

Meeting Title	Board of Directors		
Date	20.5.21	Agenda item	Bo.5.21.20

ANNUAL FIRE SAFETY REPORT AND DECLARATION OF FIRE SAFETY (1.1.20 to 31.12.20)

Presented by	Mark Holloway, Director of Estates & Facilities	
Author	Gordon Ayles, Fire Safety Manager.	
Lead Director	Mark Holloway Director of Estates and 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 Committee – (virtually 8.3.21) Executive Team Meeting 29.3.21 Regulations Committee – 11.5.21	
Previously approved at:	Committee/Group	Date
	E&F Compliance Risk & Assurance Committee	8.3.21
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		
This 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. (These documents are in date until July 2021).</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 2020 there was one fire.</div> <div>6. The roles, responsibilities and management arrangements associated with fire safety management are currently being reviewed to ensure they are fit for purpose.</div>		
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’s estate.		

Meeting Title	Board of Directors		
Date	20.5.21	Agenda item	Bo.5.21.20

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 (*)					

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		
Date	20.5.21	Agenda item	Bo.5.21.20

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		
Date	20.5.21	Agenda item	Bo.5.21.20

ANNUAL FIRE SAFETY REPORT AND DECLARATION OF FIRE SAFETY (1.1.20 to 31.12.20)

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 2020 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 previously agreed to continue the process as it is considered best practice. On the basis of assurances given by the Director of Estates & Facilities, the Chief Executive has signed the Annual Statement of Fire Safety for 2020. (Appendix 1).
- 1.2 The Trust 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 and Procedures are in date and due to expire in July 2021. A review process will be instigated in the first quarter of 2021 to maintain approved status of both the Policy and Procedure.

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 2020 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.

3.0 General Standards

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

- 3.1 Fires. During 2020, there was one small fire.

Meeting Title	Board of Directors		
Date	20.5.21	Agenda item	Bo.5.21.20

3.1.1 In January 2020 there was a small fire in a waste bin in the switchboard at Bradford Royal Infirmary. The fire was extinguished by a member of staff but minor smoke damage was caused to the immediate area. The investigation into the fire reviewed whether a discarded cigarette had been thrown into the Switchboard area through an open window; however there was insufficient evidence to determine whether this was the actual cause. The window restrictors were reviewed to ensure that nothing could be thrown into the building from outside into the waste bin and the area was redecorated.

3.2 Fire Risk Assessments.

There are a total of 296 fire risk assessments to undertake across the Trust in line with current legislation. A review of all fire risk assessments and an updated fire risk assessment schedule has been developed. This schedule has amended the frequency of the assessments in line with the risk in each area. Risk assessments are now carried out as follows:

- Sleeping risks - Wards and staff accommodation are assessed every 12 to 18 months from issue date.
- Clinics are assessed within 24 to 36 months
- Administration areas and plant rooms are assessed within 36 to 48 months.

Fire risk assessments have been carried out by the Trust's Fire Safety Manager with assistance from the fire team at Bradford District Care Trust as well as an external independent specialist advisor from Stanley Security. The program of fire risk assessments is ongoing and by the end of March 2021, all fire risk assessments will have been completed.

Estates have also invested in new software (Boris) to assist with the fire risk assessment process. This new system ensures all risk assessments are centrally recorded in one location where any member of staff can access a risk assessment for their area.

3.3 Waste.

3.3.1 The Fire Safety Manager continues to liaise with Estates & Facilities (E&F) Directorate 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 To reduce the risk of waste being a health as well as a fire/arson hazard, steel shipping containers and articulated-lorry trailers continue to be used for storage of clinical waste.

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 E&F Facilities Managers, Supervisors and Waste Porters.

3.3.4 A review of all waste compounds across the sites has been carried out by the Fire Safety Manager, the Estates Risk Manager, and the Facilities Waste Manager. Actions have been identified to improve the storage of waste on site to reduce the

Meeting Title	Board of Directors		
Date	20.5.21	Agenda item	Bo.5.21.20

risk of arson and also to reduce the risk of any impact should a fire occur in a waste compound.

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.

3.4.2 Contracts for both fire alarm testing, and maintenance, have been undertaken by Professional Fire Systems and Projects (PFS&P) they are on a rolling monthly contract which is due to expire at the end of March 21. During the Covid 19 pandemic a reduced testing schedule has been implemented in red areas with only the fire panels and the call point just inside the main doors to wards being tested. The Fire Safety Manager is reviewing this on a regular period during the Covid 19 pandemic situation.

3.4.3 A significant rolling investment program is underway to upgrade all the fire alarm systems across the Trust. The Autronica fire alarm system is no longer manufactured and is being maintained from the existing stock of parts. The newer Kentec fire alarm system is being phased in as part of a larger Trust wide investment project. As part of the fire alarm upgrade, the cause and effect has been reviewed regarding fire door closures when the alarm activates in line with the fire strategy for each area.

3.5 Medical Records.

3.5.1 Electronic Patient Record system (EPR) has reduced significantly the problem of bags and boxes in corridors and rooms. However, Workstations on Wheels (WOWs) 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 (crash or fire), and the Fire Safety Adviser who deliver fire safety training for Trust staff are using the Fire Mandatory Training programme 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 as an interim solution a Standard Operating Procedure (SOP) has been produced for the operational use of this building and the risk assessment has been escalated onto the Significant Risk Register. A long term solution has now been identified through the recent and successful off-site tender business case that will see the vacation of the medical records from this building planned for 2021.

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

Meeting Title	Board of Directors		
Date	20.5.21	Agenda item	Bo.5.21.20

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. 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 to ensure the safe use of the exist until a long term acceptable design solution has been agreed. This is under discussion with Bradford Council's Conservation Department to agree a satisfactory solution and has been identified on the Estates Backlog Maintenance Programme of works.

4.0 Training

4.1 Compliance

At the end of December 2020, the Trust had 83% of its employees trained in fire safety. This is a reduction of 4% 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 Adviser in delivering training in the early morning, evening, and occasional weekends.

Due to the pandemic all training has moved from face to face to Microsoft Teams. Further changes to fire training have been introduced with the roll out of three different types of training package. There is still the core mandatory training for all staff, but in addition there is 'Manager' training advising of the roles and responsibilities in their area. Fire Warden training has also been re-established. Feedback from staff regarding the new training has been positive.

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 (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 which is used as a catch up if staff cannot book on to other training sessions.

4.3 Development.

4.3.1 The Fire Safety Team are regularly reviewing the training that is delivered to identify opportunities for improvement. Once full training resumes after the pandemic then work will commence to formulate a fire training needs analysis as per Health

Meeting Title	Board of Directors		
Date	20.5.21	Agenda item	Bo.5.21.20

Technical Memorandum (HTM 05-01) Managing Healthcare Fire Safety (Second Edition).

As part of the ward reconfiguration work and the current pandemic situation, the fire team have lost the use of the training room where practical training using medical evacuation equipment is carried out. Once the Trust is able to return to this location there will again be facilities where practical evacuation training can be carried out in a 'Covid Safe' training environment.

4.3.2 Previously where actual ward evacuation drills 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 (eg: 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. Once the pandemic situation improves, these exercises will be reinstated.

5.0 False Alarms & Unwanted Fire Signals (UFS)

5.1 Analysis of false alarms for 2020, compared with the previous year, is shown below:

2019		
BRI	SLH	Total
111	17	128
2020		
BRI	SLH	Total
97	34	131

During the last 12 months there has been an increase of fire alarm activation by 3 instances compared to 2019.

Underlying causes are attributed to fire alarms being triggered as a result of:

- Patients and members of the public smoking or vaping.
- Staff cooking
- Staff, patient and visitors operating the fire alarm call point instead of the green door exit buttons.
- Deep cleaning.
- Hot taps left running resulting in excessive steam.
- Faulty detectors mainly due to the age of the device or water ingress.
- Contractors not asking for alarms to be isolated and dust setting them off.

5.2 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

Meeting Title	Board of Directors		
Date	20.5.21	Agenda item	Bo.5.21.20

of fire service turnouts to Trust sites is commendably low, but our goal is always to reduce UFS further.

- 5.3 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 2020 the Trust was not charged

6.0 **New Projects & Developments**

- 6.1 There have been a number of projects during 2020. These include:

- BRI Upgrade of Ward 22.
- Renal Department at St Luke's Hospital
- Reprogram fire door activation on circulation spaces.

- 6.2 Project Managers continue to ensure that fire safety implications are considered and addressed by seeking specialist advice from the Fire Safety Manager during planned upgrades or new development work.

- 6.3 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 Estates 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
- 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 liaises regularly with the Fire Safety Managers. Both sites have had fire evacuation training and fire risk assessments.

8.0 **Management Review**

Meeting Title	Board of Directors		
Date	20.5.21	Agenda item	Bo.5.21.20

The Fire Safety Manager is leaving the Trust at the end of April 2021. This will provide an opportunity for roles, responsibilities and management arrangements associated with fire safety management to be reviewed to ensure they are fit for purpose and provide the organisation with appropriate levels of assurance.

9.0 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's estate.

Date: 8.3.2021

Ref: GA/IT

Meeting Title	Board of Directors		
Date	20.5.21	Agenda item	Bo.5.21.20

Appendix 1

Meeting Title	Board of Directors		
Date	20.5.21	Agenda item	Bo.5.21.20

Annual Statement of Fire Safety 2020

NHS organisation: Bradford Teaching Hospitals NHS Foundation Trust

I confirm that for the period 1 January 2020 to 31 December 2020, all premises which the organisation owns, occupies or manages have had fire risk assessments undertaken in compliance 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 | ✓ |
| 2 | The organisation has developed a programme of work to eliminate or reduce to a reasonably practicable level the significant risks identified by the risk assessment. | ✓ |
| 3 | The organisation has identified significant risks, but does not have a programme of work to mitigate those significant 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. | ✓ |
| 4 | During the period covered by this statement, the organisation has not been subject to any enforcement action by the fire and rescue authority. | ✓ |
| | Please outline details of enforcement action in Annex A Part 1. | |
| 5 | The organisation has not got any ongoing enforcement action pre-dating this Statement. Please outline details of ongoing enforcement action in Annex A Part 2. | ✓ |
| 6 | The organisation achieves compliance with the Department of Health's fire safety policy by the application of Firecode or some other suitable method. | ✓ |

Chief Executive: Mel Pickup

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Signature of Chief Executive

Date:

26/1/21

Completed statement to be retained for future audit