Agenda Item 18

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: **29 October 2019**
Report Title: **Fire Safety Report Q2 2019/20**

PURPOSE:

This paper provides and update on fire safety during quarter 2 of 2019/20.

SUMMARY:

A summary of activity during quarter 2 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
- Fire Suppression
- NICU viewing corridor
- Storage

Fire Safety Incidents

There were 11 incidents reported on Datix in relation to fire safety.

Fire safety audits

Fifteen 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 30 September 2019, 82.29% of clinical staff and 84.94% 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 Q2 of 2019-20 (1 July – 30 September 2019) and indicate where further fire safety related improvements are necessary.

2. Key fire safety risks during quarter 2 and actions

Fire detection and alarm system upgrade to the legislation standard L1
As the new fire alarm installation progresses, NIFES Consulting will inspect 20% of the installation to confirm the installation meets the project brief and L1 specification required. The NIFES interim report has been received and some additional work has been identified for areas originally subject to a value engineering exercise and removed from the project; these areas will be reintroduced to the scheme and funded from the contingency. The scheme is progressing to a satisfactory standard and timescale.

Commissioning of the new L1 alarm system
The commissioning of the L1 fire alarm and detection system will be commencing shortly and there will be a transitional period in some areas where 2 systems will be active. Communications to staff via 'In the know' and during fire training sessions will be on-going throughout the installation project to mitigate any risk of confusion during this period.

Limitations to fire compartmentation
NIFES has commenced a full site fire compartmentation survey to identify any areas of non-compliance and requiring upgrade. 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. The full site compartmentation survey and the report will be provided to the Trust by the end of October 2019.

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 and staff have been appropriately trained.

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 used for this purpose.

Mandatory Training
Mandatory fire safety training is recorded as 86.6% 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 and via 'In the Know'. Fire training statistics are included in the fire audits which are sent to the management leads.

Fire Suppression
Norfolk Fire and Rescue service response to Trust alarms is up to 15 minutes, during which time a fire can be established and could to lead to loss of life, loss of property (water damage, smoke spread), negative publicity, legal fines, financial loss and authority investigations.

An innovative mobile fire suppression device, Greenport FST, has been purchased and can be easily deployed by staff. The device prevents back drafts and flash overs and can extinguish $100m^3$ of fire and smoke allowing time for evacuation and control of the fire.

The fire and site teams are trained to deploy the device and there is a case to be made for the provision of additional units in high risk areas as these can provide the Trust with 4 hours to evacuate.

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. 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
On site storage is at a premium and regular reminders are issues to staff to request the prompt the removal of cages, chairs, beds and broken furniture in corridors. A communications campaign to increase awareness and change culture has commenced along with an accompanying video relating to arson risks associated with unnecessary storage of items in fire escape routes.

3. Fire safety incidents

There were 11 incidents reported on Datix in relation to fire safety during quarter 2:

Type of incident	Description	Location	Number
Other fire incident	Chair used as a door wedge Patient smoking External door issue Datix submitted due to cages and beds left in the hospital street	Necton Necton Marham Hospital street	8
False alarm caused by system fault	System fault	CHP plant room	1
Environmental false alarm	Caused by air freshener	Shouldham	1
Accidental false alarm	Tug driver hit red break glass with Tug	Upstairs street	1
Total			**11**

4. Fire safety audits

July 2019		
1	Waste/Recycling area	
3	Medical Equipment Library	
5	West Dereham Laundry and the linen room	Staff informed to undertake a fire drill
7	Windsor	No drill recorded, fire training is low, flammables found on radiator (ward manager made aware to make arrangements asap)
9	Elm and SAU Ward	Compartment is too large and requires separating
12	Marham Ward and Leverington Admission unit	Marham fire folder missing, unable to gather information on checks or drills, this has been escalated to the ward manager, fire training is low, door to be adjusted by estates as ill fitting. Leverington up-dated but fire drills are required at this time
15	Denver ward	Compartment is too large and requires separating
August 2019		
13	Shouldham ward + log cabin	Fire exit blocked by trolley. Trolley moved and staff informed
14	Wolfreton	Fridge and microwave to be re-located to kitchen rather than corridor, sandwich toaster removed, pat testing required and booked. No ownership or manager to delegate to.
16	Cardio-respiratory (ECG)	Drill required, drills booked to be completed
21	Tilney Ground floor offices	Excess fridges in kitchen, no ownership or manager to delegate too.
	Day Surgery Unit	More storage required, old and tired fire doors
September 2019		
4	NICU	Fire drills required and an out of date Pat test is also required, ward has been instructed to run drills and PAT test job booked. Entrance to ward doors have a gap between and estates job request in place. Viewing corridor is on-going.
13	Anmer	Photocopier room to be de-cluttered and cleaned. Staff to undertake and lead made aware
24	Cancer services	Fire extinguisher checks not recorded, manager and fire warden made aware

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. Departmental risk assessments, these are documented, noting date and responsible officer.

6. Fire safety training

Details of staff training as at 30 September 2019 are as follows:

Staff Group	In post	Attended	%
Add Prof Scientific and Technic	115	89	77.39
Additional Clinical Services	852	712	83.57
Administrative and Clerical	675	588	87.11
Allied Health Professionals	177	136	76.84
Estates and Ancillary	434	354	81.57
Healthcare Scientists	30	29	96.67
Medical and Dental	258	222	86.05
Medical and Dental - in training	126	97	76.98
Nursing and Midwifery Registered	926	759	81.97
(Total) Headcount requiring training	**3593**	**2986**	83.11
Clinical	***2484***	***2044***	***82.29***
Non Clinical	***1109***	***942***	***84.94***

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.