

# University Hospitals of Leicester Annual Fire Report 2016/17

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**Trust Board paper M**

## Executive Summary

### Context

The University Hospitals of Leicester (UHL) NHS Trust has a statutory duty to ensure that all of the premises owned and operated by the Trust comply with current Fire Safety legislation. We do this by following Department of Health Guidance on Fire Safety management.

The Trust must ensure that effective arrangements are in place for the management of Fire Safety and implement any necessary improvements or adjustments required which relate to an increased potential risk of fire.

The purpose of this report is to inform the Trust Board of the current level of Fire Safety provisions across the Trust portfolio, highlight where improvements have been made and to indicate where further Fire Safety related improvements and investments are necessary.

### Questions

1. How reflective and relevant is the current UHL Fire Safety Policy?
2. What Governance arrangements are in place to monitor and escalate Fire Safety related matters within the Trust?
3. What is the current status of the Fire Risk Assessment programme and what common themes have been identified by the process?
4. Is the Fire Safety Training provided fit for purpose and relevant to Risk?
5. Aside from prioritising and addressing backlog Fire Safety issues what areas of improvement have been identified and included in the work plan for the year 2017/18?

### Conclusion

It has been identified that due to the improvements already implemented since the insourcing of the Fire Safety provision in May 2016 the Fire Safety Policy, will require a full re-write rather than minor amendments. This process has already begun with a focus on defining specific roles, introducing new ones and clarifying responsibilities at all levels within the Trust. The main objective is to return the Fire Safety Policy to a high level document approved at Trust Board level and to develop further a comprehensive set of Fire Safety Protocols to provide the necessary guidance on all issues relating to Fire Safety within the organisation.

1. The UHL Fire Safety Committee continues to function as a subcommittee to the UHL Health and Safety Committee chaired by the Director of Safety and Risk for the Trust. The re-launch and revitalisation of the membership and content of the committee has widened the engagement on Fire Safety issues. It also has a direct conduit to the Director of Estates and Facilities. This enables a dual route to board level in escalating concerns raised by its members.

2. Overall there has been a reduction in the number of Fire Risk Assessment reviews and re-inspections due to improved planning, scheduling, documentation, archiving and consolidating to ensure that the information on file is current and reflective of the estate. Despite this apparent downturn, we can report that 95% of the estate holds a current suitable and sufficient Fire Risk Assessment.

Fire Safety training: Induction, Annual Refresher and e-learning have all been reviewed and attendance rates have been reported at 98%. Previously there were limited specific table top evacuation training sessions delivered and no scheduled evacuation drills across the three sites. This has been recognised and is included in the work plan for 2017/18. The lack of a suitable and sufficient Fire Warden package has also been identified and addressed. A new package has been created and is available to book via HELM. The course is 3 hours in duration and runs monthly with the intention of increasing the number of suitably training Fire Wardens to assist with the local management of Fire Safety matters and to assist with the evacuation protocols.

3. There are a number of areas that are to be focused on in the coming year within the Fire Safety Team as listed below: This list is not exhaustive
  - I. Improved recording and reporting of all Fire Signals by Switchboard;
  - II. Fire Policy review;
  - III. Development of Fire Safety protocols to supplement the new Fire Policy;
  - IV. Development of documented local evacuation procedures;
  - V. Increase the number of suitably training Fire Wardens across the Trust;
  - VI. Development and implementation of local Fire Log books

The intention is also to work closely with the Capital team to prioritise any new works identified via the Fire Risk Assessment review process.

### **Post Script: UHL / NHS Response to Grenfell Tower**

As a result of the Grenfell tower block fire in London, there has been a significant reaction across the political and public sector.

Within the health service the DoH, NHS England and NHSi have been communicating with Trusts to ascertain the current position on high rise building with cladding and more recently wider issues and checks in fire safety through our normal fire risk assessments.

As a Trust we are working closely with Leicestershire Fire and Rescue Service to keep them abreast of the processes and procedures we use within the NHS. Clearly their focus is mainly relating to high rise residential blocks, both private and council owned and they are not concerned with the Trust for a variety of reasons;

- I. The Trust does not have any high rise (8 storey plus) residential buildings;
- II. The Trust has good processes and procedures in relation to fire safety;
- III. The Trust buildings are fully occupied and have good levels of compartmentation and detection with nationally agreed standards;
- IV. The Trust has a comprehensive programme of fire training which achieved 98% of all staff in 2016/17;
- V. The Trust has a good record for fire safety issues and low numbers of actual fires.

Our communications team are leading on a coordinated response to Media, FOI enquiries together other concerns raised on our own intranet questions page. There has also been a communications group set up by Leicestershire Fire and Rescue to ensure that all public sector bodies are providing a consistent message. NHSi have also indicated that they will provide a central NHS coordination of communications.

Current actions being taken at UHL:

- I. During June 2017 UHL's Estates & Facilities team responded to a DoH Audit on cladding of high rise buildings; UHL have no externally clad high rise buildings.
- II. We are working closely with Leicestershire Fire & Rescue Service on all matters of fire safety and the Estates and Facilities team will be meeting with them on a regularly basis.
- III. Fire Risk Assessments are carried out on rolling programme across the trust; UHL's rolling programme is up-to-date and will continue as planned
- IV. To enhance the above programme we are carrying out a review of all inpatient areas to provide a "current position" on Fire Risk Assessments and Action Plans.
- V. We will be asking all owners of actions to positively confirm the current actions and how any areas still outstanding will be escalated.
- VI. The Trust's Annual Fire Report (completed in May 2017) has been presented to Executive meetings and provides a full summary of 2016/17.

### For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:
 

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Yes]
Integrated care in partnership with others	[No]
Enhanced delivery in research, innovation & ed'	[No]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Yes]
  
2. This matter relates to the following **governance** initiatives:
 

Organisational Risk Register	[No]
Board Assurance Framework	[Yes]
  
3. Related **Patient and Public Involvement** actions taken, or to be taken [Not Applicable]
4. Results of any **Equality Impact Assessment**, relating to this matter: [Not Applicable]
5. Scheduled date for the **next paper** on this topic: [TBC]
6. Executive Summaries should not exceed **1 page**. [My paper does not comply]
7. Papers should not exceed **7 pages**. [My paper does not comply]

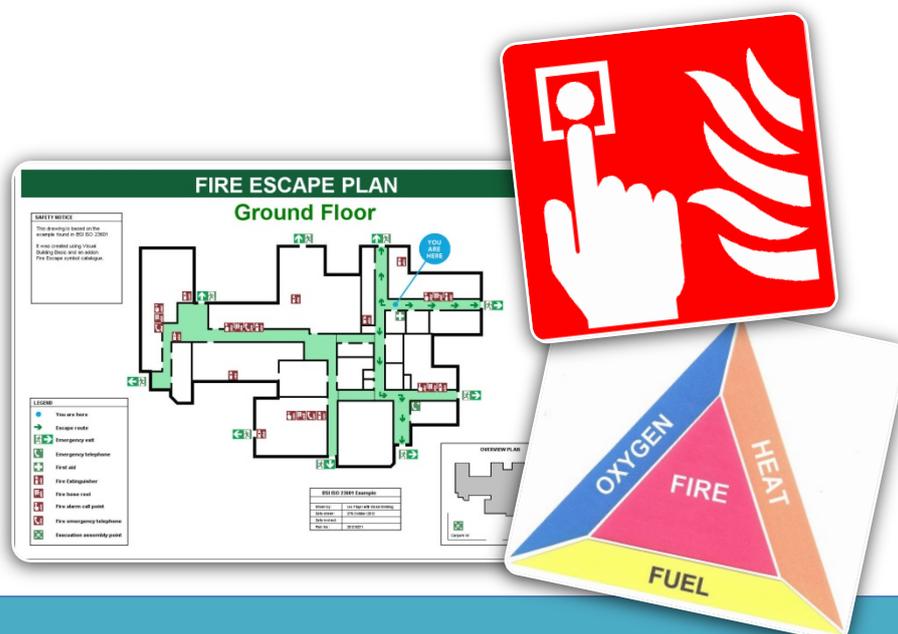
# Annual Fire Report

University Hospitals of Leicester  
2016/17

03 May, 2017

University Hospitals of Leicester NHS Trust

Michael Blair – Head of QSHE Compliance (Fire Manager)



## Contents

1.0	Introduction.....	2
2.0	Executive summary.....	2
3.0	Fire Safety Policy .....	2
4.0	Fire Safety Committee.....	3
5.0	Fire Risk Assessment (FRA) .....	3
6.0	Common Themes Fire Risk Assessments.....	5
7.0	Capital works.....	6
8.0	Training .....	7
9.0	Unwanted Fire Signals (UwFS).....	8
10.0	Fires.....	12
11.0	Freedom of information requests.....	12
12.0	Enforcement.....	13
13.0	ERIC Return.....	13
14.0	Fire Safety Resources .....	16
15.0	Fire Safety Work Plan / Priorities for 2017/18.....	16
16.0	Appendix A – Annual Fire Statement.....	17

## 1.0 Introduction

The University Hospitals of Leicester (UHL) NHS Trust has a statutory duty to ensure that all of the premises owned and operated by the Trust comply with current fire safety legislation. We do this by following Department of Health Guidance.

The Trust must ensure that effective arrangements are in place for the management of fire safety and implement any necessary improvements or adjustments required which relate to an increased potential risk of fire.

The purpose of this report is to inform the Trust Board, all other stakeholders and interested parties of the current state of fire safety provision in all Trust premises, and indicates where further fire safety related improvements are necessary.

## 2.0 Executive summary

The year 2016/17 has seen a great deal of development and improvement in the Fire Safety Service at the Trust.

The process of Policy review has begun to reflect the changes being developed and to address the change of roles and responsibilities brought about by the early settlement of the Facilities Management contract with Interserve FM Ltd.

New personnel have been recruited, new training developed and delivered, reporting has been improved and work continues to improve the Fire Safety status of the Trust moving forward in to the next financial year.

Governance arrangements have been strengthened and the fire safety committee reconstituted.

## 3.0 Fire Safety Policy

The current Fire Safety Policy (reference AF/2002) is dated 18 July 2014 and due for review in July 2017. This planned review is currently underway with draft documentation issued to the Fire Safety Committee membership for consultation and feedback.

It is projected that due to the improvements already implemented since the insourcing of the Fire Safety provision in May 2016, the Fire Safety Policy will require a full re-write rather than minor amendment.

The main objective is to return the Fire Safety Policy to a high level document approved at Trust Board level and to develop further a comprehensive set of Fire Safety Protocols to provide the necessary guidance on all issues relating to Fire Safety within the organisation.

This timely review is an ideal opportunity to revisit the levels of Fire Safety Management across the Trust and that there are suitable structures in place to support this. Definition and acceptance of the outlined roles and responsibilities are vital to the success of this model and to reinforce any changes and ongoing monitoring.

## 4.0 Fire Safety Committee

May 2016 witnessed a shift in the Governance arrangements surrounding this meeting. Prior to May 2016 the Fire Committee was chaired by representation from the Estates and Facilities Management Collaborative (EFMC) whose role had been to manage the performance of the Facilities Management Contractor; Interserve FM Ltd (IFM) as part of the LLR Contract. The provision of the Fire Safety Service to the Trust was provided as part of this contract.

Following the early settlement of this contract and the transfer of IFM staff into the Trust via TUPE it was decided that the newly created Estates and Facilities Directorate take the lead on progressing this committee. This was taken up by the Head of QSHE Compliance as the Manager responsible for the Fire Safety provision under IFM and now under UHL.

November 16 witnessed the launch of the new Fire Safety Committee.

- New members were sought and allocated from each CMG to increase ownership of local fire management issues;
- Involvement of both the Estates and Capital Projects teams;
- New Terms of Reference generated to create greater focus and direction;
- Draft policy circulated for consultation to begin the review process following the recent structural / organisation changes;
- Revised agenda and reporting requirements;
- Revised actions registers;
- Meeting time extended to allow for agenda items to be covered.

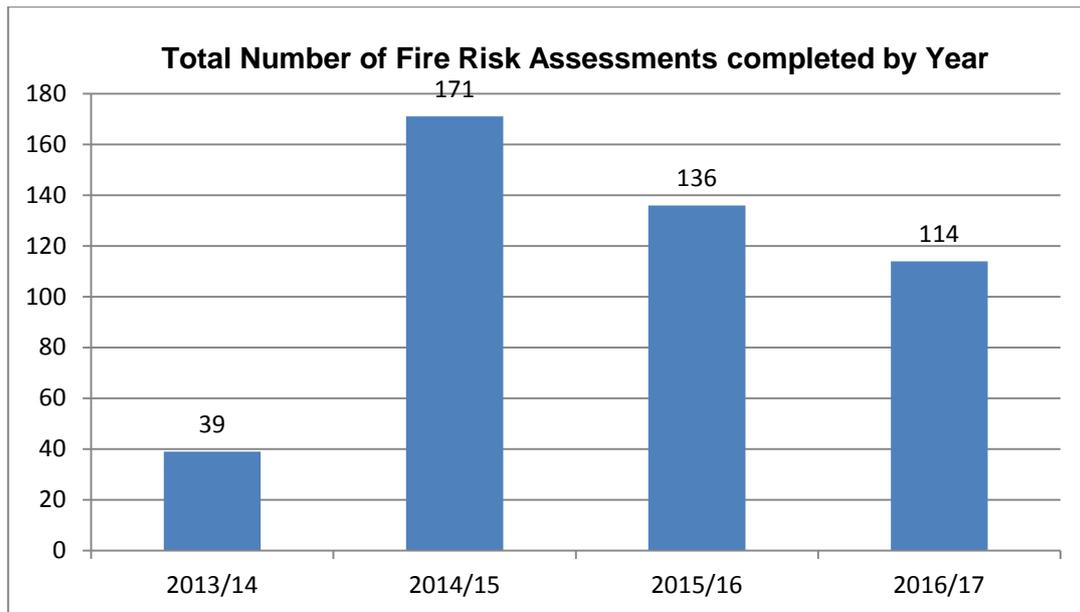
Since the re-launch the meeting has been fairly well represented across the CMGs, Corporate and Facilities Directorates. The intention in 2017/18 is to increase this further to ensure full consultation and participation from the Trusts clinical and nursing teams. Attendance will be monitored as set out within the revised Terms of Reference.

In relation to UHL Governance arrangement the Fire Committee continues to act as a subcommittee to the UHL Health and Safety Committee chaired by the Director of Safety and Risk for the Trust. The meetings which are now chaired by UHL's Head of Estates are planned quarterly to enable any issues raised to be escalated to the Health and Safety Committee in a timely manner.

## 5.0 Fire Risk Assessment (FRA)

In the reporting period 2016/2107 a total 114 Fire Risk Assessments (FRAs) were undertaken and completed across the three acute sites (including one of the remote Renal Units located in Peterborough).

Although the number of completed FRAs shows a 16% downturn in volume on the previous year it can be attributed to the halving of resources between September 2016 and January 2017 due to retirement. With the appointment of a new Fire Officer at the end of January any backlog created by the vacancy has been addressed at the time of writing this report.

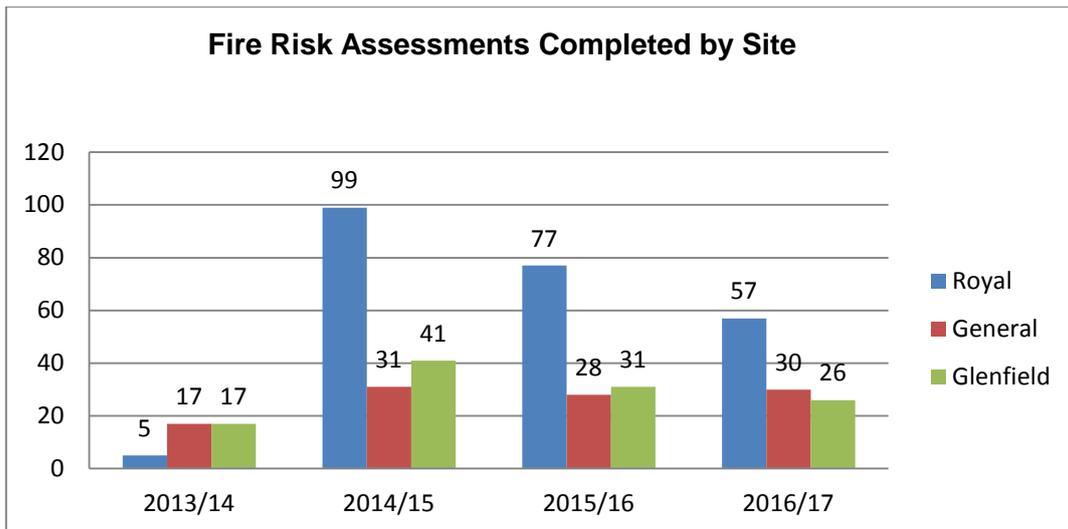


The graph above also demonstrates the progress that has been made in relation to Fire Safety compliance. The second column (2014/15) represents the significant increase in output that was required to bring the Trust to a level where all identified Wards / Compartments / Departments were in possession of a current Fire Risk Assessment.

Overall there has been a reduction in the number of reviews / re-inspections required each year due to improved planning, scheduling, documentation, archiving and consolidating to ensure that the information on file is reflective of the estate.

The Fire Risk Assessment audit is only one part of the process to ensure that the Trust has robust Fire Safety Procedures, and in some cases it is only the first step in identifying what needs to be addressed, rectified and in some cases replaced. It also drives both backlog maintenance and capital expenditure. It also identifies training needs and drives policy development and implementation.

The graph on page 5 illustrates the distribution in workload across the Trust sites with respect to Fire Risk Assessments. The greatest shift is evident at the LRI where the output has increased significantly across all the years illustrated. It also serves to illustrate where in the past Fire Safety resources have been allocated.



## 6.0 Common Themes Fire Risk Assessments

Analysis of the Fire Risk Assessment findings has identified that there are a number of common themes being reported by the Fire Safety team. Examples of which are listed below:

- Damaged cold smoke and intumescent seals and excessive gaps on leading edges on numerous fire resisting door sets;
- Some compartment door sets not meeting FR60 standard as a minimum;
- Fire Door sets being wedged or held open by irregular means;
- Inconsistency in type of cold smoke and heat seals being fitted / in-situ;
- Insufficient mimic fire alarm control panels in certain clinical areas;
- Fire detection coverage not meeting L1 standards in certain clinical areas;
- Poor housekeeping as a result of insufficient storage space / local management;
- Poor management and storage of oxygen in clinical areas;
- Insufficient numbers of Fire Wardens (trained);
- Lack of local documented fire evacuation procedures;
- Fire Drills not being undertaken;
- Managers not aware of the Fire Safety Policy or its contents;
- Lack of consultation / notification of planned change of use of wards / rooms etc.

These examples are provided for illustrative purposes and should be taken in context with the significant volume of items collated as part of the risk assessments over what is a comprehensive and vast Estate.

All backlog maintenance and capital investment works are identified as part of the FRA process and forwarded to the relevant departments to plan, cost and rectify any compliance issues. All deficiencies are assessed on a 'risk to compliance / cost basis'.

Projected constraints on Capital expenditure for the year 2017/18 will have an impact on addressing the Fire Safety priorities identified as they compete with other Statutory requirements requiring allocation of suitable funds to address the backlog programme.

The Fire Safety and Capital Projects team meet regularly to assess the risks identified and prioritise work streams for the current and subsequent financial years.

Concerns raised at a local management level continue to sit with the identified responsible person at ward level to ensure adherence to policy and legislation.

Any identified risks considered significant are also logged on the Estates and Facilities Risk Register via the Senior Management Team and where required onwards to Executive Meetings and/or Board for consideration in line with established governance arrangements. The Trust Health and Safety Committees are also advised of any such risks via the output of the Fire Safety Committee

Regular review of the Risk Assessment findings also used to drive work plan.

## 7.0 Capital works

The Fire Safety Team is actively engaged in determining the priorities for the Estates and Facilities capital programme. They use their local knowledge to compliment the fire risk assessments and action plan data to set the programme of works balanced against available capital.

Below is a brief outline of the Capital Projects that the Fire Safety Team were actively engaged in supporting during 2016/17. In some cases these schemes continue into the 2017/18 Capital programme.

Site	Building/Department	Open/Closed
LRI	New Emergency Department Phase 1	Closed - Occupied - Initial FRA written.
LRI	New Emergency Department Phase 2	Open - Planning stage only
GH	Vascular Department (Ward 23)	Closed in regards to build - FRA written but Vascular Occupancy not yet in place (expected May 2017)
GH	Angiography Department	Closed - Occupied - Initial FRA written.
GH	Hybrid Theatre	Closed awaiting occupancy
LRI / GH	New MRI/Radiology Builds	On-going
GH	Ward 30 & Parent Accommodation	Closed - Occupied - Initial FRA written.

In addition to the above and working closely with the Capital Project Team a number of additional projects were undertaken:

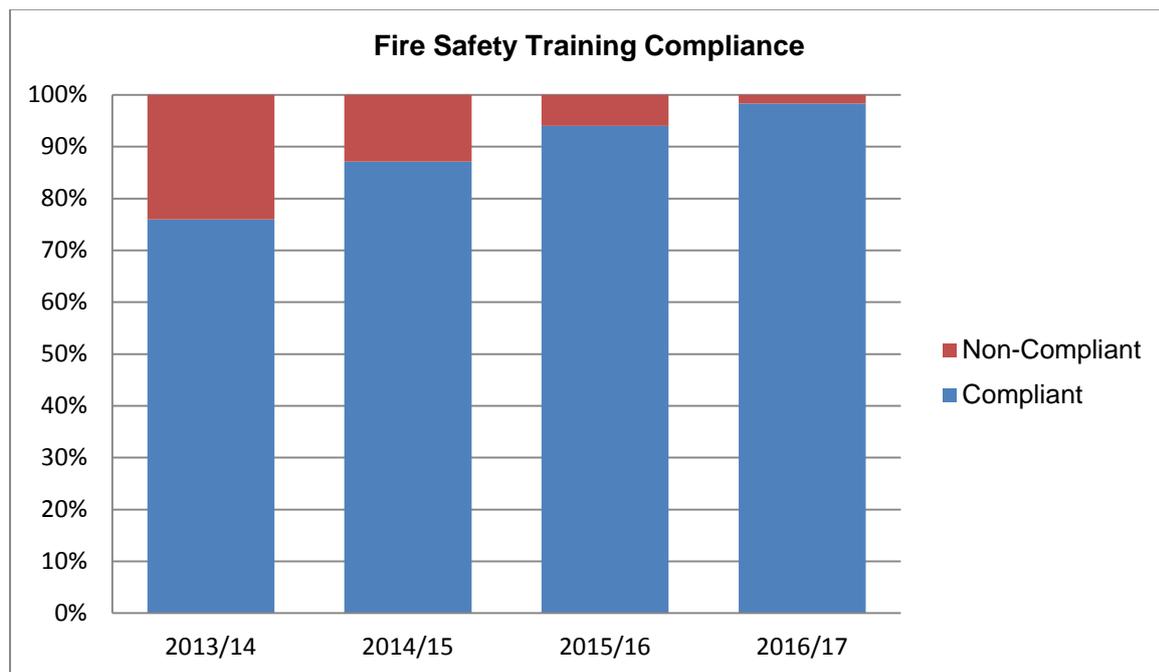
- Compartment Survey – Glenfield Phase 1, 1<sup>st</sup> Floor
- Compliance Survey (including Fire) – Ward 15 Glenfield
- Compliance Survey (including Fire) – Residences - Glenfield
- Fire Door Replacement scheme – Windsor Building, Leicester Royal Infirmary

## 8.0 Training

Adequate fire safety training is essential to ensure that fire prevention and emergency action plans can be put into practice. The provision of adequate fire safety training is a legal duty placed upon the Trust and therefore forms part of the Mandatory suite of training hosted by eUHL (soon to be replaced by HELM). It follows therefore that there should be 100% compliance.

The data set used is provided by the Trusts Learning and Development Department.

Adherence to this requirement is illustrated below and demonstrates continual improvement and a high level of compliance in the last year with a return of 98%.



Fire Safety Training is offered and delivered in a number of ways to ensure compliance.

- Fire Safety Induction (Corporate)
- Fire Safety Induction (Local)
- General Fire Safety – Face to Face
- General Fire Safety – E-learning

As per our training policy, Annual face to face for all clinical staff with a session that lasts for 60 minutes and alternate years of face to face and E Learning for all other staff.

A new eLearning package was also developed and launched on eUHL to assist the clinical staff in meeting their statutory training requirements.

The uplift of this e-based platform was significant and supported the period of reduced Fire team staffing with more than half of the training recorded being via the new module.



Other CMG led training days are accommodated by the Fire Safety Team when possible as and when requested. This is currently under review with the CMG Training leads as it would appear that they are developed in isolation which can lead to overlap making it impossible for the Fire Safety team to deliver.

Currently there are limited specific table top evacuation training sessions delivered and no scheduled evacuation drills across the three sites. This has been recognised and is included in the work plan for 2017/18.

The lack of a suitable and sufficient Fire Warden package has also been identified and addressed. A new package has been created and is available to book via eUHL / HELM. The course is 3 hours in duration and runs monthly with the intention of increasing the number of suitably training Fire Wardens to assist with the local management of Fire Safety matters and to assist with the evacuation protocols. First two sessions are fully booked for May and June 2017.

The development of a full Fire Safety training needs analysis forms part of the planned Policy review and a key element of the 2017/18 work plan.

## 9.0 Unwanted Fire Signals (UwFS)

The occurrence of an unwanted fire signal is detrimental to the operation of any healthcare establishment. Such instances can lead to disruption of service and patient care, increased costs, and unnecessary risk to those required to respond to the alarm raised. Therefore, no unwanted fire signal is considered acceptable.

However, whilst all reasonable means of minimising UwFS should be employed, it is recognised that the complete elimination of UwFS is impossible but every attempt should be made to identify common themes and undertake causal analysis in order to reduce the frequency year on year.

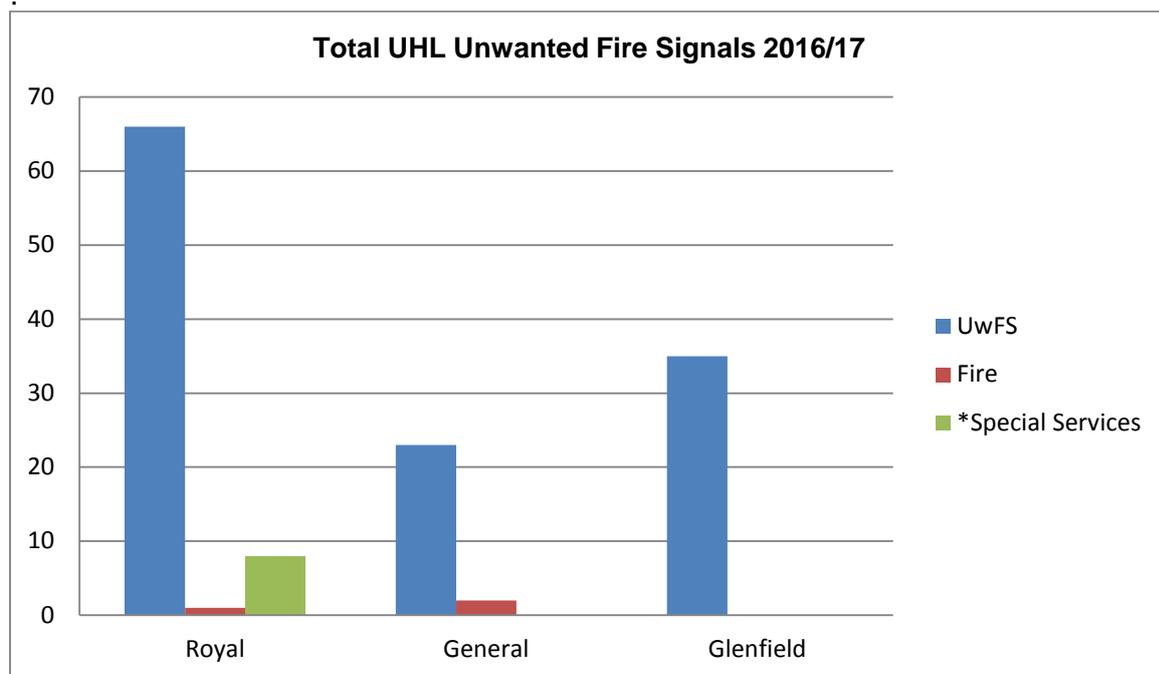
An organisation's UwFS rate will be influenced by a variety of factors, including the building size and the number of detectors/call-points, the activities carried out within the building, the building location, and its management.

The main influence on the rate of UwFS generated by a system is likely to be the number of automatic detectors connected to that system. However, with large, complex sites it is possible that more than one system may be installed.

Unwanted fire signals should be categorised in order to identify their causes, record and report their occurrence, and allow appropriate actions to be decided on for their reduction. Following any UwFS an investigation should take place to identify the cause. The table below shows the distribution of UwFS across all 3 site with the LRI being responsible for returning the highest number of UwFS across the Trust .

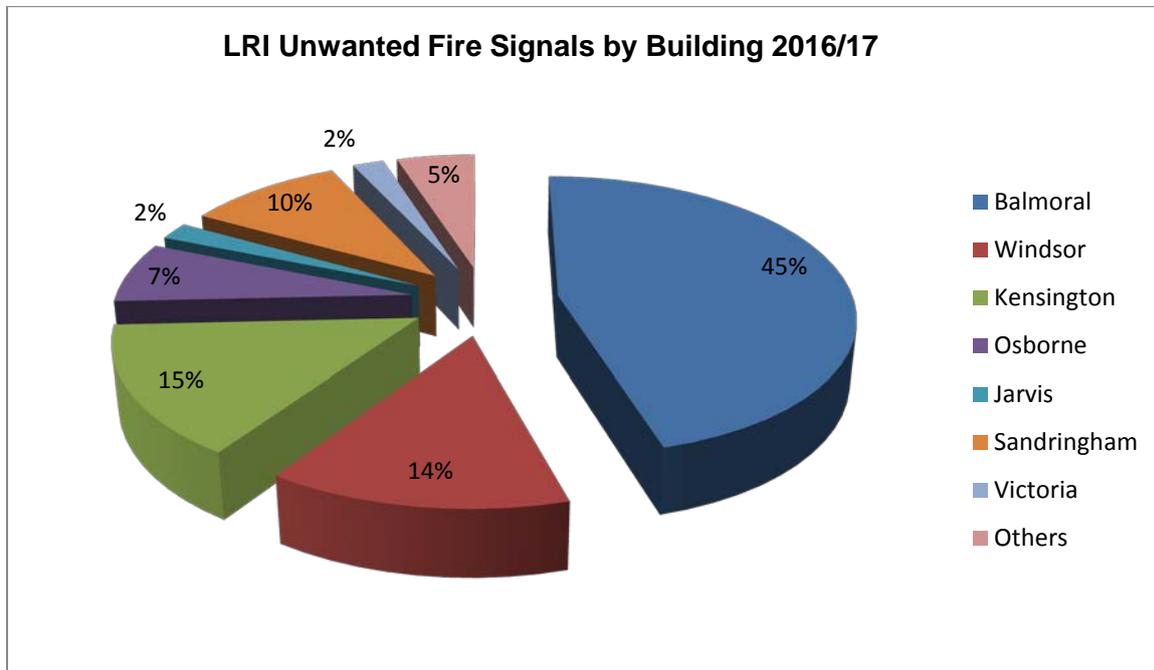
The total UwFS across the UHL sites in this reporting period totalled 124 with the highest percentage originating from the LRI site. It is however worth relating this figure to the number of detectors (c.6000) located at this site.

The table also indicates that there were 3 actual fires recorded in the same period.

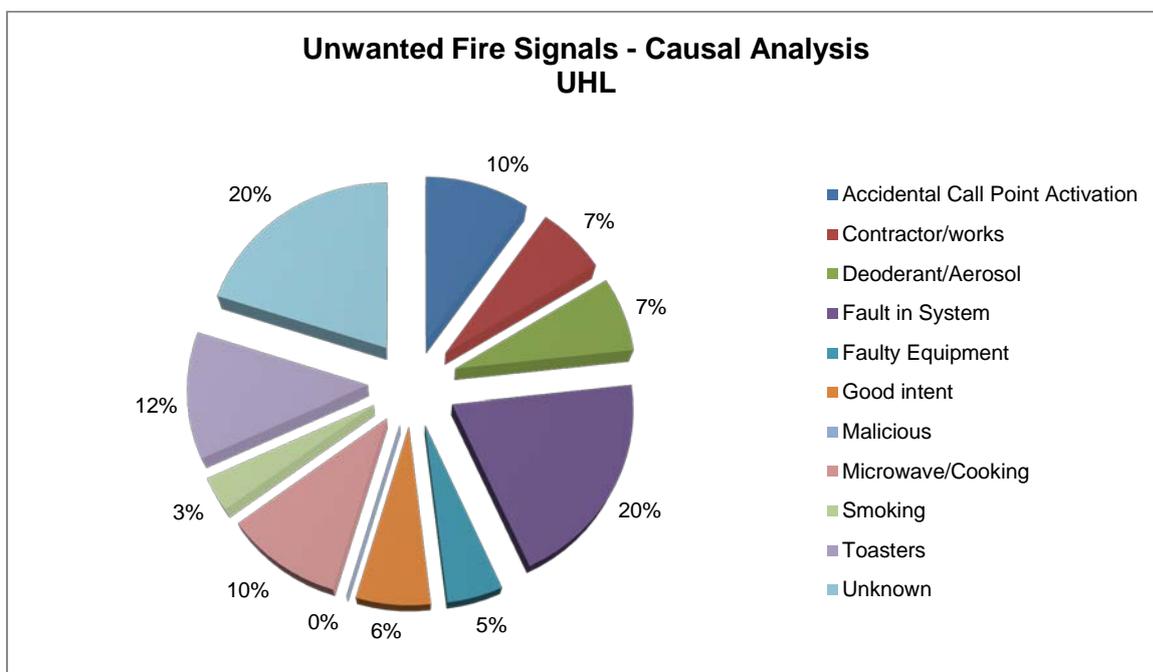


\*Special Service relate to any call out / attendance of the LFRS not due to and UwFS and/or Fire, e.g. gas monitoring, flood management, etc.

Looking at more detail in the figures obtained for the LRI we can see that the greatest instances of UwFS emanate from the Balmoral building equating to 45% of the total reported.

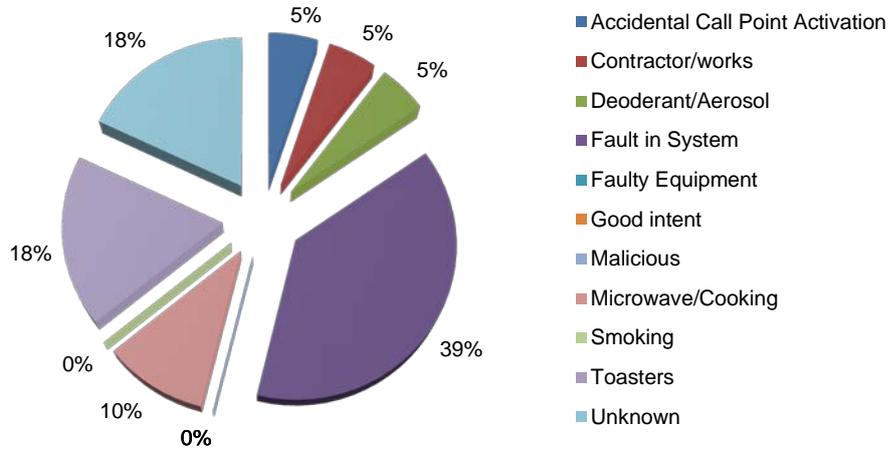


The following four charts illustrate that there are common themes in general and across the 3 sites individually. Work is currently underway to improve reporting of these events to ensure they are correctly categorised in line with HTM 05-03 and reduce those classified as “unknown” to a minimum to provide a more reflective data set.

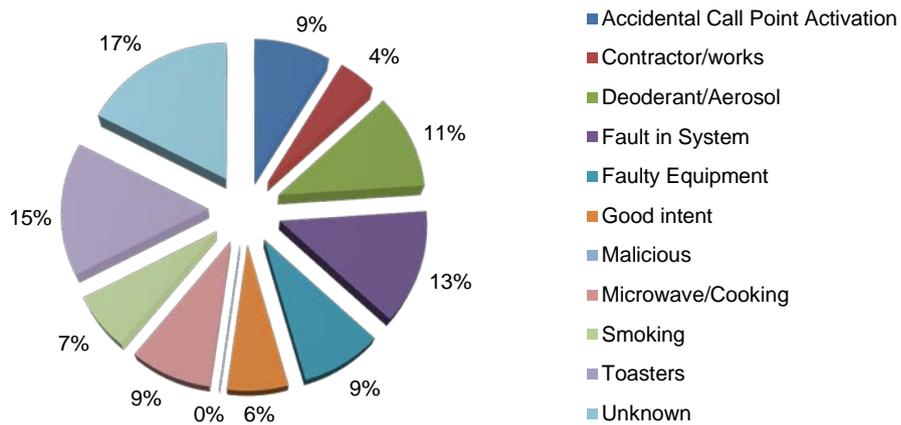


System faults and cooking fumes still account for a significant amount of UwFS across the Trust accounting for 42% of the activations across the Trust

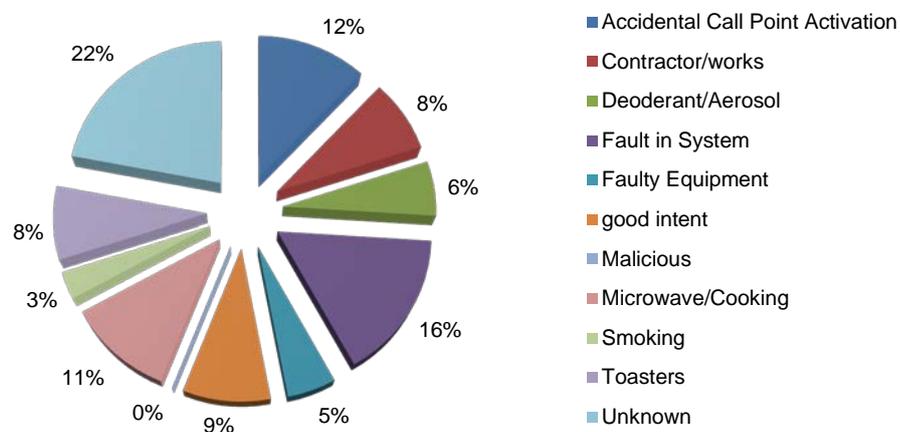
### Unwanted Fire Signals - Causal Analysis Leicester General Hospital



### Unwanted Fire Signals - Causal Analysis Glenfield General Hospital



### Unwanted Fire Signals - Causal Analysis Leicester Royal Infirmary



When comparing data via the ERIC returns of other Acute Teaching Hospitals UHL are positioned mid table out of 30 identified peers. See section 13.0 for the league table.

The fire safety team have developed an improved recording and monitoring system to ensure consistency of what is recorded and how each alarm activation is classified. This will ensure that the data is more accurate and representative of what is occurring operationally.

Once the data set is robust enough to hold up to interrogation more accurate statistics can be produced and actions implemented to target specific areas.

This will be in line with the reduction criteria set out in HTM 05-03 part H Reducing false alarms in healthcare premises.

To support the new documentation to record these events the focus is on education via the revitalised Fire Safety Training the introduction of Fire Warden training, and ensuring that investigations are completed and findings communicated through the appropriate channels.

## 10.0 Fires

There have been three actual fires reported within the reporting period. In brief they were:

- Leicester General Hospital – External - 05:00

Combustion of lint located at extract vent to drier in Laundry room – Ignition source believed to be discarded cigarette.

- Leicester Royal Infirmary – Osbourne Building Ward 41 – 07:20

Combustion of Mattress and Pillow – ignition source identified as faulty wall mounted fan.

- Leicester General Hospital – Ward 30 (Maternity) – 10:00

Combustion of bread – ignition source identified as faulty toaster.

Each reported fire is fully investigated to gain an understanding of the immediate, underlying and root causes and where improvements can be implemented in order to prevent a reoccurrence.

The findings of the reports are shared at the Executive Meetings by the Director of Estates and Facilities as a “hot topic” item and submitted for inclusion in the Health and Safety Committee meeting.

Any lessons learned are shared with staff via the members of the Fire Safety Committee.

## 11.0 Freedom of information requests

Two Freedom of Information request were received and responded to in line with guidelines.

Questions based around the following topics were requested:-

- Fire Risk Assessment process
- Fire Risk Assessment frequency
- Training data
- Fire Data
- Unwanted Fire Signal Data

## 12.0 Enforcement

No Enforcement notices were issued to the Trust in the reporting period.

Leicestershire Fire and Rescue Service have conducted 5 Familiarisation / Risk Visits during the same period with no concerns being raised:

- Glenfield General Hospital – whole site
- Leicester General Hospital – whole site
- Leicester Royal Infirmary – Osbourne Building
- Leicester Royal Infirmary – Balmoral Building
- Leicester Royal Infirmary – New Emergency Department (pre-opening)

## 13.0 ERIC Return

The ERIC return has been submitted as outlined below:

Ref	Field	Definition	Unit(s)
01	Fires recorded	Total number of fires recorded as required by HTM 05-01: Managing healthcare fire safety. <a href="https://www.gov.uk/government/publications/managing-healthcare-fire-safety">https://www.gov.uk/government/publications/managing-healthcare-fire-safety</a>	3
02	False alarms – No call out	Total number of false alarms that were dealt with by the organisation, without the fire and rescue service being called out.	61
03	False alarms – Call out	Total number of fire alarms that were attended by the fire and rescue service, but which the cause was a false alarm.	135
04	Number of deaths resulting from fire(s)	Total number of deaths of patients, visitors and staff resulting from fire(s).	0
05	Number of people injured resulting from fire(s)	Total number of patients, visitors and staff injured resulting from fire(s).	0
06	Number of patients sustaining injuries during evacuation	Total number of patients injured during evacuations, caused by fires or false alarms.	0

The data set for 2016/17 has not yet been published but the data for 2015/16 can be utilised in order to determine performance against other Acute Training Hospitals (as per the ERIC Classification)

From the table below UHL were positioned at mid-table in relation to the total number of false alarms reported in 2015/16.

Source ERIC Return 2015/16		Fire Safety	
	Trust Name	Fires recorded (No.)	False alarms (No.)
01	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	0	1
02	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1	2
03	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	1	5
04	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	1	46
05	WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	1	65
06	YORK TEACHING HOSPITAL NHS FOUNDATION TRUST	3	74
07	SALFORD ROYAL NHS FOUNDATION TRUST	6	75
08	UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	3	89
09	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST	3	93
10	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	2	98
11	BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	3	106
12	LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	3	110
13	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	4	129
14	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	3	168
15	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	5	172
16	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	5	175
17	LEEDS TEACHING HOSPITALS NHS TRUST	5	176

18	UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST	0	177
19	ROYAL FREE LONDON NHS FOUNDATION TRUST	2	188
20	UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	3	188
21	UNIVERSITY COLLEGE LONDON NHS FOUNDATION TRUST	3	203
22	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	9	203
23	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	2	205
24	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	3	239
25	ST GEORGE'S HEALTHCARE NHS TRUST	1	239
26	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	23	265
27	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2	309
28	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	17	331
29	BARTS HEALTH NHS TRUST	10	374
30	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	2	471

Upon notification that the finalised figures for ERIC 2016/17 are published and available this comparison exercise will be undertaken again. The combined figures reported for UHL this year shows an increase of false alarms by 28. At this stage it is not known if this is due to improved reporting mechanisms or that the previous returns were under reported.

A full comparison review will be completed in the coming financial year.

## 14.0 Fire Safety Resources

The Fire Safety Team currently employs four Fire Safety Advisors equating to three full-time equivalent posts. There are currently no vacancies. There was a period of 4 months in this reporting period where resources were reduced to two full-time equivalents through retirement.

The roles are required to support University Hospital of Leicester NHS Trust (UHL), Leicester Partnership Trust (LPT) and NHS Property Services (NHSPS) across multiple premises in Leicester, Leicestershire and Rutland.

UHL are supported by two full-time Fire Safety Advisors

LPT and NHS PS are supported by two part-time Fire Safety Advisors

## 15.0 Fire Safety Work Plan / Priorities for 2017/18

There are a number of priority areas that are to be focused on in the coming year within the Fire Safety Team including:

- Improved recording and reporting of all Fire Signals by Switchboard
- Fire Policy review
- Development of Fire Safety protocols
- Development of documented local evacuation procedures
- Increase the number of suitably training Fire Wardens across the Trust
- Development and implementation of local Fire Log books

In the year 2016/17 circa £300K was allocated for Fire Safety compliance.

The plan for 2017/18 is still under development but the following works have been identified as priority within the Capital budget allocated

- Fire doors LRI Windsor
- Waste chutes refurbishment LRI
- Ward 15 GGH Means of Escape modifications
- Ward 15 LGH Means of Escape modifications
- Residences GGH or L1 detection Windsor
- Knighton Street Offices Fire escapers
- Compartmentation across the sites

## 16.0 Appendix A – Annual Fire Statement

Annual Fire Safety Statement: 2016 / 17

**NHS Organisation:** University Hospitals of Leicester NHS Trust (UHL)

I confirm that for the period 1<sup>st</sup> April 2016 to 31<sup>st</sup> March 2017, all premises which the organisations owns, occupies or manages have had Fire Risk Assessments undertaken in compliance with the Regulatory Reform (Fire Safety) Order 2005, and (please 'check' the appropriate boxes)

1	There are no significant risks arising from the fire risk assessments.	<input type="checkbox"/>
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. (limitations / cuts on available budgets may place constraints on what risks can be targeted / prioritised / rectified)	<input checked="" type="checkbox"/>
3	The organisation has identified significant risks, but does not have a programme of work to mitigate those significant risks.	<input type="checkbox"/>
4	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.	<input type="checkbox"/>
5	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.	<input checked="" type="checkbox"/>
6	The organisation does not have any on-going enforcement action pre-dating this Statement. Please outline details of on-going enforcement action in Annex A Part 2.	<input checked="" type="checkbox"/>
7	The organisation achieves compliance with the Department of Health's fire safety policy by the application of HTM 05 or some other suitable method.	<input checked="" type="checkbox"/>

Chief Executive:	John Adler
Signature:	
Date:	

Director of Estates and Facilities:	Darryn Kerr
Signature:	
Date:	

Fire Safety Manager:	Michael Blair
Signature:	<i>MBlair</i>
Date:	03 May 2017

Completed Statement to be retained for future audit.

**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.

No enforcement action taken in the last 12 months

**Part 2** – Outline any enforcement action on-going from previous years 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.

Not Applicable – no on-going enforcement from previous years.