

Fire Safety Management Final Internal Audit Report February 2022

Cwm Taf Morgannwg University Health Board

NWSSP Audit and Assurance



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



Contents

Executive Summary	3
1. Introduction.....	4
2. Detailed Audit Findings	4
3 Overall Assurance Opinion.....	9
Appendix A: Management Action Plan.....	10
Appendix B: Assurance opinion and action plan risk rating	27

Review reference:	CTM_2021_01
Report status:	Final
Fieldwork commencement:	2 nd May 2021
Debrief meeting:	17 th June 2021
Fieldwork completion:	1 st July 2021
Draft report issued:	9 th July 2021
Updated draft report issued:	26 th July 2021
Management response received:	1 st February 2022
Final report issued:	7 th February 2022
Auditors:	NWSSP Audit & Assurance: Specialist Services Unit
Executive sign-off:	Hywel Daniel, Executive Director Director for People
Distribution:	Tim Burns, Assistant Director of Strategic & Operational Planning Chris Beadle, Head of Health, Safety & Fire Georgina Galletly, Director of Governance/ Board Secretary
Committee:	Audit & Risk Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

Acknowledgement

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Cwm Taf Morgannwg University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Executive Summary

Purpose

The audit sought to assess the effectiveness of mechanisms operated to provide management with appropriate assurance in relation to fire safety management.

Overview

It was observed that management and committee efforts were focused on key risk areas. However, the following key matters raised concerns with regard the level of risk exposure to the UHB. Accordingly, there was a need to:

- Generate real-time management information on the status of risk assessments and the resulting actions arising;
- Enhance reporting to ensure consistency and include basic information to allow performance management; and
- Address the impact of the covid restrictions on risk assessment completion and training compliance – ensuring that sufficient resource is available to address the backlog at both.

Report Classification

Limited More significant matters require management attention.

Moderate impact on residual risk exposure until resolved.

Assurance summary

Assurance objectives	Assurance
1 Control framework	Reasonable
2 Governance	Reasonable
3 Central monitoring & reporting	Limited
4 Local implementation	Limited

The objectives and associated assurance ratings are not necessarily given equal weighting when formulation the overall audit opinion.

Key Matters Arising

		Control Design or Operation	Recommendation Priority
5.1	Development of appropriate fire management information systems	Operation	High
5.2	Monitor/ report risk assessment completion	Operation	High
6.1	Provide robust management information on risk action	Operation	High
9.1	Enhance reporting to provide greater assurance	Operation	High
10.	Improve training compliance	Operation	High

1. Introduction

- 1.1 The audit originated from the internal audit plan for 2020/21.
- 1.2 In October 2006, the Regulatory Reform (Fire Safety) Order 2005 came into force in England and Wales with the main purpose to replace the repealed Fire Precautions Act 1971, to draw together the various parts of other legislation that impinge on fire safety in existing buildings and to impose a duty to carry out a fire risk assessment.
- 1.3 Section 11 of the Regulatory Reform (Fire Safety) Order 2005 identifies the responsible person as the Employer. This order is applied in Wales by Welsh Health Technical Memorandum 05-02 (WHTM 05-02) ('the Firecode').
- 1.4 Audit sought to determine that effective mechanisms operated to provide management with appropriate assurance in relation to performance of required duties. The audit therefore reviewed the effectiveness of:
 - management information and control systems; and
 - appropriate actions; by
 - sample testing compliance with regulations.
- 1.5 Cognisant of prior reviews, local compliance with regulations was sample tested for the Princess of Wales and Ysbyty Cwm Rhondda Hospitals.
- 1.6 The potential risks considered in the review were:
 - Inadequate arrangements in place to manage fire precaution requirements at Health Board sites;
 - Inadequate monitoring and reporting arrangements may not provide management and the Board with appropriate assurances;
 - Non-compliance with the principles of the Firecode and Health and Safety Legislation which may lead to legal action and adverse publicity; and
 - Inadequate response procedures and responsibilities; exposing staff and patients to unacceptable levels of risk.
- 1.7 Noting the impact of Covid 19, the delivery of this assignment included an increased element of remote working.

2. Detailed Audit Findings

- 2.1 Fire arrangements within the UHB (and predecessor organisations) have been audited previously as follows:
 - CTUHB – Fire Safety (May 2018) – reasonable assurance
 - ABMUHB – Fire Safety (including Princess of Wales - November 2018) - limited assurance.
 - CTMUHB - Follow-up of Princess of Wales Fire Safety Recommendations (May 2020) - limited assurance.
- 2.2 Accordingly, this would be the first full audit of fire arrangements at CTMUHB since its establishment in April 2019. Where appropriate, recommendations within this report highlight whether similar issues were raised at any of the prior reviews (referencing the specific review accordingly).

Control Framework: To affirm that appropriate policies and procedures are in place.

- 2.3 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.
- 2.4 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.
- 2.5 The above requires NHS organisations to have a clearly defined fire safety policy covering all buildings they occupy.
- 2.6 The extant Fire Safety Policy was due for renewal in March 2021, and accordingly a revised Draft has been prepared. The key amendments were to recognise changes already in operation (such as revisions in governance arrangements). The updated draft Policy was assessed as adequate, providing a comprehensive document, including roles and responsibilities and training requirements in accordance with Firecode exemplar guidance. The revised Policy has been approved by the Health, Safety & Fire Sub-committee prior to ratification by the Quality and Safety Committee. However, it requires update prior to ratification to align terms of reference and terminology of new committees/ groups (**MA 1**).
- 2.7 The policy was supported by detailed site-specific procedures. However, of the three procedures tested, one was approved/ current, one was in draft, and the other had expired in June 2018 (**MA 2**).
- 2.8 While recognising the need to approve the application of the updated Policy, this was part of a scheduled review to reflect updated governance arrangements. Comprehensive procedures were in place governing all aspects of practical fire safety at each site, but required minor amendments and re-issue, accordingly **reasonable** assurance has been determined in relation to procedures.

Governance: To affirm that appropriate governance arrangements operate, including structures, terms of reference, roles and responsibilities.

- 2.9 Good governance is the process of decision-making and the process by which decisions are implemented.

Structures

- 2.10 In June 2020, the UHB implemented a new structure including the establishment of three Integrated Locality Groups (ILGs). At the same time, the Health, Safety & Fire Sub-committee was established as a dedicated specialist group, with local Health & Safety Fire Groups for each of the ILGs.
- 2.11 The inaugural meeting of the Health, Safety & Fire Sub-committee was held in July 2020 to establish terms of reference. Further quarterly meetings were anticipated to June 2021, however one of these was stood-down due to the ongoing Covid response.
- 2.12 It is anticipated that the Health, Safety & Fire Sub-committee will meet quarterly going forward.

Roles & Responsibilities

2.13 The draft Fire Safety Policy assigned the roles and responsibility of the Health Board, Chief Executive, a lead Board Level Director and senior management as per the Welsh Health Technical Memorandum (WHTM 05):

- the Director of People was assigned with Board responsibility;
- the Fire Safety Manager was assigned to the Head of Health, Safety & Fire, supported by Fire Safety Officers;
- expert advice was provided by the Authorised Engineer (Fire); and
- local managers were also assigned appropriate responsibilities for implementation of fire safety, including patient and staff evacuation.

2.14 Appropriate membership was also specified and operated for these various committees and groups.

Strategy to Meet Statutory Fire Compliance

2.15 The UHB did not have a documented strategy to address the fire backlog and other fire safety investment requirements (**MA 4**).

2.16 However, AWCP had/ was being targeted to meet the two Statutory Fire Notices in force from the South Wales Fire & Rescue Service, relating to compartmentation at Prince Charles Hospital (PCH), and similar issues and egress arrangements at the Princess of Wales (POW) Theatres.

2.17 In addition to the above projects, there is a ring-fenced provision annually within the discretionary capital programme. Bids targeting this funding are informed by the details gathered from the Estates & Facilities Performance Management System (EFPMS). The total expenditure on fire related bids in 2020/21 was circa £250k.

2.18 In conclusion, there was evidence of good practice in aspects of the expected governance arrangements. However, there was need:

- to review existing policies and terms of reference to reflect the recent changes in structure, ensuring they were fully integrated;
- to ensure that sufficient information was regularly reported to committee/ subcommittee to support effective decision making; and
- for a medium-term strategy to be developed demonstrating how statutory compliance will be achieved.

2.19 Noting observations above in relation to structures and strategy a **reasonable assurance** is provided in this area. However, the recommendations at the following section, if left unaddressed, would impact the ability to provide sound governance in this area.

Central Monitoring & Reporting: To affirm that appropriate monitoring & reporting arrangements operate including in relation to drawings, risk assessments, training, incidents, actions and inspections.

Monitoring

2.20 "Fire risk assessments are a statutory duty placed in the responsible person...maintained, up to date" with "ownership...vested in the person in control of the area" (WHTM 05-01).

2.21 Assurance was sought to ensure that the status of risk assessments and resulting actions were regularly monitored.

- 2.22 Management advised that the system maintained by NWSSP: SES did not facilitate update, ongoing management and/or extraction of information. Management further advised this issue has been raised with NWSSP over the last 10 years with no solution or action taken. This issue was previously raised by audit in May 2018, with other health organisations implementing alternative systems. Management was hesitant due to the additional cost and the requirement for double entry of information. Accordingly, compensating arrangements were not observed.
- 2.23 Management estimated that circa 8 - 10% of Risk Assessments had required refresh prior to Covid. However, due to the inability to gain full access during the Covid period, this created a backlog of assessments, and now stood at circa 35% (**MA 5**). Audit testing of a sample of risk assessments confirmed circa 40% of risk assessments were incomplete/ out-of-date.
- 2.24 Due to the aforementioned constraints, management was unable to provide details on the total number of actions identified from risk assessment and/or the number that remained outstanding – (**MA 6.1 & 6.2**);
- 2.25 Detailed risk dashboard scoring was observed for each area and facet of the estate, which informed in-year funding allocations. These appraisals were based on both the formal risk assessments, but also accumulated knowledge such as “*cause and effect*” testing undertaken across the various sites e.g. the potential causes and effects of mechanical or electrical failures.

Reporting

- 2.26 Management completed All Wales returns in respect of fire incidents, fire risk assessment and fire audits.
- 2.27 A Fire Safety briefing paper was also presented to the Executive in March 2021, outlining immediate Fire Safety issues within the Health Board - informed by detailed risk assessments.
- 2.28 With regard to more regular reporting, the expected level of reporting from ILGs was not explicit within its Terms of Reference. Highlight reporting was provided to the Health, Safety & Fire Sub-committee from each of the ILGs. The highlight reports included current and/ or key risks but were not reporting regularly on issues such as (**MA 9.1**):
- Status of risk assessments complete/ outstanding (**MA 5**);
 - Status of risk assessment actions complete/ outstanding (**MA 6.1 & 6.2**);
 - Status of recommendations from external reviews complete/ outstanding e.g., annual report compiled by the NWSSP: SES Fire Safety Adviser; and
 - Training compliance (**MA 10**).
- 2.29 The Health, Safety & Fire Sub-committee had also previously requested that minutes from the ILG are regularly submitted, however this was not observed during the audit (**MA 9.2**).
- 2.30 In conclusion, given the constraints to the production of robust management information, a **limited assurance** is provided in respect of monitoring and reporting.

Implementation: To ensure that there is effective local implementation, guidance and compliance.

Site Visits

- 2.31 This section has considered the effective operation of procedures by local managers. The local implementation of procedures is a core part of effective controls. Areas within both the Princess of Wales and Ysbyty Cwm Rhondda were sampled for walk around with both the Fire Safety Officer, and Fire Safety Adviser.
- 2.32 Prior to the visit, drawings were provided for the sampled areas at POW, YCR, and PCH Hospitals which demonstrated appropriate inclusion of fire safety information. Local drawings were found to be in place at each area visited, and this accorded with management's confirmation that these were up to date. They were therefore fit for purpose as user guides (in accordance with the key requirement of "Firecode"). However, in the case of the transferred Princess of Wales Hospital, a desktop review was being undertaken ahead of fuller surveys notably to determine the adequacy of ceiling compartmentation (**MA 11**).
- 2.33 From the sample sites tested, Fire Safety folders containing local procedures, risk assessments, and Fire Safety Checklists were evidenced at the Wards visited. The latter were found to be well maintained, providing assurance of key practical controls. The full library of risk assessments were also available on-line.
- 2.34 The site visits sought assurance on the availability of local procedures, operability of local prevention/ suppression systems, Fire Safety Checklist completion and evidence of action to address high risks.
- 2.35 General compliance with local procedures was observed, however a small number of issues were identified as follows:
- out of date extinguisher tests in one ward due to Covid-19, which was found to be reported on the day of the assessment following re-occupation for non-Covid needs;
 - two long-standing items of equipment were found to lack Portable Appliance Testing (PAT) (**MA 8**);
 - flammable oxygen cylinders propping open a cupboard door; and
 - following the installation of a gas cut off valve in the canteen, corresponding signage and the updating of local procedures remained outstanding (**MA 12**).

Training

- 2.36 Training compliance was reported to the October 2020 Health, Safety & Fire Sub-committee as 37.66% compliant, varying from 13% for specialist training, to 44% for more general training. Management commented that face-to-face training had been impacted by the Covid response (**MA 10**), resulting in a move to online training more recently.
- 2.37 Whilst positive operational/ local management was observed for the sample, the absence of performance data on risk actions and the low level of training compliance (notably for local managers) were key areas of concern. Accordingly, a **limited assurance** is presently provided with regard assurance of local implementation.

3. Overall Assurance Opinion

- 3.1 The opinion is based on the work performed as set out in the scope and objectives as agreed at the audit brief. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The Health Board had two live fire enforcement notices at the time of the current review, which were subject to specific business cases and associated All-Wales capital funding requests.

The audit recognises the impact that Covid-19 has had during the period e.g., redeployment of resource, impeding free access to review drawings and the up-date of risk assessments. Management informed the Executive in March 2021 that "A considerable amount of Fire Risk Assessments were out of date due to resource issues, operational commitments" and "Covid changes". Management commented that the position during the period were further exacerbated with only 3 of 6 WTE posts filled, and a major re-organisation having taken place in July 2020.

While such factors have impacted delivery, the audit has focussed on the design and operation of control and reporting systems and associated assurances.

- 3.2 Based on the observations at section 2, the level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with the review is **limited assurance**. This was primarily related to the adequacy of management information available, and the resulting challenge/ scrutiny afforded. In the key areas of risk assessment, resulting action and training, the level of compliance was significantly below that expected.

Appendix A: Management Action Plan

Matter Arising 1: Policy (Operation)		Potential impact
<p>WHTM 05-01 states that:</p> <p><i>"NHS organisations in Wales will have a clearly defined fire safety policy covering all buildings they occupy."</i></p> <p>The extant Fire Safety Policy was due for renewal in March 2021 and an updated Draft Fire Safety Policy has been prepared for approval. This was presented to the Health, Safety & Fire Sub-committee in June 2021 for approval with a view to it being presented for ratification at the August 2021 Quality and Safety Committee.</p> <p>However, as noted at MA 3.1 the Policy required alignment with the terms of reference of the relevant committees prior to ratification.</p>		<p>Potential risk that:</p> <ul style="list-style-type: none"> Effective governance is not operated.
Recommendations		Priority
1. The Fire Safety Policy should be appropriately updated/ ratified.		Medium
Agreed Management Action	Target Date	Responsible Officer
Actioned since fieldwork (ratified at the August 2021 Quality & Safety Committee).	31/08/2021	Head of Health Safety and Fire

Matter Arising 2: Local procedures (Design) **Potential impact**

As noted at **MA 1**, WHTM 05-01 states that:

"NHS organisations in Wales will have a clearly defined fire safety policy covering all buildings they occupy."

Local procedures were examined for currency and approval.

Site	Current Y/N	Expiry	Proposed by:	Approved by:
POW	Draft	Expiry date Informal – one year Formal – three years	N/A	N/A
YCR	Y	As per last approved changes June 2020	<ul style="list-style-type: none"> Board Secretary / Corporate Director 	<ul style="list-style-type: none"> Fire Safety Team Corporate H&S Committee
PCH	N	Expired June 2018	<ul style="list-style-type: none"> Board Level Director responsible for Fire - Board Secretary, Director of Corporate Services and Governance 	<ul style="list-style-type: none"> Corporate Workplace H&S Committee Corporate Risk Committee

While the site-specific procedures were adequately detailed, as outlined above, of the three procedures tested, one was approved/ current, one was in draft, and the other had expired in June 2018. There was therefore considerable disparity in operation and currency of approvals across the three sampled site procedures.

Potential risk that:

- Effective governance is not operated.

Recommendations **Priority**

2. Local procedures will be reviewed and updated within specified review periods - and associated uniform approval arrangements applied.

Medium

Agreed Management Action	Target Date	Responsible Officer
Agreed A review is in progress to align and standardise procedures.	31/03/2022	Head of Health, Safety and Fire

Matter Arising 3: Governance (Design)	Potential impact
<p>WHTM 05-01 identifies the responsible person as the employer. Both a Board level Director and Fire Safety Manager had been allocated. However, WHTM 05-01 also states that:</p> <p style="padding-left: 40px;"><i>“The Fire Safety Manager is tasked with developing and managing the fire safety management system and will be responsible for providing a link to the relevant organisation’s committees.”</i></p> <p>with relevant committees:</p> <p style="padding-left: 40px;"><i>“acting as a conduit for reporting on fire safety issues to the organisations Board.”</i></p> <p>At the time of audit, the assurance committee structure had recently been revised, as defined within the new Fire Safety Policy to include:</p> <ul style="list-style-type: none"> • Health, Safety & Fire Sub-committee; • A Building Development Fire Group; and • Integrated Locality (ILG) Health & Safety Fire Groups. <p>Further meetings were also observed with fire responsibilities; however, these groups were not referenced within the Policy:</p> <ul style="list-style-type: none"> • Health & Safety Co-ordinating Group; • Capital and Estates Fire Compliance Group; • Estates Health, Safety and Risk Committee; and • Capital and Estates Governance Board. <p>While some are dedicated Estates groups, key information interfaces relating to fire safety should be recognised. Noting the formative nature of several of the above groups, there was need to review both the Fire Safety Policy and terms of reference of the various committees to appropriately reflect revised monitoring arrangements.</p>	<p>Potential risk that:</p> <ul style="list-style-type: none"> • Effective governance is not operated
Recommendations	Priority
<p>3. Terms of reference of relevant committees should be updated, as required, to reflect revised monitoring and reporting arrangements in respect of fire safety.</p>	<p style="text-align: center;">Medium</p>

Agreed Management Action	Target Date	Responsible Officer
Each ILG Health, Safety and Fire Group have now included these requirements within their Terms of Reference.	30/11/2021	ILG Director of Operations
The Fire Safety Policy will be amended to better reflect the management arrangements of the Groups listed and how risks are monitored and reported between them.	31/01/2022 (Completed)	Head of Health, safety and Fire

Matter Arising 4: Strategy to achieve fire safety compliance (Operation)		Potential impact
<p>The Chief Executive of NHS Wales wrote to all NHS organisations on 13th February 2020 emphasising:</p> <p style="padding-left: 40px;"><i>"organisations assess and provide appropriate levels of investment in relation to fire safety measures."</i> with direction to <i>"discuss.. implications with organisations via the regular Capital review meetings."</i></p> <p>i.e. investment sources should be confirmed, including the need to submit capital business cases to Welsh Government.</p> <p>In response to two Fire Safety Notices issued to the Health Board, All-Wales Capital Funding had been secured to address compartmentation issues at Prince Charles Hospital, and a further bid of £36m was being prepared to address Fire Safety Issues within the Princess of Wales Theatres.</p> <p>A further ring-fenced amount was also agreed annually from the discretionary funds for fire related issues e.g., in 2020/21 this amounted to circa £250k. The investment requirements are informed by comprehensive data included within the Estates & Facilities Performance Management System [EFPMs] and the outcomes of the local risk assessments.</p> <p>The UHB would benefit from a formal strategy which would co-ordinate this information to demonstrate the Health Board's approach to addressing and mitigating the fire risk issues (including historic backlog issues).</p>	<p>Potential risk that:</p> <ul style="list-style-type: none"> an appropriate strategy is not in place to address identified risks. 	
Recommendations		Priority
<p>4. Management should develop an appropriate medium-term strategy to demonstrate co-ordination of efforts in managing the fire risk.</p>		<p>Medium</p>
Agreed Management Action	Target Date	Responsible Officer
<p>The Health Board will develop a medium term strategy for fire safety across its sites.</p>	<p>31/03/2023</p>	<p>Head of Health, Safety and Fire Head of Capital and Estates ILG Director of Operations</p>

Matter Arising 5: Risk assessment completion (Operation)	Potential impact	
<p>WHTM 05 states that fire risk assessments are a “<i>statutory duty</i>” providing comprehensive assessments of ward / area specific risks “<i>maintained, up to date and reviewed as appropriate</i>”. They are utilised to inform mitigating actions and as such are a fundamental part of fire safety control e.g., required fire suppression, evacuation, and maintenance.</p> <p>Management was asked to provide detailed management information in respect of total risk assessments completed, total expired and total incomplete for the entire UHB to determine the exposure to risk. However, management outlined that the NWSSP: SES system utilised to document risk assessments only provides ability to record and does not allow the data included to be managed/ updated/ extrapolated. Management advised this issue has been raised with NWSSP over the last 10 years with no solution or action taken.</p> <p>In the absence of detailed performance data, management stated that overall, circa 8 - 10% of Risk Assessments had required refresh prior to Covid. Due to inability to gain full access during the Covid period, this created a backlog of assessments and the outstanding risk assessments now stood at circa 35%. A <u>sample</u> of 18 Risk Assessments assessed across the three sample sites confirming that circa 40% of risk assessments were incomplete and/or out-of-date – largely attributed to inaccessibility during the covid period.</p> <p>At the time of audit, an additional resource had been identified for fixed 12-month period from Covid monies to address the backlog. This should be kept under review to determine whether a longer-term solution (beyond the fixed term) is required to manage the ongoing requirement for risk assessments.</p> <p>See also MA 9 in respect of reporting.</p>	<p>Potential risk that:</p> <ul style="list-style-type: none"> • Management is not appropriately informed/assured. • Risks are not appropriately identified and assessed. 	
Recommendations	Priority	
<p>5.1 Appropriate systems should be developed to allow the production of basic management information in relation to risk assessments.</p>	<p>High</p>	
<p>5.2 Risk assessments should be completed within stipulated review periods, including refresh for ward reconfigurations.</p>	<p>High</p>	
Agreed Management Action	Target Date	Responsible Officer

5.1 The Health Board will explore the use of the Risk Module in Datix to support the recording and escalation of risks following a Fire Risk Assessment.	31/03/2022	Head of Health, Safety and Fire
A Strategic Leadership Group paper will be produced to provide an options appraisal as to how fire risk assessments can be better captured and monitored.	30/04/2022	Head of Health, Safety and Fire
5.2 An additional Fire Officer has been appointed on a fixed term basis to support the completion of Fire Risk Assessments following the backlog created during the Covid pandemic. This role will be reviewed alongside the capacity of Fire Safety Team to maintain all the Health Board's Fire Risk Assessments. A Strategic Leadership Group paper will be presented on the outcome of this review and prior to the end of the fixed term appointment.	30/06/2022	Head of Health, Safety and Fire

Matter Arising 6: Risk assessment actions (Operation)	Potential impact
<p>WHTM 05-01 states that ownership of Fire Risk Assessment actions “<i>should be vested in the person in control of the area</i>”.</p> <p>The Fire Safety Policy requires:</p> <p style="padding-left: 40px;"><i>“evidencing of local management of general fire safety provisions, (ward / departmental fire safety management folders) ...within...copies of Fire Risk Assessments and actions taken.”</i></p> <p>Management regularly completed All Wales returns in respect of:</p> <ul style="list-style-type: none"> • fire incidents (with incident summaries additionally provided to the Health, Safety & Fire Sub-committee); • fire risk assessment; and • fire audit. <p>However, for the reasons outlined at the prior observation, management was unable to interrogate the information to provide details on the current status of risk mitigating actions.</p> <p>Noting these issues, overall reporting was requested by the Executive Director of operations at the August 2020 meeting of the Health, Safety & Fire Sub-committee.</p> <p>The reporting observed from the ILG’s was in general terms, as per the following example (e.g., June 2021):</p> <p style="padding-left: 40px;"><i>“Fire Risk Assessments underway with a number of actions that need to be addressed. Four of these are amber rated and being acted on”.</i></p> <p>However, in the absence of comprehensive data, summary reporting of high risk ILG risk actions outstanding was not identified.</p> <p>Note: The prior audits of Cwm Taf University Health Board (May 2018), and Follow-up of Princess of Wales specific recommendations (May 2020) also raised similar issues.</p>	<p>Potential risk that:</p> <ul style="list-style-type: none"> • Management is not appropriately informed. • Risks are not appropriately mitigated. • Management is not provided with appropriate control assurances.
Recommendations	Priority
<p>6.1 Reporting to both the Health, Safety & Fire Sub-committee should be enhanced to include action taken to address risks identified in risk assessments and risks still to be actioned.</p>	<p>High</p>

6.2 High priority Integrated Locality Group (ILG) risk actions will be appropriately summarised / reported in accordance with request of the Executive Director of Operations at the August 2020 Health, Safety & Fire Subcommittee.		Medium
Agreed Management Action	Target Date	Responsible Officer
6.1 ILG Health, Safety and Fire Groups will ensure processes are in place for Clinical Service Groups to report and provide assurances that fire risks identified via Fire Risk Assessments or Incidents are being mitigated. This will also link with the action in 5.1 above.	31/05/2022	ILG Director of Operations
6.2 Since the publication of this audit, this action has been completed and now forms part of the report the ILGs provide to the Health, Safety and Fire Committee, along with the minutes of their meetings.	30/11/2021	ILG Director of Operations

Matter Arising 7: Building alterations (Operation)		Potential impact
<p>The Fire Safety Policy states that:</p> <p><i>"When any changes are planned ... the Fire Build Form ... MUST be completed by the Manager requesting the change ... and forwarded to the site relevant Fire Officer for comments / advise / information on fire requirements that must be met."</i></p> <p>Minutes of the January 2021 Health & Safety Co-ordinating Group stated that there was:</p> <p><i>"a lot of work being undertaken in the organisation with no input from Fire Officers"</i>.</p> <p>This point was re-iterated at the February 2021 meeting.</p>		<p>Potential risk that:</p> <ul style="list-style-type: none"> Building changes are not risk assessed for fire safety and compromise fire safety.
Recommendations		Priority
<p>7. Users should be reminded that Fire Build forms are to be utilised in accordance with the Fire Safety Policy.</p>		<p>Medium</p>
Agreed Management Action	Target Date	Responsible Officer
<p>7. ILGs will ensure processes are in place for Clinical Service Groups to ensure prior to the change in any room or upgrade of any department, the appropriate Fire Build Form is completed and supplied to the Health Board Fire Officers.</p>	<p>31/03/2022</p>	<p>ILG Director of Operations</p>

Matter Arising 8: Maintenance (Operation)		Potential impact
<p>The Fire Safety Policy states that:</p> <p><i>"All building provisions such as fixed electrical, lightning protection, fire hydrants, compartmentation, fire safety provisions, should be maintained and checked in accordance with relevant standards and manufacturers recommendations. Responsibility for this lies with the Head of Estates for CTMUHB owned properties."</i></p> <p><i>"The organisation is required to ... provide documented evidence to the inspecting authority ... for ... (Planned Preventative Measures (PPM) information provided by Estates)"</i></p> <p>Generally, the audit identified good compliance in the identification and reporting of issues, however, walk around audit testing found one instance where kitchen appliances had never been PAT tested – a fact not reflected in reported assurances.</p>	<p>Potential risk that:</p> <ul style="list-style-type: none"> Missed maintenance compromises fire safety. 	
Recommendations		Priority
<p>8. Management will confirm that GAP analysis has been concluded to ensure comprehensive appliance checks.</p>		<p>Low</p>
Agreed Management Action	Target Date	Responsible Officer
<p>Capital and Estates Governance Board will action and provide assurances to the Health, Safety and Fire Sub Committee</p>	<p>31/03/2022</p>	<p>Head of Capital and Estates</p>

Matter Arising 9: ILG Reporting (Operation)				Potential impact																												
<p>The Health, Safety and Fire Sub-committee has oversight of the ILG management of fire safety. The following was observed:</p> <table border="1"> <thead> <tr> <th>Date of Meeting</th> <th>ILG reports</th> <th>ILG Minutes</th> <th>Notes</th> </tr> </thead> <tbody> <tr> <td>16/07/20</td> <td>N/A</td> <td>N/A</td> <td>Only Terms of Reference Agreed, no reporting in period.</td> </tr> <tr> <td>13/08/20</td> <td>3 of 3</td> <td>N/A</td> <td>Note, two were oral updates.</td> </tr> <tr> <td>29/10/20</td> <td>3 of 3</td> <td>1 of 3</td> <td>Minutes requested at future meetings.</td> </tr> <tr> <td>22/02/21</td> <td>N/A</td> <td>N/A</td> <td>Meeting stood down due to Covid</td> </tr> <tr> <td>03/06/21</td> <td>3 of 3</td> <td>0 of 3</td> <td></td> </tr> <tr> <td>08/09/21</td> <td>3 of 3</td> <td>0 of 3</td> <td>Post Audit Fieldwork - for information.</td> </tr> </tbody> </table>				Date of Meeting	ILG reports	ILG Minutes	Notes	16/07/20	N/A	N/A	Only Terms of Reference Agreed, no reporting in period.	13/08/20	3 of 3	N/A	Note, two were oral updates.	29/10/20	3 of 3	1 of 3	Minutes requested at future meetings.	22/02/21	N/A	N/A	Meeting stood down due to Covid	03/06/21	3 of 3	0 of 3		08/09/21	3 of 3	0 of 3	Post Audit Fieldwork - for information.	<p>Potential risk that:</p> <ul style="list-style-type: none"> • Management is not appropriately informed. • Appropriate fire safety actions are not taken. • Staff are not held accountable.
Date of Meeting	ILG reports	ILG Minutes	Notes																													
16/07/20	N/A	N/A	Only Terms of Reference Agreed, no reporting in period.																													
13/08/20	3 of 3	N/A	Note, two were oral updates.																													
29/10/20	3 of 3	1 of 3	Minutes requested at future meetings.																													
22/02/21	N/A	N/A	Meeting stood down due to Covid																													
03/06/21	3 of 3	0 of 3																														
08/09/21	3 of 3	0 of 3	Post Audit Fieldwork - for information.																													
<p>Whilst regular reports were provided from each of the ILGs highlighting key issues requiring escalation, the Health, Safety and Fire Sub-committee did not benefit from consistent assurance coverage and/or reporting (e.g., for benchmarking or monitoring against key performance indicators).</p> <p>In particular, the audit has also noted the need for periodic assurances relating to:</p> <ul style="list-style-type: none"> • Status of risk assessments complete/ outstanding (MA 5); • Status of risk assessments actions complete/ outstanding (MA 6.1 & 6.2); • Status of recommendations from external reviews complete/ outstanding e.g., NWSSP: SES Fire Safety Adviser reports; and • Training compliance (MA 10). <p>Such coverage could be driven by set agenda items.</p> <p>The October 2020 Health, Safety & Fire Sub-committee also recorded the need for an Integrated Locality Group (ILG) to provide minutes for scrutiny and assurance, rather than verbal updates – this was not evidenced at the sample.</p>																																

Recommendations		Priority
9.1 ILG reporting could be improved by the inclusion of the issues raised at the observation.		High
9.2 As per the requirement of the Health Safety & Fire Sub-committee, minutes of the ILG H&S Meetings will be tabled for information.		Medium
Agreed Management Action	Target Date	Responsible Officer
9.1 ILGs will review their Health, Safety and Fire Group Agendas to ensure this recommendation is addressed. The listed fire information will be required from each Clinical Service Group and provided through their regular reports to the Health, Safety and Fire Group.	31/05/2022	ILG Director of Operations
9.2 Each ILG now provide a copy of their report and minutes to each Health Safety and Fire Sub Committee.	30/11/2021	ILG Director of Operations

Matter Arising 10: Training (Operation)		Potential impact
<p>Firecode WHTM 05-02 – “<i>Fire safety in the design of healthcare premises</i>” states:</p> <p><i>“WHTM 05-02 assumes that there are sufficient adequately trained staff on duty in the building to implement the emergency plan”.</i></p> <p>The UHB maintained compliance information across 6 training levels reflecting individual’s roles and responsibilities. Pre-covid, face-to-face training was the preferred approach for basic fire training. The provision of face-to-face training was significantly impacted during the various peaks of covid. To address this concern, the UHB has resorted to using online training – until a point that face-to-face training can be re-introduced.</p> <p>Whilst fire training is provided centrally, the responsibility for ensuring staff are adequately trained rests with the individual ILGs.</p> <p>Training compliance was reported to the October 2020 Health, Safety & Fire Sub-committee as 37.66% compliant, varying from 13% for more specialist training, to 44% for more general training. Training by ILG also varied from 14% to 77%, though variance narrative was not contained within the dashboard. Deficiency in training was also raised at the prior audit of Cwm Taf University Health Board in May 2018 (prior to acquisition of Princess of Wales).</p> <p>Management is currently reviewing the compliance data above to better understand non-compliance e.g., renewal of training required vs having never been trained. This should provide a greater understanding of the risk exposure to the organisation.</p>	<p>Potential risk that:</p> <ul style="list-style-type: none"> • staff do not respond appropriately in the event of fire. 	
Recommendations	Priority	
<p>10. ILGs will be required to regularly report on fire training compliance (including specialist training) against predefined performance indicators, identifying appropriate strategies to improve compliance.</p>	<p>High</p>	
Agreed Management Action	Target Date	Responsible Officer
<p>ILGs will monitor this recommendation through their Health, Safety and Fire Groups and provide assurance or required actions to improve compliance to the Health, Safety and Fire Sub Committee.</p>	<p>30/06/2022</p>	<p>ILG Director of Operations</p>






Matter Arising 11: Drawings / Compartmentation (Operation)		Potential impact
<p>Firecode WHTM 05-01 requires: <i>"details of relevant passive and active fire precautions provided...which should include accurate as-installed drawings"</i>.</p> <p>The audit sampled:</p> <ul style="list-style-type: none"> • 7 drawings of the Princess of Wales Hospital; • 4 drawings of Ysbyty Cwm Rhondda; and • 5 drawings of Prince Charles Hospital <p>These drawings showed a range of fire safety features in accordance with the general aims of guidance within WTHM 05. Management stated that drawings at Prince Charles Hospital were being updated in accordance with completion of compartmentation works. In the case of the transferred Princess of Wales Hospital, considerable desktop review was being undertaken to ensure accuracy (ahead of fuller co-ordinated surveys).</p> <p>Drawings placed at entrance to each area / ward showed escape routes and labelled key fire safety equipment. However, due to the aforementioned, they showed only limited identification of ceiling compartmentation in both PCH and POW. Management was content that, subject to the limitations on compartmentation, the drawings were sufficient as user guides for all other aspects.</p> <p>A report detailing the extent of unknown compartmentation, and percentage of technical drawings requiring associated update was not identified.</p>	<p>Potential risk that:</p> <ul style="list-style-type: none"> • lack of compartmentation spreads fire damage / loss of life. 	
Recommendations	Priority	
<p>11. Management should confirm an appropriate timeline to update drawings in respect of compartmentation for all sites.</p>	<p>Medium</p>	
Agreed Management Action	Target Date	Responsible Officer
<p>Capital and Estates Governance Board will action and provide assurances to the Health, Safety and Fire Sub Committee</p>	<p>30/06/2022</p>	<p>Head of Capital and Estates</p>

Matter Arising 12: High risk actions (Operation)		Potential impact
<p>The risk assessment for the canteen at the Princess of Wales Hospital identified as a "high risk" action, the need to "isolate the gas supply" in the event of a fire incident within the kitchen.</p> <p>A newly installed gas cut-off was noted at walk around audit inspection, but there was no corresponding signage or inclusion within revised procedures to direct appropriate use.</p>		<p>Potential risk that:</p> <ul style="list-style-type: none"> • Actions / inactions compromise fire safety.
Recommendations		Priority
<p>12. Management should confirm a process of review of local procedures in respect of each high-risk action addressed.</p>		Medium
Agreed Management Action	Target Date	Responsible Officer
<p>Capital and Estates Governance Board will action and provide assurances to the Health, Safety and Fire Sub Committee</p>	30/06/2022	Head of Capital and Estates

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. 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. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally, issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)