

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	06 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Reinforced Autoclave Aerated Concrete (RAAC) Planks – update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Simon Chiffi, Head of Estates Operations Paul Williams, Head of Property Performance

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 following the previous report on the 7 May 2024.

Cefndir / Background

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

- The remedial works to all areas impacted by RAAC were completed in line with the reported programme in 2023/24 and 2024/25. These works covered the remediation repairs to Phase 1 and Phase 2 Planks (critical and high-risk respectively). The Amber risk planks and Green risk planks will require regular inspection initially every 12 months but this will be reviewed following the first inspection undertaken. In addition, being mindful that as further national research is undertaken on the management of RAAC Planks this may require a change to the routine inspection processes.
- The management of RAAC will be an ongoing requirement for Hywel Dda University Health Board (HDdUHB), this will continue to be managed through operational estates to ensure that all matters of safety around RAAC continue to be monitored and controlled.
- The control measures that are established by the site operational teams and the ongoing programme of re-inspections to ensure that the risk posed by RAAC continues to be managed.
- As previously reported, HDdUHB met with a Health & Safety Executive (HSE) inspector at Withybush General Hospital (WGH) who raised a number of standard questions on how the Health Board approached the RAAC challenge. A significant amount of

information was supplied to the HSE and all questions fully responded to. The response from HSE did not raise any concerns or additional queries.

- All actions now being undertaken by the HDdUHB are fully aligned to revised industry guidance, which was updated in early 2023, this supported by our appointed engineers.

Asesiad / Assessment

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

- The ongoing management of RAAC risk continues to impact on resource and hospital site operational delivery at WGH (the impact at the Bronglais Hospital (BGH) site is far less due to scale and location). The re-inspections of the wards required the closure of the six wards for 3 – 4 weeks per ward and caused significant resources and operational challenges for site management, clinical, maintenance and facilities teams i.e. to arrange and coordinate ward relocations / closures, prepare the areas of survey and return to operation.
- Preparations are ongoing to manage the ground floor accommodation re-inspections with planned closure of accommodation to facilitate the surveys. This survey is expected to cause significant disruption to clinical services during this period, this being managed by the onsite management teams, supported by the operational and facilities teams on site.
- The RAAC risk represents an ongoing challenge for the maintenance teams due to the specific safety considerations. As previously reported the maintenance team has established control measures to restrict and secured access to RAAC roof areas, RAAC risk identified on Planned Priority Maintenance (PPM) and as part of the dynamic risk assessment process ensures the RAAC risk is identified and managed via permit and officer control in line with the plans and Standard Operating Procedures (SOPs).

Next steps

- To arrange re-inspections of the ground floor RAAC impacted areas from September 2025, with targeted completion by March 2026.
- HDdUHB has requested a status report from Curtins to reflect on the current re-inspection outputs and to provide a recommendation on the frequency of future re-inspection surveys beyond the current survey programme. This will be in line with the Institution of Structural Engineers guidelines 'Reinforced Autoclaved Aerated Concrete (RAAC) Investigation and Assessment guidance. The advice given will need to be checked following the completion of the ground floor inspections and BGH site. The possible outcome is that the frequency of surveys is extended, this providing the HDdUHB continues to manage changes in site risks and conditions, i.e. if there is water leaks these areas are prioritised for more frequent inspections.

What is clear is that the impact of RAAC will need to be managed, in particular the risks and operational pressures on site, until such time as RAAC is removed. Research in RAAC continues to evolve so the future approach to managing the risk may need to adapt to reflect changes in guidance.

The Health Board represents at the NHS England Group to oversee and report on the RAAC risk. Whilst outside the reporting requirements for NHS England, attending and learning from the NHS England has been a useful forum. As an example, in NHS England there is a commitment to remove RAAC by 2035 through the new Hospital programme and development plans.

Financial

Due to the RAAC considerations identified the following additional costs are being incurred (as a current and ongoing cost pressure) on an annual basis, as outlined below:

- Curtins, the appointed specialist engineers, are required to support ongoing re-inspection at WGH and BGH sites, this is currently at £150k per annum. The future frequency of inspections will determine the annual cost impact going forward.
- The additional maintenance costs directly linked to managing the RAAC risk is circa £70k per annum (this will vary), as examples includes increased access costs due to restrictions on roof access, more frequent gutter cleaning, water ponding monitoring and action etc.

Review of Risks

There are no specific new risks on RAAC to escalate for this meeting, other than what has been previously reported around the RAAC situation.

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

- The RAAC risk reference 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 Operations manages risk within the Directorate, this through Operational control measures and ongoing re-inspections to monitor condition and risk via appointed structural engineers.

Argymhelliad / Recommendation

The Health and Safety Committee is asked to:

- **TAKE ASSURANCE** from the current position on the outcome of the reinspection surveys to date and the ongoing controls established by the Operational teams to safely manage the risk.
- **NOTE** the ongoing surveys of Reinforced Autoclaved Aerated Concrete Planks ground floor areas in the future and the expectation of further deterioration and further investment being necessary.
- **NOTE** that further updates will be presented at future Health and Safety Committee meetings.

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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. 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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1382 1699 1707
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
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
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Capital funding required to deliver the survey programme
Ansawdd / Gofal Claf: Quality / Patient Care:	Direct Impact on patient Environment. Ward decant being arranged to maintain capacity. Some risk that it will be challenging to maintain capacity dependent on the outcome of the survey findings
Gweithlu: Workforce:	Staffing impacts being mapped out by operational site teams with full HR support.
Risg: Risk:	The risk is identified on the corporate risk register. Targeted meetings being arranged to manage the programme, to include development of project specific risk register.
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	High potential for media and political interest. Communication team supporting the programme.
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

