

HEALTH & SAFETY COMMITTEE PWYLLGOR IECHYD A DIOGELWCH

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 September 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Fire Safety Audit System Report April 2020 to March 2021
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Rob Elliott, Director of Estates, Facilities and Capital Management

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 to Welsh Government (WG) on the 26th May 2021, for the period April 2020 to March 2021.

Cefndir / Background

Annual NWSSP Online Fire Audit

All NHS Boards in Wales are mandated by 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 undertaken by the Fire Safety Manager and the Fire Safety Advisors. This involves meetings and discussions with Hospital and Community Managers and Site Operational staff.

Upon completion of the audit, the submission can only be undertaken by the Director responsible for fire safety matters.

Once submitted, NWSSP-SES produce a report for WG. The 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 Hywel Dda University Health Board (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 what was considered acceptable. WG contacted all health organisations within Wales requesting a number of remedial actions to be undertaken.

The audit submission also considers the costs associated to reach compliance from a fire safety perspective together with an estimate of the time taken to achieve that position.

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

The Fire Audit Report submission is attached as Appendix 1.

Asesiad / Assessment

Annual NWSSP Online Fire Audit.

The annual Fire Audit was submitted to WG on 26th May 2021.

The submission included the following sites:

- All inpatient facilities (including all acute sites).
- Cardigan Integrated Care Centre.
- Aberaeron Integrated Care Centre.
- Hafan Derwen.
- Tenby 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 as part of this audit submission. We are continuing to update our survey work with extensive new survey exercises to further strengthen the estates database backlog which will inform future projects. As more information is developed, this will be used to update submissions to WG.

This subject area is likely to be a consideration for WG going forward in terms of how frameworks are established to deliver the work.

In general, the submitted audit return highlights that at an organisational level, HDdUHB is in a much improved position. Management structures and policy issues are adequately addressed.

A number of improvements have been undertaken during 2020/21:

- Addressed a significant amount of actions as part of the Fire Safety Governance Review (only one item remaining for December 2021).
- Reviewed and updated the Fire Safety Policy (December 2020).

- Increased the resources within the operational teams to support the delivery of effective Pre Planned Maintenance (PPM) work.
- Development of a new CAFM (electronic) maintenance system and standardisation of all supporting fire PPM data. System to commence in November 2021, with full completion by March 2022. This will include the use of iPads for staff to instantly record all PPM fire data.
- Purchase and development of a new online Boris fire safety system, which will allow for improved management of fire safety actions. This will be fully implemented in December 2021.
- Development of record keeping for the fire safety plans has significantly improved since the successful appointments of two full time Computer Aided Design (CAD) Operators within the compliance and fire safety team. Also, the introduction of an online drawing system to allow staff to access up to date fire safety drawings across the HDdUHB.
- Successful implementation of a control of contractor's policy to ensure ongoing fire safety compliance.
- Improvement in bariatric evacuation principles with the introduction of Body Mass Index (BMI) risk assessments for specific areas such as Preseli theatre.
- Purchase of an online Barbour index system to enable staff to have access to up to date fire safety legislation at all times.

Argymhelliad / Recommendation

The Health & Safety Committee is requested to note the update regarding the Fire Safety Audit System Report 2020/21.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.10 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:	Not applicable
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: Hyperlink to HDdUHB Well-being Objectives Annual Report	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Interviews with Hospital and Estates Management.
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor 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:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable
Gweithlu: Workforce:	Delivering a safe working environment
Risg: Risk:	Fire Safety Risk
Cyfreithiol: Legal:	Potential for legal challenge if HDdUHB does not comply with Government legislation
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable



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Bwrdd Iechyd Prifysgol
Hywel Dda
Hywel Dda University
Health Board

Fire Audit Report

Hywel Dda UHB

Organisation-Wide Report

Audit submitted on 26/05/2021

Declaration

This Audit has been submitted by Robert Elliot, Board Level Director (responsible for fire) on behalf of Mr Steve Moore, Chief Executive.

The information contained in this fire safety audit for the period April – March 2021 reflects the standards of fire safety within this Organisation.

This organisation is committed to addressing the issues identified in this Audit.

Submitted date: 26/05/2021

List of sites audited

Amman Valley Hospital

Aberaeron Integrated Care Centre

Cardigan Integrated Care Centre

Bronglais General Hospital

Tregaron Hospital

Glangwili General Hospital

Llandovery Hospital

Hafan Derwen

South Pembrokeshire Hospital

Canolfan Bro Cerwyn

Haverfordwest Health Centre

Withybush General Hospital

Tenby Hospital (New)

Prince Philip Hospital

Audit details

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Organisation's profile	The Organisations profile is set out in the Health Board Fire Policy.

Hywel Dda UHB

		delegated to	action	completed
1	Roles and Responsibilities			
1.0	Provide names of the following: -			
1.0.1	Chief Executive Mr Steve Moore			
1.0.2	Board Level Director (responsible for fire safety) Mr. Andrew Carruthers			
1.0.3	Fire Safety Manager Mr. Gareth Lloyd			
1.0.4	Fire Safety Advisor(s) Mr Richard Jupp, Mr Mike Gilbert, Mr. Daniel Dyer, Mr. Keith Jenkins			
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? Included within the Estates Operational Services annual report.			Yes
1.1.2	Is fire safety a standing agenda item at the management/executive board meetings? 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.			Yes

1.1.3	Has the Chief Executive agreed a fire safety investment programme? HDUHB Fire Safety investment programme is supported by a number of agreed investments. These include Discretionary allocation at £120k, targeted EAB investment at BGH of £650k. 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.	Yes
1.1.4	Has the programme of fire safety investment been accounted for in the organisation's business plans? Please 1.1.3 above.	Yes
1.2	Board Level Director (responsible for fire safety)	
1.2.1	Have the roles and responsibilities of the Board Level Director been formally agreed with the Chief Executive? The BLD and the CEO are fully aware of the roles and responsibilities for fire safety.	Yes
1.2.2	Is the Board Level Director satisfied that all premises have appropriate fire safety procedures and contingency plans? 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.	Yes
1.2.3	Is the Organisation's fire policy implemented in all premises? The organisations fire policy applies to all of the HB's properties.	Yes
1.2.4	Is the Board Level Director satisfied that the fire policy has been communicated throughout the organisation? 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.	Yes
1.2.5	Is the Board Level Director informed of all fire drills? 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.	Yes
1.2.6	Is the Board Level Director informed of all fire incidents? The BLD is informed of all significant fire incidents that occur in the HB via the fire team reporting structure.	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? Lines of accountability are set out in the Fire Policy and exercised through the Fire Safety Group.	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? The Fire Management structure has recently been reviewed and a new structure put in place. A full time Fire Safety Manager is now in place and the roles and responsibilities of the post have been agreed at Board level.	Yes

1.3.2	<p>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?</p> <p>Although the previous financial year (2019/20) was extremely well supported financially for Fire Safety Compliance. The monies allocated to Fire Safety Compliance for the financial year 2021/22 is circa £120k. This reduction from previous years is a direct result of competing priorities within HB for Discretionary Capital. This situation has been fully escalated and communicated internally. There are potential opportunities to bid for additional capital within the financial year. In terms of the structure of the Fire Safety team, the HB currently has a full time fire safety advisor based at each of its acute hospital sites (x4), supported by a dedicated (HB Wide) Head of Fire Safety. As part of the current review of the operational teams across the HB, careful consideration is being given to the supplementing the fire safety structure with additional management and training roles.</p>	Yes
1.3.3	<p>Is the Fire Safety Manager satisfied that the organisation's fire management arrangements are effective?</p>	Yes
	<p>Major improvements include: Step up in Operational Maintenance resources Removal of backlog on risk assessments Investment in Fire alarm upgrades Substantial additional survey works- planned and undertaken. Securing major capital investment from WG via Business Cases Regular scrutiny at Health & Safety Committee on a standing agenda item</p>	
	<p>2 Policy Issues</p>	
2.1	<p>Is there a current formally documented and dated fire safety policy approved by the Board?</p>	Yes
	<p>The Fire Policy was reviewed in 2020 and was formerly accepted by the HB in 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.</p>	
2.2	<p>Does the Fire Policy address (or refer to) the following issues:</p>	
2.2.1	<p>Smoking?</p>	Yes
	<p>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.</p>	
2.2.2	<p>Arson or combined arson / security?</p>	Yes
	<p>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.</p>	
2.2.3	<p>Risks associated with working processes?</p>	Yes
	<p>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.</p>	
2.2.4	<p>Risks associated with electrical equipment?</p>	Yes
	<p>Held in the fire safety policy. There is a specific section relating to the correct use of electrical equipment.</p>	
2.2.5	<p>Car parking?</p>	Yes
	<p>Held in the fire safety policy.</p>	
2.2.6	<p>Planned preventative maintenance?</p>	Yes
	<p>Held in the fire safety policy and further referred to in the HB's maintenance policy.</p>	

2.2.7	Permit to work? Held in the fire safety policy and further referred to in the HB's maintenance policy.	Yes		
2.2.8	Waste management? Held in of the fire safety policy.	Yes		
2.2.9	Furniture and textiles? Held in the fire safety policy.	Yes		
2.2.10	Appropriate fire fighting equipment? Held in the fire safety policy.	Yes		
2.2.11	Appropriate fire training? Held in the fire safety policy and the Training Needs Analysis.	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? 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.	Yes		
2.4	Does the organisation have procedures to identify and address 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.	Yes		
2.5	Does the organisation have access to up-to-date fire safety legislation and guidance? 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.	Yes		
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? 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.	Yes		
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 recently developed and issued (March 2019) a revised comprehensive TNA for the HB which now forms part of the approved Fire Safety Policy. There are now 4 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. The HB has adopted the online e-learning module to provide fire safety training as an interim measure until such time that face to face training can be re-introduced.

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. However, this process, being a face to face session is on hold due to Coved-19.

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. Due to the effects of the Covid-19 pandemic, this aspect has decreased due to the suspension of face to face training. However, the elearning Fire Safety module does have a set of test questions built in to the module

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**

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.

4.2 Where deemed appropriate, is the fire authority consulted on fire safety issues? **Yes**

The HB would consult the fire brigade or other enforcing authority where it is required to do so.

4.3 Is there an effective procedure for ensuring fire safety when building, maintenance or refurbishment works are being undertaken? **Yes**

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.

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
<p>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.</p>		
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
<p>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.</p>		
4.5.1	Upon completion of CDM notifiable schemes are fire safety manuals/H&S files issued to the organisation?	Yes
<p>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.</p>		
4.6	Where new works or refurbishment schemes are proposed, are the recommendations of the current fire risk assessments considered?	Yes
<p>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.</p>		
<p>5 Miscellaneous</p>		
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
<p>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.</p>		
5.2	Are all compressed gas cylinders stored and managed in accordance with HTM 02?	No
<p>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.</p>		
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?	Yes
<p>The Health Board has been awarded the Environmental Management System ISO 14001 Standard, which assesses, audits and ensures continual progress to this standard</p>		
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'?	n/a
<p>Local Authorities classify the accommodation as staff residential units, therefore this would not apply presently.</p>		
5.6	Are all vacant or unused buildings on the organisation's estate secured and managed against the potential for deliberate fire-raising?	Yes

	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.			
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)? 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. The HB are currently reviewing this across the organisation.	Yes		
5.8	Has the organisation implemented a prioritised action plan to address any DSEAR assessment findings? 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&S team are working on providing a policy document and assessing where DSEAR assessments are required.	No		

Performance Indicators

Projected dates of compliance

Site name	Compliance date
Aberaeron Integrated Care Centre	12/2022
Amman Valley Hospital	12/2025
Bronglais General Hospital	12/2025
Canolfan Bro Cerwyn	12/2026
Cardigan Integrated Care Centre	12/2022
Glangwili General Hospital	12/2025
Hafan Derwen	12/2025
Haverfordwest Health Centre	12/2025
Llandovery Hospital	12/2025
Prince Philip Hospital	12/2025
South Pembrokeshire Hospital	12/2026
Tenby Hospital (New)	01/2022
Tregaron Hospital	04/2025

