





Meeting Date	01 September 2021	Agenda Item	3.3	
Report Title	Estates Health & Safety Rep	ort		
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	Estates			
Report Sponsor	Craige Wilson – Deputy Chief Operating Officer			
Presented by	Des Keighan – Assistant Director of Operations –			
	Estates			
Freedom of	Open			
Information				
Purpose of the	The purpose of the report is to			
Report	& Safety Assurance within the Estates function over a range			
	of specialist areas, including	Fire, Asbestos, Low \	/oltage	
	Systems.			
Key Issues	The Department continue to strive to meet the Health Board's statutory obligations and have identified the need for additional resources to effectively manage our responsibilities over the full range of Estates disciplines. The Department have now recruited two additional Estates Officers and are about to advertise the post of Estates Manager at Morriston Hospital and the appointment of a Governance Manager for the Department, recognising the			
	need to improve our arrangements. As previously reported, compose invest significantly less or of the key areas is that of complealth Boards have invested Estates Compliance and Rist appointments detailed above our structure.	pared to other Health in Estates Management apliance, as a number of ed in developing the k Management Teams	t. One of other own s. The	

Medical Gas Pipeline System:

We have Authorised Person's (AP)appointed for Singleton Hospital and Morriston Hospital. However, the need to shield certain staff has affected our ability to provide those services. We are using our incumbent medical gas contractor (MES) to provide additional cover to support and we have now secured places for AP training over the coming months. As previously reported, both Singleton and Morriston have had site O² capacity increased as part of COVID-19 response. However, further

work is planned in August to increase the size of the Singleton main supply pipeline and bring on a backup manifold.

Drawings have been updated for the Medical Gas Pipeline systems at Morriston, however, refresher training of senior nursing staff has been identified as a key action for 2021/22.

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 book on the appropriate training courses for staff.
- Rationalise and develop the MGPS Committee and ensure relevant personnel are in attendance at regular meetings. This has prompted the changes to current arrangements with the Deputy Chief Operating Officer now taking the Chair with the first meeting scheduled for September 27Th
- Review and update the MGPS Operational Policy and procedures this will be completed over the coming months.
- Ensure that written schemes of examination and schematic drawings are in place for those relevant to the Medical Gas Pipeline System (MGPS) under the terms of the Pressure Systems Safety Regulations 2000.
- Train and appoint sufficient Designated Nursing/Medical (DNO/DMO) officers, and Designated Porters. Ensure all general staff using medical gases receive appropriate training.

The AE has also questioned arrangements for NPT but has been advised that the responsibility for those systems rests with Baglan Moor Healthcare and they have their own AE.

The department will be developing an action 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, the pandemic has meant that we have had issues over the number of AP's available due to shielding commitments and it is hoped this position will improve over the coming months. The appointment of a Building Management System (BMS) Officer and two additional Estates Officers has enhanced the number of AP's in both Estates Departments once the news staff have completed the training and appointment process. There is an issue accessing training due to its specialist nature. However, a number of places have been booked across the engineering disciplines.

There are issues on both main acute sites with the electrical services with regard to compliance with the WHTM. These have been captured within the infrastructure bids for Morriston Hospital as well as bids against the new Capital infrastructure monies as they had been identified within our backlog maintenance issues. Work has started on the infrastructure projects and these will progress through the financial year, with colleagues from Capital leading on these projects.

Electrical Services - HV:

The Health Board has appointed an Authorised Engineer, and a revised HV policy is ready for submission to the Health & Safety Operational Committee for approval prior to submission to the Main Health & Safety Committee. We have an AP appointed for HV (with limited duties) on Singleton Hospital and one member of staff who has completed his training and has now been assessed, and on Morriston Hospital we have had 1 officer due to attend the HV training later this year. However, as part of the policy review process we are reviewing the training need for those staff undertaking those duties.

Ventilation System:

A final draft of the Ventilation Policy has been submitted to the Health & Safety Operational Group and is awaiting approval from the main Health & Safety Committee.

We have an AP appointed in Singleton Hospital whilst in Morriston Hospital, At Morriston we have appointed additional Estates Officers and enhancements to the management structure will provide greater depth. Place have been booked for 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. We have made bids under the All Wales Infrastructure funding to carry out repairs to the existing plant and were successful in gaining £72K for AHU repairs, and further work to look at how existing ventilation systems can be upgraded to meet the recommended rates specified within the new WHTM is now being prepared.

A separate paper has been prepared reference ventilation requirements however, there is also a backlog of work which has been identified that will need additional resources to address. Discussions have started about the preparation of bids for next year's infrastructure fund to support the required changes as part of a long term program.

Estates Fire Safety:

Capital colleagues have started work on the infrastructure work. The Assistant Director of Health and Safety has submitted bids for additional staff 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 currently has insufficient staff to meet the ongoing demand from the completion of the work identified fire risk assessments. Initial findings show that we need a number of additional staff and the Health Board need to decide how to address this issue of utilising contractors to complete the work to allow us to cope with the volume of work arising from the risk assessments. We also need Project Management resources to oversee this work and develop the appropriate specifications and tenders where appropriate. This is still under review

Cause and Effect Drawings:

Whilst work has been completed for large parts of Singleton, Shared Services have offered to support the Health Board in the development of these documents for Morriston. The Assistant Director for Health & Safety is in discussion with Shared Services on the issue.

Emergency lighting:

There are a number of areas within the Health Board especially the acute sites where we need to improve the lighting. We are continuing to invest each year in trying to improve levels of compliance.

Fire Dampers: The Health Board have to undertake a review of critical clinical areas to ensure that fire dampers are in place.

A number of them due to their location, are inaccessible and therefore unmaintainable as they are often in confined areas or within walls. The Department have commissioned a survey of its fire dampers on the main acute sites and are looking to put in place contracts with a specialist maintenance company to undertake their maintenance. However, there is still a need to address the underlying problem which is ensuring that fire dampers are maintainable. Within future capital schemes the Health Board will strive to include moving dampers wherever possible

Fire Compartmentation:

There are a number of areas where due to the numbers and range of changes undertaken on site, fire compartmentation could be improved. This is an ongoing issue. The Health Board has secured over £450K and work has commenced, led by Capital colleagues to address compartmentation issues, which will see investment on both the Singleton and Morriston Hospital sites.

Decontamination:

We now have AP's in both Singleton and Morriston.

Asbestos Management:

The Department will undertake further work 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. The first phase of partial removal from outpatients will be completed this financial year, with £45K investment planned. Control measures have been put into place to strictly control access to these areas. However, when we have a leaks in these areas, the engineering solution is often very simple but due to the location of these leaks, within asbestos contaminated voids, the work has to be undertaken by specialist HSE registered licensed asbestos companies. Leaks from water and waste services often result in damage to ward ceilings which results in disruption to ward services whilst repairs are undertaken. Typically, the repair to a ward ceiling would involve putting that area out of service for a minimum period of 3 weeks, which is made up of 2 week's advance notification to the HSE and 1 week

to carry out the repair and certification of the work by an independent UKAS accredited surveyor who will issue a certificate of reoccupation.

This is having a significant impact on the operational arrangements on site both in terms of the timeliness of the Department's response and the financial cost of completing any repairs as even minor repairs become expensive.

Cefn Coed:

Due to the closure plans for the site there is no proposed planned programme for the removal of asbestos, however, it needs to be recognised that due to the extent and location of the asbestos and its condition, it is continuing to have an effect on the day-to-day operation of the site. Whilst it is controlled, it does increase the costs of any repairs that are required.

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, as previously stated, availability for the course is limited.

The Health Board is also looking to appoint an AE lifts however to date we have been having difficulty sourcing a company who can provide this service.

Whilst it appears the Department have a number of areas to improve on, there are a number of positives with progress having been made on the development of a number of the policies the appointment of addional staff and the training of staff to undertake AP duties. These appointments to support the management of Estates services is a major step forward.

The introduction of the All Wales Capital Infrastructure Fund has also had a positive impact on the Estate. The Department had identified funding to do the first phase of these changes and has now had permission to proceed in the next few months

Specific Action	Information	Discussion	Assurance	Approval	
Required	\boxtimes		\boxtimes		
(please choose one					
only)					
Recommendations	Members are asked to:				
	NOTE/DISCUSS THE REPORT.				

ESTATES HEALTH & SAFETY REPORT

1. INTRODUCTION

The purpose of the report is to update the group 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 and cover some general assurance issues.

2. BACKGROUND

The Department has now had permission to proceed with Phase One of its structural changes which will improve our capacity to manage over a range of disciplines including LV, HV, and Water etc. There are still concerns; however, this is a significant step in the right direction.

The Department continue to work hard to meet our statutory obligations and have identified he need for further resources to effectively manage our responsibilities over the full range of Estates disciplines; however, the appointments once made will make a significant difference.

As previously reported, the changes approved recognised that compared to other Health Boards we invested significantly less on Estates Management and are the start of the improvement process.

3. GOVERNANCE AND RISK ISSUES

The Department have made progress in a number of areas; however, a lack of resources continues to restrict the extent of which progress can be made. The funding from Welsh Government for Infrastructure bids will go some way to helping address a number of the risks identified and the Department and the changes now agreed will see the Department start to improve the Health Board's ability to respond to the demands of the service.

4. RECOMMENDATION

The Committee are asked to note the contents of the report.

Governance and Assurance						
Link to	Supporting better health and wellbeing by actively	promoting and				
Enabling	empowering people to live well in resilient communities					
Objectives	Partnerships for Improving Health and Wellbeing					
(please choose)	Co-Production and Health Literacy					
	Digitally Enabled Health and Wellbeing					
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people					
	Best Value Outcomes and High Quality Care					
	Partnerships for Care					
	Excellent Staff					
	Digitally Enabled Care					
	Outstanding Research, Innovation, Education and Learning					
Health and Car	e Standards	•				
(please choose)	Staying Healthy					
	Safe Care					
	Effective Care					
	Dignified Care					
	Timely Care					
	Individual Care					
	Staff and Resources					
Quality, Safety	and Patient Experience					
	ates the Committee on compliance over a range of Esta	ates issues.				
Financial Implic						
At present there	are no financial implications.					
Legal Implication	ons (including equality and diversity assessment)					
The paper upda	tes on current risks within the Estate.					
Staffing Implica	ations					
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 is the second report on Estates Compliance. Previous report dated February 2020.					
Appendices	N/A					