

<b>To:</b>	<b>Trust Board - Public</b>
<b>From:</b>	Directorate of Estates And Facilities
<b>Date:</b>	4 <sup>th</sup> July 2017
<b>Healthcare standard</b>	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 15: Premises and equipment

<b>Title:</b>	Regulatory Reform (Fire Safety) Order 2005 Enforcement Notice's for Pilgrim and Lincoln Hospital and Fire Safety Improvements										
<b>Author/Responsible Director:</b>	Director of Estates & Facilities										
<b>Purpose of the Report:</b>	To advise the board on the fire safety work in the context of the enforcement notices received from Lincolnshire Fire and Rescue.										
<b>The Report is provided for:</b>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">Decision</td> <td style="width: 5%;"></td> <td style="width: 50%;">Discussion</td> <td style="width: 5%;">X</td> </tr> <tr> <td>Assurance</td> <td>X</td> <td>Information</td> <td>X</td> </tr> </table>			Decision		Discussion	X	Assurance	X	Information	X
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<b>Summary/Key Points:</b>	<p>ULHT has received two Fire Safety Enforcement Notices for Pilgrim and Lincoln Hospitals from Lincolnshire Fire and Rescue Service under the terms of the Fire Safety Order legislation.</p> <p>.</p> <p>This paper sets out a summary of the national position, ULHT's requirement under the legislation and the plan to meet those requirements.</p>										
<b>Recommendations:</b>	To acknowledge and support the priority to improve fire safety in line with the conditions set out in the enforcement notices.										

To continue to have oversight of the safety requirements as delivery against the improvement plans progresses.	
<b>Strategic Risk Register N/A</b>	<b>Performance KPIs year to date N/A</b>
<b>Resource As described</b>	
<b>Assurance Implications As described</b>	
<b>Patient and Public Involvement (PPI) Implications N/A</b>	
<b>Equality Impact N/A</b>	
<b>Information exempt from Disclosure No</b>	
<b>Requirement for further review? Yes</b>	

### Background

ULHT has in place well established risk identification, management and investment programmes for its estate and has over the past 12 months undertaken an extensive refresh of that work to inform its programmes of renewal and refurbishment into the future. The general term for dilapidation in the buildings and infrastructure over time is referred to nationally as 'backlog maintenance' and it is addressing that backlog specifically for fire that is predominantly referred to in this paper.

It is part of our 'business as usual' that we place a high priority on investment in buildings and infrastructure and that we contextualise this investment in that we prioritise funding for the highest risk requirements and direct capital funds accordingly.

Several competing investment priorities exist in terms of safety and legal compliance requirements within the estate including for example water safety, asbestos management, electrical safety and fire safety and we have recently invested over £20m in these core risk matters.

Nevertheless over time the level of backlog maintenance increases and the technical requirements change in that a building designed over 30 years ago now needs both investment for major infrastructure replacement as plant and equipment becomes worn out but also to upgrade systems to modern standards be they safety or functional suitability.

In general terms the capital funding which can be deployed by individual health trusts is not sufficient to meet the replacement and upgrading requirements over a prolonged period and as it can be seen in the recent past some health organisations decided to entirely replace their health buildings through the private finance initiative (PFI) which is a way of creating "public-private partnerships" (PPPs) by funding public infrastructure projects with private capital.

In 2017 NHS Property and Estates published '*Why the estate matters for patients*' which is an independent report by Sir Robert Naylor for the Secretary of State for Health. In that report it reflects that; '*The 1962 Hospital Plan for England created the hospital system we have today. This review presents the opportunity to rebuild NHS infrastructure to meet modern standards of service delivery for the future. Without*

*investment in the NHS estate the Five Year Forward View (5YFV) cannot be delivered, the NHS estate will remain unfit for purpose and will continue to deteriorate.*

*Further it goes on to say; 'The general consensus is that the current NHS capital investment is insufficient to fund transformation and maintain the current estate. We estimate that STP capital requirements might total around £10bn, with a conservative estimate of backlog maintenance at £5bn and a similar sum likely to be required to deliver the 5YFV.'*

*And 'In essence, it represents historical under-investment. This is highlighted by the levels of backlog maintenance, which remain a significant problem across the NHS. The latest published figures suggest this has risen by over 9% between 2014/15 and 2015/16 to around £5bn, with £1.5bn of this in London.'*

*'Furthermore, these figures suggest that the backlog maintenance of critical estate functions has risen faster than the overall average. Following discussions with NHS trusts, we believe these figures to be understated because there has been no real incentive to report the situation accurately.'*

Additionally in October 2016 the Health Service Journal reported of a 'Huge spike in 'high risk' maintenance problems at trusts'

- *NHS providers face costs of £775m to deal with high risk maintenance issues, compared to £458m in 2014-15*
- *Providers' investment in estates maintenance has reduced every year since 2013 as capital budgets have been increasingly squeezed*
- *Increasing backlog raises risk of fires and power outages*

The above sets out the national backdrop and it is important to consider that ULHT does not have a privileged position in terms of investment over time and indeed unfortunately has a very significant level of backlog maintenance that, by recent validation is estimated to require in the order of £205 million to eradicate.

It can quite clearly be seen the challenge ULHT faces in meeting those upgrading and legislative requirements across the range of core safety issues against the backdrop of limited funding and an estate that has not been subject to sufficient levels of renewal and replacement over a prolonged period of time and at the present time for those same reasons.

### Enforcement Notices

ULHT had over time been working closely with Lincolnshire Fire and Rescue Service who had carried out various inspections and made subsequent recommendations. These recommendations had been dealt with as they occurred and improvements made.

Due to a number of recent fires, the majority of which were associated with aging electrical equipment, Lincolnshire Fire and Rescue decided that additional steps needed to be taken to improve fire safety, upgrade infrastructure and buildings and to put some additional timescales for those improvements to be made within.

ULHT were working with Lincolnshire Fire and Rescue against an action plan to deliver those improvements, however whilst that work was being undertaken two additional fires occurred at Pilgrim hospital and Lincoln hospital. This resulted in the enforcing authority upgrading the action plan status to enforcement notice for those hospitals.

Grantham hospital remains as an action plan and on the 15<sup>th</sup> of June 2017 Lincolnshire Fire and Rescue confirmed that progress was satisfactory.

The key requirements for the enforcement notices under the Regulatory Reform (Fire Safety) Order 2005 are:

Article 8 – Duty to take general fire precautions

Article 9 - Risk Assessment

Article 11 – Fire safety arrangements

Article 13 - Fire detection

Article 14 – Emergency routes and exits

Article 15 – Procedures for serious and imminent danger

Article 17 – Maintenance

Article 21 – Training

These requirements must be complied with over a number of individual timescales from three months to two years.

It is an important matter to reflect that the buildings are considered to not be unsafe. Should that be the case then Lincolnshire Fire and Rescue would be taking more immediate action. We have a partnership with Lincolnshire Fire and Rescue service in that both they and ULHT both wish to see buildings upgraded and renewed, bringing our environments up-to-date and we now have a firm pathway to work within to do so.

There is a dedicated team at ULHT who have the fire safety requirements as their first priority and are mobilising resources and professional services to deliver the improvement plan.

### Grenfell Tower Fire

Further to the Grenfell tower fire there has been an additional focus on the safety of buildings with cladding systems and in particular any that are high rise.

Checks have been made concerning the significant high rise building at Pilgrim hospital. This building has a non-flammable insulation system comprising of a glass

based mineral fiber construction and in addition has appropriate fire barriers installed. ULHT is currently considered to be low risk for this particular concern and we continue to work with Lincolnshire Fire and Rescue closely as this situation develops.

### Enforcement Notice Compliance Plan

The following tables represent a summary of the Statutory Fire Enforcement Notices for Lincoln County and Pilgrim Hospital Boston identifying key actions required and enforcement delivery dates

**Pilgrim Hospital Fire Enforcement Notice 30 May 2017**

<b>Item No</b>	<b>Article</b>	<b>Description</b>	<b>Date to be completed</b>	<b>Action Required</b>
1	8	Duty to take general fire precautions	30 May 2019	Fire Compartmentation
2	9(6) & (7)	Risk assessment	30 August 2017	Site wide Fire Risk Assessments
3	11 (1) & (2)	Fire safety arrangements	30 November 2017	Emergency (evacuation) Plans
4	13 (1) (a) & (2)	Fire detection	30 November 2017	Fire Alarm upgrade
5	14 (2)	Emergency routes and exits	30 May 2019	Site wide Fire door repair/ replacement
6	14 (2) (h)	Emergency routes and exits	30 May 2018	Escape route emergency lighting
7	15 (1) (a)	Procedures for serious and imminent danger	30 November 2017	Communication of evacuation and emergency procedures
8	19 (1) (c)	Provision of information to employees	30 November 2017	Role specific training and fire drills – information on procedures
9	21 (2) (a)	Training	30 November 2017	Role specific training and fire drills - theoretical

**Lincoln County Hospital Fire Enforcement Notice 14 June 2017**

<b>Item No</b>	<b>Article</b>	<b>Description</b>	<b>Date to be completed</b>	<b>Action Required</b>
1	8	Duty to take general fire precautions	14 June 2018	Fire Compartmentation & Fire Hazard Rooms
2	9(6) & (7)	Risk assessment	14 December 2017	Site wide Fire Risk Assessments
3	11 (1) & (2)	Fire safety arrangements	14 December 2017	Emergency (evacuation) Plans
4	13 (1) (a) & (2)	Fire detection	14 September 2017	Detection Zone Plans
5	14 (2)	Emergency routes and exits	12 July 2017	Clear obstructions from escape routes
6	17(1)	Maintenance	14 June 2019	Electrical Testing and Fire Door Maintenance
7	21(2)(a)	Training	14 December 2017	Role specific training and fire drills - theoretical

### Resource requirements

The requirement to address the historical underfunding of investment in the estate over a considerable period of time will require significant resources to be deployed rapidly into the renewal and upgrading work required. ULHT is planning to spend £3m this year specifically on fire safety and is anticipating to invest further capital allocations if required which will need to be moved from other priority works.

In addition the Trust is finalising a business case which sets out the need for significant additional capital investment to substantially upgrade fire systems and associated infrastructure in 2017/18 and 2018/19.