

## AGENDA ITEM

2.1.6 Appendix 2

## **QUALITY & SAFETY COMMITTEE**

### FIRE SAFETY POLICY

| Date of meeting                  | 09/08/2021   |
|----------------------------------|--|
| FOI Status                       | Open/Public  |
| If closed please indicate reason | Not applicable   |
| Prepared by                      | Chris Beadle – Head of Health, Safety and Fire               |
| Presented by                     | Hywel Daniel – Director of People                            |
| Approving Executive Sponsor      | Executive Director of Workforce & Organisational Development |
| Report purpose                   | APPROVAL   |

| Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group) |            |                          |  |  |
|--|------------|--------------------------|--|--|
| Committee/Group/Individuals  | Date       | Outcome                  |  |  |
| Health, Safety and Fire Sub<br>Committee   | 03/06/2021 | ENDORSED FOR<br>APPROVAL |  |  |
| ACRONYMS   |            |                          |  |  |

CTMUHB Cwm Taf Morgannwg University Health Board



#### **1. SITUATION/BACKGROUND**

1.1 The purpose of this policy is to ensure that CTMUHB delivers on its legal requirements under current fire legislation - Regulatory Reform Fire Safety Order RR(FS)O 2005, NHS Firecode – Welsh Healthcare Technical Memorandum 05 series (WHTM) and codes of practice. It applies to all premises used by CTMUHB and where CTMUHB patients receive treatment

# 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 This is a revised policy and for the health board. Minor changes were made to ensure the Policy reflects new organisational and management changes.
- 2.2 Engagement on this Procedure has taken place with:

| Name Title                                     | Date Consulted/Completed |
|--|--------------------------|
| Health and Safety Coordinating<br>Group        | May 2021                 |
| Health, Safety and Fire Sub<br>Committee       | June 2021                |
| Quality and Safety Committee<br>– For approval | July 2021                |

2.3 The procedure has been reviewed and is consistent with the approach across NHS Wales / legislation.

### 3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 None identified.

### 4. IMPACT ASSESSMENT

| Experience implications | Yes (Please see detail below)  |
|-------------------------|--|
|                         | Prosecution for non-compliance with the Health and Safety at Work Act. |



| Related Health and Care standard(s)                                | Governance, Leadership and   |
|--|--|
|  | Accountability   |
|  | If more than one Healthcare Standard applies please list below:                      |
| Equality impact assessment completed                               | Yes  |
|  |  |
| Legal implications / impact  | Yes (Include further detail below)   |
|  | Prosecution for non-compliance with the Regulatory Reform Fire Safety Order.         |
| Resource (Capital/Revenue<br>£/Workforce) implications /<br>Impact | Yes (Include further detail below)   |
|  | Capital Monies are necessary to ensure compliance in several CTMUHB premises         |
| Link to Main Strategic<br>Objective                                | To Improve Quality, Safety & Patient<br>Experience                                   |
| Link to Main WBFG Act<br>Objective                                 | Provide high quality care as locally as possible wherever it is safe and sustainable |

### **5. RECOMMENDATION**

5.1 The Quality and Safety Committee is asked to **APPROVE** the Policy.