



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	05 May 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Fire Safety Risk Assessment System (Boris)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Simon Chiffi, Head of Estates Operations

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report provides an update to the Health and Safety Committee (HSC) in relation to the Fire Safety Risk Assessment System (Boris) used by Hywel Dda University Health Board (HDdUHB). Following recent concerns raised at HSC in March 2026 on the scale and quantity of outstanding actions from fire risk assessments (FRAs).

This report also offers a brief explanation on how the Boris system has been developed, it's current functionality and reporting, along with the improvements being considered to assist with improved ownership of actions.

Cefndir / Background

HDdUHB is required by fire safety law, the Regulatory Reform (Fire Safety) Order 2005 to undertake suitable and sufficient FRAs of our premises, accurately record the information and escalate all significant findings to the nominated responsible persons. This mechanism is clearly articulated as part of our approved Fire Safety Policy.

To enable the Health Board (HB) to achieve this, the Boris system was introduced in 2021 as a direct result of significant limitations experienced with the previous fire safety system hosted by NHS Wales Shared Services Partnership Specialist Estates Services (NWSSP-SES). A decision was made by the Fire Safety Team (FST) and agreed by the Fire Safety Group (FSG) to acquire a new, more advanced system for the HB. Which the HB were able (and still are) to customise and develop to their own specifications.

The Boris system boasts many advanced features such as handheld tablet data gathering and data entry of FRAs, moving away from the older paper-based system. At the time of development advanced reporting and interrogating of data, including ownership of FRA actions across the entire HB.

The HB has also worked closely with the Boris developers to produce a detailed risk dashboard as shown in Appendix A, specifically designed by the Hospital General Managers to offer a greater level of visibility of risk and increased assurance. This data is now being tabled

at all FSG meetings and by all fire safety sub-groups across the HB to communicate the quantity of actions in Boris.

Despite the investment in the Boris system there still remains a significant quantity of risk actions outstanding, which the HB are ultimately carrying. Although we are regularly evidencing reduction of actions over time as part of FSG reporting (noted below) and fully acknowledge that due to the ever-evolving risk assessment process we will always have risks to manage, it is still felt that the scale of remaining items is a concern for the HB.

This report therefore sets out our assessment of where it is believed that improvements can be made to address these concerns.

Asesiad / Assessment

In order to provide some initial context, the Boris system currently records 338 live FRAs within the system for the HB, ensuring all clinical and non-clinical areas are assessed by the appropriate acute based Fire Safety Advisor. Each FRA has approximately 54 questions (with some questions triggering additional questions depending on response), thus potentially generating a significant amount of data (risk actions) from a question set of circa >18k questions across the FRA range. Whilst also taking into consideration the scale, complexity and estate condition / backlog challenges experienced as a HB.

On completion, or release of an FRA the document is issued automatically by Boris system to the nominated responsible person and all actions that are identified within the FRA are assigned an appropriate action owner. The action owners are prompted to access the system to address the actions that have been assigned to them within agreed timelines specified by the FRA. Each action will have been issued with a specific timeframe determined by the assessor to address the action, with particular focus on any extreme or high-risk items as a priority. Once these are completed, they are issued to the action approver (a more senior member of staff) for final approval/closure and removal from the system. The system was intentionally designed with a two-stage approval process and agreed by the FSG.

In order to simplify the identification of risk actions, the Boris system has been developed to ensure risk criteria scores for each action match the HB's own risk score system which are:

- Extreme (15-25)
- High (8-12)
- Moderate (4-6)
- Low (0-3)

All risk actions within the system are assigned to one of two ownership areas: Estates (building fabric, structural issues, etc.) or Hospital General Management (HM) (ward housekeeping, storage, fire doors wedged open, etc.).

All risks have been assigned to a specific individual to ensure total clarity and accountability.

The following table below (Table 1.0) has been included to provide an overview of the current number of Boris actions by risk category that are held in the system. It is also used to evidence trend analysis and show where the HB has reduced the number of actions in the system noting there are currently no extreme risks to manage.

Table 1.0 Boris Table of Actions – Trend Analysis

Date	Extreme Estates	Extreme HM	High Estates	High HM	Mod Estates	Mod HM	Low Estates	Low HM
Sept 25	0	0	889	620	1724	1117	214	187

Nov 25	0	0	808	547	1674	1089	225	153
Early Feb 26	0	0	655	435	1535	981	254	145
March 26	0	0	653	451	1503	974	202	147
April 26	0	0	615	425	1479	993	200	156

Despite recent efforts by the Fire Safety Team to promote Boris training workshops via Microsoft Teams, aimed at supporting staff responsible for managing actions, it is acknowledged that further improvement is needed.

The Boris system was not designed to allow the extraction of data by clinical care group (CCG) ownership. It simply allows data extraction by Site and Area. The Head of Estates Risk and Compliance, in conjunction with the Interim-Head of Fire Safety are working to progress the actions within the FRA Action Improvement Plan (table 1.0) below:

Action No	Action Description	Action Timescale	Action Owner
1	Prepare data by Clinical Care Group for oversight and management within local integrated governance meetings.	01.07.2026	Head of Estates Risk & Compliance
2	BORIS system will be configured to enable reminder notifications to each action owner to prompt completion.	31.07.2026	Head of Estates Risk & Compliance
3	Improve access to BORIS system by adding BORIS icon for all computers on start-up.	30.06.2026	Head of Estates Risk & Compliance
4	Review BORIS approval process from two-stage approval to one-stage approval to expedite BORIS reviews.	29.05.2026	Head of Estates Risk & Compliance
5	Develop a process for ensuring action owners are updated in a timely manner.	29.05.2026	Head of Estates Risk & Compliance

Table 1.0 - FRA Action Improvement Plan

It is acknowledged that, despite these enhancements, the system will inevitably continue to record some actions where the associated risks are more complex or challenging to address. In many instances, these actions require capital investment and may therefore remain open within the system for longer periods.

It is also recognised that a significant proportion of Estates-led actions requiring funding are linked to the major fire enforcement programmes currently underway, alongside Targeted Estates Funding (TEF) and specific capital bids submitted by Estates managers. As these programmes are completed, a substantial number of related actions within Boris will be progressed and closed. This has been a key contributing factor in the significant reduction of over 250 High Risk Estates-led actions since September 2025.

The Health and Safety Compliance Group will maintain oversight of the actions outlined in the table 1.0 above to ensure progress is achieved in line with the proposed timescales.

Argymhelliad / Recommendation

The Health and Safety Committee is requested to:

- **Receive assurance** from the Fire Safety Risk Assessment System (Boris) report with specific reference to FRA Action Improvement Plan (table 1.0)
- **Note** the progress since September 2025 to reduce the number of outstanding FRAs
- **Note** the monitoring of the FRA Action Improvement Plan (table 1.0) by the Health and Safety Compliance Group.

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
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 3. Effective
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Healthier communities 3. Great care
Amcanion Cynllunio Planning Objectives	8 Estates plans
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	From the HB's approved and ratified Fire Safety Policy and the Legislation and Guidance referenced to in the report.
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.

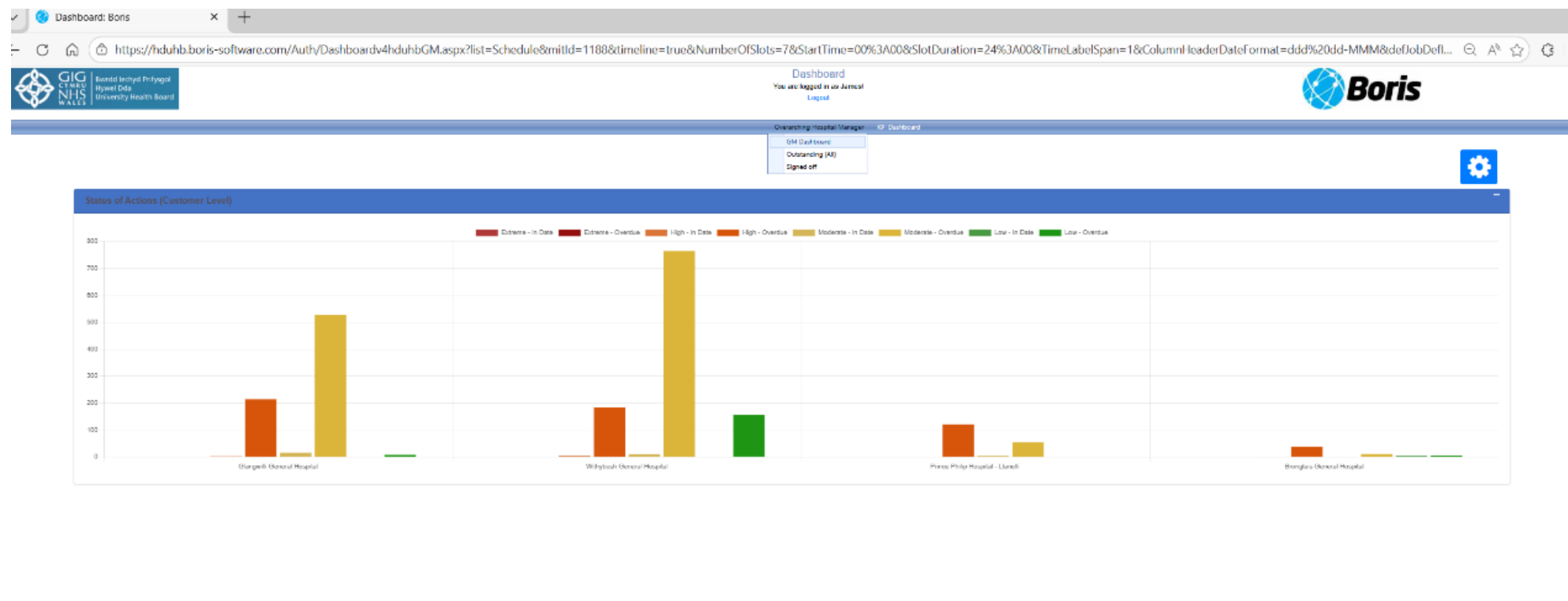
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Not Applicable
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: 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

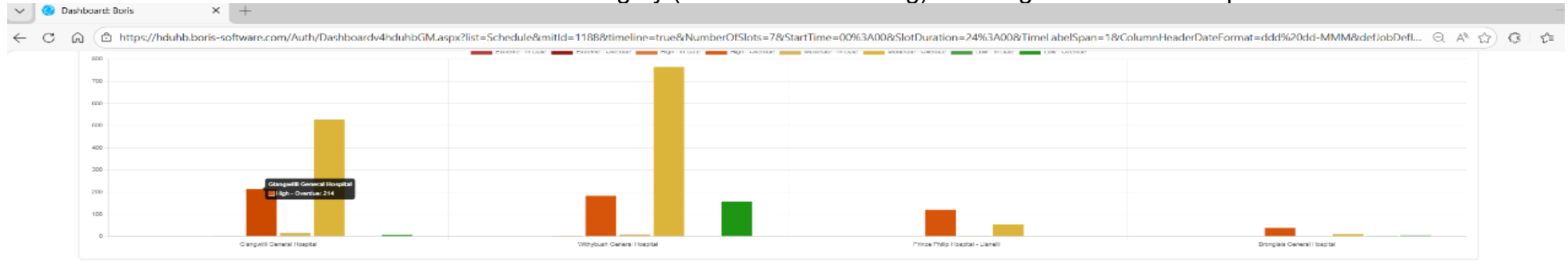
Appendix A – Boris Risk Dashboard

From the home screen, nominated managers can select GM Dashboard (live) and the following acute sites will display, or you can select outstanding all or items signed off. In addition, the KPI dashboard is also available to use.

The following acute sites are on this profile.



On selecting one of the bar chart values for GGH site, the following (STATUS OF ACTIONS) locations table is created below detailing the site, location of FRA and number of actions in each risk category (in date or outstanding) including what's been completed.



Status of Actions (Locations)

Customer	Location	Extreme - Overdue	Extreme - In Date	High - Overdue	High - In Date	Moderate - Overdue	Moderate - In Date	Low - Overdue	Low - In Date	Completed
Clangwill General Hospital	Block 07 FF - Main Kitchen & Dining Room	0	0	20	0	5	0	0	0	0
Clangwill General Hospital	Block 32 SF Theatre 6	0	0	10	0	5	0	5	0	0
Clangwill General Hospital	Block 05 FF - Public Health Units	0	0	17	0	10	0	0	0	2
Clangwill General Hospital	Block 32 FF - Day Surgical Unit & Urology Offices	0	0	13	0	8	0	0	0	0
Clangwill General Hospital	Block 24 CP - Diabetes Clinic	0	0	12	0	8	0	0	0	1
Clangwill General Hospital	Block 14 Baker House (All levels)	0	0	11	0	5	0	0	0	4
Clangwill General Hospital	Block 22 Ty Cadell	0	0	9	0	8	0	0	0	3
Clangwill General Hospital	WB3 - OP - General Ward & PACU	0	0	8	0	8	0	0	0	0
Clangwill General Hospital	Block 05 FF - Pathology Department	0	0	7	0	21	0	0	0	1
Clangwill General Hospital	Block 10S Children's centre (Ty Arthur)	0	0	7	0	12	0	0	0	0
Clangwill General Hospital	Block 31 CP - Emergency Unit & MRI Scan	0	0	6	0	21	0	0	0	0
Clangwill General Hospital	Block 32 CP - Endoscopy Unit	0	0	5	0	8	0	0	0	0
Clangwill General Hospital	Block 10S Ty - Lincolnton - IT/GMPC	0	0	4	0	4	0	0	0	0

Users can then select any of the values from the table above and obtain specific detail (Action Detail), for example High Outstanding (13) for Block 32 FF DSU was selected. The following report is generated for 13 actions. Indicating the action No, Action description, Date of FRA, Action Owner, Due Date.

Action Details

Action No.	Action	Date of FSA	Action Owner	Due Date
102442	Finding: The urology office has a fridge, microwave, and kettle in it, placed on a trolley with the microwave. Action: The microwave & fridge must be removed ASAP and placed inside a designated kitchen area and not kept inside the urology offices. As the escape route is shared by departments housing complex highly vulnerable patients, a fire within the urology offices could potentially compromise the evacuation strategy for the DSU department.	27-02-2026	Flora James	28-02-2026
102441	Finding: Managers' staff to ensure that all portable electrical appliances are included within the PAT programme and carry out regular visual checks to ensure the wiring and extension leads have not been damaged. Extension leads should not be used for portable heaters, fans, kettles, irons, microwaves, etc. For longer term use of electrical equipment, additional wall mounted sockets should be fitted instead of the use of extension leads. Fridges and microwaves over in office areas. Action: Fridges and microwave in urology office, the microwave & fridge must be removed ASAP and placed inside a designated kitchen area and not kept inside the urology offices. As the escape route is shared by departments housing complex highly vulnerable patients, a fire within the urology offices could potentially compromise the evacuation strategy for the DSU department.	27-02-2026	Flora James	28-02-2026
102444	Finding: Fire and smoke dampers are fitted to the ventilation system. These are serviced, checked, and maintained by an external contractor on behalf of the estates department. The date of last inspection 03.06.2025 next inspection due 02.04.2026 continue to maintain and manage in accordance with BS 9996. However, it was noted that a number of deficiencies were present at the time of the inspection. These Damper systems should be maintained and managed in accordance with BS 9999 Action: Complete all actions listed in the engineers' report and the recommended survey highlighted in section A.3.7 of this report	27-02-2026	Andrew Stephens	28-02-2026
102445	Finding: Managers to liaise with FSA & estates department to update evacuation plan. Action: This document needs to be reviewed following the identification of significant fire safety defects within the building.	27-02-2026	Andrew Stephens	28-02-2026
1024410	Finding: The current secondary means of escape is not compliant with Firecode requirements and is unsuitable for the occupancy of high-risk patients undergoing long, invasive procedures under general anaesthesia. As a consequence, the department is effectively reliant on a single direction of escape. This arrangement significantly exceeds the limits permitted under multiple fire safety regulations, including the provisions of WITM 05-02. Action: A practical evacuation drill was conducted to assess the use of the secondary staircase. The drill demonstrated that evacuation via this route was extremely challenging, even in controlled conditions without the additional pressures and environmental factors associated with an actual fire. The time required for preparation, patient movement, and navigation of the restricted escape route was found to be unacceptable, particularly when considered alongside the identified deficiencies in fire compartmentation within the modular Yorkton Block 32 structure. Not with standing these concerns, the escape routes provided would be acceptable for ambulant occupants, including those with reduced mobility provided they are physically capable of negotiating the narrow escape corridor.	27-02-2026	Justin Davies	28-02-2026
102441	Finding: The current secondary means of escape is not compliant with Firecode requirements and is unsuitable for the occupancy of high-risk patients undergoing long, invasive procedures under general anaesthesia. As a consequence, the department is effectively reliant on a single direction of escape. This arrangement significantly exceeds the limits permitted under multiple fire safety regulations, including the provisions of WITM 05-02. Action: All doors fitted were with security devices easily opened in the event of an emergency. Managers continue to manage.	27-02-2026	Andrew Stephens	28-02-2026
102442	Finding: The current secondary means of escape is not compliant with Firecode requirements and is unsuitable for the occupancy of high-risk patients undergoing long, invasive procedures under general anaesthesia. As a consequence, the department is effectively reliant on a single direction of escape. This arrangement significantly exceeds the limits permitted under multiple fire safety regulations, including the provisions of WITM 05-02. Action: Estates to introduce annual cause and effect testing this testing should document and confirm the release of any locking devices required by the buildings evacuation strategy and cause and effect matrix this testing forms part of the maintenance requirements to accord with BS 5839 Part 1 section 4.3.3	27-02-2026	Andrew Stephens	28-02-2026
102444	Finding: The current secondary means of escape is not compliant with Firecode and is unsuitable for the occupancy of high-risk patients undergoing long, invasive procedures under general anaesthesia. As a result, the department is effectively reliant on a single, unprotected direction of escape. This arrangement significantly exceeds the limits set out in multiple fire safety regulations, including the requirements of WITM 05-02, which permits a maximum single-direction travel distance of 15 m for high-risk healthcare areas. Short Term Measures: Management must immediately prohibit the use of general anaesthetic procedures within the Block 32 building, DSU. Robust admission controls must be implemented to ensure that any patient entering Block 32, DSU has the capacity for self-evacuation or assisted self-evacuation and is physically capable of negotiating the narrow corridor leading to the rear escape staircase. These measures are essential to maintain a safe evacuation strategy given the current constraints of the building. Action: Long Term Measures: All remedial works identified within the Appendix M document must be completed to address the significant fire safety deficiencies and restore compliance with relevant Firecode requirements. As an alternative long-term option, consideration may be given to re-purposing Block 32, DSU for a lower-risk clinical activity. Should this approach be adopted, the fire evacuation strategy and associated building provisions must be reassessed and aligned with the revised risk profile of the area.	27-02-2026	Andrew Stephens	28-02-2026
1024411	Finding: The current secondary means of escape is not compliant with Firecode and is unsuitable for the occupancy of high-risk patients undergoing long, invasive procedures under general anaesthesia. As a result, the department is effectively reliant on a single, unprotected direction of escape. This arrangement significantly exceeds the limits set out in multiple fire safety regulations, including the requirements of WITM 05-02, which permits a maximum single-direction travel distance of 15 m for high-risk healthcare areas. Measured travel distances significantly exceed these limits. These distances are therefore non-compliant for high-risk patient groups and do not meet the required standard for areas where general anaesthesia or high-invasive procedures are undertaken. However, for ambulant occupants – provided they are physically capable of negotiating the narrow corridor system – the available escape routes offer travel distances that are acceptable when used as part of a two-direction means of escape arrangement. Action: Short Term Measures: Management must immediately prohibit the use of general anaesthetic procedures within the Block 32, DSU. Robust admission controls must be established to ensure that any patient scheduled for treatment within Block 32, DSU has the capacity for self-evacuation or assisted self-evacuation and is physically capable of negotiating the narrow corridor leading to the rear escape staircase. These controls are essential given the current non-compliant means of escape arrangements and associated travel distance constraints. Long Term Measures: All remedial works identified within the Appendix M document must be completed to address the significant deficiencies in fire safety provisions, including compartmentation, means of escape, and supporting infrastructure. As an alternative long-term option, consideration may be given to re-profiling the clinical use of Block 32 to a lower-risk activity. Should this approach be adopted, the fire evacuation strategy and building fire precautions must be reviewed and aligned with the revised clinical risk profile.	27-02-2026	Justin Davies	28-02-2026
1024412	Finding: At the time of the risk assessment, it would appear that the following rooms do not meet the criteria of fire resisting hazard room. Plant room situated through the back of the rear utility room had penetrations through the floor and ceiling area. Action: Compartmentation issues between floors. Guidance: Rooms should be upgraded to fire resisting hazard rooms in plant room, the doors should be FD30s type, walls should provide 30 minutes fire resistance to the underside of the floor slab, alternatively the ceiling can provide the 30 minutes fire resistance. Any vents in the door should be fitted with smoke and heat dampers connected to the fire alarm system. Vents in ceilings should have fire dampers. Alternatively, all storage should be removed.	27-02-2026	Andrew Stephens	28-02-2026
1024413	Finding: Following inspection, ceiling tiles were fitted & dampers were not the stopped going between compartment walls. This has highlighted areas where remedial works are required (breaches in compartmentation). There is no fire collar on ceiling for the server / plant room between floors. Following an in-depth review undertaken during a period when the theatre was non-operational, multiple breaches of both horizontal and vertical fire compartmentation were identified. In the event of a fire within the department, these deficiencies would allow smoke and fire to spread rapidly, compromising adjacent rooms, circulation spaces, and designated escape routes. Compartmentation surrounding the equipment lift and the escape staircase was also found to be compromised, particularly where post-construction services had been installed without adequate fire stopping. Inspection of the interstitial floor voids revealed the presence of combustible materials and insulation, including areas where polystyrene was identified. These voids are unprotected and contain numerous unsealed vertical penetrations between sections of the structure. In their current state, these voids could act as a conduit for rapid fire spread, allowing flames both above and below at immediate risk of early fire and smoke compromise. A full compartmentation survey for Block 32 has been completed as part of the Phase 2 Fire Improvement Scheme, and the associated remedial actions have been formally identified. Action: Short Term Measures: Management must immediately prohibit the use of general anaesthetic procedures within the Block 32 building (DSU). Robust admission controls must be implemented to ensure that any patient entering the day surgery unit has the capacity for self-evacuation or assisted self-evacuation and is physically capable of negotiating the narrow corridor leading to the rear escape staircase. These controls are critical given the current non-compliant means of escape and the associated compartmentation defects. Long Term Measures: All remedial works identified within the Appendix M document must be completed to address the significant fire safety deficiencies within the building. As an alternative long-term strategy, management should consider re-profiling the clinical use of Block 32 to a lower-risk activity. Should this approach be adopted, the fire precautions and evacuation arrangements must be reviewed and aligned with the revised risk profile. Part B contractors & Cpa teams will be completing the Phase 2 scope of works on in-patient areas from 2026. There appears to be inappropriate compartmentation and sub-compartmentation provided throughout all floors of block 32.	27-02-2026	Justin Davies	28-02-2026
102445	Finding: A compartmentation survey has been completed at the hospital site and has highlighted a number of areas where compartmentation is compromised. Action: Cavity barriers should be included within the compartmentation work. Plans of cavity/walls should be produced as part of this work.	27-02-2026	Andrew Stephens	28-02-2026
1024414	Finding: The provision of escape lighting in the rear of the escape staircase is currently inadequate. The route contains multiple changes in direction and level, all of which must be appropriately illuminated as part of a compliant emergency lighting system. These features require specific consideration to ensure safe evacuation under emergency conditions. The existing emergency lighting installations are maintained by the Estates Department as part of the Planned Preventive Maintenance (PPM) inspection programme; however, the present provision does not meet the requirements necessary for a safe and compliant means of escape. Action: Management must review the existing emergency escape lighting provision, ensuring it accounts for the extended travel distances and the need for safe re-entry into the building, in accordance with the requirements of BS 5266. Additional luminaires must be installed where necessary to provide adequate illumination throughout all changes in direction, level, and other high-risk points along the escape route. The system must continue to be inspected, tested, and maintained to full compliance with BS 5266 as part of the Estates Department's ongoing Planned Preventive Maintenance (PPM) programme.	27-02-2026	Andrew Stephens	28-02-2026

[EXPORT]