

# Annual Fire Report 2020/21

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Trust Board paper K

## Purpose of report:

| This paper is for: | Description  | Select (X) |
|--------------------|--|------------|
| Decision           | To formally receive a report and approve its recommendations OR a particular course of action                | X          |
| Discussion         | To discuss, in depth, a report noting its implications without formally approving a recommendation or action |            |
| Assurance          | To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan    | X          |
| Noting             | For noting without the need for discussion   |            |

## Previous consideration:

| Meeting                       | Date | Please clarify the purpose of the paper to that meeting using the categories above |
|-------------------------------|------|--|
| CMG Board (specify which CMG) |      |  |
| Executive Board               |      | EQB – July 2021 - Assurance  |
| Trust Board Committee         |      |  |
| Trust Board                   |      |  |

## Executive Summary

### Context

This summary report reviews the 2020/21 Annual Fire Safety Report. The full Annual Fire Safety Report is to be published on UHL's external website and can be accessed by clicking on the link below:

[UHL Annual Fire Report 2020-21](#)

The report informs the Trust Board of the current level of Fire Safety provisions across the Trust portfolio, highlights where improvements have been made and indicates where further Fire Safety related improvements and investments are necessary.

### Questions

1. What is the current status of the Fire Risk Assessment programme?
2. Is the Fire Safety Training provided fit for purpose and relevant to Risk?

3. 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 2021/22.

## Conclusion

1. COVID impacted the Fire Safety “normal” working process; consequently the figures provided in regards to the Fire Risk Assessment Review process saw a reduction from the previous reporting year from 220 to 155 primarily due to constraints on access to clinical areas.
2. The Fire Safety Team were unable to provide ‘Face to Face’ Annual Fire Safety however the Fire Safety Training compliance remains high and at the end of the reporting year was at 86%; this is a small reduction in last year’s figures. Where requested specific evacuation training was provided due to configuration alteration within the clinical spaces.
3. There are a number of areas of focused to continue to drive improvements across the Trust such as:
  - a) Developing further operational fire protocols to support the new Fire Policy;
  - b) Improved recording (classification) and reporting of all Fire Signals by Switchboard;
  - c) Reduction of Unwanted Fire Signals across all sites and the assessment of the implementation of the new procedure at the Glenfield Hospital;
  - d) Responding to the “new normal” following changes brought about via COVID-19;
  - e) Re-introduce Fire Evacuation Procedure Training;
  - f) Re-introduce Face to face training via the Clinical Education Centre
  - g) Provide Fire Evacuation Drills to all stand-alone buildings and Clinical Education Centres.
  - h) Provide the Capital Team with advice and assistance on all Capital Schemes taking place and also those in the planning stage.

## Input Sought

We would welcome the Trust Board’s input regarding

- Recognising the progress being made in relation to Fire Safety across the Trust.
- Requesting that the report is endorsed to enable the annual fire statement to be signed.

### ***For Reference:***

**This report relates to the following UHL quality and supporting priorities:**

#### **1. Quality priorities**

|                              |                  |
|------------------------------|------------------|
| Safe, surgery and procedures | [Not applicable] |
| Improved Cancer pathways     | [Not applicable] |
| Streamlined emergency care   | [Not applicable] |
| Better care pathways         | [Not applicable] |
| Ward accreditation           | [Not applicable] |

#### **2. Supporting priorities:**

|                                |                  |
|--------------------------------|------------------|
| People strategy implementation | [Not applicable] |
|--------------------------------|------------------|

|  |                  |
|--|------------------|
| Investment in sustainable Estate and reconfiguration | [Yes ]           |
| e-Hospital   | [Not applicable] |
| Embedded research, training and education            | [Not applicable] |
| Embed innovation in recovery and renewal             | [Not applicable] |
| Sustainable finances                                 | [Not applicable] |

**3. Equality Impact Assessment and Patient and Public Involvement considerations:**

- What was the outcome of your Equality Impact Assessment (EIA)?  
Not Applicable
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required.  
None Required
- How did the outcome of the EIA influence your Patient and Public Involvement ? Not Applicable
- If an EIA was not carried out, what was the rationale for this decision? Not required

**4. Risk and Assurance**

**Risk Reference:**

| Does this paper reference a risk event?   | Select (X) | Risk Description: |
|---|------------|-------------------|
| <b>Strategic:</b> Does this link to a <i>Principal Risk</i> on the BAF?                         | X          |                   |
| <b>Organisational:</b> Does this link to an <i>Operational/Corporate Risk</i> on Datix Register | X          |                   |
| <b>New Risk</b> identified in paper: What <i>type</i> and <i>description</i> ?                  |            |                   |
| <b>None</b>   |            |                   |

- 5. Scheduled date for the **next paper** on this topic: TBC
- 6. Executive Summaries should not exceed **5 sides** My paper does comply