



HEALTH & SAFETY ASSURANCE COMMITTEE PWYLLGOR ANSAWDD IECHYD A DIOGELWCH

DYDDIAD Y CYFARFOD: DATE OF MEETING:	10 May 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Fire Safety Governance Review
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

Following the visit of Mid and West Wales Fire & Rescue Service (MWWFRS) to Withybush General Hospital (WGH), a number of Fire Enforcement Notices (FENs) and Letters of Fire Safety Matters (LoFSMs) were issued to Hywel Dda University Health Board (HDdUHB).

Cefndir / Background

In order to ensure that any possible lessons were learned from this experience, the Chief Executive Officer (CEO) commissioned the Fire Safety Governance Review. Following issue of the final report of the review on 14th May 2020, the Director of Estates, Facilities and Capital Management was tasked with developing an action plan to deliver the improvements noted within the report.

Asesiad / Assessment

Work has progressed well on the delivery of the Action Plan, supported by regular meetings chaired by the Director of Estates, Facilities and Capital Management. This process is being supported by the Head of Quality and Governance to ensure all actions are properly completed.

As noted in the previous Committee meeting on 17th February 2021, due to the impact of the COVID-19 pandemic on the Fire Safety Team and the Operations Teams, adjustment was made to the dates of the ten outstanding actions.

Of these remaining 10 actions (3 are with the Assistant Director of Strategic Planning), it is anticipated that all the actions with a May completion date will be completed by the end of May 2021. Also, all actions planned for June and July 2021 are currently on programme to complete within the set timelines.

As noted above, 3 of these actions remain the responsibility of the Assistant Director of Strategic Planning and are being updated via this Action Plan.

Also as noted above, excellent progress has been made in working to set timelines for these actions and progress will continue to be monitored closely until completion.

Argymhelliad / Recommendation

The Health & Safety Assurance Committee is requested to note:

- The current progress in achieving recommendations
- Regular update reports will be presented to the Committee

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.8 Ensure there is a process of review of findings of safety management system audits and seek assurance that corrective actions are put in place.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	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 Llesiant BIP: UHB Well-being Objectives:	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 in body of report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Assurance Committee:	Not Applicable

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Funding sought from Welsh Government
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Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Delivering a safe working environment
Risg: Risk:	Fire Safety Risk
Cyfreithiol: Legal:	Potential for legal challenge if HB does not comply with requirements of Fire Enforcement Notices
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	N/A

ACTION PLAN

Fire Safety Governance Review

Updated 23 Apr 21 v23

■ Exec
 ■ Fire
 ■ Ops/Maint

Recommendation	Brief Description	Responsible Individual	Timeline	Specific Action to be taken	Update/ Completion
1.6	To undertake an audit against the Fire Safety Policy to ascertain the UHB's compliance against it.	GL	Nov-20 Feb-21 Jul 21	<p>Link to 1.2 for new policy development</p> <p>Establish a full gap analysis to confirm level of HDdUHB compliance.</p> <p>Statement of requirements and ownership of the same to be drafted, e.g. Smoking on NHS Premises Law from 1 Mar, who manages this, who enforces this?</p> <p>GL/PE to provide simple database.</p> <p>Develop an implementation plan for audit of Fire Safety Policy prior to going out for consultation.</p> <p>Fire Safety Policy to be considered at the HSAC in Dec 20</p> <p>This date was adjusted previously to align with the approval of the new Fire Safety Policy</p> <p>The Fire Safety Policy has now completed the whole consultation process. This has now been approved by Chair's action and will now be confirmed by the Feb 21 HSAC</p> <p>Extract from HSAC Feb 21 Minutes:</p> <p><i>"Members ratified the approval via Chairs Action on 18th December 2020 of the following HB policies:</i></p> <ul style="list-style-type: none"> <i>Violence and Aggression Policy (Policy No. 285)</i> <i>Fire Safety Policy (Policy No. 242)"</i> <p>Database is in the process of being developed and will be ready mid May This involves extracting key headings from the policy and self-assessing the level of compliance against the individual actions. It is planned that this will be completed by July 2021. However we have recently been informed of the retirement of the Head of Fire Safety and we are currently urgently recruiting for this role, interviews on 28th Apr/10th May. In view of this we may need to reconsider this completion date in line with the above.</p>	

				As confirmed previously there are no safety critical items in our remaining actions.	
1.10b	<p>Planned actions need to read across to capital plans and consider mitigation actions, i.e. reducing the potential impact if the risk materialises prior to any investment.</p> <p>These need to be shared with relevant services in order that they can also consider the impacts to their area or responsibility.</p>	GL	Dec-20 Apr-21 Jun 21	<p>This action as been partially completed as noted above</p> <p>The full implementation will need to be linked to the Boris system which is coming on line in March 21.</p> <p>Note: there will be circa 4000 individual actions from the Fire Risk Assessments which will need to be coordinated and reviewed to ensure actions are properly implemented. This is the purpose of the Boris system.</p> <p>The Boris system has been delayed due to Information Governance Review and pressures around Covid and Field Hospital mobilisation impact. Boris system due to go live 1st Jun 21. All FRAs completed from this date will be entered into the new Boris system. The existing FRAs will continue to be held parallel on the SS system until all of the FRAs are transferred and the SS system will no longer be functional.</p> <p>The mobile tablets have been ordered, the system will be introduced commencing early May and rolled out across all 4 acute sites to be operational by June 2021. Noting we are experiencing delays currently with delivery of mobile tablets due to a national shortage of components.</p>	
1.11	<p>Directorates and services must consider and assess risks to fire safety that relate to their area of responsibility. FRAs will help them identify areas of concern and where these cannot be addressed at the expected pace or within resources, these should be risk assessed, as should any areas of concern that Estates are unable to implement. This message should be enforced through fire training delivered by the fire safety team and reinforced through training/support delivered by the Assurance and Risk Officers.</p>	GL/GMs/ RPs	Dec-20 Feb-21 Jul 21	<p>Ditto as 1.10 above</p> <p>Fire Safety walkabouts with General Management are now taking place</p> <p>Level 5 Training Plan for Senior HB Managers is now being completed and will be delivered by Feb-21. Date extended to Jun/Jul 21 due to Covid Pressures/challenges on GM staff and Responsible Persons.</p> <p>GL to contact H&S team to add Fire Element to the wider Health and Safety Training on to their Risk Assessments. PASSPORT</p> <p>Ditto for 1.15 below</p> <p>GL to produce minimum requirement bullet point plan or complete the planned training presentation.</p> <p>The Health and Safety team have developed a monthly training programme called “Managers H&S Induction Training” delivered using MS Teams. As part of this</p>	

					training a section will be included covering the responsibilities of fire Safety for managers. On programme for the July date.	
1.16	For an Annual Fire Safety report to be presented to the Board via the Committee structure in place, setting out corrective actions identified in the audit.	RE	GL/PE	Feb-21 Apr-21 Jun 21	<p>Agree the content of the Fire Safety Report Present report for 20/21 financial year</p> <p>To align with YE reporting protocols for a full year of report for the 20/21.</p> <p>GL/PE to supply list of key fire safety elements to be reported on annually.</p> <p>Fire SBAR for H&S meeting in May sets the current Agenda. This can be used as the template for an annual paper for the July Committee to the HB to set out current progress on key Fire Safety matters.</p>	
1.17b	To develop a Planned Preventative Maintenance (PPM) strategy and policy defining high, medium and low risk PPMs, frequency of reviews, etc.		HW	Feb-21 Mar-21 May 21	<p>Undertake audit review at end of year</p> <p>Change of date due to impact of Covid on Maintenance Teams but fully live by Mar-21 Apr 21</p> <p>The decision making process and analysis of what is High/Medium/Low PPMs to be made by end Feb 21. Documentation will follow to map this out</p> <p>Planned Preventative Maintenance strategy has been confirmed and all Fire PPMs are classified as High Risk. These PPMs are reviewed monthly in the Operations Team Performance meetings. This exercise has been fully completed and the strategy is ready to be input into the new CAFM system. This will be fully implemented following the introduction of the CAFM system across the four acute sites. The telephone devices are on a slight delay, but once received from IT, the system will be rolled out promptly.</p> <p>The development of the PPM system is completed and will be implemented on the ground as the CAFM system is rolled out.</p>	
3d.2	To establish a programme of Organisational Development (OD) for senior and site management members of staff within the Estates and Facilities Directorate.	• RE	• SC	Sep-20 Feb-21 May 21	<p>Undertake gap analysis with OD support for senior staff Develop a programme of development support</p> <p>Agreed with AC to move this to Feb 21 to align with his review of Operational Services and the new appointment to the Head of Operational Services commencing Jan 21.</p> <p>Linked to the review of Estates Operational Management</p>	

						Analysis and review across Estates Operations, inclusive of site based teams and specialist services staff is near completion, with an output of clear training support packages, necessary timelines and resources required to be attached. The May deadline remains realistic and we are on track to produce in time to identify a clear way forward. This will be aligned to the WAO Estates Operational Workforce Plan document.	
4b.7	To undertake work upfront (i.e. gap analysis) wherever possible prior to any internal/external audits/inspections being undertaken.	• RE	• HW	GL	Jan-21 Mar-21 Jun-21	<p>Complete all survey analysis of Hospital Estates to understand the current status of all compartmentation, fire doors and other aspects of Fire Safety compliance linked to Capital allocation from Discretionary Programme</p> <p>All Fire Door surveys for the acute hospital estate is now completed.</p> <p>Remaining Fire Compartmentation survey work is programmed to complete all of the acute sector subject to Capital Funding availability in this FY. If Capital Funding is not available this year this will be completed early in the 2021/22 FY</p> <p>Additional funding required to complete work with plans to finish this during the first quarter 21/22.</p> <p>Significant amount of survey work completed, still on target to complete all surveys. Funding secured for BGH doors – targeting inpatient and accommodation as priority. Community sites still outstanding. All work to be completed within the first quarter of 21/22. Bid already prepared for submission.</p> <p>Capital funding has now been secured for 2021/22 to continue with both Fire Door Surveys and Fire Compartmentation Surveys across HB sites.</p> <p>Secured funds are as follows:</p> <ul style="list-style-type: none"> • Fire Door Surveys circa £10k (specifically targeting other inpatient sites) • Fire Compartmentation Surveys circa £50k (This will be to focus on outstanding areas at GGH as part of Fire EN scheme and also other related in patient community sites, all survey works planned to be completed by end of June 2021). Tender is with procurement currently for issue. 	

5.1 POINTS 5.1, 5.2 AND 5.3 SENT TO PW FOR COMMENT	To consider stepping up the discretionary capital available for fire safety, and to support this with bids/business cases from the all Wales Capital Programme.	PW	Current Year Discretionary Programme 2020/21	<p>Discretionary Capital – establish a more detailed review of Fire Approvals within the Discretionary programme to further consider the risks of non-investment. Note: the Discretionary programme covers a wide ranging portfolio of risks. Added information will be provided to strengthen the risk assessment process which prioritised investments in the 20/21 Capital Programme. Continue to support pump prime funding from Discretionary to support Business Case development</p> <p>2020/21 Actions Complete. For 2021/22 the DCP continues to support the pump priming of Fire compliance issues. In addition, new ring fenced funding from WG has been approved as part of the Estates Funding Advisory Board from which a fire compliance bid has been successful for BGH only as noted below in 5.3.</p>	
5.2	To consider the role and remit of the three Capital Groups that currently report to Capital, Planning & IM&T Sub Committee to ensure their work is aligned and streamlined to avoid duplication.	PW/RE	Oct 20 Oct 21	<p>To review the Terms of Reference for the 3 groups currently in place to ensure they are appropriate and fit for purpose. Report on this review back to CEIMTs.</p> <p>The terms of reference have been reported to CEIM&T Sub Committee and will be subject to review when the new Director takes up post - PW</p>	
5.3	To consider more empirical evidence of capital decisions being made.	PW	<p>Sep 20</p> <p>Apr 21</p> <p>Apr 21</p>	<p>Discretionary Capital – establish a more detailed review of Fire Approvals within the Discretionary programme to further consider the risks of non-investment. Or a delay to investment.</p> <p>Recognising that DCP cannot have any significant impact on Fire Backlog, WG have recognised this and created an additional fund from All Wales capital commencing in 2021/22 to support this work. The UHB has been notified of a successful bid noted below for fire doors.</p> <p>Business Cases for major capital investment from the All Wales Capital Programme continue to be pursued – PW/RE</p> <p>Estates Advisory Funding of £656k received for Fire Doors at BGH.</p> <p>Significant challenge to availability of Discretionary Capital for Fire in current Financial Year. Any additional DCP availability will be subject to an assessment, including risk, to ensure it is allocated to address the most pressing UHB issues. This is being reported to PPPAC.</p>	
Additional Action	Final review of evidence against actions completed	ALL	Aug 21		

1.1	Depending on the outcome of the wider Board and Committee Governance Review, there needs to be an agreed list of fire safety related items that must be reported in a standard format.	RE/AC		Aug 20	Outcome of Governance Review confirmed List of Fire Safety items confirmed for Fire Safety Group (FSG), also refer to actions within: 1.12 3d.3 4a.2 4a.3 Completed
1.2	To review the Fire Safety Policy in line with WHTM 05-01 and any other relevant legislation/guidance and to update any sections that have changed since its approval.	GL		Sep 20	Establish Task & Finish group to review policy Redraft policy Submit to H&SAC for approval (programmed for Nov Meeting) Draft Policy Completed Annex 1 added to policy Work well in hand and confident of completing by end of Sep New Policy has been issued internally for consultation to return 16 Oct It will then be sent out for HB wide consultation Then submitted to the Dec H&S AC on 16 Dec 20 On Agenda for Dec Meeting - KW Completed
1.3	Ensure Annex 1 of the Fire Safety Policy and the relevant site Fire Management Plans are available on line.	GL		Aug 20	Annex 1 to Policy is now on line Completed
1.4	Include fire safety objectives in training, if not already incorporated.	GL		Sep 20	Review current content of training plans Amend accordingly to include these objectives Note: will need to overcome any Covid-19 restrictions regarding Face to Face training All training is currently undertaken on line. Fire Safety objectives are contained therein Completed
1.5	To examine the current fire safety staff structure and Estates Operational staff structure to enhance the UHB's ability to comply with fire safety legislation.	AC/RE	GL	Sep 20	Consider the level of resource available – potential to involve NWSSP Shared Services in this review Review line management arrangements, as currently within Operational team, to ensure this is fit for purpose DEPENDENT on outcome of review modify line management arrangements according As we currently stand as long as the training is e-Learning then staff numbers are adequate but concern around resilience of Head of Fire Safety assistance Future training delivery should be addressed in line with resources. Admin resource is needed. Will be addressed with re-structure of Operational Services on appointment of the new Head of Operational Services. Completed Resilience on RR
1.7	To ensure issues are being dealt with in a timely manner, there needs to be clarification of responsibilities that fall within Estates site management, and general site management; noting that the ultimate accountability for local fire safety management rests with the General Managers of each site. There also need to be an	RE/HW		Aug 20	Individual guidance notes now issued to: <ul style="list-style-type: none"> • Estates Officers • Fire Safety Officers • General Management Role • Completed

	appropriate escalation process when there are areas of dispute.				
1.8	To review and update the Scheme of Delegation to clearly reflect the responsibilities for fire safety in line with WHTM 05-01	GL		Aug 20	Current documentation has been review Information re-issue in line with requirements of WHTM 05-01 Scheme of Delegation is a section within the revised Fire Safety Policy Completed
1.9	To consider where the Fire Safety Team, i.e. Head of Fire Safety and Fire Safety Advisors, sit within the organisation; either remaining within the Director of Estates, Facilities and Capital Management portfolio or more centrally within the Director of Nursing, Quality & Patient Experience portfolio	AC/MR/RE		Sep 20	Fire Management arrangements have been considered and it has been agreed that the Fire Safety Team will continue to sit within the portfolio of the Director of Estates, Facilities and Capital Management. This position will be kept under review by the Director of Operations. Completed
1.10a	The Estates and Facilities Directorate to review the Fire Risk Assessments (FRAs) and assess risks on each site where there are barriers to implementation of recommendations that fall within their remit.			Dec 20 Apr 21	Set out key responsibilities for all risks contained within the Fire Risk Assessment process. This will be to General Management level and Estates individual level Identify Capital costs/Management actions and Timelines on a prioritised basis. All Fire Risk Assessments are now issued to the appropriate General Manager for action. This part of the action has now been completed.
1.13	To invest in a robust system which will automate the FRA process, to enable follow-up of recommendations, tracking and reporting for assurance at appropriate meetings.	GL		Dec 20	Review to be undertaken and system procured as soon as possible Boris system now purchased Note: Potential for All-Wales system in future years. Timeline circa 18 months Completed
1.14	To set an achievable timescale for meeting the mandatory training target of >85% and report on progress on delivery against planned rolling programme to the appropriate meeting	GL		Dec 20	Note: change to electronic training basis due to COVID 19. Separate Update report to H&S AC as a Standing Item on the on the Agenda Completed
1.15	To develop and implement, at pace, the Site Manager's fire safety training, to improve understanding of responsibilities, improve fire safety for patients and staff, and increase engagement in the overall achievement of the HDDUHB's fire safety objectives.	GL	HW	Nov 20	Identify gaps in training support Develop training protocols Deliver training on a cyclical bas is <ul style="list-style-type: none"> • The fire safety team are developing a presentation system using Microsoft PowerPoint. • This will include specific information on the roles and responsibilities for Fire Safety as defined by the Regulatory Reform (Fire Safety) Order 2005. • The presentation will also include helpful audio recordings to assist with the content. • The presentation can either be delivered using MS teams or accessed by staff from the HB's intranet site. Completed

					<ul style="list-style-type: none"> • Training sessions will commence from the 31st of January 2021 – MS Teams sessions and dates scheduled in the diary. • Fire safety team will ensure that appropriate representation and attendance at these sessions. • This package will then form the training material for Level 5 managers training as part of the overall TNA for fire safety. 	
1.17a	To develop a Planned Preventative Maintenance (PPM) strategy and policy defining high, medium and low risk PPMs, frequency of reviews, etc.	HW		Sep 20	Establish the appropriate PPM strategy and Policy Fully explain how this is going to be delivered with resources available Policy to be sent to CS for review	Completed
1.18	To develop an assurance report on compliance with current fire safety standards.	GL		Dec 20	High level report on areas of non-compliance and action plan to mitigate any risks Assurance presented to the FSG on Fire Door maintenance, Fire PPMs, training stats, fire damper repairs, replacement of Fire Heads, Fire Alarm system etc	Completed
1.19	To clarify appropriate fire safety standards for use across the Health Board and responsibilities for setting appropriate PPM schedules /checklists for Estates operational staff.	HW	GL	Sep 20	Clearly establish the role of : a. Fire Safety Advisor b. Operational Maintenance Manager Clearly set out the appropriate Fire Safety Standards for each of the key components of our Estate, e.g. Means of escape, compartmentation, emergency lighting etc. etc. PPM standards now set Roles a and b to be submitted for records to KW Fire Safety Policy now confirms standards of Fire Code and Building regulations Policy sent to CS for review	Completed
1.20	To review the training needs of operational estates and fire safety staff to ensure they have the right level of expertise and accreditation to undertake their roles to manage fire safety.	HW	GL	Oct 20	Full workforce analysis for maintenance staff Fire safety team: a schedule of training needs is now completed.	Completed
2a.1	To obtain copies of Letters of Fire Safety Matters from 2017 and review to understand and address the areas of improvement that need to be made across the UHB estate to avoid further enforcement action	GL		Aug 20	This has been regularly pursued with MWWFRS and they have been unable to respond with historical Letters of Safety Matters.	Completed
2b.1	Following receipt of Letters of Fire Safety Matters, prepare responses for CEO signature providing assurance on how the UHB will be addressing or has addressed the areas of improvement, with a follow up letter confirming when all areas have been addressed identified in.	RE	GL	Sep 20	All Letters of Fire Safety are tracked on the HDdUHB system and Action Plans are considered at the Fire Safety Group These Action Plans include who is responsible for the Action and by when *Should any historical letters become available will include them into the tracking system and respond accordingly	Completed
2c.1	The Corporate Office to ensure that responses are provided by the Director of Estates, Facilities and Capital	SJ		Jul 20	This has already been actioned with letters for CEO signature Scanned signed copies saved on shared drive	Completed

	Planning for CEO signature, and escalate where responses are not provided.					
3a.1	To consider how the Audit Dashboard and the WHTM tracker could be maintained in the future to make better use of senior staff time (options to include staff updating their own elements or creating a coordinator post).	HW/PE		Aug 20	Individual managers will update their own risks. Note: A new system is currently being scoped to make the update and use of this data far more accessible. This system should be on line Feb 21 but until this date individual managers will continue their role	Completed
3a.2	To add in columns for risk reference and risk score to the WHTM Tracker to provide assurance that areas of non-compliance have been risk assessed and are being managed appropriately.	• HW/PE		Oct 20	All actions on tracker are already RAG rated. Action will be to add a risk score to each item in order to track progress with compliance PE completed	Completed
3a.3	To enter all Letters of Fire Safety Matters since 2017 on the Central Tracker and request status of progress from Estates and Facilities.	MA		Aug/Sep 20	Linked to 2a.1 above. To confirm actions taken on the central tracker and update accordingly This has been regularly pursued with MWWFRS and they have been unable to respond with historical Letters of Safety Matters. All current Letters of Fire Safety and Enforcement Notices are on the tracker and being managed accordingly.	Completed
3b.1	To strengthen the internal review process within the Estates and Facilities Directorate prior to submitting management responses to internal and external body's reports. This could involve review by the Directorate's Assurance and Risk Officer partner	RE		Aug 20	Internal process introduced to ensure all management responses are signed off with Directorate of Assurance and Risk Partner prior to being released by Director of Facilities.	Completed
3d.1	Utilise the Estates and Facilities Directorate Site Performance meetings to reinforce cultural shift and strengthen performance management.	• RE	• HW	Aug 20	Item is a standing item on the agenda Fire Officers to be invited to attend part of this meeting Note: Meetings already programmed in diary Local FSA to attend local Ops meetings in future as a routine Agenda update item.	Completed
3d.3	To strengthen reports of non-compliance to the revised Fire Governance Structure to clearly state the risks and impacts of failing to comply with individual recommendations/items of improvement.	• GL		Jul 20	This refers to letters of Fire Safety and Enforcement Notices and any specific items identified in any fire visits or surveys As part of the FSG the detailed tracker of all actions is submitted for consideration and action as required Individual timeliness and personal responsibilities included in this	Completed
3d.4	To forward all Enforcement Letters and Letters of Fire Safety Matters within 2 working days of receipt to the Assurance and Risk Department.	• RE/JW		N/A	Already Actioned	Completed
4a.1	Dependent on the proposed fire safety governance structure put in place, to produce Tables of Actions from each meeting identifying the action, the lead, the timescale and the progress, RAG rated to hold to account once completed and to present fully populated Tables of Actions to each subsequent meeting.	• RE/FSG		Aug 20	Agenda for this meeting now established. Table of Actions record to ensure key individuals and timescales are fully tracked. Completed Tables of Action will be required for the next scheduled meeting. RAG rate the Table of Actions	Completed
4a.2	To extract from the Letters of Fire Safety Matters an analysis of what needs to be done, by when, at what cost, by whom, etc. with an identified lead against the actions.	• RE	• GL	Jul 20	This has already been action for each site where we have received a Letter of Fire Safety/Enforcement Notice and Action Plans are in place. This plan goes to the FSG bi-monthly as a standard Agenda item	Completed

4a.3	Dependent on the proposed fire safety governance structure put in place, to consider standard agendas/reports to ensure focus on key and relevant matters are discussed across the Health Board.	• RE/AC			Jul 20	Agreed with AC, standard agenda items /reports for FSG. Summary report to H&S AC.	Completed
4a.4	To review the fire safety governance structure in line with the wider Board and Committee governance review, and to streamline these to ensure robust arrangements going forward that can be appropriately supported.	RE/AC/JW			Aug-20 Oct 20	The action relates to the review of Board Committees and the introduction of the new Health and Safety Assurance Committee and how the fire safety group reports into this committee rather than the directorate governance and safety work. The Health and Safety Assurance Committee terms of reference have been agreed along with the groups that report into the Assurance Committee and therefore this action is complete. Received from CS 29 Jan 21	Completed
4b.1	To continue to develop improved Action Plans to increase visibility on holding to account, identifying where actions, dates, etc., are not being complied with, and to expose any gaps in ownership.	• RE/FSG			Aug 20	Table of Actions now includes individuals responsible for work and dates when work must be completed This will be managed by the FSG and all actions RAG rated	Completed
4b.2	To ensure Letters of Fire Safety Matters are escalated through the Health Board’s fire safety governance structure.	• RE				Actioned – already go to Fire Safety Group and Reported to H&S AC	Completed
4b.3	To address the issues raised in the Letters of Fire Safety Matters, on receipt and report progress through the fire safety governance structure.	• RE				Actioned – already go to Fire Safety Group and Reported to H&S AC	Completed
4b.4	To strengthen the performance management system within the Estates and Facilities Directorate to hold individual members to account for their actions, through the setting of objectives.	• HW	• GL		Sep 20	KPIs and objectives have been communicate to all members of the Fire Safety and Operational Team Named individuals on tracker.	Completed
4b.5	To consider implementing a ‘check and challenge’ process when closing actions in response to recommendations by internal and external Auditors/regulators, to ensure actions are not being closed too early before they are fully addressed.	• RE	• HW	• GL	Sep 20	To work with the Assurance & Risk team to monitor and challenge all actions, which will effectively close off any outstanding issues. RE agreed with Head of Assurance & Risk to undertake this action	Completed
4b.6	To review the support in place from the Estates and Facilities Directorate’s senior management team to engender a more proactive focus and sharing of responsibility.	• RE	• HW	• GL	Sep 20	To establish the gaps in support currently by discussing fully with Operational teams and how we can best shape any additional support required Document how this could be improved Ensure this is fully discussed at Operational Meetings Agenda item for the new Ops Delivery Meeting Discussed at length at above meeting on 17 Sep, key concerns around support staff available given the high number of audits targeted at Operational teams. We have assured the team that we will look at this support during the re-structure of the Department	Completed
4b.8	To consider creating opportunity for Estates staff to meet with the sites on estates issues, with site Fire Safety Advisors encouraged to undertake weekly walkarounds with site Managers (or their deputies /representatives) to address any actions required.	• HW		• GL	Sep 20	Establish regular engagement sessions with site General Managers/Deputies to build relationships and ensure actions are addressed as required. Need to involve both Estates staff and Fire Safety Advisors Will require the support of the Site General Management teams to allocate time for this important walk around to be a valuable process	Completed

					All general managers have agreed with this process and signed up to monthly walkabouts and will feedback through FSG and up to the HSAC Dates in the diary			
4b.9	Consideration to be given to collaboration/benchmarking of audit reports across Wales.	•	GL	Oct 20	Review the benefit of further collaboration and benchmarking Report back to Fire Safety Group to confirm recommendations Ref statement below for 4b.10	Completed		
4b.10	Consideration to be given to establishing a network of compliance officers across Wales to share issues and learning, both positives and negatives.	•	GL	Actioned	This is already in place (NAFO-National Association of Fire Officers) which our HDdUHB Fire Team attend Legislative update at each FSG	Completed		
5.4	To continue to re-prioritise capital spend in-year when further capital investment is required to address fire safety matters. Where no further funding remains, to develop bids for additional funding through the capital bid proforma process for approval.	•	KM/PW/RE		To fully establish any Capital slippage in-year to address any outstanding matters To continue to support Business Case development funding from all Capital funding sources by priority on a risk base approach As slippage is identified, full consideration of priority Fire Investment is given.	Completed		
5.5	For the Head of Fire Safety to be sighted on any changes to capital plans throughout the project duration, and also involved in the signing off process.	•	RE	•	GL	Jul 20	Head of Fire Safety is fully involved in any fire related issues in respect of Discretionary programmes, also as part of the delivery team for the Major Investments being planned at WGH and GGH this is reported to H&SAC In addition the Head of Fire Safety/Fire Safety team will be required to sign off any Capital Project which has an impact on any matters of Fire Safety before proceeding to contract. Modification to the Project Authorisation Form for FSA to sign off on all Works completed on our Estate	Completed
5.6	To consider capital replacement works on a phased basis in light of HDdUHBs clinical services strategy.	•	RE/PW	•	GL	Jul 20	Fire investment will be dictated by MWWFRS in terms of their priority for Enforcement The HDdUHB will work with the MWWFRS to Phase this investment on the basis of what can be delivered in an operational environment. In addition to the above the Major Infrastructure Programme Business Case being approved at the last CEIMITs, this is now being submitted to PPPAC in August and then to go to Welsh Government.	Completed
5.7	To ensure that decisions on the future HDdUHB long term estates plan take into account the ongoing maintenance and statutory compliance costs.	•	RE/PW	Oct-Dec 20	This is part of the plan for the Estates strategy to support the AHMWW programme. The PBC for Major Infrastructure work is now with WG for Scrutiny and we await comments. Note: Fully approved by HB Nov 20	Completed		