

All-Wales Summary Report

Estates Assurance – Fire Safety

October 2021

NWSSP Audit and Assurance Services



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1. Introduction

During the last five financial years (2016/17 – 2020/21), audits were completed assessing the arrangements in place for the management and control of fire safety at the following NHS Wales organisations:

- Aneurin Bevan University Health Board
- Betsi Cadwaladr University Health Board
- Cwm Taf Morgannwg University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board
- Swansea Bay University Health Board
- Velindre University NHS Trust.
- Welsh Ambulance Service NHS Trust

The key objective of the reviews was to assess compliance with the requirements of Welsh Health Technical Memorandum (WHTM) 05-01: '*Firecode – Managing healthcare fire safety*', which provides practical guidance in the application of statutory regulation in healthcare premises.

The areas considered within the reviews were:

Control Framework – To obtain assurance that management had implemented robust local Fire safety procedures/protocols – meeting both internal and external requirements;

Governance - Assurance that each organisation had established robust governance arrangements to manage Fire Safety requirements and that they operated effectively;

Monitoring & reporting – To obtain assurance that effective central monitoring and reporting arrangements had been applied including drawings, risk assessments, training, incidents, actions and inspections; and

Local Implementation - to obtain assurance that effective assurance mechanisms operated in respect of local compliance and implementation of defined requirements, including:

- local management, appointment and operation of fire safety officers and wardens;
- signage;
- equipment; and
- records





Each organisation received an assurance report which contains considerations for the future that are specific to its circumstances. This summary report seeks to identify common themes and development areas.

2. Summary of Consistent Messages

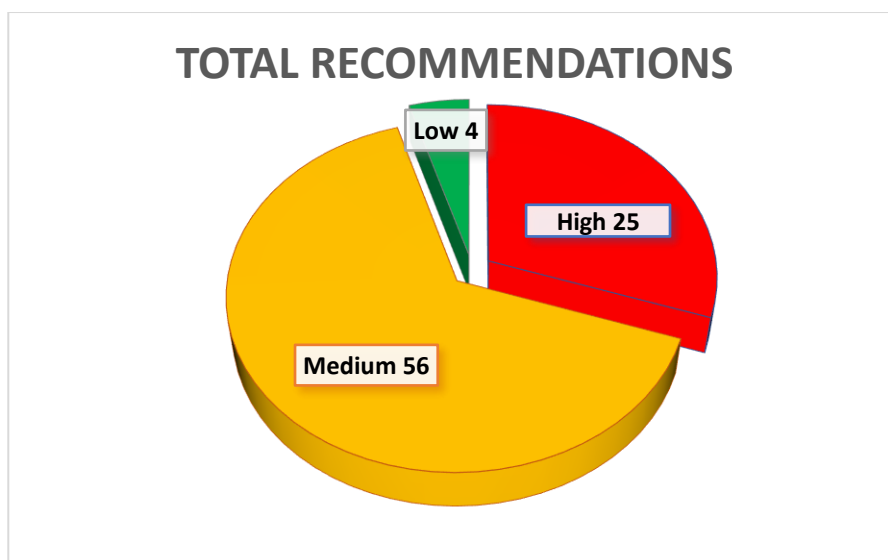
2.1 Overall position

In line with our agreed audit approach, each objective area was assessed in relation to the adequacy and effectiveness of the system of internal control under review. An overall assurance rating, along with individual assurance ratings for each objective area, were determined (see **Appendix A** for a description of the assurance ratings applied).

These anonymised ratings are provided below to illustrate the strengths and potential for improvement in the organisations’ fire safety management arrangements.

	Number of organisations receiving each assurance rating*			
				
Overall assurance rating	-	7	1	-
Control Framework	-	5	3	-
Governance	-	5	3	-
Monitoring and Reporting	-	4	4	-
Local Implementation	1	7	-	-

A total of 85 audit recommendations were raised, these are summarised by priority below:



Two of the eight organisations had live fire enforcement notices at the time of the audits.

We note that in general, fire safety management arrangements required substantial improvement in most organisations – with seven of the eight audits determining limited assurance.

Follow up reviews were subsequently progressed at two organisations: one determining significant improvement and the other concluding that insufficient progress had been made to address the original recommendations.

2.2 Control Framework

The Regulatory Reform (Fire Safety) Order 2005 imposes a general duty to take such fire precautions as may be reasonably required to ensure that premises are safe for the occupants and those in the immediate vicinity.

Further clarity is provided for NHS Wales within the following Welsh Health Technical Memoranda:

- WHTM 05 01: Firecode – Managing Healthcare Fire Safety.
- WHTM 05 02: Firecode - Fire safety in the design of healthcare premises.
- WHTM 05 03: Firecode - Fire Safety in the NHS.

The above requires NHS organisations to have a clearly defined fire safety policy covering all buildings they occupy. At most organisations, the policies and other supporting procedural guidance were significantly out of date and required updating to reflect current Welsh Health Technical Memoranda guidance (together with issues raised at the respective audits). Additionally, certain mandated elements were omitted from policies e.g., Dangerous Substance and Explosive Atmosphere regulations (DSEAR).

Accordingly, we consistently identified the following area for improvement:

- The renewal/updating of Fire Safety policies (and associated supporting procedures) to reflect current guidance.

2.3 Governance

Most organisations had defined an appropriate governance structure, including committee-level responsibility for fire safety and the requirement for dedicated Fire Safety Groups.

At the majority of organisations examined the Fire Safety Groups were either inactive for significant periods or had not been established. Consequently, significant gaps in the effective scrutiny, accountability and control assurances were observed during the period of review.

Improvements were also recommended to enable appropriate monitoring and reporting arrangements to operate at the Fire Safety Groups.

In all organisations key fire safety roles, including a Fire Safety Manager and supporting Fire Safety Advisers, had been formally assigned.

However, for one, improved clarity in the roles and responsibilities of local (site/locality) management, estates personnel and fire safety advisers operating within the fire safety structure was required.

In a small number of instances, the Fire Warden role was not allocated, and Fire Warden and Incident Coordinator listings were out of date, meaning assurance could not be provided that the organisation would have sufficient, trained support in the event of a fire incident.

We consistently identified the following areas for improvement:

- Appropriate operation of the Fire Safety Groups; and
- The need to define/assign other local roles key to supporting/ implementing fire safety management.

2.4 Monitoring & Reporting

WHTN-05-01 Firecode notes that an essential element of any fire safety management system is a robust reporting and audit process.

The required annual fire safety audits submitted to NWSSP: SES had been reported in a timely manner in all organisations.

It is a statutory duty to complete Fire Risk Assessments on all NHS properties. Fire risk assessments are utilised to inform mitigating actions (e.g. required fire suppression, evacuation, and maintenance requirements etc.), and as such are a fundamental part of fire safety control. Management arrangements should therefore provide assurance on their completion and any associated mitigating actions.

Fire Risk Assessments had been completed as required in most organisations, however the quality, validity and currency of the completed risk assessments varied significantly i.e.

- The absence of completed risk assessments for key premises;
- Inconsistent completion of risk assessments for premises across the estate; and
- Risk assessments not updated for significant periods of time.

The majority of organisations highlighted significant backlog maintenance issues which included the need for fire safety improvements across the estate. The varying quality of the fire risk assessments would impact on the accuracy/extent of an organisations reported backlog maintenance requirements.

A particular (current) concern was the need to refresh risk assessments in relation to ward reconfigurations associated with the Covid response e.g. changes to the identified responsible staff; the risk profile of the changed service; and associated exit plans etc.

Also, as a result of the variable quality of the completed fire risk assessments, issues were noted in the corresponding monitoring and implementation of the resulting actions arising from the same.

The quality of monitoring and reporting of fire risk issues was also variable. As a consequence, effective scrutiny, accountability and control assurances were lacking, with common issues identified including:

- The absence of annual Fire Safety Reports;
- The absence of regular fire safety reporting at Committee or Group levels; and
- Lack of consistency in reporting.

A number of organisations highlighted insufficient resource available to address the significant number of actions identified at the risk assessments, however the resourcing issue and associated risks/impact had not always been reported.

We consistently identified the following areas for improvement:

- Improved quality and regular update of Fire Risk Assessments;
- Improved monitoring and implementation of actions arising from the Fire Risk Assessments.
- Reporting formats, coverage and summaries were insufficient to enable effective scrutiny and management;
- Consistent fire safety reporting at an appropriate forum (Fire Safety Group/Sub Groups) and escalation of issues to Committee levels e.g. Health and Safety Committees (or equivalents); and
- The sufficiency of resources afforded to fire safety issues.

2.4 Local Implementation

We sought to obtain assurance that effective assurance mechanisms operated in respect of local compliance and implementation of defined fire safety requirements. Performance in this area was poor, with seven of the eight organisations receiving 'Limited Assurance' ratings and the remaining organisation receiving "no Assurance".

The organisation receiving a 'no assurance' rating in this area was due to number of outstanding "fire safety actions", some of which related to fundamental fire safety requirements, and the insufficient resource available to monitor and action identified risks.

Most organisations operated maintenance and inspection regimes in key areas such as fire alarm systems, fire doors, fire extinguishers etc., but due to the quantum were unable to fully address the issues raised.

Site visits undertaken during the audits generally identified isolated instances of statutory non-compliance across a wide range of issues, however, when considered collectively, exposed the organisations to increased risks e.g. the need for up to date PAT testing, safe storage of materials, impediments to exit routes and potential arson risks. Key issues to note are:

- Within the localities sampled at one Health Board, all fire extinguishers were out of date – additionally the servicing/maintenance of fire alarms had not been completed; and
- Some issues were noted in the display of current site plans by the main fire alarm panels.

It is a legal statutory requirement, under Article 21 of the Regulatory Reform (Fire Safety Order) 2005, that all staff must receive appropriate fire safety training.

Delivery of fire safety training, including to key staff such as fire wardens, varied between the organisations - ranging from 58% to 92% at the time of the reviews.

Good practice included the development of a robust training needs analysis to ensure an appropriately directed training programme. However, in some organisations, compliance with training delivery was insufficient - potentially exposing individuals, patients and the organisation to undue fire risk. In some cases, improvements were also required in the monitoring and reporting of training compliance to the relevant forums e.g. Fire Safety Groups.

NHS Firecode states that the frequency of fire drills / evacuation procedures is a matter for local management, though recommending a minimum frequency of once a year. In most organisations, fire drills were not being undertaken in line with the recommended frequency. Whilst recognising physical evacuations were not always considered feasible, desktop alternatives were also not operating.

In some organisations, local fire management folders had been provided (in accordance with Firecode guidance and British Standards), incorporating site-specific fire safety guidance, and providing proformas for the local monitoring of fire risks. Whilst these provided a useful means of communicating fire safety requirements to local staff, in the cases observed, they were inconsistently applied, not appropriately updated or utilised to derive the intended benefits.

We consistently identified the following areas for improvement:

- Improved compliance with training requirements;
- Improved compliance with fire drill requirements;
- Improved updating and monitoring of usage of local fire management folders.
- The absence of periodic fire drills;

- Ensuring current site plans are located in the appropriate areas by main entrances / main fire panels; and
- Ensuring locality/premises comply with local fire safety requirements (e.g. kept clear from potential obstructions or arson risks).

3. Good Practice Examples

This section provides some examples of good practice based upon our work across the organisations. Noting the generally poor assurance assessments determined at the reviews undertaken, such evidence was understandably limited. Please note that this is not an exhaustive list of good practice across the eight organisations.

- The allocation of an Executive lead responsible for Fire Safety;
- The escalation of high priority risks escalated to an Executive Board or Committee;
- The operation of an electronic “tracker system” managing Fire Risk Assessments and associated actions/timetables;
- Where fire drills were not possible, desk top models or walk-through tests were undertaken;
- Assurance obtained from Landlords on fire safety controls and actions, where staff were located off-site;
- Positive interaction with Fire Authorities and NWSSP:SES;
- Delivery of Fire Training via Teams (noting the current COVID restrictions);
- As a consequence of the audit, at one organisation, the case for additional resource approved by the Executive Team; and
- Capital bid submissions and associated investment programmes developed to seek to address historic backlog and fire risks.

Appendix A: Audit Assurance Ratings



Substantial assurance

The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.



Reasonable assurance

The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.



Limited assurance

The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.



No assurance

The Board can take **no assurance** that arrangements in place to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.



Assurance not applicable

Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are **not appropriate** but which are relevant to the evidence base upon which the overall opinion is formed.

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