



## HEALTH & SAFETY ASSURANCE COMMITTEE PWYLLGOR ANSAWDD IECHYD A DIOGELWCH

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	07 September 2020
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Fire Safety Governance Review
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Andrew Carruthers, Director of Operations
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	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 Enforcement Notices and Letters of Fire Safety were issued to the 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 14<sup>th</sup> 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 meetings chaired by the Director of Estates, Facilities and Capital Management on a fortnightly basis. This process is being supported by the Head of Quality and Governance to ensure all actions are properly completed.

All actions targeted for delivery in July and August 2020 have been successfully completed.

One action (4a.4) due for completion in August 2020 has now been amended following discussions with the Head of Assurance and Risk and Head of Corporate & Partnership Governance, in order that this work aligns with the Board and Committee Governance Review within the HDdUHB.

The team is progressing the September 2020 actions to ensure that good progress is maintained going forward.

## Argymhelliad / Recommendation

The Health & Safety Assurance Committee is requested to note:

- the current progress in achieving recommendations for July /August 2020.
- that update reports will continue to 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:	N/A
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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	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
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Assurance Committee:	N/A

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Funding sought from Welsh Government
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	N/A
<b>Gweithlu: Workforce:</b>	Delivering a safe working environment
<b>Risg: Risk:</b>	Fire Safety Risk
<b>Cyfreithiol: Legal:</b>	Potential for legal challenge if HB does not comply with requirements of Fire Enforcement Notices
<b>Enw Da: Reputational:</b>	N/A
<b>Gyfrinachedd: Privacy:</b>	N/A
<b>Cydraddoldeb: Equality:</b>	N/A

# ACTION PLAN

## Fire Safety Governance Review

Updated 18 Aug 20 v10

■ Exec 
 ■ Fire 
 ■ Ops/Maint

Recommendation	Brief Description	Responsible Individual		Timeline	Specific Action to be taken	Update/Completion
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 November 2020 Meeting) Draft Policy Completed Annex 1 added to policy	
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	
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	
1.6	To undertake an audit against the Fire Safety Policy to ascertain the UHB's compliance against it.	GL		Nov 20	Link to 1.2 above for new policy development Establish a full gap analysis to confirm level of HDdUHB compliance.	
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"> <li>Estates Officers</li> <li>Fire Safety Officers</li> <li>General Management Role</li> </ul>	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
1.10	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. 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. These need to be shared with relevant services in order that they can also consider the impacts to their area or responsibility.	GL		Dec 20	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.	
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		Dec 20	Ditto as 1.10 above	
1.12	To complete and continue the rolling programme of FRAs, prioritising the high risk areas.	GL		Jul 20	Update on outstanding audits (10 outstanding) the Head of Fire Safety for the HB has confirmed that this is a reasonable position for the HB and is satisfied that this gives a good level of assurance (Note: 440 risk assessments currently in place within the HB) FSG is main point of reporting and will report up to H&SAC	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 Note: Discussions with NWSSP as they have indicated that an All-Wales system is being considered	
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	
1.15	To develop and implement, at pace, the Site Manager's fire safety training, to improve	GL	HW	Nov 20	Identify gaps in training support Develop training protocols	

	understanding of responsibilities, improve fire safety for patients and staff, and increase engagement in the overall achievement of the HDdUHB's fire safety objectives.				Deliver training on a cyclical basis	
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	Feb 21	Agree the content of the Fire Safety Report Present report for 20/21 financial year	
1.17	To develop a Planned Preventative Maintenance (PPM) strategy and policy defining high, medium and low risk PPMs, frequency of reviews, etc.	HW		Sep 20  Feb 21	Establish the appropriate PPM strategy and Policy Fully explain how this is going to be delivered with resources available  Undertake audit review at end of year	
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	
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.	
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	Undertake gap analysis of existing staff Establish training plan to deliver Fire Safety expertise	
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 Planning for CEO signature, and escalate where responses are not provided.	SJ		Jul 20	This has already been actioned with letters for CEO signature Scanned signed copies saved on shared drive	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	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	



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.2	To establish a programme of Organisational Development (OD) for senior and site management members of staff within the Estates and Facilities Directorate.	RE	HW	Sep 20	Undertake gap analysis with OD support for senior staff Develop a programme of development support	
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&SAC.	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	RE/AC/JW		Aug-20 Oct 20	Further work underway within the Health Board to clarify reporting routes for a number of areas including Health & Safety and Fire. Discussion with	

	arrangements going forward that can be appropriately supported.				Head of Assurance and Risk indicate that a more appropriate timeline for this would be October 2020.	
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&SAC	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&SAC	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.
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	• L G	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 (17 Sep)
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	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
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 workarounds 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
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
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	
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.	KM/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.	KM/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	
5.3	To consider more empirical evidence of capital decisions being made.	KM/PW		Sep 20	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	
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	
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 will be submitted to PPPAC in October 2020 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 and will be confirmed in the Programme Business Case	

				currently targeted for October 2020. This is subject to further programme confirmation. This will also form part of subsequent Business Cases in progressing this programme.	
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