

**PWYLLGOR IECHYD A DIOGELWCH
HEALTH & SAFETY COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	06 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Electrical Infrastructure Risks
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Simon Chiffi, Head of Estates Operations Simon Day, Head of Maintenance and 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 provides an update to this Committee regarding Electrical Infrastructure Risks.

Cefndir / Background

The paper updates members of the Health & Safety Committee that:

- Electrical infrastructure at Hywel Dda University Health Board (HDdUHB) needs urgent modernising at all hospital sites. All sites have single points of failure, inherent from design.
As part of Estates Funding Advisory Board (EFAB) 2 / Welsh Government (WG) Funding, upgrades have been carried out to improve resilience.
- Currently there is limited resilience in the Health Board (HB)'s backup power generation. *The requirement from Welsh Health Technical Memorandum (WHTM) 06-01 is for Acute Hospital sites to have N+1 resilience.*
During EFAB 2 second generator connection points were established at all Acute hospital sites.
WG Funding has been provided to provide a second Generator at Bronglais Hospital (BGH). Completion and commissioning due April 2025.
- Aside from the Acute Hospital site, (*where plans are budgeted for N+1 generator resilience*) the other in-patient sites only have one backup generator per site.

Asesiad / Assessment

The paper to **advise** members of the Health & Safety Committee that:

- Statutory funding has been made available to carry out fixed wire testing across all acute sites. A tender exercise has been carried out and a 5 year programme has commenced.
Funding has been secured as part of Targeted Estates Funding (TEF) to carry remedial actions, to include distribution board replacements, starting in April 2025 to complete March 2027.
- Electrical Safety Group meet regularly, in line with the defined requirements of the WHTM. The group is well attended and the required quorum as defined by the TOR is always met. There are also Electrical Safety sub-groups that regularly meet between the Medical Gas Pipeline Services (MGPS) Safety Group to resolve issues at a working group level.
- Robust Authorised Person (AP) & Competent Person (CP) appointment process is established in the HB.
- Statutory finance provided annually to carry out fixed-wire testing. This funding is essential.
- Planned Preventative Maintenance (PPM) programme is well established in the HB and PPMs are tracked on the Computer-Aided Facility Management (CAFM) system.
- Audit regularly carried. NWSSP/SES. Bi-annual Authorising Engineer (AE) audit carried out. AP appointments carried out by HB following AE assessment, where site reviews and assessments are also carried out.
The HB are in the process of adding all Audits onto AMaT for robust tracking.

Next steps

- There is an approved TEF bid process that will target improvements to the electrical infrastructure across the Acute sites.
- There is a major infrastructure bid to carry out significant upgrades to the incoming High Voltage (HV) at Glangwili Hospital (GGH), Prince Philip Hospital (PPH), BGH and Withybush Hospital (WGH) and Low Voltage (LV) incoming switchgear at PPH, BGH and WGH.
Major infrastructure programme will also target GGH circuit breaker upgrades, planned summer 2025.
- Approved TEF funding will provide second Generators at GGH, WGH and PPH over a 2 year programme, starting in April 2025, to Complete March 2027.
- There are future plans to enhance the resilience other in-patient sites; these will be the subject of Discretionary Capital Programme (DCP) bids for consideration FY25/26 FY26/27.

Review of Risks

There are no specific Electrical Safety risks to escalate for HSC.

The Estates and Facilities Risk process is summarised below for assurance:

- All Estates and Facilities risks have individual risk references and risk scores and have been articulated on Datix.
- All risks above tolerance that are at directorate level are reported to the assigned Committee, such as Health and Safety Committee (HSC) or Capital Sub Committee.
- The Head of Estates Risk manages risks within the Directorate and there are monthly Central Compliance Assurance and Audit Meetings (CCAAM), Audit meetings with Health Board Risk team and this area is also reviewed monthly at Department of Facilities Team Management (DFTM)
- Service level risks are being reviewed to assess whether these also need to be at directorate level.

Argymhelliad / Recommendation

The Health and Safety Committee is asked to:

- **TAKE ASSURANCE** on the risk management process employed to manage electrical risk.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

<p>Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:</p>	<p>3.8 Provide assurance that robust and effective safety management systems are in place operationally to deliver the Health Board's health, safety and security objectives and fulfil its statutory duties.</p> <p>3.16 Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee and its sub-committees, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board.</p>
<p>Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:</p>	<p>1382 1699 1707</p>
<p>Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)</p>	<p>1. Safe</p>
<p>Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)</p>	<p>6. All Apply</p>

Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Great care
Amcanion Cynllunio Planning Objectives	8 Estates plans
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Within the report
Rhestr Termiau: Glossary of Terms:	Within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Strategic Development and Operational Delivery Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	EFAB and Welsh Government funding provided.
Ansawdd / Gofal Claf: Quality / Patient Care:	Direct Impact on patient Environment.
Gweithlu: Workforce:	Direct Impact on staff Environment
Risg: Risk:	The risk is identified on the corporate risk register. Targeted meetings being arranged to manage the risk.

Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Potential for media and political interest.
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable