



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

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



AN EXAMPLE

<b>Meeting Date</b>	<b>7<sup>th</sup> August 2018</b>	<b>Agenda Item</b>	<b>3b</b>
<b>Report Title</b>	<b>Internal Fire Safety Audit</b>		
<b>Report Author</b>	Dr Laurie Higgs, Head of Health and Safety		
<b>Report Sponsor</b>	Siân Harrop-Griffiths, Director of Strategy		
<b>Presented by</b>	Darren Griffiths, Assistant Director of Strategy		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This paper informs the Health and Safety Committee of the findings of the most recent internal audit on fire safety and updates on the actions taken to address these findings.		
<b>Key Issues</b>	<p>The Health Board has moral, legal and financial duties to ensure that it manages health, safety and fire efficiently.</p> <p>Fire safety is a key area for the Health Board and the most recent audit has identified a number of key actions to improve fire safety assurance.</p>		
<b>Specific Action Required )</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			✓
<b>Recommendations</b>	Members are asked to note the current actions in respect of the fire safety audit.		

# INTERNAL AUDIT – FIRE SAFETY

## 1. INTRODUCTION

This paper informs the Health and Safety Committee of the findings of the most recent internal audit on fire safety and updates on the actions taken to address these findings.

## 2. BACKGROUND

The Health Board is routinely audited on its compliance with fire safety requirements. The most recent internal audit provided limited assurance and identified a range of recommendations and actions to address this limited assurance position.

Appendix 1 to this report sets out the findings and recommendations of the audit and alongside these is the agreed management response and current update on status.

## 3. GOVERNANCE AND RISK ISSUES

<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>								
Strong fire safety arrangements are a key component of ensuring the safety of the services we provide to our patients and our visitors.								
<b>Financial Implications</b>								
There are no financial implication of this paper as it is an audit update paper.								
<b>Legal Implications (including equality and diversity assessment)</b>								
The Health and Safety at Work Act 1974 places a legal duty on the Health Board to effectively plan, implement, monitor and review its health and safety performance. This paper support the development of a health and safety improvement plan for 2018-19 that will assist the Health Board to demonstrate its commitment of good health and safety management. Fire safety is a key element of this.								
<b>Staffing Implications</b>								
None								
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>								

By working in safer and more sustainable ways the Health Board will ensure that future generations are protected from harm.

**Report History**

This paper has been received by the Health and Safety Operational Group.

**Appendices**

Appendix 1 – Audit findings and actions

## APPENDIX 1 - Findings of the fire Safety Audit 2018

Key Finding Ref	Findings	Impact (Internal Audit)	Recommendation	Priority	Management Response	Current Position
1 (D)	Whilst the Fire Plan for POWH had been updated and, audit were informed, been circulated to members of the Unit Health and Safety Committee (due to cancellation of the meeting in November 2017) it was awaiting formal approval in February 2018 so not yet published.	Fire plans are not kept up to date, exposing people to risk in the event of a fire	The Fire Plan should be presented for approval to the Unit Health and Safety Committee and subsequently published so as to be accessible to all.	L	The Fire Safety Plan has been reviewed and agreed with key stakeholders/partners. This will be formally considered and approved at the next Unit H&S Committee.	
2 (O)	The 2016/17 Fire Audit, due for completion in May 2017, was submitted in December 2017. There is no formal monitoring schedule apportioning the remaining work for the 2017/18 Fire Audit over the remaining months in the lead up to the submission of the Annual Fire Audit due in May 2018.	Reporting externally may not be compliant with requirements	We would recommend that the Head of Health & Safety implement a schedule for the remaining work, apportioning work to support meeting the Annual Fire Audit 2017/18 deadline (and for future years planning).	M	Work programme to be developed for completion and submission of the audit	Audit completed and submitted prior to May 31 <sup>st</sup> 2018 deadline

<p><b>3 (D)</b></p>	<p>Risk assessment action plan indicative timescales were not measureable. The Head of Health &amp; Safety had raised the need to review the drop down options at the commencement of the audit.</p>	<p>A lack of clarity regarding responsibilities and timescales may undermine accountability and monitoring.</p>	<p>The Head of Health &amp; Safety should review the timescales in the drop down box to determine whether 'anticipated completion' times drop down selection can be defined more precisely. Where necessary, consult with NWSSP Specialist Estates Services Senior Fire Advisor regarding amendments.</p>	<p><b>L</b></p>	<p>Current NWSSP database does not permit effective reporting of risk assessment timescales. Supplementary database developed and being further evaluated as an interim solution. Efficacy of national system to be escalated through Head of Health and Safety to national forum.</p>	<p>Escalated to national group for consideration.</p>
<p><b>4 (D)</b></p>	<p>The last audit reported that the completion of actions required to address issues was not being monitored corporately. This is still the case at our follow up review</p> <p>The Head of Health &amp; Safety informed the auditor that action plans include columns for 'Action taken', 'Signed' and 'Date'. Going forward, the Head of Health &amp; Safety plans to receive copies of the action plans completed with the above headed columns populated. On receipt the Health &amp; Safety department would upload the information to the spreadsheet tracker maintained by the Head of Health &amp; Safety.</p>	<p>There is no assurance that the risk assessment action plans are being completed as per requirements.</p>	<p>The Health Board should implement a corporate mechanism for monitoring the issues/risks raised at assessments, the completion of action taken and exposure to risk in the meantime.</p> <p>Consideration should be given to engaging with Unit Senior Management and Governance Leads to achieve this.</p>	<p><b>H</b></p>	<p>Current NWSSP database does not permit effective reporting of risk assessment timescales. Supplementary database developed and being further evaluated. Planet FM will continue to be used to report each Estates action.</p> <p>Membership of Fire Safety sub group to be reviewed to ensure that Unit representatives attend to account for action closing at Unit level.</p>	<p>Corporate mechanism being developed. Agreed deadline 1<sup>st</sup> October 2018 due to scale of work required.</p>

<p><b>5 (D)</b></p>	<p>There was no routine reporting of high risk issues to Service Directors or the SDU Health &amp; Safety Committees.</p>	<p>Without information of risks and expectations, Unit Directors cannot support ward staff to address issues.</p>	<p>A process for reporting high risk actions to Service Directors needs to be implemented in compliance with Health Board Fire Safety Policy.</p> <p>Management may wish to consider a mechanism that communicates all risk assessments via Unit governance leads to ensure ownership and support monitoring of actions.</p>	<p><b>H</b></p>	<p>Reports have been made to Service Delivery Units in Mental Health and Singleton on high risk issues. A formal report will be made regularly to all Service Delivery Unit Health and Safety Committees.</p>	<p>Roll out of reporting underway. Deadline for completion 31<sup>st</sup> October 2018.</p>
<p><b>6 (O)</b></p>	<p>H&amp;S Fire Management Subgroup minutes and papers up to, and including May 2017, were provided. More recent minutes and papers were requested from the Assistant Director of Strategy to support action relating to the monitoring of high risk actions, however, these were not received by the close of the audit fieldwork.</p>	<p>There is potential to enhance the assurance regarding the level of risk exposure whilst action remains to be taken to address Estates issues.</p>	<p>Audit recommend that an appropriate nominated lead for the Estates department collates information regarding all actions outstanding from Fire Risk Assessments, their age and the risk rating. This information should be reported periodically to the Health &amp; Safety Fire Management Sub Group and the Units.</p>	<p><b>M</b></p>	<p>Estates actions will continue to be placed onto the Planet FM system for remedial action. This system does not have an effective method for prioritisation of these risks. Where the fire risk assessment identifies high risk estates actions these will be recorded and monitored separately as part of actions identified in 4D and 5D above</p>	<p>The final design of the systems planned in 4d and 5 d above will determine the process for the final action for this finding. For assurance there is a fire safety sub group chaired by the Assistant Director of Strategy (estates) which routinely meets to discuss matters of fire safety.</p>

7 (D)	<p>Fire Advisors have been invited to attend the Fire Management subgroup but have not yet attended.</p> <p>The Head of Health &amp; Safety informed Audit that the NWSSP Specialist Estates Services Senior Fire Advisor had not been invited to attend the Fire Management Subgroup meetings.</p>	The group may lack expertise.	The Health Board Fire Advisors should attend the Fire Management Subgroup.	<b>M</b>	Fire Safety Advisors routinely attend all -Wales meetings where many continuous professional issues are addressed. They maintain regular liaison with SSP Fire Safety Advisors. Discussions will take place with SSSP Fire Safety Advisors to confirm their availability for meetings of the fire safety group	SSP fire safety advisor has been invited to attend next fire safety sub group meeting.
8 (D)	<p>The last audit recommended implementation of mechanisms to report assurance to the Health &amp; Safety Committee.</p> <p>The Health &amp; Safety committee had received fire safety information at the June, July and September 2017 meetings. However, data is not presented to give comprehensive assurance on action to address all known risks, or those remaining open.</p>	The assurance received by the Board is limited as a consequence.	Management should put in place a reporting mechanism that provides the Health & Safety Committee with assurance regarding fire safety risk, including assurance regarding action taken to address risks identified in risk assessments and risks still to be actioned.	<b>H</b>	A further report will be presented to the ABMU Health and Safety Group (formerly Committee) outlining the current fire safety risk profile of the Health Board. Where practicable this will include performance associated with actions identified by risk assessment.	Scheduled for September meeting on work plan for Committee. Will include report on All Wales audit submission and KPIs.