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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	05 July 2022	Agenda Item	2.2
Report Title	Estates Health & Safety Report		
Report Author	Des Keighan – Assistant Director of Estates		
Report Sponsor	Darren Griffiths – Director of Finance and Performance		
Presented by	Des Keighan – Assistant Director of Estates		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to update the Committee on Health & Safety Assurance within the Estates function over a range of specialist areas, including Fire, Asbestos, Low Voltage Systems, Waste Management and Security.		
Key Issues	<p>The Department continues to work to meet the Health Board’s statutory obligations and has identified the need for additional resources to effectively manage our responsibilities over the full range of Estates disciplines.</p> <p>There are a number of workforce pressures at Morriston Hospital in particular which are currently being addressed: -</p> <ul style="list-style-type: none"> • Successful candidate for an Estates Manager for Morriston Hospital has recently declined the post following Occupational Health clearance, as they had been offered a job in their existing Health Board. • There is an existing vacancy which has now been appointed to but the individual is yet to start • Two officers have secured positions outside the Department <p>With the change of Executive Director, we are reviewing the proposed structure required to reflect the changing estate. It has now been agreed that we can appoint a Governance role which will be advertised shortly. We are also in the process of recruiting a Health & Safety Officer role, following the retirement of the previous post holder.</p>		
Specific Action Required	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>

<i>(please choose one only)</i>				
Recommendations	Members are asked to: <ul style="list-style-type: none">• NOTE and CONSIDER the report			

ESTATES HEALTH & SAFETY REPORT

1. INTRODUCTION

The purpose of the report is to update the Committee on Health & Safety Assurance within the Estates function over a range of specialist areas, including Asbestos, Low Voltage and High Voltage Systems, Ventilation and Decontamination Waste and Security and also cover some general assurance issues.

2. BACKGROUND

Workforce

The department has lost a number of staff over recent weeks, however, we have been successful in appointing a new Estates Managers who is set to join us in the coming months. We will now advertise to fill the vacant positions.

We have identified the need for further resources to effectively manage our responsibilities over the full range of Estates disciplines and will be preparing papers for the Director of Finance and Performance on how services need to be enhanced over the coming months and years. The department has continued to improve on the training compliance with overall compliance moving to 70.44% and PADR compliance is at 53%, however, work is ongoing to improve performance in this area.

Appraisal Review Summary - Estates - 21/06/2021-20/06/2022

Org L8	Assignment Count	Reviews Completed	Reviews Completed %
130 7200 Morriston Estates Management	14	11	78.57
130 7211 Morriston Grounds & Gardens	7	7	100.00
130 7212 Morriston Building	11	10	90.91
130 7213 Morriston Engineering	32	0	0.00
130 7215 HVS 1B	3	2	66.67
130 7220 Singleton Grounds & Gardens	4	3	75.00
130 7221 Singleton Building	14	9	64.29
130 7222 Singleton Engineering	25	19	76.00
130 7223 Singleton Estates Management	9	7	77.78
130 7500 Waste Management & Incineration	4	2	50.00
130 7503 Support Services	4	0	0.00
130 7801 Estates Management Support	7	0	0.00
Grand Total	134	70	52.24

Training Compliance Summary - Estates @ 20/06/2022

Assignment Count	Required	Achieved	Compliance %
135	1810	1275	70.44%

Org L8	Assignment Count	Required	Achieved	Compliance %
130 7200 Morriston Estates Management	14	182	127	69.78%
130 7211 Morriston Grounds & Gardens	7	91	61	67.03%
130 7212 Morriston Building	11	143	91	63.64%
130 7213 Morriston Engineering	32	416	247	59.38%
130 7215 HVS 1B	3	39	24	61.54%
130 7220 Singleton Grounds & Gardens	4	55	39	70.91%
130 7221 Singleton Building	14	196	156	79.59%
130 7222 Singleton Engineering	26	364	283	77.75%
130 7223 Singleton Estates Management	9	126	109	86.51%
130 7500 Waste Management & Incineration	4	52	43	82.69%
130 7503 Support Services	4	55	37	67.27%
130 7801 Estates Management Support	7	91	58	63.74%

Sickness

For the department in March was 11.48% overall 4.81% for long-term sickness and 6.78% for short term sickness. Action plans are in place for the long term sickness cases and concluding some of these will bring the long term sickness figures down. The Profile for the last six months that it's the recent high levels of short term sickness that have affected the performance.

Process	Oct	Nov	Dec	Jan	Feb	Mar	12mth Cumulative
Overall sickness	9.38	7.65	8.87	8.17	12.27	11.48	7.88%
Long Term Sickness %	7.26	5.08	6.31	6.17	6.76	4.81	
Short Term Sickness %	2.12	2.57%	2.55%	2.00%	5.51%	6.67%	

Incidents

Incidents currently under investigation are attached as an appendices. With regard to the issues around the unavailability of shift these problems are linked to the fact that the department are struggling to recruit to vacancies mainly due to the fact that salaries offered are much lower than market rates.

A paper has been provided to the Director and the department are working to develop a new band 5 multi skilled engineering role to help with recruitment and are developing transition plans for existing staff who want to move into the

revised roles. Those staff that choose to retain existing roles will not be affected however any vacancies will be replaced with the new role.

Condition Reviews

The Department continues to work hard to meet the Health Board's statutory obligations and over the last few months. We are now coming to the end of the Six Facet Review of the Estate, we have the final draft of the water risk assessments and we have started the review of the fire compartmentation at Morriston and Singleton Hospitals and are also developing the Estates Strategy.

The Department has made progress in a number of areas, however, a lack of resources continues to restrict the extent to which progress can be made. This will also be further challenged by the lack of EFAB funding from Welsh Government which had helped address issues in 2021/22. However, the Department is planning to use this year to prepare bids for further funding for 2023/2024. The key issues within the Estate are as follows with more detail provided in **Appendix 1** to the report: -

Medical Gas Pipeline Systems

The Medical Gas Committee has set up a Task & Finish Group to review and update the MGPS Operational Policy and procedures, the first draft is being prepared for the next meeting.

The Committee is developing a training package to support Designated Nursing/Medical (DNO/DMO) officers, and Designated Porters. This is to ensure all general staff using medical gases receive appropriate training.

Electrical Services LV

There are issues on both main acute sites with the electrical services with regard to compliance with the WHTM. A paper has been prepared for the Executive Team highlighting the main Estates risks and potential ways for these to be addressed.

Ventilation Systems

The last Audit Report highlighted the fact that a large proportion of our plant is non-compliant with the current HTM's, noting that the plant was not designed to meet the current standards. These shortcomings have been highlighted in the paper that was prepared for the Executive Team on our Estates risks. The Health Board is developing plans to provide a decant facility on the Morriston Hospital site that will allow the Health Board to start a rolling programme of refurbishment of the site.

Fire Safety

The Health Board recognises that the completion of the risk assessments will identify work that needs to be undertaken by the Health Board which then means that we will need to invest further to complete this work.

The Health Board has commissioned the completion of a review of our fire compartmentation on the Morriston and Singleton Hospital sites and it is intended that this work will then be used as a specification to commission repairs on fire compartmentation.

There is a related update on fire doors in the meeting paper pack for this Committee meeting.

Fire Dampers

The fire compartmentation reviews will identify the fire dampers, however, a number of them due to their location, are inaccessible and therefore unmaintainable as they are often in confined areas or within walls. As part of the review of fire compartmentation within the Morriston and Singleton Hospital sites the risks associated with the fire dampers will be considered. Within future capital schemes.

Asbestos Management

Within Singleton Hospital there is a significant amount of Asbestos present within the void service areas. Control measures have been put into place to strictly control access to these areas. Detailed below is recent work undertaken.

Recent Activity:

Date	Activity	Complete		Comments
24/05/22	Removal / encapsulation of ACMs with SNG_02 OPD Under-croft	Yes		All MMMF material removed DCUK 24/05/2022.
13/05/22	Removal of ACM boiler house ahead of new boilers		No	Anchem Survey carried out 19/05/22. Stage 2 clearance required. Awaiting scope of work Hurleys.
10/06/22	Bulk sampling Crush Hall ahead of canopy electrical isolation	Yes		ALL102069/22/HW-1 No ACM found
21/06/22	Air testing during void work to unblock drains wards 2 & 4	Yes		A23670.02F Modular DCUs calculated to be below the limit of quantification of 0.01 f/ml of air sampled.

Water

The Health Board has been issued with the draft Water Management Risk Assessment, which is now being reviewed for accuracy. From this the Health Board will develop an action plan to address the high and significant risks identified. The Health Board Water Management Group has been reformed under the chair of the Director of Finance and Performance and the next meeting is scheduled for 1st July 2022.

Waste

The volume of waste has increased massively as a result of the requirement for staff to wear PPE. The waste whilst not heavy is extremely bulky and the contractor who provides the waste disposal service is now not in a position to cope with this increased demand. All spare capacity has been lost due to the volume of waste that has been generated.

The department has already put into place contingency arrangements, however, the sites continue to suffer from delayed collections on a regular basis. This

issue has been escalated up through Welsh Government and meetings are being held on a regular basis with the waste disposal company.

Lifts

We currently do not have an AE for Lifts as this service is not provided through Welsh Health Shared Services.

The Health Board is also looking to appoint an AE lifts. We have now had discussions about how these services can be procured.

Security

The Health Board is reforming the Security Management Group to act as a focal point for security management issues across the Health Board. The group is proposed to be a sub group of the Health & Safety Operational Group.

3. GOVERNANCE AND RISK ISSUES

Governance for the range of areas set out above is under review with the function and frequency of the groups overseeing each of these important areas being considered to ensure that there are no gaps in reporting which will aid increased compliance.

There is a range of risk across the estate largely driven by the scale of the backlog maintenance required and the decreasing availability of capital to address these across NHS Wales. The Health Board continues to work with Welsh Government to develop a 10-year plan which will prioritise key areas of risk. The receipt and review of the 6 facet survey and the development of a Health Board estates strategy will provide greater clarity to this plan.

4. FINANCIAL IMPLICATIONS

There are no direct financial consequences of this report but the capital and workforce requirements to adequately address backlog maintenance and operational issues will be significant when fully quantified.

5. RECOMMENDATION

Members are asked to:

- **NOTE** and **CONSIDER** the report

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
This paper updates the Committee on compliance over a range of Estates issues.		
Financial Implications		
At present there are no financial implications. However, for a number of issues the Health Board are developing capital plans to address the issues identified, as part of the long term strategy for the Estate.		
Legal Implications (including equality and diversity assessment)		
The paper updates on current risks within the Estate.		
Staffing Implications		
A paper is being drafted around the staffing requirements for the Department moving forward		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The paper updates the Committee on compliance issues within the Estates function, identifying risks and explaining the steps being taken to mitigate these risks. The Department recognises the need for additional funding and work is ongoing on a Business Case around resources required to address these issues in the longer term both from a staffing and capital investment perspective.		
Report History	This provides an update on the agenda item on the risks within the Estate.	
Appendices	Full report attached.	

Medical Gas Pipeline System:

We have Authorised Person's (AP) appointed for Singleton Hospital and Morriston Hospital. However, we still are short on AP's on the Morriston Hospital site. This is going to be exacerbated as a result of the vacancies within the Department.

Through the Medical Gas Committee, we have identified the need to ensure that senior nursing staff have had appropriate training around the management of medical gases on a ward and their responsibilities relating to these facilities.

The Draft Audit Report has been received from the Authorised Engineer (AE), who has highlighted the following key actions.

- Train, nominate for assessment and appoint more MGPS AP's to provide cover at Morriston Hospital. The appointment of additional officers will support this and places have been booked on the appropriate training courses for newly appointed staff.
- The Medical Gas Committee have set up a Task & Finish Group to review and update the MGPS Operational Policy and procedures, the first draft is being prepared for the next meeting.
- The Committee is developing a training package to support Designated Nursing/Medical (DNO/DMO) officers, and Designated Porters. This is to ensure all general staff using medical gases receive appropriate training.

The department will be developing an action plan in response to the recommendations as part of the Medical Gas Committee agenda.

Electrical Services – LV:

There is now an AE LV appointed, and following a lot of work we now have AP's in place at both Morriston and Singleton Hospitals. However, with the loss of staff within the Morriston Department specifically we are once again going to be short of AP's, but will utilise the BMS officer to support the Department in the short term. The appointment of a new Estates Manager will strengthen the Department.

There are issues on both main acute sites with the electrical services with regard to compliance with the WHTM. A paper has been prepared for the Executive Team highlighting the main Estates risks and potential ways for these to be addressed. The Department are coming to the end of a Six Facet Survey of the Estate, which will give a clear picture of the investment needed across the Estate. The initial drafts of the report clearly show significant increase in backlog maintenance costs. The Health Board is developing its long term strategy for its Estate, part of which is the provision of decant facilities to allow the Health Board to address the backlog issues across the Morriston and in the longer term Singleton Hospital sites.

Electrical Services – HV:

The Health Board has appointed an Authorised Engineer, and a revised HV policy has been submitted to the Health & Safety Operational Committee and is now awaiting submission to the Main Health & Safety Committee.

Ventilation System:

Once again this has been adversely affected due to the loss of staff from the Morriston Estates Department. Once we have reappointed to these positions we will look to book staff on the appropriate training courses.

The last Audit Report highlighted the fact that a large proportion of our plant is non-compliant with the current HTM's, noting that the plant was not designed to meet the current standards. These shortcomings have been highlighted in the paper that was prepared for the Executive Team on our Estates risks. The Health Board is developing plans to provide a decant facility on the Morriston Hospital site that will allow the Health Board to start a rolling programme of refurbishment of the site. This will include addressing single room accommodation as well as providing appropriate ventilation systems.

The Department is working with colleagues in dental services and infection prevention on trialling air scrubbers following a change in the guidance which now suggests considering these types of units where there are insufficient air changes. We are working with colleagues from the Community Dental Team to run trials within the treatment rooms utilising the air scrubber. However, we had problems undertaking the test as we have been trying to get similar case mix so it can be an accurate comparison. We are undertaking further testing and we will be able to provide colleagues from infection prevention data upon which they can review current fallow time between dental cases.

Estates Fire Safety:

There has been a significant improvement in the completion of the risk assessments and the Health Board recognise that the completion of the risk assessments will identify work that needs to be undertaken by the Health Board which then means that we will need to invest further to complete this work.

The Health Board has commissioned the completion of a review of our fire compartmentation on the Morriston and Singleton Hospital sites and it is intended that this work will then be used as a specification to commission repairs on fire compartmentation.

Cause and Effect Drawings:

As part of the compartmentation review we will, as part of the work, update the cause and effect drawings.

Emergency lighting:

Whilst we have addressed the majority of areas within the Singleton Hospital site there are still areas within Morriston Hospital that need to be addressed. The department continue to try and upgrade the emergency lighting as areas are being refurbished.

Fire Dampers:

The fire compartmentation reviews will identify the fire dampers, however, a number of them due to their location, are inaccessible and therefore unmaintainable as they are often in confined areas or within walls. As part of the review of fire compartmentation within the Morriston and Singleton Hospital sites the risks associated with the fire dampers will be considered. Within future capital schemes the Health Board will strive to include moving dampers wherever possible. This

issue has also been highlighted as one of the Estates major risks with the report to the Executive Team.

Decontamination:

We now have AP's in both Singleton and Morriston. Infection Prevention have also implemented a Decontamination Working Group focussing on the operational issues around the department. The Health Board is looking at the feasibility of moving HSDU services out of the acute sites and options are being considered by the Health Board's Estates Utilisation Group.

Asbestos Management:

The department have commenced further work in Singleton Hospital this year from discretionary capital to address asbestos issues identified in the management plan. As the Health Board continues to complete the infrastructure programme, the removal of asbestos will be included within these projects where appropriate.

Within Singleton Hospital there is a significant amount of Asbestos present within the void service areas. Control measures have been put into place to strictly control access to these areas.

The Health Board is developing the control plan for the Singleton Hospital site and within this the Health Board will consider how it addresses the asbestos issues across the site. The Department will also be reviewing the management plans.

Water:

The Health Board have been issued with the draft Water Management Risk Assessment, which are now being reviewed for accuracy. From this the Health Board will develop an action plan to address the high and significant risks identified.

The Water Management Committee will be chaired by Mr. D. Griffiths, Director of Finance and moving forward will be focussing on the development of the Action Plan. The Committee were keen for users to understand the implications of not complying with the requirements laid out within the Water Safety Plan

Waste:

The National challenges around the management of waste continue which have resulted in a number of papers being provided to the Executive Team. The pandemic has put significant additional pressures on what was already a struggling service. The volume of waste has increased massively as a result of the requirement for staff to wear PPE. The waste whilst not heavy is extremely bulky and the contractor who provides the waste disposal service is simply not in a position to cope with this increased demand. All spare capacity has been lost due to the volume of waste that has been generated.

The department have already put into place contingency arrangements, however, the sites continue to suffer from delayed collections on a regular basis. This issue has been escalated up through Welsh Government and meetings are being held on a regular basis with the waste disposal company. We have also now seen significant cost increases in this area which is having a profound effect on the Health Board.

Lifts:

There is no specific policy for lifts and the role of CP's sit with our maintenance contractor who by their appointment take on this role, on behalf of the Health Board. In light of the nature of the lifts in Singleton Hospital. A member of staff is due to attend training, however, we currently do not have an AE for Lifts as this service is not provided through Welsh Health Shared Services.

The Health Board is also looking to appoint an AE lifts. We have now had discussions about how these services can be procured but have not yet finalised the specification for the provision of these services.

We have not progressed the appointment of an AE Lift and this will be revisited. Last financial year we spent significant capital monies upgrading the lifts on Morriston Hospital site, however, it is recognised that there needs to be a formal replacement programme in place. Unfortunately, shortage of capital means this will not be progressed due to other priorities.

Security

The Health Board is reforming the Security Management Group to act as a focal point for security management issues across the Health Board. The group is proposed to be a sub group of the Health & Safety Operational Group.

The Director of Finance has written to Service Directors, Capital, Support Services, Health & Safety and Counter Fraud and IT to seek nominations for the group and once established will:-

- Focus on developing policies and review existing protocols such as the Bomb Threat Policy and Lockdown Procedures.
- It will also review the current staffing resources to ensure that appropriate structures are in place to effectively manage security within the Health Board.
- There are a number of KPI's which need to be monitored and reviewed and group will consider these on an ongoing basis.
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Through this report the group will highlight any issues that need to be escalated to the Health & Safety Operational Group and through to the Main Committee. There has been a delay in progressing this while we develop the membership.

Summary:

The Department once again faces challenges especially on the Morriston site, due to vacancies within the team, with the positive note that we have appointed an Estates Manager for Morriston, this with the approval to appoint a Governance Manager will help take this agenda forward.

The work around the Six Facet Survey is coming to an end and will provide a clear picture of the risks across the Estate which will feed into the Development Control Plans being developed for the main sites.

The completion of the Water Risk Assessments is also a positive step forward as is the work being undertaken to review the Fire Compartmentation on the Singleton and Morriston sites. However, it has to be recognised that the organisation is facing considerable pressure due to the lack of capital this financial year.

Appendix 1: Incidents under investigation

Morrison						
17653 9	Ward A	30/03/202 2	The office ceiling on ward A has been reported for some time (since initial renovation) At the time of the incident, myself (the above) was seated in the office undertaking a teams meeting when the ceiling collapsed and hit the floor along with multiple electrical wiring.	Reported to Estates & escalated to MSK matron at the time of incident. Estates number 675142	Near Miss	No Harm (1)
Singleton						

17439 3	Pathology Department	24/02/202 2	The IP was redecorating the walls in the Cat3 lab in Pathology building-when trying to reach behind a fixed appliance for painting the wall area the IP grazed their arm on hinges attached to the fixed appliance. IP reports the edges of the hinges were sharp (from manufacture not due to damage/misuse). IP was in short sleeved tshirt. Injury was a above right wrist on forearm and deep enough to cut the skin and cause bleeding. At the time IP was not aware of the cut until blood was seen.	The IP immediately washed arm under cold tap within the room and used paper towel from dispenser to dry until it stopped bleeding. Over next 48 hours the wound became quite inflamed and uncomfortable. It has since scabbed over and inflammation has subsided. IP is concerned as this area has an increased infection level due to use of room.	Actual harm caused to a person or the organisation	Low (2)
17338 2	Ward 18(Singleton)	16/02/202 2	Whilst the staff member was going to isolate the electrical supply for the dishwasher by switching off the wall mounted breaker his left forearm touched the top of the hot water urn causing a burn to the skin as	After receiving the burn to their forearm, they removed the sleeve protector and ran the burn under cold water.	Actual harm caused to a person or the organisation	Low (2)

			he reached over the top to switch the breaker. The staff member was wearing arm sleeve protection at the time but was still burned.			
17587 1	Estates Area	20/03/202 2	When I arrived on Duty, it was brought to my attention by the Day Bed Manager that there would be no on site Estate Engineer present between 06:00 and 07:00 on Monday 21st March as the night Engineer was only rostered to work until 06:00 and there was staff shortages due to sickness (1 staff member) and vacancies (3 vacancies). The presence of the engineer on site 24 hours/7days is vital for example in the case of a fire particularly during the night as there are such few personnel present in the building, as well as for their other essential skills	I contacted the on call Estates Officer and highlighted my concerns. I was informed that the night engineer would be going off duty at 06:00 and somebody off site would be answering the calls. I stated that I felt that this was unacceptable and was a great risk to the safety of the patients and staff and asked if it was possible that he got the period of time covered by someone and I stated that I was very uncomfortable going in to the night without this assurance. He stated that, he would ask the night engineer if he	No harm caused to a person or the organisation	No Harm (1)

			throughout the hospital.	was willing to stay on for an extra hour to cover the shortfall. The night engineer agreed to stay on, however, the estates officer, when questioned about future days, stated that the 06:00 to 07:00 period on Tuesday 22nd March was also not covered. I informed him that I would speak to the hospital manager in the morning but asked if he could possibly look at how this shortfall could be also covered.	
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