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Chief Fire Officer: R Wilsher OBE



The Chief Executive  
West Hertfordshire Hospitals NHS Trust  
Trust Offices  
Watford General Hospital  
Vicarage Road  
WATFORD  
WD18 0HB

Fire Protection (South District)  
Hemel Hempstead Fire Station  
Queensway  
HEMEL HEMPSTEAD  
HP2 5HA  
Telephone : 01442 867111  
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Contact : Jon Horastead  
My Ref : JRH/NMB/09/6854  
Your Ref :  
Date : 8 October 2010

Dear Sir

**THE REGULATORY REFORM (FIRE SAFETY) ORDER 2005**

**WATFORD GENERAL HOSPITAL, VICARAGE ROAD, WATFORD, WD18 0HB**

Further to our letter dated 17 August 2010, please find attached an updated Action Plan, detailing items that have been completed and items that remain ongoing. It is the Fire authorities intention to re-inspect in the first quarter of 2011 to ensure compliance with the outstanding items.

If you have any queries regarding the amended Action Plan, please do not hesitate to contact me.

Yours faithfully

**Jon Horastead**  
**District Commander**  
**Fire Protection (South District)**

Attachment

✓ cc Roy Oliver-Fire Safety Manager, West Herts Hospitals NHS Trust, Hemel Hempstead Hospital, Hillfield Road, Hemel Hempstead, HP2 4AD.



## THE REGULATORY REFORM (FIRE SAFETY) ORDER 2005

**NAME:** CHIEF EXECUTIVE OF WEST HERTFORDSHIRE HOSPITALS NHS TRUST  
**ADDRESS:** TRUST OFFICES, WATFORD GENERAL HOSPITAL, VICARAGE ROAD,  
WATFORD WD18 0HB

**PREMISES:** WATFORD GENERAL HOSPITAL, VICARAGE ROAD, WATFORD WD18 0HB

**DATE:** 8 OCTOBER 2010

ITEM No.	PREVENTIVE AND PROTECTIVE MEASURES TO BE CARRIED OUT	COMPLETION DATE BY
1	<p>On inspection, several fire doors were found to be wedged open.</p> <p><b>Action: This practice must cease immediately. Additionally, the function of fire doors in maintaining compartmentation in fire situations must be included as part of the general staff fire safety awareness training.</b></p> <p><b>Should fire doors need to be held open for the convenience of staff and patients, suitable hold open devices should be used which allow fire doors to close effectively on actuation of the fire alarm, have relevant British Standard approval and are the subject of routine testing and maintenance.</b></p>	<p><b>Completed.</b> Inspected 23.7.10.</p> <p><b>Completed.</b> Inspected 23.7.10.</p>
2	<p>On inspection, several fire doors were found to be missing, damaged or not effectively self closing.</p> <p><b>Action: A robust inspection and maintenance regime should be instigated in line with recommendations made in HTM 05-01, Section 4.29.</b></p>	<p><b>Completed.</b> Inspected 23.7.10.</p>
3	<p>On inspection, it was found that a set of double fire resisting doors had been relocated from the fire compartment wall into a non fire resisting newly constructed stud wall between X Ray department and lift lobby at Level 2, PMoK Building.</p> <p><b>Action: Fire resisting doors should be reinstated in the original location in the fire resisting wall.</b></p>	<p><b>Completed</b> 16.11.09</p>

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4	<p>On inspection, it was found that many doors which did not appear to be fire doors had been provided with signs indicating 'fire door keep shut'. The apparent overuse of these signs appears to cause confusion and inconvenience to staff resulting in the practice of wedging doors open.</p> <p><b>Action: We recommend that all doors on the site are assessed to determine whether or not they are required to be fire doors and only those doors required to provide a fire compartmentation function, indicated 'fire door keep shut'; or 'fire door keep locked'.</b></p>	<p><b>Completed.</b> Inspected 23.7.10..</p>
5	<p>On inspection, it was found that some access doors to service ducts were not effectively secured and rubbish and equipment had been stored in these areas.</p> <p><b>Action: The access doors to service ducts must be kept securely locked and maintained as sterile areas.</b></p>	<p><b>Completed.</b> Inspected 23.7.10.</p>
6	<p>There was no evidence provided, when requested, of maintenance and testing regime for the fire dampers within ductwork that penetrates compartment floors and walls.</p> <p><b>Action: A robust inspection and maintenance regime should be instigated in line with recommendations contained within the relevant British Standard.</b></p>	<p><b>Ongoing.</b> Maintenance and inspection well under way. To be completed by Feb 2011.</p>

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7	<p>Fire marshals are currently appointed on a voluntary basis. This could lead to inconsistencies in numbers and competencies of appointed persons. Article 18 of 'The Regulatory Reform (Fire safety) Order 2005, requires that the 'Responsible Person' must appoint 'Competent Persons' to carry out the 'preventive and protective measures' identified by the 'risk assessment'. HTM 05-01, Section 4.13 also recommends the appointment of fire marshals for larger sites.</p> <p><b>Action: The appointment of fire marshals should be formalised and the numbers, distribution and training should be commensurate with the size and complexity of the departments they are responsible for.</b></p>	<p><b>Ongoing.</b> Training programme to be set up and implemented within 6 months and reviewed by Fire Service in first quarter of 2011.</p> <p>Appointment of Fire Marshalls to be completed by first quarter 2011.</p>
8	<p>Article 21 of 'The Regulatory Reform (Fire safety) Order 2005 places obligations on the responsible person to ensure all employees are provided with adequate fire safety training and that this should take place within work hours. Staff training records indicated that attendance of staff at mandatory training sessions was inconsistent and infrequent.</p> <p><b>Action: Facilities should be put in place to monitor and review the effectiveness of staff training and to ensure a higher level of attendance.</b></p>	<p><b>Ongoing.</b> Online training programme to be set up and implemented within 6 months and reviewed by Fire Service in first quarter of 2011.</p>

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9	<p>When questioned, some fire marshals and medical staff appeared unclear about the importance, existence and location of medical gas isolation valves.</p> <p><b>Action: The importance of the isolation of medical gases during a fire emergency should be included in the mandatory fire training and competent persons identified to carry out this function safely without compromising medical needs of patients.</b></p>	<b>Completed.</b> Inspected 23.7.10.
10	<p>When questioned, some fire marshals and medical staff were uncertain of the methods to be used for the evacuation of non-ambulant patients.</p> <p><b>Action: Each ward/department should be assessed to determine the evacuation requirements of the occupants and relevant site specific staff training given. Any specialist equipment needed to assist in the process of evacuation should be provided along with relevant training.</b></p>	<b>Completed.</b> Inspected 23.7.10.
11	<p>On inspection, several modifications have been carried out to the original layout of the buildings with no evidence of Building Control or risk assessment process.</p> <p><b>Action: A process should be put in place to ensure that building works do not take place without an assessment of the impact on the compartmentation and means of escape. If required, Building Control approval should be sought.</b></p>	<b>Completed.</b> Inspected 23.7.10.

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12	<p>Circulation spaces and escape routes were found to have items of storage including: - beds, bins, pallets of goods, vending machines and in the service tunnel, an electric tug vehicle.</p> <p><b>Action:</b> As these areas should be maintained completely sterile and free from combustibles, the location of the above items should be risk assessed for their potential impact on the means of escape. If as a result of this risk assessment process, any of the items are found to represent an unacceptably high risk, they should be removed immediately to a more suitable location.</p>	<b>Completed.</b> Inspected 23.7.10.
13	<p>On inspection, there was no evidence of local weekly testing of the fire alarm system.</p> <p><b>Action:</b> The fire alarm must be tested by a competent person on a weekly basis in accordance with HTM 05-03: Part K and BS 5839: Part 1 and the outcome of the tests recorded in a log book. Peripheral devices such as fire door hold open devices and security fastenings should be checked on these occasions to ensure correct functioning.</p>	<b>Completed.</b> Inspected 23.7.10.
14	<p>On inspection, there was no evidence of local monthly testing of the emergency lighting system.</p> <p><b>Action:</b> The emergency escape lighting must be tested by a competent person on a monthly basis in accordance with HTM 05-03: Part K and BS 5266: Part 1 and the outcome of the tests recorded in a log book.</p>	<b>Completed.</b> Inspected 23.7.10.