



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>05 April 2022</b>	<b>Agenda Item</b>	<b>3.4</b>
<b>Report Title</b>	<b>Inspections &amp; Audit updates</b>		
<b>Report Author</b>	Mark Parsons, Assistant Director of Health & Safety		
<b>Report Sponsor</b>	Darren Griffiths, Director of Finance & Performance		
<b>Presented by</b>	Mark Parsons, Assistant Director of Health & Safety		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to provide the Health and Safety Committee with an update on the progress following receipt of internal and external inspections and audits.		
<b>Key Issues</b>	<p><b>The internal health &amp; safety audit carried in 2019/20 identified that:</b></p> <ul style="list-style-type: none"> <li>• Health &amp; Safety governance structure was not clearly outlined</li> <li>• Identification of specialist areas i.e. estates disciplines,</li> <li>• No clear KPI's identified</li> <li>• Membership did not cover all areas (WOD) not included</li> <li>• No specific work plan to review specific areas – Fire/COSHH etc.</li> <li>• Policies not regularly reviewed</li> <li>• Regular review of Terms of Reference not undertaken</li> <li>• There was inconsistency in reviewing H&amp;S risk register</li> <li>• No regular review, update of internal audit reports</li> </ul> <p><b>The internal fire audit brief 2020/21 identified that:</b></p> <ul style="list-style-type: none"> <li>• No clear identification of fire risk assessments for anticipated completion dates</li> <li>• Identification of works completed, not fully documented or not available during audit</li> <li>• No documented evidence of communication between corporate committees/groups and service director committees/groups relating to fire</li> <li>• No process to complete sign off of works identified in fire risk assessment</li> <li>• Fire advisors to attend appropriate committees/groups,</li> <li>• Mechanism to provide assurance to the H&amp;S committee</li> </ul>		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>

<b>Recommendations</b>	Members are asked to : <ul style="list-style-type: none"><li>• <b>NOTE</b> the report</li></ul>
------------------------	---

# **INSPECTION AND AUDIT UPDATE**

## **1. INTRODUCTION**

The purpose of this report is to provide the Health and Safety Committee with an update on the progress following receipt of internal and/or external inspections and audits.

## **2. BACKGROUND**

### **2.1 Internal Audit 2018/19 & 20/21**

As part of the internal audit plan which was commissioned in order to evaluate the processes and procedures that support the management of health & safety, within the University Health Board a limited assurance assessment rating was received by internal audit in relation to health & safety in 2019-2020.

A fire safety audit brief 2020/21 has been shared with the health board outlining key findings from previous reports as well as the scope for the 2020/21 audit.

In addition to the NWSSP audit and assurance audits, shared services specialist estates services (SES) have carried out fire audits at:

- Gorseinon Hospital -
- Morriston Hospital – March 2021
- Cefn Coed Hospital – August 2021

### **2.2 Internal Audit Findings**

There was recognition of the works being undertaken to address the HSE improvement notices and that resources quite rightly were focussed to enable the health board to comply with the notices. A number of key areas were identified:

- There is a need to strengthen reporting from specialist groups, including those operating within estates
- The health & safety committee programme did not have specific areas to review in the committee planner,
- Health & Safety governance structure,
- H&S Operational group membership to be reviewed,
- Regular review of Terms of Reference not undertaken,
- There was inconsistency in reviewing H&S risk register
- No regular review, update of internal audit reports,

### **2.3 Internal Audit Brief Outline Findings**

The audit will focus on the effective mechanisms operated to provide management with appropriate assurance in relation to performance of required duties and the effectiveness of management information and control systems; appropriate actions; by sample testing compliance with regulations and following up on previous agreed actions identified below:

- No clear identification of fire risk assessments for anticipated completion dates
- Identification of works completed, not fully documented or not available during audit

- No documented evidence of communication between corporate committees/groups and service director committees/groups relating to fire
- No process to complete sign off of works identified in fire risk assessment
- Fire advisors to attend appropriate committees/groups
- Mechanism to provide assurance to the H&S committee

## **2.4 Specialist Estates Service (SES) Independent Audits & Brief**

Specialist estates services plan a number of independent audits throughout NHS Wales on behalf of Welsh government in accordance with the monitoring procedures outlined in FSN12/10<sup>2</sup>.

The inspections carried out on SBUHB premises focussed on the managerial fire controls and emergency procedures and to examine the main passive and active fire precautions.

## **2.5 Specialist Estates Service Audit findings**

The Health Board should:

- Ensure fire risk assessments (FRA) are implemented for unoccupied areas of the hospitals
- Ensure appropriate communication channels are in place between sites and estates
- Ensure FRA and its contents are regularly reviewed & strengthened
- Link FRA actions to refurbishments where practicable to do so
- Ensure Fire safety manuals are in place and updated, this should include as built drawings
- Review the HB Smoking Policy and monitoring mechanisms
- Maintain housekeeping
- Review electrical testing, fixed and portable appliances
- Review fire training and site training compliance
- Identify dedicated estates person for fire detection and fire alarm systems
- Review fire detection devices and replace where required
- Review cause and effect matrix
- Review and reduce unwanted fire signals (UwFS)
- Undertake a compartmentation survey and include fire dampers
- Ensure hydrant systems remain fit for purpose
- Ensure future fire exercises be expanded to include in-patient areas
- Ensure that site specific Fire & Emergency Access plans
- Review silencing and resetting procedures of the fire alarm system
- Review of roles and responsibilities
- Review external storage (waste bins etc)

There were common themes identified across the sites audited, with specific action plans developed to address the themes identified, these are regularly reviewed at the HB heal, safety and fire safety group meetings.

## 2.6 External Audits/Inspections

During the last 12 months, there has been no external audits/inspections carried out by the enforcing authorities.

## 3. PROGRESS

### 3.1 Health & Safety

A full review of the audit actions has been undertaken and updated with the only area not fully covered being the H&S KPIs, this has been reviewed to ensure the KPI's are meaningful and have adopted a two-tier approach:

- Tier 1 – set targets for undertaking audits
- Tier 2 – actions identified and completion of actions to be able to close off the actions.

This has been reviewed and approved at the H&S Operational group and the H&S committee and communicated to the service groups.

Actions	Comments
Review health & safety governance structure	New H&S governance structures agreed and in place
Identification of specialist areas i.e. estates disciplines	Forward planners incorporate specialist areas to review in place
Membership did not cover all areas (WOD) not included	H&S Ops group membership reviewed with improved attendance, included HR representation
No specific work plan to review specific areas – Fire/COSHH etc.	Identified in forward planners with deep dives for specific areas/topics in place
Policies not regularly reviewed	Regular agenda item in H&S Ops group and reported through to H&S committee in place
Regular review of Terms of Reference not undertaken,	Scheduled in committee/group forward planners
There was inconsistency in reviewing H&S risk register	Risk register regularly reviewed at H&S Ops group and H&S committee
No regular review, update of internal audit reports	Now included in committee/group meetings
No clear KPI's identified	KPI's developed and agreed at H&S Ops group and H&S committee

### 3.2 Fire

Actions	Comments
No clear identification of fire risk assessments for anticipated completion dates	A full review of FRA has taken place, with a continuous schedule of FRA reviews in place to identify and monitor FRA's to ensure FRA compliance is maintained.

Actions	Comments
Identification of works completed, not fully documented or not available during audit	This is in relation to the NWSSP electronic system and needs to be changed nationally. NWSSP SES have successfully bid for funding to develop a new all Wales fire safety system, this will involve representatives from the HB's. There are local systems in place to monitor actions identified, completed and planned.
No documented evidence of communication between corporate committees/groups and service director committees/groups relating to fire	H&S governance structure enables communications in to and from the respective groups/committees, with estates related sub committees reporting through to H&S Ops group, all service groups attend.
No process to complete sign off of works identified in fire risk assessment	This will be monitored through the fire safety group and reported through to H&S Ops group.
Fire advisors to attend appropriate committees/groups	Fire advisors will attend appropriate groups/committees
Audits – no formal reviews or evidence of these being in place	All audits now taken through the H,S&FS group, Ops group and H&S committee to ensure progress is monitored and assurance provided that actions are planned and or completed.

Further meetings have taken place with NWSSP audit to discuss progress and share evidence, with the latest review on 3rd March 2022, they are currently reviewing the information/evidence collated by the HB. Once the report is received the action plans will be updated to show any actions closed and/or requiring further work

The audits carried out by NWSSP – SES (Fire) are reviewed at the HB health, safety and fire safety group, where actions are agreed as being completed and/or require additional work prior to actions being closed. The next meeting is scheduled for 3<sup>rd</sup> May 2022, where it is expected that the majority of actions that do not require capital investment, will be confirmed as completed.

### 3.3 Singleton Cladding Removal and Replacement Project

- Full business case submission completed expected approval December 2020
- Instruction to proceed and mobilisation November/December 2020
- Commencement of site preparation December 2020
- Main works commencement (erect scaffolding) January 2021
- Decant of wards to enable works end January/February 2021
- Phase 1 scheduled completion October 2021
- Phase 2 scheduled completion June 2022
- Phase 3 scheduled completion January 2023
- Phase 4 (final phase) scheduled completion March 2024

The above schedules have changed during, with phases pushed back due to the pandemic, weather, removal of asbestos and expert reviews of cladding and structures.

#### **4. NEXT STEPS**

There are further actions to be taken to ensure the HB continue to develop and improve health & safety and fire arrangements and the action plans will be monitored through the health, safety and fire safety group, H&S Ops group and H&S committee.

#### **5. FINANCIAL IMPLICATIONS**

There is no financial implication of the paper, however, to implement the actions identified will incur additional costs.

#### **6. RECOMMENDATION**

Members are asked to:

- **NOTE** the updated report

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
<p>Following the final health &amp; safety internal audit report 2019-2020 and the fire internal audit brief 2020/21 a review has been undertaken to address the health &amp; safety limited assurance assessment areas highlighted in the report and the previous actions from the fire audit brief to ensure there are effective systems, cooperation and ownership of health and safety at all levels are in place to building a positive, safe and healthy environment.</p>		
<b>Financial Implications</b>		
<p>There are no financial implication of the paper, however, to implement the actions identify will incur additional costs.</p>		
<b>Legal Implications (including equality and diversity assessment)</b>		
<p>Swansea Bay University Health Board (SBUHB) is committed to providing and maintaining a safe and healthy work place and to provide suitable resources, information, training and supervision on health and safety to all members of staff, patients Contractors and visitors to comply with the legislative and regulatory framework on health and safety which includes:</p> <ul style="list-style-type: none"> <li>• The Health &amp; Safety at Work Act 1974</li> <li>• Management of Health and Safety at Work Regulations 1999</li> <li>• The Regulatory Reform (Fire Safety) Order 2005</li> </ul>		
<b>Staffing Implications</b>		
<p>Staff will be briefed on the developments through health and safety meetings/forums or other groups as determined necessary to ensure that health and safety is discussed, monitored and acted upon. A report on the longer term health and safety staffing and resource requirements is being reviewed.</p>		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
<p>The Act requires the Health Board to think more about the long term, how we work better with people and communities and each other, look to prevent problems and take a more joined up approach with partners. There will be long term risks that will affect both the delivery of services, therefore, it is important that you use these five</p>		



ways of working (Long Term Thinking, Prevention, Integration, Collaboration and Involvement) and the wellbeing goals identified in the Act in order to frame what risks the Health Board may be subject to in the short, medium and long term. This will enable The Health Board to take the necessary steps to ensure risks are well managed now and in the future.

<b>Report History</b>	
<b>Appendices</b>	