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*PRODUCER: Andy Denwood*

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THE ATTACHED TRANSCRIPT WAS TYPED FROM A RECORDING AND NOT COPIED FROM AN ORIGINAL SCRIPT. BECAUSE OF THE RISK OF MISHEARING AND THE DIFFICULTY IN SOME CASES OF IDENTIFYING INDIVIDUAL SPEAKERS, THE BBC CANNOT VOUCH FOR ITS COMPLETE ACCURACY.

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#### ACTUALITY OF FIRE ENGINES

CHIEF EXECUTIVE: We've had a major fire at the Royal Marsden today. But the most important thing is that all patients and staff have been evacuated safely.

MAN: Well basically the fire alarm went and they took us to a room at first, and there was lots of smoke and that, it was coming through the corridors and stuff like that.

MAN 2: This hospital is the one where a lot of surgery goes on, so that was quite distressing, seeing people with bags and stuff being wheeled out and shipped to other hospitals.

URRY: A fire in a hospital gets top priority from Britain's emergency services - 125 firefighters, 16 ambulance crews and other support agencies all played their part in tackling a major blaze at London's Royal Marsden. A successful evacuation won praise from the Prime Minister.

## EXTRACT FROM PRIME MINISTER'S SPEECH

**BROWN:** The last twenty-four hours have seen Britain at its best. Staff coming together – nurses, doctors, consultants and all the health service staff coming together with the superb work of the police, the fire service and the ambulance service, to evacuate 79 patients and, of course, to make sure that the hospital would be safe for the future.

**URRY:** But how much is being done to make our hospitals fire safe? File on 4 has uncovered evidence that some NHS Trusts are not living up to the safety standards which the emergency services expect and the law requires. Some have even been threatened with prosecution. Tonight we put the fire safety record of the NHS to the test.

## SIGNATURE TUNE

**BOAS:** That hospital means everything to me at the moment. When you get cancer you are a member of a club, and the Royal Marsden is our clubhouse. To see it go up in flames, you're just so scared because your whole life rests in that place's hands, and when that goes up in smoke you think, who's going to look after me now?

**URRY:** The Royal Marsden is Britain's leading cancer hospital. Almost a month after the fire at its Chelsea site, five operating theatres are still out of action, as is its critical care unit, in which patients needing intensive care following complex surgery were looked after around the clock. Only half of the 120 beds in the buildings can be used. No wonder patients like 33 year old Jason Boas, who has pancreatic cancer, are fearful. His long term life expectancy is low. Doctors at the Royal Marsden put him on a clinical trial to give him the best possible chance. On the afternoon of the fire he was awaiting treatment.

**BOAS:** My blood results had come in and I was good to go to have my treatment, so mentally I was all psyched up to take the treatment and then all of a sudden, as I walked out of the surgeon's door the bell rang. Very quickly one of the nurses came up and said, 'It's actually a fire.'

URRY: Jason was one of the eight or so out-patients led to safety. In the cold January air, he was advised to go to a nearby pub.

BOAS: As we came outside, ash was falling down on our heads. One of the nurses saw me and said, 'Jason, don't stand out here in the cold,' – it was a cold day – 'Go in the pub or somewhere and get warm.' So I walked into the pub with my parents and we sat looking out the window, seeing what was going on. We did see patients coming out in gurneys and mattresses being laid down for some of the sicker patients. I actually had my canula taken out in the pub by one of the nurses. This must be what it's like to be in the war.

URRY: Another of those at the hospital that afternoon was an eye witness uniquely qualified to observe the progress of the fire.

GALEA: As I stood up and looked over my shoulder through the window in the waiting room, I could see large amounts of black smoke pouring out of the building. We started telling people, look, this is for real, let's get out of here, and we started to move towards the stair.

URRY: Professor Ed Galea is Director of the Fire Safety Engineering Group at the University of Greenwich and a leading authority on evacuation techniques. That afternoon Professor Galea was with his wife, who is being treated for breast cancer.

GALEA: When I turned the corner and started approaching the stair, looking out the window of the stair, my heart almost stopped. When I saw the amount of smoke pouring out of this building, the things that immediately started crossing my mind was, my God, we're in an old building, there's a fire and it looks like the fire is in the roof void. We were in a hospital. For all I knew there could have been two hundred people in beds, non ambulant, and it looks like there's a very serious fire spreading in this building, and I thought, my God, this is just your worst nightmare happening.

URRY: But Ed Galea's professional curiosity was also aroused and he began taking photographs which demonstrate how quickly fire took hold.

GALEA: In this particular picture you can just see a little bit of smoke around the side of the building.

URRY: Starting to drift over ...

GALEA: And beginning to drift, that's right. This is the next photo and this is at 1321, so now we're a minute after the alarm started to sound, and you can see now this huge amount of smoke coming out through here, and it all appears to be coming out of this, this roof area.

URRY: Well, that is frighteningly quick, isn't it? Within a minute all that dark grey and black smoke pouring out of there, where once there was mostly blue sky.

GALEA: That's right, and it gets, it gets worse.

URRY: File on 4 asked Ed Galea to review his footage including video, to help us understand more about the nature of the Royal Marsden fire.

GALEA: If we look at one of the video ..., you can see huge flames along the roof, and as I zoom in you can see a number of the roof joists. We've already lost a lot of the roof. There are huge flames emanating from the roof.

URRY: What's your assessment of why it was spreading so quickly at that stage?

GALEA: Well, the compartmentation is the key thing that you have in hospitals to prevent the spread of fire and fire products. In this particular case it looks like the fire appears to be spreading fairly rapidly.

URRY: We don't know at this stage how much compartmentation, if any, there was in that roof space, but it suggests to you that there was a problem there?

GALEA: Well no, I don't know how much compartmentation there was, I don't know the level of compartmentation. The only thing that crossed my mind was that if it is in the roof space and if it's not compartmented there's going to be a major problem here, this is going to become a major incident.

URRY: Compartmentation is the trade term to describe the interior division of buildings with fire-resistant materials. The Royal Marsden Trust told us they had compartmentation in the roof space and elsewhere to try to stop the spread of flames and fumes, and that the premises comply with building and Department of Health fire safety policy. All the more worrying then that the fire took hold in the way it did, not least because, just like the Royal Marsden, most other hospitals rely on these measures for the safety of staff and patients. The Trust also confirmed to File on 4 that no sprinklers had been fitted. No-one would be interviewed. An investigation continues.

SHAWCROSS: I think the Royal Marsden hospital fire has been a wake up call for everybody. If it can happen at the Royal Marsden, it can happen anywhere.

URRY: Valerie Shawcross, who chairs London's Fire and Emergency Planning Authority, believes alarm bells should be ringing across the NHS.

SHAWCROSS: I think everybody was impressed by the way the Royal Marsden handled the fire and the response of the emergency services, but it does highlight the fact that even a very well run hospital is an extremely risky environment. You do have a high risk of fire and of course you have an enormously high life risk if there's a fire, even if there's a small fire, because of the number of people who are incapacitated for whatever reason. They are very dangerous places.

URRY: What do you think should happen now then?

SHAWCROSS: A fire at a hospital like the Royal Marsden is hugely damaging: it's a specialist hospital, it's a very important component of the health service. You can't afford to lose it or the equipment it's got, even temporarily, and I think everybody is working very hard to restore the hospital, but really our aim is to make sure that we don't lose facilities as vital as the Marsden in the future.

URRY: The responsibility for that now lies with the NHS trusts which run our hospitals.

#### ACTUALITY IN FIRE REFUGE AREA

FINNEGAN: So we're now in a fire refuge area, and again, before you get to the wards proper, there's a set of fire doors there. That's the ward proper. And ..., when you go through those doors there, that's actually a linking walkway to a separate building. So this is the compartmentation.

URRY: These days, they employ their own fire safety experts. Allan Finnegan is the adviser for North Cheshire NHS Trust which, like all the others, is required to take responsibility for the safety of its own estate, following a change in the law in 2006. It's his job to help executives with risk assessments, the implementation of national safety guidance known as the fire code, and compliance with the new laws. And here at Warrington Hospital they are proud of their safety features.

FINNEGAN: As you go through the hospital, you see you pass these doors. These doors are fire doors, leading to the fire alarm. If a fire originates anywhere in the hospital, these circulation space doors all close.

URRY: But it was at Warrington Hospital six years ago that another serious blaze led to calls for better fire safety measures, calls which appear to have gone largely unheeded.

ELLIS: As you can see here now, you've got a blackened ward, burnt out, no fittings there that you can sort of make sense of other than the fact that you can see the carcasses of the beds, the metal.

URRY: Alan Ellis from Cheshire Fire and Rescue Service showed us photographs taken shortly afterwards.

ELLIS: You can see all the plaster hanging off the ceilings. You can see all the bedding which is now just a black mess on the floor.

URRY: It's actually unrecognisable as a hospital ward.

ELLIS: Absolutely correct. You would not believe that, you know, only a few minutes earlier that was just a normal operating ward. When you look at that, what would you think about that? That someone close to you was actually being attended for ill health in that room.

URRY: Mr Ellis was in command of the emergency response on that Friday in May 2002. The fire station was just up the road, so they'd got there only three minutes after the alarm was raised, but already the build-up of heat and smoke had created a frightening phenomenon.

ELLIS: As I turned up and saw the flames coming out those windows, I can honestly say that in the 26 years at that time that I'd had in the service, I really suspected that we were going to have fatalities in this incident. It was a very very intense fire. In fact, we know that it was at least 600 degrees C within the ward, because it hit, it had flashed over. The build-up above the fire, the smoke particles and then of course the unburnt particles that are in the smoke, eventually at a certain temperature it explodes, and the fire then just blasts through like a furnace. So at 600 degrees C we believe in this particular fire, a flashover occurred, and that basically then will take out walls, doors, windows. That had occurred and the fire fighters had then gone in with their hose reels to protect themselves by spraying the ceilings and knocking down the smoke and the heat.

URRY: Incredibly everyone got out alive. Prompt action by staff ensured 27 patients, some of them amputees, were helped to safety. Toxic smoke had filled the ward in just four minutes. Later staff were officially commended for their bravery. One nurse agrees they were close to disaster. Janet Dearden remains thankful it happened during the day, when there were extra trained staff on duty who knew the drill.

DEARDEN: They just had to react so quickly that they got everybody out, and when you spoke to them later, their recollection of how they did it had gone. They'd say, you know, 'We really don't know how we did it apart from the fact that we did.' I know for a fact this gentleman, who works for security, he literally carried one of the amputation patients down the stairs on his back.



URRY: What would have happened if it had been in the early hours of the morning?

DEARDEN: I dread to think. I mean, it was in the afternoon, patients were awake, so you know, the ones that could walk were told just to get out, and they did. In the middle of the night, I mean, you know yourself sometimes, if you wake up in a strange place, you're disorientated ...

URRY: Maybe sedated ...

DEARDEN: Yes, some are sedated, so I wouldn't like to even think of what would happen if it happened at night.

URRY: Worryingly, the damaged ward had actually been upgraded to the very latest specification under the then fire code just months before. It was fully compliant with all the regulations. So Alan Ellis of Cheshire fire brigade wanted to know why a key part of the safety strategy, compartmentation, had been overcome so quickly.

ELLIS: Compartmentation works most of the time. There's no doubt. It gives you enough time to keep the fire in place so people can evacuate through the relevant fire doors to safety.

URRY: But is most of the time good enough for a hospital?

ELLIS: No. And that's where we were concerned, because if you look at the actual fire investigation report and look at the pictures, the thirty minute compartment wall has actually got a hole through it big enough that a person could walk through it.

URRY: And how long did that take to happen?

ELLIS: Minutes.

URRY: So it didn't hold for the thirty minutes?

ELLIS: Nowhere near the thirty minutes. So then from our point of view we are asking the question, how could this possibly happen?

URRY: It was later established that an elderly confused patient having a crafty cigarette had taken off his oxygen mask to light up. Naked flames and medical gases like oxygen are a dangerous combination. It left staff no time to use extinguishers or to turn off the oxygen main gas supply elsewhere in the ward. The fire defeated the regulators attached to the gas, it turned into an inferno. It seemed to Cheshire fire service that this had widespread implications. Medical gases are common in hospitals, as is compartmentation and the reliance upon evacuation. So fire officers made a series of recommendations to the NHS. They included a call for full scale fire tests to replicate conditions that day and learn from them, and for the citing of the main cut-off valve for gases to be made outside wards, so fire fighters or staff could get to them quickly. A key recommendation was for the fitting of sprinklers.

ELLIS: We pulled together a meeting with the National Health Service Estates people and also the local NHS management as well. Now what was interesting is we can confirm that the local health service took on board a lot of our recommendations and the things that they could do, they have done.

URRY: But the findings you had have national implications, don't they?

ELLIS: Exactly. And that's where the national estates, at that time, they said to us that they would take that back to the relevant Government departments and push forward with some full-scale tests.

URRY: What happened?

ELLIS: We never received a reply. Obviously this was in 2002. We have got clear documentation, as you can see, on the fire investigation, the reports of the meetings etc, but we have never actually received anything back from the records that I'm looking at to say how that moved forward.

URRY: Have you seen any evidence that the recommendations that you were making have been incorporated either into guidelines or best practice, whatever is needed in order to make sure there is a higher standard following this fire?

ELLIS: On smaller issues we can see some changes, but on the larger issues, the more important ones, we can't see any changes.

URRY: The Department of Health told us they issued updated guidance to trusts in 2006, four years later, recommending the siting of oxygen valves outside wards and suggesting other improvements for the storage of medical gases. But what about the sprinklers? North Cheshire Trust's fire safety adviser, Allan Finnegan, certainly agrees that they're very effective.

FINNEGAN: If you ask any fire officer what he'd like to see, the best fire defence you could put anywhere, any building, sprinklers would be the first thing he'd want. They're rapid, they can activate and extinguish a fire immediately it's broken out. Sprinklers are a fantastic device.

URRY: So have you got sprinklers here now then?

FINNEGAN: No, not at all, no. What we've got here is a system of fire safety which is compartmentation, early warning smoke detection, staff training and that works, it's proven to work, it's effective at work.

URRY: You were complying with all the regulations before, weren't you? You'd just recently upgraded these wards and yet this awful fire happened, so when the fire brigade says sprinklers, I'm wondering why no sprinklers have been put in.

FINNEGAN: Well, you're right, and that would be a dream solution, but it's at a cost. If you look at the scope and scale of the buildings on this site, you're talking about a tremendous capital investment. The fire service, that would be their answer. Now they're not paying the bill.

URRY: It's the money really?

FINNEGAN: It's the money.

URRY: It may seem remarkable that most hospitals don't have sprinklers, but there are different schools of thought about the best way to make these complex buildings fire safe. And, as Ron Alalouff, the editor of the trade publication Fire Safety Engineering points out, they are not compulsory.

ALALOUFF: There is no law or regulation requiring sprinklers in hospitals. In fact, the latest building codes only require sprinklers in buildings of more than 20,000 square metres in a single compartment or of buildings thirty metres high or more. Whether hospitals are going to take the same route as schools, where recently the Government has indicated a very strong presumption for compulsory sprinklers in new or refurbished schools is a matter to be seen.

URRY: So why is there no requirement for sprinklers in hospitals?

ALALOUFF: The issue on the one hand is cost and on the other fitting sprinklers is not an easy operation. It can be quite complex and there are issues such as maintaining the sprinkler systems, servicing the sprinkler systems and also ensuring that other fire safety measures in the premises aren't ignored because sprinklers are fitted. There is a danger sometimes that if sprinklers are fitted, people will become blasé about fire safety.

URRY: The retro fitting of sprinklers can be expensive, and in places like hospitals, very disruptive. It's cheaper and easier to design them into new builds. But the absence of any requirement to do so is leading to tension between two of our most highly respected public services. The latest battle is being fought out in Scotland, where construction of a new 800 bed super hospital near Falkirk is already underway.

ACTUALITY ON SITE

MULLEN: I think this new hospital is going to be the most significant development in the health service locally since 1948. It's going to make a huge difference in terms of the quality of patient care. It's currently the largest construction project in Scotland, but it's also the largest PFI project, certainly in health, so far in Scotland.

URRY: No wonder the chairman of Forth Valley NHS board, Ian Mullen, is looking forward to the day in two years time when it opens. But the Central Scotland Fire and Rescue Service are concerned that sprinklers have not been factored into the design. Group manager for the Brigade's Fire Safety department, Colin Hanlon, says the matter was discussed during technical fire strategy meetings held prior to building works, with the board's consultants, PFI construction partners and other interested parties.

HANLON: We became involved in September 2006, that was our first contact with the group drawing up the fire strategy for the hospital. We, at a very early stage, at the very first meeting in fact, we suggested in strong terms that we thought that this was an ideal opportunity to install a sprinkler system in the hospital.

URRY: Had they considered that prior to you raising it?

HANLON: Yes I believe they did, they did consider that and it had been ruled out. It wasn't part of the strategy. Apparently the strategy was going to be compartmentation. There was no legal requirement for the installation of sprinklers. However, our best advice is that in a large hospital like this, it's not built yet, this is an opportunity to have a sprinkler system installed.

URRY: So when you made that point, what was your sense of whether that was going to be taken on board?

HANLON: When we did give advice, it was fair apparent that sprinklers weren't going to be installed basically. That was the impression I was given. I think there's been approximately eight meetings since then, and again in subsequent meetings we have reiterated our position regarding sprinklers.

URRY: No room for misunderstanding about what you were saying then?

HANLON: No, no, no, no misunderstanding.

URRY: The Forth Valley NHS board, which will take over the hospital once it's built, says the technical advice it was given at the design stage was that the provision of fire compartments and other measures, along with evacuation procedures, is enough to ensure the safety of patients and staff. Board chairman Ian Mullen rejects any idea they're cutting corners.

MULLEN: This is not a question of us doing the bare minimum. This is a question of us delivering a hospital or having a hospital delivered to us which meets all current legislation and guidance. And if the argument of the Fire and Rescue Service has force – and I'm not expert enough to say whether it has or not – then they ought to have been able to convince the legislators to put that into the legislation.

URRY: But they're not going to be coming round to put fires out at your hospital, are they? It's the fire service that comes round to put fires out. Shouldn't their voice be more listened to than it apparently is being?

MULLEN: The people who've designed the legislation and the people who've drawn up the NHS fire code absolutely insist that the architects, designers, the engineers and the construction company consider the use of sprinklers at an early stage, so that has been done. They have considered the use of sprinklers and decided that it's inappropriate and unnecessary, because they have sufficiently effective systems in place within the design to ensure, as far as anyone can, the safety of patients and staff.

URRY: Isn't the real problem here that you've already signed a contract which didn't include costs for sprinklers?

MULLEN: Absolutely not. We've asked the construction company and the architects and the engineers to deliver to us a hospital which meets all current legislation and safety requirements. As part of that process they have decided that

MULLEN cont: they should develop a design engineering solution, and their view is that there would be no benefit by incurring the additional cost of a sprinkler system.

URRY: A cheaper option then?

MULLEN: Well that's got absolutely nothing to do with whether it's a cheaper option or not. If sprinklers are required, then the board would simply agree with that.

URRY: Forth Valley insists no final decision has yet been taken on the issue of sprinklers for its new 800 bed super hospital. Government figures show only 17 deaths and 651 injures because of fires in the NHS during ten years to 2005. The Department of Health described that as very low compared to the many millions of patients treated each year. According to the Department in 2006, 91% of trusts were fully compliant with their fire code. But it's clear there's a sharp division of opinion between the health service and fire brigades, even though they've both agreed to work together to further improve safety. It's such a sensitive matter that senior fire officers are reluctant to be openly critical. But Valerie Shawcross, a London assembly member who chairs the capital's Fire Authority, feels less constrained. She believes the NHS simply isn't doing enough.

SHAWCROSS: It's really important that the health service takes fire safety seriously and more seriously than it has been doing. I think fire brigades up and down the country feel that they have been grappling to get the attention of the health service to improve their fire safety records.

URRY: The Department of Health does point out that over the years there have been very few deaths caused by fire in hospitals and other NHS premises and relatively few injuries, and in fact most of the fires have been contained.

SHAWCROSS: That kind of thinking is exactly the sort of thinking we have been trying to get rid of in the British Fire Service. It used to be the case that fire regulation and enforcement was driven by death. In 2005 we had a big step change which was really to say we risk assess, we look to the future, we look to future risk, and in a

SHAWCROSS cont: society where there is so much rapid technological and social change, it's really important that we stop being reactive and we are far more pro-active and anticipate danger.

URRY: The Government's own figures seem to support the concern of Valerie Shawcross. Fire statistics for the ten years to 2005 published last March show there's been no progress in reducing reported fires. Instead the trend is slightly upwards. Figures for 2005, the latest available, show nearly twelve hundred within the NHS in England alone. Evacuation numbers also reached a record high, more than doubling the previous year's total. And worse still, the document reveals there's substantial underreporting, even though it's mandatory, and on top of that says Foundation Trusts are now no longer required to pass on such information. And in some parts of the NHS, lives continue to be lost, the latest in Liverpool.

#### ACTUALITY IN HOSPITAL GROUNDS

URRY: Here, within the grounds of Broadgreen Hospital on the outskirts of Liverpool, is the Broadoak unit, and I can see it through the trees just inside the main entrance. It's a two-storey brick building which accommodates patients with mental health problems. Less than 24 hours before the Royal Marsden went up in flames, a 61 year old woman was found dead in a communal bathroom following a fire. The ward had to be evacuated. Forty others were led to safety. Two staff and two patients needed hospital treatment for the effects of smoke.

#### ACTUALITY OF SIRENS

URRY: For the Merseyside brigade, one of the most pro-active in the country in tackling fire safety issues, it was their sixth call to a fire at the Broadoak unit in twelve months. Sources close to the Trust have told us that a head count after the evacuation revealed two people were missing and that staff went back in and managed to rescue one. It was too late though for the victim. Mersey Care, the Trust in question, described that as speculation, but didn't deny it. It said staff did an excellent job in difficult circumstances. The Trust confirmed that the bathroom isn't required to have a smoke alarm fitted by law, and that it can be locked from the inside. No-one would be



URRY cont: interviewed. Police, the fire service and the Health and Safety Executive are all investigating. This recent case underlines the particular needs of a very vulnerable group of patients - those suffering mental health problems - and the need to plan effectively to ensure their safety.

NORWOOD: It needs someone to go there and really look into it and make it safe, because personally I don't think it's safe.

URRY: Margaret Norwood has been treated for depression in the Becklin Centre, a mental health unit run by a Trust in Leeds. In 2005, she spent seven months there, sectioned under the Mental Health Act. She'd become suicidal and a danger to herself. When she was held at the centre, she was frightened about fire risks.

NORWOOD: Well my impression was that there wasn't enough staff to cover the wards or to spend time with patients. A couple of patients had gone off the rails a bit and needed to be made secure. They were letting the alarms off. Once one knew how to set the alarm off, others followed suit. These alarms would go off and you'd think, well is this a fire or is it just a false alarm? Anything up to ten, twelve times a day.

URRY: A day?

NORWOOD: A day, yeah.

URRY: What about the fire risks? Did patients set fires as well?

NORWOOD: I know one person that set fire in their bedroom. People weren't evacuated then. But the staff don't seem to know what they're doing when the alarms go off. I think they got to the stage where, oh an alarm's going off, let's not worry about it. That was the attitude. I don't think they would have got their act together if there was a real fire. But the seven months I were on there, there was no fire drill. I would have thought for a place where there was so many lives involved, there would be some sort of fire drill.

URRY: But you never saw one in the seven months you were there?

NORWOOD: No, no.

URRY: What do you think would have happened if there had been a fire?

NORWOOD: Well, I think your life would have been in your hands, sort of thing.

URRY: The expert employed by the Trust to advise them on fire safety matters was also seriously worried. Chris Hindle spent 25 years in the fire service, the last ten of them in fire safety. In 2002 he got a job with the Leeds mental health teaching NHS Trust as its fire safety officer. Mr Hindle has told us that he ran training courses for staff for which attendance was mandatory, and that only about 10% of those based on wards actually turned up. But his bigger concern was that the psychiatric unit, built under a PFI scheme, had what he regarded as unsatisfactory arrangements for helping people escape. In addition, he was worried about fundamental design flaws which he believed meant staff couldn't properly protect those in their care.

HINDLE: They cannot physically keep an eye on the patients down the corridors and that is tragic really, because there are many many design guides available for mental health units, and virtually all of them require that wards be built in a cruciform arrangement, so that the nurses' station is a glazed rotunda in the centre of the cruciform and is able to look down each limb, each corridor. None of that was applied in any of the buildings unfortunately, so observation is very limited.

URRY: And that would have a vital role, would it, if there's a fire?

HINDLE: I absolutely believe so; most fires, most fires are detected by people rather than smoke detection, people detect fires.

URRY: When you were raising this, these issues with the Trust, what was the response?

HINDLE: I didn't get a response. The truth of the matter is that for the first couple of years of my ten years with Leeds mental health trust, everything I brought up about fire safety was completely ignored.

URRY: But you were there for their safety officer, they employed you to do that.

HINDLE: Well that's right. I had several meetings and was assured that the matter had been passed up the chain to the director. It never seemed to happen.

URRY: Soon after he took up his new post, Mr Hindle carried out a fire safety audit on the Becklin Centre and two other units run by the Trust. The Trust responded to concerns within those audits by asking a separate NHS body to conduct a review. And in May 2005 that review of the Becklin Centre identified:

READER IN STUDIO: Shortcomings in each of the five key areas of documentation, design, construction, operation and management. The general standard of fire stopping is considered poor.

URRY: It concluded that:

READER IN STUDIO: The findings of this report highlight serious deficiencies in the design of the facility. A number of operational and management deficiencies serve to potentially further exacerbate the compromises to fire safety.

URRY: Chris Hindle felt this largely vindicated him, but having lost his temper on occasion through, he says, frustration at the lack of progress, he was suspended by his employer and remains so to this day. A trade union health and safety representative who raised concerns was also suspended. We asked for an interview and the Leeds mental health trust agreed, but then stood down their interviewee, Chief Executive Chris Butler. Instead we were offered a statement.

READER 2 IN STUDIO: The buildings provide a safe and comfortable environment for patients. Our own clinical and nursing staff were consulted throughout the design process. Designs received certification from the West Yorkshire fire service. In 2007, new measures were put in place to manage false fire signals. Safety is always of paramount importance to us.

URRY: Another of the many issues Trust fire officer Chris Hindle says worried him was the lack of an effective policy to deal with the risks associated with smokers.

HINDLE: There are many patients who have a bit of a penchant for starting fires, indeed that might be the root of their problem. They would all carry lighters around, disposable lighters which provide a continuous flame, and there were one or two incidents of patients using the disposable lighter against fire resistant curtains, and if they held it there long enough it would overcome the inherent fire resistance of the material and start a fire up the curtains. I had a couple of those. I was a bit concerned about that and raised the question about patients being allowed to carry lighters.

URRY: You were asking them for that not to happen?

HINDLE: I put it forward as a, as a subject for discussion. I didn't get any response whatsoever from, I think I sent it out to maybe a dozen managers.

URRY: Within the Trust?

HINDLE: Yes. Didn't get one response, which was very disappointing. Because ultimately, when you're carrying a disposable lighter you're carrying a little package of liquefied petroleum gas and it can be quite dangerous.

URRY: Those dangers were underlined when on 6<sup>th</sup> February last year a man in his sixties was found on fire in a corridor at the Becklin Centre and died hours later from serious burns. File on 4 has been told that a cigarette lighter was involved in the incident.

## ACTUALITY IN LEEDS

URRY: Here in Leeds, West Yorkshire fire and rescue service carried out an investigation following the man's death. It concluded the Trust had failed to comply with the law, and threatened prosecution, serving what's called enforcement notices on the Trust and on its PFI partner, Accent Group Limited. We've obtained copies of the notices, and in the notes which accompany these legal documents, the fire service calls for a review of the smoking policy and an evaluation of the risk posed by what it calls "service users carrying ignition sources" - in other words matches or lighters.

No-one would be interviewed, but in a statement the Trust pointed out that:

READER 2 IN STUDIO: Ignition sources are now routinely removed from patients when they are admitted. Smoking is only permitted in locations external to the buildings.

URRY: But they didn't respond to our questions about the warnings of their own fire safety officer, which he says he made long before last year's fatality. File on 4 can reveal that other enforcement notices have been served on other Trusts by the British Fire Service. Twenty-two have been issued since new laws came into force sixteen months ago. But there could be even more, because the data from almost half of all brigades is unavailable. These powers are being exercised even though a memorandum of understanding has been signed between the Service and the NHS to work together to improve fire safety. Valerie Shawcross, who as chair of the London Fire and Emergency Planning Authority sees that process in action, says she's disturbed that these legal measures of last resort are having to be used.

SHAWCROSS: It's not good enough that in London we have got several enforcement orders out at the moment. The problem for the fire service, of course, is that the ultimate sanction we have, if we don't feel that a premises is safe, is that we can close it down. Now what fire brigade wants to close down a vital hospital service? Nobody does.

URRY: It's a pretty big step actually to serve enforcement notices, isn't it?

SHAWCROSS: It is shocking actually that the fire brigade does have to get the position of serving enforcement notices on hospitals. You'd think that hospital management would be worried enough about the potential safety impact of being told that they have got a problem in the way they are running their hospital, without us having to take legal steps. And I think it does show that we do have a particular problem dealing with the health service. Hospitals are dangerous places and we do not want to wait until there's been an enormous fire and a number of people die.

SIGNATURE TUNE