



HEALTH & SAFETY COMMITTEE PWYLLGOR IECHYD A DIOGELWCH

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 July 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Fire Safety Management Update Report
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 provides an update to the Health & Safety Committee (HSC) with regard to progress in managing the following areas of Fire Safety:

- Fire Enforcement Notices (FENs)/Letters of Fire Safety Matters (LoFSM).
- Fire Safety Management.
- Fire Safety Governance

Cefndir / Background

The HSC will recall previous updates on each of the above reports.

This report provides an update on progress on each of these areas since the previous HSC meeting held on 9th May 2022

Asesiad / Assessment

1. Fire Enforcement Notices (FEN)/Letters of Fire Safety Matters (LoFSM)

1.1 Withybush General Hospital (WGH)

- **Advanced works** – Vertical escape routes at WGH and priority work at St Caradog's (KS/890/02 and LoFSMs dated 12th January 2021)

As noted in the May 22 report to the Committee, the Mid and West Wales Fire and Rescue Service (MWWFRS) has visited and has accepted all works were fully completed.

We have now received formal correspondence from MWWFRS to this effect. The fire enforcement referred to above, has also now been formally lifted.

- **Phase 1** – All remaining horizontal escape routes at WGH, all remaining work at St Caradog's and St Nons, all work at Kensington, St Thomas, Springfield, Sealyham and Pembroke County Blocks (**FEN KS/890/03, FEN KS/890/05 and LOFSM completion date April 2022**)

As noted at the meeting of the HSC in March 2022, the current completion date is December 2022 for site-based works, with a short period of contingency running into January 2023. This remains the currently approved programme most recently considered at the WGH project team meeting on the 24th of June.

The Health Board has received a request from the supply chain partner to modify the above programme based on recent complexity identified within the works being identified on site. This programme has not yet been approved by the Project Manager and full scrutiny of this updated programme is now being undertaken.

The programme recently received indicates a delayed completion date of February 2023, with a period of contingency running to March 2023. As noted, this has not been accepted by the Health Board pending further review.

Should this programme become the accepted programme this will be fully discussed and agreed with MWWFRS as an appropriate adjustment to the project programme. Informal discussion has already been held with MWWFRS making them aware of this matter and they are fully supportive of our approach.

The financial position remains highly challenging and this has been regularly reported to the Capital Sub Committee (CSC) via the highlight reporting system and via regular reporting to Welsh Government (WG) via the dashboard return.

MWWFRS have already advised that they will be extending the completion date for this FEN to December 2022, which aligns with the current agreed programme for this work. It is anticipated that this updated FEN will be received within the next few weeks.

Regular dialogue continues with MWWFRS. The Enforcing Officers continue to review regular activities on site and fully understand the challenging work required and are supportive of HDdUHB's actions.

- **Phase 2** – All departments/ ward areas/ risk rooms (**FEN KS/890/04**)

Phase 2 works remain on programme to be completed by April 2025.

The resource schedule needed to progress the Phase 2 Business Justification Case (BJC) has now been fully approved by WGH. This capital support is in the order of £935k.

Mobilisation of works on site is anticipated in Quarter 1 of 2023 (subject to the due diligence work involved in the BJC development). This will also be required to be aligned closely with the completion of the Phase 1 programme works.

A programme completion date will be developed as the above BJC work is progressed, as this will need to consider the work content and complexity of this Phase 2 Project.

At this point, confidence remains that the April 2025 date can be achieved, however this will need to be reviewed when the Business Case work is completed. The matter has been

discussed with MWWFRS and they appreciate that a revision may be required to this programme should the nature of the works dictate that an extension to this timeline becomes necessary.

➤ **Decant Arrangements to support Phase 2 Work**

The final completion on the BJC has been delayed due to complexity of the final market testing work and finalising the consultant fee levels to complete this element of work.

The submission to WG is now anticipated in July 2022 and subject to WG approval the decant ward will be available circa May 2023.

We are now working to ensure that this small delay to the decant ward does not impact on phase 2 works. Noting that there are a number of areas in phase 2 (Xray etc) which will not require decant arrangements so these works can be managed in the early programme.

The continuous programme of delivery through the Advanced Work Phase, Phase 1 and Phase 2 is fully supported by MWWFRS.

1.2 Glangwili General Hospital (GGH)

➤ **Advanced works** – All vertical escape routes at GGH (**FEN KS/890/07**)

The MWWFRS has visited and has accepted all works were fully completed. We have now received formal correspondence from MWWFRS to this effect. The fire enforcement referred to above has also now been formally lifted.

➤ **Phase 1** – All remaining horizontal escape routes at GGH (**FEN KS/890/08**
Completion Date July 2022)

Forward look planning has been completed and site works commenced in April 2022.

The previously forecast completion date of April 2023 remains in place. This will need to be closely monitored and reviewed as the project progresses.

HDdUHB continues to keep MWWFRS fully up-to-date with any adjustments to programme on this Phase of works. MWWFRS is fully aware of the above timescales and has advised that they are planning a site visit at an appropriate time in 2022 to confirm any extension of time that may be required. We are already in discussion with MWWFRS on this matter and are agreeing a date for this visit.

➤ **Phase 2** – All departments/ ward areas/ risk rooms (**FEN KS/890/09**)

Phase 2 remains on programme to be completed by April 2024 (subject to the full due diligence work needed as part of the Business Case development).

Following the approval of the Phase 1 Business Case, the Project Management Team in conjunction with HDdUHB has reviewed the overall programme for Phases 1 and 2 to ensure there is an alignment between the end of Phase 1 and commencement of Phase 2 to ensure a continuous work programme.

We have now received the resource schedule from the supply chain for phase 2 works and this has been fully reviewed and accepted. This schedule will now be submitted to WG for

consideration. Subject to this approval we remain on programme to commence Phase 2 BJC during mid-summer.

Based on the above a forecast mobilisation date for phase 2 will be circa April 2023, linking in well with the completion of the Phase 1 programme.

It is important to note that the Phase 2 works will be extremely complex given the delivery of these Fire Enforcement works to busy clinical areas. The due diligence work required during the Business Case development will confirm both commencement dates and programme delivery dates for this work.

A formal programme completion date will be confirmed following the due diligence work undertaken as part of the project planning for technical solutions to this phase of work. It is currently envisaged that the April 2024 completion date is achievable, however this will be confirmed upon completion of the detailed Business Case work.

Discussions have been undertaken with MWWFRS who appreciate that a revision may be required to the programme, should the nature of the works dictate that an additional period of time becomes necessary.

1.3 Additional Letters of Fire Safety Matters

➤ Tregaron Hospital

- Letter issued 12th May 2021.
- All actions, as required on the LoFSM from MWWFRS have now been completed.
- MWWFRS have been invited to visit the site to confirm all work is satisfactory and a confirmation date is awaited. We are still waiting for this from MWWFRS, and they are fully aware of the status of this work.

➤ Glangwili General Hospital

- Letter issued 8th June 2021.
- All actions, as required on the LoFSM from MWWFRS have now been completed.
- The MWWFRS have been invited to inspect the completed work. However, MWWFRS have advised that they will not need to visit site to validate this work.
- Formal letter received from MMWRS confirming all action completed

➤ Bronglais General Hospital (BGH) Main Building

- Letters issued 30th June 2021, 2nd July 2021 and 7th July 2021.
- The LoFSM have a significant number of requirements, however there is no FEN action placed on HDdUHB for BGH.

The project to complete works on all Fire Doors and Compartmentation in vertical escape areas has been completed on site with some minor checks and inspections to complete, including independent assessment of standards. HDdUHB has also completed a wide range of other improvements required on the LoFSM received from MWWFRS.

HDdUHB has met formally with the inspection team of Ceredigion MWWFRS, and they visited site on 3 occasions in mid-May to ensure that all of the work which HDdUHB has confirmed completed is to the appropriate standard.

The HDdUHB met again with Ceredigion MWWFRS team on the 23rd of June 2022 where they confirmed all work previously undertaken have been satisfactory completed.

On the remaining works they are satisfied with the forward look programme we have provided but will wish to meet with WG/ Shared Services to ensure that this program is supported centrally. This meeting is being arranged.

Subject to this support being in place the MWWFRS will work in partnership with the HDdUHB and set out an action plan that aligns with our delivery programme.

NWSSP and WG have granted HDdUHB approval to progress with the Programme Business Case element of this work, however, have noted that any approval for future funding would need to be considered on the merits of the Business Case.

➤ **BGH Residential Blocks**

- 4 individual LoFSM issued 16th June 2021 – currently on programme.
- The original project was programmed to commence mid-April 2022 and for completion by the end of June 2022.
- Collaborative working is continuing with the MWWFRS in order to confirm and agree any update to delivery dates as required.
- The previous completion date for this work reported to the last committee in May was end of July 2022. It has been necessary to do some additional due diligence work with the contractors to confirm accredited status of installation staff. This has meant moving the completion date to end of Aug 2022.

➤ **WGH**

- LoFSM issued 12th December 2021.
- An action plan has been developed to address the small number of items identified in this LoFSM.
- MWWFRS are considering how they will approach this work in terms of whether a site visit is needed.
- There are specific areas of Compartmentation and Fire Door replacement from this LoFSM which MWWFRS have confirmed can be completed under Phase I of the main works.
- Formal confirmation of moving these specific elements to phase 1 has now been received.
- All the other items apart from the above have been fully completed.

Prince Philip Hospital (PPH)

HDdUHB has been working with MWWFRS to overcome inconsistencies in their reporting of fire safety issues to HDdUHB and following some internal personnel changes, a single LoFSM for PPH has been received.

As previously reported we have received a consolidated letter of Fire Safety for PPH. This aligning with process already established within MWWFRS on all part of the HB estate.

The action plan to deliver these works is now nearing completion and we plan to have this finished by mid-July. This will be subject to formal sign off from MWWFRS, so we are in full agreement with them as to the programming of work and the priorities established in different areas.

I will be able to update the committee at the next committee meeting on the progress made in this area.

2. Audit Tracker (previously submitted to CPM)

Attached at Appendix 1 for further information, is the HDdUHB tracker developed by the Assurance and Risk Team which monitors progress on all of the above issues. Going forward this appendix will be regularly updated and submitted with the Fire Safety Management Update Report to the HSC for completeness.

3. Fire Safety Management Update

3.1 Fire Risk Assessments (FRAs) –

As of 21st June 2022, there are 0 overdue FRAs and a further 23 FRAs coming online (up to 29th July 2022) as identified on the NHS Wales Shared Service Partnership – Specialist Estates Services (NWSSP-SES) system dashboard.

3.2 Boris Fire Risk Assessment Management System –

Live Fire Risk Assessments are now being undertaken by using the new system.

A full update was given to the fire safety group 6th June 2022.

All fire risk assessments will gradually transfer into the new Boris system over the next 12 months.

3.3 Fire Safety Training - The performance in terms of delivery of fire safety training is identified in tables below.

Table 1.0 As at 31 January 2022

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS CSTF Fire Safety - 2 Years	11,313	11,313	8,675	76.68%
100 LOCAL Fire Safety Level 2 - 1 Year General	5,281	5,281	2,372	44.92%
100 LOCAL Fire Safety Level 3 - 1 Year General	289	289	96	33.22%

Table 2.0 As at 21 April 2022

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS CSTF Fire Safety - 2 Years	11,325	11,325	8,609	76.02%
100 LOCAL Fire Safety Level 2 - 1 Year General	5,283	5,283	2,560	48.46%
100 LOCAL Fire Safety Level 3 - 1 Year General	277	277	104	37.55%

Table 3.0 As at 21 June 2022

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS CSTF Fire Safety - 2 Years	11440	11440	8653	75.64%
100 LOCAL Fire Safety Level 2 - 1 Year General	5345	5345	2913	54.50%
100 LOCAL Fire Safety Level 3 - 1 Year General	274	274	120	43.80%

As noted above whilst the level 1 fire safety training has remained stable, there has been solid improvement to level 2 and 3 over the previous months.

Confidence remains that the required capacity for training within HDdUHB is in place, however significant reductions in staff attendance are continuing. The pressures on clinical and management teams to attend this training at such challenging times is fully understood. This is the key issue which is holding back significant improvements in fire training statistics.

4. Fire Safety Governance Update

An audit of the Fire Safety Policy to ascertain HDdUHB's compliance has now been completed.

The action plan developed from this review is now being managed via the Fire Safety Group with progress reported regularly to the HSC meetings.

Attached at Appendix 2 is the current Action Plan for information.

Argymhelliad / Recommendation

The Health and Safety Committee is requested to:

- Acknowledge and gain assurance from content of this report and the work achieved to strengthen fire safety compliance.
- Note that further updates will be presented at future HSC meetings.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.11 Ensure reports and factual information from external regulatory agencies are acted upon within achievable timescales.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Estates and Facilities Risk No 813 Score 15
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:	Not Applicable
Amcanion Cynllunio Planning Objectives	3L Review of existing security arrangements
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:	MWWFRS and extensive site based survey information.
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partïon / 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:	Funding sought from Welsh Government.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Delivering a safe working environment

Risg: Risk:	Estates and Facilities Risk No 813
Cyfreithiol: Legal:	Potential for legal challenge if HDdUHB does not comply with requirements of Fire Enforcement Notices.
Enw Da: Reputational:	Potential for legal challenge if HDdUHB does not comply with requirements of Fire Enforcement Notices.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

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BFS/KBI/SJM/00113573	Dec-19	2019/20	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters. St Nons (Secure EMI unit)/ St Brynach's (Day Hospital) / Bro Cerwyn (Offices) BFS/KBI/SJM/00113573	Open	BFS/KBI/SJM/00113573_001	High	R.1. St Nons. Ensure that door sets than can resist fire and smoke for 30 minutes are provided in the following locations: Throughout Units, many doors were defective, these were on escape routes. The terms door set refers to the complete element as used in practice: <ul style="list-style-type: none"> • The door leaf or leaves. • The frame in which the door is hung. • Hardware essential to the functioning of the door set, 3 x hinges. • Intumescent seals and smoke sealing devices/Self closure. • Self-closers to be fitted to all doors and not compromise strips and seals of fire doors. 	Mar-20 Dec-21 Apr-22	Dec-21 Apr-22 Dec-22	Amber	12/01/2021- Revised letter from MWWFRS confirmed this item is to be completed in line with the agreed advanced, first and second phase works: Stage 2 / Phase 1 works relate to all remaining escape routes at WGH and all remaining work at St Caradogs, St Nons to be completed by end April 2022. 02/03/2022- This programme now takes into account the additional complex work to undertake the “overboarding” as required by the MWWFRS. The completion date of works on site is December 2022 with a short period of contingency running into January 2023. The MWWFRS has been fully briefed on this programme adjustment, which is required to deliver the “overboarding” work. They are fully supportive of the adjustment and have provided written confirmation of their agreement. MWWFRS has advised that they will visit the site during 2022 and will formally update FEN dates when appropriate. 27/04/2022- MWWFRS have advised that they will be extending the completion date for this FEN to December 2022 which aligns with the current agreed programme for this work. It is anticipated that this updated FEN will be received within the next few weeks. 27/06/2022- MWWFRS have already advised that they will be extending the completion date for this FEN to December 2022, which aligns with the current agreed programme for this work. It is anticipated that this updated FEN will be received within the next few weeks. Recommendation will be turned back to amber once updated FEN letter has been received. 28/06/2022 – advised by the Director of Estates, Facilities and Capital Management that verbal updates have been received from MWWFRS that these actions have revised timescales, which will be formalised in written correspondence shortly and therefore RAG status amended from Red to Amber”
BFS/KBI/SJM/00113573	Dec-19	2019/20	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters. St Nons (Secure EMI unit)/ St Brynach's (Day Hospital) / Bro Cerwyn (Offices) BFS/KBI/SJM/00113573	Open	BFS/KBI/SJM/00113573_002	High	R2. St Nons. Reinstate the fire resistance in the following location(s): Compartmentation issues throughout unit, due to Dampers showing fault on system.	Mar-20 Dec-21 Apr-22	Dec-21 Apr-22 Dec-22	Amber	12/01/2021- Revised letter from MWWFRS confirmed this item is to be completed in line with the agreed advanced, first and second phase works: Stage 2 / Phase 1 works relate to all remaining escape routes at WGH and all remaining work at St Caradogs, St Nons to be completed by end April 2022. 02/03/2022- This programme now takes into account the additional complex work to undertake the “overboarding” as required by the MWWFRS. The completion date of works on site is December 2022 with a short period of contingency running into January 2023. The MWWFRS has been fully briefed on this programme adjustment, which is required to deliver the “overboarding” work. They are fully supportive of the adjustment and have provided written confirmation of their agreement. MWWFRS has advised that they will visit the site during 2022 and will formally update FEN dates when appropriate. 27/04/2022- MWWFRS have advised that they will be extending the completion date for this FEN to December 2022 which aligns with the current agreed programme for this work. It is anticipated that this updated FEN will be received within the next few weeks. 27/06/2022- MWWFRS have already advised that they will be extending the completion date for this FEN to December 2022, which aligns with the current agreed programme for this work. It is anticipated that this updated FEN will be received within the next few weeks. Recommendation will be turned back to amber once updated FEN letter has been received. 28/06/2022 – advised by the Director of Estates, Facilities and Capital Management that verbal updates have been received from MWWFRS that these actions have revised timescales, which will be formalised in written correspondence shortly and therefore RAG status amended from Red to Amber”
BFS/KS/SJM/00175424/00175421/00175428/00175426/00175425	Jan-20	2019/20	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters. Withybush General Hospital, Kensington, St Thomas, etc. BFS/KS/SJM/00175424/00175421/00175428/00175426/00175425	Open	BFS.KS/SJM/00175424/00175421/00175428/00175426/00175425_001	High	R1. Compartment <ul style="list-style-type: none"> • A Compartmentation survey of all the listed blocks above including floor to roof (Loft separation between stairwell and accommodation / office areas) must be carried out to ensure that fire and smoke cannot pass. • All Loft hatches are to be fire resisting to a minimum of 30 minutes. • Data cables, pipes and ducting need to be fire stopped, noted within St Thomas block but to include any other area not noted within all other blocks. 	Jul-20 Dec-21 Apr-22	Dec-21 Apr-22 Dec-22	Amber	12/01/2021- Revised letter from MWWFRS confirmed this item is to be completed in line with the agreed first phase works: Stage 2 / Phase 1 works relate to all remaining escape routes at WGH and all remaining work at St Caradogs, St Nons to be completed by end April 2022. 02/03/2022- This programme now takes into account the additional complex work to undertake the “overboarding” as required by the MWWFRS. The completion date of works on site is December 2022 with a short period of contingency running into January 2023. The MWWFRS has been fully briefed on this programme adjustment, which is required to deliver the “overboarding” work. They are fully supportive of the adjustment and have provided written confirmation of their agreement. MWWFRS has advised that they will visit the site during 2022 and will formally update FEN dates when appropriate. 27/04/2022- MWWFRS have advised that they will be extending the completion date for this FEN to December 2022 which aligns with the current agreed programme for this work. It is anticipated that this updated FEN will be received within the next few weeks. 27/06/2022- MWWFRS have already advised that they will be extending the completion date for this FEN to December 2022, which aligns with the current agreed programme for this work. It is anticipated that this updated FEN will be received within the next few weeks. Recommendation will be turned back to amber once updated FEN letter has been received. 28/06/2022 – advised by the Director of Estates, Facilities and Capital Management that verbal updates have been received from MWWFRS that these actions have revised timescales, which will be formalised in written correspondence shortly and therefore RAG status amended from Red to Amber”

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BFS/KS/SJM/00175424/00175421/00175428/00175426/00175425	Jan-20	2019/20	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters. Withybush General Hospital, Kensington, St Thomas, etc. BFS/KS/SJM/00175424/00175421/00175428/00175426/00175425	Open	BFS.KS/SJM/00175424/00175421/00175428/00175426/00175425_002	High	R2. Fire Resisting Corridors Ensure that the means of escape is kept free from fire and smoke for a period of 30 minutes by ensuring that: • Bedroom / flat doors, Kitchen, cleaners and Laundry room doors, are all to be a minimum fire resistance of FD30s with a self-closer. (Pembroke county, Springfield, St Thomas, Kensington blocks) these doors should not be wedged open and any intumescent smoke seals that is damaged (Painted over) or missing should be replaced. At the time of the inspection I noted a number of doors being held open with wedges, the use of these Wedges holding doors open in all Blocks should be prohibited as it could promote the spread of fire, if doors are required to be left open then they will have to be self-closing 30-minute fire door linked in to the fire detection system. • Excessive gaps in fire doors should be repaired or the door needs to be replaced so the gap is a max 3mm (Within All Blocks). • Transom lights above doors should be replaced, they should be constructed to provide 30 minutes fire resistance to the means of escape, these were mainly noted within the Pembroke county, St Thomas, Kensington blocks but if they are present within any other block within the means of escape these need to also be addressed. • Lobby doors need to be replaced in both first floor RH offices within the Springfield and Kensington blocks.	Jul-20 Dec-21 Apr-22	Dec-21 Apr-22 Dec-22	Amber	12/01/2021- Revised letter from MWWFRS confirmed this item is to be completed in line with the agreed first phase works: Stage 2 / Phase 1 works relate to all remaining escape routes at WGH and all remaining work at St Caradogs, St Nons to be completed by end April 2022. 02/03/2022- This programme now takes into account the additional complex work to undertake the “overboarding” as required by the MWWFRS. The completion date of works on site is December 2022 with a short period of contingency running into January 2023. The MWWFRS has been fully briefed on this programme adjustment, which is required to deliver the “overboarding” work. They are fully supportive of the adjustment and have provided written confirmation of their agreement. MWWFRS has advised that they will visit the site during 2022 and will formally update FEN dates when appropriate. 27/04/2022- MWWFRS have advised that they will be extending the completion date for this FEN to December 2022 which aligns with the current agreed programme for this work. It is anticipated that this updated FEN will be received within the next few weeks. 27/06/2022- MWWFRS have already advised that they will be extending the completion date for this FEN to December 2022, which aligns with the current agreed programme for this work. It is anticipated that this updated FEN will be received within the next few weeks. Recommendation will be turned back to amber once updated FEN letter has been received. 28/06/2022 – advised by the Director of Estates, Facilities and Capital Management that verbal updates have been received from MWWFRS that these actions have revised timescales, which will be formalised in written correspondence shortly and therefore RAG status amended from Red to Amber”
BFS/KS/SJM/00175424/00175421/00175428/00175426/00175425	Jan-20	2019/20	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters. Withybush General Hospital, Kensington, St Thomas, etc. BFS/KS/SJM/00175424/00175421/00175428/00175426/00175425	Open	BFS.KS/SJM/00175424/00175421/00175428/00175426/00175425_003	High	R3. Improve Fire Detection System The detection within the means of escape from the flats and bedrooms should be changed from heat detection to smoke detection to allow the maximum amount of time between detection alert and escape. It was noted that there was heat detection in the bedrooms and entrance halls into the flats and within the lounge areas where smoke detection would be the preferred safer option, it was explained to me that this was due to the residents being able to smoke within the premises before the smoking ban to reduce the false alarm calls. • It was noted that there was a detector being covered at time of inspection within the kitchen of the Pembroke county block (First floor flat F block). You must ensure that this practice is not repeated, information must be given to the occupants explaining the severity of this action. • Due to the Server within the Means of escape an additional detector within the area of the device is required (due to the lintel between the detector and the server) noted within the Pembroke county and St Thomas block (but this should include all blocks if server is on escape route in the same way). The changes should be carried out and commissioned by a competent person.	Jul-20 Dec-21 Apr-22	Dec-21 Apr-22 Dec-22	Amber	12/01/2021- Revised letter from MWWFRS confirmed this item is to be completed in line with the agreed first phase works: Stage 2 / Phase 1 works relate to all remaining escape routes at WGH and all remaining work at St Caradogs, St Nons to be completed by end April 2022. 02/03/2022- This programme now takes into account the additional complex work to undertake the “overboarding” as required by the MWWFRS. The completion date of works on site is December 2022 with a short period of contingency running into January 2023. The MWWFRS has been fully briefed on this programme adjustment, which is required to deliver the “overboarding” work. They are fully supportive of the adjustment and have provided written confirmation of their agreement. MWWFRS has advised that they will visit the site during 2022 and will formally update FEN dates when appropriate. 27/04/2022- MWWFRS have advised that they will be extending the completion date for this FEN to December 2022 which aligns with the current agreed programme for this work. It is anticipated that this updated FEN will be received within the next few weeks. 27/06/2022- MWWFRS have already advised that they will be extending the completion date for this FEN to December 2022, which aligns with the current agreed programme for this work. It is anticipated that this updated FEN will be received within the next few weeks. Recommendation will be turned back to amber once updated FEN letter has been received. 28/06/2022 – advised by the Director of Estates, Facilities and Capital Management that verbal updates have been received from MWWFRS that these actions have revised timescales, which will be formalised in written correspondence shortly and therefore RAG status amended from Red to Amber”
BFS/KS/SJM/00114719-KS/890/04	Feb-20	2019/20	Mid and West Wales Fire and Rescue Service	Enforcement Notice Premises: Withybush General Hospital. BFS/KS/SJM/00114719- KS/890/04	Open	BFS/KS/SJM/00114719_004	High	R1. Compartmentation – All Other Compartmented Areas. To undertake whatever works are necessary to ensure that any / all breaches in fire resisting compartmentation that affect the Wards, Theatres, Plant Rooms, Offices, Surgeries, Specialist Units and any other compartmented spaces within Withybush Hospital are addressed. Fire resisting structures are to continue to slab / upper floor level / roof level and pass through any false ceiling provided.	Apr-22 Apr-25	Dec-24 Apr-25	Amber	This work is part of the phase 2 WGH Fire Enforcement Programme. 13/11/2020- Letter dated 05/11/2020 from MWWFRS this notice is extended to 30 April 2025 as agreed in the programme for Phase 2 Works (presented to them on the 02 October 2020). Recommendation changed back from red to amber. 05/01/2022- update being reported to Health & Safety Committee January 2022-At this point, confidence remains that the April 2025 date can be achieved, however this will be required to be reviewed when the Business Case work is completed. The matter has been discussed with MWWFRS and they appreciate that a revision may be required to this programme should the nature of the works dictate that an additional period becomes necessary. 27/04/2022- Update as above 05/01/2022 update, confidence remains that the April 2025 date can be achieved, however this will need to be reviewed when the Business Case work is completed. 27/06/2022- Phase 2 works remain on programme to be completed by April 2025.

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BFS/KS/SJM/00114719 - KS/890/03	Feb-20	2019/20	Mid and West Wales Fire and Rescue Service	Enforcement Notice Premises: Worthybush General Hospital. BFS/KS/SJM/00114719 - KS/890/03	Open	BFS/KS/SJM/00114719_03_001	High	R1. Compartmentation – All Horizontal Corridor Escape Routes To undertake whatever works are necessary to ensure that any / all breaches in fire resisting compartmentation that affect the Horizontal Escape Routes within Worthybush Hospital are addressed. Fire resisting structures are to continue to slab / upper floor level / roof level and pass through any false ceiling provided.	Aug-21 Dec-21 Apr-22 Dec-22	Dec-21 Apr-22 Dec-22	Amber	This work is part of the phase 1 WGH Fire Enforcement Programme. 06/05/2021- Letter from MWWFRS dated 19/03/2021 - 'Further to the conversation on the possibility of the Phase 1 works at Worthybush General Hospital running over the completion date due to the complexity and capital value of this project, as we have over 12 months to the current expiry date, we would not want to review this enforcement notice until early in to 2022'. Recommendation to remain amber until contact is made to MWWFRS in March 2022 as they have requested, to update them on the progress of the works, at which point MWWFRS will discuss the extension of the notice at that date. 05/01/2022- update being reported to Health & Safety Committee January 2022- As a result of the significant additional works, the anticipated completion date for the works has been assessed by the Project Management Team as the end of December 2022. COVID-19 continues to impact on progressing the work due to the close proximity of some aspects of this fire work to clinical areas. The MWWFRS has been fully briefed on this programme adjustment required to support their decision on overboarding, and are fully supportive of the adjustment to the compliance dates and will provide written confirmation of this in early 2022. The completion date will be revised on the audit tracker following written confirmation from MWWFRS. 02/03/2022- This programme now takes into account the additional complex work to undertake the “overboarding” as required by the MWWFRS. The completion date of works on site is December 2022 with a short period of contingency running into January 2023. The MWWFRS has been fully briefed on this programme adjustment, which is required to deliver the “overboarding” work. They are fully supportive of the adjustment and have provided written confirmation of their agreement. MWWFRS has advised that they will visit the site during 2022 and will formally update FEN dates when appropriate. 21/03/2022- Head of Assurance and Risk awaiting copy of written confirmation from MWWFRS before adjusting the revised completion date for this recommendation. 27/04/2022- MWWFRS have advised that they will be extending the completion date for this FEN to December 2022 which aligns with the current agreed programme for this work. It is anticipated that this updated FEN will be received within the next few weeks. 05/05/2022- MWWFRS have confirmed via email they are happy to extend KS/890/03 (Phase 1 works) as requested "due to your continuing efforts and commitment to complete the works, whilst on site at Worthybush recently I witnessed first hand the good standard of works that is being carried out regarding phase 1". A formal extension letter will be issued in due course.
BFS/KS/SJM/00114719 - KS/890/03	Feb-20	2019/20	Mid and West Wales Fire and Rescue Service	Enforcement Notice Premises: Worthybush General Hospital. BFS/KS/SJM/00114719 - KS/890/03	Open	BFS/KS/SJM/00114719_03_002	High	R2. Compartmentation – All Vertical Breaches and / or Penetrations To undertake whatever works are necessary to ensure that any / all breaches in fire resisting compartmentation that affect the intermediate floors between levels within Worthybush Hospital are addressed. Fire resisting structures are to continue to slab/ upper floor level / roof level and pass through any false ceiling provided.	Aug-21 Dec-21 Apr-22 Dec-22	Dec-21 Apr-22 Dec-22	Amber	This work is part of the phase 1 WGH Fire Enforcement Programme. 06/05/2021- Letter from MWWFRS dated 19/03/2021 - 'Further to the conversation on the possibility of the Phase 1 works at Worthybush General Hospital running over the completion date due to the complexity and capital value of this project, as we have over 12 months to the current expiry date, we would not want to review this enforcement notice until early in to 2022'. Recommendation to remain amber until contact is made to MWWFRS in March 2022 as they have requested, to update them on the progress of the works, at which point MWWFRS will discuss the extension of the notice at that date. 05/01/2022- update being reported to Health & Safety Committee January 2022- As a result of the significant additional works, the anticipated completion date for the works has been assessed by the Project Management Team as the end of December 2022. COVID-19 continues to impact on progressing the work due to the close proximity of some aspects of this fire work to clinical areas. The MWWFRS has been fully briefed on this programme adjustment required to support their decision on overboarding, and are fully supportive of the adjustment to the compliance dates and will provide written confirmation of this in early 2022. The completion date will be revised on the audit tracker following written confirmation from MWWFRS. 02/03/2022- This programme now takes into account the additional complex work to undertake the “overboarding” as required by the MWWFRS. The completion date of works on site is December 2022 with a short period of contingency running into January 2023. The MWWFRS has been fully briefed on this programme adjustment, which is required to deliver the “overboarding” work. They are fully supportive of the adjustment and have provided written confirmation of their agreement. MWWFRS has advised that they will visit the site during 2022 and will formally update FEN dates when appropriate. 21/03/2022- Head of Assurance and Risk awaiting copy of written confirmation from MWWFRS before adjusting the revised completion date for this recommendation. 27/04/2022- MWWFRS have advised that they will be extending the completion date for this FEN to December 2022 which aligns with the current agreed programme for this work. It is anticipated that this updated FEN will be received within the next few weeks. 05/05/2022- MWWFRS have confirmed via email they are happy to extend KS/890/03 (Phase 1 works) as requested "due to your continuing efforts and commitment to complete the works, whilst on site at Worthybush recently I witnessed first hand the good standard of works that is being carried out regarding phase 1". A formal extension letter will be issued in due course.
KS/890/08	Nov-20	2020/21	Mid and West Wales Fire and Rescue Service	Enforcement Notice Premises: West Wales General Hospital, Glangwili, Dolgwlili Road, Carmarthen, Carmarthenshire, SA31 2AF KS/890/08	Open	KS/890/08_01	High	R1.Compartmentation – All Horizontal Corridor Escape Routes (Agreed Phase 1 Works). To undertake whatever works are necessary to ensure that any/all breaches in fire resisting compartmentation that affect the Horizontal Escape Routes within Glangwili General Hospital are addressed as agreed in the programme for Phase 1 Works (presented to us on the 02 October 2020). Fire resisting structures are to continue to slab/upper floor level/roof level and pass through any false ceiling provided.	Oct-20 Feb-21 Jul-22 Feb-23	Jul-22 Feb-23	Amber	13/11/2020- Letter dated 05/11/2020 from MWWFRS confirming enforcement notice KS/890/06 is withdrawn and replaced by KS/890/07, KS/890/08, KS/890/09 dated 04/11/2020. KS/890/08 to be completed by 31/07/2022 as agreed in the programme for Advanced Works (presented to them on the 02 October 2020). Original completion dates shown on tracker taken from original KS/890/06 enforcement notice. 17/01/2022- email received from MWWFRS "Thanks for the update on the phase 1 works at GGH, we understand that the BJC took considerably longer than we expected and that this has caused the completion date of this phase of the works to the start of 2023. We are happy at this time to verbally extend the EN KS 890 08 to Feb 2023, I will not be able to physically change the current Notice until it is up for review in July 2022". Completion date revised to February 2023. 02/03/2022- The current forecasted completion date is April 2023, however this will need to be closely monitored and reviewed as the project progresses. HDDUHB continues to keep MWWFRS fully up-to-date with any adjustments to programme on this phase of works. MWWFRS is fully aware of the above timescales and has advised that they are planning a site visit at an appropriate time in 2022 to confirm any extension of time that may be required. 27/04/2022- as previous progress update, MWWFRS is fully aware of the above timescales and has advised that they are planning a site visit at an appropriate time in 2022 to confirm any extension of time that may be required.

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KS/890/08	Nov-20	2020/21	Mid and West Wales Fire and Rescue Service	Enforcement Notice Premises: West Wales General Hospital, Glangwili, Dolgwili Road, Carmarthen, Carmarthenshire, SA31 2AF KS/890/08	Open	KS/890/08_02	High	R2.Compartmentation – All Vertical Breaches and / or Penetrations. To undertake whatever works are necessary to ensure that any/all breaches in fire resisting compartmentation that affect the intermediate floors between levels within Glangwili Hospital are addressed as agreed in the programme for Phase 1 Works (presented to us on the 2nd Oct 2020). Fire resisting structures are to continue to slab/ upper floor level/roof level and pass through any false ceiling provided.	Oct-20 Feb-21 Jul-22 Feb-23	Jul-22 Feb-23	Amber	13/11/2020- Letter dated 05/11/2020 from MWWFRS confirming enforcement notice KS/890/06 is withdrawn and replaced by KS/890/07, KS/890/08, KS/890/09 dated 04/11/2020. KS/890/08 to be completed by 31/07/2022 as agreed in the programme for Advanced Works (presented to them on the 02 October 2020). Original completion dates shown on tracker taken from original KS/890/06 enforcement notice. 17/01/2022- email received from MWWFRS "Thanks for the update on the phase 1 works at GGH, we understand that the BJC took considerably longer than we expected and that this has caused the completion date of this phase of the works to the start of 2023. We are happy at this time to verbally extend the EN KS 890 08 to Feb 2023, I will not be able to physically change the current Notice until it is up for review in July 2022". Completion date revised to February 2023. 02/03/2022- The current forecasted completion date is April 2023, however this will need to be closely monitored and reviewed as the project progresses. HDDUHB continues to keep MWWFRS fully up-to-date with any adjustments to programme on this phase of works. MWWFRS is fully aware of the above timescales and has advised that they are planning a site visit at an appropriate time in 2022 to confirm any extension of time that may be required. 27/04/2022- as previous progress update, MWWFRS is fully aware of the above timescales and has advised that they are planning a site visit at an appropriate time in 2022 to confirm any extension of time that may be required.
KS/890/09	Nov-20	2020/21	Mid and West Wales Fire and Rescue Service	Enforcement Notice Premises: West Wales General Hospital, Glangwili, Dolgwili Road, Carmarthen, Carmarthenshire, SA31 2AF KS/890/09	Open	KS/890/09_01	High	Item Number 1 - Compartmentation. (Agreed Phase 2 works). To undertake whatever works are necessary to ensure that any/all breaches in fire resisting compartmentation that affect the Wards, Theatres, Plant Rooms, Offices, Surgeries, Specialist Units and any other compartmented spaces within Glangwili General Hospital are addressed as agreed in the programme for Phase 2 works (presented to us on the 02 October 2020). Fire resisting structures are to continue to slab/upper floor level/roof level and pass through any false ceiling provided.	Oct-20 Feb-21 Aug-24	Aug-24	Amber	13/11/2020- Letter dated 05/11/2020 from MWWFRS confirming enforcement notice KS/890/06 is withdrawn and replaced by KS/890/07, KS/890/08, KS/890/09 dated 04/11/2020. KS/890/09 to be completed by 31/08/2024 as agreed in the programme for Advanced Works (presented to them on the 02 October 2020). Original completion dates shown on tracker taken from original KS/890/06 enforcement notice. 05/01/2022- update being reported to Health & Safety Committee January 2022- At this point, confidence remains that the April 2024 completion date is achievable, however this will be confirmed upon completion of the detailed Business Case work. Discussions have been undertaken with MWWFRS who appreciate that a revision may be required to the programme should the nature of the works dictate that an additional period becomes necessary. 02/03/2022- Phase 2 remains on programme to be completed by April 2024 (subject to the full due diligence work needed as part of the Business Case development). 27/04/2022-The delivery programme now indicates that the resource schedule will be submitted to WG circa May 2022 allowing the BJC to be commenced in July 2022. We would therefore expect the Phase 2 to mobilise on site circa April 2023. This will co-ordinate well with the completion of the Phase 1 programme. Phase 2 works will again be extremely complex given the delivery of these Fire Enforcement works to busy clinical areas. The due diligence work required during the Business Case development will confirm both commencement dates and programme delivery dates for this work.
Admin - General/00113166	Jun-21	2021/22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Ty Teifi block of flats, Bronglais General Hospital, Caradoc Road, Aberystwyth. SY23 1ER Admin - General/00113166	Open	Admin - General/00113166_001	High	1.1. A number of fire resisting doors were found to have defects. All fire resisting doors throughout the premises are to be examined and repaired or replaced to ensure that they are effectively self-closing onto their rebates. Gaps between door edge and frame are to be no more than 3mm	Mar-22	Mar-22 Jun-22 Jul-22 Aug-22	Amber	01/07/2021- Letter from MWWFRS state 'You should complete the work outlined in the schedule as soon as possible, balancing the need for safety against the demands on your business or undertaking'. Estates now reviewing and formulating action plan for completion of the work required. Action plan to be shared with Assurance and Risk Officer once finalised. 05/01/2022- update being reported to Health & Safety Committee January 2022- Plans are in place to commence on site with the project in April 2022, with a forecast completion date of June 2022. Collaborative working is continuing with the MWWFRS in order to confirm and agree any update to delivery dates as required. 02/03/2022- The project is programmed to commence mid-April 2022 and for completion by the end of June 2022. Collaborative working is continuing with the MWWFRS in order to confirm and agree any update to delivery dates as required. 27/04/2022- Collaborative working is continuing with the MWWFRS in order to confirm and agree any update to delivery dates as required. Current completion date is now the end of July following a short delay appointing the contractor for the work. 27/06/2022- It has been necessary to do some additional due diligence work with the contactors to confirm accredited status of installation staff. This has meant moving the competition date to end of Aug 22. 29/06/2022 – correspondence received from MWWFRS confirming the date extension to August 2022
Admin - General/00113166	Jun-21	2021/22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Ty Teifi block of flats, Bronglais General Hospital, Caradoc Road, Aberystwyth. SY23 1ER Admin - General/00113166	Open	Admin - General/00113166_001	High	1.2. Self-closing devices on all fire resisting doors are to be checked and if required adjusted, repaired, or replaced so the doors close completely into their rebates.	Mar-22	Mar-22 Jun-22 Jul-22 Aug-22	Amber	01/07/2021- Letter from MWWFRS state 'You should complete the work outlined in the schedule as soon as possible, balancing the need for safety against the demands on your business or undertaking'. Estates now reviewing and formulating action plan for completion of the work required. Action plan to be shared with Assurance and Risk Officer once finalised. 05/01/2022- update being reported to Health & Safety Committee January 2022- Plans are in place to commence on site with the project in April 2022, with a forecast completion date of June 2022. Collaborative working is continuing with the MWWFRS in order to confirm and agree any update to delivery dates as required. 02/03/2022- The project is programmed to commence mid-April 2022 and for completion by the end of June 2022. Collaborative working is continuing with the MWWFRS in order to confirm and agree any update to delivery dates as required. 27/04/2022- Collaborative working is continuing with the MWWFRS in order to confirm and agree any update to delivery dates as required. Current completion date is now the end of July following a short delay appointing the contractor for the work. 27/06/2022- It has been necessary to do some additional due diligence work with the contactors to confirm accredited status of installation staff. This has meant moving the competition date to end of Aug 22. 29/06/2022 – correspondence received from MWWFRS confirming the date extension to August 2022

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Admin - General/00113166	Jun-21	2021/22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Ty Teifi block of flats, Bronglais General Hospital, Caradoc Road, Aberystwyth. SY23 1ER Admin - General/00113166	Open	Admin - General/00113166_001	High	1.3. Fire doors should only be kept open by magnetic devices which release when the fire alarm operates.	Mar-22	Mar-22 Jun-22 Jul-22 Aug-22	Amber	01/07/2021- Letter from MWWFRS state 'You should complete the work outlined in the schedule as soon as possible, balancing the need for safety against the demands on your business or undertaking'. Estates now reviewing and formulating action plan for completion of the work required. Action plan to be shared with Assurance and Risk Officer once finalised. 05/01/2022- update being reported to Health & Safety Committee January 2022- Plans are in place to commence on site with the project in April 2022, with a forecast completion date of June 2022. Collaborative working is continuing with the MWWFRS in order to confirm and agree any update to delivery dates as required. 02/03/2022- The project is programmed to commence mid-April 2022 and for completion by the end of June 2022. Collaborative working is continuing with the MWWFRS in order to confirm and agree any update to delivery dates as required. 27/04/2022- Collaborative working is continuing with the MWWFRS in order to confirm and agree any update to delivery dates as required. Current completion date is now the end of July following a short delay appointing the contractor for the work. 27/06/2022- It has been necessary to do some additional due diligence work with the contactors to confirm accredited status of installation staff. This has meant moving the competition date to end of Aug 22. 29/06/2022 – correspondence received from MWWFRS confirming the date extension to August 2022
Admin - General/00113166	Jun-21	2021/22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Ty Teifi block of flats, Bronglais General Hospital, Caradoc Road, Aberystwyth. SY23 1ER Admin - General/00113166	Open	Admin - General/00113166_001	High	1.4. All self-closing devices are to be regularly inspected and maintained.	Mar-22	Mar-22 Jun-22 Jul-22 Aug-22	Amber	01/07/2021- Letter from MWWFRS state 'You should complete the work outlined in the schedule as soon as possible, balancing the need for safety against the demands on your business or undertaking'. Estates now reviewing and formulating action plan for completion of the work required. Action plan to be shared with Assurance and Risk Officer once finalised. 02/03/2022- The project is programmed to commence mid-April 2022 and for completion by the end of June 2022. Collaborative working is continuing with the MWWFRS in order to confirm and agree any update to delivery dates as required. 27/04/2022- Collaborative working is continuing with the MWWFRS in order to confirm and agree any update to delivery dates as required. Current completion date is now the end of July following a short delay appointing the contractor for the work. 27/06/2022- It has been necessary to do some additional due diligence work with the contactors to confirm accredited status of installation staff. This has meant moving the competition date to end of Aug 22. 29/06/2022 – correspondence received from MWWFRS confirming the date extension to August 2022
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Admin - General/00329501	Jun-21	2021/22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Green Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER Admin - General/00329501	Open	Admin - General/00329501_005	High	Article 11, Item 1 Fire Safety Management - An assessment should be undertaken to ensure there is a suitable and up to date Fire defence plan. The fire defence plan should be reviewed when situations or circumstances change within the building.	Sep-21	Sep-21 Nov-21 Feb-22 N/K	Red	Letter 30/06/2021 states all recommendations to be completed within 3 months of date of letter (i.e. 30/09/2021). 24/08/2021- Action plan submitted to Health & Safety Committee provides target date of end August 2021. 15/11/2021- Revised action plan dated 09/11/2021 confirms documents have been completed and issues, with ratification to take place by end of November 2021, at which time the recommendation can be closed. 10/01/2022- Fire defence plan issued to site management team requesting response by end of November 2021. No response received therefore chaser to be sent, assuming if no response received plan will be agreed by February 2022. 07/03/2022- UHB meeting with MWWFRS on 10/03/2022 to set out a full programme of delivery for remaining elements of work. Head of Assurance and Risk has requested update following this meeting. 27/04/2022-Fire Defence plan has been written and shared with hospital site senior management team for sign off, awaiting response. 27/06/2022- Fire defence plan (FDP) requires amending following feedback from NWSSP (following their review at BGH), this will then need to go back to management for sign off, so there will be a further delay. Awaiting clarification on revised completion date.

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Admin - General00295247	Jun-21	2021/22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Ty Aeron block of flats, Bronglais General Hospital, Caradoc Road, Aberystwyth. SY23 1ER Admin - General00295247	Open	Admin - General00295247_001	High	1.1. A number of fire resisting doors were found to have defects. All fire resisting doors throughout the premises are to be examined and repaired or replaced to ensure they are effectively self-closing onto their rebates. Gaps between door edge and frame are to be no more than 3 mm	Mar-22	Mar-22 Jun-22 Jul-22 Aug-22	Amber	01/07/2021- Letter from MWWFRS state 'You should complete the work outlined in the schedule as soon as possible, balancing the need for safety against the demands on your business or undertaking'. Estates now reviewing and formulating action plan for completion of the work required. Action plan to be shared with Assurance and Risk Officer once finalised. 05/01/2022- update being reported to Health & Safety Committee January 2022- Plans are in place to commence on site with the project in April 2022, with a forecast completion date of June 2022. Collaborative working is continuing with the MWWFRS in order to confirm and agree any update to delivery dates as required. 02/03/2022- The project is programmed to commence mid-April 2022 and for completion by the end of June 2022. Collaborative working is continuing with the MWWFRS in order to confirm and agree any update to delivery dates as required. 27/04/2022- Collaborative working is continuing with the MWWFRS in order to confirm and agree any update to delivery dates as required. Current completion date is now the end of July following a short delay appointing the contractor for the work. 27/06/2022- It has been necessary to do some additional due diligence work with the contactors to confirm accredited status of installation staff. This has meant moving the competition date to end of Aug 22. 29/06/2022 – correspondence received from MWWFRS confirming the date extension to August 2022
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BFS/KS/SJM/00115877	Jun-21	2021/22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: GREVILLE COURT, ALBION SQUARE, PEMBROKE DOCK, SA72 6XF BFS/KS/SJM/00115877	Open	BFS/KS/SJM/00115877_001	High	Item number 1 Alternative Escape Route (Distances). Provide an alternative means of escape as the overall travel distance from Lizzy's and Norma's Rooms is excessive. This new exit would need to be constructed within one of the rooms mentioned, the LABC and Planning department need to be contacted prior to any works undertaken (follow the recommendations within items 2 & 3 and this item will then no longer be required to be undertaken as we will accept item 2 and 3 as a compensatory feature for this situation).	Mar-22	Mar-22 N/K	External	24/08/2021- Action plan submitted to Health & Safety Committee does not include a timescale against this recommendation. To be clarified with the team. No time limit associated with letter from MWWFRS. 18/11/2021- Report to Health & Safety Committee 15/11/2021 confirms property owner, ATEB, are fully responsible for completing all of these required works and are committed to doing so by March 2022. 05/01/2022- update being reported to Health & Safety Committee January 2022- Remaining items are fully the responsibility of ATEB (Housing Association). MWWFRS are fully aware of the above, and formal visits are awaited from MWWFRS and formal sign off is expected early in 2022. 02/03/2022- Remaining items are fully the responsibility of ATEB (Housing Association). Awaiting a response from MWWFRS on whether any further inspection is planned. MWWFRS has already confirmed that all of the HDDUHB works are completed. 27/04/2022- UHB to liaise with Housing Association for confirmation the work has been completed. 27/06/2022- UHB has contacted MWWFRS to request a fire visit at the premises (date to be agreed) to ensure that ATEB have completed the works they are responsible for.

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BFS/KS/SJM/00115877	Jun-21	2021/22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: GREVILLE COURT, ALBION SQUARE, PEMBROKE DOCK, SA72 6XF BFS/KS/SJM/00115877	Open	BFS/KS/SJM/00115877_003	High	3.5 Item number 3 Fire Resisting Doors The term 'door-set' refers to the complete element as used in practice: • The door leaf or leaves. • The frame in which the door is hung. • Hardware essential to the functioning of the doorset. • Intumescent seals and smoke sealing devices. In the case of double doors, you should ensure that they close without affecting the operation of the seals.	Nov-21	Nov-21 Mar-22 N/K	External	24/08/2021- Action plan submitted to Health & Safety Committee shows timescale of November 2021. No time limit associated with letter from MWWFRS. 18/11/2021- Report to Health & Safety Committee 15/11/2021 confirms property owner, ATEB, are fully responsible for completing all of these required works and are committed to doing so by March 2022. 05/01/2022- update being reported to Health & Safety Committee January 2022- Remaining items are fully the responsibility of ATEB (Housing Association). MWWFRS are fully aware of the above, and formal visits are awaited from MWWFRS and formal sign off is expected early in 2022. 02/03/2022- Remaining items are fully the responsibility of ATEB (Housing Association). Awaiting a response from MWWFRS on whether any further inspection is planned. MWWFRS has already confirmed that all of the HDDUHB works are completed. 27/04/2022- UHB to liaise with Housing Association for confirmation the work has been completed. 27/06/2022- UHB has contacted MWWFRS to request a fire visit at the premises (date to be agreed) to ensure that ATEB have completed the works they are responsible for.

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BFS/KS/SJM/00115877	Jun-21	2021/22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: GREVILLE COURT, ALBION SQUARE, PEMBROKE DOCK, SA72 6XF BFS/KS/SJM/00115877	Open	BFS/KS/SJM/00115877_004	High	4.1 Item number 4 Doors Difficult to Open Ensure that all doors on exit routes are available and can be easily and immediately opened, without the use of a key, by anyone who might need to use them in an emergency.	Mar-22	Nov-21 Mar-22 N/K	External	24/08/2021- Action plan submitted to Health & Safety Committee does not include a timescale against this recommendation. To be clarified with the team. No time limit associated with letter from MWWFRS. 18/11/2021- Report to Health & Safety Committee 15/11/2021 confirms property owner, ATEB, are fully responsible for completing all of these required works and are committed to doing so by March 2022. 05/01/2022- update being reported to Health & Safety Committee January 2022- Remaining items are fully the responsibility of ATEB (Housing Association). MWWFRS are fully aware of the above, and formal visits are awaited from MWWFRS and formal sign off is expected early in 2022. 02/03/2022- Remaining items are fully the responsibility of ATEB (Housing Association). Awaiting a response from MWWFRS on whether any further inspection is planned. MWWFRS has already confirmed that all of the HDDUHB works are completed. 27/04/2022- UHB to liaise with Housing Association for confirmation the work has been completed. 27/06/2022- UHB has contacted MWWFRS to request a fire visit at the premises (date to be agreed) to ensure that ATEB have completed the works they are responsible for.
BFS/KS/SJM/00115877	Jun-21	2021/22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: GREVILLE COURT, ALBION SQUARE, PEMBROKE DOCK, SA72 6XF BFS/KS/SJM/00115877	Open	BFS/KS/SJM/00115877_004	High	4.2 Item number 4 Doors Difficult to Open Change the key lock to a thumb turn type lock on the following doors: 1. Double doors within the living room to patio area	Mar-22	Nov-21 Mar-22 N/K	External	24/08/2021- Action plan submitted to Health & Safety Committee does not include a timescale against this recommendation. To be clarified with the team. No time limit associated with letter from MWWFRS. 18/11/2021- Report to Health & Safety Committee 15/11/2021 confirms property owner, ATEB, are fully responsible for completing all of these required works and are committed to doing so by March 2022. 05/01/2022- update being reported to Health & Safety Committee January 2022- Remaining items are fully the responsibility of ATEB (Housing Association). MWWFRS are fully aware of the above, and formal visits are awaited from MWWFRS and formal sign off is expected early in 2022. 02/03/2022- Remaining items are fully the responsibility of ATEB (Housing Association). Awaiting a response from MWWFRS on whether any further inspection is planned. MWWFRS has already confirmed that all of the HDDUHB works are completed. 27/04/2022- UHB to liaise with Housing Association for confirmation the work has been completed. 27/06/2022- UHB has contacted MWWFRS to request a fire visit at the premises (date to be agreed) to ensure that ATEB have completed the works they are responsible for.
BFS/KS/SJM/00115877	Jun-21	2021/22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: GREVILLE COURT, ALBION SQUARE, PEMBROKE DOCK, SA72 6XF BFS/KS/SJM/00115877	Open	BFS/KS/SJM/00115877_004	High	4.3 Item number 4 Doors Difficult to Open Change the key lock to a thumb turn type lock on the following doors: 2. Final doors within the conservatory	Mar-22	Nov-21 Mar-22 N/K	External	24/08/2021- Action plan submitted to Health & Safety Committee does not include a timescale against this recommendation. To be clarified with the team. No time limit associated with letter from MWWFRS. 18/11/2021- Report to Health & Safety Committee 15/11/2021 confirms property owner, ATEB, are fully responsible for completing all of these required works and are committed to doing so by March 2022. 05/01/2022- update being reported to Health & Safety Committee January 2022- Remaining items are fully the responsibility of ATEB (Housing Association). MWWFRS are fully aware of the above, and formal visits are awaited from MWWFRS and formal sign off is expected early in 2022. 02/03/2022- Remaining items are fully the responsibility of ATEB (Housing Association). Awaiting a response from MWWFRS on whether any further inspection is planned. MWWFRS has already confirmed that all of the HDDUHB works are completed. 27/04/2022- UHB to liaise with Housing Association for confirmation the work has been completed. 27/06/2022- UHB has contacted MWWFRS to request a fire visit at the premises (date to be agreed) to ensure that ATEB have completed the works they are responsible for.
BFS/KS/SJM/00115877	Jun-21	2021/22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: GREVILLE COURT, ALBION SQUARE, PEMBROKE DOCK, SA72 6XF BFS/KS/SJM/00115877	Open	BFS/KS/SJM/00115877_006	High	Item number 6 Alternative Escape Route (Distance) Continue the path from the conservatory to the other side of the premises as if residents and staff are forced to evacuate in this direction it would be difficult meaning they may become trapped.	Mar-22	Nov-21 Mar-22 N/K	External	24/08/2021- Action plan submitted to Health & Safety Committee does not include a timescale against this recommendation. To be clarified with the team. No time limit associated with letter from MWWFRS. 18/11/2021- Report to Health & Safety Committee 15/11/2021 confirms property owner, ATEB, are fully responsible for completing all of these required works and are committed to doing so by March 2022. 05/01/2022- update being reported to Health & Safety Committee January 2022- Remaining items are fully the responsibility of ATEB (Housing Association). MWWFRS are fully aware of the above, and formal visits are awaited from MWWFRS and formal sign off is expected early in 2022. 02/03/2022- Remaining items are fully the responsibility of ATEB (Housing Association). Awaiting a response from MWWFRS on whether any further inspection is planned. MWWFRS has already confirmed that all of the HDDUHB works are completed. 27/04/2022- UHB to liaise with Housing Association for confirmation the work has been completed. 27/06/2022- UHB has contacted MWWFRS to request a fire visit at the premises (date to be agreed) to ensure that ATEB have completed the works they are responsible for.
BFS/KS/SJM/00115877	Jun-21	2021/22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: GREVILLE COURT, ALBION SQUARE, PEMBROKE DOCK, SA72 6XF BFS/KS/SJM/00115877	Open	BFS/KS/SJM/00115877_007	High	Item number 7 Maintenance Ensure that Emergency lighting and the fire extinguisher are properly tested and maintained.	Mar-22	Nov-21 Mar-22 N/K	External	24/08/2021- Action plan submitted to Health & Safety Committee does not include a timescale against this recommendation. To be clarified with the team. No time limit associated with letter from MWWFRS. 18/11/2021- Report to Health & Safety Committee 15/11/2021 confirms property owner, ATEB, are fully responsible for completing all of these required works and are committed to doing so by March 2022. 05/01/2022- update being reported to Health & Safety Committee January 2022- Remaining items are fully the responsibility of ATEB (Housing Association). MWWFRS are fully aware of the above, and formal visits are awaited from MWWFRS and formal sign off is expected early in 2022. 02/03/2022- Remaining items are fully the responsibility of ATEB (Housing Association). Awaiting a response from MWWFRS on whether any further inspection is planned. MWWFRS has already confirmed that all of the HDDUHB works are completed. 27/04/2022- UHB to liaise with Housing Association for confirmation the work has been completed. 27/06/2022- UHB has contacted MWWFRS to request a fire visit at the premises (date to be agreed) to ensure that ATEB have completed the works they are responsible for.

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Admin - General/00329498	Jul-21	2021/22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Purple Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER Admin - General/00329498	Open	Admin - General/00329498_004	High	Article 11, Item 1 Fire Safety Management - An assessment should be undertaken to ensure there is a suitable and up to date Fire defence plan. The fire defence plan should be reviewed when situations or circumstances change within the building.	Oct-21	Sep-21 Nov-21 Feb-22 N/K	Red	Letter 02/07/2021 states all recommendations to be completed within 3 months of date of letter (i.e. 02/10/2021). 15/11/2021- Revised action plan dated 09/11/2021 confirms documents have been completed and issues, with ratification to take place by end of November 2021, at which time the recommendation can be closed. 10/01/2022- Fire defence plan issued to site management team requesting response by end of November 2021. No response received therefore chaser to be sent, assuming if no response received plan will be agreed by February 2022. 07/03/2022- requested confirmation if this recommendation has now been implemented, awaiting response. 27/04/2022-Fire Defence plan has been written and shared with hospital site senior management team for sign off, awaiting response. 27/06/2022- Fire defence plan (FDP) requires amending following feedback from NWSSP (following their review at BGH), this will then need to go back to management for sign off, so there will be a further delay. Awaiting clarification on revised completion date.
Admin - General/00329499	Jul-21	2021/22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Red Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER Admin - General/00329499	Open	Admin - General/00329499_005	High	Article 11, Item 1 Fire Safety Management - An assessment should be undertaken to ensure that there is suitable and up to date Fire defence plan. The fire defence plan should be reviewed when situations or circumstances change within the building.	Oct-21	Sep-21 Nov-21 Feb-22 N/K	Red	15/11/2021- Revised action plan dated 09/11/2021 confirms documents have been completed and issues, with ratification to take place by end of November 2021, at which time the recommendation can be closed. 10/01/2022- Fire defence plan issued to site management team requesting response by end of November 2021. No response received therefore chaser to be sent, assuming if no response received plan will be agreed by February 2022. 07/03/2022- requested confirmation if this recommendation has now been implemented, awaiting response. 27/04/2022-Fire Defence plan has been written and shared with hospital site senior management team for sign off, awaiting response. 27/06/2022- Fire defence plan (FDP) requires amending following feedback from NWSSP (following their review at BGH), this will then need to go back to management for sign off, so there will be a further delay. Awaiting clarification on revised completion date.
Admin - General/00329500	Jul-21	2021/22	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: Blue Block, Bronglais General Hospital, Caradoc Road, Aberystwyth SY23 1ER Admin - General/00329500	Open	Admin - General/00329500_005	High	Article 11, Item 1 Fire Safety Management - An assessment should be undertaken to ensure there is a suitable and up to date Fire Defence Plan. The fire defence plan should be reviewed when situations or circumstances change within the building.	Oct-21	Sep-21 Nov-21 Feb-22 N/K	Red	Letter 30/06/2021 states all recommendations to be completed within 3 months of date of letter (i.e. 30/09/2021). 24/08/2021- Action plan submitted to Health & Safety Committee provides target date of end August 2021. 15/11/2021- Revised action plan dated 09/11/2021 confirms documents have been completed and issues, with ratification to take place by end of November 2021, at which time the recommendation can be closed. 10/01/2022- Fire defence plan issued to site management team requesting response by end of November 2021. No response received therefore chaser to be sent, assuming if no response received plan will be agreed by February 2022. 07/03/2022- UHB meeting with MWWFRS on 10/03/2022 to set out a full programme of delivery for remaining elements of work. Head of Assurance and Risk has requested update following this meeting. 27/04/2022-Fire Defence plan has been written and shared with hospital site senior management team for sign off, awaiting response. 27/06/2022- Fire defence plan (FDP) requires amending following feedback from NWSSP (following their review at BGH), this will then need to go back to management for sign off, so there will be a further delay. Awaiting clarification on revised completion date.
BFS/KS/AMD/0106219	Apr-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: PRINCE PHILLIP HOSPITAL, BRYNGWYN MAWR, LLANELLI, SA14 8QF BFS/KS/AMD/00106219	Open	BFS/KS/AMD/00106219_001	High	Item 1- R1. A fire door survey is required at the Prince Phillip site. Due to a number of defects found at the time of inspection.	Oct-22	Oct-22	Amber	27/06/2022- The action plan to deliver these works is now nearing completion and we plan to have this finished by mid-July 2022. This will be subject to formal sign off from MWWFRS, so we are in full agreement with them as to the programming of work and the priorities established in different areas.
BFS/KS/AMD/0106219	Apr-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: PRINCE PHILLIP HOSPITAL, BRYNGWYN MAWR, LLANELLI, SA14 8QF BFS/KS/AMD/00106219	Open	BFS/KS/AMD/00106219_002	High	Item 1- R2. The following door should be replaced with fire doors providing 30/60 minutes fire resistance (Dependant on the location of the door). Panels or partitions above or at the sides of the doors should provide a similar degree of fire resistance. ● Bryngofal – door 690, door from main corridor to command area and the cut door in the medical infirmary. ● Residential blocks (2 to 7) - a number of flat / bedroom doors within these residences (for this action refer to point 1 fire door survey).	Oct-22	Oct-22	Amber	27/06/2022- The action plan to deliver these works is now nearing completion and we plan to have this finished by mid-July 2022. This will be subject to formal sign off from MWWFRS, so we are in full agreement with them as to the programming of work and the priorities established in different areas.
BFS/KS/AMD/0106219	Apr-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: PRINCE PHILLIP HOSPITAL, BRYNGWYN MAWR, LLANELLI, SA14 8QF BFS/KS/AMD/00106219	Open	BFS/KS/AMD/00106219_003	High	Item 1- R3. All doors on rooms within Block 2 housing Combi boilers are to be fitted with an air transfer grille, it should only be fitted with one that is capable of sealing both by thermal initiation and by interface with smoke sensors either directly or via a fire alarm panel(Dependant on the type of ventilation required for the appliance). The air transfer grill should conform to a relevant standard e.g.BS 8214:2016. If these appliances do not require this type of ventilation.	Oct-22	Oct-22	Amber	27/06/2022- The action plan to deliver these works is now nearing completion and we plan to have this finished by mid-July 2022. This will be subject to formal sign off from MWWFRS, so we are in full agreement with them as to the programming of work and the priorities established in different areas.
BFS/KS/AMD/0106219	Apr-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: PRINCE PHILLIP HOSPITAL, BRYNGWYN MAWR, LLANELLI, SA14 8QF BFS/KS/AMD/00106219	Open	BFS/KS/AMD/00106219_005	High	Item 1- R5. Fire resisting doors need to be fitted with: ● A self-closing device including fire alarm activated Self closers. ● Intumescent strips and smoke seals. ● Three brass/steel hinges. Fire doors should conform to a relevant standard e.g. WHTM 05-02 Appendix C: Doors and door-sets Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 7273-4:2015 Actuation of release mechanisms for doors BS 8214:2016 - timber-based fire door assemblies – Code of Practice. Compliance with this or an equivalent standard will normally satisfy the requirement.	Oct-22	Oct-22	Amber	27/06/2022- The action plan to deliver these works is now nearing completion and we plan to have this finished by mid-July 2022. This will be subject to formal sign off from MWWFRS, so we are in full agreement with them as to the programming of work and the priorities established in different areas.

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BFS/KS/AMD/0106219	Apr-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: PRINCE PHILLIP HOSPITAL, BRYNGWYN MAWR, LLANELLI, SA14 8QF BFS/KS/AMD/00106219	Open	BFS/KS/AMD/00106219_006	High	Item 2- R6. A compartmentation survey is to be carried out at the Prince Phillip hospital site this is to include the pneumatic air tube system. During the inspection of the site breaches in compartmentation were identified. The breaches in compartmentation would not support the existing evacuation strategy. In the event of fire, breaches in compartmentation, will allow fire and smoke to spread unchecked throughout the building. This would have an impact on the means of escape and render the evacuation strategy of the building ineffective. All breaches in compartmentation should be fire stopped to provide the appropriate fire resistance in accordance with building regulations. The fire resistance should conform to a relevant standard e.g. WHTM 05-02 Chapter 5 and paragraph 5.12 Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings Other Than Dwelling Houses. Compliance with this or an equivalent standard will normally satisfy the requirement.	Oct-22	Oct-22	Amber	20/05/2022- MWWFRS dated 12/05/2022 confirms (Bryngofal point only has been completed. 27/06/2022- The action plan to deliver these works is now nearing completion and we plan to have this finished by mid-July 2022. This will be subject to formal sign off from MWWFRS, so we are in full agreement with them as to the programming of work and the priorities established in different areas.
BFS/KS/AMD/0106219	Apr-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: PRINCE PHILLIP HOSPITAL, BRYNGWYN MAWR, LLANELLI, SA14 8QF BFS/KS/AMD/00106219	Open	BFS/KS/AMD/00106219_007	High	Item 3- R7. The existing fire warning system must be extended as necessary to conform fully to BS 5839-1:2017 Category L1 within the following areas. •Bryngofal red zone storage area main building previously a bathroom. • The demountable structures. • And any other room converted into a risk room within the Prince Phillip site. All work involving the fire alarm should be carried out in accordance with BS 5839-1 current edition, HTM 0503 B Section 4 and paragraph 4.6.	Oct-22	Oct-22	Amber	27/06/2022- The action plan to deliver these works is now nearing completion and we plan to have this finished by mid-July 2022. This will be subject to formal sign off from MWWFRS, so we are in full agreement with them as to the programming of work and the priorities established in different areas.
BFS/KS/AMD/0106219	Apr-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: PRINCE PHILLIP HOSPITAL, BRYNGWYN MAWR, LLANELLI, SA14 8QF BFS/KS/AMD/00106219	Open	BFS/KS/AMD/00106219_008	High	Item 4- R8. All door release devices (Including floor pneumatic release devices) should work in accordance with the relevant British standard: BS 7273-4:2015 actuation of release mechanisms for doors and comply with WHTM 05-02 Appendix C: Door Closers and Section 6 General provisions of Approved Document B Volume 2 Buildings other than dwelling houses. • Diabetic unit • This action should be carried out over the whole site and as part of the fire door survey mentioned in item 1 Compliance with this or an equivalent standard will normally satisfy the requirement.	Oct-22	Oct-22	Amber	27/06/2022- The action plan to deliver these works is now nearing completion and we plan to have this finished by mid-July 2022. This will be subject to formal sign off from MWWFRS, so we are in full agreement with them as to the programming of work and the priorities established in different areas.
BFS/KS/AMD/0106219	Apr-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: PRINCE PHILLIP HOSPITAL, BRYNGWYN MAWR, LLANELLI, SA14 8QF BFS/KS/AMD/00106219	Open	BFS/KS/AMD/00106219_011	High	Item 7- R11. Drapes and curtains should not be provided across escape routes or exits.	Oct-22	Oct-22	Amber	27/06/2022- The action plan to deliver these works is now nearing completion and we plan to have this finished by mid-July 2022. This will be subject to formal sign off from MWWFRS, so we are in full agreement with them as to the programming of work and the priorities established in different areas.
BFS/KS/AMD/0106219	Apr-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: PRINCE PHILLIP HOSPITAL, BRYNGWYN MAWR, LLANELLI, SA14 8QF BFS/KS/AMD/00106219	Open	BFS/KS/AMD/00106219_013	High	Item 9- R13. The emergency lighting must be extended to cover the external exit routes and exit doors of the TY Bryn Template The system shall be installed, maintained and tested in accordance with a relevant standard. For a relevant standard please refer to BS5266-1:2016 Emergency lighting code of practice for emergency lighting of premises. Compliance with this or an equivalent standard will normally satisfy the requirement.	Oct-22	Oct-22	Amber	27/06/2022- The action plan to deliver these works is now nearing completion and we plan to have this finished by mid-July 2022. This will be subject to formal sign off from MWWFRS, so we are in full agreement with them as to the programming of work and the priorities established in different areas.
BFS/KS/AMD/0106219	Apr-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: PRINCE PHILLIP HOSPITAL, BRYNGWYN MAWR, LLANELLI, SA14 8QF BFS/KS/AMD/00106219	Open	BFS/KS/AMD/00106219_014	High	Item 10- R14. Emergency escape routes must be indicated by adequate escape signage. Signage should be provided at: • Bryngofal – Within the garden • A&E/Postgrad study centre - Lecture room Signs should be designed and installed in accordance BS 5499-4:20 Compliance with this or an equivalent standard will normally satisfy the requirement.	Oct-22	Oct-22	Amber	20/05/2022- MWWFRS dated 12/05/2022 confirms Bryngofal point only is completed. 27/06/2022- The action plan to deliver these works is now nearing completion and we plan to have this finished by mid-July 2022. This will be subject to formal sign off from MWWFRS, so we are in full agreement with them as to the programming of work and the priorities established in different areas.
BFS/KS/AMD/0106219	Apr-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: PRINCE PHILLIP HOSPITAL, BRYNGWYN MAWR, LLANELLI, SA14 8QF BFS/KS/AMD/00106219	Open	BFS/KS/AMD/00106219_015	High	Item 11- R15. Remove the fridge from the old Gym within the Bryngofal Template as mentioned within the area specific fire risk assessment.	Oct-22	Oct-22	Amber	27/06/2022- The action plan to deliver these works is now nearing completion and we plan to have this finished by mid-July 2022. This will be subject to formal sign off from MWWFRS, so we are in full agreement with them as to the programming of work and the priorities established in different areas.
BFS/KS/AMD/0106219	Apr-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: PRINCE PHILLIP HOSPITAL, BRYNGWYN MAWR, LLANELLI, SA14 8QF BFS/KS/AMD/00106219	Open	BFS/KS/AMD/00106219_016	High	Item 11- R16. Remove all combustible items from the combi boiler rooms within the residential blocks namely block 2.	Oct-22	Oct-22	Amber	27/06/2022- The action plan to deliver these works is now nearing completion and we plan to have this finished by mid-July 2022. This will be subject to formal sign off from MWWFRS, so we are in full agreement with them as to the programming of work and the priorities established in different areas.

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BFS/KS/AMD/0106219	Apr-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: PRINCE PHILLIP HOSPITAL, BRYNGWYN MAWR, LLANELLI, SA14 8QF BFS/KS/AMD/00106219	Open	BFS/KS/AMD/00106219_017	High	Item 11- R17. Consider the area used for charging battery powered trolleys within the Boiler house and Main store, to ensure that there is 1-meter clear area around these items whilst charging due to the potential hazard created by this process. The implementation of the Preventive and Protective measures must be in accordance with the principles specified in Part 3 of Schedule 1 of Regulatory Reform (Fire safety) Order 2005, the applicable principles being as follows: <ul style="list-style-type: none"> • Avoid the risk. • Evaluate the risks, which cannot be avoided. • Combat the risks at source. • Adapt to technical progress. • Replace the dangerous by the non-dangerous or less dangerous. • Develop a coherent overall prevention policy covering technology, organisation of work and the influence of factors relating to the working environment. • Giving collective protective measures priority over individual protective measures. • Giving appropriate instructions to employees. 	Oct-22	Oct-22	Amber	27/06/2022- The action plan to deliver these works is now nearing completion and we plan to have this finished by mid-July 2022. This will be subject to formal sign off from MWWFRS, so we are in full agreement with them as to the programming of work and the priorities established in different areas.
BFS/KS/AMD/0106219	Apr-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: PRINCE PHILLIP HOSPITAL, BRYNGWYN MAWR, LLANELLI, SA14 8QF BFS/KS/AMD/00106219	Open	BFS/KS/AMD/00106219_018	High	R18. Further Recommendations We recommend that the evacuation strategy from the Ty Bryn Template is reviewed as at the time of the inspection it was noted that the external pathway wouldn't support evacuation of beds via this route, please refer to Chapter 3 WHTM 05-02 3.61 and 3.62.	Oct-22	Oct-22	Amber	27/06/2022- The action plan to deliver these works is now nearing completion and we plan to have this finished by mid-July 2022. This will be subject to formal sign off from MWWFRS, so we are in full agreement with them as to the programming of work and the priorities established in different areas.
BFS/KS/AMD/0106219	Apr-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: PRINCE PHILLIP HOSPITAL, BRYNGWYN MAWR, LLANELLI, SA14 8QF BFS/KS/AMD/00106219	Open	BFS/KS/AMD/00106219_019	High	R19. Further Recommendations All external escape routes are clean and clear at the prince Phillip site, as at the time of the inspection the external escape route from the diabetic unit template was covered by leaves and garden waste.	Oct-22	Oct-22	Amber	27/06/2022- The action plan to deliver these works is now nearing completion and we plan to have this finished by mid-July 2022. This will be subject to formal sign off from MWWFRS, so we are in full agreement with them as to the programming of work and the priorities established in different areas.
BFS/KS/AMD/0106219	Apr-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: PRINCE PHILLIP HOSPITAL, BRYNGWYN MAWR, LLANELLI, SA14 8QF BFS/KS/AMD/00106219	Open	BFS/KS/AMD/00106219_020	High	R20. Further Recommendations The laundry room within Bryngofal is subject to regular cleaning (tumble dryers).	Oct-22	Oct-22	Amber	27/06/2022- The action plan to deliver these works is now nearing completion and we plan to have this finished by mid-July 2022. This will be subject to formal sign off from MWWFRS, so we are in full agreement with them as to the programming of work and the priorities established in different areas.
BFS/KS/AMD/0115940	Apr-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: HYWEL DDA, TENBY COTTAGE HOSPITAL, GAS LANE, TENBY, SA70 8AG BFS/KS/AMD/00115940	Open	BFS/KS/AMD/00115940_001	High	R1. A fire door survey is required at the Tenby cottage hospital site due to a number of defects found at the time of inspection. The findings of this survey must be completed within the mentioned timescale. Fire resisting doors need to be fitted with: <ul style="list-style-type: none"> • A self-closing devices including fire alarm activated Self closers. • Intumescent strips and smoke seals. • Three brass/steel hinges. Fire doors should conform to a relevant standard e.g. WHTM 05-02 Appendix C: Doors and door-sets Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 7273-4:2015 Actuation of release mechanisms for doors BS 8214:2016 - timber-based fire door assemblies – Code of practice Compliance with this or an equivalent standard will normally satisfy the requirement.	Oct-22	Oct-22	Amber	
BFS/KS/AMD/0115940	Apr-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: HYWEL DDA, TENBY COTTAGE HOSPITAL, GAS LANE, TENBY, SA70 8AG BFS/KS/AMD/00115940	Open	BFS/KS/AMD/00115940_002	High	R2. During the inspection of the site breaches in compartmentation were identified. The breaches in compartmentation would not support the existing evacuation strategy (please see paragraph above). In the event of fire, breaches in compartmentation, will allow fire and smoke to spread unchecked throughout the building. This would have an impact on the means of escape and render the evacuation strategy of the building ineffective. All breaches in compartmentation should be fire stopped to provide the appropriate fire resistance in accordance with building regulations. The fire resistance should conform to a relevant standard e.g. WHTM 05-02 Chapter 5 and paragraph 5.12. Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings Other Than Dwelling Houses. Compliance with this or an equivalent standard will normally satisfy the requirement.	Oct-22	Oct-22	Amber	

Reference Number	Date of report	Financial Year	Report Issued By	Report Title	Status of report	Recommendation Reference	Priority Level	Recommendation	Original Completion Date	Revised Completion Date	Status (Red-behind schedule, Amber- on schedule, Green- complete)	Progress update/Reason overdue
BFS/KS/AMD/00115940	Apr-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: HYWEL DDA, TENBY COTTAGE HOSPITAL, GAS LANE, TENBY, SA70 8AG BFS/KS/AMD/00115940	Open	BFS/KS/AMD/00115940_003	High	R3. • Sluice room R24 is to be upgraded to a fire hazard room. • Any other room which has been changed to a fire hazard room within the premises. The fire separation between any fire hazard room and the means of escape of the building should provide a minimum 30 minutes’ standard of fire resistance in accordance with WHTM 05-02 Table 6, 5.40-5.42, the fire separation should also conform to a relevant standard e.g. Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings other than dwelling houses. Compliance with this or an equivalent standard will normally satisfy the requirement.	Oct-22	Oct-22	Amber	
BFS/KS/AMD/00115940	Apr-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: HYWEL DDA, TENBY COTTAGE HOSPITAL, GAS LANE, TENBY, SA70 8AG BFS/KS/AMD/00115940	Open	BFS/KS/AMD/00115940_004	High	R4. During the fire safety inspection evidence of tests carried out by a competent person on the emergency lighting system was not available. Evidence of such testing should be made available during a fire safety inspection to allow the responsible person to evidence that testing has taken place; the best evidence of testing being certificates of tests carried out by the said competent person.	Oct-22	Oct-22	Amber	
BFS/KS/AMD/00106219	Apr-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters Premises: PRINCE PHILLIP HOSPITAL, BRYNGWYN MAWR, LLANELLI, SA14 8QF BFS/KS/AMD/00106219	Open	BFS/KS/AMD/00106219_021	High	R21. The no smoking policy is enforced to reduce the risk from fire, it was noted within the inspection that there was a build-up of spent smoking materials within the garden at Bryngofal.	Oct-22	Oct-22	Amber	
BFS/SM/AMD/00107788	May-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters CWM SEREN ST DAVIDS PARK HAFAN DERWEN, JOBS WELL ROAD, CARMARTHEN, SA31 3BB BFS/SM/AMD/00107788	Open	BFS/SM/AMD/00107788_001	High	R1. All doors to patient bedrooms are to be fitted with appropriately designed free-swing self-closing devices, as stated in (Table 6 WHTM 05-02).	Nov-22	Nov-22	Amber	27/06/2022- Funding and timescale to be agreed following the findings of the AFT survey.
BFS/SM/AMD/00107788	May-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters CWM SEREN ST DAVIDS PARK HAFAN DERWEN, JOBS WELL ROAD, CARMARTHEN, SA31 3BB BFS/SM/AMD/00107788	Open	BFS/SM/AMD/00107788_002	High	R2. Due to a number of defects found at the time of inspection. A fire door survey is required at the Cwm Seren site.	Nov-22	Nov-22	Amber	27/06/2022- Full fire door survey to be undertaken by AFT on all doors.
BFS/SM/AMD/00107788	May-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters CWM SEREN ST DAVIDS PARK HAFAN DERWEN, JOBS WELL ROAD, CARMARTHEN, SA31 3BB BFS/SM/AMD/00107788	Open	BFS/SM/AMD/00107788_003	High	R3. The following doors should be replaced with fire doors providing 30/60 minutes fire resistance (Dependant on the location of the door). Panels or partitions above or at the sides of the doors should provide a similar degree of fire resistance. • Medication room (LSU) – this is a stable door and is not providing suitable fire resistance.	Nov-22	Nov-22	Amber	27/06/2022- Survey by AFT been undertaken costs are due back next week.
BFS/SM/AMD/00107788	May-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters CWM SEREN ST DAVIDS PARK HAFAN DERWEN, JOBS WELL ROAD, CARMARTHEN, SA31 3BB BFS/SM/AMD/00107788	Open	BFS/SM/AMD/00107788_004	High	R4. Throughout the site various fire doors were found to be missing smoke seals. The seals should be attended to as part of the fire door survey mentioned above.	Nov-22	Nov-22	Amber	27/06/2022- Survey by AFT been undertaken costs are due back next week.
BFS/SM/AMD/00107788	May-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters CWM SEREN ST DAVIDS PARK HAFAN DERWEN, JOBS WELL ROAD, CARMARTHEN, SA31 3BB BFS/SM/AMD/00107788	Open	BFS/SM/AMD/00107788_005	High	R5. The cross-corridor doors in “Picu” was missing a self-closing device. A self-closing device is required on this door to ensure it closes fully into its rebate.	Nov-22	Nov-22	Amber	27/06/2022- Survey by AFT been undertaken costs are due back next week.
BFS/SM/AMD/00107788	May-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters CWM SEREN ST DAVIDS PARK HAFAN DERWEN, JOBS WELL ROAD, CARMARTHEN, SA31 3BB BFS/SM/AMD/00107788	Open	BFS/SM/AMD/00107788_006	High	R6. The lounge/tv room in “Picu” was jamming on the floor and would not fully close into its rebate.	Nov-22	Nov-22	Amber	27/06/2022- Survey by AFT been undertaken costs are due back next week.
BFS/SM/AMD/00107788	May-22	2022/23	Mid and West Wales Fire and Rescue Service	Letter of Fire Safety Matters CWM SEREN ST DAVIDS PARK HAFAN DERWEN, JOBS WELL ROAD, CARMARTHEN, SA31 3BB BFS/SM/AMD/00107788	Open	BFS/SM/AMD/00107788_008	High	8. A hold open device (or alternative solution) is required on the “Step Down” kitchen door. Fire resisting doors need to be fitted with: • A self-closing device including fire alarm activated Self closers. • Intumescent strips and smoke seals. • Three brass/steel hinges. Fire doors should conform to a relevant standard e.g. WHTM 05-02 Appendix C: Doors and door-sets Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses. BS 7273-4:2015 Actuation of release mechanisms for doors BS 8214:2016 - timber-based fire door assemblies – Code of Practice. Compliance with this or an equivalent standard will normally satisfy the requirement.	Nov-22	Nov-22	Amber	27/06/2022- Survey by AFT been undertaken costs are due back next week.

Fire Safety Governance Review							
Fire Safety Policy - Self Assessment of Compliance June 22 (VER2)							
Ref	Aspect/Objective	Compliance Status Y/N/C (C- further confirmation needed)	Action Owner	Review Date	Risk Score RAG (HML)	Completion Status RAG	Comments
HB Requirements	Statutory Duties Understood	Y	N/A				
	HB to Minimise risk	Y	N/A				
	HB commitment to fire safety	Y	N/A				
	HB to set out responsibilities	Y	N/A				
	HB to outline arrangements throughout HB	Y	N/A				
	Policy scope to all staff	Y	N/A				
	HB implement strong culture for fire safety	Y	N/A				
	HB nominated BL director for fire	Y	N/A				
	HB has appointed FSM to take the lead	Y	N/A				
	HB has appointed FSA's for advisors/training activities	Y	N/A				
	HB has nominated responsible persons and clear instructions / expectations	Y	N/A				
	HB has all FRA's for its complete portfolio	Y	N/A				
	HB has suitable sufficient means for raising alarm in case of fire	Y	N/A				
	HB has suitable and sufficient evacuation procedures in place for all areas, at all times HB premises are occupied without reliance on external services.	C	RJ	Aug-22	M		Review HB Fire Policy - acute/community/satellite/gp surgeries will have evacuation plans in place
	HB has appropriate fire safety training for all members of staff - considering risk.	Y	N/A				
	HB has identification of fire hazards and risks associated with its estate.	Y	N/A				
	HB has provision of appropriately funded prioritised action plans to address fire safety risks	Y	N/A				
	HB has reporting and monitoring for unwanted fire signals.	Y	N/A				
	HB has developed partnership initiatives with other bodies and agencies in fire safety	Y	N/A				
			N/A				
	HB to ensure that those tasked with management of fire discharge responsibilities diligently.	Y	N/A				
	HB to have clear defined management structure for the delivery control and monitoring of fire safety	Y	N/A				
	HB to have a programme in place to review fire safety risks.	Y	N/A				
	HB to have developed action plans to control and mitigate risk that comply with legislation.	Y	N/A				
	HB to have disseminated fire emergency action plans for each department and building.	C	RJ	Aug-22	M		Review HB Fire Policy - only wards and high risk areas require specific fire evacuation plans to those outside of the sites specific fire evacuation plan
	HB to have a programme of appropriate fire safety training.	Y	N/A				
	HB to have implemented monitoring and reporting mechanisms go ensure good levels of compliance.	Y	N/A				
	HB's CEO is made aware of the accountability as defined in Article 11 RRO - all persons who have control must ensure arrangements are in place for planning and control and monitoring fire safety.	Y	N/A				
	HB CEO to ensure that adequate resources are in place to meet statutory requirements.	Y	N/A				
	HB CEO to nominate appropriate executive lead for fire safety This person is known as the DP.	Y	N/A				
	HB's DP to report to board on fire safety issues proposing programmes of work relating to fire safety as part of the annual operational business plan.	Y	N/A				
	HB's DP to be responsible for submitting HB's annual fire audit to NWSSP-SES	Y	N/A				
	HB's DP to ensure that the HB has implemented effective organisational wide fire safety groups and sub groups.	Y	N/A				
	HB's DP to ensure that the board are made aware of the levels of assurance for fire safety within the organisation.	Y	N/A				
	HB's Dof to ensure adequate resources and expertise is available to formulate a fire management structure	Y	N/A				
	HB's Dof also permitted following DPF to submit online Audit to NWSSP-SES.	Y	N/A				
	HB's Dof also permitted to annually prepare status of compliance report for the DPF.	Y	N/A				
East & West Operations Managers	HB's HoO to ensure adequate resources are available in supporting and maintaining HB's fire infrastructure and all fire safety matters are communicated regularly to the Dof.	Y	N/A				
	HB's E&W OM's to ensure day to day coordination of their team at the acute sites.	Y	N/A				
	HB's E&W OM's to ensure sufficient resources in operational maintenance function to carry out maintenance on fire safety infrastructure on planned maintenance.	Y	N/A				
	HB's E&W OM's to ensure that they will undertake periodic performance reviews on maintenance and inform the HoO and HFSM of any concerns or risks of non compliance.	C	SD	Aug-22	M		Ops fire paper improvement
	HB's E&W OM's will be required to provide accurate information for fire safety audit submission.	Y	N/A				
	HB's E&W ASOM's responsible for day to day management of sites under their control.	Y	N/A				
Assistant Site Ops Managers	ASOM's also responsible for coordinating the activities of all relevant maintenance staff to ensure that appropriate maintenance arrangements are in place for fire safety	Y	N/A				
	They must therefore liaise very closely with support staff, such as Operational Support Officers/Site Works Supervisors/Assistant Building Manager (GGH Only) and any competent person or operational maintenance operative who is involved in any fire related maintenance activity	Y	N/A				
	• Fire Detection and Alarm systems, including graphical user interfaces, are regularly serviced, maintained and tested in accordance with the relevant British Standard and results recorded accordingly.	Y	N/A				

	<ul style="list-style-type: none"> Information relating to the fire alarm infrastructure is accurate, including making sure that any graphical interfaces/drawings are regularly updated. 	C	SD	Aug-22	M		Review
	<ul style="list-style-type: none"> Ensure that cause and effect systems are appropriate and receive regular testing/modifications/improvements. 	C	SD	Aug-22	M		Review
	<ul style="list-style-type: none"> Ensure that the fire alarm zones are correct and clearly displayed. 	Y	N/A				
	<ul style="list-style-type: none"> Ensure regular testing of emergency lighting systems. 	Y	N/A				
	<ul style="list-style-type: none"> Ensure regular testing of lightning protection systems. 	Y	N/A				
	<ul style="list-style-type: none"> Ensure regular testing of fire dampers and duct work systems. 	Y	N/A				
	<ul style="list-style-type: none"> Ensure that permits are correctly completed 	Y	N/A				
	<ul style="list-style-type: none"> That any necessary contracts are in place with external providers (Fire Extinguisher Maintenance/Suppression Systems etc.) 	Y	N/A				
	Liaise closely with the Fire Safety Manager and Fire Safety Advisers and report any known defects or concerns of non-compliance and any subsequent Statutory Capital Investments that may be required.	Y	N/A				
3.8 FSM responsibilities	<ul style="list-style-type: none"> Have a detailed level of awareness of all fire safety features and their purpose. 	Y	N/A				
	<ul style="list-style-type: none"> Reporting non-compliance with legislation, policies and procedures to the DPF 	Y	N/A				
	<ul style="list-style-type: none"> Regularly arrange, coordinate and chair the HDUHB's Estates Departmental Fire Safety Team Meetings. 	C	RJ	Jul-22	L		Review
	<ul style="list-style-type: none"> Develop regular compliance status reports for respective line managers. 	Y	N/A				
	<ul style="list-style-type: none"> Control statutory capital funding to address non-compliance in relation to fire safety. 	Y	N/A				
	<ul style="list-style-type: none"> Fully recognise the fire safety risks particular to the HDUHB. 	Y	N/A				
	<ul style="list-style-type: none"> Fully investigate incidents of fire and report findings as necessary. 	Y	N/A				
	<ul style="list-style-type: none"> Accurately record non-compliance aspects of fire safety on the Estates Corporate Risk Register. 	Y	N/A				
	<ul style="list-style-type: none"> Review the effectiveness of the fire safety team and its subsequent workload, make necessary work plan changes to accommodate certain activities. 	Y	N/A				
	<ul style="list-style-type: none"> Support and address requirements for disabled staff and patients (related to fire procedures). 	Y	N/A				
	<ul style="list-style-type: none"> Ensure the HDUHB continues to operate effective fire safety groups (FSG's), capturing acute, community and Mental Health aspects of fire safety. 	Y	N/A				
	<ul style="list-style-type: none"> Ensure the HDUHB complies with all fire safety legislation and guidance where necessary. 	Y	N/A				
	<ul style="list-style-type: none"> Ensure the HDUHB has an effective fire safety policy and subsequent fire safety procedures. 	Y	N/A				
	<ul style="list-style-type: none"> Ensure that Fire Risk Assessments are completed and that risk mitigation measures are implemented. 	Y	N/A				
	<ul style="list-style-type: none"> Ensure that all new schemes and capital developments comply with fire requirements. 	C	RJ with FST	Sep-22	M		FST to agree site procedures for this to be in place - part of design process
	<ul style="list-style-type: none"> Ensure that there is continued monitoring of HDUHB's fire safety management system, including the development of long term strategic investment planning for fire safety. 	Y	N/A				
	<ul style="list-style-type: none"> Develop the HDUHB's fire safety strategy and site fire procedures. 	Y	N/A				
	<ul style="list-style-type: none"> Develop an effective training programme for HDUHB staff, see Appendix 'A' (Training needs analysis). 	Y	N/A				
	<ul style="list-style-type: none"> Liaise with property landlords, specifically where HDUHB staff utilise non HDUHB premises to confirm suitable fire safety controls are in place. 	Y	N/A				
	<ul style="list-style-type: none"> Reporting of fire incidents in accordance with current practice. 	Y	N/A				
	<ul style="list-style-type: none"> Monitoring and mitigating unwanted fire incidents. 	Y	N/A				
	<ul style="list-style-type: none"> Liaising with enforcing authorities. 	Y	N/A				
	<ul style="list-style-type: none"> Liaising with other key stakeholder departments and managers. 	Y	N/A				
	<ul style="list-style-type: none"> Liaising with operational maintenance management to ensure that appropriate monitoring, inspection and maintenance of fire safety systems is in place. 	Y	N/A				
	<ul style="list-style-type: none"> Develop and maintain effective relationships with external bodies in relation to fire safety related matters. 	Y	N/A				
			N/A				
FSA's responsibilities	<ul style="list-style-type: none"> Providing expert advice on the application and interpretation of fire legislation and fire safety guidance, including Firecode. 	Y	N/A				
	<ul style="list-style-type: none"> Advising on the content of HDUHB's fire safety policy. 	Y	N/A				
	<ul style="list-style-type: none"> Assisting with the development of HDUHB's fire precautions systems and fire safety procedures. 	Y	N/A				
	<ul style="list-style-type: none"> Working closely with Maintenance Representatives and Fire Safety Manager. 	Y	N/A				
	<ul style="list-style-type: none"> Attending Fire Safety Group meetings for the areas that fall under their responsibility. 	Y	N/A				
	<ul style="list-style-type: none"> Maintaining site specific fire management plans and manuals. 	Y	N/A				Review
	<ul style="list-style-type: none"> Assisting with the development of a suitable fire training programme, including delivery of training and recording staff attendance to support the Fire Safety Manager. 	Y	N/A				
	<ul style="list-style-type: none"> Liaising with the enforcing authorities on technical issues. 	Y	N/A				
	<ul style="list-style-type: none"> Liaising with managers and staff on fire safety issues. 	Y	N/A				
	<ul style="list-style-type: none"> Liaising with the Authorising Engineer (Fire) at NHS Welsh Shared Services Partnership – Specialist Estate Services (NWSSP - SES). 	Y	N/A				
	<ul style="list-style-type: none"> Conducting and reviewing suitable and sufficient fire risk assessments for all premises within their area of responsibility and agreeing action planning with the respective managers. 	Y	N/A				
	<ul style="list-style-type: none"> Carrying out the annual fire audit for their respective areas of responsibility and agreeing action planning with the respective managers. 	Y	N/A				
	<ul style="list-style-type: none"> Ensuring that fire risk assessments are undertaken and reviewed within agreed timescales and that they are updated to reflect investment, infrastructure changes or change in circumstances. 	Y	N/A				
	<ul style="list-style-type: none"> Assisting in identifying annual estate capital programmes to meet and maintain fire compliance requirements 	Y	N/A				
Fire Safety Premises Management Responsibilities	each premises owned or occupied by HDUHB a premises manager will be nominated in writing to champion all necessary fire safety issues within that premises	C	RJ	Jul-22	M		this needs to be further reviewed and all RP's to sign
Departmental Managers Responsibilities	<ul style="list-style-type: none"> Appropriate levels of management are always available to ensure decisions can be made regardless of the time of day. 	Y	N/A				

	• Effective fire safety management arrangements are encouraged throughout their department.	Y	N/A				
	• Staff have received the appropriate level of fire safety training commensurate to their role and the risks that they face.	Y	N/A				
	• They nominate a fire safety warden and if necessary, deputy wardens to be the eyes and ears for the department. See section 3.12 for further info.	C	NOT RJ responsibility	Jun-22	M		Needs further review, RJ to raise profile of this, responsibility with managers
	• They have effective communication mechanisms in place to cascade fire safety information throughout the department to all staff including line managers/supervisors.	Y	N/A				
	• Actions, which are within their direct control, that are identified on the Fire Risk Assessment, are dealt with in a timescales stipulated. If this is not possible then the action should be escalated to the Fire Safety team	C	RJ	Jul-22	M		improved when Boris system is implemented review efficiency by July 22
	• All relevant shortcomings are communicated to the Fire Safety Manager.	Y	N/A				
	• All staff working within their designated area of control are aware of the emergency evacuation procedures for the department or area they are working in.	C	NOT RJ responsibility	Sep-22	M		difficult to assess this - need review
	• They regularly monitor the fire safety training performance within their department to ensure that all staff attend training as per the TNA, including those employed from agencies or bank staff that are required at short notice.	C	NOT RJ responsibility	Sep-22	M		difficult to assess this - need review
	• They regularly communicate fire safety issues during meetings or team briefs to all staff, providing suitable means by which staff can raise or communicate concerns to line managers, which can be reported to the Fire Safety Team.	C	NOT RJ responsibility	Sep-22	M		difficult to assess this - need review
	All patient areas have mechanisms in place to ensure adequate staff to be available at all times to provide assistance with patient evacuation in a fire emergency	C	NOT RJ responsibility	Sep-22	M		difficult to assess this - need review
Fire Safety Wardens	implementing fire safety wardens within departments across the organisation as detailed in paragraph 7.29 HTM 05 – 01 Managing healthcare fire safety	Y	N/A				We have implemented FSW's but a further review on numbers across the HB is needed.
	• Act as the eyes and ears for the department in relation to fire safety matters.	Y	N/A				
	• Monitor fire safety issues within the department as identified by their training.	Y	N/A				
	• Regularly attend the warden refresher training when required.	Y	N/A				
	• Ensure that arrangements are in place for effective day-to-day monitoring to support this Fire Safety Policy.	Y	N/A				
	• Maintain a log book of warden checks and make a note of issues or concerns that have been identified for cascading/reporting. Standard templates are available.	Y	N/A				
	If required, support the fire response team during a fire safety incident/emergency	Y	N/A				
Fire Response Team	The HDUHB must ensure it implements the appropriate mechanisms so that it can respond promptly and efficiently to a fire alarm activation or fire incident within its premise	Y	N/A				
Switchboard	The switchboard team have an integral part to play in the response to fire signals	Y	N/A				
Duties & Responsibilities for all Staff	It is essential that HDUHB promotes a strong safety culture throughout the organisation that supports and promotes fire safety. All staff have a responsibility for their own safety and the safety of others as detailed in the Health and safety at work etc. Act 1974. HDUHB expect all staff to:	Y	N/A				
	• To participate in fire training in accordance with their own training needs, this must be discussed with the line manager to ascertain which specific level of training is required.	Y	N/A				
	• To know what to do in the event of a fire or on hearing the fire alarm.	Y	N/A				
	• To know the location of fire alarm points and firefighting equipment.	Y	N/A				
	• To know how to use the fire extinguishers and their uses on different fires.	Y	N/A				
	• To make certain that they are familiar with all means of safe escape in the event of fire.	Y	N/A				
	• To minimise potential of fire by ensuring good housekeeping.	C	All staff	Jul-22	M		HB Fire Group to decide outcome
	• To ensure that any equipment used in in safe working condition and is used appropriately and safely and in accordance with manufacturer's guidelines to avoid any unnecessary risks.	Y	N/A				
	• To ensure that no unauthorised electrical items are used, operated or brought into any HDUHB premises unless specifically agreed with the Fire Safety Team (FST). All electrical equipment must be kept in good working condition and appropriately PAT tested (Portable Appliance Testing) OR, if classified as a medical device, must be electrical safety tested in accordance with MHRA DB2006(05) Chapter 4.4 and IEC – 60601-01 prior to being taken back into service.	Y	All staff				forms part of electrical safety global e-mail
	To report any concerns or issues to line managers.	Y	N/A				
The Authorising Engineer (Fire)	expertise and advice will be sought from NWSSP-SES – NHS Wales Shared Services Partnership – Specialist Estates Services.	Y	N/A				
The Competent Person (Fire)	HDUHB will only use Approved Competent Persons to undertake installation and/or maintenance of all fire-related services	Y	N/A				
Fire Safety Groups	The HDUHB will ensure that an organisational wide overarching Fire Safety Group (FSG) is established	Y	N/A				
Fire Safety Sub Groups	Due to the scale of the organisation the HDUHB will also implement a variety of fire safety sub groups (FSSG) also known as feeder groups	Y	N/A				
Evacuation Procedures	The FSA's will be responsible for devising suitable fire evacuation plans/strategies for all areas within HDUHB, as they will differ depending upon the requirements of each area	C	RJ	Oct-22	M		Review
	These plans will be displayed where required and will also be specifically documented with the individual fire safety management plans and tested periodically.	C	RJ	Oct-22	M		Review
	The HDUHB will devise a rolling programme for periodically undertaking formal evacuation testing to ensure that at least one high dependency area and one in-patient area (or similar) is tested annually for an agreed premises.	C	RJ				
	The programme must be facilitated, and arranged through the respective FSSG. All staff must be made fully aware of their individual evacuation procedures and what to do in the event of an emergency	Y	N/A				
	Evidence and subsequent outcomes of evacuation exercises must be discussed and retained by both FSA and departmental managers.	Y	N/A				
	suitable provisions of equipment must be made available along with the appropriate number of staff trained at all times to operate them.	Y	N/A				

	It is essential that where there are specific requirements for patient evacuation, such as plus sized (Bariatric) patients, this must be clearly identified on the patients handling assessment form, completed by a qualified clinician in line with manual handling procedures/policy	Y	N/A				
	The FSA and Manual Handling Advisors must be made fully aware (by the bed manager or ward manager) of the outcome of this assessment to ensure that the risks associated with the transfer of plus sized patients have been fully considered, articulated and mitigated by HDUHB. This may on occasions require a specific fire evacuation procedure to be developed by the FSA's.	C	RJ and MH	Jul-22	M		Task and finish group on this issue being established
Major Incidents	departments must be able to demonstrate that suitable emergency plans are in place to deal with situations	C (y?)	RJ and PE	Oct-22	M		BCP's and RA's have been developed and action cards are in place - wider review needed.
Fire Risk Assessments	Only designated members of the FST will be permitted to undertake FRA's for HDUHB	Y	N/A				
	All fire risk assessments are reviewed at either a predetermined date specified within the fire risk assessment or when circumstances within the area change	Y	N/A				
	The significant findings of the Fire risk assessments must be recorded and communicated to subsequent managers for action planning.	Y	N/A				improved when Boris system is implemented
Organisational Risk Profiling and Risk Management	Departmental managers, must be made fully aware of any changes within their area of control. If staff require any advice or wish to discuss changes, they must contact the fire safety team directly	Y	N/A				Review - suggest global instruction for this to make staff aware. Forms part of management training too.
Equality Act 2010	A risk assessment will determine if visual alarms are to be provided in public areas to assist in warning those occupants with hearing difficulties. Vibrating pagers triggered by the fire alarm system can also be issued to staff with hearing difficulties. This should be discussed with the fire safety advisors.	Y	N/A				
	Evacuation - In all patient areas evacuation will be staff-assisted for both patients and disabled visitors alike utilising the appropriate evacuation aids as necessary.	Y	N/A				
	HDUHB also has procedures for developing bespoke Personal Emergency Evacuation Plans (PEEPS) for all disabled employees.	Y	N/A				
Building Regulations	Where Building Regulations apply to these schemes, the fire strategy will form part of the supporting information for the Building Regulation submission.	Y	N/A				
Arson	Extra vigilance and control must be adopted by the HDUHB to reduce the potential for Arson to occur. It is essential that departmental managers actively take control of their areas and report any specific concerns to the Fire Safety Team	Y	N/A				Forms part of training at L2 and L5
(DSEAR)	It is imperative that a suitable and sufficient risk assessment be carried out by staff to control the risks, where required. If there is any doubt or concerns, staff must contact the Fire Safety Team and/or Health and Safety Managers for further advice and guidance.	N	PE	Oct-22	M		This is not in place - desk top exercise needed to determine areas where DSEAR assessments will be needed. Compliance team action.
Site Control and Contractors	HDUHB must ensure that it implements appropriate controls for contractor access for all its premises. The HDUHB has a Control of Contractors policy and any contractor who is appointed by the HDUHB must comply with the policy at all times they are on HDUHB property	Y	N/A				New procedures in place - review of this planned for mid 2022.
Unwanted Fire Signals	Records of fires, false alarms and unwanted fire signals are recorded locally by the FSM and reported to NWSSP-SES annually.	Y	N/A				
	The FST must analyse statistics regularly with respective managers to ensure there is ongoing commitment and agreed solutions in which to reduce them. Refer to WHTM 05-03 part H for further information relating to reducing false alarms and unwanted fire signals	Y	N/A				
Fire safety training	It is essential that HDUHB has a workforce that is suitably informed, instructed and trained and that they are provided with the necessary learning to support the organisation's fire safety management system	Y	N/A				TNA in place - Global e-mails are needed to cascade this message to all staff.
Fire Safety Training Programme	A detailed Fire Safety Training Programme has been prepared by the Fire Safety Team, which considers the needs of the entire organisation	Y	N/A				
	Managers who are specifically responsible for staff must ensure that each member of staff within their control is assigned to the correct training programme and encourage the need for training	Y	N/A				
	The Fire Safety Training Programme, which is periodically reviewed, broadly identifies the following training: Refer to appendix A in the fire safety policy for a detailed analysis on all training	Y	N/A				
Fire Safety Awareness E-Learning	All new staff starters must complete the online e-learning fire safety training module as part of their induction process. All staff regardless of their role should receive a local induction by line management immediately on commencement of work in their workplace	Y	N/A				
General Fire Safety Training-Level 1 and Level 2		Y	N/A				As part of TNA
Level 3 Advanced Specific Training		Y	N/A				As part of TNA
Level 4 Fire Safety Warden Training		Y	N/A				As part of TNA
Level 5 Managers Training		Y	N/A				As part of TNA
Fire Safety Audit	Annual fire safety audits are conducted in accordance with WHC (04)010 using the intranet based Fire Audit Information System facilitated by NWSSP-SES on behalf of the Welsh Government	Y	N/A				
Policies	Refer to other policies	Y	N/A				Other related policies are available that are listed in the Fire Policy.
Smoke Free Policy	For further information, please refer to HDUHB's Smoke Free Policy	Y	N/A				Smoke free group established and measures have been implemented to consider this. Further meetings on this planned for 2023 with PHW.
Smoking in Mental Health Areas	How is this being controlled by ward managers	C	ward managers	Oct-22	M		RJ to obtain status on this control with ward managers
Car Parking/Roads	The designated fire roads on all HDUHB's premises must be adequately maintained, they must be clear of obstruction at all times to allow for emergency vehicle attendance	C	TRANSPORT TEAM	Oct-22	M		Review with transport team - Estates would be made aware of any site issues.
Waste Management	The collection, storage and disposal of waste will be undertaken on a regular basis in accordance with the HDUHB's waste policy and procedures	Y	N/A				Procedures in place
Furniture and Textiles	Any new or replacement furniture and textiles should be requisitioned through the Procurement Department who must ensure that they comply with the detailed guidance contained Firecode WHTM 05-03 Operational Provisions Part C – Textiles and Furniture.	C	Not RJ responsibility	Jul-22	M		Review Needed - RJ to check procurement standards for orders

SCHEDULE OF premises SITE MANAGERS	The HDUHB has a nominated premises manager for each individual site, who will be expected to champion all fire safety issues throughout their areas of control.	C	RJ	Sep-22	M		As part of the previous item on RP list.
Procedures for Reporting Fires (Wales)	More serious outbreaks such as fires involving death, injury, large scale evacuation or damage on a large scale are to be reported immediately to the Welsh Government	Y	N/A				