Agenda Item 20

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

REPORT TO TRUST BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Denise Smith, Chief Operating Officer	Decision		High	Med	Low
	Discussion		✓		
	Information	✓			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Ian Hinitt, Deputy Director Estates and Facilities	Strategic				
	Operational	✓			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)	Safe, Responsive, Well-led				

Meeting Date: **4 February 2020**
Report Title: **Fire Safety Report Q3 2019/20**

PURPOSE:

This paper provides and update on fire safety during quarter 3 of 2019/20.

SUMMARY:

A summary of activity during quarter 3 is as follows:

Key fire safety risks

- Fire detection and alarm system upgrade to the legislation standard L1
- Commissioning of the new L1 alarm system
- Limitations to fire compartmentation
- Egress from level 1 to ground floor via the ramp
- Mandatory Training
- NICU viewing corridor
- Storage

Fire Safety Incidents: There were 17 incidents reported on Datix in relation to fire safety.
Fire safety audits: 19 fire safety audits have been undertaken.
Risk assessments: The whole site risk assessment was updated in September 2019 together with the fire strategy.
Fire safety training: As at 31 December 2019, 84.31% of clinical staff and 86.06% of non-clinical staff had completed fire safety training.

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Pt Experience
	✓			✓	✓

RECOMMENDATION/S:

Trust Board is asked to note the report.

1. Introduction

The Trust has a statutory responsibility to ensure that all the premises it owns and operates 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 purpose of this report is to inform Trust Board of the current state of fire safety provision in all premises owned or managed by the Trust during Q3 of 2019-20 (1 October – 31 December 2019) and indicate where further fire safety related improvements are necessary.

2. Key fire safety risks during quarter 3 and actions

Fire detection and alarm system upgrade to the legislation standard L1
NIFES Consulting has concluded their inspection of 20% of the installation and has confirmed the installation meets the project brief and L1 specification required. The NIFES final report is awaited and will reference some additional work requirements as previously noted in the Q2 report. A business case will be developed for any additional requirements for upgrade to the ground floor not funded from the available contingency. First floor wards are excluded from the current scheme as these will be upgraded during future scheduled ward refurbishments allied to the roof replacement scheme.

Commissioning of the new L1 alarm system
The commissioning of the L1 fire alarm and detection system has commenced and communications with staff will be on-going throughout the installation project to mitigate any risk of confusion during this period, as there will be 2 systems active in some areas during the transitional period.

Limitations to fire compartmentation
NIFES has concluded the full site fire compartmentation survey to identify any areas of non-compliance and requiring upgrade. Whilst the report was scheduled for issue by NIFES in October 2019, the final issue has been delayed and is expected during February 2020. The report will inform the fire compartment infrastructure upgrade priorities and enable appropriate phasing of the work to prioritise the high dependency areas and areas associated with higher risk and difficulty in patient evacuations. Remedial upgrade works to the fire compartmentation is scheduled to commence in April 2020, as originally planned.

Egress from level 1 to ground floor via the ramp
The lifts are not of a fire resilience standard for use during a fire evacuation and it is deemed uneconomic to upgrade them for this purpose. Ski pads and bariatric ski pads have been purchased as aids to evacuation from the first floor to the ground floor. Training in the use of evacuation appliances continues to be offered to staff, to meet the demand for mandatory training requirements.

The Trust has clarified in its Emergency Evacuation Plans that the lift is not to be used in a case of fire for evacuation and that the ramp is to be primarily used for this purpose, although the use of ski pad evacuation via stairs is an acceptable alternative, should the need arise.

Mandatory Training
Mandatory fire safety training is recorded as 84.86% and improvement is required to get this to the required level of 95%. Ward managers and department leads have been contacted to arrange staff to book on training and additional fire training sessions have been provided.

Fire Warden and evacuation chair training is advertised on the fire safety website, fire training sessions and via 'In the Know'. Fire training statistics are included in the fire audits which are sent to the management leads.

Fire Wardens are being encouraged to attend evacuation aid training to improve the mandatory training standards, as required.

NICU viewing corridor
The redundant NICU viewing corridor has been left unused for some time and a recent fire safety inspection revealed the area has been used to store bins, spares, stock and a UPS battery system. The wall separating the corridor is not fire rated with medical gases supply and limited fire detection.

Stored items have been removed to reduce the fire loading and an alternative location for the bins has been found as an interim arrangement until a planned permanent off corridor store room is constructed. The fire and site teams have been supplied with the Greenport FST device (as above) which is taken to every fire call for suppression should a fire occur. All staff in the area have been made aware of the risk which has been added to the risk register.

Storage
Lack of on-site storage continues to be an issue and the communications campaign to increase fire safety awareness of inappropriately stored equipment in corridors continues with a multi-media approach to training sessions in raising staff awareness of the issues and risks.

3. Fire safety incidents

There were 17 incidents reported on Datix in relation to fire safety during quarter 3.

Type of incident	Description	Location	Number
Other fire incident	Blocking of fire exits	Hospital Street Hospital Street Marham	3
False alarm caused by system fault	System fault	CCU CCU Windsor Fermoy	4
Environmental false alarm	Talcum powder Cooking fumes Toast Air freshener Cooking Cooking Toast	Windsor Endoscopy Montessori Macmillan Residences Residences CDS	7
Accidental false alarm	Manual Call Point activated	Stanhoe/Wolv	3
Total			**17**

4. Fire safety audits

October 2019		
1	Costa and Shops	Storage to be increased when upgraded
4	CDS	Checks on extinguishers required, wardens required, drills required
7	Medical Gas storage area	
11	Inspire/TRC	
14	MAU/AMU	No checks of fire extinguishers, no drills in 2019, insufficient fire wardens. Unit manager and matron made aware to required improvements
16	Audiology	Drills and extinguisher checks required, manager made aware to undertake
18	Tilney ward	Door wedge, pat testing required, drills required to be completed. Ward manager made aware to make the necessary changes
November 2019		
1	West Newton	Shower room being used as a store room, this requires upgrading
5	Castleacre ward	
7	Critical Care Complex	More storage required and PAT testing out of date in some areas
11	Stanhoe ward	Extinguisher checks required, more wardens required, chairs in the way of fire doors
14	Management / Finance Corridor	High fuel loading with files
22	Gayton ward	Shower room being used as a store room, this requires upgrading, door seals need upgrading (job booked with estates)
December 2019		
3	EBME	Fire doors to be adjusted, job booked
6	Clinical Neurophysiology (EEG)	Drills required
9	Endoscopy	Storage required
13	Brancaster /Appleton wards	
17	DSU	New fire doors required for compartmentation
20	Ground and 1st floor streets	Compartmentation and resistance of stairs to be checked with compartmentation report, the hospital streets are cluttered, weekly audits, communications and training is on-going.

Audits are undertaken in conjunction with the health and safety officer; audit reports and recommendations are sent to the ward/department lead. Following an audit, any works that are required, such as signage, are organised through estates and the ward leads. Any short comings are high-lighted and follow up inspections are organised.

5. Risk assessments

The whole site risk assessment was updated in September 2019 together with the fire strategy and is currently being reviewed by the external specialist Authorising Engineer (Fire). Departmental risk assessments and compliance checks are in place.

6. Fire safety training

Details of staff training as at 31 December are as follows:

Staff Group	In post	Attended	%
Add Prof Scientific and Technic	112	92	82.14
Additional Clinical Services	711	619	87.06
Administrative and Clerical	648	584	90.12
Allied Health Professionals	156	130	83.33
Estates and Ancillary	385	305	79.22
Healthcare Scientists	28	26	89.66
Medical and Dental	239	200	83.68
Medical and Dental - in training	126	99	78.57
Nursing and Midwifery Registered	909	759	83.39
(Total) Headcount requiring training	**3315**	**2813**	**84.86**
Clinical	***2282***	***1924***	***84.31***
Non Clinical	***1033***	***889***	***86.06***

The training package will change bi-annually to ensure staff are engaged and up to date with issues at the Trust and to incorporate any changes to guidance or legislation.

7. Recommendations

Trust Board is asked to note the report.