

Fire Safety Management

Annual Report

2016-17

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Sherwood Forest Hospitals
NHS Foundation Trust

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FIRE SAFETY MANAGEMENT ANNUAL REPORT 2016 - 2017

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Introduction

Sherwood Forest Hospitals NHS Foundation Trust has a statutory responsibility to ensure that all premises owned and operated by the Trust comply with current fire safety legislation and follow guidance issued by the Department of Health.

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 fire risk potential.

The aim of trust fire policy is ultimately to minimise the incidence of fire throughout all activities provided by, or on behalf of, Sherwood Forest Hospitals NHS Foundation Trust and where fire occurs, the aim is to minimise the impact of such occurrence on life safety, the delivery of patient care, the environment and property.

The purpose of this report is to inform the Trust Board of the current state of fire safety provision in all premises owned or managed by the Trust and indicate where further fire safety related improvements are necessary.

Staff Training

Fire safety training supports the overall trust training & education strategy which is driven through the requirement to delivery high quality patient centred care. The education and development initiatives result in the fulfilment of the Trust's 'Dedicated to Outstanding Care' vision and quality patient care through a well-trained and managed workforce. (Refer to Training, Education & Development Strategy section 9).

Sherwood Forest Hospitals recognises the need to provide adequate fire safety training as a legal duty placed on the responsible person by the Regulatory Reform (Fire Safety) Orders 2005.

In accordance with Health Technical memorandum 05-01 Healthcare organisations are required, both under Law and under the guidance recommended within Firecode, to provide effective annual training in fire safety and how to respond to an outbreak of fire. **This applies to all staff without exception.**

The trust has a well-established fire safety training programme in addition to providing an input to the professional mandatory training days managed through the training, education and development department.

The use of e learning training is limited to staff who have a role which has no patient care responsibility in accordance with HTM 05-01 guidance and supported by the Department of Health. Staff members within this category are able to access face to face every two years with e learning available for the intervening year.

The fire safety awareness training programme provides for a multi-disciplinary audience and is open to all members of the trust or agencies working on behalf of the trust. The fire prevention department actively target all groups, including the voluntary services, external staff working within the trust premise including Social Services, partnership employees Central Nottinghamshire Hospitals plc. Skanska Facility Services hard FM and Medirest soft FM etc.

The department also provides training courses for the Nottinghamshire Health Informatics Services, NHS Primary Care 24 out of hour's services and staff under contract with Sherwood Forest Hospital or on premises where the trust provides health care services.

The training, education and development department are responsible for the attendance monitoring and reporting of all training programmes and produce reports to Directorates on a regular basis through the OLM. This will hopefully assist in delivering greater consistency in the trusts approach to managing mandatory training requirements.

The mandatory training attendance compliance rates are very good as demonstrated below.

Compliance rates for the respective divisions 2016/17 are as follows:

Month	April	May	June	July	August	September	October	November	December	January	February	March
Surgery	83.3	83.9	84.4	84.9	88.7	89.9	87.8	88.9	91.5	92.1	90.9	92.6
Medicine	81.2	84.4	84.7	84.1	86.9	88.8	87.6	90.1	90.8	91.5	88.9	89.8
Diagnostics & Outpatients	89.4	89.4	88.6	91.5	92.1	94.2	93.7	94.3	94.8	93.7	93.6	95
Woman & Childrens	84.5	88.1	87.4	88.7	88.7	91.5	91.6	93.5	93.4	93	90.9	92.3
Urgent & Emergency Care	79.5	81.9	83.5	85	86.9	89	90.6	91.2	92	91.2	89.6	89.6
Corporate	93.3	93.2	93.4	94.9	95.3	96.9	97.2	97.5	96.3	95	93.9	96
Pool	61.1	62.9	57.3	56.9	55.6	53.4	50.9	54	52.7	51.6	49.2	49.6

Whilst to overall aim of the trust is to ensure that compliance levels attain 100% there has to be recognition that there will be a shortfall created through a number of factors including long term sickness, maternity leave etc.

The fact that there are a number of people who are at work and out of compliance doesn't necessarily mean that they are not aware of the fire safety procedures as there is likelihood that they have received training previously but are outside the 12 month period.

Extended periods of non-compliance would be picked up and managed through the divisions within the personal appraisal process and should form part of the divisional governance reporting to the Board.

2017/18 Training Programme

The rationale for delivering fire safety training is to ensure that all members of staff are suitably trained to understand the dangers of fire, practice and promote fire prevention and be able to assist occupants in a fire emergency.

The coming year's training programme will focus on the requirement of the trust to maintain a safe environment through active involvement in fire prevention and the management of fire safety supporting the overall package of Quality Care.

Fire Safety Policy, Procedures & Protocols

The current fire policy document version 6 was approved in July 2016 and signed by Chief Executive and is available to all staff via the intranet. The policy document is being further reviewed following recommendations made by the Trust Authorising Engineer (Fire).

The Authorising Engineer (Fire) believes the trust displays similar deficiencies as that found in most other NHS trusts where silo managing fire safety is evident with responsibilities resting with a small team within the Estates Management function.

A change is required to a more process driven system of management with local managers being informed and made accountable for their legal duties thereby developing local ownership for fire safety matters rather than placing reliance on individuals who cannot exert control over an area and therefore cannot be accountable.

Additional documents intended to strengthen the governance arrangements for fire safety are currently at the review stage and will be brought forward in the coming year for approval. This includes the following protocols:

- Fire Safety Management Protocol
- Fire Safety Training & Education Protocol
- Fire Risk Assessment Protocol

Further considerations with given to other elements which interface with the safe operations of the trust premises including guidance on purchasing and procurement both within the NHS National Framework and those outside.

Similarly interfaces with the hard FM provider to ensure full fire safety consideration is taken into account where minor works requests and changes are requested within divisional business planning process.

False Alarms/Unwanted Fire Signals (UwFS)

The trust recognises its duty to prevent all unnecessary fire signals and the requirement to monitor performance against levels of unwanted fire alarms that are considered to be reasonable and set targets where performance is below such levels.

The definition of false alarms with good intent, used by the NHS differs from that detailed in the Chief Fire Officers Association policy. If a fire alarm manual call point is activated in the belief that the person feels there may be a potential fire risk, it will always result in the fire service attending the premises since the operator receiving the call cannot make judgement of the individual circumstances. If no fire is discovered the fire service will classify the call out as a false alarm created within the automatic fire detection system.

It is important that the Trust continually monitors and reviews all fire call activations and categorises each alarm in order to identify the cause, record and report their occurrence and take appropriate measures to reduce the number.

The false alarm/unwanted fire signal reports are monitored on an incident by incident basis and reported via three elements.

- The information processed by the switchboard collecting information from the fire control panel
- The operational response and investigation by Skanska Facility Services authorised person
- The fire report submitted by the trust fire response team leader

All alarms are reviewed by the fire review committee for data analysis and reactive changes instigated where necessary.

The occurrence of a false alarm is detrimental to the operations of the health care premises and such incidents lead to the disruption of service and impact of the delivery of patient care.

Whilst all reasonable means to minimise false alarms and unwanted fire signals are taken it is recognised that the complete illumination of false alarms is impossible.

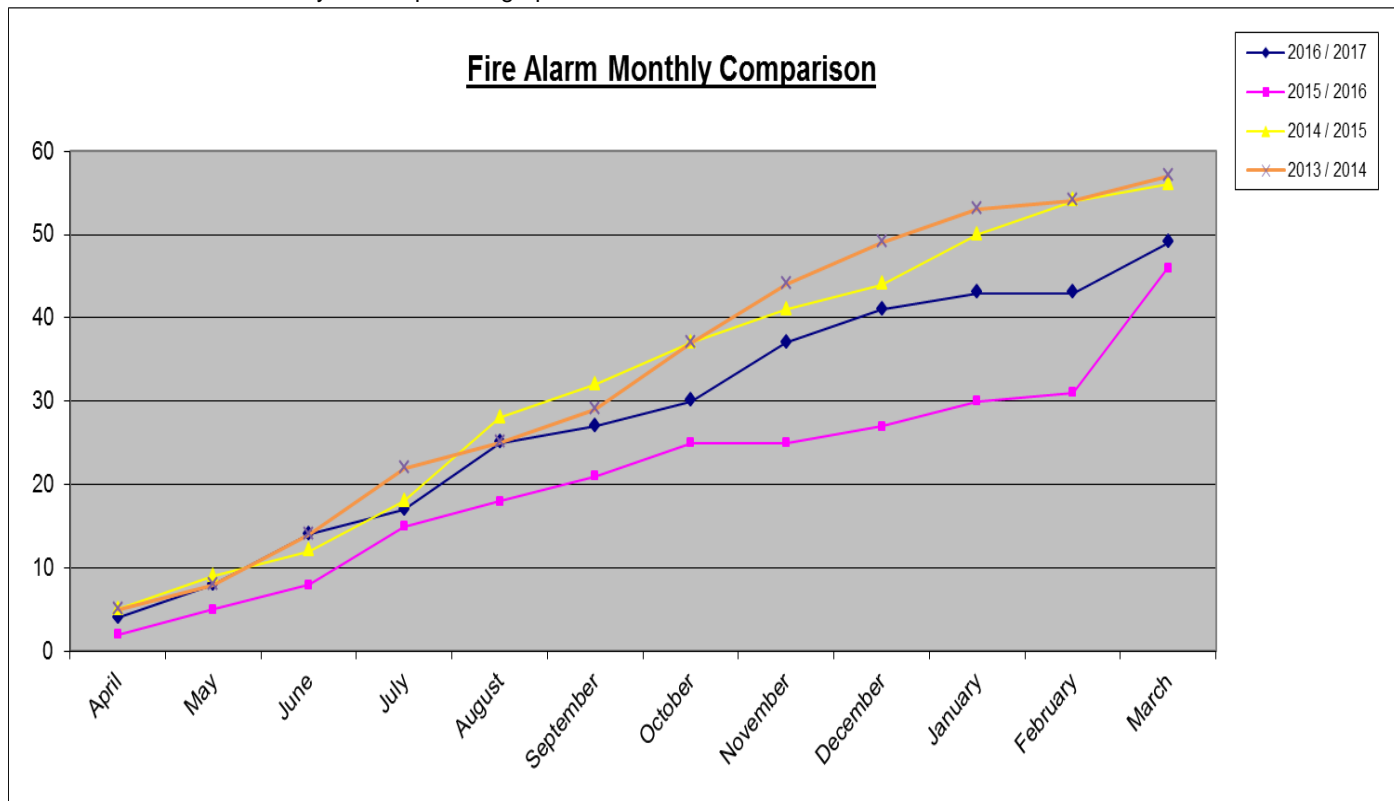
Similarly the rate of false alarms will be influenced by a number of factors including the size and scope of the premise, the number of detection devices installed and the activities involved throughout the premise including the patient mental health capacity.

The comparison of alarm calls over the past four years clearly shows a consolidation in the number of unwanted signals generated throughout trust properties. The fire alarm calls represent figures for all alarms generated across all three trust sites.

Cumulative fire alarm calls 4 year comparison chart

Year	April	May	June	July	August	September	October	November	December	January	February	March
2016 / 2017	4	8	14	17	25	27	30	37	41	43	43	49
2015 / 2016	2	5	8	15	18	21	25	25	27	30	31	46
2014 / 2015	5	9	12	18	28	32	37	41	44	50	54	56
2013 / 2014	5	8	14	22	25	29	37	44	49	53	54	57

Cumulative fire alarm calls 4 year comparison graph



There were no incidents of actual fire during the reporting period. In total 49 fire alarm activations occurred between 1st April 2016 and 31st March 2017 with the fire service attending on 27 occasions.

Fire Alarm Analysis by Cause

Period April 2016 to March 2017	System Fault	Break Glass Point	Burnt Toast / Cooking Fumes	Dust in Detector	Miscellaneous / Cause unknown	Steam near Detector	Workmen / contractors near detector	Aerosol / smoking near Detector	Water Leak / Adverse Weather	Electrical	Total
Kings Mill	0	14	15	0	6	3	1	3	0	0	42

Period April 2016 to March 2017	System Fault	Break Glass Point	Burnt Toast / Cooking Fumes	Dust in Detector	Miscellaneous / Cause unknown	Steam near Detector	Workmen / contractors near detector	Aerosol / smoking near Detector	Water Leak / Adverse Weather	Electrical	Total
MCH	0	1	0	0	0	2	0	0	0	0	3

Period April 2016 to March 2017	System Fault	Break Glass Point	Burnt Toast / Cooking Fumes	Dust in Detector	Miscellaneous / Cause unknown	Steam near Detector	Workmen / contractors near detector	Aerosol / smoking near Detector	Water Leak / Adverse Weather	Electrical	Total
NGH	1	0	1	0	2	1	0	0	0	0	4

It is important that the trust and in particular all line managers review and monitor their working practice and environment in line with the fire detection and manual call point installations. All ward leads should pay particular attention to confused and vulnerable patients who have caused 13 of the unwanted fire signals through break glass manual call point actuations.

The other main area of concern is clearly surrounding the unacceptable number of false alarms created by cooking processes and in particular burnt toast.

By taking greater control and managing the environment local management control and accountability could assist the trust create a significant reduction in the number of unwanted disruptive fire alarm signals.

Fire Service Liaison

The trust has a cordial working relationship with the Nottinghamshire Fire and Rescue Service which includes meetings with the fire service inspectorate, operational watch managers at local stations and their continual planned site visits to familiarise the operational crews with the trusts health care environments and associated risks.

There are significant changes taking place within Fire Authorities nationally in terms of partnership working across county boundaries that the trust needs to be aware and remain responsive.

The fire service are also adopting a more rigorous stance on fire response to premises and the trust need to remain focussed on delivering a safe managed internal site response to all fire calls.

The fire authorities have indicated that their inspection regimes for the coming years will move away from the management and policy audit and be more focussed on seeking assurance that staff members, particularly out of hours, are knowledgeable and can demonstrate capacity to deal with the outbreak of fire at the earliest stage.

The trust provides assurance to the fire authorities through a number of mechanisms including the risk management programme, fire protection inspections and the risk assessment and fire safety audit processes.

The trust receives regular site visits from the fire service both inspectorate and operation OPS 1 familiarisation and has not been served any enforcement notices or been issued any advisory recommendations for improvement.

Fire Risk Assessments

A fire risk assessment is a systematic process of identifying fire hazards and evaluating the risk to health and safety arising from them, taking account measures in place as existing controls (or, in the case of a new activity, the proposed risk controls).

The safety of patients, visitors, staff and other building users from fire relies upon the fire precautions present within the building. Current fire safety legislation in the form of the Regulatory Reform (Fire Safety) Order 2005 requires the "Responsible Person" to take general fire precautions so as to ensure the safety of "Relevant Persons". The extent of the fire precautions necessary must be determined by an assessment of fire risk.

Fire risk assessments are carried out under a scheduled programme in accordance with legislative requirements but will be amended and reviewed to provide greater assurance that fire safety accountability is established within divisional governance processes.

A fire risk assessment proforma enables the trust to assess the specific requirements of the healthcare environment particularly in respect of:

- The potential dependency of patients;
- The reliance upon staff for a safe evacuation;
- The potential for hazardous processes, substances and environments.

In addition to the regular scheduled process additional risk assessments are completed for the following reasons:

- Any significant change in working practice
- Any significant change in staff levels
- Any structural or material alteration to the premises
- Any near miss or fire

The main focus for the risk assessment is the need to ensure the full provision of the fire strategy for the designated use of the premise is being applied. This takes into account a number of factors to ensure the safety of occupier is in no way compromised. This includes:

- Capability of staff to understand and perform fire evacuation
- Availability of escape routes
- Number of exits
- Number of escape stairs
- Provision and standard of fire resisting doors
- Condition of fire separating walls and partitions
- Places of safety
- Fire safety signs and information notices
- Fire warning systems
- Emergency lighting equipment
- Provision and serviceability of fire-fighting equipment

Risk assessments for the clinical areas throughout Kings Mill Hospital, Newark Hospital and Mansfield Community Hospital have been conducted within the last 12 months as well as the requirement to seek duty of care within areas shared with partner agencies.

Fire Safety Capital Investment Programme

There are a number of areas where buildings have legacy issues deficiencies and no longer meet fire regulations standards under current legislation. The buildings/areas which currently have deficiencies form part of the retained estate and present a condition that would be deemed as non-compliant by the fire authorities. The rectification and improvement required to meet current standards will need to be addressed when any changes are made to the building under a change of use or further development of the areas under the modernisation programme.

Outstanding deficiencies are managed through the estates governance management group chaired by the Head of Estates and Facilities (Fire Safety Manager). The deficiencies will be highlighted by the estates and facilities team in conjunction with Skanska Facilities Services through the process of site management and corporate assurance.

Whilst there are acknowledged deficiencies, the fire authorities will seek assurances that there is a programme in place to reduce and remove the risks, however, it is unlikely they would issue deficiency notices or improvement orders at this point in time.

All deficiencies relate to the lack of automatic fire detection systems required under current legislation and detection systems are installed but will require upgrading at some stage during the life cycle of the build.

Fire risks are assessed and risk rated before submission to the Capital Management Group chaired by the Director of Strategic Planning and Commercial Development for funding approval from Trust Capital Resources.

Fire Deficiency Log and Rectification

Sherwood Forest Hospitals Fire Deficiency Log and Rectification Schedule				
Hospital/Area	Deficiency	Rectification	Risk Rating	Action
Kings Mill				
Mortuary Corridor	There is a lack of Automatic Fire Detection in the corridor. The AFD which is present is installed inadequately to protect the area	Relocating the existing 8 Smoke Detectors in this corridor, and Installing 4 additional Smoke Detectors to achieve the required protection to the Escape Route	6	The work has been instructed and should be completed shortly
Spine Corridor	The corridor does not have adequate Fire Protection or achieve acceptable Decibel sound levels	Install an additional 29 Smoke Detectors (some with Sounders built into the devices) throughout corridor	6	The corridor is being replaced with a new construction with fire protection
Entrance 2 Stairwell	No Automatic Fire Detection in the Stairwell which is an Escape Route	The installation of 3 Smoke, one at every full landing	6	The work has been instructed and should be completed shortly
Entrance 2	Entrance Lobby does not have Automatic Fire Detection	The installation of 1 Smoke detector	6	The work has been instructed and should be completed shortly
Cardio/CCU Corridor	Lack of Automatic Fire Detection in the corridor, the detection present does not protect the corridor sufficiently	The installation of 3 Smoke detectors	6	The risk has been entered on the trust risk register and is reviewed at Estates Governance. The risk will be considered within the capital expenditure priorities of the trust on a risk assessed basis

Hospital/Area	Deficiency	Rectification	Risk Rating	Action
Kings Mill				
Histopathology	Lack of automatic fire detection, the detection present does not protect the area to meet an L1 category	Additional smoke detectors to be installed and commissioned to achieve L1 category coverage	6	The risk has been entered on the trust risk register and is reviewed at Estates Governance. The risk will be considered within the capital expenditure priorities of the trust on a risk assessed basis
Mortuary/ Bereavement	Lacks automatic fire detection, the detection present does not protect the area to meet an L1 category	Additional smoke detectors to be installed and commissioned to achieve L1 category coverage	6	The risk has been entered on the trust risk register and is reviewed at Estates Governance. The risk will be considered within the capital expenditure priorities of the trust on a risk assessed basis
MRI	Lacks automatic fire detection, the detection present does not protect the area to meet an L1 category	Additional smoke detectors to be installed and commissioned to achieve L1 category coverage	6	The risk has been entered on the trust risk register and is reviewed at Estates Governance. The risk will be considered within the capital expenditure priorities of the trust on a risk assessed basis
CSSD Pharmacy	Lacks automatic fire detection, the detection present does not protect the area to meet an L1 category	Additional smoke detectors to be installed and commissioned to achieve L1 category coverage	6	The risk has been entered on the trust risk register and is reviewed at Estates Governance. The risk will be considered within the capital expenditure priorities of the trust on a risk assessed basis

Hospital/Area	Deficiency	Rectification	Risk Rating	Action
Kings Mill				
Wards 1 & 2 areas	Lacks automatic fire detection, the detection present does not protect the area to meet an L1 category	Additional smoke detectors to be installed and commissioned to achieve L1 category coverage	6	The risk has been entered on the trust risk register and is reviewed at Estates Governance. The risk will be considered within the capital expenditure priorities of the trust on a risk assessed basis
Retained Estates Fire Alarm Equipment	In parts the current fire alarm network is wired in Belden cable and should be upgraded.	Replace network cable	12	These works will be included in this year's lifecycle report submission.
Newark Hospital				
Fire Alarm System	During 2016 the existing Protec fire alarm system was replaced on a like for like basis with a Gents system as part of the lifecycle replacement programme. As the system was not upgraded and extended to cover escape corridors and other areas the system remains at category L5	Additional smoke detectors to be installed and commissioned to achieve L1 category coverage where deficiencies are identified	12	A fire strategy is currently being established for the site which will confirm the requirements to meet relevant legislation for detection and audibility

Fire Safety Audit

Sherwood Forest Hospitals NHS Foundation Trust has appointed an independent Authorising Engineer (Fire) to review the fire safety management arrangements and provisions currently in operation at the Trust.

The review considered compliance with appropriate fire safety legislation and statutory requirements and conformity with best practice including recommendations of NHS Firecode, other Codes of Practice and relevant NHS guidance.

Recommendations have been presented to the Trust for consideration which will enable improvements to be made which will address deficiencies and shortcomings identified.

The main headline deficiencies identified include:

- A lack of clearly defined policy objectives
- A lack of process focussed corporate culture
- A lack of clearly understood fire safety protocols

- A lack of local ownership for addressing deficiencies found through risk assessment
- A lack of evidence to demonstrate detailed training needs analysis has been conducted
- A lack of monitoring arrangements against strategic objectives for fire safety performance

Action Plan for Improvements

Action No.	Risk/Deficiency	Action
1.	The trust should revise the fire safety policy so as to clearly present the policy objectives by separating the statements of fire safety policy from the rest of the document	Review fire safety policy and develop a suitable policy follow guidance included within HTM05-01
2.	The trust should review and clearly define its fire safety management structure including roles and responsibilities and reporting arrangements in line with HTM 05-01	Develop a fire safety protocol to include the fire safety management role and responsibilities including an updated organogram of reporting structure
3.	The trust has an insufficient number of fire safety protocols which are intended to describe the necessary fire related procedures and processes	Develop robust fire safety protocols including purchasing of furnishings, hot work permits, fire safety systems shutdown
4.	The trust should consider the requirements to strengthen its risk assessment process ensuring sufficient detail is included to fully describe the hazards and mitigating factors	Develop an appropriate regime for strengthening, communicating and addressing deficiencies reported within fire risk assessment findings
5.	The trust should ensure all staff members receive appropriate fire safety training. A further assessment of training needs to consider extending local requirements in the workplace	Undertake a detailed training needs analysis and produce a training and education protocol document to evidence the training syllabus and make available to staff
6.	Following the training needs analysis revise the training requirements for the organisation	Develop revised training packages
7.	The trust should consider the development of auditing the findings of the training input to ensure it delivers the needs of the trust and staff members	Extend and develop further process of fire safety training audit
8.	The trust should undertake a review of the emergency procedures and clearly map the process in a flow diagram to assist in removing any areas of confusion	Develop local emergency action plans to support the management of fire incidents

PFI Interface and Compliances

The trust receives assurance from the hard FM management provider that rectification work for deficiencies are managed effectively when identified through established risk assessment processes and the monitoring of preventative maintenance programmes delivered under the contract agreement.

The systems for structural and physical safety systems and the work provision remain the primary responsibilities and compliance requirements for delivery by Central Nottinghamshire Hospitals plc. through the contract mechanism and consortia partnership arrangements in terms of the following:

- Fire alarm resilience, reported failures and deficiencies
- Structural fire compartmentation inspections and deficiencies including fire damper operations
- Fire door testing, inspection and reported damage / failure, including interfaces with fire alarm system hold open protocol
- Emergency escape lighting
- First aid firefighting equipment testing and service maintenance
- Monitoring and reporting fire incidents in conjunction with the trust
- Monitoring and recording of all unwanted fire signals in conjunction with the trust

Following the surveys undertaken originally by The Oakleaf group, Skanska constructions dedicated on site team continue to progress detailed surveys and with the “find and fix” methodology, remedial works to the passive fire stopping across the PFI elements of the Kings Mill site are well underway.

These works are being carried out with minimal effect to day to day operations by Skanska’s supply chain and non-compliance issues have been recorded pre and post rectification with progress being monitored and logged on the Skanska BIM system.

With regards to the issues raised in relation to the fire protection to socket back boxes, Warrington fire research on the instruction of Skanska, have carried out robust fire testing of typical installations as installed at the Kings Mill site and the test reports are currently under analysis.

The Trust Head of Estates & Facilities (Fire Safety Manager) is working with the PFI consortium to address the defects found in the building fabric and seek contractual compensation for the operation of a defective building. The works programme has been comprehensive and good progress has been made in addressing the defects found. The contractual liabilities of the retained estate elements, at both King’s Mill and Newark Hospitals are still being discussed and debated.

The Skanska Construction project manager has fortnightly progress reviews with the trust fire safety advisor and passive fire prevention is an agenda item on the fire safety quarterly meeting.

Rectification work to remediate the deficiencies discovered in the PFI development has meant extensive intrusive surveys followed by rectification work where necessary within the PFI Estate has continued throughout the whole of this year.

The work is 95% complete and It is hoped that the work will be fully completed before the end of 2017, the areas still outstanding are difficult to access but there is close liaison with the clinical teams who are looking to support the access necessary ahead of winter pressures.

We would like to acknowledge the support of everyone particularly the clinical teams for their patience and engagement throughout this process.

Summary and Conclusion

The end of year fire safety returns is extremely encouraging with a sustained level of unwanted fire signals and maintaining the attendance at mandatory fire safety training.

There are no significant changes or trends evident from the activities other than the fire call point actuations by patients showing a significant upward trend. Food preparation being the only other area where concerted effort and educational awareness could provide significant improvements and the overall intention is to see further improvement in the annual figures year on year.

Overall the figures are reasonably satisfactory and certainly nothing to indicate that the trust premises have any significant risks or deficiencies that require intervention.

The trust must remain focussed and conscious of any changes to the service delivery at Newark Hospital and Mansfield Community Hospitals which may impact on the ability of staffing levels to provide a safe working and caring environment.

Any reductions in clinical presence on site must be suitably risk assessed to ensure the trust continues to provide sufficient numbers of staff to provide resilience under emergency situations particularly where the evacuation of patients is required.

The trust must retain and have the acceptable level of staff to deal with a fire emergency on a 24hr basis. Such considerations must be part of any decision making process and I would hope would be formally reviewed.

There remain concerns regarding the position with structural elements of the fire protecting resulting from the inspection by the Authorising Engineer but reports and monitoring of the current position is positive and indications are that the level of structural deficiency is not as concerning as the original report tended to indicate.

The on- going works to complete the full inspection and rectification works through Skanska Construction is progressing at a pace and hopefully should be completed within a matter of months.

The Action plan to improve the fire safety management is under discussion to finalise the arrangements and processes to scope the work necessary.

Work will be continual to embed the organisation commitment to ensuring a robust process for accountability throughout the Trust.

Recommendations

The Trust Management Board is asked to NOTE the content of this report and be ASSURED of its conclusion.

The annual statement of fire safety is attached for signing by the chief executive subject to approval.

Annual Statement of Fire Safety 2016

NHS Organisation Code: RK 05	NHS Organisation Name: Sherwood Forest Hospitals NHS Foundation Trust	
I confirm that for the period 1 st April 2016 to 31 st March 2017, all premises which the organisation owns, occupies or manages, have fire risk assessments that comply with the Regulatory Reform (Fire Safety) Order 2005, and (<i>please tick the appropriate boxes</i>):		
1	There are no significant risks arising from the fire risk assessments.	
or 2	The organisation has developed a programme of work to eliminate or reduce as low as reasonably practicable the significant fire risks identified by the fire risk assessment.	✓
or 3	The organisation has identified significant fire risks, but does NOT have a programme of work to mitigate those significant fire risks.*	
*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. Date:		
4	During the period covered by this statement, has the organisation been subject to any enforcement action by the Fire & Rescue Authority? (Delete as appropriate) If Yes - Please outline details of the enforcement action in Annex A – Part 1 .	No
5	Does the organisation have any unresolved enforcement action pre-dating this Statement? If Yes Please outline details of unresolved enforcement action in Annex A – Part 2 .	No
and 6	The organisation achieves compliance with the Department of Health Fire Safety Policy by the application of Firecode or some other suitable method.	Yes
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Chief Executive	Name: Richard Mitchell	
Signature of Chief Executive:		
Date:		