

Meeting Title	Board Of Directors Open Meeting		
Date	12 March 2020	Agenda item	Bo.3.20.19

ANNUAL FIRE SAFETY REPORT AND DECLARATION OF FIRE SAFETY (1.1.19 to 31.12.19)

Presented by	Sandra Shannon, Chief Operating Officer/Deputy Chief Executive	
Author	Gordon Ayles, Fire Safety Manager.	
Lead Director	Steve Blenkinsop, Interim Director of Estates & Facilities	
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 – 24.2.20	
Previously approved at:	Committee/Group	Date
	E&F Compliance Risk & Assurance Group	24.2.20
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 <i>Firecode HTM 05-01: Managing Healthcare Fire Safety</i> and the <i>Regulatory Reform (Fire Safety) Order 2005 [RRO]</i> .		
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:		
<div>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).</div> <div>2. The Fire Safety Policy and the Fire Procedures define roles and responsibilities and latest legislation, standards and industry best practice. (Documents in date until July 2020).</div> <div>3. An ongoing programme of audits, reviews and risk assessments ensures the Trust complies with all regulatory requirements.</div> <div>4. An ongoing programme of investment exists to improve fire safety detection and prevention across Trust premises.</div> <div>5. During 2019 there was one fire.</div>		
Recommendation		
The Executive Team 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's estate.		

Meeting Title	Board Of Directors Open Meeting		
Date	12 March 2020	Agenda item	Bo.3.20.19

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	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

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"/>

Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant) <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
Care Quality Commission Domain: Safe
Care Quality Commission Fundamental Standard: Safety
NHS Improvement Effective Use of Resources: Corporate Services, Procurement, Estates & Facilities
Other (please state):

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 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"/>

Meeting Title	Board Of Directors Open Meeting		
Date	12 March 2020	Agenda item	Bo.3.20.19

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

Meeting Title	Board Of Directors Open Meeting		
Date	12 March 2020	Agenda item	Bo.3.20.19

ANNUAL FIRE SAFETY REPORT AND DECLARATION OF FIRE SAFETY (1.1.19 to 31.12.19)

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 An *Annual Statement of Fire Safety 2019* has been 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 previously agreed to continue the process as it is considered best practice. On the basis of assurances given by the Interim Director of Estates & Facilities, the Chief Executive has signed the Annual Statement of Fire Safety for 2019. (Appendix 1).
- 1.2 The Executive Team 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 and Procedures are in date and due to expire in July 2020. A review process will be instigated in the first quarter of 2020 to maintain approved status of both the Policy and Procedure.
- 1.3 A new Fire Safety Manager was appointed in August 2019.

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. West Yorkshire Fire & Rescue Service (WYFRS) 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 2019 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 ventilation ducts from one compartment to another.
- 2.4 The major fire at Grenfell Tower resulted in a report to NHSI confirming that the Trust's Decontamination Block was clad in ACM Aluminium Composite Material (ACM) – the type which failed catastrophically at Grenfell. A remedial project to re-clad this building to ensure compliance completed in April 2019:

Meeting Title	Board Of Directors Open Meeting		
Date	12 March 2020	Agenda item	Bo.3.20.19

Decontamination building following re-cladding:



3.0 General Standards

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

3.1 Fires. During 2019, there was one small fire.

3.1.1 Ward 4 – Electrical socket outlet. Following reports that several bed head lights were not working, a member of the Estates staff attended the ward. During the course of investigation the socket 'flashed' resulting in flames ejecting from the electrical socket outlet. The socket was immediately isolated and fire procedures instigated. Review of the incident identified that fluid had entered the outlet causing a build-up of deposits within the socket which resulted in a fire. Cleaning procedures have been amended. At the time of the incident, all staff adhered to fire procedures with the exception of ward staff ringing switchboard directly to notify of the fire rather than ringing the dedicated fire telephone number (Ext 112). This has been addressed through fire safety training. However, the potential for the Trust to use a more appropriate internal telephone number in the event of a fire is being considered.

3.2 Fire Risk Assessments. Risk Assessments have been completed for all areas. There are in excess of 200 risk assessments for Trust owned premises which require review on an annual basis. The current review date for risk assessments expired in November 2019.

Meeting Title	Board Of Directors Open Meeting		
Date	12 March 2020	Agenda item	Bo.3.20.19

Advice is currently being sought from the National Association of Healthcare Fire Officers (NAHFO) regarding recommended review frequencies for the risk assessments as current guidance indicates an annual review.

3.3 Waste.

3.3.1 The Fire Safety Manager continues to liaise with Facilities Managers and the Waste Compliance 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 have been used for temporary additional storage until a permanent solution is confirmed.

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 are aware of the testing of alarms at a set time each week.

3.4.2 Fire alarm testing and maintenance is currently carried out under contract by Professional Fire Systems and Projects (PFS&P). This contract is due to expire in 2020, and will be reviewed to ensure best value for the Trust.

3.4.3 Upgrade of the Nucleus Block fire detection and alarm system started in March 2019 and was completed at the end of August 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 potential problem if there is an emergency (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 structural damage.

Meeting Title	Board Of Directors Open Meeting		
Date	12 March 2020	Agenda item	Bo.3.20.19

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 strategic risk register.

3.5.3 The physical condition and infrastructure of the Medical Records building at St Luke's Hospital is poor, presenting similar fire safety risks as outlined above in 3.5.2). Staff have been relocated elsewhere on the St Luke's Hospital site, and there is a protocol in place supporting controlled access to the Medical Records building. This issue has been escalated to the strategic risk register.

3.6 External Escape Routes

3.6.1 At BRI the integrity of the metal fire escapes has been reviewed and a security plate fitted to stop access from lower levels to address security concerns, while still allowing prompt evacuation in the event of a fire.

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 structures are corroded, reducing the strength of the stairs, platforms and bridges. Temporary strengthening by means of scaffolding and boarding has been installed until a design solution and funding has been agreed.

4.0 Training

4.1 Compliance. At the end of December 2019, the Trust had 87% of its employees trained in fire safety. This is a 5% increase compared to the same time the previous year. Difficulties getting shift-working staff to scheduled training sessions have been addressed by the flexibility of the Fire Safety Team 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. The importance of effective training cannot be overstated, both to prevent fires and to react correctly if a fire does occur. With a very limited number of non-clinical people (eg: 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.

4.3 Development.

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

Meeting Title	Board Of Directors Open Meeting		
Date	12 March 2020	Agenda item	Bo.3.20.19

4.3.2 Where an actual ward evacuation drill is not 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 2019, compared with the previous year, is shown below:

2018		
BRI	SLH	Total
126	24	150
2019		
BRI	SLH	Total
107	16	123

- 5.2 The total numbers of false alarms are lower than the previous reporting period. Both St Luke's Hospital and BRI had a decrease (BRI 15.1%, and SLH 33.3%). 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 total number of false alarms in 2019 across both BRI and SLH was 18% lower.
- 5.3 Of the 123 false alarms, analysis confirms they were caused by patients smoking in ward toilets or toilets in public areas, construction contractors and faulty fire alarm detectors. 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.
- 5.4 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 the goal is always to reduce UFS further.
- 5.5 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. During 2019 the Trust has not been charged.
- 5.6 Staff are very good at following fire safety procedures and checking areas when the fire alarms are activated.

Meeting Title	Board Of Directors Open Meeting		
Date	12 March 2020	Agenda item	Bo.3.20.19

However, there have been instances where staff have not telephoned the dedicated fire extension number (extension 112) and telephoned switchboard directly. The Fire Safety Manager will review this procedure during 2020.

6.0 New Projects & Developments

- 6.1 There have been a number of significant projects during 2019. These include:
- Reconfiguration of Wards in BRI, including Wards 16, 19, 22 and F3 at St Luke's Hospital.
 - Decontamination Block cladding improvement works.
 - Construction of the Wolfson Building at Temple Bank.
- 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 has involved 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 continues to liaise with colleagues in the National Association of Healthcare Fire Officers (NAHFO) and the Institute of Healthcare Engineering and Estate Management (IHEEM), as well as other professional bodies, to update and share industry knowledge and best practice.

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
 - 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.

Meeting Title	Board Of Directors Open Meeting		
Date	12 March 2020	Agenda item	Bo.3.20.19

8.0 Recommendation

The Executive Team 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's estate.

Steve Blenkinsop
Interim Director of Estates & Facilities

Date: 13.2.20
Ref: GA/SB

Meeting Title	Board Of Directors Open Meeting		
Date	12 March 2020	Agenda item	Bo.3.20.19

Appendix 1

Annual Statement of Fire Safety 2019

NHS Organisation Name: Bradford Teaching Hospitals NHS Foundation Trust.		
I confirm that for the period 1 st January 2018 to 31 st 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 NOT have a programme of work to mitigate those significant fire risks.*	
*Where a programme to mitigate significant risks HAS NOT 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? (Delete as appropriate) 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? (Delete as appropriate) 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 Gordon Ayles, Fire Safety Adviser
		E-mail: gordon.ayles@bthft.nhs.uk
Contact details:		Telephone: 01274 364229
		Mobile: 07973 375892
Chief Executive Name:		Mel Pickup
Signature of Chief Executive:		
Date:		14.1.20.

Meeting Title	Board Of Directors Open Meeting		
Date	12 March 2020	Agenda item	Bo.3.20.19

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