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Date	11 th May 2023	Agenda item	Bo.5.23.24

ANNUAL FIRE SAFETY REPORT AND DECLARATION OF FIRE SAFETY (1.01.22 to 31.12.22)

Presented by	Mark Holloway, Director of Estates & Facilities				
Author	Darren Mitchell, 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	For assurance				
Previously discussed at/ informed by					
Previously approved at:	Committee/Group	Date			
Key Options, Issues and Risks					
<p>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>.</p>					
Analysis					
<p>This report provides assurance that risks arising from fire are being effectively managed.</p> <p>This report confirms the Trust's continued commitment to effectively managing fire safety, and this is demonstrated through the following:</p> <ol style="list-style-type: none"> 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 define roles and responsibilities and latest legislation, standards and industry best practice. (These documents are in date until July 2025). 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. During 2022 there were two fires. 6. The roles, responsibilities and management arrangements associated with fire safety management are currently being reviewed to ensure they are fit for purpose. 					
Recommendation					
<p>The Trust Board is asked to:</p> <ol style="list-style-type: none"> a) 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. 					

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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
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"/>

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

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ANNUAL FIRE SAFETY REPORT AND DECLARATION OF FIRE SAFETY (1.1.2022 to 31.12.22)

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 2022 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 2022. (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. The Policy and Procedures have been reviewed and updated and due to expire in March 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 requested during the year to:
 - Replace existing fire alarm systems with single replacement.
 - Update existing emergency lighting system
 - Improve fire and smoke compartmentation and fire-stopping
- 2.3 During 2022 a specialist contractor carried out a prioritised programme of surveying and improvement work to ensure compliance regarding the integrity and effectiveness of fire compartmentation and fire-stopping, which reduces the chance of fire/smoke travelling 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 2022 there were two fires reported.

In August 2022 there was an incident in one of the IT communications/server rooms in Block B on the St Luke's Hospital (SLH) site. The incident occurred as a result of an overheating back up battery pack to the communication unit.

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1. The fire affected the essential power supply and caused the communication unit to “trip”, resulting in the loss of power to these areas. There was a large amount of noxious black smoke. The whole block was evacuated and the on-site Estates Team attended promptly, activating the escalation procedure and calling out immediate response from the Fire Service. The Trust Fire Safety Manager and the Deputy Director Estates and Facilities both attended and liaised with the Fire Service. A full investigation was carried out and the main action identified was potential concerns regarding age of the battery back-up units. A full program was initiated and all required ratifications have been carried out.

2. In November 2022 there was an incident in the Boiler House on the Bradford Royal Infirmary (BRI) site, leading to the temporary loss of heat and hot water in a number of areas. The incident occurred during a test on Boiler N° 2 to check gas/oil supply. Oil was ejected out of the boiler causing a blow back after oil was ignited by the hot exhaust. The fire was immediately extinguished by the contractor using a 2kg CO² extinguisher. No injuries occurred during the incident. The Estates Building and Maintenance Block were immediately evacuated, and the Fire Response Team attended very promptly.

The small fire affected steam & hot water to a number of areas, all other boilers were checked and tested to ensure this was not an inherent problem and hot water and steam reinstated to the Hospital within one hour.

3.2 Fire Risk Assessments.

The Fire Team continued to conduct a system wide review of the Fire Risk Assessment (FRA) process in 2022 which included revisiting and refreshing all FRA’s throughout the Trust. A total of 161 fire risk assessments were undertaken across the Trust in line with current legislation. An analysis of all fire risk assessments and an updated fire risk assessment schedule has been developed.

Fire risk assessments have been carried out by the Trust’s Fire Safety Manager, with support from external independent specialist advisors from Fire Safety Solutions until a dedicated Trust team was appointed to post. A full program of reviews is now in process and will continue annually.

3.3 Waste.

3.3.1 The Fire Safety Manager continues to liaise with Facilities Managers and 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 some clinical waste.

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3.3.3 Waste temporary storage and disposal continues to be a problem, and 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 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.

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 Lanterns Fire Ltd.

3.4.3 A significant rolling investment program, starting with the Maternity Block, is underway to upgrade all the fire alarm systems across the Trust and replacing with a new 'GENT' Fire Alarm system. The Autronica and Kentec fire alarm systems installed across the Trust's estate are no longer manufactured and are being maintained from an existing stock of parts. 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 procedures 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. No fire escapes have been compromised.

3.5.2 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 exits 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

The Trust has 89% of its employees trained in fire safety. This is a slight improvement compared to the same time the previous year. Difficulties getting shift-working staff to

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scheduled training sessions have been addressed by the flexibility of the Fire Safety Trainer in delivering training programmes out of hours.

A new fire safety training package has been produced and we are now starting back with face-to-face training sessions are now taking place, these have all been booked in for following 12 months. 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. 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 implemented a BRI Fire Response Team to attend all fire calls; consisting of staff from Command Centre, Porters, Security and Estates. The main purpose is to ensure prompt attendance to all fire calls and to ensure quick response if an actual fire and Fire Service are required. The Fire Response Team also ascertain quickly if the fire call is in fact an unwanted fire signal (false alarm) and thus reducing disruption to services. This model will now be applied at St Luke's Hospital.

4.3.2 The Fire Safety Team are regularly reviewing the training that is delivered to identify opportunities for improvement. Training had now reverted back to face-to-face training and rooms have been booked to allow this to be carried out. Work will commence to formulate a fire training needs analysis as per Health Technical Memorandum (HTM 05-01) Managing Healthcare Fire Safety (Second Edition).

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

5.1 Analysis of false alarms for 2022, compared with the previous year, is shown below:

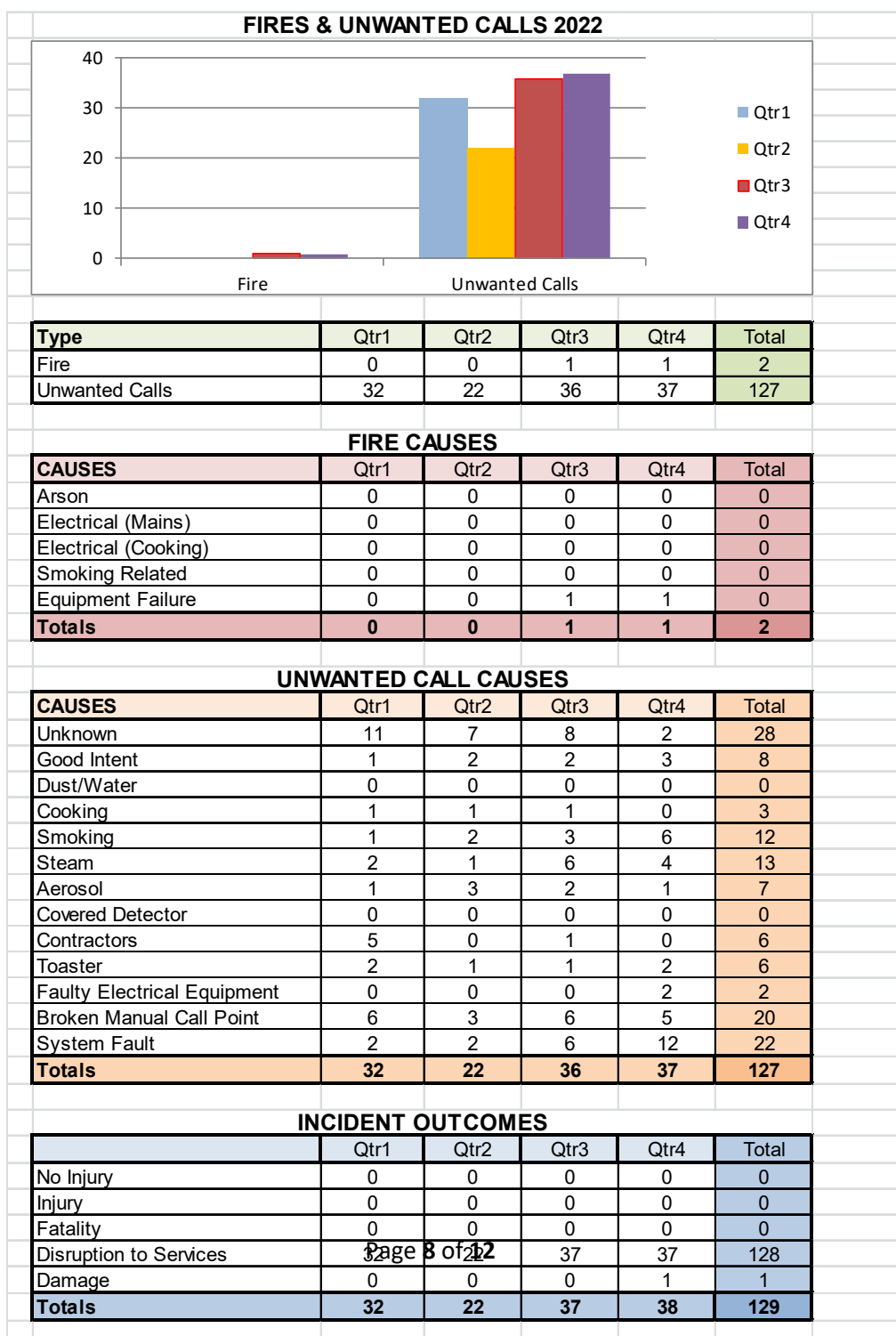
2021		
BRI	SLH	Total
104	21	125
2022		
BRI	SLH	Total
117	10	127

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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 Break down of false alarm calls in each quarter of 2022;



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- 5.3 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.
- 5.4 The WYFRS charges £350.00 + VAT per vehicle for each attendance of a false alarm call to a hospital building the pre-determined attendance is 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 2022 the Trust was not charged for any attendance.

6.0 **New Projects & Developments**

- 6.1 There was a continuation of development projects which commenced in 2021; to Staff Changing, AED, ENT, Ward 10 and Wards 2&5. The final project, Maternity, was completed in 2022. This scheme provides an extension to the existing Labour Ward to provides a compliant response to previously identified ventilation issues of the existing theatres. The new construction include two new Theatres, three en-suite bedrooms and a newly located Nurses Station
- 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 NHSPROPERTY 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 are working together to ensure safety and effective action in the event of a fire alarm.

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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 **Management Review**

The Fire Safety Manager has been in position just over a year. 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 regarding fire safety across a significant and aged estate. Further appointments have been made to strengthen the Fire Safety Team, namely a part time Fire Safety Advisor and full time Fire Safety Trainer to assist the Fire Safety Manager.

9.0 **Recommendation**

The Executive Team is asked to:

- a) Note the contents of this report and acknowledge the work being undertaken to deliver a robust system of the fire safety management across the Trust.
- b) Recommend that this report be tabled at Trust Board as part of the assurance process demonstrating effective fire safety management.

Date: 06.01.2023

Ref: DM

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Appendix 1

Annual Statement of Fire Safety 2022



Bradford Teaching Hospitals
NHS Foundation Trust

Annual Statement of Fire Safety 2022

NHS organisation: Bradford Teaching Hospitals NHS Foundation Trust

I confirm that for the period 1 January 2022 to 31 December 2022, 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

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

Contact details: Telephone: 01274 364229

Mobile: 07973 375892

Signature of Chief Executive

Date: 05-05-2023

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