

Meeting Title	Board of Directors		
Date	9 May 2019	Agenda item	Bo.5.19.33

## ANNUAL FIRE SAFETY REPORT AND DECLARATION OF FIRE SAFETY – 2018 / 2019

Presented by	Sandra Shannon, Chief Operating Officer/Deputy Chief Executive		
Author	Andy Jackson, Fire Safety Manager		
Lead Director	Steve Blenkinsop, Programme Director		
Purpose of the paper	To note and gain assurance		
Key control	To provide outstanding care for patients.		
Action required	To note		
Previously discussed at/ informed by	E&F Compliance Risk & Assurance Group – 30.4.19		
Previously approved at:	Committee/Group	Date	
	N/A		

### Key Options, Issues and Risks

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: Managing Healthcare Fire Safety* and the *Regulatory Reform (Fire Safety) Order 2005 [RRO]*.

The key issues regarding fire safety within the Trust include:

1. Providing appropriate assurances to the Trust Board.
2. Compliance with legislation, NHS requirements, British & European Standards and best practice.
3. General Standards:
  - Fires, near misses and other incidents.
  - Fire risk assessments and programmed activity.
  - Waste, medical records and other combustibles, and their impact on fire safety.
  - Fire detection and alarm systems.
  - Escape from fire, including exit routes, signage and housekeeping.
4. Staff training.
5. False alarms reduction and liaison with West Yorkshire Fire & Rescue Services (WYFRS).
6. New projects, developments and modifications.
7. Community premises.

### Analysis

The report provides assurance that risks arising from fire are being effectively managed.

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

1. Completion of an 'Annual Statement of Fire Safety' to provide assurance that risks arising from fire are effectively managed. (Declaration of Fire Safety - Appendix 1).
2. The Fire Safety Policy and the Fire Procedures document define roles and responsibilities and latest legislation, standards and industry best practice.
3. An ongoing programme of audits, reviews and risk assessments ensures the Trust complies with all regulatory requirements.
4. An ongoing programme of investment exists to improve fire safety detection and prevention across Trust premises.
5. Surveying is ongoing in response to the Estates & Facilities Alert *DH/2015/003* regarding testing

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- of fire and smoke dampers and integrity of fire stopping systems.  
6. During 2018/9 there was one fire and two near misses.

### Recommendation

The Trust Board 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.

### Risk assessment

Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
Explanation of variance from Board of Directors Agreed General risk appetite (G)	Risk (*)					

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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<b>Regulation, Legislation and Compliance relevance</b>
<b>NHS Improvement: (please tick those that are relevant)</b> <input checked="" type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input checked="" type="checkbox"/> Annual Reporting Manual
<b>Care Quality Commission Domain: Safe</b>
<b>Care Quality Commission Fundamental Standard: Safety</b>
<b>NHS Improvement Effective Use of Resources:</b> Corporate Services, Procurement, Estates & Facilities
<b>Other (please state):</b>

<b>Relevance to other Board of Director's Committee: (please select all that apply)</b>					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## ANNUAL FIRE SAFETY REPORT AND DECLARATION OF FIRE SAFETY – 2018/19

### 1.0 Introduction

- 1.1 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]*.
- 1.1 At the beginning of 2019 an *Annual Statement of Fire Safety 2018* was completed to provide assurance that risks arising from fire are effectively managed in line with the RRO. As the organisation is a Foundation Trust, the requirement to complete an Annual Statement of Fire Safety is not mandatory. However, the Board has previously agreed to continue the process as it is considered best practice. On the basis of assurances given by the former Director of Estates & Facilities, the former Chief Executive has signed the Annual Statement of Fire Safety for 2018. (Appendix 1).
- 1.2 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 was reviewed to avoid unnecessary duplication and repetition of the Procedures document; however 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, and the documents will be reviewed again in 2019.
- 1.3 The Fire Safety Manager has also had significant involvement and consultation with the relevant authors to assist in updating the Smoke-free Policy, the Bomb Threat Policy and the Major Incident Plan during 2018.

### 2.0 Fire Safety Legislation and NHS Requirements

- 2.1 The Trust's Fire Safety Manager has an ongoing programme of audits and risk assessments, to ensure the Trust complies with all regulatory requirements. This includes measures taken to reduce false alarms and unwanted fire signals (the Fire & Rescue Service defines a false alarm as internal; an unwanted fire signal is when a false alarm results in attendance by the fire service).
- 2.2 A prioritised programme of investment has been delivered during the year to improve:
  - Fire and smoke detection.
  - Fire and smoke dampers.
  - Fire doors to limit and prevent the spread of fire.
  - Fire extinguishing equipment (fixed and portable).
- 2.3 During 2018 a specialist contractor has continued a prioritised programme of testing and improvement work to ensure compliance regarding the integrity and effectiveness of fire dampers, which reduce the chance of smoke travelling through ducts from one compartment to another.

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- 2.4 The major fire at Grenfell Tower resulted in a 2017 report to NHSI confirming that the Decontamination Block was clad in ACM Aluminium Composite Material (ACM) – the type which failed catastrophically at Grenfell. Control measures had been put in place immediately to reduce any risk, along with implementing recommendations from West Yorkshire Fire & Rescue Service (WYFRS). An engineering solution was agreed with NHSI, the fire service, an independent fire engineer, Building Control and the Trust, and in 2018 NHSI supplied capital funding supporting improvements to the Decontamination Block. The five -month remedial project started in September 2018 and completed in March 2019.
- 2.5 Re-cladding of the Maternity Building was completed in November 2018 following assurances that the proposed cladding system was safe (being a totally different type from that used at Grenfell) and extensive communications ensured that the public and patients were aware of this.

### 3.0 General Standards

The Trust's Fire Safety Manager draws attention specifically to the following matters: -

#### 3.1 Fires. During 2018, there was one small fire and two near misses.

- 3.1.1 Fire: External area, beyond the hospital grounds, behind Temple Bank House: Very dry foliage & tree leaf litter was seen to be alight, probably caused by smoking late at night or early morning by member(s) of the public (this is an area not easily accessible by staff). This caused a smouldering, slow-burning fire, discovered by a cleaner who could smell smoke and fire as she entered Temple Bank House in the morning. No alarms in the building had been activated since the smoke was not thick enough by the time the smell had entered the building. The cleaner reported the fire to Estates and then extinguished it with water. The Estates team subsequently checked the fire had been extinguished. WYFRS was not required.
- 3.1.2 Near Miss. Duke of York under-croft plant room: A medical gases vacuum pump overheated. Smoke spread from the basement through vents in the walls and through a break in the exhaust flue running up the wall outside Gastro levels 2 & 3 to the roof. This triggered the alarm system on Gastro as well as that in the basement. WYFRS were called and attended as a precaution due to the amount of smoke, although no fire actually occurred.
- 3.1.3 Near Miss. Temple Bank Flat 12 kitchen: A member of staff left cooking unattended, resulting in overheated oil in a wok. This was investigated by the Fire Safety Manager. The female staff resident was quite shocked, but on returning she turned off everything, and oil cooled down. The smoke was not especially thick. Another resident had set off a CO<sub>2</sub> extinguisher. The Switchboard operator forgot to log the alarm, but the investigation showed that the alarm at Temple Bank flats was working correctly. Procedures have been reviewed and improved with the Switchboard staff.

#### 3.2 Fire Risk Assessments. Risk Assessments have been completed in most areas this year and fire safety reviews continue to be carried out in line with programmed activity. All sites are visited on a number of occasions each year by WYFRS, who use these visits to update their site knowledge and attendance information.

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### 3.3 Waste.

- 3.3.1 The Fire Safety Manager continues to liaise with Facilities Managers and with the Environmental & Sustainability Manager to reduce risks associated with waste storage. Departments are reminded of their responsibilities to keep corridors and means of egress clear and free of combustible materials, including waste. This is generally working well, with clear corridors in most areas.
- 3.3.2 Issues outside the control of this Trust have resulted in greater than usual build-up of waste. To reduce the risk of waste being a health as well as a fire/arson hazard, steel shipping containers and articulated-lorry trailers have been used for temporary storage.
- 3.3.3 Waste temporary storage and disposal continues to be a problem, but the Fire Safety Manager is monitoring the risk, and liaising with the relevant Facilities Managers, Supervisors and Waste Porters.

### 3.4 Fire Detection.

- 3.4.1 The planned testing programme of fire detection systems continues to be implemented on a regular basis throughout the Trust's buildings. Staff will be aware of the testing of alarms at a set time. Testing at St Luke's Hospital was changed from Wednesday to Thursday mornings after a trial period, and there have been no complaints since then.
- 3.4.2 Contracts for both fire alarm testing, and maintenance, expired in 2018. Professional Fire Systems and Projects (PFS&P) were awarded the new contract as a result of a competitive tender exercise for both testing and maintenance (lowest tender). Unfortunately following this appointment compliance and efficiency targets were initially not being met, resulting in increased requirement to performance manage this contractor. However, this has since been resolved.
- 3.4.3 St Luke's Hospital Extension Block has been a concern because of the way the building is used and access to the internal areas. The alarm system is extremely old and no longer fit for purpose. A number of incidents have been reported in this building, including illicit smoking by members of the public. These have caused a significant number of false alarms, and the potential for a fire. Approval was given in 2018 to upgrade the alarm system in this building, meaning that staff working late evenings and weekends will be much safer. The tendering process started late 2018, and work started in March 2019.
- 3.4.4 Upgrade of the Nucleus Block fire detection and alarm system started in March 2019.

### 3.5 Medical Records.

- 3.5.1 The introduction of Electronic Patient Records (EPR) has reduced significantly the problem of bags and boxes in corridors and rooms. However, Computers on Wheels (COWs) often create a virtual office in the main ward corridor as clinicians work as a group to share information. This is a problem if there is an emergency

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(crash or fire), and the Fire Safety Advisers who deliver fire safety training for Trust staff are using Mandatory Training to raise awareness of this to clinical staff.

3.5.2 The storage of paper and card medical records in E Block, and the upper floors of C and D Blocks at St Luke's Hospital, is putting significant loading on the floors. The buildings were never designed for this sort of weight or use. The Fire Safety Manager is concerned that in the event of a fire, extra weight through the use of water to extinguish the fire would not only soak into these records but may cause the building to collapse. A structural survey showed that the floors cannot take any more weight, and investigations are taking place to assess potential to relocate these records to a more suitable location. This issue has been escalated to the corporate risk register.

### 3.6 External Escape Routes

3.6.1 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 Fire Safety Manager recommended fitting alarms to all external doors, with security measures where required, which would still allow prompt evacuation if necessary. Funding is currently being considered. No fire escapes have been compromised.

3.6.2 The external iron fire escapes from C and D blocks at St Luke's Hospital which carry listed status are a cause for concern. The metal is significantly rusted, reducing the strength of the stairs, platforms and bridges. Temporary strengthening by means of scaffolding and boarding has been installed until a design solution has been agreed.

## 4.0 **Training**

- 4.1 Compliance. At the end of December 2018, the Trust had 82% of its employees trained in fire safety. This was an 8% increase compared to the same time the previous year (74%). Difficulties getting shift-working staff to scheduled training sessions have been addressed by the flexibility of the Fire Safety Advisers in delivering training in the early morning, evening, and occasional weekends. Also, much more training is now taking place at St Luke's Hospital, so SLH staff do not have to travel to BRI. This also means that SLH training can be more relevant for that site.
- 4.2 Effectiveness. The Fire Safety Manager continues to monitor the effectiveness of fire safety training, liaising with the Education & 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 (e.g.: porters, Estates technicians, etc.) 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 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.



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#### 4.3 Development.

4.3.1 The training rooms available in Field House are mostly unsuitable for practical fire safety training, but the Fire Advisers are using a room on Ward 17 to demonstrate, and allow staff to practise, 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.

4.3.2 Where actual ward evacuation drill are not usually possible, advanced table-top exercises are being used, which enable staff to react to a variety of fire scenarios across many different wards and departments. These exercises are bespoke to each ward or department and are designed to be as close as possible to an incident that might happen in specific workplace (e.g.: neo-natal). These interactive sessions bridge the gap between theoretical knowledge and actual evacuation drills, and have proved very popular with clinical staff. They allow an infinite number of scenarios, including nights, fires getting out of control, visitors being difficult, failure of support from other areas, etc.

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

5.1 Analysis of false alarms for 2018, compared with the previous year, is shown below:

2017		
BRI	SLH	Total
91	11	102
2018		
BRI	SLH	Total
126	24	150

5.2 The total numbers of false alarms are greater than the previous reporting period. Both St Luke's Hospital and BRI had an increase (SLH 118%, BRI 38%). There are so many different reasons for a false alarm that it is impossible to find a single solution to bring them to zero. The Fire Safety Manager investigates the cause of every alarm, and puts measures in place where possible to avoid a repetition or a similar incident. The number of false alarms is approximately 0.03% of all the devices. The number of fire service turnouts to a false alarm (UFS) in 2018 was five (0.001% of all our devices). The fire service would regard 0.01% as the upper limit of acceptability. The call to the DoY under-croft was not classified as a UFS.

5.3 19 false alarms were caused by patients smoking in Ward toilets or toilets in public areas. Staff are doing everything they can to prevent patients smoking, and they liaise with the Fire Safety Manager when they have a particularly difficult patient. However, some patients and visitors continue to smoke indoors and hence there is little that staff can do short of denying that patient access to the hospital and hence healthcare. The Extension Block at St Luke's Hospital has been hit particularly heavily by illicit smokers causing false alarms.



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- 5.4 Some UFS were caused by the retail concessions Costa Coffee, both at BRI and SLH. So far the fire service has not been required because the cause of the false alarm was established quickly. If the fire service does attend, the cost will be recharged to Compass.
- 5.5 Staff training, emergency procedures and upgrading the fire alarm systems (subject to funding approval) contribute to keeping false alarms at an acceptable level. The number of fire service turnouts to Trust sites is commendably low, but our goal is always to reduce UFS further.
- 5.6 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 two vehicles for an alarm without a confirmed fire UFS). 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.
- 5.7 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 the Switchboard if they know it is a false alarm. Prompt and effective staff actions have resulted in no charges from WYFRS in 2018.

## 6.0 New Projects & Developments

- 6.1 There have been a number of significant projects during 2018. These include:
  - Reconfiguration of Wards in BRI
  - Decontamination Block cladding improvement works
  - Construction of the Wolfson Building at Temple Bank
  - Maternity building cladding and windows works
  - New Plaster rooms, BRI level 0.
- 6.2 Fire Safety Implications: In all projects, the Project Managers have involved the Fire Safety Manager. The cladding projects have had the most significant impact on fire safety for BRI, since they involve considerable preliminary research, regarding building products and systems, and auditing and inspection during the construction phase.
- 6.3 Reconfiguration of the wards may not involve structural work, but a change of patient type and use can affect the fire procedures. The Fire Safety Manager liaises with the Estates Design Team and the senior nurses involved.
- 6.4 The Fire Safety Manager has reviewed the Hackitt Report and “Building a Safer Future” - the Government’s report on implementing the Hackitt recommendations, following the Grenfell fire. These will have significant impact on future building projects for the Trust. The broad recommendations from these publications have been shared with the Trust’s Estates Design Team, and as these become legislation, the Fire Safety Manager will liaise to ensure that all designs and projects meet the new fire safety requirements.
- 6.5 The Fire Safety Manager is also liaising with colleagues in the National Association of Healthcare Fire Officers (NAHFO) and the Institute of Healthcare Engineering and Estates Management (IHEEM), as well as other professional bodies, to update and share industry knowledge and best practice.

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## 7.0 Fire Safety in Community Hospitals

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

- Skipton General Hospital
- Eccleshill Community Hospital
- Westbourne Green Community Hospital
- Westwood Park Community Hospital
- Other community properties, such as the Horton Park Medical Practice, where the Trust has a staff presence.

7.2 **Skipton General Hospital.** This hospital has a renal unit operated by Trust staff. The property is managed by NHS Property Services. It is a multi-tenant site, with a wide variety of building users (NHS, council and charities) various working hours and patterns, and no site manager or coordinator. The Fire Managers from three separate organisations have worked together to ensure safety and effective action in the event of a fire alarm.

7.3 **Westbourne Green & Westwood Park Community Hospitals.** Trust staff at these premises liaise regularly with the Fire Safety Managers. Both sites have had fire evacuation training and fire risk assessments.

## 8.0 Recommendation

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.

Steve Blenkinsop  
Programme Director

Date: 5.4.19

Ref: AJ/SB

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Appendix 1

### Annual Statement of Fire Safety 2018

NHS Organisation Name: <b>Bradford Teaching Hospitals NHS Foundation Trust.</b>		
I confirm that for the period 1 <sup>st</sup> January 2018 to 31 <sup>st</sup> December 2018, all premises which the organisation owns, occupies or manages, have fire risk assessments that comply with the Regulatory Reform (Fire Safety) Order 2005, and (please tick the appropriate boxes):		
1	There are no significant risks arising from the fire risk assessments.	
OR 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.	✓
OR 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 – Part 1.	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 – Part 2.	No
AND 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:		4/8/19

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