

Fire Governance Final Internal Audit Report

August 2022

Hywel Dda University Health Board

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Acknowledgement

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Executive Summary

Purpose

This audit sought to establish and assess the arrangements in place for ensuring that recommendations from the Health Board’s internal Fire Safety Governance review are implemented and effective.

Overview

An action plan was developed to address the recommendations identified in the Fire Safety Governance review and this has been monitored through to completion at the Health & Safety Committee.

Although progress with some actions was delayed by the pandemic response, all are now reported as completed as at July 2022.

Sample testing of completed actions confirmed that agreed actions had been implemented, although in three cases the full benefits of these actions have not yet been realised. Details are provided in the table at para 2.8 / page 6, with one medium priority matter arising in Appendix A.

We have concluded **Substantial** assurance overall for the arrangements in place for the implementation of actions arising from the Fire Safety Governance Review.

Report Opinion

		Trend
	<p>Substantial Few matters require attention and are compliance or advisory in nature.</p> <p>Low impact on residual risk exposure.</p>	N/A

Assurance summary¹

Objectives	Assurance
1 SMART actions have been identified to address the recommendations arising from the Health Board’s internal review of Fire Governance	Substantial
2 Actions have been implemented at Withybush and extended to other Health Board sites as appropriate	Reasonable
3 Actions are monitored through to implementation with assurance provided to an appropriate Board Committee	Substantial
4 Actions are subject to post-implementation review and monitoring to assess the effectiveness in addressing the associated risk, with further action taken if necessary	Substantial

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Matters Arising

	Objective	Control Design or Operation	Recommendation Priority
1	Fire Safety Training Compliance	2 Operation	Medium

1. Introduction

- 1.1 An internal Health Board review of Fire Safety Governance was commissioned by the Chief Executive Officer in August 2019 as a result of an enforcement notice being issued to the Health Board by the Mid & West Wales Fire & Rescue Service (MWWFRS). The notice related to a number of outstanding fire safety issues at Witybush General Hospital. The review was undertaken by the Board Secretary and the Assistant Director of Assurance and Risk and the Head of Corporate and Partnership Governance and published in May 2020.
- 1.2 The objective of the review was to evaluate the effectiveness of internal assurance and governance systems in respect of fire safety management across the Health Board and compliance with regulatory and auditor letters, notices and reports. It concluded with 52 recommendations to address the issues identified and a self-assessment action plan was developed to track and monitor the progress of actions taken to implement these recommendations.
- 1.3 This audit sought to establish and assess the arrangements in place for ensuring that recommendations from the Health Board's internal Fire Governance review are implemented and effective.
- 1.4 The risks considered in this audit is materialisation of fire safety risks, potentially resulting in:
 - Harm to patients, staff or visitors;
 - Service disruption;
 - Reputational damage;
 - Financial loss.

2. Detailed Audit Findings

Objective 1: SMART actions have been identified to address the recommendations arising from the Health Board's internal review of Fire Governance

- 2.1 The internal review of Fire Safety Governance raised 52 recommendations to address the issues identified.
- 2.2 An action plan was developed setting out the specific actions to be taken to address each recommendation, the responsible individual and timeline for completion. The Director of Estates and Facilities was tasked with progressing the actions identified in the plan and completing the action plan to state what actions were taken to address the recommendations.
- 2.3 The Head of Estates Risk & Compliance consulted with the Head of Quality & Governance for advice on whether the identified actions satisfied the recommendations, and how this should be evidenced. We also observed examples where the Head of Quality & Governance had considered evidence of completed actions and supported the 'completed' status, although we understand that this was ad hoc and not the primary purpose of their role.
- 2.4 The actions were of sufficient detail and SMART in nature, with target dates reflective of the associated complexities.

Conclusion:

- 2.5 Noting the above, we have concluded **Substantial** assurance for this objective.

Objective 2: Actions have been implemented at Withybush and extended to other Health Board sites where appropriate

- 2.6 The most recent action plan (dated July 2021) identifies 51 actions as complete with one outstanding, although this was completed at the end of 2021 and reported as such to the Health & Safety Committee in July 2022.
- 2.7 We sampled 19 recommendations with a 'completed' status and sought to verify, through discussion with the Fire Safety Team and review of relevant documentation, that actions have been implemented and the original recommendation addressed.
- 2.8 The agreed actions had been taken for all sampled recommendations, although in a small number of cases the full benefits of these actions have not yet been realised, either due to a timing issue or compliance with training requirements which is outside of the control of the Fire Safety Team:

Ref	Recommendation	Audit Assessment of Status
1.13	To invest in a robust system which will automate the Fire Risk Assessment process, to enable follow-up of recommendations, tracking and reporting for assurance at appropriate meetings.	The agreed action is complete with the purchase and implementation of the BORIS system but this will not be fully operational until FRA's are recorded in the system. This is being done as and when they fall due, based on established and agreed frequency, and is a gradual process anticipated to take a further 12-18 months. H&S Committee have been informed and receive regular progress updates. [No further recommendations]
1.14	To set an achievable timescale for meeting the mandatory training target of >85% and report on progress on delivery against planned rolling programme to the appropriate meeting.	Training is available with sufficient capacity to achieve the target compliance rate but this is dependent on uptake at directorate level. Compliance rates reported to H&S Committee but target of >85% not achieved (June 2022): Level 1 – 75.64% Level 2 – 54.5% Level 3 – 43.8% Training reminders have been included in global staff emails and compliance has been escalated to the Strategic Operations Board. We also note that compliance with Level 4 & Level 5 training is not currently monitored or reported to H&S Committee. [See Matter Arising 1]
1.20	To review the training needs of operational estates and fire safety staff to ensure they have the right level of expertise and accreditation to undertake their roles to manage fire safety.	Fire training needs analysis undertaken which identified 13 individuals requiring Fire Door Inspection training. At the time of audit nine individuals had received this training, with a further four still to complete this. [See Matter Arising 1]

Conclusion:

2.9 Action has been taken for all recommendations sampled. Further action is required by the Health Board operational teams to achieve target training compliance. Accordingly, we have concluded **Reasonable** assurance for this objective.

Objective 3: Actions are monitored through to implementation with assurance provided to an appropriate Board Committee

2.10 The Fire Safety Governance Review and associated action plan were presented to the Health & Safety Committee in June 2020. Progress updates have been regularly reported to the same committee as part of the Fire Safety Assurance SBAR reports, with the most recent report in July 2022 confirming that all actions are complete.

Conclusion:

2.11 We have concluded **Substantial** assurance for this objective.

Objective 4: Actions are subject to post-implementation review and monitoring to assess the effectiveness in addressing the associated risk, with further action taken if necessary

- 2.12 Actions are indirectly subject to post-implementation review via the existing fire safety governance structures:
- 2.13 The Fire Safety Policy has been ratified by the Health & Safety Committee and an exercise recently undertaken to self-assess Health Board compliance against the policy, with results reported to the Head of Quality & Governance.
- 2.14 The Fire Safety Management Update reports to the Health & Safety Committee provide ongoing assurance in relation to:
- Actions relating to Fire Enforcement Notices and Letters of Fire Safety Matters, which link in to wider capital investment programmes, with detailed updates provided
 - Compliance with Fire Risk Assessments
 - Progress in implementing the BORIS system
 - Fire safety training compliance
- 2.15 The Head of Fire Safety attends the site-specific Fire Safety Sub-Groups where directorate/service level fire risks, including the outcomes of fire risk assessments, and training compliance are discussed and managed. The sub-groups report into the Health Board Fire Safety Group.

Conclusion:

- 2.16 We have concluded **Substantial** assurance for this objective.

Appendix A: Management Action Plan

Matter Arising 1: Fire Safety Training (Operation)	Impact
<p>Training is available with sufficient capacity to achieve the target compliance rate but this is dependent on uptake at directorate level.</p> <p>Compliance rates are reported to H&S Committee but target of >85% not achieved (June 2022):</p> <p>Level 1 – 75.64%</p> <p>Level 2 – 54.5%</p> <p>Level 3 – 43.8%</p> <p>Training reminders have been included in global staff emails and compliance has been escalated to the Strategic Operations Board.</p> <p>We also note that compliance with Level 4 & Level 5 training is not currently monitored or reported to H&S Committee.</p> <p>A fire training needs analysis has been undertaken which identified 13 individuals requiring Fire Door Inspection training. At the time of audit nine individuals had received this training, with a further four still to complete this.</p>	<p>Staff are not adequately trained in fire safety which could result in the materialisation of fire risks, causing harm to patients visitors and staff, service disruption and financial loss.</p>
Recommendations	Priority
<p>1.1a Engagement with directorate senior management to reinforce mandatory training requirements and target compliance of >85%</p>	<p style="text-align: center;">Medium</p>
<p>1.1b Monitor Level 4 & Level 5 fire safety training compliance and include in the report to the H&S Committee.</p>	
<p>1.1c Fire Door Inspection training to be completed by the remaining four identified individuals.</p>	

Agreed Management Action		Target Date	Responsible Officer
1.1a	The training performance statistics for levels 1-3 will now be reported to each Strategic Operations Board. Performance will be monitored on a monthly basis. Individual Clinical and General Manager leads will be required to present assurances that the 85% target is on program to be achieved.	Nov 22	Andrew Carruthers - Director of Operations
1.1b	The training performance statistics for levels 4-5 will now be reported to each Strategic Operations Board: Performance for level 4 will report on training delivered to the volunteer Fire Wardens in the HB, (delivered by a specialist external contractor). Performance for level 5 will report on training delivered to managers at 8b and above and will be generated by the ESR system.	Feb 23 Feb 23	Andrew Carruthers - Director of Operations
1.1c	Remaining individuals (4) to receive their specialist fire door installation training	Nov 22	Rob Elliott – Director of Estates, Facilities and Capital Management

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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