

PWYLLGOR IECHYD A DIOGELWCH HEALTH & SAFETY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 September 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Estates Low Voltage (LV) Electricity Compliance
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Simon Day, Head of Maintenance & Engineering

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report is being presented to the Health and Safety Committee (HSC) to provide assurance against a key area of the Health and Safety regulations. This report concerns the Electricity at Work Regulations 1989 and provides an update on the progress that has been made from the low voltage (LV) audit actions previously reported to the HSC in August 2022.

The Health Board (HB) has a diverse property portfolio with a wide range of electrical installations, and electrical components in use in order to conduct its core business. The HB has introduced a range of policies and procedures to minimise the risks associated with the use of electrical equipment.

This report therefore sets out the following:

1. Identifies what legislation and guidance the HB is expected to comply with.
2. Provides information on the actions have been introduced by the HB to minimise risk.
3. Lists the recommendations, actions, and timelines the Health Board has been issued to improve compliance and resilience for Electricity by our independent advisors.

Cefndir / Background

1. Legislation

The Health and Safety at Work etc. Act (HASAWA) 1974 is the primary piece of legislation covering health and safety in Great Britain. It has over 100 delegated regulations under it, many of which are applicable to the healthcare working environment.

The legislative requirements for complying with electricity are set out by the Electricity at Work Regulations (EAWR) 1989, which are very broad, ranging from Regulation 1 through to Regulation 33. (These are identified in Appendix 1 for further information).

However, in healthcare estates and engineering, the principal guidance documentation that is applied are Welsh Health Technical Memorandums (WHTMs). These are set out for each operational discipline (for example - WHTM 06-02 for LV) as well as relevant British Standards,

which combined, sets out clear definitive guidelines to ensure ongoing compliance is maintained.

This is also by how the HB is measured in terms of compliance by our appointed Authorising Engineer's at NWSSP - Specialist Estates Services (NWSSP-SES) following their site audits and reports issued to the HB's Designated Person (DP).

2. Measures already in place to minimise risk.

The HB has introduced a range of measures to help support our compliance with the regulations and guidance and these are set out below:

- An officially appointed Authorising Engineer (AE) from NWSSP-SES to provide expert advice and offer full independent audit & assurance for LV compliance.
- As an operational estates function, there are trained and officially appointed in writing authorised persons (AP's) for LV at each acute site to be the professional and technical lead.
- At each acute site, there are competent persons (CP's) as electrical engineers for LV to ensure safety and resilience of electricity hospital infrastructure.
- A HB wide LV electrical safety policy has been developed and implemented.
- A multi-disciplined Electrical Safety Group or (ESG) for the HB to discuss and manage electrical safety compliance for both LV.
- A Pre-Planned Maintenance system in place to undertake specific checks of electrical infrastructure.
- An external contract to undertake both Portable Appliance Testing and Fixed Board testing across the HB.
- From a resilience perspective, several sites are equipped with IPS/UPS electricity backup systems that will ensure continued power to equipment in the event of power failure.

3. Further work to improve compliance.

The HB's appointed AE has undertaken one HB wide audit and one triennial site-based audit for LV to measure our compliance against the WHTM 06-02, a HB wide audit report was completed and the report was received in January 2023. A further triennial audit was undertaken at Prince Philip Hospital and the report has been received in May 2023.

Asesiad / Assessment

Despite the arrangements previously highlighted in section 2 above, we still have a range of key recommendations and items to address as part of our AE audits. Each recommendation received has been assigned to a specific staff lead and a timeline for its completion agreed. All recommendations are being carefully tracked by the Estates Compliance team, using a RAG rated tracker system. Table 1.0 a and b below provides an overview of the quantity of recommendations received and completed.

**Table 1.0 a) -L.V
As at August 2022**

Site	No of Recs	H	M	L	Recs Completed to date				Recs Overdue agreed date	Assurance Rating Reasonable Assurance (RA) Limited Assurance (LA)
					H	M	L	Total		
BGH	9	1	7	1	0	4	0	4	0	R.A & L.A
WBH	21	7	12	2	5	10	1	16	0 (note one item on action plan)	L.A
HB Wide	11*	2	3	6	0	1	1	2	0 (note one item on action plan)	L.A (improved position)
	Total recs= 41				Total completed recs= 22					

**Table 1.0 b) -L.V
As at August 2023**

Site	No of Recs	H	M	L	Recs Completed to date				Recs Overdue agreed date	Assurance Rating Reasonable Assurance (RA) Limited Assurance (LA)	
					H	M	L	Total			
BGH	9	1	7	1	1	4	0	5	0	R.A & L.A	
WBH	21	7	12	2	5	11	1	17	0	L.A	
PPH	27	1	3	7	0	0	1	1	0	L.A	
GGH	25	2	8	15	0	1	4	5	3	L.A	
HB Wide	8	0	7	1	0	0	1	1	0	L.A	
	Total recs=90				Total completed recs=29						

It is important to note that these actions have been delayed due to operational pressures. We can emphasise that the risks do not pose any immediate danger to the health board's operation.

Reassessment and realistic timestamps:

To rectify this situation, each overdue action has been reassessed and assigned realistic and achievable timestamps for completion. This approach will ensure that these actions are appropriately prioritised and integrated into our operational workflow.

Priority & Value	Recommendation	Recommendation Owner	Original Completion Date	Progress update
High 8	R.1 Glangwili Hospital currently has only one appointed Low Voltage Authorised Person. For an Acute Hospital of this size and complexity, there should be a minimum of three APs' appointed. This would provide sufficient cover for annual leave and general absence.	SD	Apr-23	Behind schedule
High 9	R.5 A designated site AP office has not been established within the hospital. This facility will provide the right environment for preparing safety documentation and acts as a focal point in emergency situations.	SD	Dec-22	Behind schedule
Low 1	R.14 Additional safety equipment as listed in HTM 06-02 (Appendix 2) should be purchased by the health board.	PH	Apr-23	Behind schedule

Action Plan:

1- (*Recommendation 1*) Minimum of three authorised persons at Glangwili Hospital (GGH).

While the minimum requirement of three authorised persons has not been met due to the health board not having enough qualified estates officers to be appointed as AP, progress has been made to strengthen the team's capabilities and enhance resilience by training and appointing an additional AP. This shows a commitment to addressing the audit's recommendations by utilising all the resources available within the team.

Original Due Date: 30 June 2023

Revised Timestamp: Unachievable - on the rare occasion a third AP is required, we have the option to call upon another AP from one from one of the other sites to support.

2- (*Recommendation 5*) Site AP Office

Currently GGH is utilising an area of the Estates office as an AP station however this is inadequate due to it being used for multiple purposes and is not a designated site AP office. The GGH Estate's department has space limitations, and discussions have taken place to use the AP's general office to complete AP duties in the short term whilst other options are considered.

Original Due Date: 28 April 2023

Revised Timestamp: 04 March 2024

3- (*Recommendation 14*) Safety equipment

The WHTM has a list of items which need to be procured for GGH as the current items on site do not meet the whole list stated in the WHTM. Additional funding has been requested to procure all outstanding safety equipment required.

Original Due Date: 28 April 2023

Revised Timestamp: 12 January 2024

In conclusion, this report acknowledges the overdue actions within the HB and attributes their delays to operational pressures. By reassessing each action, we aim to mitigate any risks associated with their overdue status.

In addition to the AE audits and recommendations we also acknowledge the HB ageing electrical infrastructure and are tracking this through backlog maintenance requests and risk registers.

Appendix 1 – List of Regulation Titles within the EAWR 1989.

HSR25 (Health and Safety Regulations) – HSR 25 Memorandum of Guidance on the Electricity at Work Regulations 1989. Provides guidance on the Electricity at Work Regulations 1989.

Regulation 1 to 33

Reg 1: Citation and commencement

Reg 2: Interpretation

Reg 3: Persons on whom the duties are imposed by these regulations

Reg 4: Systems, work activities and protective equipment

Reg 5: Strength and capability of electrical equipment

Reg 6: Adverse or hazardous environments

Reg 7: Insulation protection and placing of conductors

Reg 8: Earthing and other suitable precautions

Reg 9: Integrity of referenced conductors.

Reg 10: Connections

Reg 11: Means for protecting from excess of current

Reg 12: Means for cutting off the supply and for isolation

Reg 13: Precautions for work on equipment made dead

Reg 14: Work on or near live conductors

Reg 15: Working space access and lighting

Reg 16: Persons to be competent to prevent danger and injury

Reg 17-28: Revoked by the mines regulations 2014

Reg 29: Defence

Reg 30: Exemption Certificates.

Reg 31: Extension outside the GB

Reg 32: Disapplication of duties

Reg 33: Revocations and modifications.

WHTM 06-01 Electricity services supply and distribution systems 2018
WHTM 06-02 Electricity safety guidance for low voltage systems 2006 is our principle guidance to assist duty holders to meet the requirements of the Electricity at Work Act. 1989. And subsequent relevant British Standards such as BS 7671:2018 18th edition

Argymhelliad / Recommendation

The Health and Safety Committee is requested to:

- Consider the information contained in this report and to acknowledge that whilst there are key aspects not currently being complied with, work has been undertaken and is also underway to ensure an improved position on compliance rating in the coming months.

Amcanion: (rhaid cwblhau)											
Objectives: (must be completed)											
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Provide assurance around the UHB arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers contractors etc.										
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	<table border="1"> <thead> <tr> <th>Reference</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>1020</td> <td>9</td> </tr> <tr> <td>1127</td> <td>9</td> </tr> <tr> <td>465</td> <td>8</td> </tr> <tr> <td>1348</td> <td>9</td> </tr> </tbody> </table>	Reference	Score	1020	9	1127	9	465	8	1348	9
Reference	Score										
1020	9										
1127	9										
465	8										
1348	9										
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable										
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	2.1 Managing Risk and Promoting Health and Safety										
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services										
Amcanion Cynllunio Planning Objectives	2a Staff health and wellbeing										

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report. Estates Audit and Inspection Tracker.
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Actions form part of the ESG or HB's Electricity Safety Group.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There may be financial implications if the issues identified require monetary rectification
Ansawdd / Gofal Claf: Quality / Patient Care:	There is a positive impact on staff safety, health and wellbeing through compliance.
Gweithlu: Workforce:	Potential for adverse future staffing impacts if this legislation is not complied with as it relates to employee safety
Risg: Risk:	Risk to health and safety management
Cyfreithiol: Legal:	Potential for enforcement action including Improvement Notices/prosecutions and claims due to breaches in legislation.
Enw Da: Reputational:	Potential for enforcement action including Improvement Notices/prosecutions and claims due to breaches in legislation.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Has EqIA screening been undertaken? Yes as part of HB Electricity Policy.