

# Annual Fire Report 2020/21

Author: Michael Blair Sponsor: Darryn Kerr

## Paper E

### 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	
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	EOB 20.7.21	For endorsement
Trust Board Committee		
Trust Board		

## Executive Summary

### Context

*The purpose of this report is to inform the Executive Quality Board of the current level of Fire Safety provisions across the Trust portfolio, highlight where improvements have been made and indicate 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 EQB’s input regarding the content of the report and to:

- Recognise the progress being made in relation to Fire Safety across the Trust.
- Request that 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]
Estate investment and reconfiguration	[Yes]
e-Hospital	[Not applicable]
Embedded research, training and education	[Not applicable]
Embed innovation in recovery and renewal	[Yes /No /Not applicable]
Sustainable finances	[Yes /No /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 <b>Principal Risk</b> on the BAF?	X	PR6 Inability to deliver the key drivers of the Estates and Facilities Strategy
<b>Organisational:</b> Does this link to an <b>Operational/Corporate Risk</b> on Datix Register	X	3143 Backlog Maintenance / Aging infrastructure 3141 Compartmentation 3196 Means of Detection and Warning coverage.
<b>New Risk</b> identified in paper: What <b>type</b> and <b>description</b> ?		
<b>None</b>		

5. Scheduled date for the **next paper** on this topic: [TBC]

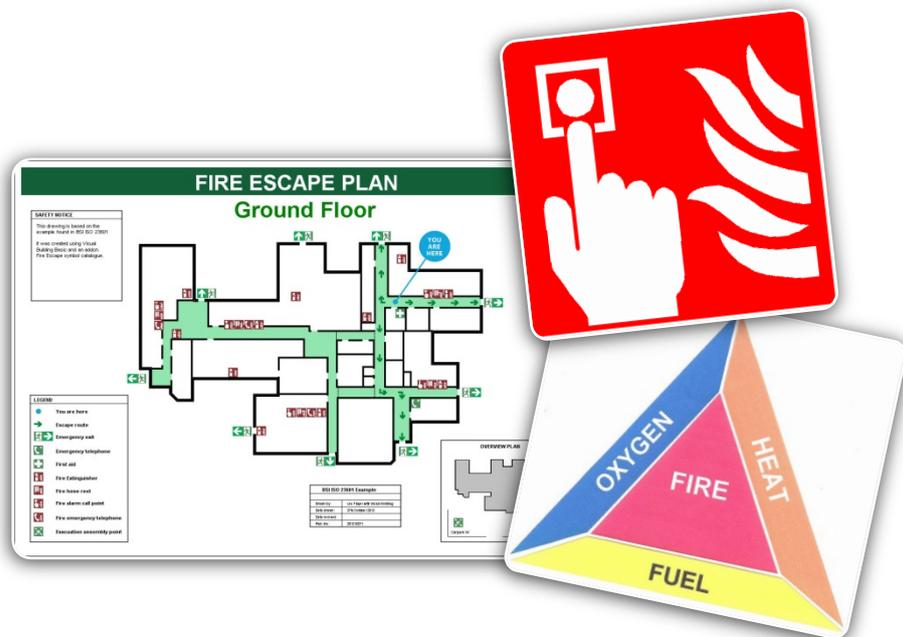
6. Executive Summaries should not exceed **5 sides** [My paper does comply]



# Annual Fire Report

University Hospitals of Leicester  
2020/21

University Hospitals of Leicester NHS Trust  
Michael Blair – Head of QSHE Compliance



## Contents

1.0	Introduction.....	3
2.0	Executive summary.....	3
3.0	Covid-19 Response .....	4
4.0	Fire Safety Committee .....	5
5.0	Fire Risk Assessment (FRA) .....	5
6.0	Common Themes Fire Risk Assessments.....	7
7.0	Capital works.....	8
8.0	Training .....	9
9.0	Unwanted Fire Signals (UwFS).....	10
10.0	Fires.....	133
11.0	Freedom of information requests.....	155
12.0	Enforcement.....	155
13.0	Estates Returns Information Collective (ERIC) Return .....	166
14.0	Fire Safety Resources.....	17
15.0	Fire Safety Work Plan / Priorities for 2021/22.....	17
16.0	Appendix A – Annual Fire Statement.....	1818

## 1.0 Introduction

- 1.1 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. This is achieved by following Department of Health Guidance.
- 1.2 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.
- 1.3 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.
- 1.4 It should be noted that the COVID-19 Virus has adversely affected the standard Fire Safety working process; consequently the figures provided in regards to Training, LFRS Visits and the Fire Risk Assessment Review process will see a reduction from the previous reporting year.

## 2.0 Executive summary

- 2.1 The Reporting Period 2020/21 has seen COVID-19 have an impact on the output of Fire Risk Assessments (FRA's) and all 'Face to Face' Fire Training. No 'face to face' training has been carried out and no FRA's were carried out for approximately 4 months of the reporting year; this was in order to reduce the risk of cross contamination.
- 2.2 Despite the impact of COVID; the Fire Safety Team has carried out 155 Fire Risk Assessments/Reviews. The main issues being raised from these inspections remains constant in regards to the issues identified in the previous reporting year.
- 2.3 The screening provided to a number of areas across the Trust has been assessed by the Fire Safety Team to ensure that it does not pose a significant risk in regards to fire and significantly affect the means of escape. The Fire Safety Team will continue to monitor the locating and movement of screening into the next reporting period.
- 2.4 Fire Training compliance remains high and at the end of the reporting year was at 86% compliant; this is a small reduction in last year's figures. The aim over the forthcoming year is to attain the Trust benchmark of 95%.
- 2.5 The Unwanted Fire Signals (UwFS) across all three Acute Sites remains high however the Fire Service attendance has reduced for a fourth successive year; this is mostly due to the success of the investigation period at the LRI; out of 181 false alarm activations at the LRI, the Fire Service has only attended 7 and all these on request from the Fire Response Team.
- 2.6 The UwFS at the Glenfield are a cause for concern as they have risen and the Fire Service attendance to the site is currently at approximately 78% of all activations. We believe almost all these attendances to be avoidable and will assess potential methods for reducing Fire Service attendance over the next reporting period.

- 2.7 The Trust is currently embarking on an extended period of large Capital Works Schemes (Reconfiguration); the Fire Safety Team has provided advice and guidance on numerous schemes across all three acute sites. The most assistance and advice has been provided to the East Midlands Congenital Heart Centre (EMCHC) Kensington Scheme and the Roof Top Wards at the Glenfield Hospital.
- 2.8 The LFRS has made four Risk Visits over the reporting period however: we are expecting this to increase in the next reporting period as there is a potential for current COVID restrictions to ease in the coming months.
- 2.9 There were 6 reported fires within the reporting period; five at the LRI and one at the LGH. All six fires were well dealt with and there were no injuries/casualties resulting from these fires. All six fires were provided with a full investigation and report; the reports are held by the Fire Safety Team and shared during the quarterly Fire Committee Meetings.

### 3.0 Covid-19 Response

- 3.1 In March 2020 the COVID-19 Virus began to have a significant impact on the operational running of all three main acute sites. In response to those operational changes, the Fire Safety Team made a number of changes that impacted on the normal 'day to day' work processes in regards to Fire Safety.
- 3.2 Due to Infection Control measures significant amounts of screening has been added to numerous clinical areas across all three Hospitals. The location of the screening has been assessed by the Fire Safety Team to ensure that it does not significantly affect the available Means of Escape (MOE). The screening will remain in place into the next reporting year; any decision to remove the screening will be clinically made.
- 3.3 In order to prevent the risk of cross contamination; the decision was made to postpone all FRA Reviews for two extended periods of time throughout the reporting year. It should be noted that these areas already have a suitable and sufficient FRA in place.
- 3.4 Taking risk likelihood into account the decision to re-start FRA Reviews was made in quarter 4 and we do not anticipate any further review postponements due to COVID.
- 3.5 New FRA's were completed where necessary during the full reporting year in order to ensure compliance with the Fire Safety Order.
- 3.6 Due to unforeseen issues in regards to Fire Extinguishers in Critical Care locations, the decision was made to purchase 60 new appliances (30 x Foam and 30 x CO2). Appliances were then added to COVID Hot areas where no fire extinguishers were originally provided.
- 3.7 The adding of fire appliances into COVID Hot areas would allow staff to tackle a small fire without transiting between clean and dirty areas. At the height of COVID; being able to extinguish a fire and not have move patients would be critical in regards to patient safety and likelihood of survival.
- 3.8 All 'Face to Face' fire training has been cancelled until further notice; the decision when to reinstate 'Face to Face' training will be made in the next reporting period. It should be noted that the E-Learning is still available to all staff and they are expected

to complete this training in a period not to exceed one year. Current statistics indicate that Staff are using the E-Learning as the compliancy figures are still high despite the cancelation of courses.

- 3.9 Group Fire Warden Training has been cancelled until further notice however; in quarter four the Fire Safety Team has provided individual 'face to face' training for Departments requesting training due to not having a trained Fire Warden.
- 3.10 All Fire Evacuation Training planned for the next reporting period has been postponed and a new plan to provide evacuation training will be created in the next reporting year.
- 3.11 Fire drills have been cancelled due to the requirement for social distancing however; two drills were carried out following individual requests; the drills carried out were for Mansion House at Glenfield and the Leicester Diabetes Centre at LGH.

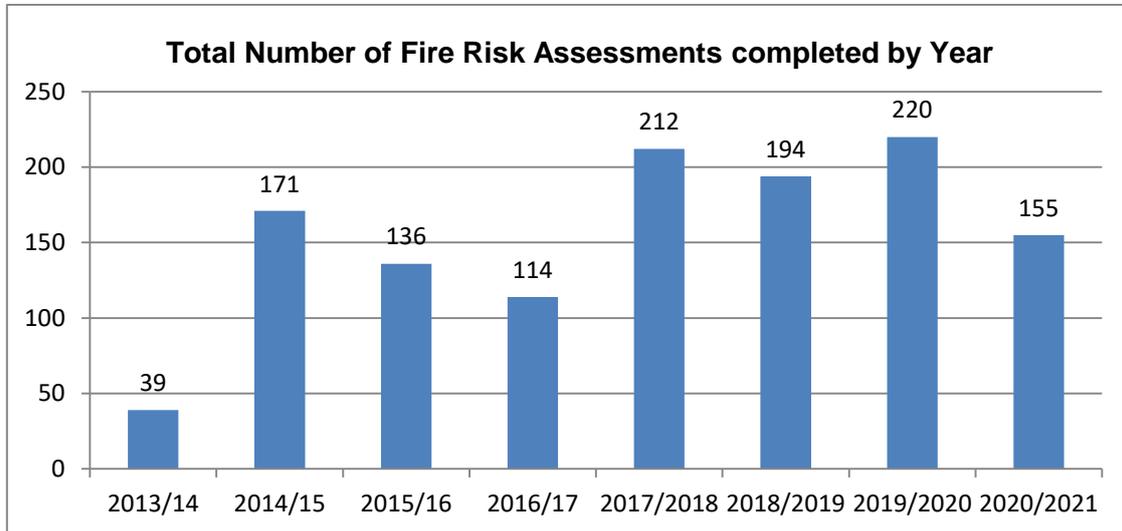
#### 4.0 Fire Safety Group

- 4.1 The UHL Fire Safety Group 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 Compliance are planned quarterly to enable any issues raised to be escalated to the Health and Safety Committee in a timely manner. Following the promotion of the Group at the Quality and Safety Boards, there has been an increase in Clinical CMG attendance.
- 4.2 The Group continues to meet on a quarterly basis with the meetings currently taking place in May, August, November and February. The aim is to sit in the month prior to the H&S Committee which allows any issue escalation to be raised in a timely manner.
- 4.3 Following the requirement of social distancing; all meetings this reporting year have been carried out virtually via Microsoft Teams.

## 5.0 Fire Risk Assessment (FRA)

5.1 In the reporting period 2020/2021 a total 155 Fire Risk Assessments (FRAs) and

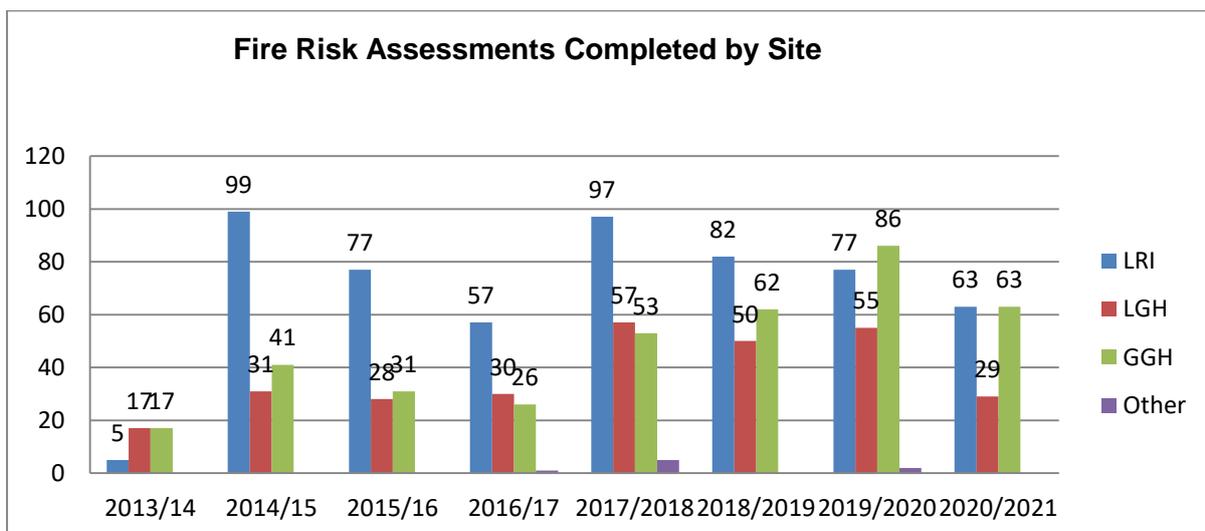
5.3 Chart 01: Fire Risk Assessments completed



5.4 The graph above demonstrates the progress that has been made in relation to the completion of FRA's since 2014.

5.5 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.

5.6 Chart 02: Fire Risk Assessments Completed by Site



## 6.0 Common Themes from Fire Risk Assessments

6.1 The main issues identified within the FRA Significant Findings are listed below and how we are trying to resolve these issues is also recorded.

### **Observations and Actions:**

6.2 Fire resisting door sets; damaged heat and smoke seals/failing to close into frame/insufficient fire resisting potential.

- a) The Fire Safety Team is assessing the implementation of a new ppm (planned preventative maintenance) inspection of all fire resisting door sets; fire resisting door sets are to be inspected every 6 months.
- b) On the resumption of 'face to face' fire training; Staff will be told the risks regarding fire doors and asked to report any identified defects.

6.3 Fire resisting doors into hazard rooms wedged or held open by irregular means.

- a) On the resumption of 'face to face' fire training; Staff will be informed of the risks involved with wedging fire resisting doors open.
- b) A way of preventing the wedging of doors would also be to repair and improve the air conditioning systems where required as the door wedging tends to increase during the summer months.

6.4 The lack of fire alarm mimic/display/repeater panels within specific areas; Glenfield/Kensington/ Balmoral Level 2/Sandringham.

- a) This has been raised through the Capital Team and progression to be made during new Capital Projects. Safe investigation techniques are provided to all trained Fire Wardens.

6.5 Departments with no Fire Wardens and not carrying out monthly inspections.

- a) This is identified during Fire Risk Assessment visits/reports. The situation had improved significantly however the cancelation of Fire Warden Training courses due to COVID has had an impact and seen the issue become more evident as the reporting year has progressed.
- b) Fire Warden Courses are to be re-started as soon as 'face to face' sessions can begin with sufficient numbers to make the sessions viable.

6.6 No suitable Emergency Evacuation Plans.

- a) A standardised 'Fire Evacuation Procedure' template is sent to Responsible Persons on request and was also provided to staff during the Fire Warden training course. The Responsible Persons are informed of their requirement to create and complete the template. They are then required to inform all local team members, by visually displaying the procedure in prominent areas and cascading through local team meetings. A copy of the Fire Evacuation Procedure is contained within the Fire Safety Policy (Appendix C) and the Fire Risk Assessment template.
- b) Where assistance is required; the Fire Safety Team provides on-site advice to the Responsible Persons and assists in the creation of the procedure.

6.7 Storage and waste located within the Means of Escape (MOE).

- a) This issue has increased significantly over the last reporting period due to the increased deliveries for COVID, lack of storage facilities and constant movement of beds/trolleys. The Fire Safety Team has conducted numerous visits throughout the common parts of all three Hospitals and reported each issue through the CSC or bed management services.

## 7.0 Capital Works

7.1 There have been a number of significant project works throughout the reporting period; these projects are listed below:-

- a) GH - Interventional Radiology (partial completion in quarter one with further works to start in the next reporting period).
- b) GH - AICU Extension (completed in quarter one).
- c) GH - Three Modular Wards provided to the roof area (completion in quarter two).
- d) GH - MRI Extension (completion in quarter 2).
- e) GH – Fire Compartmentation Works (work to begin in quarter 4 and continue through the next reporting period)
- f) LRI – Kensington EMCHC extension (completion in quarter one of next reporting period)
- g) LRI – New PICU on Level 5 Kensington (completion in quarter one of next reporting period)
- h) LRI – Kensington Ward 1 refurbishment (completion in quarter one of next reporting period)
- i) LRI – Kensington Childrens Congenital Heart OPD on ground floor (completion in quarter one of next reporting period)
- j) LRI – Balmoral Fire Alarm replacement (began in quarter 4 and is due for completion in the next reporting period).
- k) LRI – Sandringham Fire Alarm System replacement.
- l) LGH – New fire alarm system installation to Radiology Department and Diabetes Centre.

7.2 Despite the design of a number of these Projects already being agreed; many of them are under constant review/change and the Fire Safety Team are mostly kept in 'the loop' regarding these changes.

7.3 Due to the impact of COVID we have been limited to a single Fire Safety Prioritisation meeting; this meeting was held over /Teams'. The main outcome from the meeting was to agree the progression of the Balmoral Fire Alarm Scheme.

7.4 The GH fire compartmentation works are to be carried out over an extended period of time due to the capital required. The first identified scheme from the task was started in quarter four.

7.5 Following discussions with regards to the Fire Alarm system at the LGH; it was decided to place stand-alone systems into the Radiology Department and Diabetes area ('H' Block). The systems were installed by Siemens during quarter three; we intend to progress upgrades to the original system over the next reporting period.

- 7.6 We installed a new Fire Alarm system into the Sandringham Building in quarter one. The new system is the same type of that installed in the Windsor Building in the previous financial year.
- 7.7 The Trust has been preparing extensively for a major reconfiguration in the next reporting year. The Fire Safety Team has been involved with some of the enabling schemes; providing advice on each scheme to ensure the Trust is compliant with regards to all current HTM's, HBN's and relevant British Standards.

## 8.0 Training

- 8.1 All 'Face to Face' Annual Refresher Fire Training was suspended until further notice due to the COVID Pandemic; the decision when to reinstate 'Face to Face' Annual Refresher Training will be made on a month by month basis and take into account the COVID Pandemic and potential occupancy levels of the Lecture Theatres. It should be noted that the E-Learning is available to all staff and they are expected to complete this training in a period not to exceed one year. Current statistics indicate that Staff are using the E-Learning as the compliancy figures are still high despite the cancelation of courses.
- 8.2 During the reporting period all group Fire Warden Training sessions were cancelled however; as the reporting year has come to an end, a small number of individual Fire Warden training visits have been carried out. The aim of the visit is to train an individual/s to carry out the Fire Warden role where the current Fire Wardens have either left the Trust or moved Department.
- 8.3 Chart 03 – HELM Training figures



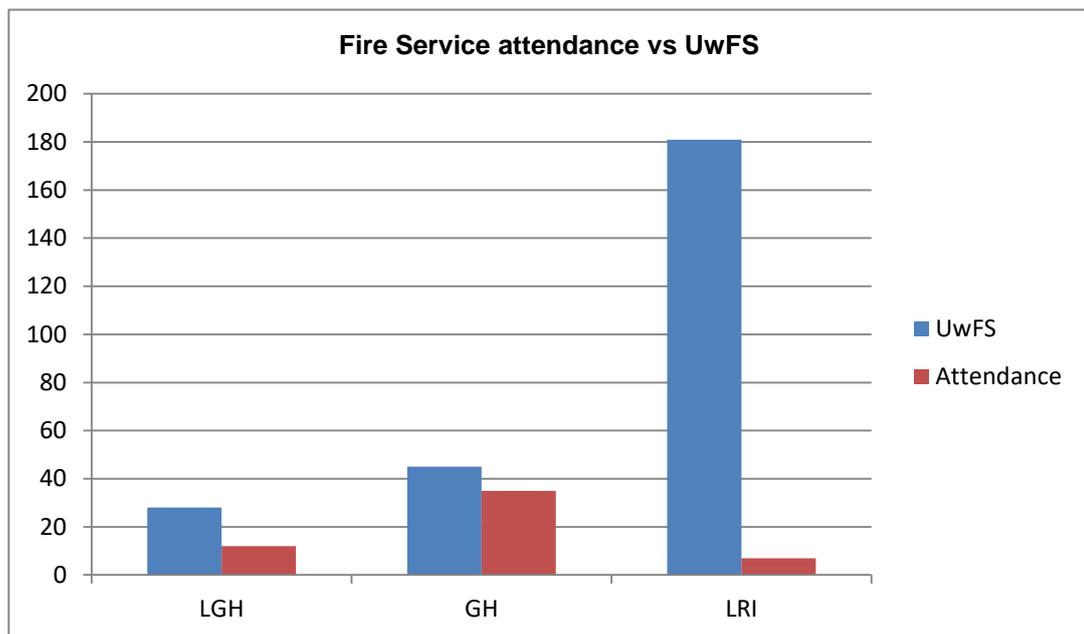
## 9.0 Unwanted Fire Signals (UwFS)

- 9.1 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.
- 9.2 There has been very little variation in the amount of UwFS over the past 4 years however; the amount of Fire Service attendance to them has continued to drop year by year (Table 02). This reduction in Fire Service attendance has been a direct result of the change in call-out procedure for the LRI; implemented early in 2019 the procedure has cut attendance by 50% since its inception.

Table 02 - UwFS vs LFRS attendance last 4 years

Year	UwFS	Attended	%
2017/2018	246	163	66
2018/2019	221	108	49
2019/2020	252	69	27
2020/2021	254	54	21

Chart 06 – Fire Service attendance vs UwFS for this Reporting Year



- 9.3 Chart 06 identifies the amount of Fire Service attendance to each site in relation to the number of UwFS. Comments on each site are listed below:-

- LRI - Call outs have been hugely reduced with the Fire Service only attending approximately 4% of UwFS. It should be noted that these attendances are all on request in regards to safety.
- LGH – Fire Service attendance to UwFS remains very similar to the previous year; the Fire Service attended 42% of UwFS.
- GH – the amount of Fire Service attendance to the Glenfield Hospital is a concern as it has gone up; the Fire Service attended 78% of the UwFS.

9.4 On investigation of the UwFS attendance at the Glenfield Hospital; it is evident that a significant number of these attendances were avoidable. There were 4 false alarms in Mansion House within a very short period of time that all received the attendance of LFRS. As the Glenfield still works on a process that involves an immediate '999' call to LFRS it is clear that the time required to investigate and then place a 'Stop-Call' is not sufficient due to the close proximity of Western Fire Station to the Hospital. Despite the short travel distance for LFRS to attend it should still be noted that a number of the occurrences could have received an immediate 'Stop-Call' without the need for a prolonged investigation.

9.5 Due to the large disparity in Fire Service attendance to the Glenfield site; the Fire Safety Team will investigate the potential to change the current procedure/process for requesting immediate Fire Service attendance. The introduction of the LRI process will be assessed however; the LRI process for fire alarm activations requires the appropriate attendance with regards to the Fire Response Team; the LRI response procedure has a strict response time and this is reliant on sufficient 'Boots on the Ground'.

9.6 Table 03 identifies the location of all UwFS at the LRI for the reporting year 2020/21.

Table 03 – UwFS Locations at LRI Site

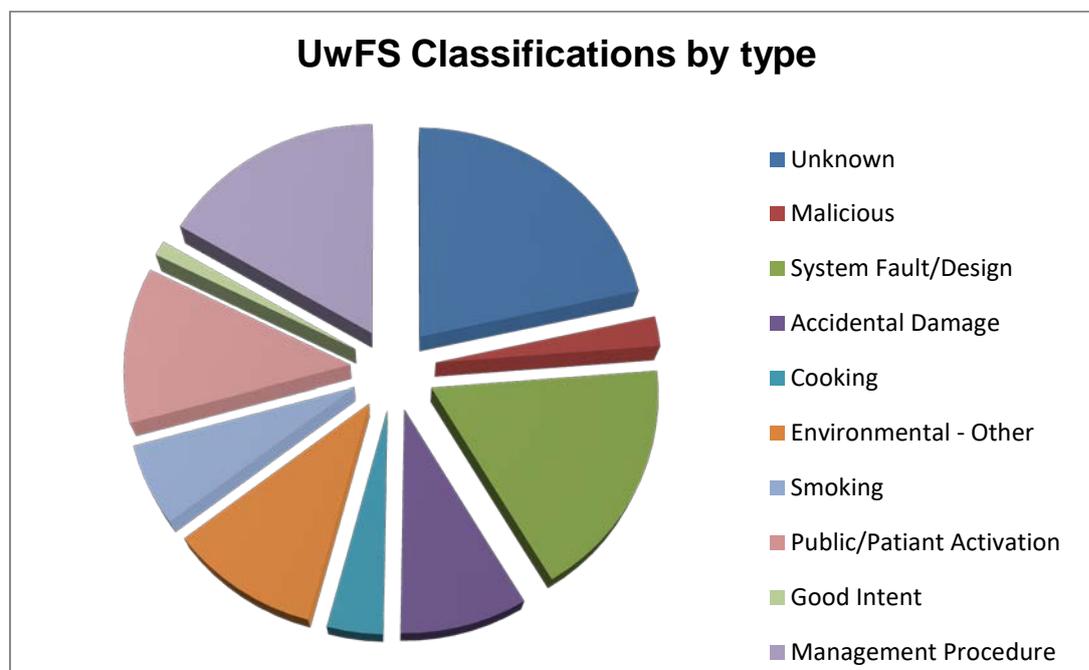
	Balmoral	Windsor	Kensington	Osborne	Sandringham	ED	Jarvis	Victoria
Apr	2	1	0	1	2	1	1	0
May	3	2	1	0	5	1	1	0
Jun	4	6	2	1	4	2	1	0
Jul	4	7	5	2	1	1	0	1
Aug	5	4	3	0	2	0	0	0
Sep	6	6	1	0	2	2	0	1
Oct	2	1	3	2	0	0	0	0
Nov	1	8	3	4	0	1	1	0
Dec	3	4	2	1	1	0	0	0
Jan	5	3	5	2	0	1	0	0
Feb	3	3	7	0	0	0	0	0
Mar	9	6	2	0	1	2	1	0
Total	47	51	34	13	18	11	5	2

9.7 The Balmoral and Windsor Buildings continue to be the most prolific in regards to UwFS; this is partially due to their size. The more fire detection and call points provided will normally provide the greatest number of UwFS.

9.8 The largest concern has been the UwFS occurring in the Kensington Building. This has been largely due to the significant constriction/refurbishment works taking place and the lack of controls taken by contractors to follow the appropriate management procedures with regards to Fire Alarm isolations (see 9.12).

9.9 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 (Chart 09) shows the identified causes of UwFs across all three sites.

9.10 Chart 07 – UwFS by classification type



9.11 The total UwFS across the UHL sites in this reporting period totalled 254 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.

9.12 The rise in UwFS from not following the appropriate management procedures has risen significantly; we believe the issue has always been 'underplayed'. We have identified 30 cases of UwFS where the correct procedures were not followed and resulted in a false alarm activation.

9.13 The reporting of the UwFS has improved for a second year running however; the amount of unknown causes is still a concern despite reducing from 25% of all call outs to 22%. The aim in the next reporting year is to improve the lines of reporting and investigating so as to reduce this figure further.

## 10.0 Fires

During the reporting period there have been six Fire incidents which have resulted in LFRS attendance.

- LRI Sandringham - 21st April 2020

At 01:12 the Switchboard at the LRI received indication of alarm activation in the Sandringham Building Level 4. The Switchboard contacted the Fire Response Team via the bleeps. On arrival at the scene it was evident that the fire detection had activated in a room within Toxicology; there was no immediate signs of fire in the room other than a small amount of smoke that had activated the fire detection (smoke). The Duty Sandringham staff informed the Duty Manager that there was no chemical or biological risk within the room and consequently access to the room was gained. There was no obvious issue with the UPS in the room however; it had given off sufficient smoke to activate the smoke detection. The UPS was isolated at source however; due to uncertainty over the safety of the UPS, the Fire Service were contacted by Switchboard on request of the Duty Manager (01:41). The UPS was removed from the room for investigation. On investigation the area around the cooling fan it was found that there was significant dust and debris located in close proximity to it and it was evident that the failure of the cooling fan had created the smoke that activated the smoke detection.

- LGH Ward 1<sup>st</sup> Floor Bin Store – 20<sup>th</sup> May 2020

At 11:39 the Switchboard at the LRI had an indication of a fire at LGH; the activation was in a bin store located on the first floor corridor between Wards 19 & 20 and Wards 22 & 23. Switchboard phoned the Fire Service via '999' and immediately sent out the bleep to the entire Fire Response Team. On arrival of the Fire Response Team; the area was secured by Security & Porters restricting movement around the area. Access was gained into the bin store and the fire appeared to be contained within ventilation ductwork. The heat from the ductwork was significant enough to cause charring to the lagging/insulation; this was the cause of smoke that activated the smoke detection. Estates removed the lagging/insulation and made the decision that as the fire was contained it would be prudent to not attempt to gain access into the ventilation duct; Estates then isolated the element and fan located within the ductwork that they believed may be the root cause. The ventilation works by a fan that generates intake air; air entering the ductwork passes over an element that heats up that air on its route to Outpatients 4 on the ground floor. On arrival the Fire Service made the decision to cut the affected ductwork out and extinguished a small fire with a Water backpack. They believe that a mechanical failure with the fan caused the element to overheat; it should be noted that the element is provided with a thermal cut out but this failed to operate.

- LRI Windsor – 25<sup>th</sup> November 2020

The Switchboard received notification of a Fire in the Windsor Pharmacy Flammable Store. On arrival at the Windsor Fire Alarm Panel in the Windsor Reception the Duty Manager, Engineer and Security investigated the location. After identifying the location of the activation the Duty Manager and Security Staff went to the Pharmacy rear gates but could not gain entry. After an extended period of time; the Duty Pharmacist arrived and provided access to the area. There were still no signs of fire,

the Duty Manager inspected the door for heat and it was cold to the touch; on opening the door, smoke exited and the Duty Manager immediately closed it and contacted Switchboard via '2222'. The Switchboard made a '999' call immediately and the Fire Service were in attendance approximately five minutes later. The Fire Service gained access and discovered that the issue was a large Fridge; the smoke was from an electrical issue adjacent to the compressor. The appliance was unplugged and removed outside the Pharmacy Compound. No extinguishing media was required.

- LRI Knighton Street Offices - 3<sup>rd</sup> December 2020

At approximately 12:30 on the 3<sup>rd</sup> December 2020; a Childrens Research Nurse was working inside her office on level 2 of Knighton Street Office. Out of the corner of her eye she observed a small flame appearing from the fan heater which was in use. She immediately unplugged the appliance however; this failed to stop the burning. The Nurse then poured a full cup of cold coffee onto the heater which extinguished the small fire.

It should be noted that the fan heater was not a Trust item but we were informed that it had been PAT tested in line with Trust guidelines.

- LRI Kensington – 9<sup>th</sup> December 2020

At 09:30 a member of the Capital Team and DP Telecoms entered the Hub Room in Ward 5 Kensington Building; on entry there was a strange smell but no sign of fire. This room was due to have work carried out in it by Interserve; holes were due to be drilled in the riser compartment and consequently the fire detection had been isolated to the riser.

Approximately 8 minutes later the Interserve Engineer entered the Hub room to carry out the drilling in the riser. On entry he noticed a smell of burning and on looking up behind the door he noticed smoke exiting the vents on the small pump to the Air Conditioning unit. The Interserve Engineer immediately isolated the pump and contacted the Capital Team.

The DP Telecoms Engineer contacted IM&T to inform them as the equipment is installed and maintained by them. IM&T contacted AC Doctors (Air Conditioning Contractor) to investigate and repair/replace.

- LGH Ward 30 – 14<sup>th</sup> February 2021

At approximately 08:30 a faint smell of burning was identified within Room 8; the smell was emanating from a strip light fitting. We were informed that the Staff turned off the lights and contacted the Estates Engineer. As the Engineer was 'Mechanical' he informed the LGH on-call Manager and requested an electrician was 'called out'. The Ward and electrician made contact via a phone call however; following the call the Ward believed the smell of burning was becoming worse. With this the Ward phoned '999'; when '999' is called on a Trust extension it automatically diverts the call to '2222'. Following advice from the Switchboard the Ward activated a break glass manual call point and the Switchboard made a '999' in order to alert Leicestershire Fire & Rescue Service (LFRS). As a point of safety the Ward horizontally evacuated all patients from the affected sub-compartment into a location within the Ward, two door sets from the potential room of origin. There were 12 patients moved within the Ward; the patients were a mix of Mothers and Babies.

On arrival at the incident the Engineer inspected the light fitting and found the cause of the fire to be the 'choke'. The Fire Service inspected the item and also the void

above the false ceiling to ensure that there had been no spread into the area. No further issues were identified and the incident terminated. All patients were returned to their rooms without incident.

- 10.2 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.
- 10.3 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.
- 10.4 Any lessons learned are shared with staff via the members of the Fire Safety Committee.

## 11.0 Freedom of information requests

- 11.1 There has been one Freedom of information request within the reporting year; it was a request to provide details of clinical service incidents caused by estates and infrastructure within the trust in 2019/20. This request was fulfilled with relevant details provided to the requestor.

## 12.0 Enforcement

- 12.1 No Enforcement notices were issued to the Trust in the reporting period.
- 12.2 Leicestershire Fire and Rescue Service (LFRS) have conducted four visits across the sites:-
  - Quarter 1 – Visit to the new Oxygen Compound at the Glenfield Hospital.
  - Quarter 3 - Risk Visit to Glenfield Hospital. Issues were raised regarding the numbering of the Dry Risers; this issue was rectified.
  - Quarter 3 - Visit regarding access into the LRI site and Changes into access to the Balmoral Building.
  - Quarter 4 - Risk Visit to Glenfield Hospital.

## 13.0 Estates Return Information Collection (ERIC)

- 13.1 The ERIC report is a mandatory information return required by the Department of Health for all NHS Trusts including Ambulance Trusts. It comprises information relating to the costs of providing and maintaining the NHS Estate including buildings, maintaining and equipping hospitals, the provision of service e.g. laundry and food, and the costs and consumption of utilities.
- 13.2 The ERIC data relating to Fire Safety for 2020/21 has been submitted as outlined below:
- 13.3 Table 05 UHL ERIC Return for FIRE 2020/21

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>	6
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.	200
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.	54
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

## 14.0 Fire Safety Resources

- 14.1 The Fire Safety Team currently employs four Fire Safety Officers equating to 3.2 full-time equivalent posts.
- 14.2 The roles are required to support University Hospital of Leicester NHS Trust (UHL) and Leicester Partnership Trust (LPT) across multiple premises in Leicester, Leicestershire and Rutland.
- 14.3 UHL are supported by two full-time Fire Safety Officers.
- 14.4 LPT are supported by two part-time Fire Safety Officers.

## 15.0 Fire Safety Work Plan / Priorities for 2021/22

- 15.1 There are a number of priority areas that are to be focused on in the coming year within the Fire Safety Team including:
  - a) Improved recording and reporting of all Fire Signals by Switchboard including the reduction of recorded “unknown” causations as illustrated in Chart 09.
  - b) Reduction of UwFS across all 3 acute sites and the assessment of the implementation of the new procedure at the Glenfield Hospital.
  - c) Development and improvement of documented local evacuation procedures.
  - d) Continue to increase the number of suitably training Fire Wardens across the Trust.
  - e) Continuation of the development and implementation of local Fire Log books.
  - f) Implement the new Fire Evacuation Procedure Training; dependant on COVID restrictions.
  - 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 Works including the Reconfiguration Schemes.
- 15.2 The Backlog Capital plan for 2020/21 remains fluid and dependent on what final budget allocation is received; a list has been created which is based around risk to cost.

## 16.0 Appendix A – Annual Fire Statement

### Annual Fire Safety Statement: 2020/21

<b>NHS Organisation:</b> University Hospitals of Leicester NHS Trust (UHL)
I confirm that for the period 1 <sup>st</sup> April 2020 to 31 <sup>st</sup> March 2021, 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"/>

<b>Chief Executive (Acting)</b>	<b>Rebecca Brown</b>
<b>Signature:</b>	
<b>Date:</b>	

<b>Director of Estates and Facilities:</b>	<b>Darryn Kerr</b>
<b>Signature:</b>	
<b>Date</b>	

<b>Fire Safety Manager:</b>	<b>Michael Blair</b>
<b>Signature:</b>	<i>MBlair</i>
<b>Date:</b>	<b>11 May 2020</b>
<b>Completed Statement to be retained for future audit.</b>	

**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.

## Appendix to the Annual Report – Legislative update

The impact of Grenfell, 4 years on, and the output from the Hackitt report are beginning to formulate into a legislative framework with the introduction of both the Fire Safety Act 2021 (FSA), which is now law in England and Wales, and is essentially an update and clarification of the Regulatory Reform Order – Fire Safety Order 2005, and the draft Building Safety Bill 2021 introduced into Parliament on 30 June 2021.

The primary driver of the Fire Safety Act 2021 was to bring fire regulations and standards up to date, to clarify and extend the scope of the Fire Safety Order 2005 to include the structure and external walls, windows, doors, balconies, and anything else that is attached to the walls, including cladding of ‘in scope’ buildings. In response the Fire Safety Team now have to include external walls and more specifically doors, balconies, cladding and anything else that is attached to the walls in Fire Risk Assessments. This is now more pertinent as Hospitals are now included as in scope buildings as part of the Building Safety Bill.

There is currently no Government guidance on assessing external walls so is likely to require specialist assistance possibly from a Fire Engineer/ Building surveyor report however the Fire Safety Team will continue to work closely with Leicestershire fire and Rescue service to ensure compliance with the Fire Safety Order.

The draft Building Safety Bill makes a number of changes to existing legislation, most notably the Building Act 1984. The intention is to remedy the systemic issues identified by Dame Judith Hackitt by strengthening the whole regulatory system for building safety. This will be achieved by ensuring there is greater accountability and responsibility for fire and structural safety issues throughout the lifecycle of buildings in scope of the new regulatory regime for building safety.

This involves establishing a new Building Safety Regulator within the Health and Safety Executive which will encompass Building Control for the “in scope” buildings i.e. those classified as Higher Risk Buildings. The aim is to oversee the new, more stringent regime for higher-risk buildings and drive improvements in building safety and performance standards in all buildings; driving industry culture change and incentivising compliance; and providing a stronger and clearer framework for national oversight of construction products.

Initially the criteria for a Higher Risk Building were set at residential buildings of 6 storeys and more, with a top floor height of 18M. The initial criteria excluded a room in temporary accommodation (e.g. a hotel, hostel, guest house, hospital, and hospice). However Government has decided in the interim period to extend the scope of the Higher Risk Building system to include hospitals and care homes

The Bill is a significant piece of legislation, and of course may change further as the bill is debated in parliament. That is expected to take about a year, with some estimates being March 2023.

Building owners, such as the Trust, will be required to manage safety risks, with clear lines of responsibility for safety during design, construction, completion and occupation of high-rise buildings. They will need to demonstrate that they have effective, proportionate measures in place to manage safety risks.

Those who don't meet their obligations may face criminal charges.

In direct response to this it is imperative that the Fire Safety Team are fully engaged for all new builds at each stage of the process, referred to as "gateways" 1, 2 and 3

- Gateway 1 – Planning stage; largely utilising existing planning permission processes. Planning applications will need to demonstrate fire safety
- Gateway 2 - Construction duty holders will need to submit critical information to the Building Safety Regulator to demonstrate how the building, once built, will comply with the requirements of Building Regulations.
- Gateway 3 – Commences upon completion of construction when the building control body assesses whether the work has been carried out in accordance with the Building Regulations. Documents and information on the final, as-built building must be submitted to the Building Safety Regulator who will then issue a completion certificate, if they are satisfied.

All three Gateways are intended to create 'golden thread' of safety information about a building, ensuring the right information is available to the right people, at the right time.