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Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



<b>Meeting Date</b>	Thursday, 24 <sup>th</sup> April	<b>Agenda Item</b>	<b>4.2</b>	
<b>Report Title</b>	<b>Update to Fire Safety Arrangements in Central Ward Block, Singleton Hospital</b>			
<b>Report Author</b>	Dr Laurie Higgs, Head of Health and Safety			
<b>Report Sponsor</b>	Gareth Howells, Director of Nursing and Patient Experience			
<b>Presented by</b>	Gareth Howells, Director of Nursing			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	This paper informs the Health and Safety Committee of progress and other matters relating to the management of fire safety in the Central Ward Block at Singleton Hospital.			
<b>Key Issues</b>	Risk management of cladding in the Central Ward Block at Singleton Hospital.			
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
		✓		
<b>Recommendations</b>	Members are asked to : <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report</li> </ul>			

## UPDATE TO FIRE SAFETY ARRANGEMENTS IN CENTRAL WARD BLOCK, SINGLETON HOSPITAL

### 1. BACKGROUND

Board level knowledge and scrutiny of key risks is good governance. Further development of the ABMU risk register has been made following a recent Health and Safety inspection of the organisation. Further risks are recorded aligned to the reorganisation of the Health Board.

Fire safety in hospital premises is designed on the basis of containing a fire within the area of outbreak e.g. a single room. Should the fire not be extinguished and it spreads beyond the initial area fire safety engineering (compartmentation providing 30 or 60 minutes containment) will permit further evacuation and emergency management. In the Grenfell Tower fire in London the evacuation, strategy was ineffective due to rapid external fire spread across the external face of the tower.

The external cladding on the central ward block at Singleton Hospital has been identified as a risk and may cause a faster external spread of fire to other areas of the hospital and breaches of other fire safety compartments. Operational fire risk control measures have been updated and action is being taken to identify a long-term solution.

### 2. ACTION TAKEN

Risk Control	Action Taken	Further Action
Ward/Department specific evacuation strategies	Each area has a comprehensive strategy that give clear guidance on management of a fire and correct evacuation routes  General principle is horizontal evacuation into West Ward block but some areas may require vertical evacuation via staircases	Review if change in risk e.g. relocation of Wards during ward etc. refurbishment
Fire Wardens	Fire Wardens appointed and trained on fire Safety arrangements in central ward block	Maintain cohort of Fire Wardens and ensure they are active
Training and Information	Central ward block focussed training programme developed and training delivered by Unit	Review if change in risk e.g. relocation of Wards during ward etc. refurbishment
Vertical Evacuation	Evacuation aids provided and training provided by Fire Wardens  New escape strategy developed for Ward 5 Asbestos removal programme and provision of external fire exit  Lifts assessed and not suitable for vertical evacuation	Review if change in risk e.g. relocation of Wards during ward etc. refurbishment

Fire alarm system	Current L1 standard with high levels of detector coverage	Maintain system etc.
Fire risk Assessments	Central ward block and adjacent areas have had their fire risk assessments reviewed and updated	Review if change in risk e.g. relocation of Wards during ward etc. refurbishment
<b>Risk Control</b>	<b>Action Taken</b>	<b>Further Action</b>
Equipment	Evacuation sheets provided for all beds and staff trained in their use.	Test procedures if change to wards etc. affect the use of the equipment
Review of Oxygen safety	Confirmation that Oxygen cylinder trollies provided Review labelling of Oxygen shut off valves	Maintain system etc.
Change Management	Review evacuation plans and risks if wards are moved, refurbishments undertaken etc.	Review as required
Monitoring	Fire wardens conduct regular fire safety reviews e.g. housekeeping.  Supplemented by Fire Safety Advisers as available	Review as required
Cladding removal or management	Identify strategy and funding etc.	

## 7. **RECOMMENDATION**

Members are asked to :

- **NOTE** the report current position

<b>Governance and Assurance</b>										
<b>Link to corporate objectives</b>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships	
	✓		✓		✓		✓			
<b>Link to Health and Care Standards</b>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources			
	✓	✓								
<b>Quality, Safety and Patient Experience</b>										
Improved safety for staff, patients, visitors and contractors.										
<b>Financial Implications</b>										
Significant capital costs to replace current cladding.										
<b>Legal Implications (including equality and diversity assessment)</b>										
Unclear if any fire safety incidents where the cladding was implicated would result in action being taken against the Health Board										
<b>Staffing Implications</b>										
None										
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>										
None										
<b>Report History</b>		None								
<b>Appendices</b>		None								