year end	Q1 gap resolved; 100% compliance maintained at year end.
Electrical Installation Condition Report compliance	100% at year end	100% at year end	Positive assurance.
Asbestos survey/re-inspection compliance	100% at year end	100% at year end	Positive assurance.
Gas Safety Certification compliance	100% at year end	100% at year end	Positive assurance.
Core statutory and mandatory training above Welsh Government 85% target	All four core modules	All four core modules	Sustained compliance above minimum target.
Core statutory and mandatory training above PHW 95% target	Violence and Aggression only	Violence and Aggression only	Further improvement required for Fire Safety, Health and Safety, and Moving and Handling.
Open health and safety risks at year end	15	17	Active risk profile remains concentrated in operational areas.
New health and safety risks raised during year	16	15	New risks show broadening of risk identification across operational, estates, people and infrastructure themes.



Health and safety risks closed during year	13	14	Positive assurance that risk owners are progressing controls and closing risks where appropriate.
Current Extreme risks at year end	0	1	Requires continued oversight through local governance and the Health and Safety Group.
Current High risks at year end	7	7	Continued focus required to progress risks towards target score.
Risks without current assessment	Not reported in same format	4	Should be prioritised for validation in Quarter 1 of 2026/27.
Health and Safety Culture Survey	Not undertaken	213 responses received	Survey findings provide indicative insight and have informed development of an action plan.
Health and Safety Work Plan delivery	Not reported in same format	7 completed, 9 in progress, 2 not started	Delivery progressed, with outstanding items carried into 2026/27.

Appendix B: Summary of key 2025/26 developments and 2026/27 priorities

Theme	2025/26 key developments	2026/27 priority
Incident reporting and data quality	Incident reporting analysis was strengthened during the year. Expanded Datix permissions provided access to additional health and safety-relevant codes, increasing the annual incident total to 405 and providing a fuller picture of incident themes.	Continue to improve Datix reporting permissions, coding consistency and annual/quarterly data reconciliation. Monitor infrastructure, vehicle, security, staffing, behaviour and IPC themes alongside established accident/injury and equipment/device categories.
Incident management and closure	400 of 405 incidents were closed at the time of the annual extract, providing strong assurance on incident review and closure processes.	Continue to monitor open incidents, investigation quality, learning and evidence that corrective actions have been completed.
RIDDOR and HSE engagement	Nine RIDDOR notifications were submitted during the year. HSE investigations and formal correspondence were closed by year end, with no open formal correspondence requiring further action.	Embed learning from RIDDOR-reportable incidents, particularly in Microbiology, biological agent controls, sharps management, mobile screening environments and public-facing services.
Risk management	Fifteen new risks were raised, and 14 risks were closed during the year. Risk themes included laboratory infrastructure, mobile screening, water safety, fire safety, DSE, vehicle safety, security, staffing and estates issues.	Validate risks without current scores, maintain oversight of the current Extreme risk, improve action plan quality and ensure closure rationale is clearly recorded where risks are closed before reaching target score.
Estates statutory compliance	100% compliance was reported at year end across Fire Risk Assessment, Water Management Risk Assessment, EICR, Asbestos survey/re-inspection and Gas	Maintain compliance and strengthen monitoring of actions arising from assessments and inspections, including through CAFM and digital assurance arrangements.

	Safety Certification for the 17 relevant properties.	
Hosted and shared premises	The report recognises ongoing challenges in obtaining assurance from Health Board or hosted premises where Public Health Wales is not the duty holder.	Strengthen documented assurance arrangements for hosted and Health Board-managed premises, including clearer escalation where returns are not received.
Training compliance	All four core statutory and mandatory health and safety modules remained above the Welsh Government 85% target. Violence and Aggression A remained above the PHW 95% target.	Improve Fire Safety, Health and Safety, and Moving and Handling compliance towards the 95% PHW target. Continue Directorate-level follow-up where compliance is below target.
Role-specific training	Improved visibility was achieved for Resuscitation, Fire Warden, First Aid/Appointed Person, Health and Safety for Homeworkers and Disability Awareness and Inclusion training.	Reduce expired and not-started training, improve Resuscitation Level 2 compliance, improve homeworking self-assessment completion and strengthen site-level assurance of fire warden and first aid cover.
Policy and procedure development	Significant review activity was undertaken across Health and Safety, Water Management, Fire Safety, Asbestos Management, First Aid, Control of Contractors, Waste, Security and Bomb Threat arrangements.	Complete outstanding approval and publication steps, communicate key changes to staff and evidence implementation through audits, inspections, training and assurance reporting.
Digital assurance	Digital approaches were developed or progressed for AED checks, fire warden checks, inspection activity and action tracking. A CAFM system was secured to support estates compliance management.	Continue digitising health and safety checklists, improve central visibility of action completion and use digital data to support quarterly assurance reporting.
Workplace Health and Safety Culture Survey	Survey launched, extended, analysed and used to inform a targeted action plan. Findings highlighted leadership visibility, local governance, communication, DSE,	Implement the Culture Survey Action Plan, monitor delivery through the Health and Safety Group and use findings to inform the Health and Safety Strategy.

	workload pressure, training and stop-work confidence.	
Breast Test Wales mobile unit water safety	Water safety concerns were escalated through incident reporting, risk management, an IMT and Task and Finish Group. A closure report was prepared and implementation arrangements established.	Continue monitoring delivery of agreed actions through operational governance, risk registers and Health and Safety reporting routes.
Health and Safety Work Plan	The 2025/26 Work Plan recorded 7 completed actions, 9 in progress and 2 not started. Several outstanding actions have been carried forward into the draft 2026/27 Work Plan.	Ensure 2026/27 Work Plan actions have named owners, due dates, RAG status, evidence requirements and quarterly reporting to the Health and Safety Group.
Health and Safety Strategy	Development of the strategy was delayed allowing the Culture Survey findings and audit intelligence to inform the strategic direction.	Develop a three-year Health and Safety Strategy aligned to survey findings, risk themes, audit outcomes, policy development and organisational priorities.