

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	10 March 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Fire Safety Regulations - Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Simon Chiffi, Head of Operations

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 purpose of this paper is to provide an assurance of compliance against Fire Safety regulations and standards for the Health Board (HB).

Cefndir / Background

This report has been compiled from a variety of intelligence sources including, Datix, Audit Management and Tracking (AMaT), BORIS and Fire Safety Group meetings to capture the requirements against relevant health and safety regulations and industry standards in relation to Fire Safety in order to establish the HB's level of compliance.

The report has also been informed from discussions and work programmes from recent Fire Safety Group (FSG) meetings, Health and Safety Compliance Groups (HSCG). The HSCG a managerial forum within the Estates & Facilities Group, enables accountable leads to consider issues arising from the baseline assessment. Further input is provided through discussions at the Integrated Quality, Finance and Performance Delivery Group (IQFPDG) involving Clinical Care Group and Corporate Function representatives, to support the operationalisation of any required management actions prior to submission to the Committee.

Asesiad / Assessment

What the Regulations/Industry Standards Require

In terms of fire safety, the Regulatory Reform Fire Safety Order (FSO) 2005 requires the Health Board or accountable lead to:

- Conduct and maintain fire risk assessments
- Implement appropriate fire safety measures
- Provide fire safety training and information
- Develop and maintain emergency plans
- Maintain fire safety equipment and systems

- Cooperate and coordinate with other duty holders

The enforcement agency responsible for fire safety are the Mid and West Wales Fire and Rescue Service (MWWFRS) and have the powers to undertake inspections, audits and provide recommendations to ensure fire compliance. They also have the powers to serve both Letters of Fire Safety Matters (LoFSM) and Fire Enforcement Action Notices (ENs) to address non-compliance issues. In some cases, they also have the authority to issue prohibition notices, which can result in the closure of facilities.

How Compliance is to be Achieved

In order to comply with the Regulatory Reform Fire Safety Order (FSO) 2005 the Health Board is required to ensure the following:

Regulation/ Industry Standard	Actions Required by Health Board to achieve Compliance
Conduct and maintain fire risk assessments	Every premise has a current, suitable and sufficient fire risk assessment Fire risk assessments are carried out by a competent person Fire risk assessments are reviewed regularly as determined by level of risk, significant changes to an area or following an incident or audit
Implement appropriate fire safety measures	Adequate fire escapes Emergency lighting in situ Firefighting equipment available Fire resistant construction and fire doors Safe storage and management of dangerous substances A Board approved fire safety policy A defined fire safety management structure Tracked risk actions
Provide fire safety training and information	Providing mandatory fire safety training for all staff Providing specific fire safety training for roles such as fire wardens, incident managers Fire drills and evacuation exercises
Develop and maintain emergency plans	Fire safety policy Site specific fire procedures/strategies Local fire plans
Maintain fire safety equipment and systems	Maintenance and testing records Estates and Facilities inspection logs
Cooperate and coordinate with other duty holders	Take action to ensure that recommendations made by MWWFRS are implemented Completion of annual audit

The Health Board has set out how it intends to comply with the regulations and subsequent guidance through the development of its Fire Safety Policy.

The following table sets out the metrics that are currently in place to measure compliance against these requirements. Targets have been set and the following identifies the compliance rates for each:

Measures/Metrics	Target Set	Achievement	Monitored By
A defined fire safety management structure	Board level director with fire safety responsibility	Met	Health and Safety Compliance Group
	Employ Head of Fire Safety	Met	
	Employ Fire Safety Advisors	Met	
	Monthly Fire Safety Group Meetings	Met	
Fire Risk Assessment (FRA) reviewed regularly and whenever changes occur; annual review is the accepted minimum standard in most settings	100%	8 overdue	Fire Safety Group / Health and Safety Compliance Group
Fire evacuation drills to be undertaken at intervals appropriate to the level of risk. As a minimum evacuation drills should be conducted annually with additional drills undertaken where risk, occupancy or operational factors require.	Annual	Scheduled April 2026	Fire Safety Group
Actions identified on Fire Risk Assessments must be completed as soon as is reasonably practicable, prioritised by risk and capital requirements (recorded on BORIS system)	Extreme Risk (100%)	0 overdue actions	Fire Safety Group
	High Risk (95%)	655 overdue (owned by Estates) 435 overdue (Owned by operational managers)	
	Moderate Risk (95%)	1535 overdue (owned by Estates) 981 overdue owned by operational managers)	
	Low Risk (95%)	254 overdue (owned by Estates)	

		145 overdue (owned by operational managers)	
Complete annual audit of fire safety	Annual	Completed for 25/26 and underway for 26/27 with submission due May 2026	Fire Safety Group
Actions arising from Letters of Fire Safety Matters should be actioned within agreed timescales as determined by risk and capital requirements	Open reports and recommendations	57	Estates and Facilities CCG and Fire Safety Group
	Overdue reports and recommendations	11	
	Recommendations reliant on External Factors (unable to complete)	13	
	Pending closure	23	
Enforcements notices should be actioned within agreed timescales	Number of Enforcement Notices	2	Estates & Facilities CCG
	Overdue actions	0	
Pre-Planned Maintenance (PPM) of fire systems are undertaken at risk-based intervals aligned to manufacturing guidance and British standards.	Fire Alarms testing (>95%)	99%	Fire Safety Group Estates & Facilities Care Group
	Emergency Lighting testing (>95%)	98%	
	Fire Doors testing (>95%)	94%	
	Damper testing (annual)	-	
	Cause and Effect testing	-	

Actions that have been identified and will be taken forward to improve compliance against these requirements above are set out below:

- The overdue actions are prioritised by highest risk area and a steady month on month reduction of overdue actions has been made for high and moderate risks.
- All overdue actions have recently been reviewed to ensure correct assignment of actions to relevant owners.
- Estates teams are developing a recovery plan to address the backlog of actions assigned to them on BORIS by April 2026.
- Capital bids submitted to address emergency lighting concerns in Withybush Hospital and community sites
- The recruitment of an additional carpenter has enabled the completion of outstanding Fire Door PPMs.
- Damper testing is awaiting contractor availability. In parallel, fire strategy reviews and revisions are underway to support improved compliance with cause-and-effect testing.

- Amend the current BORIS dashboard to enable operational teams to filter actions by care groups allowing for greater oversight and ownership of actions generated from fire risk assessments
- Significant capital investment to the estate to ensure compliance with letters of fire safety matters and enforcement notices

Work has also been undertaken to consider further measures and metrics that could be introduced to improve compliance against Fire Safety regulations and industry standards. These align to British Standards for Fire Safety. It is intended that these will be in place by April 2026 for all acute sites and in-patient facilities and included in the next regulations and industry standards assurance report to the Committee.

Additionally, current PPM compliance reports demonstrate that the PPM has been completed. Work is in development to ensure that where repairs or replacements are required, there is readily available data to identify completed repairs. This will be introduced in a phased approach across each PPM area with the number of Fire Door PPMs identifying the number of repairs and replacements required and the numbers of completed remedial actions. This will be in place for the next regulation and industry standards assurance report to the Committee.

Staff Training Requirements

The Regulatory Reform Fire Safety Order (FSO) 2005 and the Firecode WHTM 05-01 'Fire Safety Management' set out staff training requirements for fire safety.

The mandatory staff fire training requirements are set out below and metrics are in place to measure compliance against these. Again, targets have been set, and the following identifies the current compliance rates for each as a HB total:

Training	Target Set	Achievement	Monitored By
Level 1	85%	90%	Fire Safety Group and all CCGs
Level 2	85%	72%	Fire Safety Group and all CCGs
Level 3	85%	85%	Fire Safety Group and all CCGs

Actions that have been identified and will be taken forward to improve compliance against these staff training requirements are set out below:

- All CCGs have been made aware of the requirements to ensure improvements in Level 2 training to achieve the target score and requested to develop action plans to address issues of non-compliance. This has been escalated to senior operational leaders to support CCGs to deliver this.
- Regular fire safety training dates are provided and there remains sufficient training capacity in the fire team to deliver this
- The Fire Safety Team has developed an e-learning Fire Safety training to support accessibility of training for some staffing groups
- Escalation to workforce colleagues in the Electronic Staff Record (ESR) Team has taken place to ensure training attendance data is recorded in a timely manner, reducing reporting delays
- Training needs analysis has recently been undertaken (November 2025) which will be incorporated into the reviewed Fire Safety Policy

There are additional staff fire training requirements which, while not mandatory are considered best practice. These are Level 4 Fire Warden Training and Level 5 Senior Staff Training.

Training	Target Set	Achievement	Monitored By
Level 4	85%	TBC	FSG and all CCGs
Level 5	85%	93%	FSG and all CCGs

Actions that have been identified and will be taken forward to improve compliance against these staff training requirements, which are set out below:

- Identification of recommended number of Fire Wardens for each site based on best practice to share with operational managers in March 2026
- Recruit additional Fire Wardens to ensure numbers trained as per site requirement

Risk Management

The current risks identified in Datix for compliance with the Regulatory Reform Fire Safety Order 2005 are as follows, together with their management and action plans

Risk	Title	Approval Status	Care Group	Risk Score	Monitored By
813	Risk of non-compliance with the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure	Corporate Risk	Estates & Facilities	Extreme	FSG

Additionally, there are fire safety themed risks across the Health Board. The management plans and actions for these are owned within the clinical care groups and scrutinised within CCG governance meetings. They are also monitored by the Fire Safety Group. There are no outstanding actions for the risks cited below:

Risk	Title	Approval Status	Care Group	Risk Score	Monitored By
951	Risk of avoidable harm to staff and patients due to the incorrect Fire Alarm System reporting at WGH	Operational Risk	Estates & Facilities	High	FSG
1096	Risk of harm to patients, staff, visitors and non-compliance with LOFSM due to operational failure of Fire Safety Doors at PPH	Operational Risk	Estates & Facilities	High	FSG
1236	Risk of heating system failure due to corrosion of the main tank and pipework at WGH	Operational Risk	Estates & Facilities	High	FSG
1262	Risk of business disruption and environmental risks from leaking oil from corroded tanks and pipework	Operational Risk	Estates & Facilities	High	FSG
1270	Risk of electrical shock to staff/patients/visitors due to standard of secondary electrical wiring.	Operational Risk	Estates & Facilities	High	FSG

1348	Risk of harm due to failure to carry out electrical fixed and portable equipment testing at WGH.	Operational Risk	Estates & Facilities	High	FSG
1539	Risk of harm to patients/staff/visitors in the event of a fire due to operational failure of Fire Dampers and Door Detents, PPH	Operational Risk	Estates & Facilities	High	FSG
1586	Risk of harm to staff, patients and site visitors due to a lack of space on hospital sites	Operational Risk	Community & Integrated Medicine	High	FSG
1637	Risk to staff and patients due to lack of space for storage within ICU	Operational Risk	Planned and Specialist Care	High	FSG
1746	Risk of patient, staff and visitor harm due to lack of whole site provision of emergency lighting across BGH	Operational Risk	Estates & Facilities	High	FSG
1776	Risk of contamination due to lack of adequate air changes in the orthopaedic sterile instrument store	Operational Risk	Planned and Specialist Care	High	FSG
1852	Risk of non-compliance with national premises guidance in Managed Practices due to occupational arrangements	Operational Risk	Primary Care	High	FSG
2042	Risk of harm to patients, staff, and visitors due to operational failures of Fire safety doors (FSD) WGH	Operational Risk	Estates & Facilities	High	FSG
2085	Risk of harm to patients, staff and visitors due to operational failure of Fire Doors	Operational Risk	Estates & Facilities	High	FSG
2163	Risk of harm to Out of Hours maintenance staff due to non-compliance with Health & Safety At Work Act	Operational Risk	Estates & Facilities	High	FSG
2197	Risk of harm to patients, staff and visitors due to operational failure of Fire Doors (BGH)	Operational Risk	Estates & Facilities	High	FSG
2278	Lack of fully developed fire safety engineering strategies within Estates	Operational Risk	Estates & Facilities	High	FSG

All fire themed risks are reported at Fire Safety Group meetings for discussions and interrogation.

Policies

The Health Board policy governing the fire safety regulations is The Fire Safety Policy (242). This is due for review by 31 March 2026. Fire safety guidance changes are expected to impact NHS Wales following changes in NHS England. For this reason, the Fire Safety Group recommended that an extension until 30 September 2026 to this timeline was approved by the Health and Safety Compliance Group to ensure that new changes are incorporated into the reviewed policy. The Fire Safety Group does not anticipate any additional risks associated from this extension and considers it will strengthen the overall quality and robustness of the review process.

Argymhelliad / Recommendation

The Health & Safety Committee is requested to:

- **RECEIVE ASSURANCE** on fire safety compliance across the Health Board **ACKNOWLEDGE** the additional work being undertaken to strengthen compliance reporting against fire safety regulation and industry standards
- **ACKNOWLEDGE** the extension to the review of the Fire Safety Policy until 30 September 2026, agreed by the newly established Health and Safety Compliance Group

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.2 Receive assurance on the Health Board's compliance against individual health and safety regulations, on rotation, with their regularity determined by their current risk status.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable

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:	Health & Safety Committee Terms of Reference Establishment/Dis-establishment of Committees/Sub-Committees (SOP for the Management of Board and Committees)
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd lechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Director of Corporate Governance (Board Secretary) Assistant Director of Assurance and Risk Executive Team

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

Ariannol / Gwerth am Arian: Financial / Service:	No direct impact
Ansawdd / Gofal Claf: Quality / Patient Care:	The intention of this report is to improve health and safety governance arrangements to drive improvements within the Health Board
Gweithlu: Workforce:	No direct impact
Risg: Risk:	No direct impact
Cyfreithiol: Legal:	No direct impact

Enw Da: Reputational:	No direct impact
Gyfrinachedd: Privacy:	No direct impact
Cydraddoldeb: Equality:	No direct impact