



HEALTH & SAFETY ASSURANCE COMMITTEE PWYLLGOR ANSAWDD IECHYD A DIOGELWCH

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 06 July 2021 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Update on Fire Safety Management |
| 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 paper updates the Health & Safety Assurance Committee (HSAC) on progress in managing the following areas of fire safety:

- Fire Enforcement Notices/Letters of Fire Safety.
- Fire Safety Management
- Fire Safety Governance

Cefndir / Background

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

This paper provides an update on progress on each of these areas from the previous Committee meeting held on 10th May 2021.

Asesiad / Assessment

1. Fire Enforcement Notices/Letters of Fire Safety

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)
 - The Mid and West Wales Fire Rescue Service (MWWFRS) have visited the site with a view to removing this notice.
 - At this visit, nine fire doors were noted as being of substandard installation.
 - As a result of this, the MWWFRS were unable to lift the notice and issued a further notice requiring action to address their concerns.
 - The Health Board has formally responded to this notice advising of planned completion dates. The information requested on Damper Maintenance has been sent to the MWWFRS under separate cover.
 - All corrective works will be completed by 20th August 2021.

- Discussions have been held with Mr Kris Steele of MWWFRS who is satisfied with the response and will be formally responding to the Health Board agreeing to the timelines advised.
 - This Enforcement Notice will now be reviewed in line with the timelines advised in our response and removed following satisfactory completion of the works.
 - This clearly is an extremely disappointing position and actions are being taken to address this. It is clear that the normal process of certifying works as being complete in line with specification has not been followed in this instance. The Head of the Discretionary Capital Team will be reinforcing the established formal procedures for work certification with his team.
- **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 LOFSMs dated 12th January 2021)
- The Business Justification Case (BJC) for Phase 1 has now been formally approved by WG` and a formal letter from the Minister has been received.
 - This work is on site with a programme completion date of July 2022 as noted in the previous report to the Committee.
 - These works are being managed via a formal Project Group which will report into Capital Estates and IM&T Sub-Committee (CEIM&TSC) with regular progress reports.
- **Phase 2** – All departments/ ward areas/ risk rooms (FEN KS/890/04)
- Phase 2 remains on programme to be completed by April 2025.
 - Enhanced Fire Safety Walkabouts are being held with key Health Board clients to ensure all risks are assessed and managed in the intervening period.
- **Decant Arrangements to support Phase 2 Works** –
- Confirmation has been provided by the Health Board that it will not be possible to allocate any existing Ward/Clinical space to support Phase 2 at WGH. In response to this, works have been progressing to identify opportunities for an appropriate sized Ward decant accommodation to be provided at WGH in terms of a demountable solution.
 - We are currently discussing with WG as part of a scoping exercise the capital cost and programme arrangements to allow these works to be delivered to support Phase 2, and then achieve the April 2025 completion deadline.
 - A further update will be provided to the next meeting of the Committee.

1.2 Glangwili Hospital (GGH)

- **Advanced works** – All vertical escape routes at GGH (FEN KS/890/07)
- FEN completion date – August 2021.
 - Works currently on site.
 - Work on programme to complete prior to the end of August 2021.
- **Phase 1** – All remaining horizontal escape routes at GGH (FEN KS/890/08)
- FEN completion date – July 2022
 - The BJC is currently programmed to be completed in July 2021. The BJC will then progress through the Health Board's governance arrangements before being submitted to WG. This is slightly behind programme due to additional complexity in confirming the cost envelope and programme for the scheme.
 - The programme completion date within the BJC is currently December 2022. This is circa 4 months behind beyond the FEN date.

- Discussions have been held with the MWWFRS to review this delivery date at an appropriate point within the delivery of the scheme. MWWFRS are supportive of this approach.
- **Phase 2** – All departments/ ward areas/ risk rooms (**FEN KS/890/09**)
 - FEN completion date – August 2024
 - Works completion date currently on programme for this date

All of the above programming works for both WGH and GGH are managed via a formal Project Group arrangement, these being reported to CEIM&TSC as highlight reports.

1.3 Additional Letters of Fire Safety issued since the previous Committee Meeting

- Tregaron
 - Letter issued 12th May 2021
 - The MWWFRS has identified a range of improvement works, including compartmentation, fire alarms and escape routes, which will be undertaken over the next 3-6 months. In the interim period, staff on site are being supported by the local Fire Safety Officer with additional support on Fire Evacuation Training procedures and a general awareness of the risks on site.
 - An Action Plan has been developed in collaboration with the County Director and site based staff with the formal response planned w/c 28th June 2021
- GGH
 - Letter issued 8th June 2021.
 - Minor issues identified: Action Plan has been developed with formal response planned for w/c 28th June 2021.
 - Works currently underway. We anticipate completing this work within the next three months.
- Grenville Court
 - Letter issued 16th June 2021.
 - An Action Plan has been developed and a formal response is planned w/c 5th July 2021.
 - We anticipate completing works in circa 3 months. Staff are being supported by face-to-face level 2 training being undertaken on site.

With all of the above, we are in close contact with the MWWFRS in order to confirm and agree any update to delivery dates required.

In addition to the above, the MWWFRS has visited Bronglais General Hospital (BGH) as part of their normal survey planning. We have yet to receive any formal notification of actions required following these visits.

2.0 Fire Safety Management Update

2.1 Fire Risk Assessments

- As at the 8th June 2021 we have reduced outstanding FRAs to 7 in number.
- A further 38 will coming on line shortly (up to 06/07/2021) and it is planned that the total 45 FRAs will be completed by mid-July 2021.

2.2 Fire Safety Training

Table 3.0 below shows the performance figures as at 31st May 2021 for all three levels of fire safety training.

Table 3.0 updated to 31st May 2021

| Competence Name | Assignment Count | Required | Achieved | Compliance % |
|--|------------------|----------|----------|--------------|
| NHS CSTF Fire Safety - 2 Years | 11100 | 11100 | 7821 | 70.46% |
| 100 LOCAL Fire Safety Level 2 - 1 Year General | 5209 | 5209 | 169 | 3.24% |
| 100 LOCAL Fire Safety Level 3 - 1 Year General | 305 | 305 | 90 | 29.51% |

To deliver improvements to this training, the following is being undertaken working closely with our Learning and Development colleagues:-

- Reinstate face-to-face training for Level 2/3 (ensuring the correct Covid-19 protocols are adhered to at all times).
- To supplement this we will be implementing an ongoing programme of Level 2 training utilising the MS Teams platform. All these sessions will be facilitated and supported by the Learning and Development Department, which will publicise the dates and organise the bookings for staff. On completion of this course, staff will be awarded the Level 2 competency on their ESR.
- To note: Staff requiring Level 1 (two yearly) competency, will need to continue to use the online e-learning module on ESR.

Next steps will be for the Fire Safety Team to issue a global e-mail with full instructions on this, including a link to the Learning and Development prospectus page, to allow bookings to be made for Level 2 MS Teams Sessions; this will be issued in mid-July 2021.

The previous training target was set at an optimistic target of 95% compliance by the 31st March 2022. Given the events of the previous year, the Fire Safety team is reviewing what is achievable over the remaining period. Our initial assessment of this is that this target will be reduced to circa 65% but we will look to review this when we understand more about the take up by clinical teams of the new arrangements being offered. We will update the Committee on this in future reports.

2.3 Management of Actions Identified Within Fire Risk Assessment

- The approach to analysing and implementing actions is linked to the roll-out of the BORIS software.
- The procurement of this system was completed in December 2020.
- We are now working to a go live date during July 2021.
- There is potential for this to be disrupted due to the ongoing delays we are encountering with the delivery of hand-held systems, tablets etc due to worldwide shortages with components for these units. We are in regular contact with IT colleagues regarding this.
- In the interim, we will continue to use the existing paper-based system to issue Fire Risk Assessments to risk owners.

2.4 Head of Fire Safety Management – Replacement

Whilst a conditional offer had been made to an individual following a competitive interview process, this individual has now withdrawn his interest in the post of Head of Fire Safety Management. This post has now be re-advertised with interviews planned from mid-July 2021.

3.0 Fire Safety Governance Update

Good progress has been made since the previous Committee meeting with all possible actions completed with delivery dates of May and June 2021. We are scheduled to meet shortly with

the Head of Quality & Governance in order to confirm that these actions can be formally signed off and moved to the completed section of the Action Plan.

There currently remains 8 outstanding actions (3 are attributed to the Assistant Director of Strategic Planning).

- Actions Completed
 - 1.11 – This action has been completed with training commencing in July 2021.
 - 1.16 – This is now a regular report to this Committee.

As noted on the attached Action Plan (See Appendix 1) the following can be summarised for the 5 outstanding actions which remain:

- Remaining Outstanding Actions (Note with the exception of Item 1.6 all of these actions are substantially complete and are awaiting independent sign off by the Head of Quality & Governance):
 - Item 1.6 - This is planned for July 2021 although it may need to be extended due to the recruiting issues around the Head of Fire Safety role noted above. Note: these items are not fire safety critical.
 - Item 1.10b – All actions needed to complete this recommendation are complete There is a delay to implementation due to a delay in the delivery of mobile tablets.
 - Item 1.17b – All actions needed to complete this recommendation are complete There is a delay to implementation due to a delay in the delivery of mobile tablets. However the key action of developing the strategy document is already completed.
 - Item 3D.2 – This work was delivered by the end of May 2021 and we are moving to the implementation stage.
 - Item 4B.7 – All surveys commissioned for the upfront work. The Health Board has also delivered presentations to WG on both Capital Cost and programming Fire Safety works at both BGH and Prince Philip Hospital (PPH). This has already been completed.

A further update will be provided to the Committee as further stages in this process are reached.

.Argymhelliad / Recommendation

The Committee is asked to:

- Note the content of this report and acknowledge the work achieved to strengthen fire safety compliance.
- Note that further updates will be presented at future Committee meetings.

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| Amcanion: (rhaid cwblhau) | |
| Objectives: (must be completed) | |
| Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor: | 5.9 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 |

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| 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: | |
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| Ar sail tystiolaeth: Evidence Base: | MWWFRS and extensive site based survey information |
| Rhestr Termau: Glossary of Terms: | Contained within the body of the report |
| Partion / 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 |
| 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 |

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> <p>As confirmed previously there are no safety critical items in our remaining actions.</p> | |

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| 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.</p> <p>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> | |
| 1.17b | 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</p> <p>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> | |

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| | | | | | | <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.</p> <p>Work completed by end of May 2021. We are now moving to the implementation phase with firm timelines to be identified.</p> |
| 4b.7 | To undertake work upfront (i.e. gap analysis) wherever possible prior to any internal/external audits/inspections being undertaken. | RE | HW | GL | <p>Jan-21 Mar-21 Jun 21</p> | <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. <p>A presentation has been given to Welsh Government setting out guidelines for cost estimates and initial dates for BGH and PPH, following a similar reporting process as undertaken with works at GGH.</p> |

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| 5.1 | 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 | 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 | |
| 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 | 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. 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 | |
| 5.3 | To consider more empirical evidence of capital decisions being made. | PW | Sep 20 Apr 21 Apr 21 | 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. 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 is expected to know which bids for funding have been successful by April 2021 Business Cases for major capital investment from the All Wales Capital Programme continue to be pursued - PW Risk workshop has taken place and further work to assess DCP prioritisation will take place for the 2021/22 programme - PW | |
| 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 | |

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| | | | | 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 appropriate escalation process when there are areas of dispute. | 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 |
| 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. | |
| 1.11 | 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. | GL/GMs/ RPs | | Dec-20 Feb-21 Jul 21 | Ditto as 1.10 above Fire Safety walkabouts with General Management are now taking place 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. | Completed |

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| | | | | | <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 training a section will be included covering the responsibilities of fire Safety for managers. On programme for the July date.</p> | |
| 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 | <p>Review to be undertaken and system procured as soon as possible Boris system now purchased</p> <p>Note: Potential for All-Wales system in future years. Timeline circa 18 months</p> | 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 | <p>Identify gaps in training support Develop training protocols Deliver training on a cyclical basis</p> <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. 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. | Completed |
| 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> | Completed |

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| | | | | | <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> <p>This is now a regular report compiled and presented to HSAC Committee.</p> | |
| 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 | <p>Establish the appropriate PPM strategy and Policy</p> <p>Fully explain how this is going to be delivered with resources available</p> <p>Policy to be sent to CS for review</p> | Completed |
| 1.18 | To develop an assurance report on compliance with current fire safety standards. | GL | | Dec 20 | <p>High level report on areas of non-compliance and action plan to mitigate any risks</p> <p>Assurance presented to the FSG on Fire Door maintenance, Fire PPMs, training stats, fire damper repairs, replacement of Fire Heads, Fire Alarm system etc</p> | 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 | <p>Clearly establish the role of :</p> <p>a. Fire Safety Advisor</p> <p>b. Operational Maintenance Manager</p> <p>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.</p> <p>PPM standards now set</p> <p>Roles a and b to be submitted for records to KW</p> <p>Fire Safety Policy now confirms standards of Fire Code and Building regulations</p> <p>Policy sent to CS for review</p> | 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 | <p>Full workforce analysis for maintenance staff</p> <p>Fire safety team a schedule of training needs is now completed.</p> | 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 | <p>This has been regularly pursued with MWWFRS and they have been unable to respond with historical Letters of Safety Matters.</p> | 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 | <p>All Letters of Fire Safety are tracked on the HDdUHB system and Action Plans are considered at the Fire Safety Group</p> <p>These Action Plans include who is responsible for the Action and by when</p> <p>*Should any historical letters become available will include them into the tracking system and respond accordingly</p> | Completed |
| 2c.1 | The Corporate Office to ensure that responses are provided by the Director of Estates, Facilities and Capital Planning for CEO signature, and escalate where responses are not provided. | SJ | | Jul 20 | <p>This has already been actioned with letters for CEO signature</p> <p>Scanned signed copies saved on shared drive</p> | Completed |
| 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 | <p>Individual managers will update their own risks.</p> <p>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</p> | 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 | <p>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</p> <p>PE completed</p> | Completed |

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| 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 | |

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| 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 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 | Completed | |
| 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 | |

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| 5.6 | To consider capital replacement works on a phased basis in light of HDdUHBs clinical services strategy. | RE/PW | GL | Jul 20 | <p>Fire investment will be dictated by MWWFRS in terms of their priority for Enforcement</p> <p>The HDdUHB will work with the MWWFRS to Phase this investment on the basis of what can be delivered in an operational environment.</p> <p>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.</p> | 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 | <p>This is part of the plan for the Estates strategy to support the AHMWW programme.</p> <p>The PBC for Major Infrastructure work is now with WG for Scrutiny and we await comments.</p> <p>Note: Fully approved by HB Nov 20</p> | Completed |