





Meeting Date	03 March 202	20	Agenda Item	2.6	;
Report Title	Internal and External Reviews				
Report Author	Laurie Higgs, Head of Health and Safety				
Report Sponsor	Gareth Howells, Director of Nursing and Patient				
	Experience				
Presented by	Laurie Higgs, Head of Health and Safety				
Freedom of	Open				
Information					
Purpose of the	The paper outlines inspections conducted by internal				
Report	bodies and external such as Fire Brigades and Health				
	and Safety Executive.				
Key Issues	Key points of the paper, how this supports the				
	achievements of the Health Board's corporate objectives,				
	overview of risk implications. Include the main details on				
	page 2 of the report.				
Specific Action	Information	Discussion	Assurance	Approval	
Required		×			•
(please choose one	_	_	_		
only)					
Recommendations	Members are asked to REVIEW AND DISCUSS				

Internal and External Reviews

1. INTRODUCTION

This document considers safety management reviews conducted by Fire and Rescue Services, Health and Safety Executive and Internal Audit.

2. BACKGROUND

External bodies have statutory powers to investigate the safety performance of the Health Board. There are also Internal Audit reports on certain aspects of health and safety management.

3. GOVERNANCE AND RISK ISSUES

Failure to comply with UK health, safety and fire legislation carries a risk of prosecution and loss of public confidence. Currently there is one HSE notice issued to the Health Board in February 2019 that remains outstanding for compliance.

Welsh Government have written to Health Board requiring to take action to manage fire safety effectively (Appendix A)

4. FINANCIAL IMPLICATIONS

None immediately. But reviews of resources for the management of health's safety and fire needed.

5. RECOMMENDATION

The Committee is asked to note the report.

Governance and Assurance				
Link to Enabling	Supporting better health and wellbeing by actively empowering people to live well in resilient communities	promoting and		
Objectives	Partnerships for Improving Health and Wellbeing			
(please choose)	Co-Production and Health Literacy			
,	Digitally Enabled Health and Wellbeing			
	Deliver better care through excellent health and care services achieving the			
	outcomes that matter most to people	\bowtie		
	Best Value Outcomes and High Quality Care			
	Partnerships for Care	\boxtimes		
	Excellent Staff	\boxtimes		
	Digitally Enabled Care			
	Outstanding Research, Innovation, Education and Learning	\boxtimes		
Health and Car	are Standards			
(please choose)	Staying Healthy	\boxtimes		
	Safe Care	\boxtimes		
	Effective Care	\boxtimes		
	Dignified Care	\boxtimes		
	Timely Care	\boxtimes		
	Individual Care	\boxtimes		
	Staff and Resources	\boxtimes		
Quality Safaty	and Dationt Experience			

Quality, Safety and Patient Experience

Patients are potentially exposed to health and safety risks. Systems to manage those risk s must be patient centered; as an example understanding each patients trigger for violence and aggression will protect both staff and patients.

Financial Implications

None immediately those there have been costs associated with Fees for Intervention issued by the HSE in respect of their inspection programme. There is likely to be significant revenue implications around strengthening resources both corporately, within units and in departments such as Estates

Legal Implications (including equality and diversity assessment)

Health and safety law compliance, avoidance or mitigation of claims, effective use of staff and training resources etc.

Staffing Implications

Further work required to assess impact.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

- Long Term The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.
- Prevention How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.

- o **Integration -** Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.
- Collaboration Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.
- o **Involvement -** The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.

Report History	tory Previous reports to Board Health and Safety Committee	
Appendices	Welsh Government fire safety letter	

Internal and External Reviews

1. Internal and External Reviews

1.1 Health and Safety Executive

Table 1 shows the chronology of HSE reviews and formal inspections of the Health board and current position in respect of improvement notices.

Table 1			
Date	Inspection/Review Topic	Outcome	Position
October2018	Management of electrical safety for dynamic air mattresses	Improvement notice	Notice lifted
February 2019	Review of the management of violence and aggression and manual handling	9 Improvement notices (including incident management	8 notices lifted 1 remaining (incident investigation)
May 2019	Tonna site management	Improvement notice	Notice lifted
October 2019	Electrical safety (consumer boards)	Improvement notice	Notice lifted
October 2019	Authorised Persons Estates	Improvement notice	Notice lifted
October 2019	Electrical safety food regeneration trollies	HSE review but no action taken	No formal action
June 2019	Radiation Safety	HSE review and breaches identified	Fees for Intervention only

1.2 Fire and Rescue Services

None currently.

Welsh Government letter issued.

1.3 Internal Audit

Table 2 shows progress against Internal Audit reports (not Estates).

Table 2			
Topic	Outcome	Issues identified	Current Situation
Fire Safety	Limited assurance	Monitoring of progress and actions following fire risk assessment	Insufficient resources in Health and safety to totally review all 5,000 actions on risk register. Reports provided to Units on risk numbers of risk assessments updated Estates resources limited for remedial action e.g. carpenter resource. Some reliance on contractors
COSHH	Limited assurance	Risk assessment Consistency of monitoring at Unit level etc.	Updates being made on risk assessments Reporting to Units confined to incidents only
Health and Safety	Assurance		Further review currently postponed

Welsh Government Letter re Fire Safety

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/ Prif Weithredwr GIG Cymru Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group

To all Health Board & NHS Trust:

Chief Executives Directors of Finance Directors of Planning Head of Estates



Llywodraeth Cymru Welsh Government

13 February 2020

Dear Colleagues

FIRE SAFETY AND FIRE ENFORCEMENT NOTICES

Following an increase in the number of Fire Enforcement Notices and fire safety letters across facilities owned by NHS Wales, I would like to emphasise the importance of local proactive fire safety strategies and policies.

As you are aware, organisations have statutory responsibilities under The Regulatory Reform (Fire Safety) Order 2005 (RRO). I also draw your attention to WHTM05/01 Firecode - Managing Healthcare Fire Safety. This contains the Welsh Government's fire safety policy applicable to the NHS in Wales, in addition to detailing fire safety roles and responsibilities and the necessity for effective fire management arrangements across the NHS estate.

Effective local fire safety policies should ensure that:

- suitable and sufficient governance arrangements are in place to manage all fire related subjects and matters;
- working partnerships are developed with all relevant stakeholders and appropriate bodies to facilitate the provision of fire safety;
- there is a clearly defined management structure for the delivery of and maintaining controls and monitoring measures for all fire safety related subjects;
- organisations assess and provide appropriate levels of investment in relation to fire safety measures across the estate and personnel to facilitate the maintenance of



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existing fire safety arrangements and support the implementation of suitable fire safety precautions as required.

In terms of key themes emerging from the latest Fire Enforcement notices, I am advised that many of the issues highlighted are relatively easy to address. These include poor housekeeping standards such as inappropriate storage of materials, obstruction of escape routes and fire doors being wedged open.

Other key themes include inadequate maintenance of fire safety features, inadequate training performance, and built form deficiencies relating to fire compartmentation integrity.

The health and safety of patients, staff and visitors on hospital sites is of course paramount. Therefore, I must stress the importance of ensuring up-to-date, suitable and sufficient fire risk assessments are conducted for all parts of the estate and, more importantly, arrangements are implemented to address the significant findings identified. I have asked my team to discuss the implications of this letter with organisations via the regular Capital Review Meetings.

Yours sincerely

Dr Andrew Goodall CBE

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cc: Alan Brace Val Whiting