

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 July 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Risks Assigned to Health & Safety Committee
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations Jill Paterson, Director of Primary Care, Community & Long-Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Rachel Williams, Head of Assurance and Risk

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

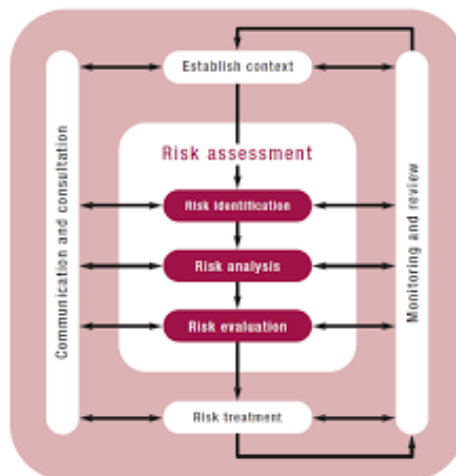
Sefyllfa / Situation

The Health & Safety Committee (HSC) is responsible for providing assurance to the Board that risks relating to health and safety are being identified, assessed and managed effectively.

The Committee is requested to seek assurance from Lead Officers/representatives of the Directorates that the operational risks identified in the attached reports are being managed effectively.

Cefndir / Background

Effective risk management requires a 'monitoring and review' structure to be in place, to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.



(Risk Management Process, ISO 31000)

Operational risks must be managed within Directorates under the ownership and leadership of individual Executive Directors, who must establish local arrangements for the review of their Risk Registers, which includes the validation of the information and risk scores, and the prioritisation and identification of solutions to their risks. In addition to these local arrangements, formal monitoring and scrutiny processes are in place within Hywel Dda University Health Board (HDdUHB) to provide assurance to the Board that risks are being managed effectively.

All risks identified within the Datix Risk Module must be assigned to a formal Board Committee, Sub-Committee or Group, which will be responsible for securing assurance that risks within their remit are being managed effectively.

Management Leads are asked to review risk assessments and risk actions in line with the following timescales for review:

RISK SCORE	DEFINITION	MINIMUM REVIEW FREQUENCY
15-25	Extreme	This type of risk is considered extreme and should be reviewed and progress on actions updated at least monthly.
8-12	High	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

In monitoring the risks associated with their respective areas of activity, each Committee and Sub-Committee is responsible for:

- Scrutinising operational risks within their remit; either through receiving the Risk Registers or through Service Reports.
- Gaining assurance that risks are being appropriately managed, effective controls are in place, and planned additional controls are being implemented.
- Challenging pace of delivery of actions to mitigate risk.
- Identifying, through discussions, new and emerging risks and ensuring these are assessed by those with the relevant responsibility.
- Providing assurance to its parent Committee, or to the Board, that risks are being managed effectively and reporting risks which have exceeded tolerance through its Committee/ Sub-Committee/ Group Update Report.
- Using Risk Registers to inform meeting agendas.

It is therefore essential that the membership of these Committees and Sub-Committees includes appropriate representation from Directorates, and that they are in attendance to provide assurance and to respond to queries.

Relevant discussion should be reflected in the HSC Update Report to the Board to provide assurance on the management of significant risks. This will include risks that are not being managed within tolerance levels (see [Risk Appetite Statement](#)), and any other risks, as appropriate.

Asesiad / Assessment

The HSC Terms of Reference states that it will:

- Provide assurance that risks relating to health, safety, security, fire and service/ business interruption/ disruption are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate) and provide assurance that effective risk assessments are undertaken and addressed.

As of 12 June 2024, 7 risks have been extracted from Datix, based on the following criteria:

- The HSC has been selected by the Risk Lead as the 'Assuring Committee' on Datix;
- The current risk score exceeds the tolerance level, as discussed and agreed by the Board on 27 September 2018;
- Risks have been approved at Directorate level on Datix; and
- Risks have not been escalated to the CRR.

2 risks have been scored against the *Safety – Patient, Staff or Public* 'impact' domain, 4 risks have been scored against the *Service/Business interruption/disruption* 'impact' domain and 1 risk has been scored against the *Statutory duty/inspections* 'impact' domain.

Due to the sensitive nature of risk 1567 – *Risk of harm and unauthorised access to premises and facilities due to inadequate security measures*, the detail is being reported to in-committee to provide discussion and assurance. Details on the 6 remaining risks assigned to HSC are included in Appendix 1.

Changes since the previous report presented to HSC at its meeting on 9 January 2024

Total Number of Risks	7	
New risks	4	Note 1
Risks that are no longer included in the report	1	Note 2
Increase in risk score ↑	0	
No change in risk score →	3	Note 3
Reduction in risk score ↓	0	
Extreme (red) risks (based on 'Current Risk Score')	2	
High (Amber) risks (based on 'Current Risk Score')	5	

Note 1 - New Risks Being Reported

Since the previous report, the following four risks have been added as they have been escalated from Service level and approved at Directorate level:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1567 - Risk of harm and unauthorised access to premises and facilities due to inadequate security measures.	10/10/22	Director of Operations	4x5=20 (Reviewed 07/05/24)	Detail provided to HSC In-Committee	2x2=4

<i>(Pathology) Escalated to Directorate Level February 2024</i>					
1263 - Risk to patient safety due to ongoing issues with vermin (pigeons) at WGH. <i>(Estates & Facilities, Pembrokeshire) Escalated to Directorate Level February 2024</i>	24/10/17	Director of Operations	3x5=15 <i>(Reviewed 31/05/24)</i>	There are regular complaints from services who require cleaning and removal of birds. There is also evidence of machinery breakdown as a result of contractors refusing to work on the machines due to droppings, which has resulted in machinery downtime and plant failure.	2x1=2
1071 - Risk of business interruption due to failure and subsequent breakdown of passenger lifts at BGH <i>(Estates & Facilities: Ceredigion) Escalated to Directorate Level January 2024</i>	01/01/13	Director of Operations	3x4=12 <i>(Reviewed 24/05/24)</i>	Repair work is carried out within our statutory budget on an annual basis. To mitigate the risk completely, capital investment would be required.	1x4=4
1141 - Risk of patient harm due to inability to maintain failing and ageing Nurse Call System, GGH <i>(Estates & Facilities: Carmarthenshire West)</i>	01/08/12	Director of Operations	3x3=9 <i>(Reviewed 08/05/24)</i>	The risk score was increased from 6 to 9 in January 2024 because despite current mitigation measures, the Health Board is now in a position where parts for repair have become obsolete and, should a system fail, repairs will not be possible.	1x3=3

Escalated to Directorate Level January 2024					
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Note 2 - Risks that are no longer included in the report

Since the previous report, the following risk has been transferred from HSC to the Information Governance & Sub Committee:

Risk Reference & Title	Date risk identified	Lead Director	Current Score	Reason for Risk Closure or Removal	Target Risk Score
708 - Risk of staff safety due to inappropriate storage solutions associated with patient files / documents affecting Ceredigion Community Sites (Ceredigion)	18/03/19	Director of Primary Care, Community & Long Term Care	2x4=8 (Reviewed 20/05/24)	The risk to Ceredigion Community has reduced as the boxes on site are being managed, however the risk will remain whilst Health Board patient files and corporate documents are held in inaccessible and inappropriate sites. Adherence to retrieval and destruction policy is currently impractical for non-Ceredigion Community Services in Ceredigion Community sites.	1x4=4

Note 3 - No change in risk score

Since the previous report, there has been no change in the following risk scores:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1753 - Risk to patient safety and disruption to patient flow due to failure and subsequent breakdown of both lifts in ward Block 4, GGH	01/11/23	Director of Operations	3x4=12 (Reviewed 31/05/24)	Repair work is carried out within statutory budget on an annual basis. To mitigate the risk completely, capital investment is required to upgrade both lifts.	1x4=4

<i>(Estates & Facilities: Carmarthenshire West)</i>					
951 - Risk of avoidable harm to staff and patients due to incorrect Fire Alarm System reporting at Withybush General Hospital (WGH) <i>(Estates & Facilities: Pembrokeshire)</i>	01/02/17	Director of Operations	3x4=12 (Reviewed 25/04/24)	Fire alarm contractors have updated the 'cause and effect' system, and ongoing system verifications are taking place. This will be undertaken in conjunction with the Capital Fire Improvement works.	1x1=1
505 - Risk of avoidable service disruption due to high voltage electrical infrastructure affecting Prince Philip Hospital (PPH). <i>(Estates & Facilities: Carmarthenshire East)</i>	01/01/18	Director of Operations	2x4=8 (Reviewed 07/05/24)	Information has been received from external authorising engineers. External service contract in place with the National Grid for routine annual maintenance checks over a 5 year plan. These old systems result in parts being difficult to obtain and funding is required to address the components as per a risk-based approach.	3x1=3

The Risk Register, attached at Appendix 1, details the responses to each risk, i.e. the Risk Action Plan. Below is a heatmap of the risks presented in the Risk Register.

HYWEL DDA RISK HEAT MAP

	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5			1263 (NEW)		
MAJOR 4		505 (→)	951 (→) 1753 (→) 1071 (NEW)	1567 (NEW)	
MODERATE 3			1141 (NEW)		
MINOR 2					
NEGLECTIBLE 1					

The table below details when the eleven Directorate level risks assigned to the HSC were last updated on Datix. Risks are required to be updated along the following timescales, dependant on their risk level:

- Extreme Risks – Monthly.
- High Risks – Bi-monthly.
- Moderate Risks – Six-monthly.
- Low Risks – Annually.

Risk numbers presented in red text denote those where a review of the risk is overdue, based on the data as of 12 June 2024.

	Risks updated in last month	Risks updated within last 1-2 months	Risks updated within last 2-6 months	Risks updated within last 6-12 months
Extreme	1263, 1567			
High	505, 551, 1071, 1141, 1753	951		
Moderate	222, 547		1382	
Low				

Risk owners can allocate themes to their risks, which allows the Health Board to share risk information on specific areas with relevant experts as part of the second line of defence. Risk themes provide assurance that a holistic approach to risk management is undertaken and enable the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks, or generic type of risk.

The following risk themes are currently aligned to HSC:

- Estates
- Fire
- Health & Safety
- Security
- Accommodation/Property

The Estates theme risk register is reviewed on a monthly basis via the Central Compliance & Assurance Audit Meeting (CCAAM), which is attended by the Director of Estates, Facilities and Capital Management, along with key Estates & Facilities colleagues. Should any concerns be noted on review of the themed risk register with individual risks, or further clarification is required, the relevant service lead is contacted. In addition, Estates themed risks are tabled as part of the Directorate's monthly Operational and Compliance meetings, where the Compliance team meet with Estates site leads to check and challenge these entries.

Fire themed risks are reported bi-monthly to the Fire Safety Group by the Head of Estates Risk & Compliance. The Head of Estates Risk & Compliance maintains oversight and provides necessary guidance to those responsible for the risk.

Health and Safety themed risks are shared with the Health and Safety team on a quarterly basis, who use the themed risk register to identify trends, and to communicate any concerns to the relevant risk leads. The themed risk register allows them to maintain oversight and provide necessary guidance to those responsible for the risk.

Security theme risks are shared with the Health Board's Security Advisor on a quarterly basis to allow appropriate oversight. The Security themed risks allows the Security Advisor to identify trends which supports ongoing funding, as well as providing insight to local procedures. The Security Advisor communicates any concerns relating to the risks to the relevant risk leads.

The Assurance and Risk team will continue to support risk theme owners to ensure appropriate review and oversight of risks to provide additional assurance around Health Board systems.

Argymhelliad / Recommendation

The Health and Safety Committee is requested to:

- **REVIEW** and **SCRUTINISE** the risks included within this report to seek assurance that all relevant controls and mitigating actions are in place; and
- **DISCUSS** whether the planned action will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact, should the risk materialise.

Subsequently, the Committee will provide the necessary assurance to the Board that these risks are being managed effectively.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.15 Provide assurance that risks relating to health, safety, security, fire and service/business interruption/ disruption are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate) and provide assurance that effective risk assessments are undertaken and addressed.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained within the report.
Parthau Ansawdd:	7. All apply

Domains of Quality Quality and Engagement Act (sharepoint.com)	
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services, reviewed by risk leads/ owners.
Rhestr Termau: Glossary of Terms:	Risk Appetite - <i>the amount of risk that an organisation is willing to pursue or retain</i> ' (ISO Guide 73, 2009). Risk Tolerance - <i>the organisation's readiness to bear a risk after risk treatment in order to achieve its objectives</i> (ISO Guide 73, 2009).
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Not applicable.

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from the report, however, impacts of each risk are outlined in the risk description.

Gweithlu: Workforce:	No direct impacts from the report, however, impacts of each risk are outlined in the risk description.
Risg: Risk:	No direct impacts from the report, however, organisations are expected to have effective risk management systems in place.
Cyfreithiol: Legal:	No direct impacts from the report, however, proactive risk management including learning from incidents and events contributes towards reducing/ eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: Reputational:	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/ mitigate risks.
Gyfrinachedd: Privacy:	No direct impacts from the report, however, impacts of each risk are outlined in risk description.
Cydraddoldeb: Equality:	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No

Risk Ref	Status of Risk	Domains of Quality	Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date
1263	Directorate Level Risk	Safe	E&F: Pembrokeshire	Elliott, Rob	Arnold, Malcolm	24-Oct-17	<p>There is a risk of to patient and staff safety.</p> <p>This is caused by areas that are frequented by pigeons which is becoming very messy with droppings and carcasses of dead birds. Operational constraints with ongoing contractors refusing to work on equipment that is covered with droppings and a cost to trap and despatch birds only to be inundated with fresh supplies.</p> <p>This will lead to an impact/affect on closures of departments and infection increases such as happened in a Scottish Hospital. Potential serious harm to patients which in severe cases could lead to death. Potential Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) incident and HSE investigation.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Netting placed over multiple areas within the Health Board, preventing the roosting of birds in these areas.</p> <p>Continuous cleaning of known areas.</p> <p>Vermin mesh screens are placed within the ventilation duct entrances.</p> <p>Routine humane trapping taking place 3 to 4 times a year.</p> <p>Bi-monthly Ventilation Safety Group and monthly Ventilation Sub Group.</p>	Safety - Patient, Staff or Public	6	3	5	15	Implement external critical ventilation plant coverings.	Arnold, Malcolm	31/03/2024 31/05/2024	Costs have been received and a Capital bid is to be submitted.	Health and Safety Committee	2	1	2	Treat	31-May-24
951	Directorate Level Risk		E&F: Pembrokeshire	Elliott, Rob	Arnold, Malcolm	01-Feb-17	<p>There is a risk of avoidable harm to staff and patients in the event of a fire at WGH.</p> <p>This is caused by This is caused by the Fire Alarm system not correctly reporting when the system is in Fire, due to the incomplete set up during the commissioning of the system at its implementation. Any fire will be detected but the report sent to the Panel Indication may not be correct and therefore there could be a delay in the appropriate/correct response.</p> <p>This will lead to an impact/affect on possible injuries or fatalities if a fire occurs. Possible enforcement or prosecution. Major disruptions to the delivery of essential services. Adverse publicity/reduction in stakeholder confidence.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Currently we have Verified all detectors and identified where all interfaces are positioned. We have verified position of all power supplies for doors and Dampers and following on from zone verification this can be completed and sent for programming.</p> <p>Verification of loops and detectors have been completed.</p> <p>Fire alarm contractors have updated the 'cause and affect' system, and ongoing system verifications are taking place.</p>	Safety - Patient, Staff or Public	6	3	4	12	<p>Implement phase of works to bring all computer graphics up to date with the units connected to the Fire Alarm system, including elements of alterations to get the system to work in the new Zones.</p> <p>Implement new Cause and effect.</p> <p>FSC Autronica are in process of rewriting new 'cause and affect' scheme.</p> <p>Complete system verifications at WGH.</p>	<p>Arnold, Malcolm</p> <p>Arnold, Malcolm</p> <p>Elliott, Rob</p> <p>Arnold, Malcolm</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>All information has been passed to FSC about all the verification works that have been carried out. This quotation has come back and has been passed for payment. Computer graphic update to be scheduled in line with new decant ward commissioning</p> <p>completed.</p> <p>Cause and affect' completed and installed. further work required and identified on RP report. capital funds required to achieve full L1 compliance</p> <p>This is in progress. Gaps in system design, system component replacement, and verifications identified on Report. capital funding required to achieve full L1</p>	Health and Safety Committee	1	1	1	Treat	25-Apr-24

Risk Ref	Status of Risk	Domains of Quality	Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date
1071	Directorate Level Risk	Safe	E&F: Ceredigion	Elliott, Rob	Jones, Eiflyn	01-Jan-13	<p>There is a risk of avoidable disruption to business continuity.</p> <p>This is caused by failure and subsequent breakdowns of passenger lifts within BGH.</p> <p>This will lead to an impact/affect on significant service disruption and impact on patient logistics. Ongoing disruption to clinical services during lift failure.</p> <p>Risk location, Bronglais General Hospital.</p>	<p>Ongoing maintenance and PPM's are being carried out to manage the risk in the short term.</p> <p>Specialist lift contractor appointed under the All Wales framework.</p> <p>Regular inspections undertaken in accordance with statutory guidance.</p> <p>Staff have received training in passenger release from lifts.</p> <p>Maintenance department hold a selection of parts that are prone to failure for emergency use, which will potentially limit the down time of the lift in a non operational state</p>	Service/Business interruption/disruption	6	3	4	12	<p>Carry out immediate, high risk lift work required following the November 2021 survey results.</p> <p>Carry out further lift repairs/replacements for any outstanding outcomes from survey.</p> <p>To obtain surveys in order to establish which lift requires upgrading.</p> <p>Additional funding required to ensure lift inspections are being undertaken.</p> <p>Infrastructure OBC currently in scrutiny period following initial submittal. Working through each project to indicate short, medium and long term projects. Lift replacement are currently classed as short term investment.</p>	Jones, Eiflyn	Completed	<p>Work has been completed.</p> <p>2023/2024 - Statutory budget (£10k) available for repairs.</p> <p>Survey complete.</p> <p>Capital money approved for 2021/22.</p> <p>OBC still in scrutiny period.</p>	Health and Safety Committee	1	4	4	Treat	24-May-24
1753	Directorate Level Risk	Safe	E&F: Carmarthenshire West	Elliott, Rob	Jones, Kevin	01-Nov-23	<p>There is a risk of avoidable disruption to business continuity. The clinical risk that this holds to patient safety and patient flow is detrimental.</p> <p>This is caused by failure and subsequent breakdowns of both passenger lifts at GGH.</p> <p>This will lead to an impact/affect on significant service disruption and impact on patient logistics. Ongoing disruption to clinical services during lift failure.</p> <p>Risk location, Glangwili General Hospital.</p>	<p>Ongoing maintenance and PPM's are being carried out to manage the risk in the short term.</p> <p>Specialist lift contractor appointed under the All Wales framework.</p> <p>Regular inspections undertaken in accordance with statutory guidance.</p> <p>Maintenance department hold a selection of parts that are prone to failure for emergency use, which will potentially limit the down time of the lift in a non operational state.</p>	Service/Business interruption/disruption	6	3	4	12	<p>Estates are awaiting a quotation from OTIS to upgrade both lifts. Once we receive the quotations a capital bid will be submitted.</p>	Jones, Kevin	01/12/2023 30/03/2025	<p>Capital funding required to upgrade both lifts.</p>	Health and Safety Committee	1	4	4	Treat	31-May-24

Risk Ref	Status of Risk	Domains of Quality	Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date
1141	Directorate Level Risk	Safe	West	Elliott, Rob	Jones, Kevin	01-Aug-12	<p>There is a risk of of avoidable disruption to clinical services, the closure of wards, and the possibility of harm to patients.</p> <p>This is caused by the current ageing nurse call system failing and some parts are now obsolete.</p> <p>This will lead to an impact/affect on harm to patients if the nurse call system were to fail. The nursing team rely on the system to call for assistance in the event of a cardiac arrest, and if the system failed during this crucial time this could have a detrimental outcome on the patients.</p> <p>Risk location, Glangwili General Hospital.</p>	<p>The functionality of nurse call systems are regularly tested by the nursing staff on each ward, and all faults are reported to the estates department. Faults are generally rectified by estates electricians, however, in some circumstances the manufacturer is called to site to repair technical faults. Whilst we have some control measures in place they have not improved the inherent risk rating.</p>	Service/Business interruption/disruption	6	3	3	9	<p>Major capital investment is required to replace the nurse call system throughout Glangwili Hospital. Many of the spare parts will soon become obsolete.</p> <p>This will be taken forward by Simon Day in conjunction with Julian Wheeler-Jones, to look at the feasibility of replacing the nurse call systems across site.</p> <p>Paul Hill is meeting with Static Systems on the 05/02/24, to obtain a budget quotation to upgrade a nurse call system on a typical ward. This information will then be forwarded to Simon Day and Julian Wheeler-Jones.</p>	Jones, Kevin	23/06/2023 01/04/2026	<p>This has been unsupported to date with capital funding. We will resubmit again April 2024</p> <p>Future meetings will be scheduled to progress this project when funding becomes available.</p>	Health and Safety Committee	1	3	3	Treat	08-May-24
505	Directorate Level Risk	Safe	East	Elliott, Rob	Evans, Stewart	01-Jan-18	<p>There is a risk of avoidable service disruption due to high voltage (HV) electrical infrastructure problems.</p> <p>This is caused by the Bus Section and HV Breakers (Health Board Assets) have exceeded end of life. Manufactured by South Wales Switch Gear in 1987. An external audit by NWSSP-SES has confirmed this issue. Experiencing power outages could result in HV system failure, resulting in approximately 50% of the site having loss of power. The HV Breaker is currently oil circuit cooled which degrades quicker than more modern methods, and can fail quicker.</p> <p>This will lead to an impact/affect on loss of electricity at the PPH site, potential service disruption (non-critical services).</p> <p>Risk location, Prince Philip Hospital.</p>	<p>Visual inspections and PPM's are in place to check components.</p> <p>External service contract in place with Western Power for routine annual maintenance checks over a 5 year plan.</p> <p>If electrical failure did occur the back up generator would generate prioritising essential services.</p>	Service/Business interruption/disruption	6	2	4	8	<p>Capital funding will be required to address the issues as identified and for the replacement work to be undertaken.</p>	Evans, Stewart	24/10/2018 31/12/2021 31/03/2024 31/05/2024	<p>This risk has been identified on the property and infrastructure backlog system. This will now be considered as part of the future infrastructure programme for HDUHB. This has been moved to priority 1 for the WG infrastructure bids.</p>	Health and Safety Committee	1	3	3	Treat	07-May-24