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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>05 July 2022</b>		<b>Agenda Item</b>	<b>3.5</b>
<b>Report Title</b>	<b>Fire Door Compliance update</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 fire door compliance and replacement programmes.			
<b>Key Issues</b>	<b>Fire Door Compliance</b> <ul style="list-style-type: none"> <li>• Planned preventative maintenance and inspection programmes</li> <li>• Minor works &amp; repairs</li> <li>• Door replacement – Capital works</li> <li>• Fire risk assessment schedule</li> <li>• Fire compartmentation surveys</li> </ul>			
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</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 and the progress made</li> </ul>			

# FIRE DOOR COMPLIANCE UPDATE

## 1. INTRODUCTION

The purpose of this report is to provide the Health and Safety Committee with an update on fire door compliance and where applicable fire door replacement/upgrades.

## 2. BACKGROUND

The Health Board (HB) has three main acute sites, Morriston Hospital, Singleton Hospital and Neath Port Talbot Hospital (NPTH), in addition to these there are mental health sites; Cefn Coed, Tonna Hospital, Glanrhyd, Caswell Clinic and Taith Newydd. Not all of the sites are maintained by the Health Board. NPTH is maintained through a PFI contract and Glanrhyd one of which is maintained through a PFI contract and the three mental health sites maintained through a contract with CTMUHB.

## 3. FIRE DOOR INSPECTION PROGRAMMES

There is a legal requirement to inspect fire doors at least 6 monthly, with programmes in place for each of the sites from which any defects are identified and updated on to the respective systems operated by the estates function.

An example of the inspections is provided in table 1 and table 2.

**Table 1 Sample inspection report for NPTH**

Local Plan Reference	Floor	Department	Door location details	Protection rating (Fire Ins)	Hold Open Device	Closer OK?	Wedges OK?	Furniture OK?	Seals OK?	Gappage OK?	Door Status	Reason for Remedial Work	General Notes (follow up work required)	Repair Status	Completion date
AC12	Floor 1	Colposcopy	Colposcopy Clinic Co-ordinator / Secretary	30	N/A	NO	OK	OK	OK	OK	Satisfactory				
AC26	Floor 1	Ante Natal Clinic	Store Room	30	N/A	N/A	OK	OK	OK	OK	Advisory	Architraves	Reseal gaps to architrave.	Fire seal replaced by Fire Safe, records retained of SnagR portal	
AC37	Floor 1	Ante Natal Clinic	Inner Main Entrance Double Doors	30	N/A	N/A	OK	NO	OK	OK	Advisory	Architraves	Reseal gaps to architrave & replace missing push plate to slave door.	Fire seal replaced by Fire Safe, records retained of SnagR portal	
AC41	Floor 1	Ante Natal Clinic	Disposal Hold Across From Clinic B1	60	N/A	N/A	OK	NO	OK	OK	Advisory	No push plate	Replace missing push plate & reseal gaps to architrave.	Fire seal replaced by Fire Safe, records retained of SnagR portal	
AC42	Floor 1	Ante Natal Clinic	Linen Store	60	N/A	N/A	OK	OK	OK	OK	Advisory	Architraves	Replace missing push plate & reseal gaps to architrave.	Fire seal replaced by Fire Safe, records retained of SnagR portal	
AC45	Floor 1	Ante Natal Clinic	Electrical Cupboard Inside Governance Office	30	N/A	N/A	OK	OK	OK	OK	Advisory	Architraves	Adjust door gap, to tight on meeting stile stopping doors fully closing.		
AC46	Floor 1	Ante Natal Clinic	Electrical Cupboard	30	N/A	N/A	OK	NO	OK	OK	Maintenance	No faceplate	Fit new faceplate to sash lock.		
AC47	Floor 1	Ante Natal Clinic	Store Room	30	N/A	N/A	OK	OK	OK	OK	Advisory	Architraves	Reseal gaps to architrave.	Fire seal replaced by Fire Safe, records retained of SnagR portal	
AC48	Floor 1	Ante Natal Clinic	Store Room Inside Governance Office	30	N/A	N/A	OK	OK	OK	OK	Advisory	Architraves	Reseal gaps to architrave.	Fire seal replaced by Fire Safe, records retained of SnagR portal	

**Table 2 Sample inspection report (health board)**

Door reference no:	Doors close at correct speed	Intumescant strips/brushes are intact	Check door closure	The door does not bind the floor	All handles are secure	Correct glazing installed	Correct notices displayed	No oil leaks to closures	Correct gap to smoke seals (4mm)	Remove all wedges	Comments
D42	✓	✗	✓	✓	✓	✓	✓	✓	✓	N/A	Replace intumescant strip
D43	✓	✓	✓	✓	✓	✓	✓	✓	✓	N/A	
D44	✓	✓	✓	✓	✓	✓	✗	✓	✓	N/A	Update fire notices
D45	✓	✓	✓	✗	✓	✓	✓	✓	✓	N/A	Door requires adjustment/trimming
D46	✓	✓	✓	✓	✓	✓	✓	✓	✓	N/A	

Door schedules are carried out by the respective estates departments from which work cards are populated, works are then undertaken and closed once works have been completed.

#### **4. CAPITAL WORKS**

The HB secured funding through Welsh Government Estates Funding Advisory Board (EFAB), for specific areas:-

- Fire
- Decarbonisation
- Mental Health
- Infrastructure

This was to address backlog maintenance in these areas. The HB replaced 34 fire door sets during 2021/22, 17 in Morriston Hospital and 17 in Singleton Hospital and is constantly reviewing the condition of the doors to identify other fire door sets that will require full replacement going forward.

Under the mental health category capital works (refurbishments) were undertaken in learning and development bungalows and as part of these works, all fire compliance has been addressed, this included fire doors.

Other capital works in mental health premises undertaken and continuous is anti-ligature works, this includes the replacement of fire doors where identified.

#### **5. FIRE RISK ASSESSMENT**

The HB has invested in resources to address previous non-compliance and achieved 100% in the completion of Fire Risk Assessments (FRA) in July 2021 and has maintained this important level of compliance. There is now a full schedule in place for all fire risk assessments to ensure FRA completion compliance is maintained, with regular reporting through the health board fires safety group and health and safety operational group.

As part of the fire risk assessments for the various compartmentation zones, fire doors form part of this and any defects identified are included in the actions required i.e. intumescent strips/smoke seals. The fire safety team has developed standard responses and continue to review these to ensure there is consistent and appropriate language being used.

#### **6. FIRE COMPARTMENTATION**

In 2021/22 the HB commissioned compartmentation surveys for Morriston and Singleton Hospitals to review the fire compartmentation zones. The survey includes: -

- Inspection of the overall condition of the existing fire compartments.
- Assessment of the condition and effectiveness of the sealing of wall/soffit interfaces.
- Inspection of existing fire seals applied to service penetrations through fire compartment lines.
- Assessment of the materials used to seal existing service penetrations/linear joints and in particular whether appropriate fire rated materials appear to have been used and whether they appear to have been applied/installed in an appropriate manner.
- Identification of any damage to fire compartment lines that is likely to reduce the effectiveness of the fire compartment.

- Presence of unprotected structural steelwork within fire compartments which may have an impact on the overall effectiveness of the expected fire performance of the building.
- Presence of fire dampers within ducts passing through designated fire compartment lines. Where dampers are present an assessment of the positioning and fixing methods used was made. (See also Fire and Smoke Damper Surveys).
- Assessment of the materials and methods used to construct any dry lined walls which form part of the fire compartmentation.
- Assessment of any specific issues relating to the ability to reinstate fire compartmentation (the presence of items of equipment or services which may prevent access to the required area).

The report is being finalised and checked against existing fire compartmentation zones.

## 7. NEXT STEPS

The estates and health and safety teams in conjunction with NWSSP- SES fire to review: -

- Fire compartmentation to establish actions/works requires.
- Update the fire compartmentation drawings, this will confirm actual fire compartmentation lines and confirm position of fire door sets.
- Update the fire door inspection schedule based on the updated fire compartmentation drawings.
- Undertake a review of actions identified through the compartmentation surveys and fire risk assessment and develop an action plan and establish route to address;
  - Planed preventative maintenance
  - Discretionary capital
  - WG funding – EFAB and or capital schemes
- Undertake a full fire door survey
- Develop a 1 -5 year fire capital programme/business cases

## 8. FINANCIAL

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

## 9. RECOMMENDATION

Members are asked to:

- **NOTE** the report and the progress made

<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 receipt of the independent fire audits through NWSSP audit team and NWSSP specialist estates (Fire) that reviewed fire management and general fire precautions the health board has in place, specifically targeting hospital sites, the health, safety and fire team have reviewed the reports and its recommendations. Action plans produced and presented to the Health and Safety Committee for approval, this plan will be monitored by the Health and Safety Operational Group on a quarterly basis.</p> <p>Following the recommendations and action plan will improve the premises and the safety of staff, patients, contractor and others visiting the site.</p>		
<b>Financial Implications</b>		
There are no financial implication of the paper, however, to implement the actions identify will incur additional costs.		
<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>		
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.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		

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 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>	