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## ANNUAL FIRE SAFETY REPORT AND DECLARATION OF FIRE SAFETY – 2017 / 2018

<b>Presented by:</b>	Sandra Shannon, Chief Operating Officer	<b>Author:</b>	Paul Featherstone, Director, Estates and Facilities  Andy Jackson, Trust Fire Safety Adviser
<b>Previously considered by:</b>	Annual Report to the Board of Directors.		

Key points	Purpose:
1. The attached Annual Fire Report is presented as part of the organisational assurance process to demonstrate compliance with mandatory requirements of Firecode HTM 05-01: <i>Managing Healthcare Fire Safety</i> and implications associated with the <i>Regulatory Reform (Fire Safety) Order 2005</i> [RRO]	To note and gain assurance

### Executive Summary:

This report confirms the Trust's continued commitment to effectively managing fire safety, and this is demonstrated through the following:

- a) Completion of an 'Annual Statement of Fire Safety' to provide assurance that risks arising from fire are effectively managed.
- b) The Fire Safety Policy has been reviewed to include defined roles and responsibilities and latest legislation, standards and industry best practice, and to avoid unnecessary duplication and repetition of the Fire Safety Procedures document.
- c) An ongoing programme of audits/reviews and risk assessments ensures the Trust complies with all regulatory requirements.
- d) A continuing programme of investment has been developed to improve fire safety detection and prevention across Trust premises.
- e) Surveying is ongoing in response to the Estates & Facilities Alert *DH/2015/003* regarding testing of fire and smoke dampers and integrity of fire stopping systems.
- f) During 2017 there was one fire caused by a carelessly discarded cigarette in an external waste bin.

The fire safety training programme has been updated, in conjunction with Education and Training, to improve the attendance of fire safety training across the Trust. The time required for fire safety training has been reduced as far as reasonably practicable, supplemented by an e-learning package and ward-based learning where possible. It would not be possible to reduce fire safety

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training further without potentially affecting patient and staff safety, increasing false alarms or being subjected to enforcement action.

**Financial implications:**

Yes – Expenditure & Capital

**Regulatory relevance:**

**Monitor:**

Risk Assessment Framework

**Equality Impact / Implications:**

**Is there likely to be any impact on any of the protected characteristics?**

(Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)

Yes ☐ No ☒

If yes, what is the mitigation against this?

**Other:**

**Strategic Objective:**

To provide outstanding care for patients

*Reference to Strategic Objective(s) this paper relates to*

## ANNUAL FIRE SAFETY REPORT AND DECLARATION OF FIRE SAFETY – 2017 / 2018

### 1.0 Introduction

This Annual Fire Safety Report is prepared to demonstrate compliance with the mandatory requirements of Firecode – *HTM 05-01: Managing Healthcare Fire Safety* and implications associated with the Regulatory Reform (Fire Safety) Order 2005 [RRO].

### 2.0 Annual Statement of Fire Safety and Trust Fire Safety Policy

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- 2.1 The Board will note that being a Foundation Trust, BTHFT is not obliged to complete an Annual Statement of Fire Safety (ASFS) but the Board has previously decided to continue the process as it is considered best practice. The Board will note that the ASFS for 2017/2018 has recently been signed off by the Chief Executive (attached at Appendix 1 to 3)
- 2.2 The Board will note that the Trust Fire Safety Policy defines roles and responsibilities in line with requirements of HTM 05-01. The Fire Safety Policy makes specific reference to the Fire Safety Procedures document, which should be read in conjunction with the Policy. The Policy has been reviewed to avoid unnecessary duplication and repetition of the Procedures document, and was approved by the Clinical Executive Group on 18<sup>th</sup> August 2016. Some duplication remains, in line with the Trust's preferred policy style, where it differs from Department of Health guidance. The Policy is the overarching document, with the Procedures document supplying the details. Minor changes to the Policy and Procedures were made in February 2018, following recommendations from Donna Thompson, Director of Operations and Governance (now retired). At the time of writing this report, the Policy and Procedures are included on the Executive Management Team agenda on 1 May 2018.

### **3.0 Fire Safety Legislation and NHS Requirements**

- 3.1 The Trust Fire Safety Adviser is working through an ongoing programme of audits and risk assessments, to ensure the Trust complies with all regulatory requirements. West Yorkshire Fire & Rescue Service (WYFRS) has confirmed that they are satisfied with the risk assessments undertaken and the progress being made in dealing with any matters arising. This includes measures taken to reduce unwanted fire signals (false alarms).
- 3.2 A prioritised programme of investment has been delivered during the year to improve:
- Fire compartmentation within the Trust buildings infrastructure.
  - Fire and smoke detection.
  - Fire and smoke dampers.
  - Fire doors to limit and prevent the spread of fire.
- 3.3 During 2017 work by a specialist consultant has continued to determine the compliance status regarding the integrity and effectiveness of fire dampers, which reduce the chance of smoke travelling through ducts from one compartment to another. The outcomes of this have resulted in a prioritised programme of associated improvement work.
- 3.4 The major fire at Grenfell Tower, London, in June 2017, resulted in an NHS Improvement (NHSI) demand for all Trusts to submit a report on the cladding used on their buildings. The BTHFT Estates and Facilities Department carried out a survey of all buildings on Trust sites, and submitted the necessary report confirming the number of buildings fitted with cladding.

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Only the Decontamination Block is clad in ACM (Aluminium Composite Material – the type which failed catastrophically at Grenfell). Samples sent to the Building Research Establishment for testing were found to not fully comply with agreed test parameters.

A Trust Cladding Fire Risk Assessment Task and Finish Group, chaired by the Chief Executive, was immediately established which oversaw the delivery of a risk-based mitigation plan for the Decontamination Block, this plan being developed in full accordance with guidance issued by NHSI and endorsed by WYFRS. The Trust Estates and Facilities department have also commissioned experts to specify a package of building works to permanently improve the fire resistance of the ACM cladding system to the Decontamination Block including demounting the existing cladding panels, fully inspecting the substrate of the building, installing additional cavity-barrier fire breaks and, finally, remounting the existing cladding panels. This package of works was approved by NHSI who have remained in contact with the Department of Health with the intent of securing funding to support Trusts with the full delivery of their remedial plans. As at the time of writing this report, the Chief Executive has written to NHSI seeking a clear commitment of when the Trust will receive the as previously indicated financial support to support the approved package of works.

Re-cladding of the Maternity Building was postponed until appropriate assurances were received by BTHFT that the proposed cladding was safe. This work was authorised to proceed by NHSI using an improved cladding product, and work commenced in November 2017.

#### **4.0 General Standards**

The Trust Fire Safety Adviser draws attention specifically to the following matters: -

- 4.1 Fires. During 2017, there was one small fire in a waste bin external to the Smith Lane accessible hospital entrance. This was caused by careless discarding of a cigarette by a member of the public. It was extinguished by one of the Lifestyle cafe employees (an ex-BTHFT staff member who, remembering her staff fire training, was confident enough to use an extinguisher effectively). Although we are limited in our control over the actions of the public, ongoing training indicates that staff have a very good awareness of issues which could lead to accidental or deliberate fire-starting incidents, and can react well to an incident.
- 4.2 Fire Risk Assessments. Risk Assessments continue to be carried out in line with programmed activity. Additional risk assessments have been completed for the Decontamination Block.
- 4.3 Waste. There has been ongoing focus on improving management and availability of secure storage for waste while awaiting collection. The introduction of 'consoles' for confidential waste, replacing the paper sacks, has decreased the chance of fire starting and developing in corridors. The Trust Fire Safety Adviser has been liaising with Facilities Managers and with the Environmental & Sustainability Manager to reduce risks associated with waste storage. Departmental corridor responsibilities have also been

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reiterated to ensure means of egress are kept clear and free of combustible materials, including waste. This is generally working well, with clear corridors in most areas.

- 4.4 Fire Detection. The essential planned testing programme of fire detection systems continues to be implemented on a regular basis throughout the Trust and all staff will be aware of the testing of audible alarms at a set time. Approval has been given to upgrade the alarm system at St Luke's Hospital Extension Block.
- 4.5 Medical Records. The siting, storage and movement of medical records bags and trolleys represent a number of risks to the organisation (including fire safety, manual handling and information governance). The introduction of Electronic Patient Records (EPR) has reduced these problems significantly. However, the introduction of Computers on Wheels (COWs) into wards is introducing a different risk. Clinicians, working on COWs as a group share information and create a virtual office in the main ward corridor. This would be a problem in the event of an emergency (crash or fire), and the Fire Safety Advisers are using Mandatory Training to raise awareness of this to clinical staff.
- 4.6 External Escape Stairs. The older parts of BRI rely on doors to external stairs as a secondary escape route. There have been instances of confused patients exiting via these doors and also of persons stealing items from the ward and passing the stolen goods to accomplices on the stairs. A report produced by the Trust Fire Safety Adviser recommends fitting alarms to all external doors, with security measures where required, which would still allow prompt evacuation if necessary. A unified, hospital-wide, rather than piecemeal ward-by-ward, approach is preferred. This is currently being considered within the Estates & Facilities team and will be extended to include the relevant wards and departments as necessary.

## **5.0 Training**

- 5.1 Compliance. At the end of December 2017, the Trust had 74% of its employees trained in fire safety. This was a considerable drop from the same time the previous year (82%), due mainly to staff attending EPR training at the expense of all other Mandatory Training. Although Fire Safety Training continued throughout the EPR introduction period, sweeper days were suspended, so the numbers of staff available to attend training reduced considerably. Difficulties getting shift-working staff to scheduled training sessions have been addressed by the flexibility of the Trust Fire Safety Adviser in delivering training in the early morning, evening, and occasional weekends. However, whilst this has improved the compliance figures somewhat, the attendance was not as good as had been hoped for. Hence, other delivery methods are being considered and tested, particularly for Facilities staff who work unsocial hours.
- 5.2 Effectiveness. The Fire Safety Manager continues to monitor the effectiveness of fire safety training, liaising with the Education and Training teams to rationalise and improve the uptake of training. One cannot overstate the importance of effective training, both to prevent fires and to react correctly if a fire does occur. With a very limited number of non-clinical people available to act as Fire Emergency Responders, it is vital that staff on wards and in departments know exactly what to do. Training includes initial induction

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training, followed at set intervals by mandatory training designed specifically for staff with either patient-contact or no patient-contact. Patient-contact does not necessarily mean clinical: it includes porters, cleaners, housekeepers and any persons who work regularly in a patient area. This is further supplemented by an e-learning package.

- 5.3 Development. The training rooms available in Field House are mostly not suitable for practical fire safety training, but the Fire Advisers are using a vacant room on Ward 17 to demonstrate practical evacuation procedures and techniques. The use of this facility has greatly improved the confidence of many staff should they need to carry out a vertical evacuation.

Theoretical training is progressing well and 2017 saw the introduction of advanced table-top exercises, which enable staff to react to a variety of fire scenarios across many wards and departments. These exercises are not generic and are designed to be as close as possible to an incident that might happen in the workplace of a specific type of staff (eg: neo-natal staff). These interactive sessions bridge the gap between theoretical knowledge and actual evacuation drills, and have proved very popular with clinical staff.

Extra fire training sessions have been delivered at St Luke's Hospital since December 2017.

## 6.0 Fire Incidents

There was one confirmed fire within Trust premises during 2017 (see 4.1). This demonstrates the ongoing problem with smouldering cigarette-butt bins outside the premises at BRI and SLH. However, this continuing problem has been largely eliminated since the installation in 2016 of signage at each cigarette-butt bin and on the walls of each smoking shelter, reminding smokers to properly extinguish their cigarettes.

## 7.0 False Alarms & Unwanted Fire Signals (UFS)

- 7.1 Analysis of UFS for 2017, compared with the previous year, is shown below:

2016		
BRI	SLH	Total

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80	21	101
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2017		
BRI	SLH	Total
91	11	102

- 7.2 The total numbers of UFS are very similar to the previous reporting period, but St Luke's Hospital had fewer and BRI had more. The opening of the New Hospital Wing has increased the number of devices by hundreds, so 11 more UFS is not a surprise as faults and 'glitches' appear in new systems, to be repaired as soon as possible. The number of UFS from the New Hospital Wing was exactly 11.
- 7.3 Some UFS, particularly at BRI, were caused by patients smoking in Ward or public toilets. Staff are doing everything they can to prevent patients smoking, and they liaise with the Trust Fire Safety Adviser when they have a particularly difficult patient. However, some patients refuse to stop smoking indoors and hence there is little that staff can do short of denying that patient access to the hospital and hence healthcare. For this reason, persistent smoking indoors has been escalated to the Corporate Risk Register.
- 7.3 Staff training, emergency procedures and upgrading the fire alarm systems (subject to funding approval) contribute to keeping UFS at an acceptable level. WYFRS have stated that the number of fire service attendances at Trust sites is commendably low, but our goal is always to reduce UFS further.
- 7.4 The WYFRS charges £350.00 + VAT per vehicle for each attendance of a false alarm call to a hospital building [the pre-determined attendance is 2 vehicles for an alarm without a confirmed fire]. After ensuring the safety of persons in the area, the main priority is to locate the reason for the alarm, and turn-back the fire service if not required. If the fire service can be turned back before they arrive on site, the Trust will not be charged.
- 7.5 There are few people available to create a team of emergency responders, but staff are very good at checking areas when fire alarms are activated and telephoning switchboard if they know it is a false alarm. Prompt and effective staff actions have resulted in no charges from the Fire Service in 2017.

## 8.0 Fire Safety in New Projects

- 8.1 There have been a number of significant projects during 2017. These include:

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- Introduction of EPR CoWs in clinical spaces, and the reduction of paper-based records.
- Pathology Department refurbishment.
- Closure and reconfiguration of Wards in BRI and SLH.
- Opening the new hospital wing and ICU.
- Refurbishment of the Trinity Road building (now Bradford Macular Centre).
- Improvements to Smith Lane Generator House.
- Relocation of the staff facilities to accommodate the Multi-Agency Integrated Discharge Team.
- Decommissioning of the main kitchen cooking facilities.
- Decontamination Block Clinical Decisions Unit.

There have also been a number of other works because of, or having relevance to, concerns about fire safety:

- Structural survey of the upper floors of E Block, SLH.
- Cladding survey and works around the Decontamination Block.
- Additional accommodation for EPR and Informatics.
- Changes to waste storage.
- Upgrades to Medical Gases.
- Initial consultations regarding the Wolfson Building at Temple Bank.
- Upgrade to the escape route from the Trauma & Plastics Dressing Clinic.

8.2 Fire Safety Implications: In all projects, the Project Managers have involved the Trust Fire Safety Adviser. The new hospital wing [NWH] has the most significant impact on fire safety for BRI, since it involves a fire-engineered solution on Level 1. Staff working for Compass have undergone BTHFT Induction, bespoke for their working area.

8.2 Sprinklers: The inclusion of sprinklers in the NWH retail area is part of the fire-engineered solution to having only one egress route suitable for wheelchair users and persons who cannot climb stairs to the rear egress route. There were some initial problems with the interface between the sprinklers and the alarm system, resulting in a few UFS. This has now been resolved.

## **9.0 Fire Safety in Community Hospitals**

9.1 There has been significant involvement in those community hospitals which contain Trust patients and staff. These include:

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- Skipton General Hospital
- Eccleshill Community Hospital
- Westbourne Green Community Hospital
- Westwood Park Community Hospital

- 9.2 **Skipton.** This hospital has a renal unit operated by Trust staff. Previously largely managed by Airedale NHS Foundation Trust, the site is now run remotely by NHS Property Services. It is now a multi-tenant site, with a wide variety of building users (NHS, council and charity), various working hours and patterns, and no site manager or coordinator. The Fire Advisers from four separate organisations have worked together to develop a new fire emergency procedure which will ensure safe and effective action in the event of a fire alarm.
- 9.3 **Eccleshill.** The inpatient ward in this hospital is currently unused. The design of the hospital does not allow beds to be wheeled through the doors in the majority of the rooms, so a bed evacuation is impossible. Hence, if the proposed patient group for this site is those who cannot walk or get themselves quickly into wheelchairs, it is unsuitable due to the risk to life in a fire, particularly in a four-bed room. Significant work has been carried out in 2017 to establish the best and most cost-effective way to improve this situation.
- 9.4 **Westbourne Green and Westwood Park.** BTHFT staff at these premises liaise regularly with the Fire Safety Advisers. Both sites have had fire evacuation training and fire risk assessments.
- 9.5 **Incident at Westbourne Green (WBG).** In April 2017, a man walked into the benefits assessment centre, ground floor, WBG, with a container of petrol, a lighter and a blanket. He poured petrol on himself and brandished the cigarette lighter, fully prepared to self-immolate. The Mitie Security officer went above and beyond his normal remit in dealing with the situation. At risk to his own personal welfare, he acquired the cigarette lighter; his own hands and arms becoming covered in petrol in the process. By his actions, he prevented a fire, serious injury to the perpetrator, himself and others, and severe damage to the building. The perpetrator was arrested by police.

Immediately after this an emergency meeting was called for all persons involved in the operation of WBG. A number of concerns were raised, and many control measures have been put in place.

## **10.0 Recommendation**

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The Board of Directors is asked to note the contents of this report and acknowledge the work being undertaken to deliver a robust system of fire safety management across the Trust estate.

Paul Featherstone  
Director, Estates and Facilities

Andy Jackson  
Trust Fire Safety Adviser

**Estates & Facilities**

**Date: 30 April 2018**

**Our ref: AJ/PFe**

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Chief Operating Officer  
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Dear Sandra

## ANNUAL STATEMENT OF FIRE SAFETY

In accordance with the provisions of HTM 05-01: Managing Healthcare Fire Safety, please find attached the Trust's Annual Statement of Fire Safety completed to provide assurances that risks arising from fire are effectively managed in line with the Regulatory Reform (Fire Safety) Order 2005 (RRO).

The Trust is not obliged to complete an Annual Statement of Fire Safety but the Board agreed to continue the process as it is considered best practice.

On this basis I would be grateful if you could arrange for the Chief Executive to sign the attached Annual Statement of Fire Safety for 2017 and return to me.

Yours sincerely



Paul Featherstone  
Director of Estates & Facilities

Encs.

**Estates & Facilities**

**Date: 30 April 2018**

**Our ref: AJ/PFe**

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Dear Clive

**ANNUAL STATEMENT OF FIRE SAFETY**

In accordance with the provisions of HTM 05-01: Managing Healthcare Fire Safety, please find attached for your signature the Trust's Annual Statement of Fire Safety.

I would be grateful if you could sign the Statement in the position indicated and return it to me.



Yours sincerely



Sandra Shannon  
Chief Operating Officer

Encs.

## Annual Statement of Fire Safety 2017

<b>NHS Organisation Name: Bradford Teaching Hospitals NHS Foundation Trust.</b>		
I confirm that for the period 1 <sup>st</sup> January 2016 to 31 <sup>st</sup> December 2017, all premises which the organisation owns, occupies or manages, have fire risk assessments that comply with the Regulatory Reform (Fire Safety) Order 2005, and <i>(please tick the appropriate boxes)</i> :		
1	There are no significant risks arising from the fire risk assessments.	
<b>OR</b> 2	The organisation has developed a programme of work to eliminate or reduce as low as reasonably practicable the significant fire risks identified by the fire risk assessment.	✓
<b>OR</b> 3	The organisation has identified significant fire risks, but does <b>NOT</b> have a programme of work to mitigate those significant fire risks.*	
*Where a programme to mitigate significant risks <b>HAS NOT</b> been developed, please insert the date by which such a programme will be available, taking account of the degree of risk. Date:		
4	During the period covered by this statement, has the organisation been subject to any enforcement action by the Fire & Rescue Authority? <b>(Delete as appropriate)</b> If Yes - Please outline details of the enforcement action in Annex A – <b>Part 1</b> .	No
5	Does the organisation have any unresolved enforcement action pre-dating this Statement? <b>(Delete as appropriate)</b> If Yes Please outline details of unresolved enforcement action in Annex A – <b>Part 2</b> .	No
<b>AND</b> 6	The organisation achieves compliance with the Department of Health Fire Safety Policy, contained within HTM 05-01, by the application of Firecode or some other suitable method.	Yes
Fire Safety Manager		Name: Mr Andy Jackson, Fire Safety Adviser  E-mail: andy.jackson@bthft.nhs.uk
Contact details:		Telephone: 01274 364229 Mobile: 07973 375892
Chief Executive Name:		Professor Clive Kay
Signature of Chief Executive:		
Date:		30/4/17 

## ANNEX A

Part 1 – Outline details of any enforcement action during the past 12 months and the action taken or intended by the organisation. Include, where possible, an indication of the cost to comply.

None

Part 2 – Outline details of any enforcement action unresolved from previous years, including the original date, and the action the organisation has taken so far. Include any outstanding proposed action needed. Include an indication of the cost incurred so far and, where possible, an indication of costs to fully comply.

None