

## Board of Directors Item 3.5

**Subject:** Annual Fire Report 2023  
**Date of Meeting:** 31<sup>st</sup> January 2024  
**Presented by:** Adam Hope, Head of Estates, Health & Safety and Security  
**Purpose:** For Assurance

BAF Reference	Impact on BAF
BAF 3	Assurance provided on fire safety management across the Trust.

Level of assurance (please tick one) <i>To be used when the content of the report provides evidence of assurance</i>					
✓	<b>Acceptable assurance</b> Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	<b>Partial assurance</b> Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	<b>Low assurance</b> Evidence indicates poor effectiveness of controls

### 1. Executive Summary

The purpose of this report is to inform the Health & Safety Committee of the current level of Fire Safety provisions across the Trust throughout the reporting period of 30/11/22 – 30/11/23, highlight where improvements have been made and indicate where further Fire Safety related improvements and investments are necessary.

The LHCH Fire Safety Team have worked tirelessly to achieve the set KPI's relating to Fire Safety (shown in Appendix A), mandatory Fire safety training compliance remains high and at the end of the reporting year was at 95% compliant; this is an increase in last year's figures (93.4%). The aim over the forthcoming year is to retain the Trust benchmark of 95%. The trust currently has 197 trained fire wardens, this exceeds the expected 159.

The fire safety team maintains a robust and established Fire Risk Assessment (FRA) program. To date, 41 out of 44 areas within the trust have undergone annual fire risk assessments, adhering to the recognized PAS 79 format. The remaining three areas are scheduled for assessment in December, aligning with the Fire Workplan 2023. The Fire Safety team is on course to achieve full compliance of 100%

The trust has experienced 52 Unwanted fire signals (UwFs) during this reporting period, this is a slight decrease on last year's 57. The trust has unfortunately received 19 UwFs from areas managed by BGH in shared areas of responsibility, most of these activations have been caused due to the poor management of the fire alarm system upgrades in these areas. All incidents were efficiently managed without external fire service intervention.

Additionally, the Trust is engaged in substantial Capital Works Schemes, with the Fire Safety Team providing crucial guidance to ensure compliance with fire safety regulations. Notably, they

played a significant role in advising on the redevelopment of the Cath Labs project.

External audits conducted by Merseyside Fire & Rescue Service and DRLC resulted in positive outcomes receiving Comprehensive assurance rating, affirming the Trust's adherence to fire safety standards. Detailed audit reports are provided in Appendices B & C for reference.

Unfortunately, the fire Safety Group has failed to meet Quorum as per the TOR during this reporting period, there has been significant changes in the administrative department during this period and this has had a negative impact. A renewed Fire Safety Group has been established and met in December 2023.

## **2. Introduction**

Effective fire safety depends on a combination of physical fire precautions and a robust system of effective management. It is the declared intention of Liverpool Heart and Chest Hospital Foundation Trust to provide and maintain a fire safe environment for patients, staff, visitors, and other organisations who work within the Trust's premises. It is a commitment to maintain and improve all aspects of fire safety with a fire safety plan, see below, which will see the development and review of all fire safety related matters.

## **3. Background**

In 2017 the trust established a Service level agreement SLA with Aintree Hospital to provide Fire Safety Cover to LHCH. This arrangement did not work as well as anticipated and unfortunately was proven to be heavily insufficient and the Trust's compliance had fallen way below the expected standards, the trust had also received several improvement notices from Merseyside fire & rescue inspectors.

To address this, in August 2020 the Estates Department recruited an LHCH appointed Fire Safety Advisor to focus on fire compliance at the trust and to ensure a smooth transition period could be achieved whilst the trust broke away from the SLA. The trust has had a seamless transition with no disruption to business continuity or safety during this period.

## **4. Main Body of Report**

The context of fire safety within healthcare presents unique challenges due to occupants needing assistance from staff during emergencies. Ensuring everyone comprehends their role and cooperates effectively during a fire is crucial for site-wide safety. Compliance with legal obligations necessitates all staff to take responsibility for themselves and others affected by their actions or oversights.

The forthcoming annual report will outline key responsibilities outlined in Trust policy and furnish a status update on these areas.

### **4.1 Fire Safety Group (FSG)**

The LHCH Fire Safety Group continues to act as a subcommittee to the LHCH Health and Safety Committee chaired by the Head of Estates for the Trust. The FSG meets on a quarterly basis with meetings arranged for March, June, September & December during this reporting period. The meetings objectives and duties are as follows:

- To provide strategic direction and planning pertaining to all issues related to fire safety within the Trust.
- To support the fire safety team, the Heads of Nursing and relevant managers in their activities.

- To ensure fire safety policies and protocols are developed, implemented, monitored and updated by the appropriate leads within the Trust.
- To advise the Trust on the best means for the education and training of hospital staff to ensure successful implementation of policies and protocols and that staff are aware of their roles and responsibilities relating to fire safety.
- To develop and implement an annual program of work against which progress will be reported regularly to the Committee, as per the agreed reporting schedule.
- To produce quarterly and annual fire safety reports and submit these to Health and Safety Committee.
- To receive regular reports on surveillance, key quality indicators and any serious untoward incidents related to fire safety and ensure that robust delivery plans are in place to address emerging issues.
- To co-operate with the other Trust Committees to ensure that exemplary fire safety practices are applied consistently across the Trust.
- To monitor and evaluate fire safety training performance receiving quarterly reports on training compliance.
- To develop the appropriate partnerships with external agencies necessary for improving fire safety practice.
- To ensure Capital Projects are delivered in line with current regulations and best practice.

Unfortunately, the Fire Safety Group has failed to make Quorum on 2 occasions as per the terms of reference for the group during this reporting period. The administrative duties for the group have changed hands on 3 occasions during this reporting period due to staff leaving this trust and this has had a significant detrimental impact on the FSG.

These issues have now been addressed and the FSG met in December 2023.

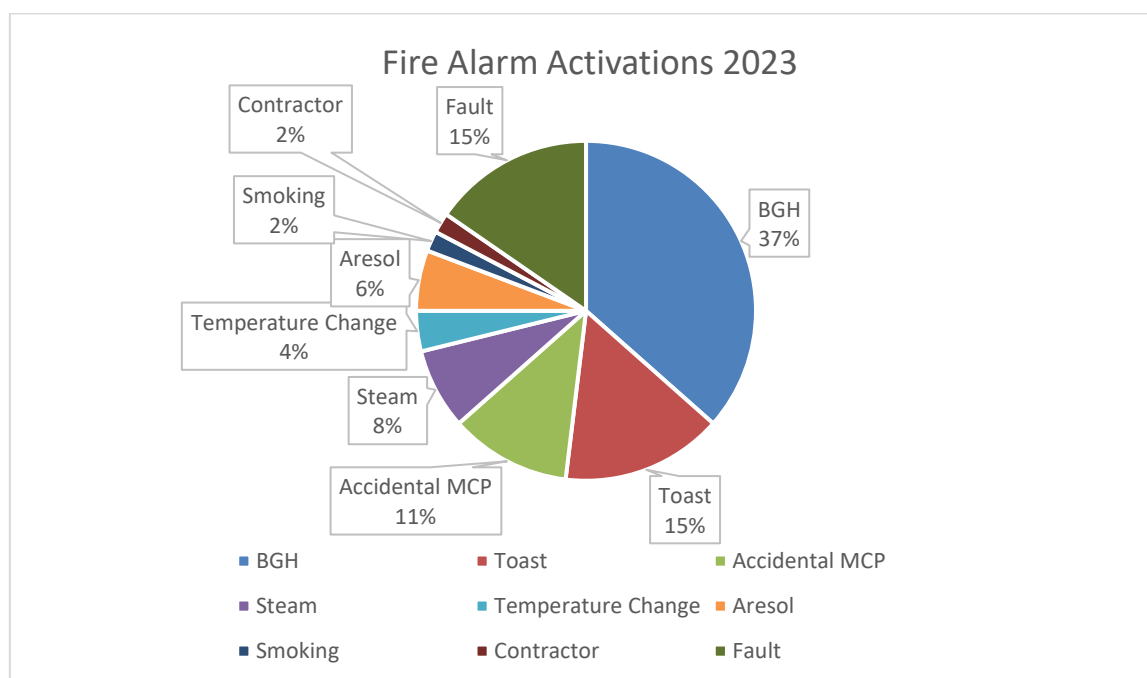
## 4.2 Unwanted Fire Signals (UwFS)

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.

Unwanted fire signals should be categorized 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 identified causes of UwFs across site and the reason for occurrence.

The trust had **52 unwanted fire signals (UwFS)** during this reporting period, this figure has slightly reduced from the previous year:

- 2023 – 52 activations
- 2022 – 57 activations
- 2021 – 43 activations



Activation	Total
BGH	19
Toast	8
Accidental MCP	6
Steam	4
Temperature Change	2
Aerosol	3
Smoking	1
Contractor	1
Fault	8
<b>Total</b>	<b>52</b>

**Summary of UwFS –** Excluding the 19 activations attributed to the ongoing system upgrades at the BGH managed areas, the actual activations would stand at 33, marking a notable decrease compared to previous years. Both trusts are in the process of upgrading their fire alarm systems, a move that will result in independent systems for each trust. This upgrade aims to prevent any system interferences, with the work anticipated for completion by the end of the 2023-2024 financial year.

### 4.3 Fire Risk Assessments (FRA)

The Fire Risk Assessment (FRA) program at Liverpool Heart and Chest Hospital is robust and well-established. Currently, 41 out of 44 areas (including satellite buildings currently sponsored by LHCH) within the trust have undergone an annual fire risk assessment, following the recognised PAS 79 format. The remaining three areas are scheduled to receive their assessments in December, in accordance with the Fire Workplan 2023. The Fire Safety team are on track for 100% compliance.

The LHCH Fire Risk Assessment Tracker is split up into 3 sections:

- Clinical Areas
- Non-Clinical Area
- Low Risk Bi Annual

## LHCH Fire Risk Assessment Tracker

Area	Hyperlink to Assessment	FRA Completion Date	Today	Days since Completion
Birch Ward	<a href="#">2023\Birch Ward\Birch Ward FRA Review Sep 2023.pdf</a>	21/09/2023	27/11/2023	
Catheter Labs	<a href="#">2023\Cath Labs\Cath Lab FRA Sep 2023.pdf</a>	19/09/2023	27/11/2023	
Cedar Ward	<a href="#">Booked 05/12/23</a>	31/10/2022	27/11/2023	
Cherry Ward	<a href="#">2023\Cherry Ward\Cherry Ward FRA Apr 23.pdf</a>	17/04/2023	27/11/2023	
CCU	<a href="#">2023\CCU\CCU FRA Apr 23.pdf</a>	03/04/2023	27/11/2023	
Outpatients/Pulmonary function/ Cardiac Diagnostics & ECG & main reception	<a href="#">2023\Outpatients\Outpatients FRA Nov 23.docx</a>	20/11/2023	27/11/2023	
ACU	<a href="#">2023\ACU\ACU FRA Oct 23.pdf</a>	12/10/2023	27/11/2023	
Holly Suite	<a href="#">2023\Holly Suite\Holly suite FRA June 2023.pdf</a>	10/06/2023	27/11/2023	
Maple Suite	<a href="#">2023\Maple Suite\Maple suite FRA Apr 23.pdf</a>	12/04/2023	27/11/2023	
Radiology / X Ray	<a href="#">2023\Radiology\Radiology and X-Ray FRA Jan 2023.pdf</a>	30/01/2023	27/11/2023	
Rowan Suite	<a href="#">2023\Rowan Suite\Rowan suite FRA Review Nov 23.pdf</a>	14/11/2023	27/11/2023	
Therapies	<a href="#">23.pdf</a>	12/06/2023	27/11/2023	
Aspen Suite	<a href="#">2023\Aspen Suite\Aspen Suite H&amp;S and Fire August 23.pdf</a>	07/08/2023	27/11/2023	
Critical Care	<a href="#">2023\Critical care\Critical Care FRA June 2023.pdf</a>	02/06/2023	27/11/2023	
Oak Ward	<a href="#">2023\Oak Ward\Oak Ward FRA Review July 2023.pdf</a>	17/07/2023	27/11/2023	
Theatre Complex	<a href="#">2023\Theatres Complex\Theatres Complex FRA May 2023.pdf</a>	17/05/2023	27/11/2023	
Willow Suite	<a href="#">2023\Willow Suite\Willow Suite FRA March 23.pdf</a>	21/03/2023	27/11/2023	
MR/CT Scanner Dept	<a href="#">Booked 04/12/23</a>	15/02/2022	27/11/2023	

### Non Clinical FRA's

Sir Ken Dodd education house	<a href="#">Education House\Sir Ken Dodd Education House H&amp;S and</a>	27/09/2023	27/11/2023	
Pharmacy	<a href="#">2023\Pharmacy\Pharmacy FRA June 2023.pdf</a>	20/06/2023	27/11/2023	
Research	<a href="#">\\L\Health &amp; Safety\Risk Assessments\2023\Research Unit\Research Unit H&amp;S and Fire Oct 23.pdf</a>	17/10/2023	27/11/2023	
Anesthetics & Staff Gym	<a href="#">2023\Anaesthetics &amp; Staff Gym\Anaesthetic &amp; Staff Gym FRA July 23.pdf</a>	19/07/2023	27/11/2023	
Domestics & Porters	<a href="#">k Assessments\2023\Domestic &amp; Porters\Domestic &amp; Porters</a>	11/10/2023	27/11/2023	
Estates Maintenance/ Capital Projects	<a href="#">2023\Estates &amp; Capital Projects\Estates &amp; Capital Projects FRA Jan 2023.pdf</a>	16/01/2023	27/11/2023	
Health Records/Staff Hub	<a href="#">ical Records &amp; Staff Hub\Health Records - Staff Hub FRA No</a>	20/11/2023	27/11/2023	
Medical Engineering	<a href="#">2023\Medical Engineering\Medical Engineering &amp; Respiratory Consultants FRA Oct 23.pdf</a>	04/10/2023	27/11/2023	
Medical Secretaries	<a href="#">cretaries &amp; Consultants\Medical Secretaries &amp; Consultants</a>	05/05/2023	27/11/2023	
Moroney House	<a href="#">2023\Moroney House FRA Review Jan 2023.pdf</a>	09/01/2023	27/11/2023	
Pathology	<a href="#">2023\Pathology\Pathology FRA May 2023.pdf</a>	02/05/2023	27/11/2023	
Robert Owen House	<a href="#">2023\Robert Owen House\Robert Owen House FRA Oct 23.pdf</a>	30/10/2023	27/11/2023	
Specialist Nurses / CF Telemedicine	<a href="#">23\Nurse Specialists\Nurse Specialist FRA Review Sep 2022.pdf</a>	20/09/2023	27/11/2023	
Stores	<a href="#">2023\Stores\Stores FRA Feb 2023.pdf</a>	27/02/2023	27/11/2023	
Vanguard House Lvl 2 Office block	<a href="#">The Innovation Agency\The Innovation Agency FRA Feb 2023.pdf</a>	14/02/2023	27/11/2023	
I.T.	<a href="#">2022\IT Department\I.T Dept Dec 2022.pdf</a>	06/12/2022	27/11/2023	
Research Laboratory	<a href="#">2023\Research Laboratory\Research Lab FRA May 23.pdf</a>	30/05/2023	27/11/2023	

### Low Risk Bi-Annual assessments

Switchboard / Main Entrance	<a href="#">2013 - October\Switchboard &amp; Main reception FRA Oct 2020.pdf</a>	28/09/2022	27/11/2023	
Executives Offices	<a href="#">Due Dec 23</a>		27/11/2023	
Tockman Clinic	<a href="#">2023\Tockman Clinic\Tockman Clinic HS and FRA Jan 2023.pdf</a>	18/01/2023	27/11/2023	
Hospital Co-ordinators	<a href="#">2023\Hospital Co-ordinators\Hospital Co-ordinators HS and Fire Aug 23.pdf</a>	09/08/2023	27/11/2023	
Caterers Portacabin	<a href="#">2023\Caterers Portacabin\Caterers Portacabin HS and Fire March 2023.pdf</a>	22/03/2023	27/11/2023	
Occupational Health Dept	<a href="#">2023\Occupational Health\Occupational Health FRA Jan 2023.pdf</a>	10/01/2023	27/11/2023	
Management Portakabins	<a href="#">2023\Portakabins\Portakabins HS &amp; Fire RA Aug 2023.pdf</a>	18/09/2023	27/11/2023	
Knowsley Community & I.T	<a href="#">2023\Portakabins\Portakabins HS &amp; Fire RA Aug 2023.pdf</a>	18/09/2023	27/11/2023	

The use of PAS 79 methodology in our assessments is widely recognised and has acceptance from local authorities and inspection bodies. Its user-friendly approach greatly benefits our localized managers within the trust, ensuring a thorough evaluation of fire risks in alignment with endorsed best practices by regulatory bodies.

Upon receiving the Fire Risk Assessment (FRA), local management is actively encouraged to collaborate closely with the trust's fire safety advisor. This collaboration aims to devise effective strategies for addressing identified deficiencies, showcasing our commitment to continuous improvement in various facets of fire safety.

Notable improvements encompass heightened fire stopping measures, upgraded fire safety signage, comprehensive staff training initiatives, and proactive fire alarm maintenance. These advancements are methodically documented and monitored through a rolling risk-based review program. This systematic approach not only ensures compliance but also highlights our proactive efforts in mitigating fire risks throughout the organization.

The fire workplan 2023 dictates the risk assessments for each area, serving as a vital framework to ensure a comprehensive fire risk assessment across all areas within the organisation.

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.

#### **4.4 Staff Training**

Currently fire safety training status as follows, ESR mandatory fire safety training compliance sits at 95%, with a target of 95%. We also have 197 trained fire wardens, against the target figure of 159. The fire safety team has set a KPI for minimum fire wardens per area as 1:10 staff are trained as fire wardens per department (for example, a department with 50 staff must have 5 trained fire wardens).

The fire incident at Birch Ward in late 2022 underscored the pivotal role of fire wardens within our organisation. As a response, we initiated additional fire warden staff training sessions aimed at ensuring sufficient coverage across various areas. This proactive measure not only improved local compliance but significantly bolstered the overall safety culture and emergency response within our trust.

As of November 23, the Fire team has conducted 22 training sessions over the past 11 months, providing a total of 264 available slots for staff. In the year 2023 alone, we successfully trained 197 out of the 264 staff, achieving a 74% attendance rate and contributing to our ongoing commitment to comprehensive fire safety education.

To further strengthen our preparedness, the fire team has continued to offer tailored fire safety sessions to specific teams, including caterers, security, and Estates. These sessions aim to equip staff with the knowledge and confidence to effectively handle any fire-related issues that may arise in the course of their responsibilities.

#### **4.5 Capital Works**

Noticeable improvements in elevating fire safety measures across our site have been achieved over the past year, with a series of impactful initiatives falling under the purview of the Capital Projects scheme. The efforts continue as various works are part of an ongoing scheme.

Throughout the reconstruction of Cath Labs within our trust, the fire safety team has played a crucial role in providing extensive support, ensuring that fire safety is effectively managed throughout the duration of these works. Regular attendance at project meetings and bi-weekly site walks allowed the Fire Team to contribute valuable insights from a fire safety perspective. In addition to attending meetings and site walks, the fire safety team proactively engaged with contractors involved in the reconstruction. Regular interactions with the construction teams facilitated an open line of communication, allowing for the prompt resolution of any fire safety-related issues that arose during the course of the reconstruction.

The fire alarm upgrades are now at a 70% completion rate, with Cherry Ward, Maple Suite, Birch Ward, ACU, and the main entrance anticipated to be fully upgraded by the end of the financial year. In our commitment to prioritising patient and staff experience, the fire team maintains regular communication with trust fire alarm engineers, ensuring seamless execution of works and minimising disruptions.

Over the past financial year, fire stopping works have been carried out around Theatres, Critical Care Units, and the surgical corridor. These efforts aim to reinforce compartment lines that may have been compromised over time, ensuring a more robust defence against the spread of fire. In a proactive measure toward enhanced compartmentation management, the trust is reintroducing the Bolster compartmentation system, allowing the Fire Team to facilitate more effective management of compartmentation within LHCH. By reinstating this system, we aim to provide vital support to key stakeholders involved in ongoing works, ensuring a seamless and secure environment throughout the duration of projects/works.

Within the framework of our capital projects schemes is the fire door project. This financial year, efforts are targeted at Medical Secretaries' offices and the Anaesthetic Department. Relevant departments have been informed and we look to continue open communication with departments to ensure smooth works, as previously achieved in Maple Suite & Birch Ward.

In addition to the Capital Projects fire door scheme are the in-house improvements, incorporating fire door management checks. These internal measures play an important role in maintaining the integrity of fire doors, a fundamental component of the overall fire safety infrastructure within the trust. Estates complete year-round checks on all fire doors, all of which are recorded and, on a document, and works are prioritised and completed within a defined timescale.

LHCH have introduced emergency spill kits, car park spill kits and acid battery spill kits across the site. This proactive approach equips the trust to efficiently handle small spills, reducing the likelihood of incidents escalating. The trust will train a select few of staff members before the end of the financial year, in the usage of the spill kits, providing necessary knowledge and skills to do so.

#### **4.6 Engagement with Local Authority & Authorising Engineer Auditors**

The Trust underwent comprehensive site audits by MFRS fire prevention department in December 2022 and Authorized Engineers (AE) DRLC in October 2023, both resulting in comprehensive assurance. Key findings from these audits are detailed in Appendices B and C of this report. The fire safety team has shown significant progress in addressing key actions identified in the MFRS audit, including implementing a compartmentation management system, initiating a site-wide fire strategy slated for completion in the first quarter of 2024, introducing a new fire door program and inspection management system, and making substantial capital investments in fire doors and compartmentation during this reporting period.

#### **4.7 Fire Safety Policy and Supporting Documents**

All fire safety related policies and supporting documentation have been updated and published during this reporting period, the hot work permit process has been a particular success with so many contractors working on site, this process has ensured all dangerous hot work activities are accountable and monitored by the trusts fire safety team. Many hospital fires are started by contractors working on site, during this reporting period LHCH has had zero fires caused by contractors. Further updates have been introduced to contractor control such as additional accountability procedures and permits to work.

#### **4.8 Fire Safety Collaboration**

LHCH are working closely with LUHFT on fire safety matters to ensure a collaborative approach to management on site. Communication has improved significantly, and progress is now being made on addressing issues with fire response at regular meetings.

Both trusts are currently carrying out site wide replacement of the fire alarm systems, which is also being managed through regular meetings to ensure effective cause and effect is in place between trusts and adjoining areas.

### **5. Conclusion**

The trust is pleased with the comprehensive level of assurance received from the recent External Audit conducted by DRLC. The report, outlined in Appendix B, highlights the commitment to enhancing fire safety arrangements in 2024 and closing outstanding actions. Additionally, the positive feedback from the local authority fire service's full site audit, detailed in Appendix C, commends the trust's management of fire safety. The significant progress made in addressing audit-generated actions will be communicated to the fire safety group and health & safety committee, underscoring the dedication to maintaining high compliance levels.

### **6. Recommendations**

The Board of Directors is asked to note the assurance provided on the fire safety management at LHCH and the plans moving forward.

## Appendix A – Fire Safety KPI's

Area	Set KPI
Mandatory Fire Safety Training (24 Month)	95%
Fire Wardens	1 in 10 Staff
Fire Risk Assessments to all Medium and High-Risk areas	Minimum of 1 assessment annually to all areas
Fire Risk Assessments to all Low-Risk areas	Minimum of 1 assessment bi-annually to all areas
Fire Safety Checklist	All areas to complete quarterly. Further action to be taken by Fire Safety Team if report is less than 90% compliant.
Fire Drills	All areas to have a minimum of 1 fire drill annually.
Fire Evacuation Plans	All Fire Evacuation Plans are to be reviewed annually.
Planned Maintenance (PPM)	Weekly Testing of Fire Alarm System Monthly Testing of Emergency Lighting 6 Monthly PPM on all Fire Doors 6 Monthly Fire Alarm Testing/Inspection of all Devices Annual test/inspection of Gas Suppression Systems Annual test/inspection of Fire Curtains
Policies, Procedures and Protocols	Policy to be updated and ratified as per FSG Workplan All Procedures and Protocols to be updated and implemented as required. These must be passed through the FSG for ratification.



## Appendix B – Authorising Engineer Audit Report – October 2023

### EXECUTIVE SUMMARY

The overall level of assurance given by the audit report is **comprehensive**.

Level of assurance	Reason for the level of assurance given
<b>Comprehensive</b>	Governance, Internal control and the Management of Risk are at a high standard with only minor elements of residual risk, which are either being accepted by the Trust/Organisation or being dealt with by management.
<b>Substantial</b>	Governance, Internal control and the Management of Risk display a mix of slight residual risk and areas of risk that are above an acceptable level, these risks need to be addressed with a reasonable timescale.
<b>Limited</b>	Governance, Internal control and the Management of Risk display a general trend of unacceptable residual risk and weaknesses that must be addressed within a reasonable timescale, appropriate resourcing will be required.
<b>Very Limited</b>	Governance, Internal control and the Management of Risk display extensive residual risk and key weaknesses considered to be above an acceptable level, these should be addressed urgently, appropriate additional resources will be required.

**Trust Fire Safety Policy:** A comprehensive Fire Safety Policy has been reviewed and ratified by the Trust CEO; this policy details the roles and responsibilities and is a concise 'statement of intent' in relation to all roles involved in managing fire safety from the CEO down to the local Fire Wardens. The Fire Policy provides an unambiguous statement of fire safety policy applicable to the LH&C NHS FT and to premises where patients of LH&C receive treatment or care. There is a clearly documented organisational management structure as exemplified in (HTM 05-01), the policy includes a graphic organogram detailing the management structure however, the policy should be simplified by including only a precis of the suite of fire safety protocols adopted by the Trust.

**Effective Fire Safety Management:** The Chief Finance Officer is the Executive Director responsible and accountable to the Board for ensuring, so far as is reasonably practicable, that Trust Policies, Codes of Practice and operational procedures are complied with; this is referenced in the Trust Fire Safety policy. This role is delegated by the 'Responsible Person' (Fire) [the CEO and the Trust Board] and there are effective lines of communication up to the Trust Board level.

Unfortunately, as reported in the previous audits, there are still issues regarding the shared facilities with Broadgreen. It is clearly evident that the Trust Fire Safety Manager is demonstrating a commitment to put in place reciprocal fire safety arrangements with the fire safety management of the Broadgreen premises within the Trust site. Although there have been improvements made with the upgrade of the fire alarm system there are still difficulties in achieving a coordinated response to the full upgrade throughout the shared premises. This aspect of no or slow response is unnecessarily delaying key decision processes in moving forward improvements to the fire safety measures within premises to ensure an effective, coordinated evacuation strategy is fully implemented along with an appropriate response to fire alarms actuations.

A clear audit trail is in place in relation to the Trust meeting its legal responsibility of co-operation and co-ordination as required by The Regulatory Reform (Fire Safety) Order 2005, however, this matter requires reciprocal commitment from the Broadgreen management.

**Appropriate Management Levels:** The Trust does benefit from a competent, well-educated fire safety team supported by a proactive Fire Safety Manager. Good procedures are in place with competent staff in their correct roles.

**Fire Safety Management Roles And Responsibilities:** The roles and responsibilities for fire safety management are described in the policy. The board currently receives both quarterly and annual assurance reports in relation to fire and fire safety matters. However, in addition to this the Chief Executive, in their role of 'Responsible Person', should receive and sign an annual statement, as recommended in Appendix G of HTM 05-01, confirming understanding of the fire safety position.

**Fire Safety Protocols:** The Trust should consider the separation of operational procedures from the Fire Safety Policy by the creation of a comprehensive suite of fire safety management protocols which details the procedure for the fire safety team, wider estates management staff and general staff to follow. This would ensure that there is no ambiguity in satisfying the requirements of the HTM's, BS 9997 and all other statutory compliance requirements. It is recommended that all operational procedure is removed from the Fire Policy leaving reference to the suite of protocols only. This will facilitate a hierarchical suite of documents that cover all aspects of managing fire safety throughout the Trust, as recommended by HTM 05-01. If separated in this way, the policy could be reviewed by the author and the Board at the required intervals, with management amending the Protocols with necessary change to operational requirements, change that the board don't necessarily need to engage with.

**Fire Safety Passive & Active Measures, Testing And Maintenance:** The Estates department demonstrated comprehensive maintenance and testing records for all fire safety related requirements. The Fire Safety team has access to CAD drawings with layers for the various fire safety systems, these layers form the basis for both the Trusts Fire Strategy documents and subsequent FRAs.

**Fire Safety Information Manuals:** There are comprehensive fire safety information folders on wards/departments in relation to the emergency evacuation procedures, action plans and other key information regarding fire safety. HTM 05-01 identifies that such documents should be provided to facilitate the provision of local fire safety information, evacuation strategies and ward level fire safety facilities.

**Planning And Responding To A Fire Emergency:** There is documented evidence of suitable fire evacuation procedures relating to non-clinical and clinical areas. Specific evacuation aids identified for patient evacuation are suitably placed, well maintained and appropriate staff instruction in their use is undertaken. Clear, identified exit routes are generally available which safely lead to a place of relative safety either via progressive horizontal evacuation or to a place of ultimate safety within the designated travel distances. Fire evacuation drills take place on an annual basis, these being either walk through or desk top dependent upon the patient demographic.

**Training:** A consistent Fire Safety Training Needs Analysis (TNA) has been developed and implemented in Compliance within HTM 05-01 Appendix F and the national NHS training framework document. This covers all staff groups across the Trust, with documented evidence maintained on a centralised system.

**Reporting and Auditing:** The Trust has in place suitable internal processes, meeting structures and organisational systems to address any weaknesses detailed in this audit report. The Trust has committed to a regular high level management review of the Fire Safety management system by the appointment of an External Authorised Engineer (Fire Safety). Subsequent reviews will inform if identified requirements, improvements and recommendations are implemented.

## DRLC FIRE SAFETY MANAGEMENT AUDIT PROGRAMME

### CORRECTIVE ACTION PLAN

<b>Name of Organisation/Trust</b>	<b>Liverpool Heart &amp; Chest Hospital</b>	<b>Audit Completion Date</b>	<b>19<sup>th</sup> October 2023</b>
<b>Fire Safety Manager</b>	<b>Adam Hope</b>	<b>Fire Safety Advisor</b>	<b>Liam Telford</b>

**Notes:**

- Refer to legislation and guidance used section within the body of main audit report for supporting information.
- This Corrective Action Plan should as a minimum be a standing item on the first-tier organisational reporting mechanism for fire, with a narrative at higher tiers.
- The priority rating (Red, Amber, Yellow) relates to management risk and not necessarily life risk.

	<b>Descriptor</b>	<b>Suggested timeframe to commence action**</b>
<b>High</b>	Absent control measure. Significant weakness in compliance with best practice. Significant failure to achieve organisational controls. Failure to implement legislative standard.	Action should commence as soon as reasonably practicable.
<b>Medium</b>	Control measures require improvement/refinement. Organisational control measure not fully implemented. Some failure in achieving organisational standards.	The action should be designated to a Responsible Person within 2 months.
<b>Low</b>	Potential to further demonstrate examples of good practice. Potential to deliver a more effective and efficient approach to the management of fire related matters and compliance.	The action should be designated to a Responsible person within 3 months.

\*\*The Organisation/Trust may adopt/reject each action or amend suggested timescales as they see fit.

<b>Audit Line N°</b>	<b>Action Required</b>	<b>Priority</b>	<b>Responsible Person</b>	<b>Nominated Completion Date</b>	<b>Status/Progress</b>
1.02	The FSP should reference the annual reporting to Board level in the form of a statement of assurance (as required by HTM05-01).	Low	Adam Hope	January 2024	Complete
2.01	Develop fire safety strategy documents for all buildings that include the fire strategy plans.	Medium	Liam Telford	June 2024	In Progress
2.02 2.04	Include all operational matters within the Trusts suite of protocols.	Low	Liam Telford	April 2024	To be Developed
2.07 9.03	Consider the introduction of Gold, Silver, Bronze training for would be commanders.	Low	AH/LT	June 2024	Training Package to be Developed
5.01	Create a comprehensive suite of fire safety management protocols.	Medium	AH/LT	August 2024	To be Developed
5.02	Review operational fire safety protocols regularly.	Low	Liam Telford	March 2024	In Progress
6.01	Introduce annual cause and effect testing and maintenance where appropriate.	Low	Liam Telford	January 2024	Complete
6.03	Fire Dampers should be inspected at intervals prescribed in BS9999. Consider putting a capital bid in to ensure all dampers comply with the requirements of Table 7 HTM 05-02.	Low	Adam Hope	February 2024	In Progress (50% Complete)
6.07	Comply with BS9990 with regard inspection and testing of Dry risers.	Medium	Liam Telford	March 2024	In Progress
6.08	Comply with BS9990 with regard inspection and testing of private hydrants.	Medium	Liam Telford	March 2024	In Progress
9.03	Consider the training need for senior members of management with regard, Gold, Silver, Bronze command training. Complete annual review of the TNA.	Medium	Liam Telford		As Per 2.07

## AUDIT DATA DASHBOARD

**Explanation of data:** - Each audit area comprises a number of discrete elements. Each individual element is allocated a score of 0 to 3, 0 being very limited compliance, 3 being comprehensive compliance. Each audit area has a maximum score available which is the sum of the individual elements score, the actual score is provided based on the auditors' assessment which in turn is provided as a percentage. The aggregate percentage compliance is provided that in turn delivers the overall audit opinion.

Audit area	No of Elements	Maximum score	Actual score	% Score	Level of compliance
Trust Fire Safety Policy	4	12	11	92	
Effective Fire Safety Management	10	30	25	83	
Appropriate Management Levels	8	24	24	100	
FS Management Roles and Responsibilities	7	21	20	95	
Fire Safety Protocols	3	9	7	78	
FS Passive & Active Measures, Testing & Maintenance	14	42	39	93	
Fire Safety Manuals	7	21	21	100	
Planning and Responding to a Fire Emergency	7	21	21	100	
Training	6	18	17	94	
Reporting and Auditing	3	9	9	100	
<b>Aggregate Audit Score</b>				<b>94</b>	

The level of assurance given by the audit report is comprehensive

Level of assurance	Reason for the level of assurance given	
<b>Comprehensive</b>	Governance, Internal control and the Management of Risk are at a high standard with only minor elements of residual risk, which are either being accepted by the Trust or being dealt with by management.	81– 100%
<b>Substantial</b>	Governance, Internal control and the Management of Risk display a mix of slight residual risk and areas of risk that are above an acceptable level, these risks need to be addressed with a reasonable timescale.	51 – 80%
<b>Limited</b>	Governance, Internal control and the Management of Risk display a general trend of unacceptable residual risk and weaknesses that must be addressed within a reasonable timescale, appropriate resourcing will be required.	21 – 50%
<b>Very Limited</b>	Governance, Internal control and the Management of Risk display extensive residual risk and key weaknesses considered to be above an acceptable level, these should be addressed urgently, appropriate additional resources will be required.	0 – 20%

## Appendix C – MFRS Feedback from Audit

LHCH fire safety inspections



Hughes, Luke <LukeHughes@merseyfire.gov.uk>  
To Adam Hope; Liam Telford

Reply Reply All Forward

Thu 15/12/2022 16:39

Hi Adam/Liam,

I am just emailing to say thank you for all your help and support from the first time I contacted yourselves to arrange a meeting to then completion of fire safety audits within zones 1-19 over 3 separate days.

All documentation and testing records you provided to ourselves prior to our audits that we requested was really helpful and saved a lot of time.

It was apparent straight away how comprehensive your knowledge is regarding the fire safety management within LHCH and how everything functions together.

I have made it known to my line manager how I felt that you have set the standard of what we would expect from a fire safety management point of view within a hospital setting.

You should receive the fire safety audit outcome letter sometime next week via one of our admin colleagues.

Thanks again, kind regards

*Luke Hughes*

Senior Fire Safety Inspector – Liverpool South  
Merseyside Fire and Rescue Service  
Belle Vale Community Fire Station  
Childwall Valley Road  
Liverpool  
L25 2PY  
T: 0151 296 6733  
M: 07834729577  
E: [lukehughes@merseyfire.gov.uk](mailto:lukehughes@merseyfire.gov.uk)  
W: [www.merseyfire.gov.uk](http://www.merseyfire.gov.uk)





This e-mail and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this e-mail in error please notify the originator of the message. Any views expressed in this message are those of the individual sender, except where the sender specifies and with authority, states them to be the views of Merseyside Fire & Rescue Service, (MFRS). Incoming and outgoing emails may be monitored in line with current legislation. Steps have been taken to ensure that this email and attachments are free from any virus. In keeping with good computing practice the recipient should ensure they are actually virus free. <http://www.merseyfire.gov.uk/>


## Appendix D – Annual Fire Safety Statement: 2022/23

<b>NHS Organisation:</b> Liverpool Heart & Chest Hospital NHS Foundation Trust (LHCH)
I confirm that for the period 30 <sup>th</sup> November 2022 to 30 <sup>th</sup> November 2023, all premises which the organisations own, occupy, or manage 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.	✓
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)	
3	The organisation has identified significant risks, but does not have a programme of work to mitigate those significant risks.	
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.	
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.	✓
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.	✓
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.	✓

<b>Chief Executive Officer:</b>	<b>Jane Tomkinson</b>
Signature:	
Date:	29/11/2023

<b>Chief Finance Officer (Estates Executive Lead):</b>	<b>Karen Edge</b>
Signature:	
Date:	01/02/2023

<b>Fire Safety Manager:</b>	<b>Adam Hope</b>
Signature:	
Date:	27/11/2023