

# Annual Report of Fire Safety

## 25 June 2018



Agenda Item No: 10.3

**Trust Board Report**

<b>Meeting Date:</b>	25 June 2018
<b>Title:</b>	Annual Report of Fire Safety
<b>Executive Summary:</b>	Written Evidence of this Trusts performance against “regulation 15” of the “Essential Standards of Quality and Safety”.
<b>Action Requested:</b>	<ul style="list-style-type: none"> <li>• To endorse the report</li> <li>• CEO to sign statement (Appendix A)</li> </ul>
<b>Report of:</b>	Keith Massen, Fire Safety Manager on behalf of Gwen Nuttall, Chief Operating Officer
<b>Author: Contact Details:</b>	Tel 01902 307999 Ext 8159      Email keith.massen@nhs.net
<b>Links to Trust Strategic Objectives</b>	
<b>Resource Implications:</b>	Since the production of the report NHS Improvement have identified funding to replace all the Aluminium cladding on the Heart & Lung Centre in accordance with our request in the Four Stage Plan.
<b>Equality and Diversity Assessment</b>	
<b>Risks: BAF/ TRR</b> (describe risk and current risk score)	
<b>Public or Private:</b> (with reasons if private)	Public
<b>References:</b> (eg from/to other committees)	Ratified by Fire Safety Group and TMC
<b>Appendices/ References/ Background Reading</b>	Risk Mitigation 4 Stage Plan
<b>NHS Constitution:</b> (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> <li>✚ Equality of treatment and access to services</li> <li>✚ High standards of excellence and professionalism</li> <li>✚ Service user preferences</li> <li>✚ Cross community working</li> <li>✚ Best Value</li> <li>✚ Accountability through local influence and scrutiny</li> </ul>



# ANNUAL REPORT of FIRE SAFETY

## ***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*

# 2017/18

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**Author**

K. Massen GIFireE

**Department**

Estates and Facilities

**Position**

Fire Safety Manager

## **1. Introduction**

The Regulatory Reform (Fire Safety) Order, that came into force on 1st October 2006, requires 'general fire precautions' to be put in place 'where necessary and to the extent that is reasonable and practical' for the protection of the 'relevant persons'.

Responsibility for complying with the Fire Safety Order rests with the responsible person. Broadly, in a workplace this would be the employer or any person who has control of any part of the premises (for example the occupier or owner). Where there is more than one responsible person such as in multi-occupied premises, all must take reasonable steps to co-operate and coordinate with each other.

The Chief Executive Officer is responsible for ensuring that, through appropriate delegation of responsibility within the organisation, current fire legislation is met and that, where appropriate, Firecode guidance is implemented in all premises owned or occupied by The Royal Wolverhampton NHS Trust.

The Chief Operating Officer is the Executive Director with delegated responsibility for fire safety issues across the organisation and the delivery of a safe responsive system.

This report has been developed to provide the Trust Board of Directors accountable for the activities of the organisation with relevant information concerning the management and delivery of fire safety, from **1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018**, and a brief forecast into the year ahead, as in accordance with Healthcare Technical Manual 05-01: Managing Healthcare Fire Safety.

### **Note.**

The outcome of this report should be used as the basis on which to formulate the annual statement of fire safety, which is to be retained by the organisation and may be presented to the CQC along with supporting documentation as evidence of performance against Regulation 15 of the "Essential standards of quality and safety".

## **2. Executive Summary**

Good management of fire safety is essential to ensure that fires are unlikely to occur; that if they do occur they are likely to be controlled or contained quickly, effectively and safely; or that, if a fire does occur and grow, everyone in the premises can escape to a place of total safety easily and quickly.

The following summary profile gives brief details of this Trusts development towards compliance with the mandatory requirements for the NHS in England (considered as best practice for NHS Foundation Trusts).

## Summary Profile

<b>Clearly defined fire policy</b>	Policy recently amended, additional appendices introduced. <ul style="list-style-type: none"><li>Report sec 3.1</li></ul>	R	A	G
<b>Board Level Director accountable to the Chief Executive for fire safety</b>	<ul style="list-style-type: none"><li>Compliant</li></ul>			
<b>Fire Safety Manager to take the lead on all fire safety activities</b>	<ul style="list-style-type: none"><li>Compliant</li></ul>			
<b>Have an effective fire safety management strategy which enables:</b>				
<b>Preparation and upkeep of the organisation's fire safety policy</b>	Fire Safety Group- responsible for the monitoring and review of fire policy and protocols. <ul style="list-style-type: none"><li>Report - sec 3.2</li></ul>			
<b>Adequate means for quickly detecting and raising the alarm in case of fire</b>	Fire alarm system inadequate in some areas and requires improvement. Relevant details recorded with 'Building Risks'. <ul style="list-style-type: none"><li>Report 3.5</li></ul>			
<b>Means for ensuring emergency evacuation procedures are suitable and sufficient for all areas, without reliance on external services</b>	Delivery of rolling programme. Heart and Lung Centre Risk Mitigation Plan <ul style="list-style-type: none"><li>Report sec – 3.6, 3.7, 3.8</li></ul>			
<b>Staff to receive fire safety training appropriate to the level of risk and duties they may be required to perform</b>	Annual mandatory fire safety training – supplemented with fire evacuation drills <ul style="list-style-type: none"><li>Report – sec 3.7</li></ul>			
<b>Reporting of fires and unwanted fire signals</b>	Robust system in place utilising DATIX <ul style="list-style-type: none"><li>Report sec 3.9, 3.10</li></ul>			
<b>Partnership initiatives with other bodies and agencies involved in the provision of fire safety.</b>	<ul style="list-style-type: none"><li>Compliant - regular contact with fire authority</li></ul>			

## Building Risks

<b>Red fire risks (15-25)</b>	None	<b>0</b>
<b>Amber fire risks (8-12)</b>	Overarching fire risks – blocks containing significant shortfalls of passive fire protection <ul style="list-style-type: none"> <li>Report 3.3</li> </ul>	<b>21</b>
	<b>Old Eye Infirmary</b> - Arson endangering life	<b>1</b>
<b>Yellow fire risks (4-6)</b>	Overarching fire risks – blocks containing some shortfalls of passive fire protection.	<b>27</b>
<b>Green fire risks (1-3)</b>	Overarching fire risks – blocks containing minor shortfalls of passive fire protection.	<b>1</b>

## Unwanted Fire Signals

<b>New Cross Hospital</b>	1.2% reduction from previous year <ul style="list-style-type: none"> <li>Report 3.9</li> </ul>	<b>162</b>
<b>West Park Rehabilitation Hospital</b>	<ul style="list-style-type: none"> <li>Report 3.9</li> </ul>	<b>6</b>
<b>Cannock Chase Hospital</b>	3 above KPI <ul style="list-style-type: none"> <li>Report 3.9</li> </ul>	<b>14</b>

## Fires

<b>Category 1</b>	Causing significant damage to a building or where occupants have been threatened.	<b>0</b>
<b>Category 2</b>	External to building or minor internal incidents where the building has not been damaged or occupants have not been threatened. <ul style="list-style-type: none"> <li>Report 3.10</li> </ul>	<b>5</b>

### 3.1 Fire Report

#### Policy HS: 26

Fire policy directs how RWT must discharge its duties to meet statutory requirements. The document was amended May 2016.

The following appendix was added to the policy in June 2017.

- Appendix 9 Arson.

### 3.2 Fire Safety Group

The Fire Safety Group has continued to meet quarterly, ensuring that the Trust has an effective approach to the management of fire safety. Standard agenda items include risk management, fire incidents, false alarms, enforcement action and staff training. Quarterly written reports are presented to the Health and Safety Steering Group.

### 3.3 Risk Register (Summary)

The Trust risk register acts as a repository for all risks identified by the organisation. Fig 1 gives details of relevant structural fire safety risks that score eight or above (Amber risks)

Fig 1 Overarching Building Risks

	Title	ID	Description	Controls	Score
<b>Buildings containing Patients</b>					
1	<b>Block NX55 – Main Theatres</b>	4382	As a consequence of shortfalls in structural fire protection (including fire alarm), fire could spread uncontrolled through wards and departments, compromising life safety.  Capital Project – expected to commence early 2018	<ul style="list-style-type: none"> <li>• Local Evacuation Plans</li> <li>• Mandatory fire training</li> <li>• Daily Fire Warden Checks</li> </ul>	<b>12</b>
2	<b>Block NX 87 – Heart &amp; Lung Centre</b>	4375	As a consequence of inappropriate cladding there is a risk that any fire could spread through the external façade of the building endangering life safety.	<ul style="list-style-type: none"> <li>• Full Risk Mitigation Plan</li> <li>• See Report</li> </ul>	<b>12</b>
3	<b>Block NX80 Deanesly Centre</b>	4325	As a consequence of shortfalls in structural fire protection (including fire alarm), fire could spread uncontrolled through wards and departments, compromising life safety. Capital Project - due to complete April 2018	<ul style="list-style-type: none"> <li>• Local Evacuation Plans</li> <li>• Mandatory fire training</li> <li>• Daily Fire Warden</li> </ul>	<b>10</b>

				Checks			
4	Block NX76 - A Wards	4368	As a consequence of shortfalls in structural fire protection (including fire alarm), fire could spread uncontrolled through wards and departments, compromising life safety.	<ul style="list-style-type: none"> <li>Local Evacuation Plans</li> <li>Mandatory fire training</li> <li>Daily Fire Warden Checks</li> </ul>	8		
5	Block NX14	4376			8		
6	Block NX64 – Block B Nucleus Wards	4377			8		
7	Block NX65 – Block C Nucleus Wards	4378			8		
8	Block NX75 – Block G	4379			8		
9	Block NX79 – Beynon Centre	4380			8		
10	Block NX85A	4381			8		
11	CCH - level 1	4513			8		
12	CCH – Level 2	4514			8		
13	CCH – Level 3	4516			8		
14	CCH - North Tower Plant rooms	4741			8		
15	CCH South Tower Plant rooms	4782			8		
<b>Other Buildings</b>							
16	Block 8/9 McHale	4411			As a consequence of shortfalls in structural fire protection and the identification of polystyrene foam insulation installed between metal cladding, fire could spread uncontrolled throughout the building effecting critical operational services that could compromise hospital business continuity.	<ul style="list-style-type: none"> <li>Local Evacuation Plans</li> <li>Mandatory fire training</li> <li>Daily Fire Warden Checks</li> </ul>	12
17	Block NX72 – Spine Service Duct (Tugway)	4383			As a consequence of shortfalls in structural fire protection (including fire alarm), fire could spread uncontrolled through wards and departments, compromising life safety.	<ul style="list-style-type: none"> <li>Local Evacuation Plans</li> <li>Mandatory fire training</li> <li>Daily Fire Warden</li> </ul>	8
18	Block NX89 – The Event	4384	8				

19	West Park Block 5 – Leasowes, Cleveland, Houses	4486		Checks	
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### 3.4 Management of Fire Risks

All overarching structural building risks have been entered onto DATIX by block number, (see 3.3). Departmental risks that have been identified during fire risk assessment are entered separately onto directorate risk registers, and managed locally. When local risks are closed the details are uploaded onto DATIX, that data is then used as a control measure against the overarching risk.

All RWT fire risk assessments are undertaken ‘in house’ by competent persons (Trust fire advisors). Currently the fire risk assessment rolling programme consists of **249** inspections, **238 (96%)** are current .

- Standard agenda item at Fire Safety Group meetings

### 3.5 Structural Fire Protection

The scoring of overarching buildings risks (fig 1) has helped to prioritise areas requiring additional support from the capital program.

**3.5.1 Deanesly Centre** (Block 80) is currently undergoing structural fire protection improvements. The scope of work includes ‘fire stopping’, installation and repair of fire doors, fire dampers, and a significant upgrade to the fire alarm (to L1 standard). Once complete the building will be capable of supporting ‘progressive horizontal’ evacuation.

- Due to unforeseen circumstances the project completion date has been deferred until the end of May 2018.

**3.5.2 Main Theatres** (Block 55) a structural fire protection upgrade is anticipated to begin this year.

- All aspects are carefully monitored by the Fire Safety Group.

### 3.6 Heart and Lung Centre

Following the outcome of urgent fire safety checks and the subsequent BRE fire test failure of the external cladding fitted to parts of ‘The Heart and Lung Centre’ (after the Grenfell Tower Fire).

A robust risk mitigation strategy (endorsed by the fire service, NHS Improvements and Trust Board) has been implemented to provide assurance that there are sufficient additional fire safety arrangements to safeguard staff and in-patients from the effects of a fire spreading through the external façade of the building.

Included within the strategy are parking restrictions, additional fire patrols, additional bespoke staff fire training, evacuation exercises, enhanced fire service and Trust response and costings to remove the cladding (should this be required)

- The risk mitigation strategy will continue to operate until the results of the ‘Grenfell Tower Public Enquiry’ are announced and fully understood.

### 3.7 Fire Response Management

Fire safety regulations require staff working at healthcare premises to be able to respond and deal with the initial stages of a fire incident **without having to rely on the attendance of the fire service**.

All identified Trust occupied sites contain nominated staff specifically trained to initiate fire procedures. Fire response is tested during evacuation drills annually, and focuses on manager and staff actions, when the fire alarm sounds (see 3.8 Fire Drills and Simulation Exercises).

### 3.8 Training

The provision of fire safety training is a legal duty placed upon the organisation by the ‘Regulatory Reform (Fire Safety) Order 2006’.

The Department of Health has recently reviewed its guidance regarding periodic training, emphasising that staff that are in direct care of patients will need to receive ‘face to face’ instruction more frequently than those in non-patient areas, who may only be required to evacuate themselves from a building on the sounding of the fire alarm.

Fire safety training has continued to develop; Fig 2 provides brief details of all training delivered ‘in house’ during the financial year.

Fig 2. Training

Type	Description	Staff	KPI	Actual
Induction	‘Face to face’ training, delivered to all staff joining the organisation, by a member of the fire safety team	795	100%	795
Periodic	Annual mandatory update, by staff accessing the e-learning module on the Trust Kite site. Non Clinical or Clinical.	7628	7247 95%	7303 95.7%
Fire Warden	Nominated staff - ‘Face to face’, including fire extinguisher training	201	N/A	201
Fire Warden (Refresher)	Specialist fire safety training for existing fire wardens. Practical ‘face to face’	55	N/A	55
Simulated Fire Evac Exercises	For staff working in clinical areas (Progressive Horizontal Evac etc.). ‘Face to face’ training. See 3.9.2	N/A	N/A	500
Evac+ Chair	Bespoke training for staff nominated to assist with disabled evacuation. Practical ‘face to face’	17	N/A	17
Fire Response	Bespoke ‘in house’ training for designated staff who form part of the Fire Response Teams	49	N/A	49

### 3.9 Fire Drills & Simulation Exercises

#### 3.9.1 None patient Buildings

Fire evacuation drills continue to be undertaken in all identified areas.

In wards and other vulnerable areas evacuation drills are carried out by simulation, all patient and non-patient areas will participate in at least one evacuation each year.

Figs 3-6 provide details of physical evacuation drills completed. The benchmark set is approximately 3.5 minutes (red line) for total evacuation.

Fig 3. RWT - New Cross Hospital none patient areas

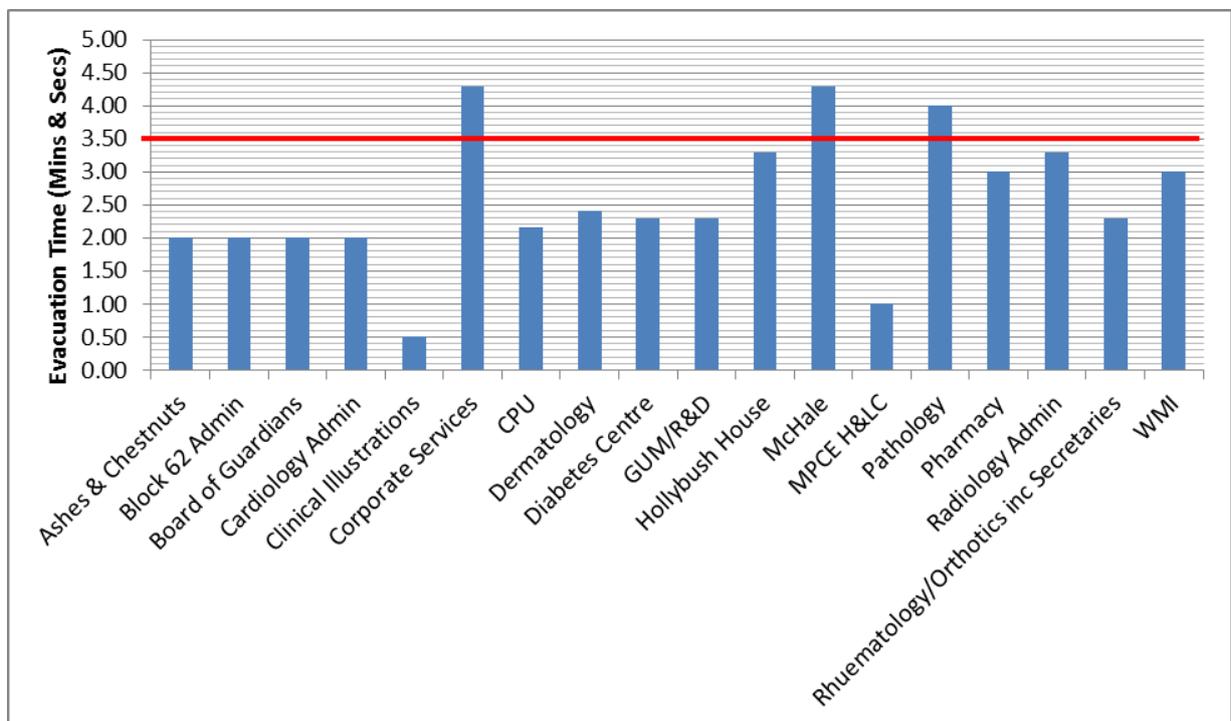


Fig 4. RWT – Community Healthcare premise

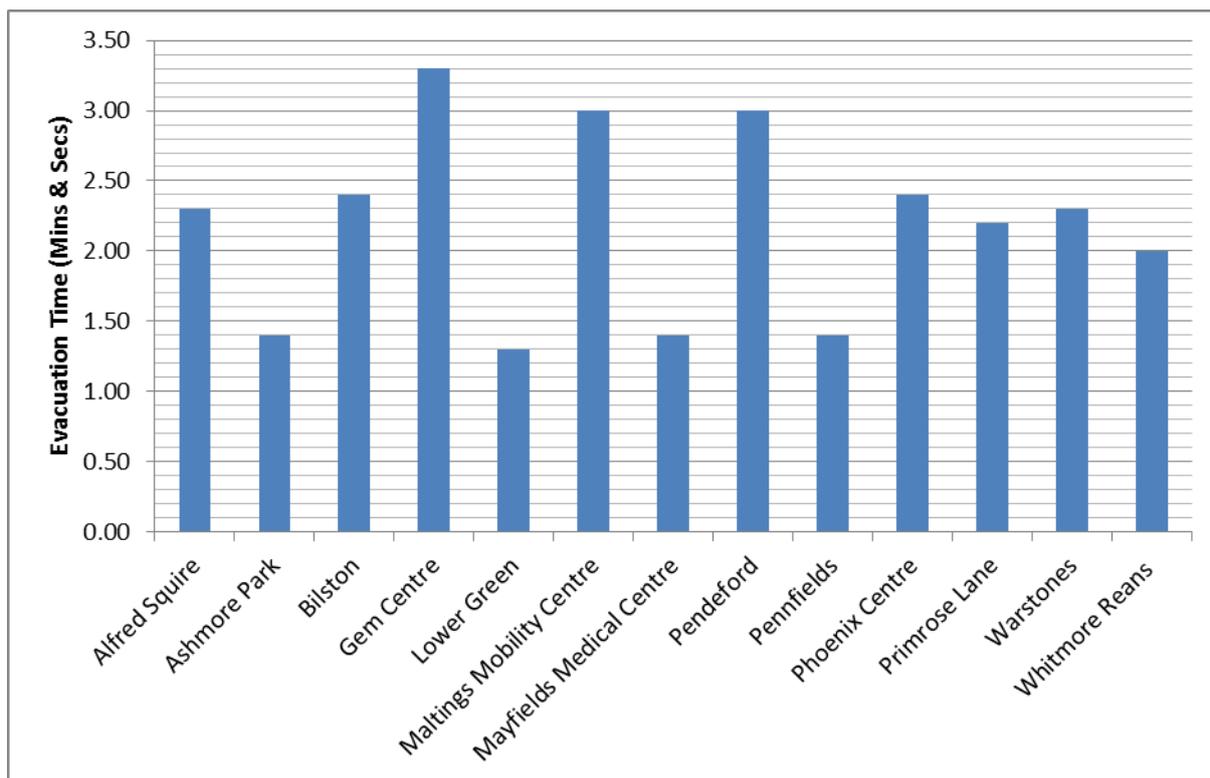


Fig 5. RWT – West Park Rehabilitation Hospital

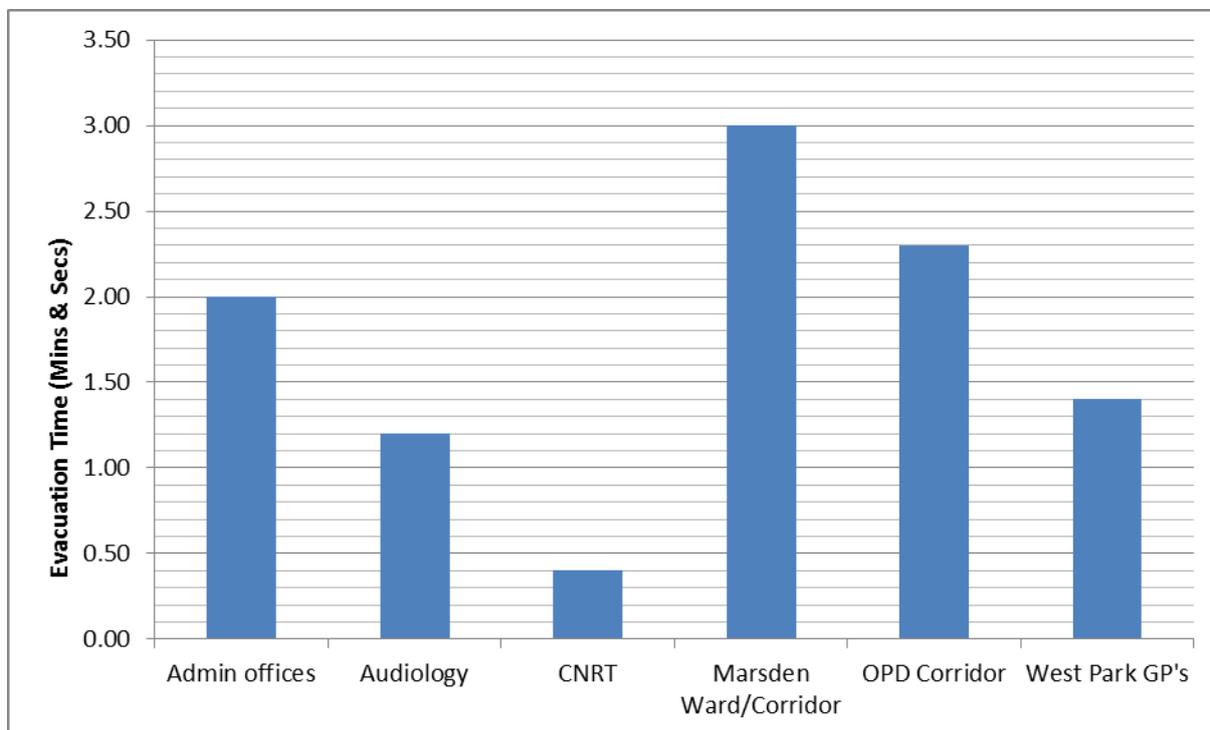
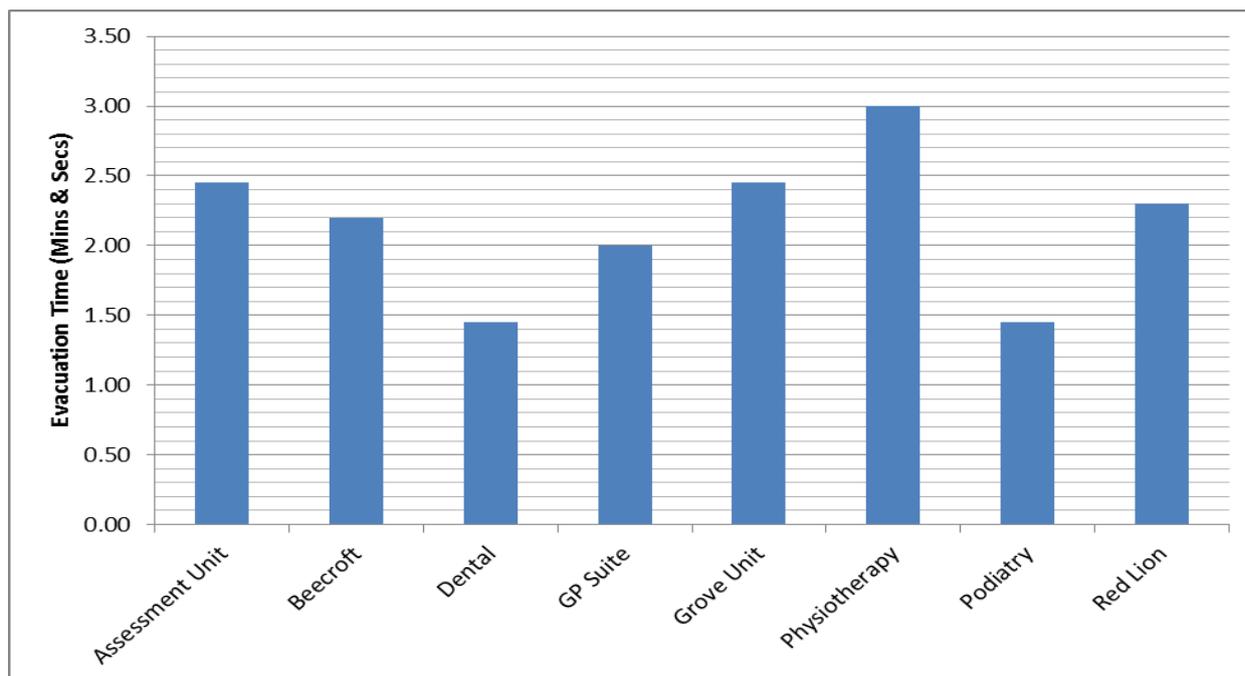


Fig 6. RWT – Cannock Chase Hospital



Note:

Where the recommended evacuation times have been exceeded, additional training has been arranged.

### 3.9.2 Clinical Evacuation Exercise (simulation)

Wards and identified clinical areas are required to undertake an annual simulation exercise to re-inforce the clinical mandatory training they have undertaken, and to consolidate local evacuation procedures (including 'progressive horizontal evacuation').

Fig 7 gives details.

Fig 7	In-Patient Areas		Out-Patient Areas		%
	Total	Completed	Total	Completed	
New Cross Hospital	44	21	31	24	60
Cannock Chase Hospital	3	3	12	12	100
West Park Rehabilitation Hospital	3	3	N/A	N/A	100

### 3.10 Exercise L'Orient

A multi-agency exercise, initiated by the West Midlands Fire Service (WMFS) took place on the 27<sup>th</sup> of October 2017 involved part of the main operating theatres (Nucleus Theatres), and a ground floor plant room.

The purpose was to explore the challenges of a critical incident in the form of a fire, specifically test WMFS and Trust protocols currently in place to effectively react and respond to the prevailing circumstances

The lessons learnt from the exercise, highlighted unexpected inadequacies for both organisations, plans have been formulated, identifying those issues, and associated actions required to address them.

Progress against actions is carefully being monitored at 'Fire Safety' and 'Business Continuity Group meetings.

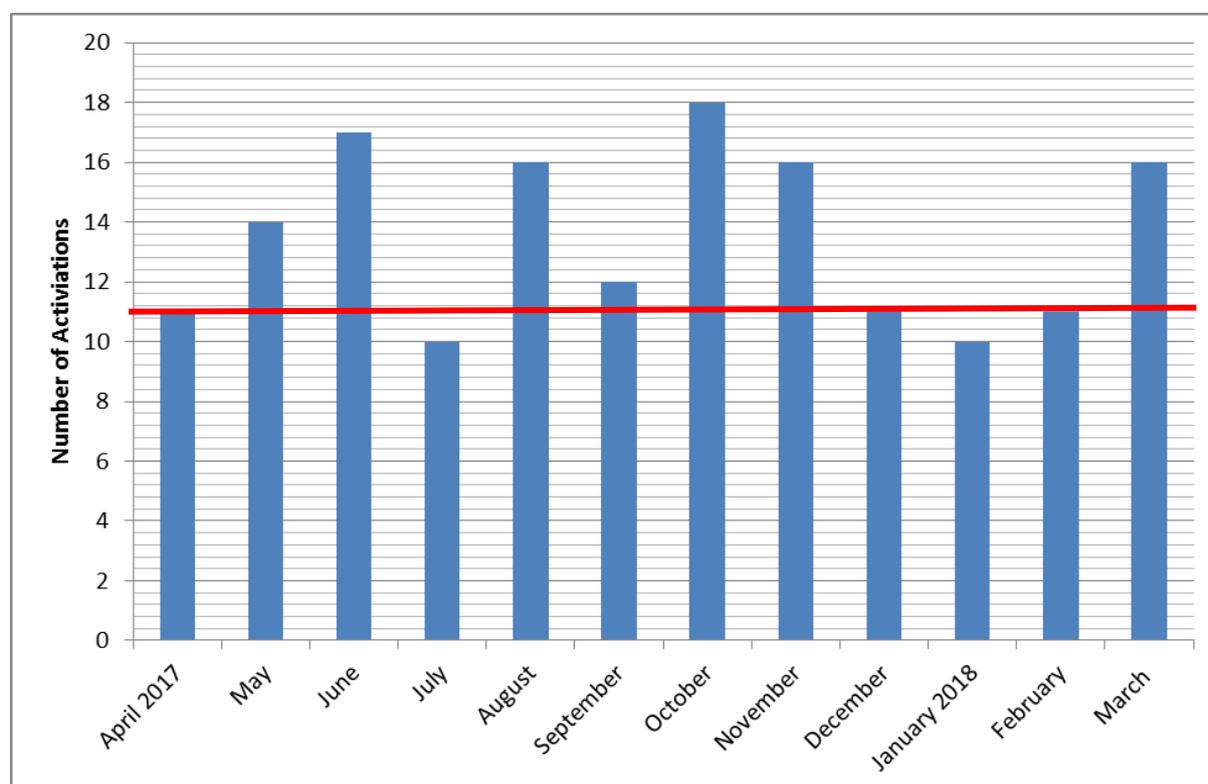
See Appendix B – Programme of Work (3.10).

### 3.11 Unwanted Fire Signals (UWFS)

False fire alarms are unwanted, an interruption to business continuity, costly and can compromise patient care. The following tables (Fig 8-10) provide details relating to false fire alarm activations generated at New Cross Hospital and attended by West Midlands Fire Service.

KPI for the financial year = 132, (11 activations per month) indicated by the red line

Fig 8. Activations at New Cross Hospital



Total activations year ending March 31<sup>st</sup> 2017= **162**. Total previous year = **165**. An overall reduction = **3 (1.85%)**.

- Fig 9 (page 14) provides a summary of causes.
- Fig 10 (page 15) provides a summary of locations by building

Due to the number of activations, New Cross hospital continues to be rated as a category B site (HTM 05-03 2013) requiring a continuous annual improvement goal of 10%. To attain 'category A status', where performance can be maintained requiring no further reductions, the total must not exceed **120**.

The Trust will continue to commit to reducing fire alarm activations, next year's KPI target = **147**

### **Cannock Chase Hospital**

The total number of false fire alarm activations generated from Cannock Chase Hospital = **14**, which complies with HTM recommendations for category A classification

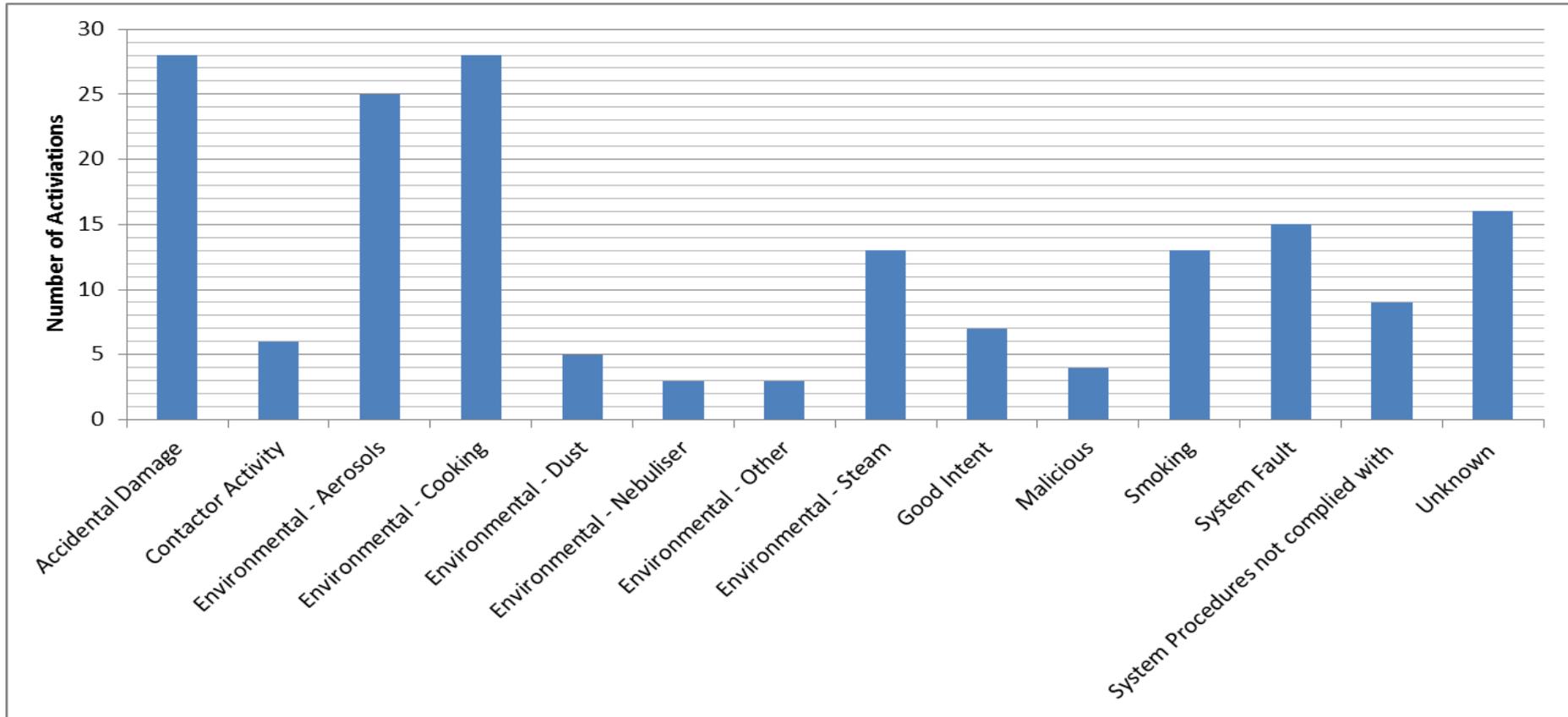
### **West Park Rehabilitation Centre.**

Only **6** alarms generated during the period of this report.

### **Community Premises.**

Single activations recorded - Pond Lane, Pendeford and The Maltings.

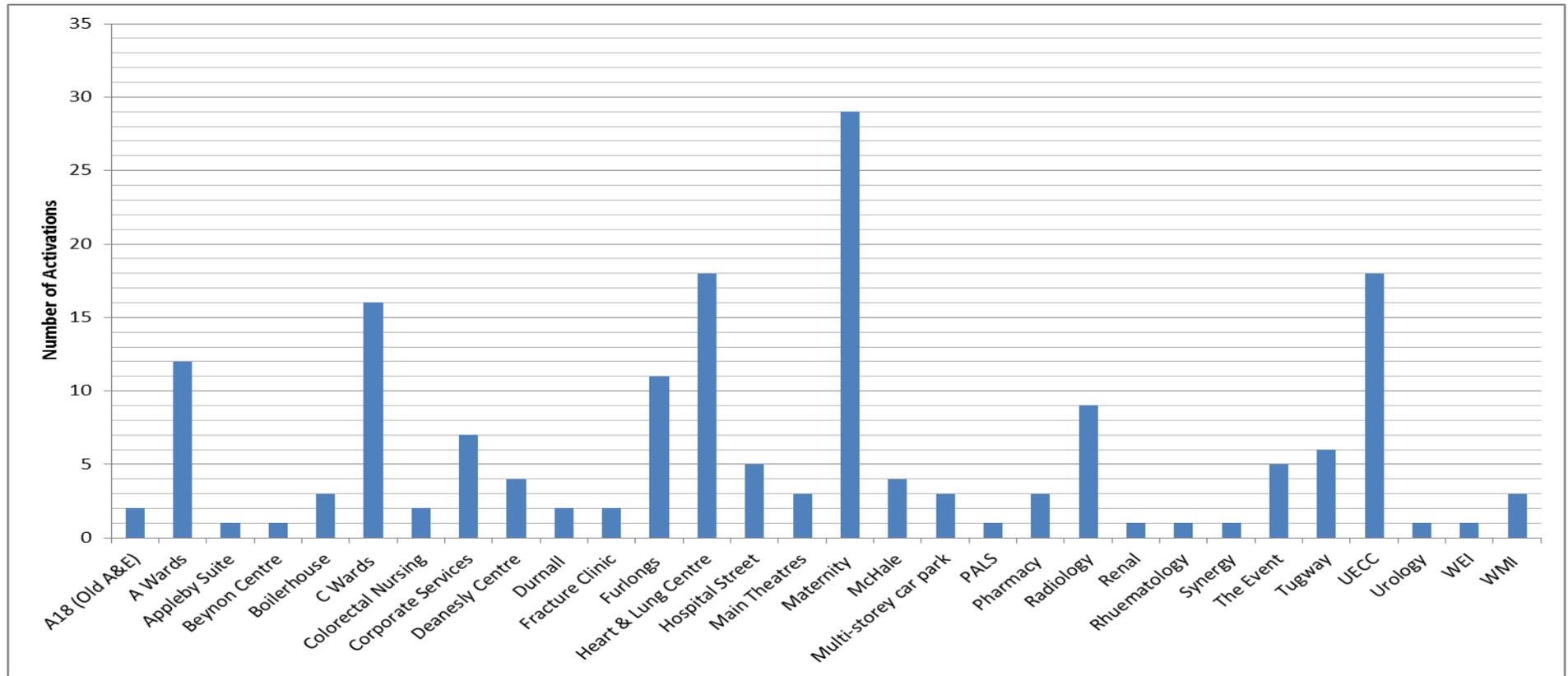
Fig 9 Cause of false fire alarms New Cross Hospital



Trends;

Accidental Damage (Inc misuse of call points), Cooking (in particular leaving kitchen doors open) and Aerosols are accountable for approximately **50%** of activations.

Fig 10 Locations New Cross Hospital



Trends:

Maternity, Heart & Lung Centre, and A & C Wards were accountable for approximately **50%** of all total activations. These particular areas are now the focus for additional attention.

### 3.12 Fires

#### Classification

- Category 1 – Fires causing significant damage to a building or where occupants have been threatened.
- Category 2 – Fires external to building or minor internal incidents where the building has not been damaged or occupants have not been threatened. See fig 11

There have been nil Category 1 fires recorded during the last financial year.

Fig 11. Category 2 details

NEW CROSS HOSPITAL:				
No	DATE	LOCATION	INFORMATION	ACTION TAKEN
1	04.06.17	Drs Mess	Unattended cooking equipment (toaster)	Use of fire blanket. Removed from area by Hotel Services
2	17.08.17	H&L Centre (B8)	Faulty Medical Equipment (clipper)	Switched off at mains. Removed from ward.
3	24.08.17	Ward A8	Faulty cooking equipment. (microwave)	Staff smelt burning, turned off at mains. Removed from ward
4	14.12.17	Corporate Services	Cooking	Inappropriate plate used in microwave, Fire Door wedged open. Advice given.
5	14.03.18	Ward C24	Faulty cooking equipment. (microwave)	Advice given as left unattended. Removed equipment from area.

Note: All fires are entered onto DATIX.

### 3.13 Enforcement Notices

There have been no Enforcement Notices (fire safety related) issued to this Trust during the period of this report.

### 3.14 Conclusion

During the 12 month period from 1<sup>st</sup> April 2017 until 31<sup>st</sup> March 2018, The Royal Wolverhampton NHS Trust has continued to improve its fire safety provision, in relation to current legislative requirements.

## Appendix A

### Annual Statement of Fire Safety 2017/18

The Royal Wolverhampton  NHS Trust		
I confirm that for the period 1 <sup>st</sup> January 2017 to 31 <sup>st</sup> March 2018, all premises which the organisation owns, occupies or manages, have fire risks assessments that comply with the Regulatory Reform (Fire Safety) Order 2005, and (please tick the appropriate boxes):		
1	There are no significant risks arising from the risk assessments.	N/A
<b>OR</b> 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. See Appendix B (Programme of work 2018/19)	✓
<b>OR</b> 3	The organisation has identified significant fire risks, but does <b>NOT</b> have a programme of work to mitigate those significant fire risks.*	
*Where a programme to mitigate significant risks <b>HAS NOT</b> 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 and Rescue Authority? ( <b>Delete as appropriate</b> ) If Yes - Please outline details of the enforcement action in Annex A - <b>Part 1.</b>	No
5	Does the organisation have any unresolved enforcement action pre-dating this statement? ( <b>Delete as appropriate</b> ) If Yes-Please outline details of unresolved enforcement action in Annex A - <b>Part 2.</b>	No
<b>AND</b> 6	The organisation achieves compliance with the Department of Health Fire Safety Policy, contained within HTM 05-01, by the application of Firecode or some other suitable method.	✓
Fire Safety Manager		Name: <b>Keith Massen GFireE</b>
		Email: keith.massen@nhs.net
Contact details:		Telephone: Ext 8159
Chief Executive Name:		Name: <b>David Loughton CBE</b>
Signature of Chief Executive:		
Date:		
<b>Completed Statement to be retained for audit purposes</b>		

Part 1- Outlines details of any enforcement action during the past 12 months and the action taken or intended by the organisation. Include, where possible, an indication of the cost to comply.

**None**

Part 2- Outline details of any enforcement action unresolved from previous years, including the original date, and the action the organisation has taken so far. Include any outstanding proposed action needed. Include an indication of the cost incurred so far and, where possible, an indication of costs to fully comply.

**None**

## Appendix B – Programme of Work 2018/19

Action not on target.			Action on target				Completed		
<b>AREA: ACCOUNTABILITY</b>									
Ref:		Actions Required	KPI	Time scale	Lead	Delegate	Current progress reported against Action Plan	Evidence	
App A	Annual Report/ Statement of Fire Safety	Prepare annual Trust fire safety report including statement of Fire Safety	HTM 05-01- Managing healthcare fire safety	05/18	COO	FSM	Completed- subject to approval HSSG May 2018 Fire Safety Group May 2018 Agenda item for TMC May 2018	Minutes & Report	
<b>AREA: MANAGEMENT STRATEGY</b>									
3.4	Management of Fire Risks	Continuation of Risk Mitigation Plan- Heart & Lung Centre	4 Staged Plan NHS I	TBC	FSG	FSM	Continuation of managing the life risk and protection from a fire occurring in external façade of the building	4 Stage Plan/ Fire Safety Group Minutes	
3.5	Structural Fire Protection	Undertake statutory fire safety improvement work to improve structural shortfalls in identified Trust buildings	Regulatory Reform (Fire Safety) Order 2005. HTM 05-03 Part K-	05/18	FSG	FSM	Fire Safety Upgrade – Deanesly Centre	Fire Safety Group minutes	
				03/19			Fire Safety Upgrade – NX 55 Main theatres		

3.8	Fire Safety Training	Review and update Non-clinical periodic mandatory training presentation (Kite Site)	HTM 05-01- Managing healthcare fire safety	09/18	FSM	FA	Revision has commenced, the presentation will include community premises. Bfwd from last year's actions	Fire Safety Group minutes	
3.9.2	Clinical Evacuation Exercises	Review annual rolling programme and attendance.	HTM 05-01 Managing Healthcare Fire Safety	09/18	FSM	Fire Team	Most outstanding areas have been contacted - exercises are being arranged.	Fire Safety Group Minutes	
3.10	Emergency Preparedness Resilience & Response	Develop robust fire emergency plans for critical incidents,	HTM 05-01 Managing Healthcare Fire Safety	07/18	EPO/ FSM	Fire Team	Development of site emergency information folders that can be reviewed during incidents	EPR Sub Group minutes	
3.12	Reduce the number of unwanted fire signals	Identify trends; develop strategies to reduce the number of activations. Include offsite locations	HTM 05-03 Reducing unwanted fire signals in healthcare premises	03/19	FSM	FA	New KPI and strategy to be presented to Fire Safety Group May 2018	Fire Safety Group Minutes	