

Meeting Title	Board of Directors		
Date	12.05.22	Agenda item	Bo.5.22.30

## ANNUAL FIRE SAFETY REPORT AND DECLARATION OF FIRE SAFETY (1.1.21 to 31.12.21)

Presented by	Mark Holloway, Director of Estates & Facilities	
Author	Iain Threlkeld, Senior Head of Estates	
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 assure	
Previously discussed at/ informed by		
Previously approved at:	Committee/Group	Date
	E&F Compliance Risk Assurance Group (virtually)	3.5.22
	Estates Risk Management Working Group (virtually)	27.4.22
	Fire Systems Review Group (virtually)	27.4.22
Key Options, Issues and Risks		
The attached Annual Fire Safety 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 and this is demonstrated through the following:		
<div>1. Completion of an ‘Annual Statement of Fire Safety’ providing 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. (During 2021 these documents have been reviewed, updated and are in date until 2025).</div> <div>3. An ongoing programme of fire safety audits, reviews and risk assessments ensures the Trust complies with all regulatory requirements.</div> <div>4. There is a dedicated programme of investment supporting improvements to fire safety detection and prevention across Trust premises.</div> <div>5. During 2021 there was one fire.</div> <div>6. A new fire safety team has been established following appointment of a new Fire Safety Manager. This will further enhance operational management, maintenance and training associated with fire safety on behalf of the Trust.</div>		
Recommendation		
The Trust Board is asked to note the contents of this report and acknowledge proactive compliance assurance associated with the safe management of fire safety on behalf of the organisation, and the good progress made by the new Fire Safety Team regarding fire safety improvements.		

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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
<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: Corporate Services, Procurement, Estates &amp; Facilities</b>
<b>Other (please state):</b>

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"/>

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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"/>

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## ANNUAL FIRE SAFETY REPORT AND DECLARATION OF FIRE SAFETY (1.1.21 to 31.12.21)

### 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 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 this 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 2021. (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 Strategy & Procedures document, which should be read in conjunction with the Policy. During 2021 the Policy and Procedures have been reviewed, updated and are in date until 2025.

### 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 as follows:
  - Trust wide survey of the built environment to establish the status of fire safety integrity and smoke compartmentation. This also included the implementation of remedial work to address prioritised survey findings.
  - A recurring annual programme of fire stopping improvement works has been developed for implementation. Upgrade of the Trust's fire alarm system has been carried out, and further work is planned during 2022 to ensure the Trusts fire alarm system continues to be compliant.
- 2.3 Fire dampers are installed across the Trust's estate and are triggered in the event of a fire alarm activation. The dampers work by 'closing' within the building infrastructure such as ductwork, and preventing the further spread of fire. A specialist contractor has continued a prioritised programme of testing and improvement work on fire dampers to ensure compliance regarding the integrity and effectiveness of this equipment.

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### 3.0 General Standards

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

#### 3.1 Fires Incidents

During 2021 there was one fire. The incident occurred in one of the switch rooms on the Bradford Royal Infirmary (BRI) site, leading to the total loss of power for approximately 15 minutes in a number of areas (with the exception of those areas covered by an uninterrupted power supply (UPS)). The incident occurred as a result of water ingress tracking along the internal core of a redundant electrical cable. Unfortunately the site of the water ingress was encased within the building structure therefore not easily identifiable. The areas affected by this included:

- Maternity Block
- Duke of York Block
- Nucleus Theatre Block

The fire affected the essential power supply and caused the electrical switchgear to "trip", resulting in the loss of power to these areas. When the switchgear tripped, it also tripped in the substation and thus prevented the generator from operating. Power was restored by the on-call Estates Shift Technician. This incident resulted in a comprehensive investigation resulting in remedial works to prevent recurrence. A replacement switch panel was installed in a new fire compartment room adjacent to the previous location which offers better fire protection. This work took around 4 weeks to complete and resulted in the closure of the wards and theatres in the nucleus block for the duration.

#### 3.2 Fire Risk Assessments.

Independent fire safety experts were commissioned resulting in the development of a new fire risk assessment (FRA) programme. FRAs are now triaged to ensure they reflect risk and priority across the Trust's estate. Remedial works resulting from the risk assessment process have also been implemented.

This comprehensive review has now set the scene for an effective rolling programme for delivery of fire risk assessments for the Trust.

The current position with the fire risk assessments is that we have 100% within date. 85% are in the new format with 15% of the low risk areas due for review in 2022.

#### 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 continue to be used for storage of clinical waste.

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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 risk of arson and also to reduce the risk of any impact should a fire occur in a waste compound. Improvements to the security of the Trusts waste compounds have been made as a result of this review.

#### 3.4 Fire Detection.

3.4.1 The statutory requirement to execute a planned fire safety testing programme of fire detection systems continues to be implemented on a regular basis throughout the Trust's buildings. During 2021 the Trust fulfilled its statutory obligations. 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 Lanterns Fire. They are currently on a contract arrangement which is due to expire at the end of March 2023. The contract will be competitively re-tendered at the end of 2022 to ensure continuity of service and best value.

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 External Escape Routes

3.5.1 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. A programme of installation has been completed and no fire escapes have been compromised.

3.5.2 The original external iron fire escapes between 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 exits until a long term acceptable design solution has been agreed. This is under discussion with Bradford Council's Heritage Department to agree a satisfactory solution and has been identified on the Estates Backlog Maintenance Programme of works.

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## 4.0 Training

### 4.1 Compliance

At the end of the calendar year, the Trust had 85% of its employees trained in fire safety. This is an improvement 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. Flexible training programmes will continue to be offered to encourage uptake by those staff who work out of hours, and communications will be issued promoting enrolment for those staff who work core hours.

Due to the pandemic all training has continued to be delivered via 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 has continued 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. 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 Manager has established a BRI Fire Response Team to attend all fire calls; consisting of staff from the Command Centre, Porters, Security and Estates. The main purpose is to ensure prompt attendance to all fire calls and to ensure quick response in the event of an actual fire and if the Fire Service are required. The Fire Response Team also promptly ascertain if a fire alarm activation or fire call is an unwanted fire signal (false alarm) and thus reducing disruption to services.

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

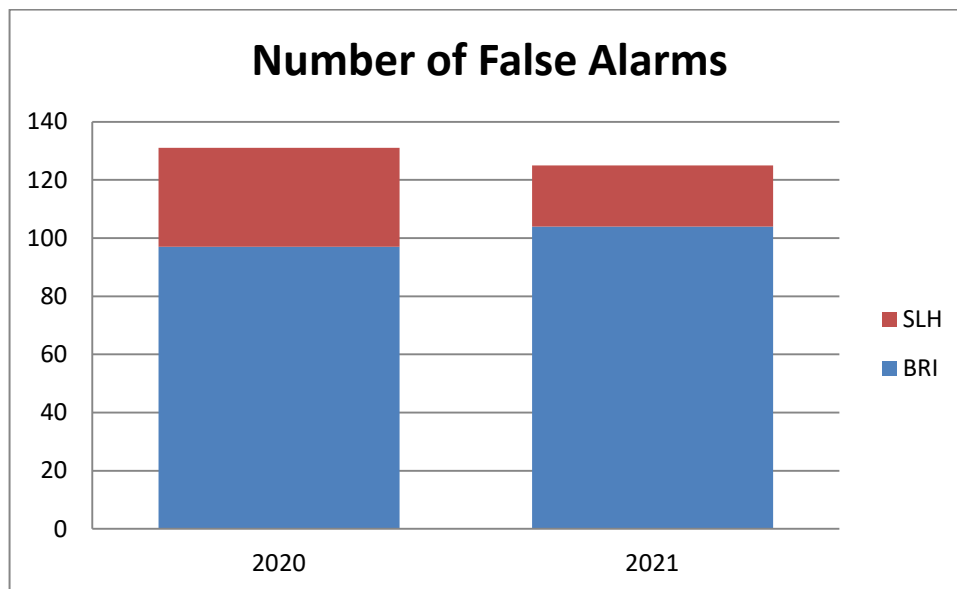
As part of the ward reconfiguration work and the pandemic situation throughout 2021, the Fire Team have lost the use of training rooms where practical training using medical evacuation equipment was carried out. Once the Trust is able to

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return to this location there will again be facilities where practical evacuation training can be carried out in a 'Covid Safe' training environment.

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

- 5.1 Analysis of false alarms for 2021, compared with the previous year, is shown below, the number of false alarms has decreased:



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

- Staff cooking, namely toast.
  - Staff, patient and visitors operating the fire alarm call point instead of the green door exit buttons.
  - HPV cleaning.
  - 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 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 2021 the Trust was not charged for any attendance. If the Trust starts to incur charges for call outs to false alarms then this will be reviewed.



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## 6.0 New Projects & Developments

- 6.1 There have been a number of projects during 2021 which have included new or additional fire safety systems. These include:

### Staff Changing Facilities

Following the Covid-19 outbreak, it was identified that the current staff changing facilities at BRI were not fit for purpose, as they did not provide the required amenities such as toilets, showers or wash hand basins. A staff survey was undertaken, which identified that the Covid-19 pandemic has changed their approach to changing and showering at work and highlighted the need to provide a modern, fit for purpose changing facility that was central to the site, allowing easy access for all.

### AED

This facility was created in response to the Covid-19 outbreak and is a critical asset in the safe locating and treatment of patients with airborne infectious diseases. The continued existence of the current Covid-19 pandemic, the inevitable arrival of seasonal influenza, norovirus, the prevalence of TB and the inevitability of future pandemics means that we have futureproofed to keep infected patients isolated until they can be diagnosed appropriately and safely admitted to a ward.

### ENT

In recognition of both existing and Covid-19 related pressures, critical maintenance work was required to the ventilation system and associated plant in ENT Block theatres 1, 2 & 3. The theatres will be served by a dedicated ventilation system with the additional AHU providing the ventilation for the ancillary areas. The opportunity was also realised to refurbish the majority of the department, in-line with current best practice and guidance.

### Ward 10 – (High Dependency Unit)

This facility is a significant and important asset in helping and supporting the Hospitals Covid 19 Response. This 10 bed ward will be used for Peri Operative Care, higher dependency patients needing an extended recovery period, with the ability to flex up to ICU if additional surge capacity is required.

### Wards 2&5 – (SDEC)

The Trust identified that the existing footprint of the surgical assessment unit (Ward 20) was too small and failed to meet the increased demands of patient throughput. This project creates the areas required to meet the treatment demands whilst encompassing other specialties for the initial assessment, including plastics, maxillofacial and ENT.

### Maternity Extension

This scheme is now 95% complete with only small phases left to finish. This will ultimately provide an extension to the existing Labour Ward along with a compliant ventilation system within existing and new theatres.

- 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.

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- 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. This building is due to be refurbished in 2022. 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 are working collectively 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

The Trust has carried out a full review of the structure of the Fire Team. This has provided 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. A new senior Fire Safety Manager post has been recruited and the appointment of an additional Fire Safety Advisor role is currently being progressed. These changes will ensure improved governance supporting the effective management of fire safety within the organisation.

## 9.0 Recommendation

The Trust Board is asked to note the contents of this report and acknowledge proactive compliance assurance associated with the safe management of fire safety on behalf of the organisation, and the good progress made by the new Fire Safety Team regarding fire safety improvements.

Date: 11.4.2022  
Ref: DM/IT

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## Appendix 1

# Annual Statement of Fire Safety 2021

NHS organisation: Bradford Teaching Hospitals NHS Foundation Trust

I confirm that for the period 1 January 2021 to 31 December 2021, 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

Fire Safety Manager: Darren Mitchell

Contact details: E-mail: darren.mitchell@bthft.nhs.uk

Telephone: 01274 364229

Mobile: 07973 375892

Signature of Chief Executive  


Date: 5<sup>th</sup> May 2022

Signature of Fire Safety Manager  


Date: 12<sup>th</sup> April 2022

Completed statement to be retained for future audit.

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## ANNEX A

Part 1 – Outline any enforcement action taken 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 any enforcement action ongoing or unresolved from previous years including the original date, and the action the organisation has taken so far. Include any proposed action needed. Include an indication of the cost incurred so far and, where possible, an indication of costs to fully comply.

None