

## HEALTH & SAFETY COMMITTEE PWYLLGOR IECHYD A DIOGELWCH

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	12 September 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Annual Fire Safety Audit System Report 2021/22
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Director of Operations
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Rob Elliott, Director of Estates, Facilities and Capital Management Simon Chiffi, Head of Operational Services

**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 has been prepared to provide the Health and Safety Committee (HSC) with an update on the Annual NHS Wales Shared Services Partnership-Specialist Estates Services (NWSSP-SES) Fire Audit. The audit was submitted on the 9<sup>th</sup> August 2022.

#### Cefndir / Background

##### **Annual NWSSP Online Fire Audit**

All NHS Boards in Wales are mandated by Welsh Government (WG) to submit an annual fire audit. This takes the form of an online self-audit. The areas covered within the audit are outlined below:

- Organisational Wide Report - this section provides information on the organisation and reports on such items as structure, policy and management of fire safety
- Site Specific Report - focusing on site related management of fire safety related items including maintenance of fire safety installations
- Premises information
- Roles
- Policy issues
- Training
- Miscellaneous items
- Fire risk assessments

As part of the audit, costs incurred in order to reach fire safety compliance are submitted together with an estimate of the time required to reach compliance.

The audit process is a 'self-audit' submitted on line on the NWSSP-SES system. The work required for the audit is generally carried out by the Fire Safety Manager and the Fire Safety Advisors. This involves meetings and discussions with Hospital and Community Managers and Site Operational staff.

Once the audit is complete, the submission can only be made by the Executive Director responsible for fire safety matters (Director of Operations).

Once submitted, NWSSP-SES produce a report for WG. This report provides information to the Capital Planning, Estates and Facilities Branch of WG on an All-Wales basis and highlights trends and weaknesses in the performance of all Health organisations within Wales. The internal process for the review of the NWSSP-SES may result in certain recommendations being made to HDdUHB.

As an example, a number of years ago the report identified that fire risk assessments and fire safety training performance levels in Wales were lower than that considered acceptable. WG then contacted all Health organisations within Wales requesting a number of remedial actions to be taken.

The submission must cover all inpatient facilities and 25% of other properties.

### Asesiad / Assessment

#### **Annual NWSSP-SES Online Fire Audit.**

The Annual Fire Audit was submitted to WG on 9<sup>th</sup> August 2022.

The submission included the following sites:

- Bronglais General Hospital
- Tregaron Hospital
- South Pembrokeshire Hospital
- Withybush General Hospital
- North Road Clinic
- Canolfan Bro Cerwyn
- Tenby Hospital (new)
- Amman Valley Hospital
- Glangwili General Hospital
- Hafan Derwen
- Llandovery Hospital
- Prince Philip Hospital

The report indicated a much improved position in relation to fire risk assessments and also reflected the change to the method of delivery of fire safety training.

Following specific work on the costs for compliance and the timescales involved, revised estimates have been submitted, given that we are now in a better informed position to assess costs as a result of survey work already carried out.

Work has also been undertaken to ensure that the figures submitted are reflective of those in the backlog maintenance register for fire safety in 2021/22.

In general, the submission highlights the fact that on an organisational level, HDdUHB is in a much improved position. Management structures and policy issues are adequately addressed.

We have made a number of improvements in 2021/22:

- Major investment underway in Glangwili and Prince Philip Hospitals on Phase 1 works (circa £30m). Phase 2 Business Justification Case underway supported by WG funding.
- Fire Safety Governance Review – Substantial Rating received on audit review.
- Fire Safety Policy updated.
- Increased operational resources and training levels
- Boris fire safety system installed – programmed transition of data over the next 12 months
- Continued improvement to drawing database supporting a range of compliance requirements
- Control of Contractors Policy in place

The Annual Fire Audit Report submission is attached as Appendix 1.

### Argymhelliad / Recommendation

The Health and Safety Committee is requested to:

- Note the update on the Annual Fire Safety Audit System Report 2021/22.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.8 Ensure there is a process of review of findings of safety management system audits and seek assurance that corrective actions are put in place.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2.1 Managing Risk and Promoting Health and Safety
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	No Avoidable Deaths
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Living and working well.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	10. Not Applicable

### **Gwybodaeth Ychwanegol: Further Information:**

Ar sail tystiolaeth: Evidence Base:	Interviews with Hospital and Estates Management.
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd lechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Assurance Committee:	N/A

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	N/A
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	N/A
<b>Gweithlu: Workforce:</b>	Delivering a safe working environment
<b>Risg: Risk:</b>	Fire Safety Risk
<b>Cyfreithiol: Legal:</b>	Potential for legal challenge if HDdUHB does not comply with Government legislation
<b>Enw Da: Reputational:</b>	N/A
<b>Gyfrinachedd: Privacy:</b>	N/A

**Cydraddoldeb:  
Equality:**

N/A



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
Hywel Dda University  
Health Board

## **Fire Audit Report**

**Hywel Dda UHB**

**Organisation-Wide Report**

**Audit last edited on 14/07/2022**

### **List of sites audited**

**Bronglais General Hospital**

**Tregaron Hospital**

**South Pembrokeshire Hospital**

**Withybush General Hospital**

**North Road Health Clinic**

**Canolfan Bro Cerwyn**

**Tenby Hospital (New)**

**Amman Valley Hospital**

**Glangwili General Hospital**

**Hafan Derwen**

**Llandovery Hospital**

**Prince Philip Hospital**

### **Audit details**

**Contact name** Mr Richard Jupp

**Address** Glangwili General Hospital

Dolgwili Road

	Carmarthen
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Organisation's profile	The organisation's profile is set out within the HB Fire Safety Policy

## Hywel Dda UHB

		delegated to	action	completed
<b>1</b>	<b>Roles and Responsibilities</b>			
1.0	Provide names of the following: -			
1.0.1	Chief Executive <b>Mr Steve Moore</b>			
1.0.2	Board Level Director (responsible for fire safety) <b>Mr. Andrew Carruthers</b>			
1.0.3	Fire Safety Manager <b>Mr Richard Jupp</b>			
1.0.4	Fire Safety Advisor(s) <b>Mr Daniel Dyer, Mr Mike Gilbert, Mr Keith Jenkins &amp; Mr Arwel Rees</b>			
1.1	Chief Executive			
1.1.1	Is an annual fire report presented at the Organisation's Board meeting informing them of the current state of fire safety in all the organisation's occupied premises? <b>Included within the Estates Operational Services annual report.</b>		<b>Yes</b>	
1.1.2	Is fire safety a standing agenda item at the management/executive board meetings? <b>Fire safety management and governance is communicated through the HB's internal committee structures. The HB's Health and Safety Assurance Committee has a standing agenda for fire safety.</b>		<b>Yes</b>	
1.1.3	Has the Chief Executive agreed a fire safety investment programme? <b>HUHB Fire Safety investment programme is supported by a number of agreed investments. These include discretionary allocations and targeted EAB investments. In addition to this the HB has secured strategic major capital funding following successful endorsement of PBC documents at WGH and GGH. This plan sets out investment on these two sites up to 2025. This plan fully supported by MWWFRS. The HB has also undertaken pre-planning work to deliver similar investments at PPH and BGH which we are now discussing with WG and MWWFRS.</b>		<b>Yes</b>	
1.1.4	Has the programme of fire safety investment been accounted for in the organisation's business plans? <b>Please 1.1.3 above.</b>		<b>Yes</b>	
1.2	Board Level Director (responsible for fire safety)			
1.2.1	Have the roles and responsibilities of the Board Level Director been		<b>Yes</b>	

	formally agreed with the Chief Executive? <b>The BLD and the CEO are fully aware of the roles and responsibilities for fire safety.</b>		
1.2.2	Is the Board Level Director satisfied that all premises have appropriate fire safety procedures and contingency plans? <b>The BLD is fully aware of the procedures and plans held by the organisation, also has been made fully aware of what items remain outstanding across the HB and the resources required to address the identified shortcomings.</b>	Yes	
1.2.3	Is the Organisation's fire policy implemented in all premises? <b>The organisations fire policy applies to all of the HB's properties.</b>	Yes	
1.2.4	Is the Board Level Director satisfied that the fire policy has been communicated throughout the organisation? <b>This has been communicated across the HB during its development utilising the various fire safety sub groups and the overarching HB wide fire safety group. The content of the policy will continually be communicated via such groups.</b>	Yes	
1.2.5	Is the Board Level Director informed of all fire drills? <b>The BLD is fully aware of the evacuation drills undertaken across the HB. When they are scheduled and briefing note is issued and discussed at fire safety group meetings.</b>	Yes	
1.2.6	Is the Board Level Director informed of all fire incidents? <b>The BLD is informed of all significant fire incidents that occur in the HB via the fire team reporting structure.</b>	Yes	
1.2.7	Is the Board Level Director satisfied that the lines of accountability and responsibility for the Fire Safety Manager, service directors, heads of service and departmental managers are clearly detailed and implemented? <b>Lines of accountability are set out in the Fire Policy and exercised through the Fire Safety Group.</b>	Yes	
1.3	Fire Safety Manager		
1.3.1	Have the roles and responsibilities of the Fire Safety Manager been formally agreed with the Board Level Director? <b>The Fire Management structure has been formally agreed with the BLD. The BLD is therefore satisfied with the arrangements in place to offer appropriate assurances to the board on fire safety management.</b>	Yes	
1.3.2	Is the Fire Safety Manager satisfied that they have sufficient support and resources to fully discharge their duties as detailed in the organisation's policy and Firecode? <b>The FSM is satisfied with the level of support and resources that form part of the fire safety team. However the quantity of fire safety training is putting a strain on the team, to achieve full compliance across all levels of training. Therefore some outsourcing of training is being considered to alleviate these pressures.</b>	Yes	
1.3.3	Is the Fire Safety Manager satisfied that the organisation's fire management arrangements are effective? <b>The FSM is satisfied that fire safety management arrangements are effective, this is due to the significant investments and fire safety improvement works that are being carried out and programmed across the acute sites fully agreed with WG and MWWFRS. Also with the implementation of a new fire safety management system to track actions contained in fire risk assessments.</b>	Yes	
2	<b>Policy Issues</b>		
2.1	Is there a current formally documented and dated fire safety policy approved by the Board? <b>The Fire Policy was reviewed in 2020 and was formerly accepted by the HB in</b>	Yes	



**December of 2020 and subsequently issued. The current policy reflects the changes to the Fire Safety Structure and now includes the former 'Annex 1' to the policy within the Policy. The fire team have also undertaken a review of the policy in line with the internal governance review.**

2.2	Does the Fire Policy address (or refer to) the following issues:	
2.2.1	Smoking? <b>Held in the fire safety policy. There is also a smoke free sites group set up in the HB, which raises issues regarding smoking on site.</b>	Yes
2.2.2	Arson or combined arson / security? <b>Held in the fire safety policy. There is also a security manager employed by the HB who regularly reviews security concerns for the HB and who liaises closely with the fire safety manager across a range of security aspects.</b>	Yes
2.2.3	Risks associated with working processes? <b>Held in the fire safety policy. There is a specific section relating to the control of contractors and the use of permits when working. A separate, new Control of Contractors Policy was introduced in April 2020.</b>	Yes
2.2.4	Risks associated with electrical equipment? <b>Held in the fire safety policy. There is a specific section relating to the correct use of electrical equipment. The HB also has a specific electrical safety policy and an electrical safety group.</b>	Yes
2.2.5	Car parking? <b>Held in the fire safety policy.</b>	Yes
2.2.6	Planned preventative maintenance? <b>Held in the fire safety policy and further referred to in the HB's maintenance policy.</b>	Yes
2.2.7	Permit to work? <b>Held in the fire safety policy and further referred to in the HB's maintenance policy.</b>	Yes
2.2.8	Waste management? <b>Held in of the fire safety policy.</b>	Yes
2.2.9	Furniture and textiles? <b>Held in the fire safety policy.</b>	Yes
2.2.10	Appropriate fire fighting equipment? <b>Held in the fire safety policy.</b>	Yes
2.2.11	Appropriate fire training? <b>Held in the fire safety policy and the Training Needs Analysis.</b>	Yes
2.3	Does the organisation have a procedure in place to ensure that there are sufficient and adequately trained staff available at all times to provide assistance for evacuation? <b>The HB has developed a range of fire defence plans for specific areas of the estate, which will clearly identify the requirements to support evacuation procedures. The HB's fire safety advisors/fire safety support officer provide the necessary training to staff. The HB also utilises fire response teams at all of their acute sites to support/assist with fire evacuation situations.</b>	Yes
2.4	Does the organisation have procedures to identify and address	Yes

specific fire safety provisions for patients whose medical condition may necessitate additional requirements e.g. bariatric patients, highly infectious/contagious diseases, etc?

***A clinical assessment is undertaken on every in-patient to determine their individual needs, included in this is an assessment of their evacuation requirements and risks especially if there are concerns with plus sized patients. The HB has acquired a range of evacuation aid products including the Hover Jack to assist with evacuation procedures. The HB are currently reviewing this in more detail and will be assessing all areas where there are potential complications associated with the use of evacuation aids. The fire safety team are working closely with the manual handling teams on this. A Health Board wide policy for Bariatric or other more complex evacuation is in the process of being compiled.***

2.5 Does the organisation have access to up-to-date fire safety legislation and guidance? Yes

***The Health Board has access to HTM, WHTM WHBN HBN etc guidance through the Shared Services facilities. Access to British Standards and other guidance was introduced in 2021 through Barbour Indexes.***

2.6 Does the organisation have a procedure in place to ensure fire risk assessments are maintained up-to-date in accordance with the Fire Safety Order? Yes

***The fire risk assessment arrangements are monitored by the Fire Advisors and the FSM. Performance on risk assessments a standard items on the Fire Safety Group agenda.***

2.7 Are all risks and hazards identified in the fire risk assessments prioritised and incorporated into the health and safety plan for rectification? Yes

***All risks in the risk assessments are reviewed and prioritised accordingly. Funding will then be bid for via statutory capital investment to address key areas of risk. This may be over a phased approach due to quantity of funding that is made available. A review of the management of fire risk assessments significant findings has recently been undertaken and new procedures implemented.***

2.8 Where fire safety roles and responsibilities are shared with other organisations, are appropriate measures in place to ensure co-operation and co-ordination between the occupants? Yes

***The HB ensures that it fully coordinates with various landlords/responsible persons at shared facilities to make sure that there is a coordinated approach to fire safety management.***

2.9 Where patients are treated in non-NHS premises have appropriate procedures been developed for ensuring fire safety? Yes

***The HB has formally written to all premises that are not NHS owned (specifically GP sites) seeking assurances from the landlords/practice managers that suitable arrangements are in place for fire safety (risk assessments, training, fire defence plans etc.) for HB staff. The HB will now be requesting evidence (copies of the information) as opposed to a standard letter from the practice.***

2.10 Are there procedures for investigating and reporting fire incidents and /or unwanted fire signals in accordance with the principles of WHTM05 03 Part H? Yes

***All fire incidents/unwanted fire signals are investigated in house by the respective fire safety officer and operational teams/staff who may have been called out as a result of the activation.***

2.11 Does the organisation have appropriate procedures for immediately notifying the Welsh Government and NWSSP - SES in the event of a fire causing serious injuries, death, serious property damage or loss of services? Yes

***The HB does have a procedure for immediately notifying WG and NWSSP-SES in the event of a serious situation/fire incident at one of its facilities.***

2.12 Are staff and safety representatives consulted on fire safety issues? Yes

***The HB regularly distributes global e-mails across the organisation which will contain specific fire safety management concerns or safety considerations, such***

**as use of cooking facilities in non-designated areas, or fire safety within our estate (highlighting issues such as closing fire doors, removing door wedges etc). The HB also has a variety of committees and groups which meet regularly to discuss fire safety issues. The HB is also developing a fire safety web page, which will have links to a variety of fire safety information and advice and contact information.**

### 3 Training Issues

3.1 Has the Fire Safety Manager developed a training programme for all employees derived from a training needs analysis? **Yes**

**The FSM has developed and issued a revised comprehensive TNA for the HB which now forms part of the approved Fire Safety Policy. There are now 5 levels of training across the HB.**

3.1.1 Provide an assessment of the overall compliance of fire safety training compared to the training needs analysis (April - March). **71%**

**Fire Safety training on a face to face basis has been suspended since the Covid-19 outbreak, specifically for large venues. Some small face to face sessions are now taking place. The HB has therefore adopted the online e-learning module and is using the MS teams platform to provide fire safety training and are achieving very large capacity venues of circa 200 staff in one session. The figures are showing a consistent increase month by month, which is reassuring. These performance figures are being regularly communicated to the HB for full transparency.**

3.2 Is induction training in fire safety provided for ALL employees prior to commencement of work? **Yes**

**The induction process fire training aspect is now facilitated by an online e-learning session.**

3.3 Is fire safety training provided for all part-time and agency staff? **Yes**

**The HB does provide training for all part-time and agency staff when notified by the responsible person in charge of a specific area.**

3.4 Where applicable, is fire safety training provided for non-NHS staff employed within the premises? **Yes**

**The HB does offer training to staff working within its premises who are not directly employed by the NHS. This is usually raised and arranged via the responsible person in control of that specific area.**

3.5 Is specific training provided for all employees who regularly deal with flammable materials or heat-producing equipment? **Yes**

**The HB provides varying levels of training, which considers the needs of all staff, kitchen staff, estates staff etc. Level 3 of the HB's TNA specifically looks at heat producing equipment and flammable materials.**

3.6 Is attendance, content, frequency and delivery of fire safety training formally recorded, with records maintained for 3 years? **Yes**

**All training attendance is recorded by the individual fire safety advisor/support officer who delivers the training. The records are also issued to the ESR teams for formal recording against the staff record. There are some issues at present with the validity and consistency of records stored on the ESR system. However the HB are reviewing this in detail to address the problems.**

3.7 Does the organisation have a procedure to assess the effectiveness of fire training delivered? **Yes**

**The HB does have a system in place to review the effectiveness of training delivery. This is achieved through Q&A sessions at each training session. Also occasionally the sessions are peer reviewed by other members of the fire safety team and feedback is collated and discussed in fire team meetings. The newly introduced MS teams training also incorporates a quiz for staff to ensure adequate level of learning has been achieved at each session. We have received positive feedback from a wide variety of staff on how effective the MS teams has been for staff.**

### 4 Ongoing Works

4.1	Does the organisation have a procedure to ensure that Building Regulations approval is sought for all new works and alterations where required?	Yes
	<b>All schemes that require formal building regulations approval will be undertaken via the use of the HB's in house discretionary design team, major project manager or appointed consultants working on behalf of the HB.</b>	
4.2	Where deemed appropriate, is the fire authority consulted on fire safety issues?	Yes
	<b>The HB would consult the fire brigade or other enforcing authority where it is required to do so.</b>	
4.3	Is there an effective procedure for ensuring fire safety when building, maintenance or refurbishment works are being undertaken?	Yes
	<b>The HB considers all aspects of fire safety when undertaking future maintenance or refurbishment works. This is dependent upon available financial support. If specific fire related work is unable to be addressed at the same time as the primary work then this will be highlighted on the HB's estates and facilities risk register and the risk will be mitigated as far as reasonably practicable.</b>	
4.4	Does the organisation have a procedure to ensure that fire safety manuals/strategies are updated following the completion of building, maintenance or refurbishment works?	Yes
	<b>The HB does have a formal written procedure (managed by the property function) to ensure that all documentation issued at scheme hand over is formally recorded and issued to the HB. This is then transferred onto the HB's drawings. (At present the status of drawing information in relation to fire is under review). The HB appointed two CAD operators in early 2021 to ensure that it maintains an up to date set of plans.</b>	
4.5	Where schemes are notifiable under the CDM Regulations, is the CDM Health & Safety Plan co-ordinated with the organisation's fire strategy?	Yes
	<b>All new building schemes, which are undertaken by the HB are designed and co-ordinated in conjunction with available fire strategies, documentation and experience of key staff to ensure that all proposals consider fire safety as an integral part of the design and build process.</b>	
4.5.1	Upon completion of CDM notifiable schemes are fire safety manuals /H&S files issued to the organisation?	Yes
	<b>At final completion/hand over all documentation is issued to the HB from the principle contractor. However the transfer of information onto the HB's drawing portfolio may take some time due to limited resources of CAD technicians. There is a library of files centrally stored on the estates server of previously completed work.</b>	
4.6	Where new works or refurbishment schemes are proposed, are the recommendations of the current fire risk assessments considered?	Yes
	<b>For all new refurbishment schemes the HB does consider the risk assessment recommendations as part of the scheme. This again is subject to available funding and individual priority action plans.</b>	
5	<b>Miscellaneous</b>	
5.1	Are all medical gas pipeline systems assessed, installed and maintained for compliance with HTM 02 by the medical gases approved person(s)?	Yes
	<b>The HB has authorised AP's for medical gas services. The infrastructure is also assessed by the AE and audits are undertaken on areas of non-compliance.</b>	
5.2	Are all compressed gas cylinders stored and managed in accordance with HTM 02?	No
	<b>Although there are medical gas cylinder stores on certain sites, the management of cylinders requires some work with the development of suitable policies and provision of internal stores where necessary. All of these actions are being raised and monitored by the medical gas committee.</b>	

5.3	Are Liquid Petroleum Gas (LPG) storage facilities constructed and maintained in accordance with UKLPG guidance?	n/a		
5.4	Are oil tank storage facilities constructed and maintained in accordance with the recommendations of BS5410 and generator oil tanks in accordance with HTM 06?  <b><i>The Health Board has been awarded the Environmental Management System ISO 14001 Standard, which assesses, audits and ensures continual progress to this standard</i></b>	Yes		
5.5	Where applicable, are 'Houses in Multiple Occupation' (staff residences) managed in accordance with 'The Management of Houses in Multiple Occupation (Wales) Regulations 2006'?  <b><i>Local Authorities classify the accommodation as staff residential units, therefore this would not apply presently.</i></b>	n/a		
5.6	Are all vacant or unused buildings on the organisation's estate secured and managed against the potential for deliberate fire-raising?  <b><i>When premises are no longer required they are isolated from the electrical/ gas/ water supplies. As necessary, they are further protected by boarding etc where the risk of vandalism etc is identified.</i></b>	Yes		
5.7	Where 'dangerous substances' are present, has the organisation undertaken risk assessments in accordance with the Dangerous Substances and Explosive Atmosphere Regulations 2002 (DSEAR)?  <b><i>The Health and Safety managers have considered this and if necessary RA's are prepared. For specific situations consultants can be employed by the HB to undertake a DSEAR risk assessment.</i></b>	Yes		
5.8	Has the organisation implemented a prioritised action plan to address any DSEAR assessment findings?  <b><i>The fire safety team and the Health and safety managers are reviewing the requirements for DSEAR across the HB in order to implement a prioritised action plan where DSEAR assessments may be required. This work is progressing with a view of having the assessment completed by the end of 2020. This work is still in progress. The H&amp;S team are working on providing a policy document and assessing where DSEAR assessments are required.</i></b>	No		

## Performance Indicators

### Projected dates of compliance

Site name	Compliance date
Amman Valley Hospital	12/2025
Bronglais General Hospital	12/2025
Canolfan Bro Cerwyn	12/2026
Glangwili General Hospital	12/2025
Hafan Derwen	12/2025
Llandoverly Hospital	12/2025
North Road Health Clinic	12/2025

Prince Philip Hospital	12/2025
South Pembrokeshire Hospital	12/2026
Tenby Hospital (New)	06/2023
Tregaron Hospital	04/2025
Withybush General Hospital	12/2026

