

Follow-up: Fire Safety Management Final Internal Audit Report

January 2023

Cwm Taf Morgannwg University Health Board



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Acknowledgement

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Executive Summary

Purpose

The Health Board is required to comply with the Regulatory Reform (Fire Safety) Order 2005 as applied in Wales by Welsh Health Technical Memorandum 05-02 (WHTM 05-02) ('the Firecode').

The audit sought to determine the status of agreed recommendations arising from the 2021/22 Fire Safety Management audit. That report determined a limited assurance rating, with several significant matters identified, placing the Health Board at risk of non-compliance with Firecode.

Overview of findings

Agreed actions from the prior review have been largely implemented, with 12 of the 15 recommendations now implemented (including 4 high priority matters).

Two Medium priority matters remained outstanding:

- on-going update of site-specific procedures; and
- the need for an investment strategy (this was not prioritised due to funding constraints).

The remaining high priority matter was in progress i.e.:

- the need for summary reporting of risk assessment completion status (now compiled & awaiting publication).

These matters remaining are further detailed below.

Actions taken over the last year have therefore addressed most former recommendations. While also recognising the significance of outstanding / on-going issues, a **reasonable** assurance is determined in relation to management action.

Follow-up Report Classification

Trend

Reasonable



Follow up: All high priority recommendations implemented and progress on the medium and low priority recommendations.



Assurance Summary

	High	Medium	Low	Total
Closed	4	7	1	12
Partially Implemented	1	-	-	1
Outstanding	-	2	-	2
Total	5	9	1	15


Key Matters Remaining		Control Design or Operation	Recommendation Priority
Site specific procedures Rec. 2.1	Local procedures will be reviewed and updated within specified review periods - and associated uniform approval arrangements applied.	Operation	Medium
Strategy Rec. 4.1	Management should develop an appropriate medium-term strategy to demonstrate co-ordination of efforts in managing the fire risk.	Operation	Medium
Risk assessment completion status Rec. 5.1	Appropriate systems should be developed to allow the production of basic management information in relation to risk assessments.	Operation	High


*Full details of recommendations requiring further action are provided in the **Management Action Plan** in **Appendix A**.*


1. Introduction


- 1.1 This review was undertaken in accordance with the 2022/23 Internal Audit Plan agreed with the University Health Board (the UHB).
- 1.2 The overall objective of the audit was to evaluate the adequacy and timeliness of management action to address previously agreed recommendations included at the February 2022 Fire Safety Management audit report (providing limited assurance).
- 1.3 The potential risks considered in the review were that:
 - management control frameworks continued to exhibit weaknesses;
 - management did not have processes in place to review and action agreed audit recommendations; and
 - management action had not been tailored to reflect emerging risks.


Appendix A: Management Action Plan Status


Fire Safety Management (February 2022)				Previously providing	
Ref	Area	Previously agreed action	Updated position	Updated Responsibility & Timescale	Priority Rating
1.1	Policy	The Fire Safety Policy should be appropriately updated/ratified.	Implemented An updated Fire Safety Policy was ratified by the Quality & Safety Committee on 1 st September 2021.	N/A	Medium
2.1	Site specific procedures	Local procedures will be reviewed and updated within specified review periods - and associated uniform approval arrangements applied.	Outstanding WHTM 05-01 states that: <i>"NHS organisations in Wales will have a clearly defined fire safety policy covering all buildings they occupy."</i> At the original audit, three hospital site procedures were selected for review (Princess of Wales; Prince Charles; and Ysbyty Cwm Rhondda hospitals), and found to be out-dated. No further update was provided at this audit in respect of these three sites. Management comment The Health Board has both area / ward based procedures and overall site procedures. This does not present a major risk, as these are background information utilised for training, rather than being the emergency procedures. These also represent best practice rather than being a legislative requirement, being additional to the area specific procedures.	30/06/2024 Head of Health Safety & Fire	Medium


Fire Safety Management (February 2022)				Previously providing	
Ref	Area	Previously agreed action	Updated position	Updated Responsibility & Timescale	Priority Rating
			The site procedures are comprehensive procedures, and will be updated over an 18 month period following the recent appointment of a new Senior Fire Safety Officer. The initial priority had been to put in place site procedures for Bridgend, as when this was transferred to CTMUHB it lacked site procedures.		
3.1	Terms of reference	Terms of reference of relevant committees should be updated, as required, to reflect revised monitoring and reporting arrangements in respect of fire safety.	Implemented Fire Safety was confirmed to be included at the Terms of Reference of relevant committees and groups.	N/A	Medium
4.1	Strategy	Management should develop an appropriate medium-term strategy to demonstrate co-ordination of efforts in managing the fire risk.	Outstanding The Chief Executive of NHS Wales wrote to all NHS organisations on 13 th February 2020 emphasising: <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> i.e. investment sources should be confirmed, including the need to submit capital business cases to Welsh Government. This recommendation was made and agreed in context of the Fire Safety Management audit (the subject of this follow-up) forming	31/3/23 Head of Health, Safety and Fire Head of Capital and Estates	Medium

Fire Safety Management (February 2022)				Previously providing	
Ref	Area	Previously agreed action	Updated position	Updated Responsibility & Timescale	Priority Rating
			<p>part of an All Wales review, and was to be consistent across Health Boards.</p> <p>Risks are reported and profiled to Welsh Government at both the Fire Safety Risk Register, and Estates Facilities Performance and Condition report. However, this does not represent a time-phased strategy to address e.g. for expert resource to drive certain actions, or co-ordination with building works.</p> <p>Management comment</p> <p>Agreed - however, due to limited All Wales capital finance, this has not been prioritised over the last year.</p>		
5.1	Risk Assessment	Appropriate systems should be developed to allow the production of basic management information in relation to risk assessments.	<p>Ongoing</p> <p>Summary data is now available and will be presented to the forthcoming February 2023 Health Safety & Fire sub-committee.</p>	<p>28/02/2023</p> <p>Head of Health Safety & Fire</p>	High
5.2		Risk assessments should be completed within stipulated review periods, including refresh for ward reconfigurations.	<p>Implemented</p> <p>"Firecode" requires that "Fire risk assessments are maintained up-to-date and are reviewed as appropriate."</p> <p>At the time of prior audit, circa 35 – 49% of risk assessments were over-due.</p> <p>Data now shows only 4.2% of Risk Assessments overdue i.e. 17 of 405 assessments i.e. substantial compliance, with on-going</p>	N/A	High

Fire Safety Management (February 2022)				Previously providing	
Ref	Area	Previously agreed action	Updated position	Updated Responsibility & Timescale	Priority Rating
			monitoring and accountability being put in place by publication of this data to meetings of the Health Safety & Fire sub-committee. Noting that Risk Assessments would not be revised ahead of time, this number, as now reported for scrutiny, is now deemed acceptable.		
6.1	Risk actions	Reporting to 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.	Implemented Outstanding risks with assigned priority ratings were reported to the Health, Safety & Fire sub-committee, including a "deep dive" into 21 high priority fire risks from Datix. The report was presented to the October 2022 sub-committee.	N/A	High
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 Sub-committee.	Implemented High priority matters were profiled and reported to the Health, Safety & Fire sub-committee.	N/A	Medium
7.1	Building alterations	Users should be reminded that Fire Build forms are to	Implemented	N/A	Medium

Fire Safety Management (February 2022)				Previously providing	
Ref	Area	Previously agreed action	Updated position	Updated Responsibility & Timescale	Priority Rating
		be utilised in accordance with the Fire Safety Policy.	Audit sample showed that "Fire Build Request for Change of Use / Alteration" forms were being utilised as required.		
8.1	Maintenance	Management will confirm that GAP analysis has been concluded to ensure comprehensive appliance checks.	Implemented Comprehensive appliance checks informed by GAP analysis have been evidenced.	N/A	Low
9.1	ILG reporting	ILG reporting could be improved by the inclusion of the issues raised at the observation.	Implemented While the ILG structure is to be disbanded, required elements of reporting were individually evidenced by enhanced reporting addressing other recommendations.	N/A	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.	Implemented Minutes were provided to Health Safety & Fire sub-committee.	N/A	Medium
10.1	Training	ILGs will be required to regularly report on fire training compliance (including specialist training) against predefined performance indicators,	Implemented ILG fire safety training performance was found to be reported to the Fire, Health & Safety sub-committee against predefined performance indicators, identifying appropriate strategies to improve compliance.	N/A	High

Fire Safety Management (February 2022)				Previously providing	
Ref	Area	Previously agreed action	Updated position	Updated Responsibility & Timescale	Priority Rating
		identifying appropriate strategies to improve compliance.			
11.1	Drawings / compartmentation	Management should confirm an appropriate timeline to update drawings in respect of compartmentation for all sites.	<p>Implemented</p> <p>Management confirmed that the former CTMUHB Senior Fire Officer has been re-employed within the Estates & Capital Department to carry out a review of all Fire Orientation/Compartmentation plans across the HB and feed info into the HB CAD operator for updating if required.</p> <p>Timelines were confirmed as:</p> <ul style="list-style-type: none"> • Work already underway at the Royal Glamorgan Hospital - to be completed by end of January 2023. • Survey work commenced in Princess of Wales Hospital (POW) in November 2022 and will be finalised in March 2023. • POW to be followed by Prince Charles Hospital which will take a further 4 months to complete. • Work to Community Hospitals to commence on completion of the District General Hospital sites, with a revised completion target date of September 2023. <p>Management comment</p> <p>This work will allow the Health Board to have centralised base line fire plans for all the District General Hospital sites that will be</p>	N/A	Medium

Fire Safety Management (February 2022)				Previously providing	
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			utilised for all Passive and Active fire information such as Dampers; cause & effect etc. as well as any other services or operational needs.		
12.1	High risk actions	Management should confirm a process of review of local procedures in respect of each high-risk action addressed.	Implemented Amendment to procedures has been agreed by the Head of Health, Safety & Fire to ensure that high-risk issues identified at risk assessments, are addressed by local procedures.	N/A	Medium

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	<p>Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure. Follow up: All recommendations implemented and operating as expected</p>
	Reasonable assurance	<p>Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved. Follow up: All high priority recommendations implemented and progress on the medium and low priority recommendations.</p>
	Limited assurance	<p>More significant matters require management attention. Moderate impact on residual risk exposure until resolved. Follow up: No high priority recommendations implemented but progress on most of the medium and low priority recommendations.</p>
	No assurance	<p>Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved. Follow up: No action taken to implement recommendations</p>

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.



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