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Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



<b>Meeting Date</b>	<b>3<sup>rd</sup> December 2018</b>	<b>Agenda Item</b>	<b>7b</b>
<b>Report Title</b>	<b>ABMU Fire Safety Audit (Shared Service Partnership) 2017-18</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, Associate Director of Performance		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This paper informs the Health Board of the outcomes of the 2017-18 Fire Safety Audit.		
<b>Key Issues</b>	<p>The Annual All Wales Fire Safety Audit has been submitted, on time, to NHS Wales Shared Services Partnership.</p> <p>The Audit submission identifies a number findings which are required to be addressed and these are set out in the report.</p> <p>The principal actions to address the findings are set out in the attached appendix to the report.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
		✓	
<b>Recommendations</b>	The ABMU Health and Safety Committee is requested to note the report and the actions in place to address the issues raised in the audit.		

## 1. BACKGROUND

There is a requirement for all Health Boards in Wales to submit an annual fire safety report to the Shared Services Partnership. Its primary aim is to inform the organisation of areas of compliance and actions required.

## 2. SUMMARY OF KEY FINDINGS

Set out below are the key findings from the submission made on 23<sup>rd</sup> May 2018: -

1. No formal report is made directly to the Health Board on matters of fire safety. Previous route was approval by the Abertawe Bro Morgannwg University (ABMU)

Operational Health and Safety Group and then to the Assurance and Learning committee and ultimately to the Quality and Safety committee. The formation of the new ABMU board level Health and Safety Committee will give improved governance

2. There is a need to raise the profile of fire safety governance throughout the organisation with all parts that may be considered as responsible persons under the fire Safety Regulatory Reform Order leading on the area as that they are responsible for.
3. Though action has been taken to address fire evacuation plans and reduction of fire risk in the central ward block at Singleton Hospital there is still an ongoing requirement to address the fire risk associated with the cladding.
4. Though outside of the period of review the uplift on Fire Safety Adviser resource in May 2018 has allowed risk assessments that have not been recently reviewed to be updated.
5. ABMU is unable to demonstrate effective fire safety governance of GP and other contractors regarding protection of ABMU patients using those services.
6. Further work is required to develop effective arrangements for the reporting and investigation of fire incidents and particular Unwanted Fire Signals (UwFS). A number of systems are in place resulting in inconsistent reporting and poor ownership of the risk.
7. A review of training arrangement is required to ensure an effective system is in place. Key lessons learnt from the previous provision of good local training in some areas and the implementation of local training in the Singleton Unit should be rolled out across the Health Board. Here are opportunities to link this process to systems to ensure that staff groups are fully conversant with their responsibilities particularly in the event of a fire emergency
8. Further work is required to address the management of Oxygen particularly for emergency procedures.

Appendix 1 below sets out the key findings, the recommended actions and the member of staff responsible for the implementation of those actions arising from the audit.

## **5. RECOMMENDATIONS**

The ABMU Health and Safety Committee is requested to note the report and the actions in place to address the issues raised in the audit.

<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>										
Failure to effectively manage fire safety places the Health Board at risk of loss of key services, disruption to the delivery of healthcare and legal action under fire safety legislation..										
<b>Legal Implications (including equality and diversity assessment)</b>										
Potential breach of Fire Safety Regulatory Reform Order 2005.										
<b>Staffing Implications</b>										
Increased sickness and absence										
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>										
None										
<b>Report History</b>		To Operational Health and Safety Committee for approval in July 2018								
<b>Appendices</b>		Appendix 1 - Summary of principal findings of the fire safety audit								

## **Appendix 1 - Summary of Principal findings of the Shared Services Fire Safety Audit for ABMU 2017-18**

### **1. List of sites etc. audited**

- ABMU-wide systems
- Caswell Clinic
- Cefn Coed Hospital
- Glanrhyd Hospital
- Maesteg Community Hospital
- Morriston Hospital
- Neath Port Talbot Hospital
- Princess of Wales Hospital
- Singleton Hospital
- Taith Newydd
- Tonna Hospital

## 2. Principle findings

### 2.1 Roles and Responsibilities

Standard	Finding 2017-18	Recommendation	Action by Whom
Is an annual fire report presented at the Organisation's Board meeting informing them of the current state of fire safety in all the organisation's occupied premises?	To Health and Safety Committee and Quality and Safety Committee only	2017-18 Report to Operational Health and Safety Group and ABMU Health and Safety committee	Head of Health and Safety
		Units to review findings of audits submitted by site (currently main hospitals etc only)	Units
	No clinics etc. audited in 2017-18 audit	Include a range of smaller properties in 2018-19 audit	Head of Health and Safety
Is fire safety a standing agenda item at the management/executive board meetings?	Currently fire safety is reported to the ABMU Health and Safety committee, Assurance and Learning Committee to the Quality and Safety committee that is a sub Committee of the Board with Executive representation	Report to Operational Health and Safety Group and ABMU Health and Safety committee	Head of Health and Safety
Is the Board Level Director satisfied that all premises have appropriate fire safety	Singleton Hospital cladding is still an area for review and developing of control measures	Complete training etc of operational staff Review long-term strategy for cladding	Singleton Unit Director Strategy

procedures and contingency plans?	Systems required to maintain review of site plans and ward and departmental plans	Annual review required of main hospital site plans and reporting to Unit etc Health and Safety Committees	Units
Is the Board Level Director informed of all fire drills?	Will only be informed if significant failings are found in arrangements and outcomes	No further action	None

## 2.2 Policy Issues

Standard	Finding 2017-18	Recommendation	Action by Whom
Does the organisation have a procedure in place to ensure that there are sufficient and adequately trained staff available at all times to provide assistance for evacuation?	No documented procedure as staffing levels are normally linked into nurse rosters etc	Confirm nurse rostering legislation and arrangements are adequate to manage risks	Units
Does the organisation have a procedure in place to ensure fire risk assessments are maintained up-to-date?	Resources and changed priorities such as Singleton cladding has diverted resources	Appoint 3 <sup>rd</sup> fire Safety Advisor and maintain review of progress in updating risk assessments	Operational Health and Safety Group
Where patients are treated in non-NHS premises have appropriate procedures been developed for ensuring fire safety?	Action required to confirm effectiveness of contractors e.g. GP and to seek assurance on their fire safety arrangements	Review arrangements in units e.g. Primary Care and Community	Units

Standard	Finding 2017-18	Recommendation	Action by Whom
Are there procedures for investigating and reporting fire incidents and/or unwanted fire signals in accordance with the principles of WHTM05 03 Part H	No consistent approach with DATIX, Ops 15, Estates records etc used	Review arrangements for reporting and investigation	Operational Health and Safety Group

### 2.3 Training

Standard	Finding 2017-18	Recommendation	Action by Whom
Has the Fire Safety Manager developed a training programme for all employees derived from a training needs analysis?	Revised training needs programme required to include lessons learnt from Singleton reviews of roles and responsibilities	Paper to ABMU Operational Health and Safety Group	Head of Health and Safety
Does the organisation have a procedure to assess the effectiveness of fire training delivered?	Some work has been undertaken regarding competency assessments of staff. False alarms and fire drills are also indicators of staff's knowledge and skills	Paper to ABMU Operational Health and Safety Group	Head of Health and Safety

### 3.4 Ongoing Works

Standard	Finding 2017-18	Recommendation	Action by Whom
Where new works or refurbishment schemes are proposed, are the	Where new works or refurbishment schemes are proposed existing fire risk	Review arrangements	Fire Safety Group

Standard	Finding 2017-18	Recommendation	Action by Whom
recommendations of the current fire risk assessments considered?	assessments may not be checked. New works or significant refurbishment is expected to bring fire standards up as part of the scheme		

### 3.5 Miscellaneous

Standard	Finding 2017-18	Recommendation	Action by Whom
Are all medical gas pipeline systems assessed, installed and maintained for compliance with HTM 02 by the medical gases approved person(s)?	Oxygen isolation points are currently not fully labelled up to identify areas supplied with oxygen	Review and confirm accuracy of labelling	Estates
Are all compressed gas cylinders stored and managed in accordance with HTM 02? I	Review being undertaken of the range of Oxygen cylinders in use at Singleton Hospital and storage	Complete review and implement new control measures	Singleton Unit