 <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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<h2 style="text-align: center;">Health and Safety Report</h2>				
Lead:	Neil Desmond, Head of Estate and Health & Safety			
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Approval/Scrutiny route:	Health and Safety Group – 17.05.26 Business Executive Team – 20.05.26			
<p>Purpose This report provides an update on the health and safety performance for the period of 01 January 2026 – 31 March 2026.</p>				
Recommendation:				
<p style="text-align: center;">APPROVE <input type="checkbox"/></p>	<p style="text-align: center;">CONSIDER <input type="checkbox"/></p>	<p style="text-align: center;">RECOMMEND <input type="checkbox"/></p>	<p style="text-align: center;">ADOPT <input type="checkbox"/></p>	<p style="text-align: center;">ASSURANCE <input checked="" type="checkbox"/></p>
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> Take assurance that appropriate measures are in place to monitor compliance and to address areas identified for improvement. 				



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

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

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

Equality and Health Impact Assessment	Internal report only
Risk and Assurance	The paper details the health and safety risks on Directorate and Divisional risk registers and also includes safety alert notifications. It additionally outlines where gaps have been identified, control measures are being implemented to address issues identified.
Health and Social Care (Quality and Engagement) (Wales) Act	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Theme 2 - Safe Care
Financial implications	None identified
People implications	There are no implications for workforce / staff identified



1. Introduction and Purpose

The purpose of section one of this report is to provide an update on the health and safety activities and performance for the period 01 January 2026 to 31 March 2026. The key areas of compliance includes:

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

2. Background

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

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

3. Key Highlights

- 3.1** Incident reporting activity for the quarter has been reviewed, with trends and themes considered as part of the ongoing monitoring of the organisation's health and safety performance. Incidents requiring further review or follow-up continue to be managed through Datix and relevant local governance arrangements. Further information can be found in Section 4.
- 3.2** No RIDDORs were reported during the Quarter 4 reporting period (1 January 2026 to 31 March 2026). Further information on this can be found in Section 5.
- 3.3** Updates have been received in relation to RIDDOR notifications submitted in previous reporting periods and associated HSE engagement. The investigations relating to staff exposure to *Brucella Melitensis* at Bacteriology, University Hospital of Wales, and *Salmonella Typhi* during sensitivity processing of a blood culture specimen have now been closed. Further information can be found in Section 6.



3.4 Positive progress has been made in relation to previous HSE formal correspondence. Evidence submitted in response to formal HSE correspondence regarding the sealability of Network Containment Level 3 laboratories and the management of sharps was submitted within the required timeframe and accepted by the HSE as sufficient. Both matters are now closed, and there is no open HSE formal correspondence requiring further action at the time of this report. Further information can be found in Section 6.

3.5 There are 17 properties within the organisation's estate portfolio where the responsibility to undertake statutory duties is that of the organisation. Of the 17 sites under our health and safety statutory compliance, 15 are fixed sites (permanent buildings) and 2 are mobile breast screening units. These duties include:

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

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

3.6 Health and safety training compliance remains stable at organisational level, with all core statutory and mandatory modules continuing to meet the Welsh Government compliance target. Site and role-specific training, including Fire Warden training, First Aid and Resuscitation training, continues to be monitored through improved data visibility and targeted follow-up where required. Further information can be found in Sections 8–9.

3.7 Four new health and safety risks have been identified during the reporting period and are summarised in Appendix B. These relate to DSE workstation arrangements, fire compartmentation, vehicle safety following a manufacturer alert, and manual handling/equipment movement risks within screening services. Existing and newly identified risks continue to be monitored through Datix and relevant governance arrangements, with actions progressed by nominated risk owners and escalation where required. Further information on the current health and safety risk profile can be found in Section 10 and Appendix B.

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

4. Health and Safety Incident Reporting

4.1 Statistics on incident records by directorate

All staff are required to report incidents using the Datix system in accordance with organisational policies and procedures. Incidents are monitored to identify trends, ensure appropriate investigation, and capture learning to improve safety performance.

From 01 January 2026 to 31 March 2026 (Quarter 4), a total of 106 incidents were reported. This represents an increase of 15 incidents (16.5%) compared to Quarter 3 (91 incidents).

The increase continues to be primarily driven by activity within Health Protection and Screening Services (HPSS) divisions. HPSS Screening reported 56 incidents (increase from 41 in Q3), while HPSS Microbiology reported 39 incidents (decrease from 45 in Q3). Combined, these divisions account for 95 incidents (89.6%) of all reported incidents in Quarter 4.

This further reinforces that incident activity remains highly concentrated within operational service areas, particularly Screening services, where the increase likely reflects a combination of service delivery activity, mobile unit operations, and continued improvement in reporting culture.

Other Directorates remain relatively stable with low numbers of reported incidents:

Research, Data and Digital increased slightly to 3 incidents

Operations and Finance increased to 3 incidents

Nursing, Quality & Integrated Governance reported 1 incident

NHS Performance and Assurance remained stable at 4 incidents

Overall, the data continues to demonstrate that incident reporting is proportionate to operational activity, with no evidence of widespread increases across corporate functions.

Table 1. Reported health and safety incidents by Directorate

Division	No of incidents Q1	No of incidents Q2	No of incidents Q3	No of incidents Q4
Research, Data and Digital	2	0	0	3
HPSS - Microbiology	37	36	45	39
HPSS Screening	38	29	41	56
Nursing, Quality & Integrated Governance	1	0	0	1

NHS Performance and Assurance	4	1	4	4
Operations and Finance	2	0	1	3
Total	84	66	91	106

All incidents are notified to the relevant Health and Safety Managers and are followed up to ensure appropriate investigation, identification of root causes, and implementation of corrective actions. The Estates, Facilities and Health & Safety Division continues to provide support proportionate to the level of risk and nature of the incident.

4.2 Statistics on incident records by classification/category

All incidents are classified to support trend analysis and identification of emerging risks.

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

Classification and Category	No of incidents Q1	No of incidents Q2	No of incidents Q3	No of incidents Q4
Accident, Injury	35	27	34	35
Burns or scalds	0	2	1	0
Contact with needles or medical sharps	1	4	3	2
Contact with object or animal	3	2	4	3
Contact with or exposure to hazardous substance	17	12	15	18
Manual Handling - Non patient/service user handling	2	1	2	0
Manual Handling - Patient/service user handling	0	1	0	0
Patient Injury	2	0	1	2
Road Traffic Collision	0	0	0	1
Slip, trip, or fall	6	3	8	7
Struck against or by an object	4	2	0	2
Behaviour	3	3	3	9



Absconding or missing patient/service user	0	0	0	1
Aggressive/threatening behaviour	3	2	2	2
Anti-social behaviour	0	1	1	0
Harassment	0	0	0	2
Inappropriate behaviour / attitude	0	0	0	3
Verbal assault (swearing etc.)	0	0	0	1
Equipment, Devices	33	20	46	40
Manual Handling - Equipment	0	0	0	1
Medical devices	14	11	17	14
Non-medical equipment	19	9	29	25
Infection Prevention and Control	5	3	0	0
Environmental cleaning (process and procedures)	4	1	0	0
Sterilisation / decontamination of equipment (including vehicles)	0	1	0	0
Hand hygiene	1	1	0	0
Healthcare Acquired Infection (community, primary care or hospital)	0	0	0	1
Infrastructure (including staffing, facilities, environment)	8	13	8	20
Cleanliness	0	1	1	2
Clinical waste disposal - Sharps	0	0	1	1
Collection/delivery services	1	0	1	1
Environmental hazards / issues	4	11	2	5
Fire Safety	2	1	1	0
Security - NHS premises	0	0	2	2
Security - Property	0	0	0	1

Service failure	0	0	0	1
Service Resources	1	0	0	0
Staffing	0	0	0	2
Vehicles	0	0	0	5
Patient/service user death	0	0	0	1
Unexpected death	0	0	0	1*
Total	84	66	91	106

*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.

Key Trends and Analysis

The overall increase in incident reporting in Quarter 4 is primarily driven by the following classifications:

Equipment and Devices

A total of 40 incidents (37.7%) were reported under the Equipment and Devices classification, representing a reduction from Quarter 3 (46 incidents), but remaining the largest category.

Consistent with previous quarters, a significant proportion of these incidents relate to service delivery disruption rather than direct health and safety harm. These include:

- Equipment reliability issues (including mobile unit systems)
- Environmental or infrastructure-related faults impacting equipment
- Laboratory equipment or consumable issues

No significant harm to staff or service users was reported. Incidents were appropriately managed through escalation, application of interim controls, and engagement with contractors and suppliers. Ongoing actions continue to focus on improving infrastructure resilience and preventative maintenance.

Accident, Injury

A total of 35 incidents (33%) were reported under Accident, Injury, consistent with Quarter 3 (34 incidents), indicating a stable trend.

Within this category:

- Contact with or exposure to hazardous substances increased to 18 incidents (from 15 in Q3)
- Slips, trips and falls reduced slightly to 7 incidents (from 8 in Q3)



Hazardous substance incidents continue to be largely associated with laboratory and screening activities, including exposure to biological materials and processing-related issues. The majority resulted in no harm, with appropriate controls applied.

Slips, trips and falls continue to occur across a range of environments, including clinical areas, mobile units, and external walkways. Most incidents resulted in minor or no injury, though these remain a key focus area due to their potential severity.

Infrastructure (including staffing, facilities, environment)

A total of 20 incidents (18.9%) were reported, representing a significant increase from Quarter 3 (8 incidents).

This remains one of the most notable changes this quarter and includes:

- Environmental hazards and premises-related issues
- Vehicle-related incidents (notably 5 in Q4)
- Emerging concerns relating to staffing and service pressures

This category represents an emerging area of risk and will require continued monitoring.

Behaviour

A total of 9 (8.5%) incidents were reported, representing an increase from 3 incidents in Quarter 3.

This includes:

- Aggressive or threatening behaviour
- Harassment and inappropriate behaviour
- Verbal assault incidents

While overall numbers remain low, the increase indicates a potential emerging trend and will be monitored closely.

Infection Prevention and Control

A total of 1 incident was recorded in Quarter 4 (increase from 0 in Q3).

This related to a suspected post-procedural infection following a breast biopsy within Breast Test Wales. Management review confirmed:

- All appropriate IPC procedures were followed



- Symptoms were likely attributable to post-procedural inflammation rather than confirmed infection
- The individual followed appropriate advice and escalation routes

This provides assurance that IPC controls and patient information processes remain effective, with no identified systemic issues.

Patient/Service User Death

One incident was recorded relating to a patient/service user death.

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

Harm Assessment

Of the 106 incidents reported in Quarter 4:

- The majority were assessed as no (48) harm or low (52) harm, consistent with previous quarters
- A small number were assessed as moderate (6) harm, with no reports of severe harm

This continues to indicate that, while incident reporting has increased, overall severity remains low, suggesting effective early identification and management of risks.

Investigation and Closure

All incidents continue to be subject to appropriate investigation and governance processes. Monitoring of investigation timeliness remains ongoing to ensure:

- Timely closure of incidents (94 of reported incidents have been investigated and closed)
- Identification and implementation of learning
- Escalation of significant risks where required

Overall Summary and Assurance

Quarter 4 has seen a continued increase in incident reporting, particularly within HPSS Screening. This is considered to reflect a combination of operational activity, improved reporting culture, and system maturity, rather than a deterioration in safety performance.

While key categories such as Equipment and Devices and Accident and Injury remain consistent with previous trends, the increase in Infrastructure and Behaviour-related incidents represents areas for further monitoring.

Overall, the data indicates that:

- Incident reporting remains highly concentrated in operational areas (89.6% in HPSS)
- Equipment and Devices and Accident/Injury remain the largest categories
- Infrastructure and Behaviour incidents show notable increases, representing emerging areas for monitoring
- IPC and the patient death incidents do not indicate systemic risk or failure
- Overall severity remains low, with the majority of incidents resulting in no or low harm

Overall, the data continues to support a position of moderate to high assurance, with evidence of:

- A mature and improving reporting culture
- Effective incident management and escalation processes
- No indication of systemic deterioration in safety performance

Targeted actions remain focused on:

- Addressing infrastructure-related risks
- Monitoring behavioural incidents
- Improving resilience of equipment and mobile operations

Of the incidents reported during Quarter 3, all have been fully investigated and closed.

4.3 Update on BTW Mobile Unit Water Safety Incidents

Further to the work of the IMT established in August 2025 and the subsequent establishment of a dedicated Task & Finish Group tasked with the remit to;

- Review the recommendations of the Legionella Risk Assessments (LRA) undertaken on 25th June on BTW mobile screening units D11 and D18.
- To identify must do actions arising from the LRA.
- To identify best practice / essential requirements in relation to LRA recommendations.
- To report back to the IMT with '**must do**' actions agreed by the T&F group for advancement; and seek approval from the IMT for actions (options) aimed at further enhancing water management arrangements on the BTW mobile units as identified by the T&F group.



- Oversee the implementation of all agreed actions and recommendations.

A final IMT closure report was prepared in February and submitted to BET for approval. An implementation group has been established to oversee the delivery of the actions of the IMT / Task & Finish Group, and the wider recommendations agreed by the SIT established to oversee the management of the situation. Actions and recommendations are being progressed and monitored with support of NHS Wales Shared Services Partnership colleagues from both procurement services and the Specialist Estates Service.

5. RIDDORs

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

6. Health & Safety Executive

6.1 Current HSE Investigations

The following RIDDOR notifications were submitted under Dangerous Occurrences Section 10 – Biological Agents and have been subject to HSE review during this reporting period.

The first notification relates to the exposure of one member of staff to *Brucella Melitensis* at Bacteriology, University Hospital of Wales. A site visit was undertaken by the HSE on 3 February 2026. The investigation has now been closed.

The second notification relates to the exposure of two members of staff to *Salmonella typhi*, a Hazard Group 3 biological agent, during sensitivity processing of a blood culture specimen. As reported previously, feedback was received from the HSE and two verbal warnings were issued, with no formal written enforcement action being issued. The investigation has now been closed.

There are therefore no current HSE investigations remaining open at the time of this report.

6.2 HSE Formal Correspondence

The HSE previously issued formal correspondence in relation to the sealability of Network Containment Level 3 laboratories. Actions arising from this correspondence were tracked through Infection Services Senior Management Team governance arrangements, with progress reviewed on a fortnightly basis. Evidence was submitted to the HSE within the required timeframe and has been accepted as sufficient. This matter is now closed.

The HSE also issued formal correspondence in relation to the management of sharps, following a RIDDOR notification at Singleton Hospital. This related to a staff

member sustaining a needlestick injury involving a blood culture venting needle, which had been removed from a blood culture of a patient with active Hepatitis C infection. Actions in response to this correspondence were managed locally and through established governance arrangements. Evidence was submitted to the HSE within the required timeframe and has been accepted as sufficient. This matter is also now closed.

There is therefore no open HSE formal correspondence requiring further action at the time of this report.

6.3 Proactive Inspections

All scheduled HSE proactive inspections for the current inspection cycle have been completed. No further inspections are due until 2027.

7. Estates Compliance with statutory and regulatory requirements

During the reporting period 1 January 2026 to 31 March 2026 the monitoring and scheduling of compliance assessments and inspections has continued to be maintained. There are 17 properties within the organisation's estate portfolio.

In addition, it should be noted of the 17 sites under our health and safety statutory compliance assessments and inspections, 15 are fixed sites (permanent buildings) and 2 are mobile breast screening units. These mobile screening units are D11 (older unit) and D18 (new unit) and are representative of the old and new mobile units that make up the fleet and the two different designs, layout and water systems in operation within those mobile units. These 17 properties are where the responsibility to undertake statutory duties is that of the organisation. These duties include:

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

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

It should be noted, that 100% compliance with completion of assessments and inspections does not indicate that properties are without risk, but provides and highlight where actions relating to maintaining our statutory obligations are



required and indicative timelines for completion. The organisation. Secured the purchase of the Computer Aided Facilities Management (CAFM) System, during the reporting period which will support the documentation and recording and monitoring of all actions identified in completed assessments and inspections, allowing for increased assurance that the organisation is compliant with its statutory obligations and reporting of progress of action completion through the Health and Safety Group and the quarterly report.

As a part of the PHW hosting arrangements of the NHS Wales Performance and Improvement (NHS Wales P&I), NHS Wales P&I are responsible for the reporting of their respective compliance with statutory and regulatory requirements to the Health & Safety Group and the Quality, Safety and Improvement Committee of the PHW Board. Going forward from Q1 of the 2026/27 financial year adherence with this requirement will be monitored and reported to the Health and Safety Group.

Public Health Wales continues to, despite the introduction of an online assurance check with Health Boards, experience challenges with securing compliance assurance for sites which host Public Health Wales staff. The current arrangement for securing the online assurance is currently further to feedback from health boards being reviewed with the intention to revise to improve return rates. It is important to note however, that in the absence of compliance returns from health boards an assumption should **not be made**, that the hosted sites are non-compliant with their respective statutory requirements. Relationships with the Health Boards estates functions are well established and reported previously where specific issues relating to health & safety compliance are identified direct approaches are always made to the Health Boards on the specific issue and Health Boards provide timely responses to ensure resolution.

8. Health and Safety Statutory/Mandatory Training

All staff are required to complete a range of statutory and mandatory training modules. As a minimum, all Directorates are expected to achieve the Welsh Government All Wales compliance target of 85%, with an organisational target of 95% set by Public Health Wales.

The key health and safety statutory and mandatory training modules are:

- Fire Safety
- Health and Safety
- Moving and Handling Level 1
- Violence and Aggression A

The organisation’s compliance position for Quarter 4 is shown in Table 3 below.

Table 3: 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%**

Overall Compliance Position

Overall compliance continues to exceed the Welsh Government target across all four modules:

- Fire Safety: 90.40% (↓ from 91.05%)
- Health and Safety: 92.63% (↓ from 92.78%)
- Manual Handling: 88.13% (↓ from 89.69%)
- Violence and Aggression: 96.77% (↓ marginally from 96.91%)

While there has been a slight reduction across all modules this quarter, compliance remains above the statutory target, providing continued assurance that minimum requirements are being met.

Violence and Aggression training continues to be the strongest performing module, remaining above the Public Health Wales target of 95%.

However, Fire Safety, Health and Safety, and Manual Handling all remain below the organisational target of 95%, indicating ongoing opportunity for improvement.



Directorate-Level Analysis

Directorate-level performance continues to show variation:

- High-performing Directorates:
 - Nursing, Quality and Integrated Governance
 - Policy and International Health
 - Research, Data and Digital

These Directorates continue to demonstrate consistently strong performance, with most modules meeting or approaching the 95% organisational target.

- Improving Directorates:
 - Health Protection and Screening Services
 - Operations and Finance
 - Health & Wellbeing

These Directorates remain above the Welsh Government target across all modules and demonstrate generally stable compliance, though not yet consistently achieving the organisational target.

- Corporate Directorate:
 - Remains below the Welsh Government target (85%) for both Fire Safety and Health and Safety training
 - Also remains below target across all modules except Manual Handling

This continues to represent a priority area for targeted intervention, with follow-up required through Business Leads to understand barriers and implement recovery actions.

- People & OD Directorate:
 - Continues to perform strongly overall, though Health and Safety training (87.76%) has reduced below the organisational target, indicating a need for localised follow-up.

Key Observations

- Compliance remains stable at organisational level, with only marginal reductions this quarter
- Violence and Aggression training continues to provide strong assurance, exceeding 95%



- Manual Handling compliance has reduced slightly, though remains above the Welsh Government target
- Directorate variation persists, with performance closely linked to local management engagement and operational pressures

Encouragingly, several Directorates continue to demonstrate that sustained compliance at or near 95% is achievable, reinforcing the importance of consistent local ownership and oversight.

The Estates and Health & Safety Division will continue to work with Directorates through established governance arrangements to address areas of reduced compliance, prioritise overdue training, and support recovery where performance has dipped. Progress will continue to be monitored and reported on a quarterly basis.

Resuscitation Training

Resuscitation training continues to be reported as part of the statutory and mandatory training suite, following its introduction in the previous quarter. The following modules are included within this reporting:

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

The organisation’s compliance position for Quarter 3 is shown in Table 4 below.

Table 4: Resuscitation training compliance by Directorate

Directorate	Resuscitation Level 1 %	Resuscitation Level 2 Adult %	Resuscitation Level 2 Paediatric %
028 L3 Corporate Directorate	81.48%	100.00%	
028 L3 Health & Wellbeing Directorate	90.29%		
028 L3 Health Protection and Screening Services Directorate	90.03%	65.68%	72.97%
028 L3 Nursing, Quality and Integrated Governance Directorate	95.00%	40.00%	
028 L3 Operations and Finance Directorate	92.31%		
028 L3 People & OD Directorate	87.76%		
028 L3 Policy and International Health Directorate	96.51%		



028 L3 Research, Data and Digital Directorate	95.34%		
Overall Compliance	90.86%	65.37%	72.97%

Overall Compliance Position

- Resuscitation Level 1: 90.86% (stable, above 85% target)
- Resuscitation Level 2 – Adult: 65.37% (↓ from 74.91%)
- Resuscitation Level 2 – Paediatric: 72.97% (↑ from 59.29%)

Resuscitation Level 1 continues to provide good assurance, remaining above the Welsh Government target.

However:

- Level 2 Adult compliance has reduced significantly this quarter, representing the most significant area of risk
- Level 2 Paediatric has improved, though remains below both organisational and Welsh Government targets

Directorate-Level Analysis

- Health Protection and Screening Services Directorate
 - Continues to account for the majority of Level 2 training requirements
 - Compliance remains low (Adult: 65.68%, Paediatric: 72.97%)
 - Reflects operational challenges in releasing staff for training
- Nursing, Quality and Integrated Governance Directorate
 - Continues to show strong Level 1 compliance (95.00%)
 - However, Level 2 Adult compliance has reduced significantly (40.00%), representing a notable change from the previous quarter
- Corporate Directorate
 - Level 1 compliance remains below target
 - Level 2 Adult compliance is recorded at 100%, though this likely reflects small cohort size rather than widespread compliance

Summary and Assurance

Overall, statutory and mandatory training compliance remains above the Welsh Government target, providing moderate assurance that statutory requirements are being met.

However:

- Slight reductions across core modules indicate the need for continued focus
- Resuscitation Level 2 Adult training represents the most significant area of risk, with declining compliance
- Directorate-level variation persists, particularly within Corporate and operational Directorates

Targeted work will continue through established governance arrangements, including:

- Engagement with Business Leads
- Prioritisation of overdue training
- Focus on high-risk roles for resuscitation training
- Continued monitoring and escalation where required

The Estates and Health & Safety Division will maintain oversight to support recovery in areas of reduced compliance and ensure sustained organisational performance.

9. Additional training

9.1 First Aid Training

The Estates and Health & Safety Division continues to work with premises leads to ensure First Aid Needs Assessments are completed and kept under regular review. This enables the appropriate level of first aid provision to be identified and ensures that sufficient numbers of trained Appointed Persons are available across all sites.

There are currently 30 staff across the organisation who have had Appointed Person training assigned to them. Of these, 10 staff (33.3%) are compliant, having completed the required training within the last 12 months. A further 9 staff (30.0%) have not yet commenced training, while 11 staff (36.7%) are out of compliance due to expired training, reflecting the requirement for annual refresher training.

Table 5: Appointed Person Training Compliance by Site

Site	Registered	Completed	Not Started	Expired
No.2 Capital Quarter	14	4	2	8
18 Cathedral Rd	1	0	0	1
1 Fairway Court	1	0	1	0
River House	11	6	3	2
Bocam Park	3	0	3	0
TOTAL	30	10	9	11



Site-level analysis continues to demonstrate that non-compliance is concentrated within a small number of premises. No.2 Capital Quarter remains the most significant area of non-compliance; however, it is noted that 8 of the 14 registered staff are located on a single floor occupied by the NHS Wales Performance and Improvement Directorate, comprising 2 compliant, 2 not started, and 4 expired training records. This indicates that the risk is localised rather than site-wide, and can be addressed through targeted engagement with the Directorate.

River House shows a mixed compliance profile, with a relatively higher proportion of completed training compared to other sites. However, the presence of both expired and not-started training indicates that further local oversight is required to achieve full compliance.

A notable change this quarter is the decline in compliance at Bocam Park, which previously demonstrated full compliance but now has no staff currently trained, with all three Appointed Persons yet to commence training. This represents a reduction in assurance at site level and requires prompt follow-up.

At 18 Cathedral Road and 1 Fairway Court, the low number of Appointed Persons should be considered in the context of existing provision. Both sites have fully trained Emergency First Aiders at Work (EFAW) in place, and the Appointed Person role forms part of a broader first aid provision model. As such, while there are gaps in Appointed Person training compliance, the overall first aid cover at these sites remains supported through trained first aiders.

Overall compliance has reduced slightly compared to the previous quarter (from 36.7% to 33.3%), with a corresponding increase in staff who have not yet commenced training. However, when considering the localised nature of non-compliance and the presence of alternative first aid provision at certain sites, the organisational risk remains moderate and managed, rather than widespread.

Targeted follow-up activity is ongoing and includes direct engagement with staff whose training has expired, alongside support to Premises Leads and Directorate management to address non-starters and confirm the ongoing suitability of individuals designated as Appointed Persons.

Continued monitoring and escalation through Directorate management arrangements will be required where compliance does not improve, with a focus on strengthening local accountability and ensuring training requirements are embedded within routine site management processes.

Where Emergency First Aid at Work (EFAW) provision has been identified as a requirement through First Aid Needs Assessments, the Estates and Health & Safety Division continues to work with premises leads to ensure appropriate training and refresher provision is in place.

Compliance with first aid training requirements continues to be monitored through the Health & Safety Audit process and review of First Aid Needs Assessments, enabling targeted action where gaps in provision are identified.

9.2 Fire Warden Training

Online Fire Warden training continues to be delivered across the organisation, with site-level reporting embedded as part of routine monitoring. This provides improved visibility of compliance levels and supports targeted intervention where gaps are identified.

There are currently 351 staff registered as Fire Wardens across all sites. Of these, 224 staff (63.8%) are fully compliant, having completed the required training. A further 12 staff (3.4%) are in progress, while 59 staff (16.8%) have not yet commenced training. In addition, 56 staff (15.9%) are out of compliance due to expired training.

This represents a decline in overall compliance compared to the previous quarter (74.8% to 63.8%). However, this reduction is partly attributable to an increase in the number of staff newly registered as Fire Wardens this quarter, particularly within Screening Services, where training has not yet been completed.

Site-level Fire Warden training compliance is summarised below:

SITES	TOTAL	Completed	In Progress	Not Started	Expired
ADMIN SITES					
Clwydian House	3	2	0	0	1
Matrix House	13	11	1	0	1
No.2 Capital Quarter	66	39	2	4	21
Seasons House	3	3	0	0	0
S4C Hub	4	2	0	0	2
SCREENING SITES					
(DESW) 1 Fairway Court, Treforest	19	17	0	0	2
18 Cathedral Rd	35	8	0	26	1
24 Alexandra Rd	11	8	2	1	0
BTW Llandudno	17	4	0	13	0
BTW North Wales - Wrexham	7	5	0	2	0
Kimberley House	1	1	0	0	0
Magden Park Llantrisant	10	8	0	0	2
Rhos House	1	1	0	0	0
St Davids Park	4	4	0	0	0
Llys Castan	5	4	0	1	0

University Hospital of Wales (NBHSW)	3	3	0	0	0
INFECTION SERVICES SITES					
Bronglais Hospital	4	3	0	0	1
Glangwili Hospital	6	5	0	1	0
Llandough Hospital	3	2	0	0	1
Morrison Hospital	3	0	1	1	1
Prince Charles Hospital	5	4	1	0	0
Prince Phillip Hospital	9	8	0	0	1
Princess of Wales Hospital	2	0	0	1	1
Singleton Hospital	12	7	1	2	2
University Hospital of Wales	24	15	1	2	6
Wales Genomic Health Centre	1	1	0	0	0
Wrexham Maelor Hospital	3	2	0	0	1
Ysbyty Glan Clwyd	9	8	0	0	1
Ysbyty Gwynedd, Bangor	5	4	1	0	0
NHS WALES P&I SITES					
Bocam Park	34	30	0	4	0
River House	29	15	2	1	11
TOTAL	351	224	12	59	56

Analysis by site grouping demonstrates continued variation in compliance levels:

Screening Sites show a mixed position this quarter. While a number of smaller sites maintain full compliance, several larger locations present higher numbers of staff who have not yet commenced training. In particular, 18 Cathedral Road (26 not started) and BTW Llandudno (13 not started) account for a significant proportion of outstanding training. It is noted that these figures largely reflect staff newly registered this quarter to support fire warden provision on Breast Test Wales (BTW) mobile screening units, and therefore represent a pipeline of training rather than established non-compliance. Completion of training for this cohort will be a priority in the next reporting period.

Administrative sites continue to show variable compliance. Matrix House and Seasons House maintain strong performance; however, No.2 Capital Quarter remains a significant hotspot, with 21 expired training records and additional staff yet to complete training. This reflects the challenges associated with large, multi-directorate occupancy and hybrid working patterns. S4C Hub also shows a proportion of expired training requiring further follow-up.



Within Infection Services Sites, compliance remains inconsistent across hospital locations. While several sites demonstrate strong compliance, including Prince Phillip Hospital and Ysbyty Glan Clwyd, others present ongoing gaps. University Hospital of Wales continues to represent a key area of concern, with 6 expired records and additional incomplete training, while Singleton Hospital and Morriston Hospital show mixed compliance profiles. These variations reflect the operational complexity of hospital environments and reliance on shared estate arrangements.

Within NHS Wales Performance & Improvement sites, Bocam Park demonstrates strong compliance (88.2%). In contrast, River House presents a significant decline, with 11 expired training records, representing a substantial proportion of site-based non-compliance and requiring targeted intervention.

Overall, while compliance has reduced this quarter, a proportion of the increase in non-started training is attributable to planned expansion of the Fire Warden cohort, particularly to support mobile screening operations. Non-compliance continues to be concentrated within a small number of larger or operationally complex premises, including No.2 Capital Quarter, River House, and University Hospital of Wales, where expired training remains the primary issue.

As previously identified through the Health & Safety Audit process, ensuring sufficient Fire Warden provision that reflects actual site occupancy, mobile operations, and hybrid working patterns remains an ongoing challenge. This includes ensuring that designated Fire Wardens are both appropriately trained and routinely present on site during operational hours.

The IHasco training system continues to support this process through improved data quality and site-level attribution, enabling more proactive monitoring and targeted follow-up.

Targeted actions remain ongoing and include:

- Prioritising completion of training for newly registered Fire Wardens supporting mobile screening units
- Direct engagement with staff whose training has expired to ensure timely refresher completion
- Follow-up with staff who have not yet commenced training
- Engagement with Business Leads and premises managers to ensure appropriate Fire Warden numbers and coverage at each site

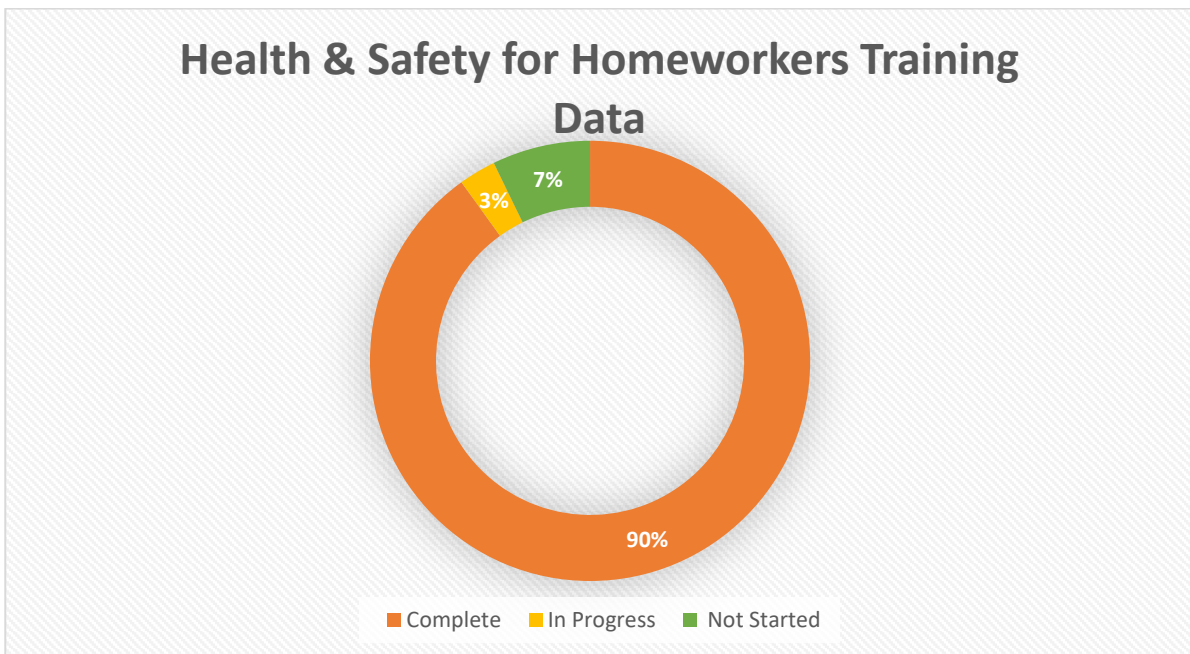
Alongside the online training programme, face-to-face, site-specific Fire Warden training continues to be rolled out, focusing on practical evacuation arrangements and the application of Fire Warden responsibilities within complex premises. This approach prioritises higher-risk sites and those with identified compliance gaps and will continue to be expanded in line with audit findings and compliance data.

This combined approach of improved data visibility, targeted intervention, and practical training delivery is expected to support improved compliance and strengthened fire safety assurance in the next reporting period.

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

Staff working from home are required to undertake accredited online Health & Safety for Homeworkers training to ensure their safety and wellbeing. Any issues identified through completion of the training and associated self-assessment are addressed through the provision of appropriate equipment and guidance on safe working practices.

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



As of the current reporting period, 90.6% of staff registered for the Health & Safety for Homeworkers training have completed the module, representing a 0.5% improvement on the previous quarter (90.1%) and continuing to exceed the organisational target of 85% compliance.

The following table summarises training compliance levels by Directorate:

Directorate	Training Compliance Rate Q4 (%)
Corporate Directorate	81.8%
Operations and Finance Directorate	88.8%

People & OD Directorate	97.5%
Nursing, Quality and Integrated Governance Directorate	98.2%
Policy and International Health Directorate	100.0%
Research, Data and Digital Directorate	92.2%
Health & Wellbeing Directorate	89.8%
Health Protection and Screening Services Directorate	89.8%
NHS Wales Performance & Improvement Directorate	88.7%
TOTAL	90.6%

Overall compliance remains strong, with eight of nine Directorates meeting or exceeding the organisational target. The Corporate Directorate (81.8%) remains the only area below the required standard, although performance has improved compared to the previous quarter and continues to move towards compliance.

Notable improvements are seen within Health Protection and Screening Services and Health & Wellbeing Directorates, both of which have increased compliance levels and are now above the organisational target. High-performing Directorates, including Policy and International Health, Nursing, Quality and Integrated Governance, and People & OD, continue to demonstrate sustained compliance at or near full completion.

In addition to the training module, staff are required to complete a homeworking self-assessment to ensure their working environment is safe, ergonomic, and suitable for prolonged home use.

Current compliance with the self-assessment is 80.6%, representing a 1.8% improvement from the previous quarter (78.8%). While this demonstrates continued progress, compliance remains below the organisational target of 85%.

The following table summarises self-assessment compliance levels by Directorate:

Directorate	Self-assessment Compliance Rate Q4 (%)
Corporate Directorate	68.2%
Operations and Finance Directorate	84.7%
People & OD Directorate	97.5%
Nursing, Quality and Integrated Governance Directorate	98.2%
Policy, International Health Directorate	93.1%
Research, Data and Digital Directorate	83.9%
Health & Wellbeing Directorate	73.3%
Health Protection and Screening Services Directorate	77.4%



NHS Wales Performance & Improvement Directorate	80.0%
TOTAL	80.6%

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

Compliance with the self-assessment remains more variable across Directorates. While People & OD, Nursing, Quality and Integrated Governance, and Policy, International Health demonstrate strong performance, several Directorates remain below the required standard. In particular, the Corporate Directorate (68.2%), Health & Wellbeing Directorate (73.3%), and Health Protection and Screening Services Directorate (77.4%) continue to require focused improvement.

Overall, while training compliance remains strong and continues to exceed the organisational target, completion of the associated self-assessment remains an area of moderate risk, as it provides essential assurance that homeworking environments are safe and suitable.

Work will continue with all Directorates, with monthly compliance updates provided to Business Leads to support improvement. Targeted follow-up will focus on Directorates below the organisational target, with the aim of improving both training and self-assessment completion rates and strengthening overall assurance regarding the safety of homeworking arrangements.

9.4 Other Health & Safety Related Training

The Disability Awareness and Inclusion training programme, delivered via online learning, continues to be implemented across the Screening Services Division. The programme is intended to support staff in delivering inclusive services and meeting obligations under equality legislation, ensuring that service users receive equitable access and appropriate support.

A total of 411 staff are currently registered for the training programme. Of these, 159 staff (38.7%) are compliant, having completed the training within the required timeframe. A further 28 staff (6.8%) are currently in progress, while 164 staff (39.9%) have not yet started the training. In addition, 57 staff (13.9%) are out of compliance due to expired training, with a small number (3 staff) due to expire shortly.

This represents a notable improvement in overall compliance compared to the previous quarter (25.5% to 38.7%), indicating that actions taken to promote uptake—such as reminder communications and local engagement—are beginning to have a positive impact. However, compliance remains below the expected organisational standard, with a significant proportion of staff yet to commence training.

Table 6: Disability Awareness Training Compliance by Screening Programme

Screening Programme	Training Compliance Q3
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 (AAA) Screening	37.50%
Screening Management	55.56%
TOTAL	39.42%

Compliance levels vary significantly across programmes. Antenatal Screening currently demonstrates full compliance, providing strong assurance that the training can be effectively embedded where there is clear local ownership. Screening Management and Newborn Hearing Screening also show comparatively higher compliance levels.

In contrast, Breast Screening continues to present the most significant area of concern, with the lowest compliance rate (27.61%) and the highest number of staff yet to commence training (82 staff). Given the size of this workforce, this has a substantial impact on overall organisational compliance. Cervical Screening, AAA Screening, and Bowel Screening also require continued focus to improve uptake.

While the reduction in expired training compared to the previous quarter is encouraging, the high number of staff who have not yet started the training indicates that engagement remains inconsistent across programmes. This presents a moderate organisational risk, particularly in relation to ensuring staff are equipped to support the diverse needs of service users and meet equality and inclusion standards.

The Health & Safety Team will continue to work in partnership with Screening Services to improve compliance through targeted actions, including:

- Ongoing engagement with programme leads to reinforce accountability for training completion
- Targeted communications to staff who have not yet commenced training
- Monitoring of compliance trends at programme level to inform escalation where required
- Supporting local management to embed training completion within routine operational expectations

Further improvement is anticipated in the next quarter as these actions continue to take effect, alongside strengthened local oversight and accountability.

10. Risk Registers

There are currently 17 open Health and Safety risks across the organisation. These are held within Directorate and Divisional Risk Registers and are subject to monthly review through Directorate governance arrangements and Divisional Senior Management Team oversight.

The table below summarises the position of Health and Safety risks recorded up to 31 March 2026.

Since the previous report:

- Four new risks have been raised (ID-2162, 2197, 2234, and 2237)
- Five risk has been closed following review and implementation of effective control measures
- A number of risks have been re-scored, reflecting improved understanding and the impact of controls

Number of open Health and Safety Risks	17
Number not meeting target risk score - Tolerate	4 (ID-1562, 1706, 1720, 1736)
Number not meeting target risk score - Treat	9 (ID-1415, 1551, 1657, 1748, 1795, 2043, 2077, 2134 and 2237)
Number not meeting target risk score – Not Assessed	4 (ID-2040, 2162, 2197 and 2234)
New risks since last Health and Safety Report	4 (ID-2162, 2197, 2234, 2237)

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

	Initial	Current	Target
Risk Level			
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

Risk Profile Analysis

The Health and Safety risk profile continues to show movement from the initial assessment position towards the target risk state, although a number of risks remain above their target score and require continued management attention.

High and Extreme risks have reduced from 13 at initial assessment to 8 currently, demonstrating that controls and action plans are reducing the severity of a number of risks. Extreme risks have reduced from 3 to 1, indicating progress in mitigating the most significant risks, although the remaining Extreme risk continues to require close oversight.

High risks have reduced from 10 to 7, reflecting progress in implementing controls and reducing risk exposure. Moderate risks have increased slightly from 4 to 5, which is consistent with some higher-rated risks being reduced as controls take effect.

There are currently 4 risks with no current assessment recorded. This is reflected in the target position, where these risks also remain shown as “No Assessment”. These should be prioritised for review in the next reporting period to ensure each risk has a validated current and target score, enabling full oversight of the overall risk profile.

The target profile continues to indicate an intended reduction of all assessed risks to Low or Moderate risk levels, with no High or Extreme risks remaining once agreed actions and controls are fully implemented. This remains aligned with the organisation’s expectation that material Health and Safety risks are actively treated and reduced where reasonably practicable.

Key Areas of Risk

Analysis of the current risk register highlights several recurring and emerging themes:

Estates, Infrastructure and Utilities Risks

Including:

- Electrical infrastructure and system resilience
- Fire safety infrastructure (e.g. compartmentation, alarms, fire doors)
- General estate condition and environmental hazards
- Flooring and surface safety issues

These risks represent a significant proportion of current risks, reflecting the organisation’s reliance on a diverse estate, including laboratories, office environments, and shared premises.

A number of these risks are influenced by:



- Ageing infrastructure
- Maintenance dependencies
- Constraints within leased or shared buildings

Specialist Laboratory and Containment Risks

Including:

- Containment Level 3 (CL3) laboratory environments
- Critical laboratory systems and safety infrastructure
- Environmental and containment control requirements

These risks are inherently higher due to the specialist and high-risk nature of microbiology and containment environments, where system failure could have significant safety and operational consequences.

While robust controls are in place, risks remain sensitive to:

- Equipment reliability
- Availability of specialist parts and contractors
- Capacity and contingency arrangements

Equipment and Operational Service Delivery Risks

Including:

- Equipment reliability and maintenance
- Risks to continuity of service delivery
- Dependency on infrastructure to safely deliver services

These risks are particularly relevant within Screening and Infection Services, where operational delivery is closely linked to the availability and performance of equipment and supporting systems.

External Environment and Third-Party Dependency Risks

Including:

- Risks arising from non-PHW owned environments (e.g. car parks, shared premises)
- Landlord-controlled environments and infrastructure
- Contractor and supplier dependencies

These risks present limited direct organisational control, requiring:

- Escalation to external stakeholders

- Ongoing monitoring and influence rather than direct mitigation

Staff Safety and Wellbeing Risks

Including:

- Psychological wellbeing risks
- Risks associated with exposure to emotionally challenging situations
- Workplace environmental safety risks (e.g. vehicle movement, slips)

This reflects a growing recognition of non-physical health and safety risks, aligned to organisational wellbeing priorities.

Compliance and Regulatory Risks

Including:

- Compliance with statutory inspection and maintenance requirements
- Risks associated with pressure systems, gas systems, and regulated equipment
- Potential impact on insurance cover and regulatory compliance

These risks highlight the importance of:

- Maintaining compliance with relevant legislation and guidance
- Ensuring systems remain within inspection and certification requirements
- Managing potential financial and regulatory exposure

New Risks (Quarter 4)

Four new risks have been recorded during Quarter 4:

- ID-2162, 2197, 2234, and 2237

These risks are detailed within Appendix B and are broadly aligned to existing risk themes, particularly infrastructure, operational delivery, and service resilience, rather than representing entirely new areas of risk.

Overall Assurance

The organisation continues to demonstrate a robust and well-established Health & Safety risk management framework, supported by:

- Clear governance and oversight arrangements
- Defined risk ownership and accountability
- Regular review and escalation processes



- Evidence of risks being actively managed and reduced over time

While a number of risks remain above their target scores, these are:

- Clearly understood
- Actively managed through defined action plans
- Subject to ongoing monitoring and review

Overall, this provides moderate to high assurance that Health & Safety risks are being effectively identified, escalated, and mitigated.

Focus for Next Quarter

Priority areas for the next reporting period will include:

- Reducing the remaining High and Extreme risks to target levels
- Completing assessment of any outstanding risks
- Continued focus on infrastructure and equipment-related risks
- Monitoring emerging risks relating to staff wellbeing
- Strengthening management of risks with external dependencies

11. Policy updates

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

Health and Safety Policy – Policy received final approval by the Quality, Safety and Improvement Committee. Policy has been translated and published on the organisations intranet.

Water Management Policy and Procedure – The Water Management Policy and Procedure have been comprehensively reviewed and updated to reflect current legislation, guidance, and organisational practice. Documents have been through Consultation and will be submitted for approval at the Health & Safety Group on the 18 May before being submitted to the Leadership Team and Health and Safety Group for consideration and submission for final approval by the Quality, Safety and Improvement Committee.

Fire Safety Policy and Procedure - The Fire Safety Policy and Procedure have undergone a significant update to strengthen governance, clarify roles and responsibilities, and align with current fire safety legislation and best practice. Documents have been through Consultation and will be submitted for approval at the Health & Safety Group on the 18 May before being submitted to the Leadership Team and Health and Safety Group for consideration and submission for final approval by the Quality, Safety and Improvement Committee.



Asbestos Management Procedure - The Asbestos Management Procedure has been reviewed and updated to reflect current legislation, HSE guidance and organisational arrangements. Key updates include strengthened duty holder arrangements, clearer controls for premises where Public Health Wales is not the duty holder, updated arrangements for laboratories based within Health Board premises, revised contractor control requirements, and improved records management, data protection and retention arrangements. As this is a procedure supporting the Health and Safety Policy, it will be submitted to the Health and Safety Group on 18 May for approval and does not require onward submission to the Quality, Safety and Improvement Committee.

First Aid and Provision of First Aid Equipment Procedure – The First Aid and Provision of First Aid Equipment Procedure has been reviewed and updated to reflect current legislation, HSE guidance and organisational arrangements. Key updates include strengthened responsibilities for First Aid Needs Assessments, clearer arrangements for first aid training and local provision, updated requirements for first aid equipment checks, strengthened AED inspection arrangements, improved consideration of remote, lone and community working, and a revised risk-based First Aid Needs Assessment template. As this is a procedure supporting the Health and Safety Policy, it will be submitted to the Health and Safety Group on 18 May for approval and does not require onward submission to the Quality, Safety and Improvement Committee.

Control of Contractors Procedure - The Control of Contractors Procedure has been reviewed and updated to reflect current legislation, HSE guidance and organisational arrangements. Key updates include strengthened governance, clearer CDM 2015 duties, enhanced RAMS and Permit to Work requirements, improved contractor induction and monitoring arrangements, and new supporting documentation including a Contractor Pre-Work Safety Checklist and Two Minute Risk Assessment. The procedure has also been updated to reflect Public Health Wales environments, including screening services, laboratories, shared premises and infection prevention requirements. Information Governance comments have been incorporated in relation to confidentiality, privacy and records management. As this is a procedure supporting the Health and Safety Policy, it will be submitted to the Health and Safety Group on 11 May for approval and does not require onward submission to the Quality, Safety and Improvement Committee.

Waste Management Policy and Procedure – Challenges have continued with the finalising of the Policy and the Procedure. The challenges have been explored at Directorate SMT and support for refining the process of review and revising documentation has been agreed with the Governance and General Manager for the Directorate. Completion is now planned for both Policy and Procedure to be available for consultation during June.

Bomb Threat and Suspicious Packages Procedure – Challenges have continued with the finalising of the Policy and the Procedure. The challenges have been

explored at Directorate SMT and support for refining the process of review and revising documentation has been agreed with the Governance and General Manager for the Directorate. Support will be provided from the Emergency Preparedness & Response Team with the procedure's completion. Completion is now planned for the Procedure to be available for consultation during June.

Security Procedure - Challenges have continued with the finalising of the Policy and the Procedure. The challenges have been explored at Directorate SMT and support for refining the process of review and revising documentation has been agreed with the Governance and General Manager for the Directorate. Support will be provided from the Emergency Preparedness & Response Team with the procedure's completion. Completion is now planned for the Procedure to be available for consultation during June.

12. Alerts and Notifications

The organisation receives a number of alerts under the headings:

- Safety Action Bulletins (SAB)
- Medical Device Alerts (MDA)
- Drug Alerts (DA)
- Chief Medical Officer Alerts (CMO)
- High Voltage Hazard Alerts (HVHA)
- Estates and Facilities Alerts (EFA)

All these alerts are managed by the Nursing, Quality and Integrated Governance Directorate (NQIG) and a report submitted to the Quality and Safety and Improvement Committee for information.

The organisation also receives a number of notifications under the headings:

- Specialist Estates Service Notifications (SESN)
- Publication Notices (PN)

These notifications are sent out directly from NHS Wales Shared Services Specialist Estates Service as Specialist Estates Service Notifications (SESN) and Publication Notices (PN) to the Estates, Safety and Facilities Division. For the reporting period, **five** SESNs and **no** Publication Notices have been received:

Date Issued / Received	SESN No./ PN No.	SESN Description	Action
6 January 2026	SESN 26/01	Fire Safety Audit System	Action: Completion date for submission May 29 th 2026.

19 January 2026	SESN 26/02	Reinforced Autoclaved Aerated Concrete (RAAC) In Nhs Building Construction (Further Guidance)	Action: No action required. For information only.
21 January 2026	SESN 26/03	Potential Risks From Transfer Slabs In Buildings	No action required. For information only.
23 February 2026	SESN 26/04	NHS Estate In Wales - Fire Statistics Report Fire Incidents And Unwanted Fire Signals 2025	No action required. For information only.
26 February 2026	SESN 26/05	Building Safety Act & Building Control Process	No action required. For information only.

13. Health and Safety Culture Survey

As reported in the previous quarterly Health and Safety Report, the Workplace Health and Safety Culture Survey was launched on 15 September 2025 and subsequently extended to 31 December 2025 following the lower than expected initial response rate.

The purpose of the survey was to gather staff views on workplace health and safety culture across Public Health Wales, including how well staff understand health and safety responsibilities, reporting arrangements, local governance structures, communication, training, and the extent to which staff feel supported in raising concerns or acting on unsafe situations.

A total of 213 responses were received, representing an approximate organisational response rate of 9.8% when compared with directorate assignment counts. While this provides useful insight into staff experience, the findings should be treated as an indicative culture snapshot rather than a definitive measure of staff opinion across the whole organisation. Directorate-level findings have also been interpreted with caution, particularly where response numbers were low.

The survey responses have now been analysed in detail and a separate paper has been prepared for presentation to the Health and Safety Group. The paper sets out the response profile, key findings, directorate-level considerations, free-text themes and proposed improvement actions. This will allow the Group to consider the findings in more detail and support the development of a proportionate action plan.

Overall, the results indicate a positive foundation for health and safety culture across Public Health Wales. Staff reported strong individual awareness in relation to personal responsibilities, safe working practices and reporting routes, with positive responses generally in the range of 80–90%. This suggests that staff generally know what is expected of them and understand how to raise health and safety concerns.

However, the analysis also identified areas requiring improvement. These include 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 workload or time pressure affecting safe working practices.

The survey also confirmed that the dominant risk profile for many respondents is ergonomic and organisational, rather than traditional physical hazards. High levels of Display Screen Equipment use and repetitive work were reported, and the free-text comments reinforced themes relating to workload, home working, DSE, communication, feedback and consistency of management response.

The proposed improvement plan will focus on strengthening leadership visibility, improving feedback loops, increasing awareness of local health and safety governance arrangements, embedding health and safety considerations into change processes, and reinforcing support for staff who stop work due to genuine health and safety concerns. Progress against agreed actions will be monitored through the Health and Safety Group and reported through the routine health and safety governance arrangements.

14. Summary

The organisation has several processes in place for maintaining and monitoring health and safety compliances so that assurance can be provided, and any gaps identified with the appropriate actions required.

Incidents and RIDDOR's are actively managed, with lessons learned identified and shared.

Processes are in place to monitor policy and procedure reviews and/or development. There are also systems in place to action alerts and notifications as appropriate for the organisation.

The Committee is asked to:

- Take **assurance** that appropriate measures are in place to monitor compliance and to address areas identified for improvement.

Appendix A

Health & Safety for Homeworkers Training Status by Directorate and Division

Directorate/Division	Training Compliance Rate Q3 (%)	Self-Assessment Compliance Rate Q3 (%)
Corporate Directorate	81.8%	68.2%
Operations and Finance Directorate	88.8%	84.7%
Communications Division	95.8%	91.7%
Estates, Safety and Facilities Division	91.7%	91.7%
Finance Division	94.9%	89.7%
Strategy, Planning & Corporate Affairs Division	69.6%	65.2%
People & OD Directorate	97.5%	97.5%
Nursing, Quality and Integrated Governance Directorate	98.2%	98.2%
Corporate Division	100.0%	100.0%
Integrated Governance Division	93.3%	93.3%
National Safeguarding Division	100.0%	100.0%
Quality & Nursing Division	100.0%	100.0%
Policy, International Health Directorate	100.0%	93.1%
ACE's Hub Division	100.0%	90.0%
Behavioural Science Division	100.0%	90.0%
Central Division	100.0%	90.0%
Climate & Health Division	100.0%	100.0%
International Health Division	100.0%	94.7%
Policy Division	100.0%	92.3%
Projects Division	100.0%	100.0%
WHIASU Division	100.0%	92.3%
Research, Data and Digital Directorate	92.2%	83.9%
RTS/CDR Division	100.0%	100.0%
Operations & Management Division	95.7%	82.6%
Digital Services Division	84.1%	69.6%
CARIS/CMP Division	88.9%	88.9%
Data Science & Analysis Division	100.0%	96.9%

Knowledge & Evidence Division	93.3%	93.3%
Research & Evaluation Division	96.0%	88.0%
WCISU Division	100.0%	100.0%
Health & Wellbeing Directorate	89.3%	73.3%
Health Improvement Division	90.2%	72.6%
HWB Mgt. and Admin Division	88.9%	72.2%
PCIC Division	86.7%	76.7%
Health Protection and Screening Services Directorate	89.7%	77.4%
Health Protection Division	96.7%	85.2%
HPSS Corporate Division	80.0%	80.0%
Infection Division	82%	67.0%
Screening Services Division	89.5%	77.2%
• Antenatal Screening	100.0%	100.0%
• Bowel Screening	100.0%	80.0%
• Breast Screening	69.0%	57.7%
• Cervical Screening	98.1%	76.9%
• Diabetic Eye Screening	94.6%	81.1%
• Lung Screening	66.7%	100.0%
• Newborn Hearing Screening	96.0%	88.0%
• Abdominal Aortic Aneurysm (AAA) Screening	100.0%	100.0%
• Screening Management	100.0%	100.0%
SPR's Division	100.0%	90.9%
NHS Wales Performance and Improvement	88.7%	80.1%
Strategic Programmes for Planned Care Division and Planned Care & Recovery Division	77.3%	70.5%
Strategic Programmes for Primary Care Division	100.00%	92.9%
Strategic Programme for Mental Health Division	96.6%	86.2%
Urgent & Emergency Care Division	64.0%	64.0%
Quality, Safety and Improvement Division	96.0%	90.1%
Performance & Assurance Division	71.1%	71.1%
Networks Division	93.3%	76.0%
Planning Division	77.8%	61.1%
Finance Planning & Delivery Division	100.0%	100.0%
Value Transformation Division	93.6%	80.7%

Appendix B

New risks reported during Quarter 4

Risk ID-2162 – Screening Division

	Initial	Current	Target
Risk Level	Moderate Risk	No Assessment	No Assessment

Description:

There is a risk of staff injury and potential damage to clinical equipment due to the need to move and unplug ultraviolet decontamination equipment in a small clinic room at the Screening Centre in Wrexham.

The clinic rooms are used by both Breast Screening and Abdominal Aortic Aneurysm Screening. A decontamination unit has been installed to support the safe decontamination of ultrasound probes for Breast Screening. To enable AAA clinics to use the room, the ultraviolet decontamination unit has been removed at the start of AAA clinics and returned at the end.

The current arrangement requires screeners to bend and twist in order to unplug the unit from sockets located at skirting board level behind the examination couch. This creates a manual handling and awkward posture risk to staff. There is also a risk that the decontamination unit could be damaged during movement, which could affect clinical activity if ultrasound probes cannot be decontaminated.

Key Controls are:

AAA screeners have received training in the safe movement of the ultraviolet decontamination machine. The issue has been discussed through internal programme arrangements, including Programme Board, and communication between the relevant services is ongoing.

Actions being undertaken:

A meeting was held on 17 February 2026 with representatives from the relevant services to review the risks associated with moving the decontamination unit and unplugging equipment. The meeting identified two linked issues: the potential risk of damage to equipment during movement, and the manual handling/awkward posture risk to screeners.

A further meeting was held on 3 March 2026 between WAAASP and Breast Test Wales. Agreement was reached that Breast Test Wales will unplug the decontamination equipment before WAAASP use the rooms, subject to confirmation that there is no adverse impact from the equipment being unplugged for up to one week between clinic use. WAAASP clinic dates have already been shared with Breast Test Wales to support this arrangement.



Options to reduce the risk further are also being explored, including relocating sockets and installing trunking so that cables are positioned more safely around the middle of the room rather than trailing across the floor or requiring staff to access sockets at low level behind furniture. Facilities have been contacted to obtain information on the potential cost of trunking and associated electrical works. The funding route is still to be confirmed and may need to be agreed between the relevant programmes.

Progress will continue to be monitored through internal programme arrangements, with a planned review of the Datix risk in six months.

Risk ID-2197 – Estates and Health and Safety

	Initial	Current	Target
Risk Level	High Risk	No Assessment	No Assessment

Description:

There is a risk that Display Screen Equipment requirements are not being appropriately implemented or complied with where a workstation, which has been adapted to meet an individual employee’s DSE assessment requirements, is being treated as a general hot-desk through the organisation-wide desk booking system.

The issue relates to a desk that is allocated via the booking system being used in conjunction with a chair purchased and configured by the employee’s team to meet their individual ergonomic requirements and body measurements. Treating this workstation as a general hot-desk prevents the employee from having consistent access to the specific ergonomic setup identified through their DSE assessment.

This creates a risk of discomfort, exacerbation of existing musculoskeletal conditions, or injury due to the employee being unable to consistently use the workstation and chair configuration required to manage their DSE needs. There is also a potential risk of reduced productivity, sickness absence, staff wellbeing impacts, and non-compliance with DSE Regulations and organisational health and safety responsibilities.

The underlying cause appears to be a lack of understanding or application of DSE requirements within desk booking and facilities management processes, resulting in equipment purchased or configured for a specific assessed user being made available for general use without appropriate controls.

Key Controls are:

An individual DSE assessment has been completed for the employee, and a chair has been purchased by the employee’s team to meet the ergonomic requirements identified through that assessment. However, the chair has not yet been formally handed over to the employee, and the current desk booking arrangements do not

yet provide assurance that the employee will have consistent access to the DSE-adjusted workstation or associated equipment.

Actions being undertaken:

The risk has been escalated to Facilities for review, as the issue relates to the management of bookable workspaces, desk allocation arrangements and the protection of individually assessed DSE equipment within shared work areas.

Facilities have been asked to review whether the workstation is currently available within the general desk booking system and whether it can be removed from general booking or restricted for use by the assessed employee. They have also been asked to consider how the DSE-specific chair and associated equipment can be protected from general use, including whether labelling, local controls or a wider process is required for managing individually assessed DSE equipment in shared or bookable workspaces.

Health and Safety will continue to support Facilities, the line manager and Occupational Health as required to ensure that the employee has reliable access to the equipment identified through their DSE assessment and that appropriate controls are implemented to prevent similar issues arising elsewhere.

Risk ID-2234 – Screening Division

	Initial	Current	Target
Risk Level	High Risk	No Assessment	No Assessment

Description:

There is a risk that fire compartmentation and fire door defects identified during the Fire Compartment and Door Health Survey undertaken on 26 August 2025 remain unremedied, which may compromise the effectiveness of fire containment measures in the event of a fire.

The survey identified a number of remedial actions, including 27 high severity, 41 medium severity and 24 low severity items. The high severity actions require priority attention due to the potential impact on fire and smoke compartmentation. Delays in initiating or completing remedial works could increase the risk of fire and smoke spread, potentially affecting life safety, evacuation arrangements and the organisation’s ability to demonstrate compliance with fire safety legislation.

The risk is linked to the wider organisational risk already recorded under Risk ID 1415, which relates to the possibility that some premises across the estate may not have fully effective fire stopping infrastructure in the event of a fire. Risk 2234 provides a more specific localised risk arising from the findings of the August 2025 fire compartmentation and door survey.



Key Controls are:

There are currently no specific remedial controls recorded against this risk to address the identified compartmentation and fire door defects.

However, existing organisational fire safety controls remain in place while remedial works are progressed. These include scheduled Fire Risk Assessments undertaken as part of the planned programme of inspections across estate premises, local fire warden checks by nominated fire wardens, and the requirement for staff to report any identified fire safety issues. These arrangements are supported by the Public Health Wales Fire Safety Procedure and the requirement for staff to complete mandated Fire Safety Awareness training.

It should be noted that these controls provide general fire safety assurance but do not remove the need for the identified compartmentation and fire door defects to be reviewed, prioritised and remediated.

Actions being undertaken:

This risk should be managed alongside the existing organisational fire stopping infrastructure risk, Risk ID 1415, to ensure that the findings from the Fire Compartment and Door Health Survey are incorporated into the wider estate fire safety remediation programme.

Funding is being sought to complete required fire stopping and associated remedial works during 2026/27. The actions identified within the 26 August 2025 survey should be reviewed and prioritised according to severity, with particular focus on the 27 high severity items requiring immediate or priority attention.

A clear action plan should be developed or maintained to confirm the scope of works required, responsible leads, expected timescales, funding route, and interim controls where works cannot be completed immediately. Progress should continue to be monitored through the appropriate Estates and Health and Safety governance arrangements until the identified defects have been addressed or reduced to an acceptable level of risk.

Risk ID-2237 – Screening Division

	Initial	Current	Target
Risk Level	High Risk	High Risk	Moderate Risk

Description:

There is a heightened risk of vehicle fire and/or loss of vehicle power following a product safety alert received from Ford in relation to three Public Health Wales Ford Kuga Hybrid vehicles used by the AAA Screening service. The affected vehicles are registered as MC73 NVE, MC73 NVG and MC73 NGJ.



The safety alert identifies a potential defect with the high voltage battery, where some cells may develop an internal short circuit. If this occurs, the vehicle may display a “Stop Safely Now” warning message on the instrument cluster. The defect could result in loss of motive power, increasing the risk of a road traffic incident. In some circumstances, the vehicle could also experience thermal venting, resulting in a vehicle fire and potential injury to staff or passengers.

Ford has advised that a permanent remedy is not yet available and that affected vehicle owners will be notified once a repair can be scheduled with an approved servicing dealer. In the interim, Ford has not instructed that the vehicles must be removed from use, but has issued specific risk reduction instructions to be followed until the permanent remedy is available.

The potential impacts include staff injury or harm, loss of vehicle and contents, disruption to service delivery, and associated reputational, operational and financial consequences.

Key Controls are:

At the point of initial notification, no existing controls were in place. However, following receipt of the Ford safety alert, interim controls have been identified in line with the manufacturer’s instructions.

These controls include limiting the high voltage battery charge to 80% on all affected vehicles, either through the in-vehicle touchscreen or through the Ford app. Staff are also required to drive the vehicles only in the default Auto EV mode and not to use deep mud and snow modes until further notice.

Drivers are also to be made aware that if the “Stop Safely Now” warning message appears on the instrument cluster, they should follow the vehicle warning advice and exit the vehicle as soon as it can be brought to a safe stop.

Actions being undertaken:

The Ford safety alert has been shared with the AAA Screening service, with a request that the service ensures the charge limit is set to 80% on all affected vehicles as soon as possible and confirms once this has been completed.

The AAA Screening service has also been asked to notify staff who drive the affected vehicles of the interim control measures, including the requirement not to exceed the 80% charge limit, to use only the default Auto EV mode, and to avoid deep mud and snow modes until further notice.

Staff should also be briefed on the action to take if the “Stop Safely Now” warning message appears, including bringing the vehicle to a safe stop and exiting the vehicle as soon as it is safe to do so.

The affected vehicles should remain subject to ongoing monitoring until Ford confirms that a permanent remedy is available. Once Ford provides confirmation,



arrangements will need to be made with the approved servicing dealer to implement the repair. Ford has indicated that the remedy is anticipated to be available around mid-2026 and that the repair will be provided free of charge.

Progress should continue to be monitored through Datix and local service arrangements until the interim controls are confirmed as implemented and the permanent manufacturer remedy has been completed.