

Swansea Bay University Health Board Minutes of the Health and Safety Fire Group

Meeting held on 7th July 2025 – via Microsoft Teams

Present:

Mark Parsons (MP)	Assistant Director of Capital Planning/H&S - Chair
Mark Jarrett (MJ)	Project Manager – SBUHB
Joshua Tobin (JT)	Fire Safety Advisor - SBUHB
Huw George (HG)	Fire Safety Advisor - SBUHB
Anthony Wiltshire (AW)	Estates Manager - Singleton
Christian Harry (CH)	Estates Manager - Morriston
Amanda Milward (AM)	RCN Representative
Nigel Hill (NH)	Unison Representative
Heather Richards (HR)	Unite Representative
James Lawrence (JL)	NPTH – PFI Kier Contract Manager
Joanne Warriss (JW)	Urgent Primary Care Manager
Alex Guthrie (AGb)	Health & Safety Advisor
Paul Coode (PC)	Business support Manager (Operations) - MH&LD
Kerry Thompson (KT)	Hospital Operational Manager – NPTH
Nicola Watts (NW)	Service Manager – Morriston Hospital Operations
Elaine Lewis (EL)	Singleton Hospital Operations Service Manager
Rohan Megahey (RMa)	Assistant Fire Safety Advisor - SES
Stuart Hanger (SHa)	Fire Safety Advisor - SES

Apologies:

Anthony Pitcher (AP)	Senior Fire Safety Advisor - Shared Services
Katie Collins (KC)	Project Support Capital Planning
Melanie Collins (MC)	Operational Manager – Singleton
Jonathan Parker (JP)	Primary Care Estates Manager
Craig Davies (CD)	Senior Project Manager – Capital Planning
Emily Warren (EWa)	Associate Director of Operations - PCTSG
Ricky Morgan (RMb)	Assistant Head of Operations - MH & LD
Liza Powell (LPb)	Estates Manger – Morriston
Emma Williams (EWb)	PCTSG Ops Project Manager
Rhidian Richard (RR)	Estates Officer - SBUHB
Steve Davies (SD)	Fire Safety Advisor - SBUHB
Ray Selby (RS)	Assistant Director Estates

Minute	Item	Action
35/25	Welcome & Introductions	
	MP welcomed everyone to the meeting.	

Minute	Item	Action
36/25	Apologies for Absence	
	Apologies for absence were received and listed above.	
37/25	Declarations of Interest	
	None declared.	
38/25	Minutes from Meeting Held 7th April 2025	
	Minutes were agreed as an accurate record.	
39/25	Matters Arising	
	Items covered in the main agenda.	
40/25	Action Log	
	<p><u>Pending Actions from Action Log</u></p> <p>28 : Exception Report from Action Log to be extended to the next meeting.</p> <p>Update: MP noted that he has developed a spreadsheet for review, to be discussed later in the meeting.</p> <p>32 : NWSSP SES Fire Audit Report for NPTH. Meeting to be arranged to address actions identified in audit.</p> <p>Update: JT met with Vicky Thomas to review the actions. MP to meet with HG/AG for update reading the actions noted on the report.</p> <p>33 : Fire Safety letters for Clyne Ward and Fendrod Ward. Meeting to be arranged to develop appropriate action plans.</p> <p>Update: Works are being carried out at Clyne and Fendrod under the TEF funding allocation from WG. MP liaise with JT.</p> <p><u>Actions from 7th April 2025</u></p> <p>10/25 : RS would like to extend this training into Horizontal Fire Evacuation and how to support clinical colleges in the event of an incident. This can be developed into a more comprehensive training plan going forward.</p> <p>Update: HG noted that he would update training information accordingly with details of the various aids available.</p>	

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	<p>11/25 : Fire Safety Risk Register to be reviewed in the next quarter.</p> <p>Update: AG noted information updated, once confirmed it will be uploaded to the teams folder</p> <p>12/25 : EL enquired as to who would train the Fire Wardens on site to deliver Horizontal Evacuation Training. More information required from Martin Thomas to feedback. MP to discuss with Martin Thomas.</p> <p>Update: MP noted team agree in principle to the training and will advise once resources have been agreed.</p>																																																							
41/25	Fire Risk Assessment Compliance																																																							
	<table border="1" data-bbox="368 875 1246 1357"> <thead> <tr> <th colspan="6">FRA Position as at 4th July</th> </tr> <tr> <th>Service Delivery Unit</th> <th>In Date</th> <th>Overdue</th> <th>Sleeping Risk</th> <th>Total</th> <th>Percentage Overdue</th> </tr> </thead> <tbody> <tr> <td>Morrison</td> <td>57</td> <td>55</td> <td>3</td> <td>112</td> <td>51%</td> </tr> <tr> <td>Singleton</td> <td>60</td> <td>26</td> <td>0</td> <td>86</td> <td>70%</td> </tr> <tr> <td>Neath PT</td> <td>46</td> <td>3</td> <td>0</td> <td>49</td> <td>94%</td> </tr> <tr> <td>MH LD</td> <td>42</td> <td>12</td> <td>2</td> <td>54</td> <td>78%</td> </tr> <tr> <td>PC&T</td> <td>23</td> <td>7</td> <td>0</td> <td>30</td> <td>77%</td> </tr> <tr> <td>Other</td> <td>4</td> <td>2</td> <td>0</td> <td>6</td> <td>67%</td> </tr> <tr> <td></td> <td>232</td> <td>96</td> <td>5</td> <td>337</td> <td>69%</td> </tr> </tbody> </table> <p>SH noted new system being adopted in terms of assessments being created. Existing systems will remain live to allow the transition period, this could remain for a further 2 – 2 ½ years</p>	FRA Position as at 4 th July						Service Delivery Unit	In Date	Overdue	Sleeping Risk	Total	Percentage Overdue	Morrison	57	55	3	112	51%	Singleton	60	26	0	86	70%	Neath PT	46	3	0	49	94%	MH LD	42	12	2	54	78%	PC&T	23	7	0	30	77%	Other	4	2	0	6	67%		232	96	5	337	69%	
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42/25	Fire Risk Assessment Actions																																																							
	<p>MP tabled a PowerPoint presentation that he has been developing, the following points relating to the presentation were noted:</p> <ul style="list-style-type: none"> • Overall actions by service group • Individual service group information showing resolved and unresolved actions • Further detailing to be developed, e.g. fire door related on each site. Aid in understanding where the challenges are e.g. resourcing • MP to review with RM/SH further and issue to the wider team for comment 	MP																																																						

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	<ul style="list-style-type: none"> • RM noted key to understand what reports are needed out of the system to ensure the right information is being inputted into the system. • HG noted importance of having the correct level of agreed responsible person and consistency with the way things are reported (e.g. noting available drawings). • MP advised liaising with the wider teams outside of this group for lessons learned – what is working well, what needs revisiting? • MP proposed inclusion of limited drop-down menus to allow people quick identification of who is lead (users, operational, etc) • PC queried if reminders could be set up for the risk handlers to access the system and update the system. RM noted can look at this but needs to be managed to prevent the volume of reminders becoming excessive. Happy to discuss further. • MP queried if this could be added to a service group agenda instead of reminders? • JT noted work being undertaken to ensure that jobs are assigned to the correct person, work is being done with existing open jobs. • MP queried actions noted as no further action but still showing as unresolved. RM advised that work is being undertaken on the system to prevent this happening in the future, linking outcomes to risk ratings • Any suggestions to be sent to HG for collating 	
43/25	Fire Safety Incidents	
	<p>Incidents are being report to the team, information is due to be updated to the system.</p> <p>SH advised that the system is showing 30 unwanted fire signals/false alarms from January to the current time. Potentially under reporting from the Health Board. None showing for Morriston, all are from Singleton or Neath Port Talbot. System needs to be updated.</p> <p>System reports one fire incident at Cefn Coed on 30th April.</p> <p>It is advised that unwanted fire signal reports for Mental Health are being reported via the Datix system.</p> <p>HG to set up a meeting with MP and other relevant parties to review the reporting requirements going forward (suggested attendees: MP, HG, JT, SD, EL, PC, NW, JW, KT).</p>	HG

Minute	Item	Action
	EL referred to Microsoft forms that had been developed in Singleton and queried if this can be rolled out to other areas.	
44/25	Fire Safety Training	
	Legacy one being taken forward and being developed by the teams. Potential link to risk assessment visits.	
45/25	Fire Safety Risk Register	
	Nothing further to note.	
46/25	Service Group Updates	
	<ul style="list-style-type: none"> • Singleton EL issued the report for Singleton, further to the report the following points are noted: <ul style="list-style-type: none"> ○ System is being updated, 102 out of 385 risks have been resolved. ○ Time consuming to update the system and add comments ○ Query who in Estates they can link with for any outstanding actions ○ Generic email sent to department heads to ensure that fire wardens are appointed. Training is being carried out in each area as opposed to generic central training ○ Fire evacuation plans have been submitted to SD, Ward 19 is being reviewed ○ Theatre evacuation plan is at sign off stage ○ 12 unwanted fire signals for April and May noted ○ Number of vaping incidents noted in disabled WC by canteen ○ Noted lifts 1,3 and 6 will be fire fighting lifts to be controlled by fire and rescue • Neath Port Talbot (NPT) KT issued the report for NPT, further to the report the following points are noted <ul style="list-style-type: none"> ○ KT advised that she was new to post and will start a review of the action plan for NPT and chase up any outstanding actions ○ Oxygen cylinders have now been removed ○ Planned works for 28th July to CCTV noted ○ Fire warden training will be reviewed, JT to assist ○ Live walk through drills for non-patient areas to be reviewed ○ AG noted that four girder boxes have been shortlisted, review to be completed in due course 	

Minute	Item	Action
	<ul style="list-style-type: none"> <p>• Morrison NW issued the report for NPT, further to the report the following points are noted</p> <ul style="list-style-type: none"> ○ 55 risks assessments remain outstanding ○ Morrison are also developing their own template to record actions and try find ways to support areas in a better way ○ An actual fire incident was noted – a cardboard incident by the kitchen area ○ 4no Datix reports to note ○ Work underway to ensure training compliance rates increase ○ All services have been asked to review their fire evacuation plans ○ AM raised the issue of patients being placed in front of fire doors, this is discussed further under Any Other Business. ○ NW/AM to meet to discuss House J concerns. <p>• Mental Health & LD PC issued the report for MHL, further to the report he following points are noted</p> <ul style="list-style-type: none"> ○ Assessment compliance noted as 78.7%, increase to last report ○ 1 actual fire on Gwelfor noted, along with 3 minor events in Caswell Clinic ○ Fire safety training is at 91.23%, increase to last report ○ Fire drills planned for this week ○ Thanks was extended to HG and SD for attending the business continuity exercise on site <p>• PC&C JW issued the report for PCC, further to the report he following points are noted</p> <ul style="list-style-type: none"> ○ Fire risk assessments on going, 12 outstanding but dates are agreed for them to be undertaken ○ Noted challenge using the FARS system in identifying and noting accountability and responsibility ○ 12 out of 22 actions have been resolved, liaising with Estates to resolve the outstanding items <p>Discussion was held with regard to what a gerder box is. SH noted they are also referred to as premises information boxes. They hold plans, drawings and any useful building information. MP noted that there are not any currently in situ.</p>	<p>NW/AM</p>

Minute	Item	Action
	Health Board reviewing information required and locations. Current proposal to site outside the main buildings on each main site as they will be able to be accessed by a number of parties including the fire and police services. MP noted the Health Board will link with trade union representatives for views on siting. AG advised locations being considered are away from main public thoroughfares and public view.	
47/25	Estates Update	
	<ul style="list-style-type: none"> • Singleton AW noted difficult to manage all the competing priorities for the Estates teams, especially with resourcing issues, along with pressures of not enough funding to cover all the works needed. However, the following points are noted: <ul style="list-style-type: none"> ○ Fire damper works replacement to Singleton Pathology is noted for this financial year, circa 155 required in the one building. A local company is being used for the works. ○ Works ongoing to replace fire doors ○ Progressing compartmentation works will be difficult until accurate mapping of fire escape routes is available ○ Prioritising is key when looking at funding allocations. ○ Team note that works have been progressed at Singleton over the last few years with different WG funding allocations. 	
48/25	Audits (Internal – External)	
	Nothing to note at the current meeting.	
49/25	Capital Projects	
	MP noted works that are being undertaken including: <ul style="list-style-type: none"> • AHU replacement Singleton Theatres 1-6 • Theatres AHU replacement at Morrison • NPT Theatre 4 & 5 works will be undertaken in quarter 4 of the current financial year • Fire alarm works remain ongoing in numerous areas • Fire compartmentation linked to roofing works 	
50/25	Any Other Business	
	Patients Beds Located at Fire Exits Discussion was held with regard to locating patient beds in front of fire exits.	

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	<p>MP provided background as to the test for change initiative at Morriston to help alleviate the pressures on ED and other emergency related departments and noted that the trial period has now been extended as it had achieved positive results.</p> <p>The Health Board are working with a number of areas from ED, to AMU, Wards and then linking with external agencies to ensure timely discharges can happen to release bed pressures.</p> <p>AM noted that whilst ED incidents have decreased, issues in AMU and across the wider site are now being reported. AM advised that she has been notified by the National Health and Safety office that the Mid and West Wales Fire Service have a zero tolerance to these beds. AM requested assurance from the Health Board that there are plans to eradicate risks.</p> <p>Health Board execs have been advised on the legislation and teams are working to ensure risks are reviewed and minimised where possible and managed where eradication is not possible.</p> <p>It is noted that service groups have worked well with the teams to achieve results noted to date and thanks was given by MP for all the work undertaken.</p> <p>MP advised that the process has been to consider the overall environmental risk, looking at all the fire exit routes and consider if there is more than one additional exit route available. MP is conducting regular walk rounds of the ward areas to review the on-site situations and these will continue.</p> <p>Noted that where a bed may impede an exit route a mini drill will be carried out to determine timescales for actions should an evacuation be required.</p> <p>The hospital has good fire compartmentation which aids in keeping risks low and teams are working with all mitigation options to keep the risks low.</p> <p>It is noted that this is not an ideal situation but as a whole the Health Board has to consider risks to patients at every step of their journey and minimise where possible to allow access to the required medical care at the right time.</p> <p>NH queried who was undertaking the fire risk assessments and whether it was the Health and Safety team. MP advised that the fire safety teams carry out the initial checks and liaise</p>	

Minute	Item	Action
	<p>with the site management teams who are undertaking a 'your next patient' initiative. There are 3 risk assessments that are reviewed in together as part of this process, one based on the environment, one of the clinical acuities of the patient and site overall risk assessment on the pipeline of that patient pathway, including out in the community.</p> <p>It is noted that initially beds had been located either side of a fire door, this is deemed as unacceptable and advised to the operational teams.</p> <p>NH raised concern that staff are being ignored and from his understanding it is suggested that it is the responsibility of local managers, he believes that it should be the responsibility of the Health Board and namely Abigail Harris as the Chief Exec.</p> <p>MP advised that the Chief Executive is fully aware and is working with senior staff and service groups to find resolutions whilst also considering the overall site requirements. This ranges from trying to clear blockages at ED right the way through to liaising with local authority for care packages to allow discharges to take place.</p> <p>NH noted that he felt that the situations being created are not acceptable, namely beds being put in front of fire doors. MP noted these concerns.</p> <p>AW requested that staff side are actively involved in discussions when plans are being discussed as they are the ones who are dealing with the concerns and queries from staff members when decisions are made and implemented on site. MP to raise this with Sue Moore.</p> <p>HR queried whether they could receive copies of risk assessments that are carried out on beds placed by fire doors, they have been requested previously but not issued. Also HR noted that they would like to be involved to support moving forward. AM noted that staff had advised they were completing risks assessments but were unsure what, if anything, was happening with them? Queried whether Datix entries were being made? MP advised that staff should continue to submit where applicable. AW advised that feedback from staff notes that they feel that there aren't suitable processes in place for risk assessments and Datix submission and also that better communication is required.</p>	<p>MP</p>

Minute	Item	Action
	<p>Team to submit any issues to MP via email for discussion with Morriston site Management.</p> <p>Following MP tabling a plan to show a layout with beds by fire exits and noting that relevant doors should have signs to say keep clear, PC noted from a family experience that a bed put in front of a door was constantly being hit by people trying the door on the other side. MP advised that additional signage would be installed in the areas.</p> <p>AW noted that the additional beds also will not have access to medical gases, nurse call and other associated bed side resources. MP advised that this is why there are the 3 risk assessments, as mentioned earlier, carried out in conjunction with each other. It is essential that the risk assessments are carried out on the wards and this is part of the lessons learned process whilst the initiatives are developed and implemented.</p> <p>NW advised that allocation of patients to the extra beds is only carried out if a patient is deemed suitable and the decision will take into account mobility and the need for med gas intervention along with other considerations.</p> <p>MP advised that the Health Board is only a few weeks into the process but is already taking on board lessons learned and will hopefully see positive changes within AMU and then onto the wards as the initiative progresses.</p>	
51/25	Meeting Dates	
	<p>Next Scheduled Meetings:</p> <ul style="list-style-type: none"> • 13th October 2025 • 12th January 2026 • 13th April 2026 • 6th July 2026 • 12th October 2026 <p>Papers Due:</p> <ul style="list-style-type: none"> • 6th October 2025 • 5th January 2026 • 6th April 2026 • 29th June 2026 • 5th October 2026 	<p>Teams Teams Teams Teams Teams</p>