REGULATION 28: REPORT TO PREVENT FUTURE DEATHS (1)

*NOTE: This form is to be used **after** an inquest.*

	REGULATION 28 REPORT TO PREVENT FUTURE DEATHS **THIS REPORT IS BEING SENT TO:** [redacted] **Cabinet Secretary for Communities and Children** **Welsh Assembly Government** **5th Floor** **Tŷ Hywel** **Cardiff Bay** **CF99 1NA**
1	**CORONER** I am **Aled Gruffydd**, Assistant Coroner, for the coroner area of SWANSEA NEATH & PORT TALBOT
2	**CORONER'S LEGAL POWERS** I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.
3	**INVESTIGATION and INQUEST** On 3rd August 2016 I commenced an investigation into the death of Jac Evan Davies (aged 4). The investigation concluded at the end of the inquest on 21 August 2017. The medical cause of death is 1a Smoke inhalation The conclusion of the inquest as how Jac Davies came to his death is a narrative one and is as follows:- The deceased died from smoke inhalation caused by a house fire when a lamp bulb came into close contact with discarded clothes.
4	**CIRCUMSTANCES OF THE DEATH** The deceased was Jac Evan Davies and he was pronounced dead on the 27th July 2016 following a house fire at his home address of [redacted] which he shared with his mother and three siblings (aged 6,3, and 11 months). The cause of the fire was attributed to a lamp that had come into contact with disarded clothing on the floor. The property was fitted with smoke alarms, a hard wired system on the ground and first floor landing, both of which were working or activated, 2 single point detectors on the ground floor, both of which were operational on testing post fire, and a single point detector on the first floor landing which was destroyed by fire. The evidence of the deceased's mother and sister were that they were alerted to the fire by the cries of the deceased not by any smoke alarm, and the two fire fighters did not recall a fire alarm operating. One crew member does recall hearing a fire alarm operating but could not confirm if it was in this premises.

5	**CORONER'S CONCERNS** During the course of the inquest it became apparent there was no duty in Wales for landlords to install smoke alarms in properties let out to Tenants. In England this duty is set out in the Smoke and Carbon Monoxide Alarm (England) Regulations 2015. These regulations require a landlord to have at least one smoke alarm installed on every storey of their properties and a carbon monoxide alarm in any room containing a solid fuel burning appliance (eg a coal fire, wood burning stove). The landlord must make sure the alarms are in working order at the start of each new tenancy. In Wales the fitting of smoke alarms is covered by the Code of Practice for Landlords and Agents licensed under Part 1 of the Housing (Wales) Act 2016. In that code of practice there is a requirement for landlords to fit carbon monoxide alarms in every room where there is a solid fuel appliance. Failure to do so can result in a landlord registered with the Rent Smart Wales scheme losing their licence. The fitting of smoke alarms is covered under "best practice" and recommends what landlords can do to raise standards above the minimum level required by law. There is no sanction for not complying with best practice. The **MATTERS OF CONCERN** are as follows. – 1. Landlords in Wales are under no legal duty to fit smoke alarms to properties they let out, and are under no legal duty to ensure they are working when a tenancy is initially entered into. 2. There is no reciprocal legislation in Wales to the Smoke and Carbon Monoxide Alarm (England) Regulations 2015 that enforces the above obligations on landlords
6	**ACTION SHOULD BE TAKEN** In my opinion action should be taken to prevent future deaths and I believe you AND/OR your organisation have the power to take such action.
7	**YOUR RESPONSE** You are under a duty to respond to this report within 56 days of the date of this report, namely by 16 October 2017. I, the coroner, may extend the period. Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise you must explain why no action is proposed.
8	**COPIES and PUBLICATION** I have sent a copy of my report to the Chief Coroner and to the following Interested Persons the family, and Mid and West Wales Fire and Rescue Service. I am also under a duty to send the Chief Coroner a copy of your response. The Chief Coroner may publish either or both in a complete or redacted or summary form. He may send a copy of this report to any person who he believes may find it useful or of interest. You may make representations to me, the coroner, at the time of your response, about the release or the publication of your response by the Chief Coroner.
9	**21 August 2017**  **[SIGNED BY CORONER]**