

**Trust Board paper F3**

<b>Meeting title:</b>	Public Trust Board				
<b>Date of the meeting:</b>	14 November 2024				
<b>Title:</b>	<b>Escalation Report from the Finance and Investment Committee (FIC): 25 October 2024</b>				
<b>Report presented by:</b>	Mr D Moon, FIC Non-Executive Director Chair				
<b>Report written by:</b>	Ms A Moss, Corporate and Committee Services Officer				
<b>Action – this paper is for:</b>	Decision/Approval	X	Assurance		Update
<b>Where this report has been discussed previously</b>	Not applicable				

**To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which**

**Yes. BAF risks within the remit of FIC are listed below:**

BAF Risk Ref No	
06-Finance(capital)-1	Insufficient capital funding
07-Finance(sustainability-Medium to Long Term)-2	Significant financial challenge across the LLR system over the next 3 years, to meet both operational and inflationary pressures
07-Finance(sustainability-In Year)-3	Significant financial challenge across the LLR system over the next 3 years, to meet both operational and inflationary pressures
08-Digital-3	Central NHS procurement decision making and a reliance on a single vendor and their capacity to deliver
08-Digital-4	Strategic investment in digital initiatives is unavailable or insufficient
09-Estate-2	Aging and outdated estate
09-Estate-3	Audits and reviews commissioned across the Trust's Estates & Facilities portfolio identified a number of risks and concerns including gaps in the Trust's FM Asset Register
09-Estate-4	Capital investment in the Trust's Estates & Facilities portfolio is unavailable or insufficient

**Impact assessment**

N/A	
<p>Acronyms used:                  BAF – Board Assurance Framework                  CIP – Cost Improvement Programme                  CMIC - Capital Monitoring and Investment Committee</p>	<p>FIC – Finance and Investment Committee                  ICB – Integrated Care Board                  NHSE - NHS England                  UHN - University Hospitals of Northampton                  WTE – Whole Time Equivalent</p>

**1. Purpose of the Report**

To provide assurance to the Trust Board on the work of the Trust’s Finance and Investment Committee (FIC), and escalate any issues as required.

**2. Recommendations**

- That the Annual Fire Report 2023/24 be received.
- That the Escalation Report from FIC be noted.

### 3. **Summary**

The FIC meeting was quorate. Items from the FIC meeting of 25 October 2024 are summarised below.

### 4. **Recommend Items**

#### 4.1. **Annual Fire Report 2023/24**

FIC received the Annual Fire Report 2023/24 noting that the Trust is compliant as far as possible, and risks are mitigated through fire risk assessments, investment, and training. There is an increased focus on practical training.

*The Annual Fire Report is appended to this report and recommended to the Trust Board.*

### 5. **Discussion items:**

#### 5.1 **Board Assurance Framework**

FIC received the BAF strategic risks which aligned to its terms of reference and noted updates with respect to controls, gaps and key next steps.

#### 5.2 **2024/25 Month 6 Financial Position *(in mitigation of BAF risk 07A)***

FIC noted that at Month 6 of 2024/25 the Trust has a deficit of £15.4m. The Trust has received funding for its deficit plan in M6, resulting in a revised breakeven plan. The M6 year to date plan is therefore breakeven and the actual position is a deficit of £15.4m. This is mainly driven by urgent and emergency pathway costs of £7.4m and £9.3m net pay pressures greater than plan.

#### 5.3 **Investment Process 2024/25 - Outcome of Review on Workforce Impact and Potential Mitigations *(in mitigation of BAF risk 07A)***

FIC noted that 15 investments to be mobilised in 2024/25 will increase the headcount by 92 WTEs. It is possible to mitigate 91% of the risk by delaying recruitment until 2025/26, using bank and agency staff or because the posts were already accounted for in the run-rate. There will be a greater impact in 2025/26 on the Trust's ability to meet its workforce and financial commitments.

#### 5.4 **2024/25 Month 6 CIP Delivery *(in mitigation of BAF risk 07A)***

FIC noted that at Month 6 the Trust has achieved £37.6m cost improvement and is on track to achieve the target of 91.6m. The highest risks relate to workforce and income.

#### 5.5 **2024/25 Month 6 Capital Position and Medium-Term Capital Plan Update *(in mitigation of BAF risk 06)***

FIC noted that the Trust has committed expenditure of £23.4m at Month 6 which is an underspend of £3.5m.

FIC approved recommendations from CMIC and noted the steps taken to develop the medium-term capital plan. The draft 5-year capital plan was noted. A list of schemes currently excluded (either partially or fully) from the draft plan, totalling £689m, was noted.

## **5.6 Balance Sheet Review**

FIC received an historical analysis of the Trust's Statement of Financial Position over the last 2 full financial years and the first 6 months of 2024/25, noting actions to strengthen the financial control environment and improve quality of financial reporting and efficiency of the Financial Transaction Services processes.

## **5.7 TGH Declarations of Interests 2024/25 and Management of those interests**

FIC noted the 2024/25 Trust Group Holdings Board declarations of interests taking assurance that they are reported annually and updated with in-year changes.

## **5.8 ICB Finance Update 2024/25 M5**

FIC noted that the Integrated care Board is £31.9m overspent at Month 6; of which £15.4m is an overspend by UHL; Leicestershire Partnership NHS Trust is reporting break-even; and the ICS is £16.5m overspent.

The National NHSE Team has written to the Chair of the Integrated Care System (ICS) to advise it will be placed in level 4 which could lead to external intervention.

## **5.9 UHL Sustainability Report**

FIC noted progress the Trust's Sustainability and Green Plan. The initial focus has been ensuring the Trust was compliant with respect to waste. The launch of UHL's Sustainability Working Group will provide greater momentum on aspects of the plan that sat outside of Estates and Facilities remit.

## **5.10 Estates & Facilities Update (*in mitigation of BAF Risk 09- Estate*)**

FIC noted the challenges faced by Estates and Facilities in delivering the wide range of services in its portfolio and positive developments.

It has taken some time to recover from outsourcing the services to Interserve as the Trust, lost considerable experience, knowledge and skills. There is a low rate of turnover and work to improve sickness and appraisal rates. The Directorate is not able to control costs for activity that is outside its control, for example, opening new beds, laundry, uniforms, etc.. However, it is making good progress on its CIP. The Directorate is providing a ward-based food service at an unfunded cost of £1.5m and FIC asked the Executive Team to review this.

## **6. Items for Noting**

The following items were received and noted:

- 2024/25 TLT Approved Investments
- TLT agenda and actions

<b>Meeting title:</b>	Finance and Investment Committee
<b>Date of the meeting:</b>	25 October 2024
<b>Title:</b>	Fire Safety - Annual Report
<b>Report presented by:</b>	Julie Hogg, Chief Nurse
<b>Report written by:</b>	Michael Blair, Associate Director; Health, Safety & Compliance

<b>Action – this paper is for:</b>	Decision/Approval		Assurance	x	Update	X
<b>Where this report has been discussed previously</b>	Health and Safety Committee					

<b>To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which</b>
Provide assurance

<b>Impact assessment</b>
None to date

Acronyms used:
<ul style="list-style-type: none"> <li>• <b>PAGS:</b> Policy and Advisory Group on Safety</li> <li>• <b>FRA:</b> Fire Risk Assessment</li> <li>• <b>LRI:</b> Leicester Royal Infirmary</li> <li>• <b>GH:</b> Glenfield Hospital</li> <li>• <b>LGH:</b> Leicester General Hospital</li> <li>• <b>UwFS:</b> Unwanted Fire Signals (false alarms)</li> <li>• <b>HELM:</b> Health and Environmental Learning Management (system for training)</li> <li>• <b>Datix:</b> Incident reporting and risk management system used in healthcare organisations</li> <li>• <b>Osborne:</b> Osborne Building, part of Leicester Royal Infirmary</li> </ul>

**Purpose of the Report**

Present the 2023/24 Fire Safety Annual Report

**Recommendation**

FIC are asked to:

- Receive the report.
- Note the performance over the last year and our priorities for the coming year.

## Annual Fire Safety Report

### Introduction

- The University Hospitals of Leicester (UHL) NHS Trust has a statutory duty to ensure that all of the premises owned and operated by the Trust comply with current Fire Safety legislation. This is achieved by following Department of Health Guidance.
- The Trust must ensure that effective arrangements are in place for the management of Fire Safety and implement any necessary improvements or adjustments required which relate to an increased potential risk of fire.

### Executive Summary

- PAGES agreed a 6 month deference of the Fire Safety Policy Review due to potential amendments being required.
- 171 FRAs and FRA Reviews carried out across all three Hospitals in the reporting period.
- Common themes identified during FRA inspections remains similar to previous years however; improvements have been made with regards to the provision of mimic and graphic fire alarm panels.
- The Team has worked in close conjunction with the Capital Projects Team throughout the year across all three Hospitals; the most input being provided to the Osborne Brachytherapy Extension (LRI), New Discharge Lounge (LRI), Physiotherapy Major Refurbishment (LRI), New Ward 15A Project (GH) and Brandon Building Major Refurbishment (LGH).
- A fire prioritisation list has been provided to the Capital Projects Team and is to be discussed in quarter one of the next reporting period. The high majority of priorities are linked to Fire Alarms, Means of Escape or Compartmentation.
- Issues from last years prioritisation list have been completed; the works completed includes a new fire alarm system in the Kensington building and the addition of a new final exit from the hybrid theatre at Glenfield.
- The Team has provided a significant amount of input and advice to Capital Projects around the implementation of the Building Safety Act; this will continue into the next reporting period.
- At the end of the reporting period, annual fire training was 84% compliant on HELM; this is a small improvement on the previous reporting period.
- The provision of Fire Evacuation Training to all inpatient areas began in the final quarter; 20 sessions were provided across 14 separate Departments.
- The Team are currently in the process of improving relevant documentation; new Local Fire Induction, Fire Evacuation and Fire Log Book documentation have been created.
- 123 Fire Wardens have been trained which is an increase of over 30% on the previous reporting period.
- The number of UwFS has increased over this reporting period; we believe this is mostly due to a much improved reporting process through Datix.
- Fire Service attendance to these false alarms remains low, especially at the LRI with only 6 attendances to UwFS through the Year.
- There have been 6 reported fires throughout the year with a further incident of note investigated that involved no fire; the incident of note involved the evacuation of 62 patients from the Osborne building.
- The Fire Service has visited the Hospitals five times for routine inspections and reviews.
- Fire Safety resources have been increase this reporting period with a third Fire Officer employed from September 2023.

## Policy and Procedures

- Fire Safety Policy.

The Policy was reviewed and ready for publication in March 2024 however; due to the Director of Estates, Facilities and Sustainability leaving the Trust, the decision was made to put a hold on its application as further amendments may be required.

PAGS have been contacted and an agreement has been made to delay the completion of the review for 6 months from the 1<sup>st</sup> April.

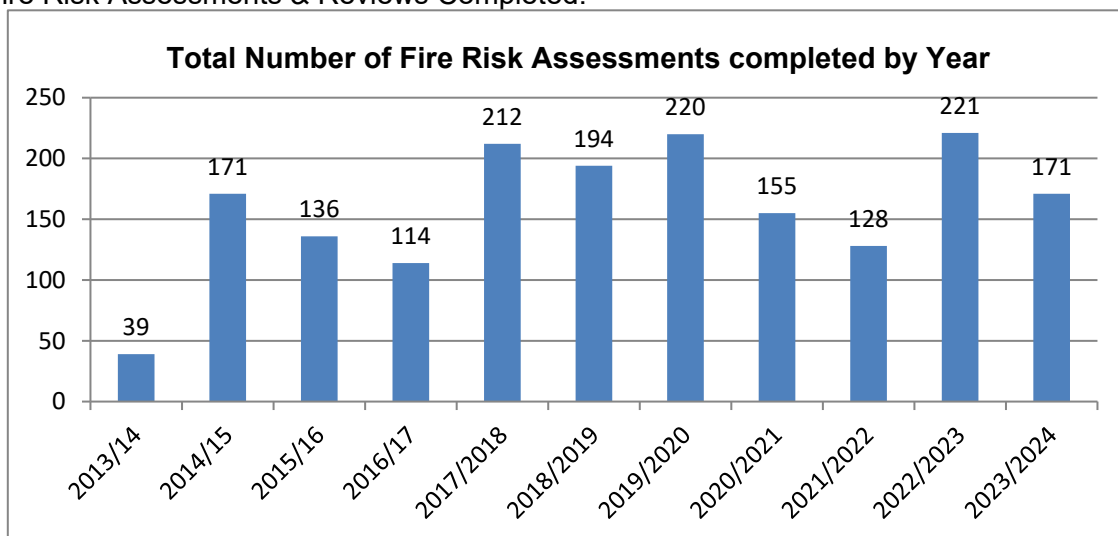
## Trust Fire Safety Group

- Quarterly Meetings carried out via Teams.
- Terms of Reference (TOR) in place and reviewed in line with the Fire Safety Policy.
- Chair: Michael Blair – Associate Director; Health, Safety & Compliance.
- Reps: Multi-disciplinary Inc. Fire Safety / Compliance / Estates / Capital / Clinical CMGs.
- The Fire Safety Committee reports to the Trust Health & Safety Committee.

## Fire Risk Assessment & Review Programme:

- During this reporting period, 171 FRAs and FRA Reviews were carried out by the Fire Safety Team. The table below identifies the number carried out since 2013/14:-

Fire Risk Assessments & Reviews Completed:



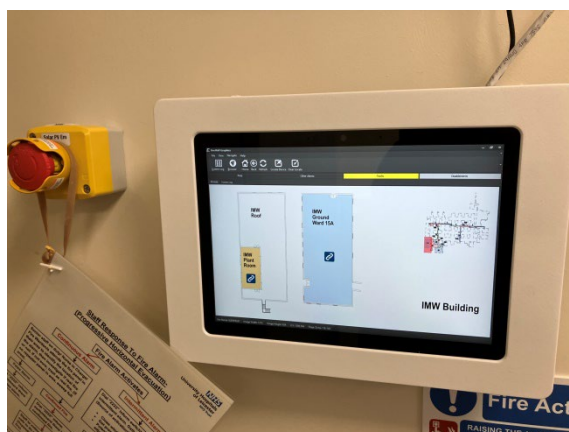
- The Fire Risk Assessment audit is only one part of the process to ensure that the Trust has robust Fire Safety Procedures, and in some cases it is only the first step in identifying what needs to be addressed, rectified or replaced. It also drives both backlog maintenance and capital expenditure and identifies training needs and drives policy development and implementation.
- All Departments are to have a suitable and sufficient Fire Risk Assessment; these FRAs are to be reviewed periodically. The Fire Safety Team Review the FRAs within the following timescales:-
  - Inpatient Areas.

- Outpatient Areas.
- Administration Areas.

### Common Themes from Fire Risk Assessments

The main issues identified within the FRA Significant Findings are listed below as well as the actions required to rectify them.

- Fire resisting door sets; damaged doors and frames, damaged or missing heat and smoke seals, doors failing to close into frame, insufficient fire resisting potential. Also doors to hazard rooms that are not fire resisting doors. Final exit doors not checked as part of PPM on any site.
  - a) A new PPM (Preventative Planned Maintenance) inspection was requested and is now being carried out on a 6 monthly basis; this should identify fire door issues more promptly and generate a work order that can be addressed more urgently.
  - b) During Capital Planning Meetings, the Fire Safety Team will stress the importance of ensuring that the door sets are appropriate for their location and all door furniture is suitable for that door set.
- Fire resisting doors into hazard rooms wedged or held open by irregular means.
  - a) Staff to be informed of the risks during Ward/Department visits.
  - 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.
- The lack of fire alarm mimic/display/repeater panels within specific areas but mostly the Glenfield Hospital site.
  - a) This has been raised through the Capital Team and progression to be made during new Capital Projects; as an example the new Ward 15A at the Glenfield site has a new Graphics Panel Provided. Safe investigation techniques are provided to all trained Fire Wardens.



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

- a) This is identified during Fire Risk Assessment visits/reports. The situation is taking an up-turn with Departments taking up the offer of on-site Departmental Fire warden Training from the Fire Safety Team.
  - b) A new Fire Log Book has been developed and is to be issued following each training session. The new document is designed for either completing in a printed out document or on a computer and storing on a shared folder.
- No suitable Emergency Evacuation Plans.
    - a) A new Fire Evacuation Procedure Form has been created and is currently being provided during the 'Table Top' Fire Evacuation Training sessions; the form is very different from the 'word heavy' previous template and now takes the form of a simple flow chart.
    - b) The flow chart will be added to the Fire Safety Policy when the new review takes place and we aim to also have it as part of a Fire Safety page on the new in-Site once it is active.
- Storage and waste located within the Means of Escape (MOE).
    - a) This issue continues to cause concern as there is still limited storage space in specific areas across all three sites.
    - b) The Fire Safety Team raise awareness during training sessions and encourage Managers to communicate with each other to address the problem.
    - c) Staff are encourage to raise work orders through the CEC for the removal of unwanted and waste items.

## **Capital Works**

The Fire Safety Team has continued to provide significant input in Capital Work Schemes across all three sites; a comprehensive list is provided below:-

### Glenfield Hospital

- a) New final exit and ramp from Hybrid Theatre (Design; Construction; Completion).
- b) Second lift to support Ward 15 (Design; Construction).
- c) Construction of Ward 15A (Design; Construction; Completion).
- d) New Wards located on ground currently occupied by Ivydene (Design).
- e) New Patient Arrival Hub at rear of Ward 30 (Design; Construction; Completion).
- f) Hospital roof escape from AICU (Design; Construction; Completion).
- g) Compartmentation works on Phase One Level 1 & Basement Area (On-going scheme).
- h) Replacement of compartment door set between Wards 18 and the CDU (Advised on requirement & completed).

### Leicester Royal Infirmary

- i) LRI – Osborne Brachytherapy Extension (Design; Construction; Completion).
- j) LRI – Windsor 5/6 storey extension (Design & Fire Strategy).
- k) LRI - Patient on Arrival Hub adjacent to ED (Design; Construction; Completion).
- l) LRI – New Discharge Lounge (Design; Construction; Completion).
- m) LRI – Physiotherapy Major Refurbishment (Design; Construction; Completion).
- n) LRI – EMCHC Parent Accommodation in Victoria Building (Design).
- o) GPAU/Clinic 3 Large Refurbishment (Design; Construction; Part Completion).
- p) Installation Works for new Robot in Theatres (Design; Completion).
- q) Input with Leicester University over Robert Kilpatrick Building (Advice).



- r) Installation of new Jarvis and Victoria external escape staircases (Design).
- s) Installation of the new Kensington Fire Alarm (Design; Installation).
- t) Means of Escape Improvements works between Ward 7 and Kinmonth Ward (Design).

#### Leicester General Hospital

- u) EMPCC (Construction; Completion).
- v) Brandon Building Major Refurbishment (Design; Construction).
- w) New Endoscopy Building (Design).

#### Miscellaneous Sites

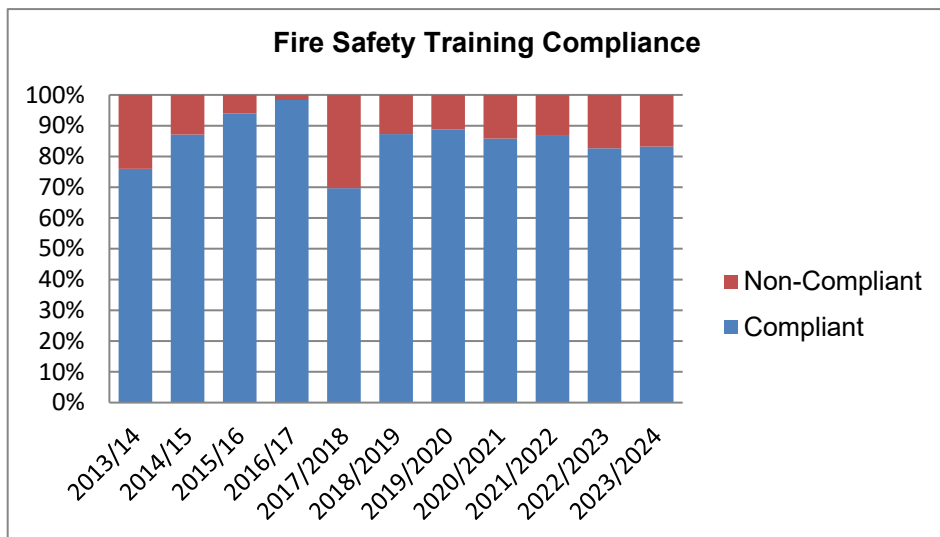
- x) Kettering refurbishment (Design)
- y) New Northampton Renal Unit (Design; Completion).
- z) New Leicester Renal Unit (Design).
- aa) Castle Donnington Transfer Hub (Advice)

- The high majority of the schemes require Fire Safety input at design, build and completion stages. The input is provided on request and at times it is required at short notice.
- A fire prioritisation meeting has been scheduled for the beginning of May 25; the list of priorities has been compiled with regards to risk and based around items currently on the Estates and Facilities Risk Register. The high majority of the risks identified are with regards to Fire Alarms, Means of Escape and Compartmentation. The list is extensive however, it allows for long term planning and for specific issues to be addressed during planned Capital Projects.
- The priority list contains a number of items with the same risk score; consequently there is no outright number one priority. The list contains but is not restricted to the following items:-
  - The installation of an evacuation lift in the Kensington Building.
  - The installation of a new fire alarm system in the Osborne Building.
  - The continuing migration of fire alarm panels and fire detection at the LGH.
  - The continuation of above ceiling compartmentation works at the Glenfield.
  - Improvement of the escape routes at the rear of Ward 7 and Kinmonth Unit.
  - Provision of a new escape route and improvement of compartmentation within the roof space of the Maternity Block at LGH.
- A number of items from last years priority list have been completed and these include:-
  - The provision of an extra escape route with ramp at the Glenfield Hybrid Theatre.
  - The installation of a new fire alarm within the Kensington Building.
  - The improvement of the over roof escape from the AICU at the Glenfield.
- The installation of the new fire alarm in the Kensington Building has been the most significant project carried out. The system 'mirrors' that of the Balmoral Building; this includes new graphic panels and the initiating of a 'double knock' system to reduce impact on Departments from false alarm activations.

- The new Building Safety Act became active in 2022 and it is designed to; assure the safety of higher-risk buildings, both in construction and occupation; improve the competence of the people responsible for overseeing, managing, and delivering works to higher-risk buildings; ensure clearer standards and guidance.
- Due to the requirements of the Building Safety Act, the Fire Safety Team has purchased a number of Building Information Boxes. The boxes are required for buildings in excess of 18m however; the Fire Safety Team are considering locating the boxes within all buildings across the site in order for continuity. Each box will contain relevant information for the Fire Service which will include building plan/zone drawings.
- The full impact of the Building Safety Act on the Trust is yet to be fully identified and is being progressed by the Capital Projects Team; the Fire Safety Team has provided insight and advice into the Trust requirements throughout the reporting year.

### **Training**

- The annual fire training update for all Staff is now on-line only through HELM; at the end of the reporting year there was a small improvement on the previous year with a compliance level of 84%.
- The moving of the annual update to on-line only has allowed the Fire Safety team to concentrate on the introduction of Fire Evacuation training for all inpatient areas. A two year program has been created, with the training beginning in January 2024 and programmed for completion in December 2025; once completed there will be an expectation for all inpatient Departments to repeat the training two yearly.
- The evacuation training compliance will 'sit' with the Departments and not the individual however; the Fire Safety team will aim to train as many Staff as possible and hold copies of attendance register records.
- Where possible the Fire Safety Team is also providing Fire Extinguisher training at the same time of the evacuation training.
- In the first three months of providing evacuation training; 20 sessions were provided across 14 separate Departments; this is above the expected average required and was due to direct requests from Departments following FRA action plan observations.
- In order to support the training; a new Fire Evacuation Procedure form has been developed; the form replaces the old 'word heavy' document and takes the form of a simple flow chart.
- More detailed information will be provided on the quarterly fire reports as the training progresses.
- HELM indicated that Fire Safety was 84% compliant for the last reporting year; The table below identifies the HELM Training figures since 2013/14:-



- The Fire Safety Team has been providing ‘face to face’ Fire Warden training throughout the reporting period. The sessions are carried out within Departments/Wards in order to make them more relevant to the individuals. The sessions are recommended on the FRA Significant Findings and requested by Department Management.
- Over this reporting period, 123 new Fire Wardens have been trained; this is an increase of over 30% on the 80 trained in 2022/23.
- In order to support the Fire Wardens, a new Fire Safety Log Book has been developed. The document has been created so that it can be stored and completed on either paper or via the computer in order to reduce the use of paper.
- All new Staff starting work are to carryout Local Fire Induction Training; a new form has been created for this that can negate the need to print the document off and allows the record to be held on computer.
- Following two incidents at the LRI that involved Fire Service requests to evacuate buildings containing high dependency patients; the Fire Safety Team provided the Fire Service at Central Station with four training sessions. The training provided to them indicated how clinical areas operate during fire related incidents and also the process of progressive horizontal phase evacuation. Fire related scenarios were talked through regarding high risk areas including Theatres, Intensive Care Wards, Bone Marrow Transplant Unit and the Infectious Diseases Unit.

### **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.
- Following a steady reduction in UwFS, this reporting period has seen a significant increase. On investigation there is no specific cause/reason for the increase however; a new reporting system through Datix has led to an improved level of reporting and we

believe this improved reporting accounts for the majority of the increase. The remainder of the increase appears to be due to an increase in works requiring fire alarm isolations and the control procedures governing those isolations. See Table 01 below:-

- Table 01 - UwFS vs LFRS attendance last 7 years

Year	UwFS	Attended	%
2017/2018	246	163	66
2018/2019	221	108	49
2019/2020	252	69	27
2020/2021	254	54	21
2021/2022	180	51	28
2022/2023	150	50	33
2023/2024	270	65	24

- Despite the large increase in UwFS, the Fire Service attendance to those incidents remains low and has reduced to 24% over this reporting period.
- Table 02 below provides a breakdown of UwFS and Fire Service attendance per site. The standout figure being the ultra-low attendance of the Fire Service to the LRI despite the LRI having 350% more UwFS than any other site.
- The low attendance is due to the five minute delay adopted previously that allows for sufficient investigation of all incidents at the LRI prior to a '999' call being made. The five minute investigation period is available at the LRI due to there being sufficient Security Staff and the availability of the Duty Managers to respond promptly to all incidents.
- Table 02 UwFS vs LFRS attendance; Site Breakdown 2023/24

Site	Year	UwFS	Fire Service Attendance	Percentage
LRI	2023/24	175	6	3.4%
LGH	2023/24	45	24	53%
GH	2023/24	50	35	70%

- In order to reduce the Fire Service attendance we would like to introduce the current LRI Procedure to the Glenfield and Leicester General sites. The issues in implementing this procedure are around the available Fire Response Staff on the two sites. If there is an increase in Security Staff at either site, a full assessment will be taken with the aim to implementing the five minute investigation period.
- Due to the amount of call points and detectors in situ across all three sites, UwFS are inevitable, studying the data collected for UwFS identifies the most common causes of UwFS as accidental activation or faults in the system.

### Fires & Incidents of Note

There have been six reported fires in this reporting period and a further incident of note that required a report compiling. A brief outline of the incidents are listed below:-

- 6<sup>th</sup> June 2023; LRI Balmoral Main Theatres; Toaster Fire.  
The contents of a toaster in the main staff room caught fire when in use. Cause of the fire was from a lack of crumb removal from the item. The toaster was damaged beyond repair and removed from use.
- 10<sup>th</sup> April 2023; LRI Osborne Building; Incident of Note.  
Following the isolation of equipment to allow periodic maintenance, the power was re-established causing all equipment to restart and send dust into the atmosphere; this set off the fire detection in the ground floor Medical Physics room within Radiology. On arrival, the Fire Service believed there was a fire in the room and requested the evacuation of two first floor Wards; 62 patients were evacuated from the area via the Sandringham link bridges. On further investigation at the termination of the incident, it was found to be a false alarm with no signs of fire evident.
- 7<sup>th</sup> August 2023; LRI Jarvis Building; Overloaded Electrical Extension Lead.  
While carrying out a fire risk assessment in a Medical Physics area it was noted that a multi-gang electrical extension lead was potentially overloaded. On attempting to remove the plugs from the unit it was noted that a kettle plug was fused into its socket and there was a smell of burning. The extension was isolated at the socket and removed from use along with the kettle.
- 17<sup>th</sup> January 2024; GH Anaesthetic Department; Small Fire in Microwave.  
While cleaning a microwave an antibacterial wipe was left within the microwave and began to combust; the fire was extinguished by Staff.
- 30<sup>th</sup> January 2024; LRI Balmoral X-Ray Department; Mobile X-Ray Machine.  
Smoke was seen issuing from the machine while it was charging and the Fire Service were called; on arrival they removed the machine to a safe external location. The fire was the result of overcharging (on charge continuously for over 48 hours).
- 12<sup>th</sup> February 2024; LRI Havelock Street Car Park; Arson Involving Large Linen Bin.  
In the early hours of the morning an individual walking through the site made a number of efforts to start a fire within a large linen bin full of contractors waste, eventually succeeding. Fire Service attended and extinguished the fire. We are not aware of any arrest being made.
- 27<sup>th</sup> February 2024; LRI ITU; A pump at the end of a bed occupied by a ventilated patient began to emit smoke. On witnessing the smoke the pump was unplugged by Staff and the issue was resolved. The equipment was removed and on investigation it was deemed to be the result of a faulty mains cable.

### **Freedom of Emergency Requests**

- There has been no freedom of information requests within the reporting period.

### **Enforcement & LFRS Visits**

- No Enforcement notices were issued to the Trust in the reporting period.
- Leicestershire Fire and Rescue Service (LFRS) have conducted the following visits across all three sites:-
  - 26<sup>th</sup> September 2023; LRI; two appliances attended an exercise in the Neonatal Unit (pre-arranged).
  - 13<sup>th</sup> October 2023; LRI; inspection of all dry risers.

- 5<sup>th</sup> December 2023; LRI; risk review of the Kensington building.
- 11<sup>th</sup> December 2023; LGH; risk review of the main building.
- 23<sup>rd</sup> February 2014; GH; risk review of main building and inspection of all dry risers.

### **Fire Safety Resource**

- The Fire Safety Team had an increase in resource in September 2023 when a third Fire Safety Specialist Officer joined the Team.
- Further structural changes are planned for 2024/25 with the position of Head of Fire Safety becoming available.
- The Fire Safety Team have been attending periodic 'Teams' meetings with Fire Safety colleagues at Northampton and Kettering Hospitals; the meetings are based around information sharing.

### **Fire Safety Work Plan & Priorities for 2023/24**

- There are a number of priority areas that are to be focused on in the coming year within the Fire Safety Team; this includes:
  - a) Work towards the development of Fire Strategy Documents for Trust Buildings.
  - b) Continue to progress with the FRA Review schedule.
  - c) Issuing of new Fire Evacuation Procedures to all Departments.
  - d) Continue to increase the number of suitably training Fire Wardens across the Trust.
  - e) Continue with the Fire Evacuation Training sessions and keep up with required schedule.
  - f) Continuation of the development and implementation of local Fire Log books.
  - g) Provide the Capital Team with advice and assistance on all Capital Works.
  - h) Provide advice and direction to the Capital Team with regards to compliance around the new Building Safety Act.
  - i) The provision of Fire Safety forms and information via the new in-site when available.
  - j) The provision of Fire Response Training to Duty Managers, Security, Estates Engineers and Porters.

### **Estates Return Information Collection (ERIC)**

T05_01	Fires recorded	6
T05_02	False alarms - No call out	205
T05_03	False alarms - Call out	65
T05_04	Deaths resulting from fire(s)	0
T05_05	People injured resulting from fire(s)	0
T05_06	Patients sustaining injuries during evacuation	0


Annual Fire Safety Statement: 2023/24

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

I confirm that for the period 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024, all premises which the organisations owns, occupies or manages have had Fire Risk Assessments undertaken in compliance with the Regulatory Reform (Fire Safety) Order 2005, and (please 'check' the appropriate boxes)

1	There are no significant risks arising from the fire risk assessments.	<input type="checkbox"/>
2	The organisation has developed a programme of work to eliminate or reduce to a reasonably practicable level the significant risks identified by the risk assessment. (limitations / cuts on available budgets may place constraints on what risks can be targeted / prioritised / rectified)	<input checked="" type="checkbox"/>
3	The organisation has identified significant risks, but does not have a programme of work to mitigate those significant risks.	<input type="checkbox"/>
4	Where a programme to mitigate significant risks has not been developed, please insert the date by which such a programme will be available, taking account of the degree of risk.	<input type="checkbox"/>
5	During the period covered by this statement, the organisation has not been subject to any enforcement action by the fire and rescue authority. Please outline details of enforcement action in Annex A Part 1.	<input checked="" type="checkbox"/>
6	The organisation does not have any on-going enforcement action pre-dating this Statement. Please outline details of on-going enforcement action in Annex A Part 2.	<input checked="" type="checkbox"/>
7	The organisation achieves compliance with the Department of Health's fire safety policy by the application of HTM 05 or some other suitable method.	<input checked="" type="checkbox"/>

Chief Executive	Richard Mitchell
Signature:	
Date:	

Chief Nurse:	Julie Hogg
Signature:	
Date	

Associate Director; Health, Safety & Compliance:	Michael Blair
Signature:	<i>MBlair</i>
Date:	

Completed Statement to be retained for future audit.

## ANNEX A

**Part 1** – Outline any enforcement action taken during the past 12 months and the action taken or intended by the organisation. Include, where possible, an indication of the cost to comply.

No enforcement action taken in the last 12 months
<b>Part 2</b> – 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.