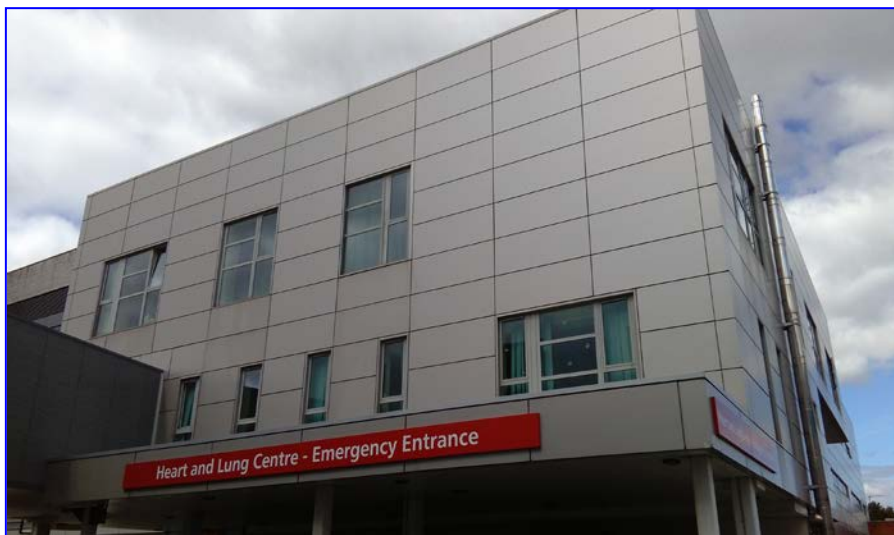


September
2017

Heart & Lung Centre- 4 Stage Plan



Trust Vision and Values:

Safe & effective

We will work collaboratively to prioritise the safety of all within our care environment

Kind & caring

We will act in the best interest of others at all times

Exceeding expectation

We will grow a reputation for excellence as our norm

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1. Introduction/Background

Following the terrible fire at Grenfell Tower in London, NHS Improvements are seeking to ensure that all NHS Trust Boards take reasonable steps to mitigate the increased fire risk associated with external cladding systems.

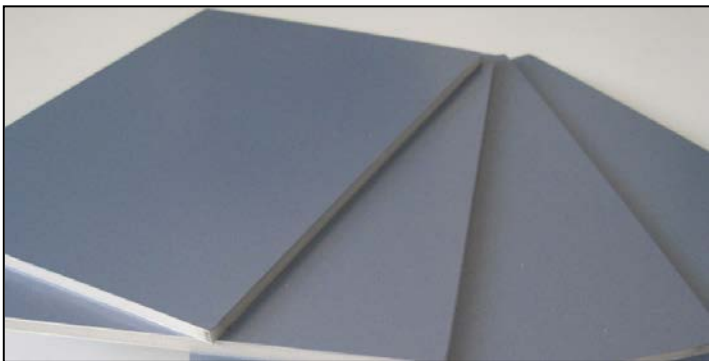
At this time, the precise causes and contributing factors of the Grenfell Tower fire have not been determined; however it can be reasonably assumed that the fire started internally and spread into the external cladding. Of particular concern are buildings that are clad with Aluminium Composite materials (ACM)

In hospital premises, fire safety guidance contained in Firecode anticipates a single source of fire and an expectation that fire spread will generally be contained, or at least significantly inhibited, by the provision of compartmentation.

The potential for rapid fire spread via the external façade could require a Trust to prepare for urgent, simultaneous evacuation of multiple compartments across multiple levels.

2. Aluminium Composite Cladding Panels (ACM)

Panels consist of two skins of aluminium bonded to either side of a lightweight core, polyethylene / polyurethane.



At Grenfell it is assumed that fire spread through the internal core of the panel and the surface skin fell away.



3. Building regulations – Approved Document B (ADB)

The purpose of ADB is to provide guidance on the fire safety requirements for completed buildings, as in accordance with The Building Regulations 2000 as amended 2007

Excerpts

“The external envelope of a building should not provide a medium for fire spread if it is likely to be a risk to health and safety”.

“The use of combustible materials in the cladding system and extensive cavities may present a risk in tall buildings”. As a result materials with limited combustibility must be used in buildings with storeys more than **18m** above ground”.

4. Cabinet Office Advisory Letter 28/06/2017

Correspondence to Department for Communities and Local Government (DCLG) issued guidance for all public sector buildings regarding trigger heights for investigation of ACM systems.

The trigger height for Healthcare facilities, including hospitals, containing overnight accommodation is **2 storeys or more**.

The Heart and Lung Centre is less than 18m above ground level and complies with Building Regulations

Following circulation of the advisory letter, NHS Improvements (NHSI) requested trusts to supply relevant information of any buildings that met the above criteria.

At New Cross Hospital two buildings were identified; Urgent and Emergency Care Centre (UECC) & The Heart and Lung Centre.

NHSI classified the two buildings as “Priority 1 Status” and as a consequence required the Trust to:

- Instigate an intrusive panel inspection and submit samples for testing to the Building Research Establishment (BRE).
- Instigate appropriate fire safety controls in order to reduce the chances of fire occurring (particularly from an outside source).
- Arrange an Inspection of the relevant buildings by the Fire Service.

All the above were actioned immediately

5. BRE Test results

Of the two cladding samples submitted, only the item from The Heart and Lung Centre failed. The UECC sample was not tested due to it not being an ACM panel.

Extract from correspondence received (BRE Thursday 13th July 2017)

"I can confirm that the ACM sample tested from the Heart & Lung Centre has failed the cladding test".

From Thursday 13th July 2017 only The Heart and Lung Centre continued to be classified "Priority 1 Status".

NHSI required the Trust to develop a 4 stage Plan (within two weeks of the above date) in order to mitigate the increased fire risk associated with external cladding systems which do not have limited combustibility.

West Midlands Fire Service agreed to enhance their initial response to a call originating from this building.

See summary below.

6. Fire Plan/ Strategy

Stage 1 – For immediate action during testing phase - Appendix B provides supporting detailed action plan				
Application of parking Restrictions	<ul style="list-style-type: none"> Completed 	R	A	G
Management of Waste containers located outside of Building	<ul style="list-style-type: none"> Completed 			G
Means of escape including all final exits	<ul style="list-style-type: none"> Completed 			G
Increased level of Security and Surveillance	<ul style="list-style-type: none"> Completed 			G
Fire Risk Assessment review (initial)	<ul style="list-style-type: none"> Completed 			G
Review of fire safety controls with the Fire Service	<ul style="list-style-type: none"> Fire service agrees enhanced response - 4 appliances plus Aerial platform. 			G
	<ul style="list-style-type: none"> Completed 			G

CEO Endorsement				
<p>Stage 2 – Within 2 Weeks of being informed that the cladding has failed and in addition to stage 1 Target date 27/07/17</p>				
Risk to patient safety	<p>Trust Board determine the balance of risk against patient services being delivered in premises identified with deficient cladding.</p> <p>See Appendix D</p>			
Planning	<p>Apply updated fire action plans; either through exercises or amended fire drills to ensure they have robust procedure in place should a fire occur that involves a building façade.</p> <p>Note: A robust management strategy will continue to operate whilst this document is live</p>			
	<p>Liaison with Fire Service - Meeting on site 26/07/17 – Appendix C West Midlands Fire service correspondence</p> <p>Revise reactive measures – Fire Response – Trust Team</p>			
<p>Stage 3 - Investigation and Design within 2 months from commencement of stage 2. Target 21/09/2017 - Detailed response ref Appendix A Risk Mitigation Plan</p>				
Investigation and Design	<p>The Trust, in conjunction with the fire service, must submit a fully costed and programmed plan for mitigating the risk associated with unsuitable cladding to NHSI (Capital Developments)</p> <p>Target delayed due to plan requiring sign off by Trust Board 25/09/17. NHSI informed</p>			
<p>Stage 4 – within 2 months of stage 3 completion. Target 23/11/2017</p>				

<p>Implementation</p>	<p>NSHI will review submitted programmed plan from stage 3 within 1 month of receipt. Confirmation to proceed or review will be given. On confirmation to proceed;</p> <ul style="list-style-type: none"> Trust must commence implementation within 1 month <p>Plans should demonstrate that that the works will be undertaken in the most expedient manner</p>			
<p>Note</p>				
<p>Risk Register ID 4375</p>	<p>Score 8 (Amber) subject for review during FSG meeting 26/07/2017 – Increased to 12 (H Amber)</p>			
<p>Training</p>	<p>Mandatory fire safety training H&L August ESR 95% of staff compliant</p>			
<p>Monitoring & Recording</p>	<ul style="list-style-type: none"> Trust Fire Safety Group Meetings, Trust Management Committee Trust Board 			

Appendix A – Risk Mitigation Plan

1. Description and use of the Building

The Heart and Lung Centre provides critical and intensive care services, currently occupied by approximately **133** inpatients **100** outpatient beds. It was constructed in 2004, consisting of four storeys and a basement. The building has an approximate floor area of 15,254m and is less than 18m in height.

A completion certificate of compliance was issue by local the authority Building Control.

Approximately 50% of the building is cladded (fig 1 indicates the extent of the cladding), the remaining area is either glazed or traditional brick and block work.

The structure is situated on a sloping site, in-patient areas being located on the second and third floors, the wards are separated from the theatres by a fire compartment wall providing approximately 60 minutes fire resistance (red line on plan).

The centre has two public entrances and one ambulance entrance. Access to the floors above can be gained via lifts (5), staircases (3) and the second floor bridge links (2) from the Urgent Emergency Care Centre (UECC) and main hospital complex.

Building Occupancy:

Basement

- Plant room, workshop/ storage and service tunnel.

Ground/ First Floor

- Plant room/ Outpatient clinics/ Administration/ Catering/Café

Second Floor

- Inpatients/ ICCU/ Cardiac Theatres (3)

Third Floor

- Inpatient/ Catheter suite (4)

2. Means of Giving Warning

A 'Category L1' addressable automatic fire warning system is installed throughout the building.

- The fire alarm is installed in accordance with relevant codes of practice (including Firecode).

3. Means of Escape

The design and construction of the building ensures that at all times occupants can move away from a fire to a place of relative safety inside (at the same level), from where further escape can be planned.

4. Staircases

There are three protected staircases supporting clinical areas that meet the requirements of Health Building Note 00-04: Circulation and communication spaces.

5. Lifts

Fire safety guidance issued by NHSI requested Trusts to assess the viability of utilising non evacuation lifts to facilitate the evacuation of dependant patients in the early stages of a fire potentially involving the building façade.

Lifts are located at either end of the building and separated by (sub) compartment walls affording approximately 2.5 hours fire protection (Page 15).

- Following a risk assessment, two lifts (one at either end of the building) are being made available to support vertical evacuation from the 3rd floor, if required.
- An on-site engineer will attend as part of the response team to minimise the risk of entrapment.

6. In-patient areas

All of the in-patient wards located above the first floor are adequately separated by either 30 or 60 minute (sub) compartment walls and doors, enabling 'progressive horizontal' evacuation.

7. Access and Facilities for the Fire Service

- Suitable access for fire appliances - complies with relative codes of practice.
- Emergency plans located adjacent to main fire panel
- Dry rising mains located at each protected staircase.

8. Evacuation Strategy

As previously stated, approximately 50% of this building is cladded; of this only a proportion is located in areas that will directly affect overnight accommodation (predominantly courtyard areas).

The likelihood of a fire involving the whole external façade that would require an immediate full evacuation of all of the floors simultaneously is questionable. However the following points indicate how, if required, an evacuation involving multiple departments will be undertaken.

- Staff and out-patients located on the ground/first floor are able to evacuate normally through the various exit routes indicated (page13)
- Staff and patients located on the second floor can evacuate horizontally to the next fire compartment and then, if necessary via the link bridges (Page 14) to the UECC and main hospital complex (separate buildings).

- Horizontal evacuation within the third floor can be undertaken safely. Vertical evacuation (if required) can be achieved by utilising the protected staircases (ambulant patients etc.) and via the 2 bed lifts, to the second floor and then via link bridges, or to the ground floor.
- Dedicated evacuation equipment (Res-Q-mats) for non-ambulant patients is available for use from the third floor as an additional resource (if required).
- In the event of a large scale evacuation the following areas have been identified as refuges and provide sufficient fire protection to enable staff to triage patients and re-locate them as necessary.
 - Heart and Lung Centre - (ground floor café area)
 - UECC first floor - (circulation area)
 - Main Hospital - (circulation area)

Refer to Drawings pages 13, 14, 15.

9. Training

The following table provide details of relevant fire safety training.

Type	Details
Mandatory fire safety compliance Heart and Lung staff	Currently 534 staff compliant (95%)
Trust Fire Response team	Refresher training on-going currently 37 staff have completed training during July and August
Trust fire warden training	47 staff have completed training further 7 staff nominated for October course.
Clinical desktop simulation exercises All wards in Heart and Lung	Rolling programme, all wards have completed exercises. Third floor areas refresher exercises programmed during October
Evacuation Equipment training (Res-Q-Mat)	Portering services provide initial response – 106 staff trained

10. Costings

Preliminary investigations have been undertaken in order to quantify the extent of work required and prioritising the key areas of risk.

The following initial options are being considered;

1. Do nothing by applying the risk mitigation plan.
2. Replace glazing and windows directly adjacent to the cladding in order to prevent fire spread from inside the building to the cladding panels. This option has not been fully costed but is expected to cost in the region of £50K depending on the extent of the glazing needing replacement.
 - Timescale approximately 3 weeks
3. Removal and replacement of all cladding located adjacent to inpatient areas in two courtyards with an acceptable cladding system
 - Total Costing £ 260,000.00
 - Timescale 2 months
4. Remove ACM panels only and cover with insulated render
 - Approximately £180,000.00
 - Timescale 2 months
5. Total Removal and replacement of cladding to the external elevations of all the building
 - Total Costing £996,000.00

It is considered that cladding located directly adjacent to the in-patient areas (courtyards) should be considered the highest priority.

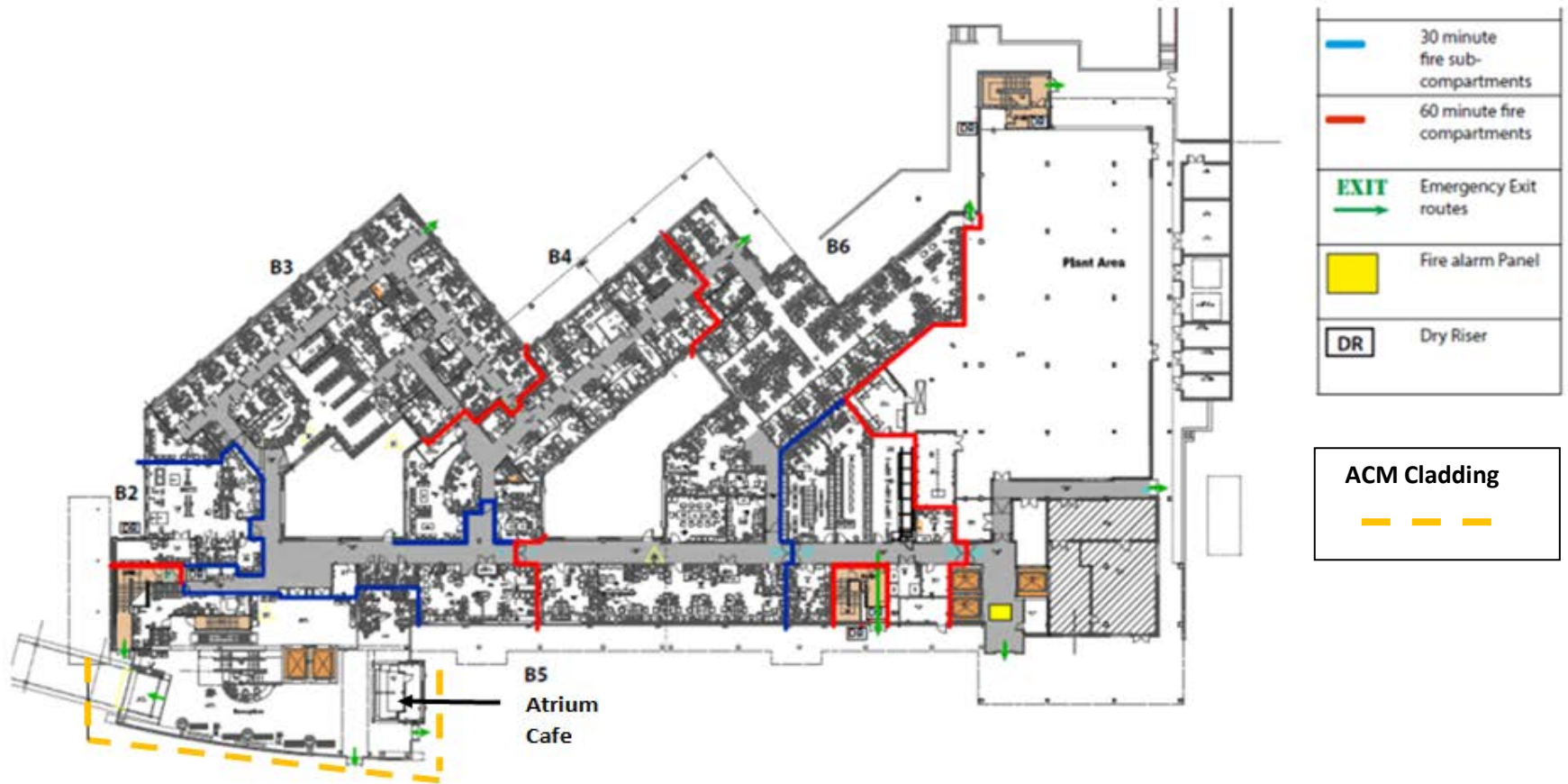
The Trust is seeking the support and advice from an independent fire safety engineer. Fire comply, a company registered and accredited by the Institute of Fire Engineers and Fire Protection Association have been instructed to undertake an independent evaluation of risk and to advise on the strategies the Trust could adopt should a fire occur in the façade of the Heart and Lung Centre,

11. Conclusion

As of 21st September 2017, fire safety officer from the West Midlands Fire Service has confirmed their support of our Risk Mitigation Plan (Appendix A). Appendix E references the Fire Service document. Whilst the Risk mitigation Plan makes outline reference to the options open to the Trust moving forward the Fire Service has reiterated at this time and until the public enquiry reports have been concluded, the causes of the fire at Grenfell tower are unknown, therefore any actions to replace cladding maybe premature.

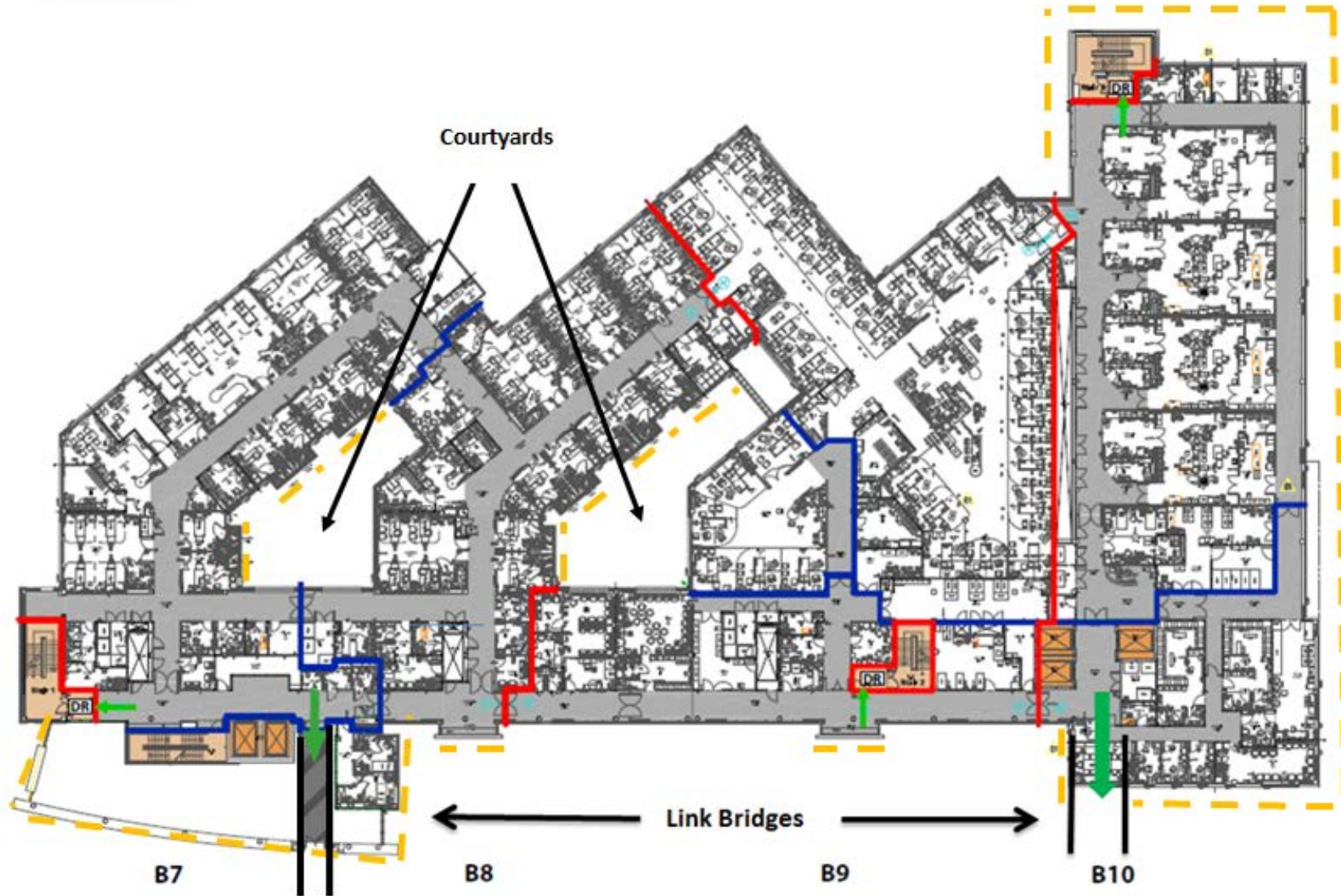
The Trust board are requested to approve the contents of this report and allow onward circulation to NHSI.

Heart and Lung Centre – Ground /first (sloping site)
Outpatients and Administration



Heart and Lung Centre – Second Floor

In-Patients - Cardiac Theatres



Heart and Lung Centre – Third Floor

In-Patients – Catheter Suite



Appendix B Action plan

Action not on target.			Action on target			Completed			
AREA: Heart and Lung Centre Stage 1									
Ref:	Actions Required	KPI	Time scale	Lead	Delegate	Current progress reported against Action Plan	Evidence		
	Application of parking Restrictions		12/7/2017	FSM	Head of Estates	Parking prohibited within 6m of building. Portable barriers fitted, regular security enforcement patrols implemented.	Emails/ Action Logs		
	Review Management of Waste containers located outside of Building		12/7/2017	FSM	Head of corporate services	Completed – Additional waste collection runs, empty bins located in secure compound. No overnight waste stored.	Emails/ Action log		
	Review all means of escape routes including all final exits		12/7/2017	FSM	FSA	Completed - Additional signage fitted to rear exits, exit routes checked during security patrols. Part of fire warden routine checks	Signs/ Emails/FW check sheets		
	Apply Increased level of Security and Surveillance		12/07/2017	FSM	LSMS	Security patrols increased (2 hourly) to protect the building supported by cctv surveillance	Emails/ security logs		

		Undertake Fire Risk Assessment reviews (initial)		12/7/2017	FSM	FSA	14 Departmental risk assessments reviewed/ Additional Fire evacuation equipment brought into the building and located on the 3 rd floor to support non ambulant patients	FRA Documents	
		Review revised fire safety controls with the Fire Service		12/7/2017	FSM	WMFS	Fire Service attended initially during the morning and then in the afternoon (following sample test results). Outcome – Satisfied with fire safety controls that had been implemented.	Email from WMFS dated 13/07/2017	
		CEO to endorse the revised fire safety controls.		12/07/2017	CEO	WMFS	CEO met with fire service 13/07/2017, who assured that the Trust had implemented suitable fire safety controls to manage the risk.	As above	
AREA: Heart and Lung Centre - Stage 2									
	Risk to patient safety	Trust Board determine the balance of risk against patient services being delivered in premises identified with deficient cladding.		27/07/17	T/B	CEO	Following assurance from the fire service that the revised fire safety controls were adequate – Trust Board decided to continue to provide patient services. Escalated to Trust risk register, score 12 (3x4)	Appendix B DATIX ID 4375	
	Planning	Apply updated fire action plans, either through exercises or amended fire drills to ensure they have robust procedure in place should a fire occur that involves a		27/07/2017	FSM	FSA	Initial Actions Completed, procedural controls implemented - endorsed by the fire service following further meeting 26/07/2017. Note: A robust management strategy will continue to operate during the period that this document is live.	Course Data Sheets/Exercise Data Sheets/ Fire Manuals/ Audit sheets	

		building façade								
AREA: Heart and Lung Centre - Stage 3										
	Investigation and Design	The Trust, in conjunction with the fire and rescue service, must submit a fully costed and programmed plan for mitigating the risk associated with unsuitable cladding to NSHI		21/09/2017	HCD/HE&F	TBA		Investigation to quantify total area affected completed, costing included. Mitigation program awaiting ratification.	FSG Minutes	
AREA: Heart and Lung Centre - Stage 4										
	Implementation	NSHI will review submitted programmed plan from stage 3 within 1 month of receipt. Confirmation to proceed or review will be given. On confirmation to proceed; Trust must commence implementation within 1 month Plans should demonstrate that that the works will be undertaken in the most expedient manner		23/11/2017	TBA	TBA		N/A at this stage.		

Appendix C – West Midlands Fire Service Correspondence

1. Excerpt from email 13.07.2017

It was good to meet you all again yesterday morning for a very productive meeting.

Cladding: The Trust was well ahead of the game regarding the cladding issue and was in the process of doing in-house testing of all cladding on all patient areas of 2 storeys or more as directed by NHS England. Two samples sent to BRE for testing of which, so far, one has come back as failed. I have asked for clarification via our incident room as to which building failed and we are still waiting for a response from BRE. It was suspected that the failed test was for the Heart and Lung Centre and so that is where interim measures were looked at and the level of response from WMFS increased. Documentation from NFCC was completed and the information on the form shared with NHS staff including Sandra Roberts. Due to the already high standard of general fire precautions in the Heart and Lung Centre, i.e. good compartmentation, L1 alarm system incorporating VESDA systems, only 5 storeys, well trained staff available 24/7, on site security, cctv etc. The residual risk was deemed to be acceptable while waiting for further guidance NFCC and NHS England regarding the cladding. Additional interim measures included keeping vehicles at least 6m away from the premises, bins and other combustibles removed from the compound at the front of the premises, increased security and staff awareness and slight amendment to evacuation procedures to include closing windows as well as doors when leaving the premises.

Arrangements are in place for the local crews to carry out ssri visits to the buildings affected by the cladding issue and I will arrange to carry out the necessary audits as required by NFCC. As stated on Wednesday, I'm not overly concerned about the building because of the passive and active measures already in place.

Help and support is on hand for any other buildings that may require intervention.

Regards,

Dave Marsh

Fire Safety Inspecting Officer

West Midlands Fire Service

Black Country North

Tel: 0121 380 7500

Mob: 07973 810303

2. Excerpt from email 01.08.2017 (following receipt of action plan)

From: Pardeep Raw [<mailto:pardeep.raw@wmfs.net>]
Sent: 01 August 2017 12:52
To: KEEN, Andrew (THE ROYAL WOLVERHAMPTON NHS TRUST)
Cc: MASSEN, Keith (THE ROYAL WOLVERHAMPTON NHS TRUST)
Subject: FW: NHS Cladding
Importance: High

Further to the email and information received from Keith I would make the following observations.

“At our meeting on the 26th July at New Cross Hospital I can confirm that this Fire Authority is satisfied with the fire safety precautions that the Trust have to date put in place and also with the level of consultation with this Fire Authority”.

Thank you again for your continued co-operation.

Pardeep Raw

***Fire Safety Officer
West Midlands Fire Service
Black Country North Command Team
0121 380 7500
07973 810 707***

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Appendix D – Trust Board Analysis

Excerpt from Trust Board Meeting (minutes) Monday 31st July 2017

Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 31 July 2017 at 10 am in the Boardroom, Corporate Services Centre, Building 12, New Cross Hospital, Wednesfield, Wolverhampton

PRESENT:	Mr J Vanes	Chairman
	Dr J Anderson	Non-Executive Director
	Mr A Duffell	Director of Workforce
	Mr R Dunshea	Non-Executive Director
	Ms R Edwards	Non-Executive Director
	Ms C Etches OBE	Chief Nursing Officer
	Mr J Hemans	Non-Executive Director
	Mr D Loughton CBE	Chief Executive
	Mr S Mahmud	Director of Integration
	Mrs M Martin	Non-Executive Director
	Ms G Nuttall	Chief Operating Officer
	Dr J Odum	Medical Director
	Mrs S Rawlings	Non-Executive Director
	Mr M Sharon	Director of Strategic Planning and Performance
	Mr K Stringer	Chief Financial Officer
IN ATTENDANCE:	Mr K Wilshere	Interim Trust Board Secretary
	Miss J Small	Non-executive Director (from 1 August 2017)
OBSERVERS:	Jessica Labhart	Observer – local press
	Andrew Ashcroft	Observer
	Jonathan Berg	Observer
APOLOGIES:	Prof Rob Stockley	Associate Non-Executive Director

TB 6522: Fire cladding safety update

Mr Loughton introduced this update report provided prior to the meeting including the four point plan as per the requirements of the best practice template provided by NHS England with a brief summary of the immediate action taken regarding testing. He confirmed that one sample fire safety test in recent weeks from the Heart and Lung Centre cladding has failed the required test. He stated that there are a number of systems and mitigation is in place at present and that the cladding will be removed once there is a suitable technical specification and available product for replacement. He went on to illustrate that there are no parallels

between the cladding situation at the Heart and Lung Centre and Grenfell tower given the fundamental differences in the buildings, fire safety, alarms, fire doors, compartmentalisation, electrical equipment safety testing and extinguisher system. He went on to confirm that all high-risk areas contain smoke alarms and extinguisher equipment in addition to a 24/7 presence on the site and increased observation rounds. He also highlighted the mandatory fire training undertaken by all staff.

Mr Loughton pointed out that premature removal of the current cladding would have consequential impacts on the safe temperature control of the building and that it is not safe or practical to move the activity in the building elsewhere. He added that although this presents a residual risk the Trust has agreed with the local fire service for a specific augmented response to any alarms in the building with multiple appliances awaiting confirmation from the initial response appliance. He said that in his view, in summary, the current situation constituted an acceptable and mitigated risk.

Mr Loughton alluded to the recent experiences of other nearby hospital Trusts undertaking evacuations as planned. Mr Dunshea asked whether the replacement of the cladding was to be centrally funded. Mr Loughton replied he did not know but that once a suitable replacement product was specified and available the work would be undertaken irrespective of who would ultimately pay for it.

Mr Loughton added that the heart and Lung Centre had opened in 2004 and that the original design had been specified in 2001 when it met the standards of the time. He also confirmed that specialist fire advice formed part of the work at the time. Ms Edwards pointed out that key to any testing is the application and context of the building. She asked if it was known how “bad” the failure of the present cladding had been. Mr Loughton replied that the Trust is awaiting the detailed report regarding the failure. Ms Nuttall reiterated the information presented in the report and confirmed that the four stage plan referred to is the centrally required format for providing this information to NHS England. Ms Nuttall went on to confirm that the risk is already on the Trust risk register and that the entry has been reviewed with a resulting increase in the risk rating. This revision will go through the usual Trust processes in due course and is as follows:

The following existing risks have been reviewed and updated to reflect fire risk assessments in relation to cladding in the following areas;

Risk 4375 – Heart and Lung Centre – Inpatient

Risk 4411 and 4412, McHale Centre – non patient area.

The previous risk ratings were 9 (Likelihood 3 x Impact 3). Both risks have been updated and reviewed to risk scores of 12 (Likelihood 3 x Impact 4) and been placed on the Trust Risk Register.

Mr Sharon commented that the fire officers comments on the action taken and the mitigation is in place were positive. Mr Loughton welcomed the positive relationship with the fire service and referred to previous constructive discussions regarding false alarms. Mr Vanes asked whether the revised response agreement had been documented. Mr Loughton confirmed that it had. Mr Vanes confirmed the points.

Resolved: that the update on the cladding at the Heart and Lung Centre in respect of fire safety be noted.

APPENDIX E

From: Pardeep Raw [<mailto:pardeep.raw@wmfs.net>]
Sent: 21 September 2017 20:16
To: EDWARDS, Elfyn (THE ROYAL WOLVERHAMPTON NHS TRUST)
Cc: MASSEN, Keith (THE ROYAL WOLVERHAMPTON NHS TRUST); KEEN, Andrew (THE ROYAL WOLVERHAMPTON NHS TRUST); Darren Marshall; Jason Holt; David Marsh
Subject: RE: Cladding at New Cross Hospital - urgent
Importance: High

Good Evening Elfyn/Andrew

Further to our on-site meeting today at New Cross Hospital please find below my response to your '4 Stage Plan' relating to the Heat and Lung Centre at New Cross Hospital.

I can confirm that this plan in particular the 'risk mitigation' element as it currently relates to the Heart and Lung Centre is acceptable to this Fire Authority.

I would however also make the following observation.

As part of the above plan we discussed 'costings' relating to replacement of the ACM cladding.

Any final decision taken to replace this cladding is of course at the discretion of your CEO and corporate board members, however the final report into the cause of the Grenfell fire has yet to be produced.

Therefore to replace the ACM cladding with another similar product may at this juncture, i.e. prior to the production of a final fire report, be premature.

However as clearly stated, any final decision taken on this specific issue is clearly at your discretion.

Thank you for a positive and productive meeting today and should you require any further assistance from me or any of my officers please let me know.

Pardeep Raw

***Fire Safety Officer
West Midlands Fire Service
Black Country North Command Team
0121 380 7500
07973 810 707***

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