Agenda item 19f

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Roy Jackson Director of Finance & Resources	Decision		High	Med	Low
	Discussion			✓	
	Information	✓			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Ian Hinitt Acting Deputy Director Estates	Strategic				
	Operational	✓			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
REPORT BY	**PEER REVIEW:**				
Mark Collins Trust Fire Safety Officer					
CQC Domain: (safe, caring, effective, responsive, well-led)	Safe, caring, effective, responsive, well-led				

Meeting Date: Tuesday 29 May 2018

Report Title: Annual Fire Safety Report 2017/18

To provide an update to the Board on fire safety during 2017/18

- To assure the Board on actions taken during the year 2017/18 to maintain & improve fire safety
- To inform the Board of future plans regarding fire safety in the Trust.

SUMMARY:

- The Trust has had a full time Fire Officer since September 2016.
- 59 Fire incidents reported on Datix.
- Mandatory training compliance at 76% with 2,610 people attending
- 37 fire wardens have been trained
- All of the Portering and Security staff have received fire team training
- 85 Trust Audits were completed
- Several mitigating actions have been taken to reduce fire risk
- Departmental table top fire drills and full evacuation drills are conducted
- The Spenser building now has trained staff for the evacuation chairs
- 66 fire drills have been completed
- Oxygen is now stored on wards compliantly under HTM 02-01

Strategic/External	**Operational/ Organisational**	**Financial**	**Clinical**	**Legal/Regulatory**	**Reputational/ Patient Experience**
√	√	√	√	√	√
The Board is asked to note the report					

1. Introduction

1.1 The aim of this report is to provide a summary of fire safety in the Trust during 2017/18.

1.2 This report will :

- Provide an overview of the on-going development of robust Fire Safety systems within the trust.
- Provide an overview of Fire Safety for 2017/2018
- Detail achievements and successes.
- Provide information on Fire safety issues and areas to focus on going forward.
- Fire safety support has been provided through: NIFES Consulting Group (with the fire engineer as a consultant)

1.3

- The Fire Safety Officer has been in post full time since September 2016 has completed his NEBOSH in fire safety and risk management, joined NAHFO (national association of healthcare fire officers), gained IOSHH qualification and city & Guilds in fire risk assessment to enable the implementation of the best practice in the Trust.
- Organised Evac chair training master class and driven evacuation chair and ski pad training.
- Updated and increased the number of fire wardens and personnel trained on the use of fire extinguishers.
- The fire officer works in conjunction with the health and safety officer and covers training as and when needed.

2.	Key Fire Safety Risks during 2017/18 and planned actions		
	Risks	**Priorities for action**	**RAG**
1	The L1 alarm system, but detection is still the biggest risk to the trust	The L1 system fire detection system. Work for this started in late 2017. [NB: The 2 yr scheduled upgrade programme is continuing as planned during 218/19.]	Red
2	Limited compartmentation, a whole site compartmentation survey is required to establish where the breaches are in the building.	AMR who are providing the fire alarm system have Checkmate fire stopping who are surveying the area as work progresses and making good any damages that are caused as well as advising and pricing for additional works to be taken place to improve compartmentation and fire safety. As refurbishments take place compartmentation is being addressed. [NB: A full compartmentation survey is in the process of being arranged for Q2-Q3 2018/19.	Red
3	No current provisions for bariatric patients from the first floor to ground floor	Medstrom cannot adapt the bed mover to accommodate, awaiting responses and Hospital aids contacted for advice. Until a solution for full evacuation is in place Bariatric evacuation would be by movement to a secondary fire break zone on the 1st floor whilst any fire is attended to. [NB: Bariatric Ski Pads ordered Q1 2018/19.]	Red
4	Medical Records Library	Placed on the Risk Register for monthly updates and progress, and the risk continues to be mitigated as outlined at section 8.1 of this report	Amber
5	Storage, The hospital streets are becoming full of unwanted items of clutter due to the lack of storage and high demands on the hospital	A risk assessment has been completed and high-lighted to the health and safety committee for escalation, more areas are being discussed and the space utilisation group is also aware. Dump the junk programme continues 4 times a year to help clear the site of unwanted items.	Amber
6	The Ramp received HSE improvement notice issued in 2002	The side of the ramp, which is an exit route, is being used for storage leading to persons being in the same area as the designated route for the tugs. Emails have been sent to staff and managers with the ramp being cleared and notices put in place. [NB: This is now being successfully kept clear on an ongoing basis.]	Amber
7	The Ramp being the only egress from level 1 to ground	Currently being discussed and investigated through the emergency planning meetings.	Amber
8	Door access in an emergency	The current door code system has caused the fire service to attend as the code for the door could not be found in adequate time. A fob system access would enable instant access and confirmation of fire.	Amber
9	Risk of Arson	Vigilance by staff and security included in staff training and monitored by CCTV, increased levels of CCTV.	Amber

3. Activities during year 2017/18

3.1 Fire Alarm System: The fire alarm system is to be upgraded to an L1 system to make the hospital up to the required standards, this has been on the risk register since April 2015 with a risk score of 15 and is the priority for fire safety of which estates and the Health and Safety Committee are aware of. The project started in December of 2017 and will be on-going for 2 years; there have been regular meetings with the Fire Engineer, the contractor and estates team.

3.2 Fire extinguisher: Wards and areas have been provided with extra fire extinguishers where required, such as the library and the Fermoy link corridor which has also had detection added. The obsolete fire extinguishers have now been replaced with water and foam depending upon the department requirements and training for these is available monthly which is included in the fire warden training.

3.3 Evacuation: The linen room fire high-lighted that the ramp is the Hospitals on egress from the first floor and this would have become blocked. 2 Evac chairs are now in place in 2 of the stairs which can be used and ski pads have been introduced to areas that have direct access to outside on the first floor. We currently have limited means with multiple persons and great difficulty to evacuate a Bariatric patient from the first floor Medstrom have recently instructed us that the current bed movers cannot be adapted to support the bariatric attachments and we are awaiting updates. Hospital evacuation specialists have been contacted for advice and a satisfactory solution will be progressed via the Health & Safety Committee.

3.4 Signage:

There has been some fire signs missing through-out the hospital, these have been picked up during audits and then ordered through the departments concerned and will continue to be ordered as the audits take place or as and when they are noticed.

- Fire exit signs and fire action notices have been increased as the trust was non-compliant, fire signs will continue to be ordered when high-lighted through audits as necessary.
- Fire Action notices near manual call points have also been introduced to that explain nearest assembly point and not to use the lifts.
- No smoking signs have been placed through-out the building and externally to control illicit smoking
- Emergency Oxygen store signs have been placed in ward areas

3.5 Policies: The fire Policy has been updated and new policies on Arson and Smoking including E Cigarettes has been updated, these along with the medical gases policy have been added to departments' fire safety log books.

3.6 Compartmentation: Work on compartmentation has slowed as the L1 fire detection system has taken priority though as works and refurbishments continue compartmentation is then addressed and fire stopped. The compartmentation in the Hospital requires upgrading, and a list of priorities is currently in development and this remains on the risk register. To complete an effective fire strategy a full compartmentation survey is required and this is in the process of being commissioned via external experts for Q2 2018. This will enable the trust to understand and identify issues and address any based on their risk.

3.7 Computer Compliance checks: Since the August 2016 fire in the linen room the Fire Officer has been periodically assessing zones/areas one at a time out of hours. A list of computers left on has been sent to I.T and information left on the desks of those individuals, and numbers of non-compliant pc users has decreased. Staff have also been emailed, as have their line managers, regarding unsafe working practices to educate on dangers that accumulated paper and other flammable items around their work stations show poses. Monitoring of computer compliance continues and improvements have been seen. This is also covered through fire safety training, The Knowledge and through the Friday round up.

3.8 Dump The Junk: To help keep the hospital streets clear, the Fermoy corridor clear and allow the wards and departments to have extra storage there has been 'Dump the Junk' campaign which now runs four times per year by way of encouraging staff to report items needing clearing via a dedicated email address. This is accompanied by appropriate advice as to others to whom the issue needs to be reported to including X-Ray Engineers, Estates, Point of Care Team, IT & EBME dependent upon the type of equipment concerned.

3.9 Communications: There has been regular updates and information passed to staff through the Comms team and Friday round up, this has varied encompassed;

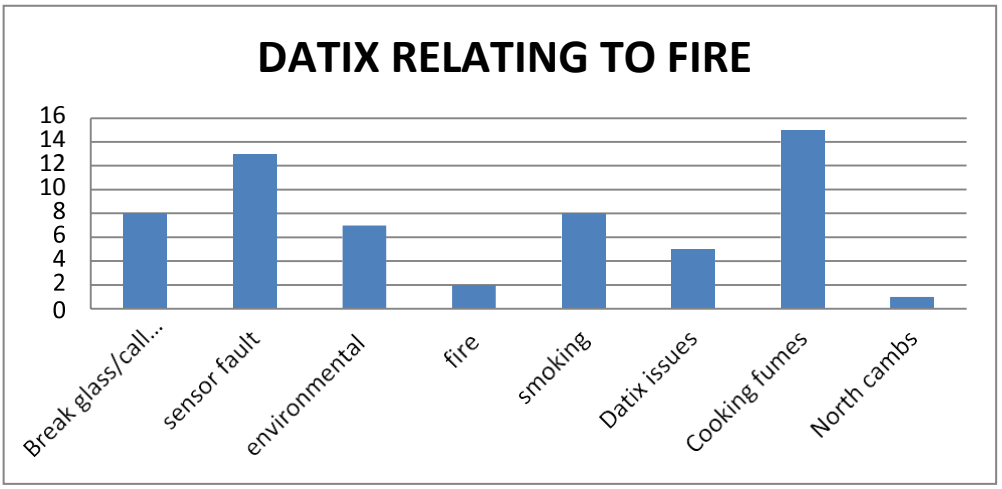
- pc compliance
- dump the junk to keep our hospital streets clear
- do not block fire doors
- general supportive information such as offering training for wardens and fire extinguishers
- informing of incidents that have happened through the NHS
- procedures on ordering equipment through procurement,
- the need for PAT testing
- Smoking shelters
- Evacuation drills

3.10 OXYGEN STORAGE PROGRAMME: The Queen Elizabeth Hospital has now addressed its storage of oxygen and medical gases in wards under HTM 02/01,and is now fully compliant. The programme which was completed in March 2018 means that the hospital is now safer and compliant with the correct trolleys, holders and gas bottle/rack restraints. The Porters have also received an updated list of site wide oxygen requirements to help ensure no oversupply occurs with the attendant storage issues that brings. Locations of ward stores in some areas changed as

oxygen was being kept in sluices or areas where charging of electrics were taking place. For one ward there is a need to (compliantly) store in the hospital street as there is no other location available, and that ward's needs should be considered when upgrading the medical gases infrastructure in the future. Ongoing compliance is a feature of monthly audits undertaken by the Health & Safety Officer, Fire Officer and Head of Portering.

4 Fire Safety Incidents

Datix reports and investigations 2017/18



- There have been 59 incidents reported on Datix in relation to Fire Safety, 8 of these were in the staff accommodation, 6 for cooking, 1 for dust and 1 for break glass.
    - 8 were due to manual call points being activated
    - 13 were caused by system faults
    - 7 was caused by environmental such as dust
    - 2 were close call near fires, 1 was a pc that produced smoke on CCU, the other was due to a hand dryer in the front entrance that over-heated and produced smoke (no signs of flame and the fire service was not required)
    - 8 due to smoking
    - 5 resulting from Datix issues such as door wedges
    - 1 was from North Cambs
    - 15 were as a result of cooking fumes and burnt toast

9

5 Fire Audits

5.1

Apr-17	
04.04.17	Radiology
07.04.17	Gayton
13.04.17	Mortuary
19.04.16	North Cambs Hospital - full audit - outpatients
26.04.17	Dermatology
May-17	
02.05.17	Education centre UEA
05.05.17	Feltwell/TIU
17.05.17	Linen Room
06.05.17	CDS
24.05.17	Spenser building
16.05.17	discharge lounge
10.05.16	NCH - revisit - Endoscopy area
Jun-17	
05.06.17	FUNDRAISING
07.06.17	SHOULDHAM ward
13.06.17	Estates - workshops, stores etc
15.06.17	COSTA AND SHOPS
22.06.17	Physiotherapy / OT
29.06.17	waste room
30.06.17	Trafford NCH
Jul-17	
Jul-17	GAYTON
05.07/17	Dialysis
06.07.16	MAU
13.07.16	Denver ward
15.07.17	PALS
18.07.16	Necton (decant ward)
20.07.16	Castleacre ward
21.07.16	Surgical Assessment Unit
Aug-17	
21.08.17	Fracture Clinic
08.08.16	Windsor Ward
11.08.17	VOLUNTARY SERVICES
16.08.16	Breast care building
22.08.16	Stanhoe Ward
Sep-17	
04.09.17	NICU
06.09.17	West Raynham Ward and TIA Clinic room
14.09.17	Print room

5.2

23.09.16	North Cambs - re-visit
25.09.17	Cardio-respiratory (ECG)
19.09.17	Anmer
29.09.17	Roxborough centre
Oct-16	
02.10.17	Tilney ward
05.10.17	Elm
09.10.17	Marham Ward

12.10.17	inspire
19.10.17	Oxborough Ward
26.10.17	CCU and Coronary care
30.10.17	Audiology
Nov-17	
02.11.17	Brancaster and Appleton Clinics
08.11.17	West Dereham Laundry room and sewing room
14.11.17	Main Theatres
16.11.17	Pathology Lab. Lower - EPA run - not QEH
17.11.17	Management offices
20.11.17	Tilney ground floor offices
23.11.17	Castleacre ward
24.11.17	Medical Records Library
Dec-17	
04.12.17	EEG
06.12.17	EBME
08.12.17	Medical Secretaries offices
11.12.17	Simulation suite/office areas
14.12.17	Macmillan Unit
20.12.17	DSU
20.12.17	Portering
20.12.17	Occupational health
Jan 18	
04.01.18	Main Theatres
10.01.18	Oxborough ward
16.01.18	North Cambs Hospital (Peckover Ward)
17.01.18	Rudham Ward
22.01.18	Medical Records Library
23.01.18	External areas - main entrance
24.01.18	A&E
30.01.18	Macmillan Unit
Feb 18	

02.02.18	Kitchen Area and canteen
07.02.18	procurement
13.02.18	Pathology Lab
14.02.18	Terrington Ward
23.02.18	Feltwell and TIU
26.02.18	Dialysis Unit
27.02.18	main entrance
28.02.18	AEC
Mar 18	
02.03.18	West Raynham Ward
08.03.18	Sterile Services
12.03.18	Main Outpatients
15.03.18	Fracture Clinic
20.03.18	Estates workshops, stores and Contractors
26.03.18	Dental lab and clinic rooms

5.2 Audits have been performed in conjunction with the health and safety officer, audit reports and recommendations are sent to the ward lead to act upon and manage a copy is kept in the 'Sabs and 'estates files, any significant issues are escalated to the health and safety committee.

Audit Findings:
Works that are required such as signage is organised through estates and the ward leads and put in place by the fire officer. Any significant short comings are high-lighted and follow up inspections are organised and if required escalated.

The audits also look at the fire safety log books to ensure compliance and check if policies and procedures are up to date these include

- The fire risk assessment
- The fire evacuation plan
- Warden fire equipment checks
- Fire evacuation drills.
- Appropriate oxygen storage
- Door wedges
- Gaps in fire doors
- Chemicals and flammable storage
- All related fire issues

The audit also covers fire doors, signage, placement of chemicals and flammables, emergency lighting, detection, blocked routes, fire-fighting equipment, means of raining the alarm, PEEP documents (personal emergency evacuation plans), PAT testing and any fire risks that are present at the time of the audit.

6 Fire Drills

6.1

APR	
RADIOLOGY	13/04/2017
MRI	13/04/2017
A+E	23/04/2017
GAYTON	24/04/2017
UEA	27/04/2017
MAY	
FELTWELL/TIU	03/05/2017
CDS	08/05/2017
A+E	18/05/2017
SAU	19/05/2017
SPENSER BUILDING	23/05/2017
MRL	25/05/2017
JUNE	
FUNDRAISNG	05/06/2017
COSTA	06/06/2017
LEAGUE OF FRIENDS	06/06/2017
PALS	09/06/2017
ADMISSIONS OFFICE	09/06/2017
SHOULDHAM	15/06/2017
SPENSER BUILDING	21/06/2107
A+E	22/06/2017
JUL	
MAU	03/07/2017
AEC	03/07/2017
OUTPATIENTS	04/07/2017
DENVER	06/07/2017
NECTON	12/07/2017
MRL	18/07/2016
SAU	20/07/2017
CASTLE ACRE	18/07/2017
AUG	
NICU	08/08/2017
FRACTURE CLINIC	07/08/2017
WINDSOR	09/08/2017
WEST NEWTON	15/08/2017
A+E	17/08/2017
STANHOE	22/08/2017
INSPIRE CENTRE	25/08/2017

SEPT	
WEST RAYNHAM	05/09/2017
PRINT ROOM	06/09/2017
Tilney bottom	07/09/2017
ANMER	12/09/2017
A+E	21/09/2017
MRL	21/09/2017
ROXBOROUGH	28/09/2017
OCT	
TILNEY	04/10/2017
ELM	06/10/2017
MARHAM	10/10/2017
ECG	13/10/2017
OXBOROUGH	13/10/2017
CCU	13/10/2017
AUDIOLOGY	17/10/2017
A+E	19/10/2017
NOV	
WEST DEREHAM	01/11/2017
SEWING ROOM	01/11/2017
THEATRE	07/11/2017
PATH LAB	10/11/2017
FINANCE	13/11/2017
OCCI HEALTH	13/11/2017
MANAGEMENT CORR	13/11/2017
MRL	15/11/2017
TILNEY BOTTOM	15/11/2017
A+E	16/01/2017
DEC	
UPPER PATH	05/12/2017
SIMULATION	05/12/2027
MACMILLAN	13/12/2017
DIALSYS	14/12/2017
DSU	19/12/2017
A+E	21/12/2107
A+E	22/02/2018
CASTLE ACRE	20/02/2018
A+E	19/04/2018

6.2 Some fire drills have been full evacuation drill such as

- The medical records library,
- Breast care,
- Brancaster,
- Day Surgery unit

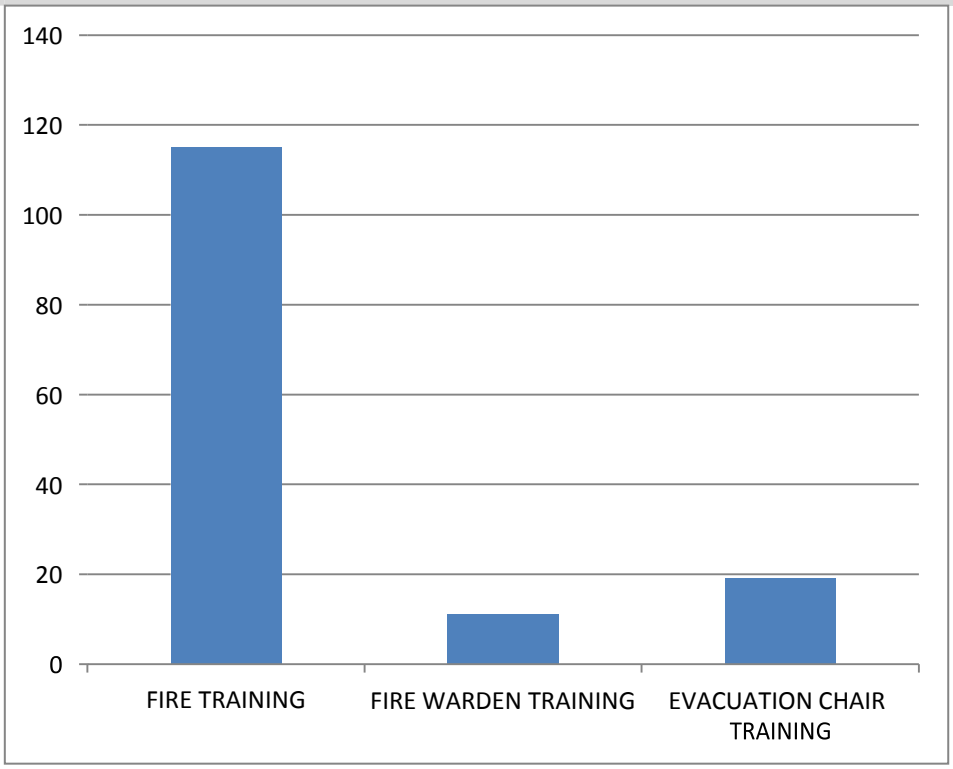
- Roxborough Centre
- Inspire centre. with the use of the fire alarms including bleep team response as this does not disrupt patients in beds with health issues

Other drills have been table top exercises where there is a walk through drill talking to staff on the roles and responsibilities as well as knowledge testing to ensure compliance. Reports on drills are sent to the department leads and kept in both the 'sabs and estates drive'.
There have been noticeable improvements since these drills started especially in and A+E. All drills have been recorded in department fire safety log books. Prior to this staff have informed me that they had not been involved in fire drills for many years which is why this has been introduced.

Fire warden training delivered monthly covers how to run fire drills in each department. All staff are made aware at fire training that the ward managers have the responsibility to run drills in their departments. Ward based bed mover training remains outstanding, and this is to be scheduled in 2018/19 Q2 taking into account the status of bed escalation area availability.

7 Training

7.1



TYPE OF TRAINING	SESSIONS DELIVERED
FIRE SAFETY (mandatory)	115
FIRE WARDEN	11
EVACUATION CHAIR TRAINING	19

7.2
- Training has been delivered for clinical staff and non-clinical, fire extinguisher training delivered in departments, fire warden training to increase the number of fire wardens available as well as run fire drills and assist managers with their responsibilities. Training for the fire team/bleep holders and evacuation chair training.
- Figures on fire training are currently at 76% compliance despite all of the training that has been available.
- Some departments have been trained independently during their audit afternoons and training sessions to increase compliance and raise awareness as well as taken through fire drill procedures
- The training package will change annually to ensure staff are engaged and up to date with issues at the Queen Elizabeth Hospital and legislation or guidance changes.

8. Actions taken and Planned to be taken.

8.1 The medical records library

Our usage of paper records and the storage levels this requires within the limited confines of the hospital building presents challenges. The responsible leads have been tasked with finding a solution and evaluating the health & safety risks this may pose. The Medical Records Department has been assessed as a high-risk department and regular drills take place to ensure safety for staff.

8.2 **Fire Service:** Each watch from the fire station has been visiting for familiarisation, the whole time fire service are contacted and invited on site including local retained stations.

8.1 **L1 Fire Alarm Upgrade:** This will be continuing for the next 2 years and the Fire Officer is working with the project manager, AMR who are the company installing the fire alarm, Honeywell who are the designers, and the authorising engineer.

8.4 **Fire Drills:** Particular arrangements are being organised in 2018/19 so staff, including porters, may have instruction on drills using beds and using the bed mover via the ramp; non-clinical areas will have their annual drills as normal. Progress with these will be reported via the Health & Safety Committee.

8.5 **Side of the Ramp clear:** The side of the ramp received an improvement notice in 2002 by the HSE, as it had become an area where multiple items were stored/abandoned. The HSE notice stays in place indefinitely and maintaining compliance has been challenging. Following a particular effort in Q4 2017/18 this area has to date been kept consistently clear.

9. Next Steps

The following items form the fire safety focus moving forward:

1. Compartmentation survey to establish a fire strategy in upgrading the fire compartments and identifying the breaches that are in place and pose a significant risk to life and infrastructure [Now being instituted Q2 2018/19].

2. Continue with the L1 fire alarm upgrade project as planned

3. Resolve medical records library practices and ensure safe working environment for staff. Currently on the risk register and being managed by the senior managers within the area. Regular drills shall continue until the situation is resolved.

4. Speak to the leads of A+E to get control of the stock problems and lack of storage.

5. Continue the rolling programme of fire door upgrades in high risk areas.

6. Alternative suggestions to just using the ramp for 1st floor evacuation by the emergency planning officer, including the consideration of lifts in the main hospital being upgraded to evacuation lifts.

7. Liaison with the security manager regarding door locks and fobs.

The equivalent 2016/17 report contained 7 concluding 'recommendations & next steps' noted as being 'required as a matter of urgency'. Of these 3 have been actioned during 2017/18, 3 have been partially actioned and 1 remains unaddressed.

(i) '*Address compartmentation and suppression*': Partial, via the compartmentation works underway in parallel to the L1 fire alarm installation, but the issue is now re-presented above as a specific

survey need noted at item 1 above.

(ii) '*Review evacuation procedures to incorporate Ski Pads and alternative suggestions to just using the ramp by the emergency planning officer and emergency planning committee'*: Partial, as Ski Pads are now incorporated into procedures, but alternatives to 1st floor evacuation other than by ramp is re-presented at item 3 above.

(iii) '*Fire doors in high risk areas*': Partial, as these upgrades/replacements have commenced as a part of rolling programme, and the item has been re-presented above at item 6.

(iv) *'Resolve medical ~~equipment~~ (should have stated 'records') library practices and ensure safe working environment for staff….'*: Unaddressed, remains outstanding to be resolved and is re-presented at item 3 above, but as this report notes at section 8.1 the risk continues to be mitigated.