

DATE OF MEETING	26 July 2016
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Bill Parkinson, Head of Fire, Health & Safety
CONTACT OFFICER	Bill Parkinson, Head of Fire, Health & Safety
SUBJECT	Annual Fire Report
BACKGROUND DOCUMENT (IF ANY)	N/A
REPORT PREVIOUSLY CONSIDERED BY & DATE(S)	N/A
EXECUTIVE COMMENT (INCLUDING KEY ISSUES OF NOTE OR, WHERE RELEVANT, CONCERN AND / OR NED CHALLENGE THAT THE BOARD NEED TO BE MADE AWARE OF)	The report provides the Annual Report relating to fire safety for 2015/16
HAVE THE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	YES
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	N/A
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	NONE
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	N/A
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	There is a statutory requirement for the report to be reviewed and signed by appropriate officers
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	N/A
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE?	N/A
THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S) AND COMPLIANCE WITH THE REGULATORY STANDARDS LISTED	This report supports the statutory responsibilities of the Board and its Directors in the discharge of their duties & responsibilities in relation to Firecode and the Regulatory Reform (Fire Safety) Order
ACTION REQUIRED BY THE BOARD	The Board is asked to approve the report

Annual Fire Report

Period – 1st April 2015 to 31st March 2016

1.0 Introduction

This report is for the period 1st April 2015 to 31st March 2016. It is based on a rolling programme of fire risk assessments across the estate in accordance with the Regulatory Reform (Fire Safety) Order 2005 (RR(FS)O) and Firecode which applies to all Trusts (NB compliance with Firecode is now a requirement for all Trusts).

The rolling programme is such that all areas of the Trust's estate have undergone an initial risk assessment which is then reviewed on a risk category basis of low, medium and high risks. High risk areas are revisited at least annually. These risk categories are based on definitions contained in guidance documents within the RR(FS)O or Firecode (e.g. patient areas with sleeping facilities are always designated as high risk). Premises occupied or managed by the Trust are also accounted for inclusive of community locations.

The Trust action plan which highlights compliance issues across the estate continues to be used and expanded upon. It is a live document which seeks to detail risks which could result in statutory enforcement and/or pose a risk to the safety of staff, patients and visitors. Use of this document has meant issues such as lack of adequate fire compartmentation within DPOW theatres which would be business continuity issue as well as life safety are in the process of being addressed. However some significant issues remain.

2.0 Administration

Legislation to allow Police and Crime Commissioners (PCC) to take responsibility for their local fire service has been introduced. It means PCCs could potentially create a single employer for both police and fire personnel if they are able to demonstrate a clear business case for doing so. As per the Localism Bill; this issue has been devolved from central government and will mean different approaches in different locations. This is also the case with the Fire Authority where different offices deal with different sites (although currently the same office deals with SGH and DPOW but not GDH).

Blue light services will also have a new duty to work together to provide a more efficient and effective service to the public.

Where PCCs don't take control of fire and rescue services within a geographical area, there is the expectation that representation from the PCC will sit on the fire authority with voting rights.

It is currently unclear how this will be taken forward in Humberside. However, the Trust continues to work with the Fire Authority and local authorities in ensuring compliance with statutory provisions

The format of Firecode and guidance is currently under review and there is a potential that a move towards the approach used in the USA may occur. This will impact on the Trust and the Fire Strategy in place however, at this moment it is not possible to determine what impact as the period of consultation is still ongoing.

The Trust has been subject to a number of formal audits by the brigade during this period at Scunthorpe General Hospital and Diana Princess of Wales Hospitals with only minor deficiencies being noted. It is expected that further audits will continue in 2016/17.

3.0 Training

Compliance for fire training in this period stood at 78% compared with 84% in the previous year. A breakdown of the compliance for departments/groups and directorates is given below:

	% Compliance		% Compliance
Chaplaincy & Volunteer Services	57	Performance Assurance	98
Chief Executive Office Division	100	Planning & Contracting	89
Chief Nurses Office	97	Procurement	91
Clinical Support Services	87	Reprographics	100
Communications Team	100	Research & Development	96
DPOW Medicine	62	S&G Medicine	67
Facilities Management Division	97	Safeguarding Service	91
Facilities Services	96	Soft Services	94
Finance & Planning	92	Surgery & Critical Care	63
Human Resources	98	Systems Development	42
IT Operations	97	Systems Implementation	92
Medical Directors Office Division	66	Technical Division	92
Medicine	33	Telecommunications	95
Occupational Health	100	Therapy & Community Services	87
Operations Directorate	33	Training & Development Division	100
Organisational Development	71	Trust Board Division	100
Pathlinks	91	Women & Childrens Services	74
Payroll, Pensions & ESR Systems Team	100	Overall	78

Training provisions for the year are based on the number of staff due to fall out of compliance during the forthcoming year and it is assumed that all of these will need to have face to face training (which is not the case in reality as a number can undertake the e-learning to remain compliant). In addition there are spaces allocated to allow for Did Not Attend (DNA) factors to ensure that there should be sufficient face to face training provision (some 600 additional training spaces were provided in 15/16 than the number of staff due to fallout of compliance). It should also be noted that training is provided at corporate induction.

Quarter 4 saw approximately 80 DNAs (Did Not Attend) for fire training sessions which can be for a variety of reasons including staff shortages meaning staff get pulled from training. This does however, create the potential scenario that staff cannot get onto a particular course as it is fully booked but on the day there are a number of spaces!

4.0 Fire Calls

During 2015/16 there was one primary fire on Trust property.

The single primary fire was at DPOW which was a small vehicular fire arising from an issue with brake pads. This required a fire brigade attendance.

There were no primary fires at SGH or Goole.

A comparison of Unwanted Fire Signals (UwFS) at the Trust is tabulated below and has been ratified with the figures held by Humberside Fire and Rescue.

	UwFS 2011	UwFS 2012	UwFS 2013	UwFS 2014	UwFS 2015
SGH	4	7	1	3	7
DPOW	7	6	5	4	9
GDH	3	2	3	0	0

This shows an increase of 129% compared with the previous period. Further analysis shows the following:

Three of the UwFS at SGH were due to alarm activations within the residencies. Two were due to system faults and the remaining two were due to a drop in pressure in a gas system and leaking air conditioning unit.

Of the nine UwFS seven were due to system faults, one was caused by an engineer working on the system and the remaining one was due to a steam leak in a boiler room.

It can be seen that the overall biggest contribution to UwFS at the Trust was due to faults on the fire alarm system and repeats the pattern observed in the last annual report.

In addition the fire brigade also attended SGH to render special services on four occasions:

- movement of a bariatric patient
- removal of a ring from a child
- a vehicle collision
- flooding incident within the endoscopy washer area.

At DPOW the fire brigade attended four times to render special services;

- to release a child who had their arm trapped within a vending machine
- ring removal on a male adult
- petrol leak from a car
- retrieval of anatomical items arising from a security incident

5.0 Maintenance

A review of backlog maintenance (BLM) expenditure across the Trust has identified that the allocations for fire safety management were utilised fully but were not sufficient to address all issues. In these incidents the issues are escalated to the Executive Team to determine if reallocation of funds can be made to address the issues. All current "live" issues are maintained in the Fire Action Plans.

A significant non-compliance issue for DPOW relating to the main concourse stairwell has now been addressed. This stairwell has now been enclosed and complies with Firecode.

The adjacent area on the main concourse is also another significant non-compliance and this is due to be resolved in the 16/17 period.

This period has seen the Trust take ownership of a number of accommodation properties at Scunthorpe. A review of the fire systems within these buildings have identified areas of non-compliance which need to be addressed and are included within the Fire Action Plan.

During the period the retail catering project commenced with a move to change the restaurants at each site to a commercial provider. The use of commercial organisations within hospital environments introduces additional fire safety requirements. A period of discussion within the Trust and with Building Control and Fire Brigade officials have identified the requirements needed to be implemented and more detailed design and implementation will take place in 2016/17.

Looking at 2016/17 fire safety programme a number of areas where work is ongoing or required have been identified and added to the Fire Action Plans.

Maintenance-Passive Fire Protection Update

At SGH and GDH, the testing programme for fire dampers is now complete. In addition the dry risers have undergone testing and is now complete.

At DPOW fire damper testing within a number of areas (day surgery unit and family services building has been completed). Further survey work has been conducted during this period to determine location and type of dampers throughout the site and is nearing completion. It is expected that this work will be completed in early 2016/17 and the annual testing required will be within the relevant revenue budgets for subsequent years.

During the previous period work on updating fire strategy drawings commenced. This work is required to ensure that drawings showing fire safety information (such as fire compartment lines etc.) is up to date for use with projects, service development etc. Unfortunately, this work has been delayed due to workload on resources available. However, it is expected that this work will continue in 16/17. Some areas may need more detailed surveys to ensure that all the relevant information is available whenever it is required. This work is also included on the Fire Action Plan due to its statutory compliance requirement and also that enforcement action has been taken against other Trusts. (also DH estates highlighted this issue at national level two years ago).

The programme of annual fire extinguisher checks continues and the inventories are all up to date.

Maintenance-Active Fire Protection Update

Detector head replacement continues at the Trust as part of a rolling programme of work which will improve timely detection as well as minimise false alarms.

At SGH the cause and effect zoning issues have been mostly completed with the remaining issues to be completed in 2016/17.

Some installation work in 15/16 at DPOW has been undertaken to improve the fire alarm systems on the Northside of the site and bring some of the systems within a number of buildings up to current standards. This work is expected to complete early 2016/17.

Ongoing review of the general fire management systems has highlight that the fire alarm system as a whole at DPOW is aging and some areas are starting to approach the capacity restrictions of the system. This will continue as improvements to the fire compliance are made scheme by scheme at may reach a point where there is no additional capacity within the system at particular locations. In addition as the system components are becoming redundant, unsupported and spares limited the risk of a catastrophic failure increases. This means that the risk of the alarm system integrity and reliability degrading is starting to increase and replacement should start to be considered at this stage to identify what is required and costing so this can be built into a business case for funding (replacement of fire alarm systems are high cost schemes by their very nature). Any such replacement will need to an open protocol system to allow flexibility to re-programme zones, cause and effect issues without being tied to a single alarm provider (as is the usual case in closed protocol systems).

In last year's report, a live notification system for the fire alarm was recommended to allow timely investigation of alarm activations as well as allow effective contract management. This has been put on hold whilst improvements are being made at DPOW. It is expected to be reviewed in the coming year.

6.0 Conclusions & Recommendations

When considering budget allocations it is imperative that the Trust continues to be aware of the legal implications and takes into account statutory non-compliance implications and that escalation occurs to the Executive Team and / or the Trust Board where particular issues which may arise during the year (e.g. where there is no allocation/funding provision set).

The recommendations from this report to implement in 16/17 are:

- a) A notification system for alarm activations.
- b) Early engagement with competent persons when the Trust is looking at refurbishment schemes, purchasing property or commercialising.
- c) A review of funding streams of fire budgets. Some items should sit within revenue streams and not BLM as they currently do (as the consequence is that funding issues arise due to the reduction of BLM)

Annual Statement

This report confirms that for the period stated all relevant fire risk assessments have been completed as required by the Regulatory Reform (Fire Safety) Order 2005.

Reasonably practicable control measures identified (via the risk assessments) have been implemented during the course of the above period or where this has not been possible have been incorporated into an appropriate action plan and progress monitored via the relevant forums. Where progress is not being made to reduce the risks the relevant forum will escalate this in accordance with Trust policies and procedures.

Signed By

.....Signature

.....Signature

.....Print Name

.....Print Name

Chief Executive

Fire Safety Manager