



## FALKLAND ISLANDS

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Report of the Commission of Inquiry  
into the Fire at  
THE KING EDWARD MEMORIAL HOSPITAL  
STANLEY  
on 10 April 1984

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Printed by authority of  
H E the Civil Commissioner

## REPORT OF THE COMMISSION OF INQUIRY

To His Excellency Sir Rex Masterman Hunt, CMG, Civil Commissioner

Your Excellency,

We have considered the fire at the King Edward Memorial Hospital, Stanley, within your terms of reference of 15 May 1984, and have the honour to submit our report.

Signed

Chairman

5 June 1984

Members of the Commission of Inquiry

David Charles Calcutt QC, Chairman

Janet Lynda Cheek

Martin Fretwell Bird, Captain RN

Eric Miller Goss, MBE

Secretary to the Commission

Geoffrey John Freeman Podger

# REPORT OF THE COMMISSION OF INQUIRY

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## CHAPTER 1

### INTRODUCTION

- 1.1 In the early hours of the morning of Tuesday, 10 April 1984, much of the hospital in Stanley was gutted by fire. Heroic efforts by many people saved many lives, but even so eight died. Not only were the Islanders substantially deprived of their only hospital, but the small Islands community was made yet smaller. The loss was grievous and felt keenly throughout the Islands.
- 1.2 Very shortly after the fire the Civil Commissioner, Sir Rex Hunt CMG, announced that an Inquiry would be held. Subsequently he issued a Commission under the Commissions of Inquiry Ordinance <sup>(1)</sup> in these terms

“WHEREAS in the early hours of the morning of the 10th day of April 1984  
a fire destroyed part of the King Edward Memorial Hospital

AND WHEREAS eight persons lost their lives in that fire

AND WHEREAS I am of the opinion that it will be for the public welfare to  
make inquiry into such fire

NOW THEREFORE by this COMMISSION I Sir Rex Masterman Hunt  
appoint

David Charles Calcutt Esquire QC  
Janet Lynda Cheek  
Martin Fretwell Bird, Captain RN  
Eric Miller Goss Esquire MBE

to inquire into:

- (a) the cause of the fire;
- (b) the fighting of the fire;
- (c) the risk of fire on the islands and, in particular, in the King Edward Memorial Hospital;
- (d) steps taken to reduce the risk of fire in the hospital, and should fire break out, to control and extinguish that fire and to safeguard human life;
- (e) within the financial and other resources which were available, whether or not such steps as were taken were reasonable;
- (f) such other matters as the Commission may consider to be relevant in their inquiry into the matters set out above;

and to report.

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(1) (1942) Cap 12

I, SIR REX MASTERMAN HUNT, DIRECT THAT

1. The said David Charles Calcutt Esquire QC shall be Chairman of the Commission.
2. The inquiry shall be held in Stanley at such places and at such times as may be announced by the Commissioners.
3. The inquiry of the Commission shall be held in public except when the Commissioners consider it desirable to hold the inquiry in private.
4. John Grant McKenzie Laws shall be Counsel to assist the Commission as it may direct.
5. Geoffrey John Freeman Podger shall be Secretary to the Commission in accordance with Section 6 of the Commissions of Inquiry Ordinance and to perform such other duties as the Commissioners may direct.
6. A quorum shall consist of two Commissioners.
7. The Commissioners shall present their report to me on the First day of August 1984, or on such later day as I may agree.

Issued at Stanley on the 18th day of May 1984

R M Hunt  
Civil Commissioner "

- 1.3 Our terms of reference were perfectly plain. We should, nevertheless, indicate the way in which we interpreted them. We understood 'the cause of the fire' to mean the 'immediate' cause: more remote matters of causation were plainly covered by the other terms of reference. We understood questions concerning the provision of hospital and other medical facilities on the Islands in the future to be outside our terms of reference, except insofar as the discussion of them, prior to the fire, had any bearing on the standards of safety which were maintained in the King Edward Memorial Hospital. We understood (f) to give us some latitude to investigate other relevant matters, should they arise in the course of the Inquiry, so long as they remained within the framework set out in (a) and (e).
- 1.4 The purpose of the Commissions of Inquiry Ordinance is similar to the purpose of the United Kingdom Tribunals of Inquiry (Evidence) Act, 1921 <sup>(1)</sup>; and accordingly, in discharging our duties, we were guided by the recommendations of the Report of the Royal Commission on Tribunals of Inquiry (1966) <sup>(2)</sup>.
- 1.5 We sought to collect together all the relevant evidence we could. Shortly after the fire statements were taken from many witnesses. These statements were made available to us. Supplementary and additional statements were taken by Mr Graeme Sills of the Treasury Solicitor's Department. Relevant documentation came from many sources. So far from encountering resistance to our searches, we received helpful co-operation.

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(1) 11 Geo. 5, Chap. 7

(2) Cmnd. 3121

- 1.6 We were anxious that all who might be able to give relevant evidence should come forward. We were accordingly grateful to Sir Rex Hunt for broadcasting on 10 May, on the Falkland Islands Broadcasting Station, our invitation to potential witnesses to come forward.
- 1.7 In all we received statements from 128 people. We were satisfied that all relevant evidence was, in substance, available to us.
- 1.8 Letters were sent by Mr Sills to the representatives of those people whose conduct, so it appeared, might be called into question, indicating to them our possible areas of concern.
- 1.9 The public hearing took place in the Junior School in Stanley. It began on the afternoon of Thursday, 24 May. Mr John Laws (instructed by the Treasury Solicitor) appeared as Counsel to the Commission. The Attorney-General (Mr Michael Gaiger) represented concerned Falkland Islands Government employees. Lieutenant-Colonel Terence Davis represented concerned Service personnel. Mr Robert Dickson WS represented Dr Alison Bleaney, OBE, the Senior Medical Officer of the King Edward Memorial Hospital. Each of the persons represented appeared to us to be entitled, under the Ordinance, to be represented as of right. We were concerned that the next-of-kin of those who died in the fire had not sought to be represented. We were therefore comforted when Mr Laws offered, without formally representing the next-of-kin, to watch their interests. It did not seem to us that his independent position was likely to be prejudiced, and we gratefully accepted his offer.
- 1.10 We heard evidence for three days, beginning on Friday, 25 May, and ending on Monday, 28 May. From the statements and documents available, Mr Laws made his own selection of the witnesses to be called before us and of the documents to be drawn to our attention; and, at the request, both of the Commission and of the representatives, some additional witnesses and documents were introduced into the evidence. In all we heard the evidence of 47 witnesses; and we list them in Appendix 1.
- 1.11 On 11 April 1984 attention had been drawn in the House of Commons to two potential witnesses – Mr William Burridge and Mr George Sturch Edwards. We obtained a statement from the first, but were unable to trace the second. We are, however, quite satisfied, from all the other evidence that was available to us that neither of these two people could have added any relevant evidence of which we were not already fully aware. Mr Burridge is in the United Kingdom, and in our view there would have been no justification for inviting him to come to the Falkland Islands.
- 1.12 Most of the witnesses gave their evidence orally. Many of them had already made statements very shortly after the fire occurred. Whenever these statements dealt with matters which were largely uncontroversial we not merely allowed, but positively encouraged the witnesses to read their statements, their evidence then being supplemented, when necessary, by further oral questioning. The accuracy of the statements, as reflecting the recollection of the witness at the time when the statement was made, was never called in question. In this way we believe not only that time was not unnecessarily wasted, but also that greater accuracy of recollection was achieved. Some important Service witnesses were brought back to

the Falkland Islands to give evidence orally. On the other hand, where witnesses were ill or where their evidence was uncontroversial, and we wished to ask no further questions, we allowed witness statements to be read by counsel, in the absence of the witness.

- 1.13 It was possible for us to hold the whole of the Inquiry in public, and throughout the hearing there were some members of the public present. Mr Patrick Watts MBE, of the Falkland Islands Broadcasting Station, sought our leave, in the interests of accuracy, to record the proceedings; and, on receiving suitable promises from him, we granted him leave.
- 1.14 At the end of the public hearing we visited the Hospital, saw the civil fire fighting equipment, and inspected the fire hydrants in the immediate vicinity of the Hospital.
- 1.15 We would wish to record our gratitude to a number of people.
  - 1.15.1 First, we would wish to thank our Secretary, Mr Geoffrey Podger. The high quality of his mind, his industry and his efficiency sustained us when, left to ourselves, we might have floundered. We count ourselves fortunate to have had his help.
  - 1.15.2 We would also wish to thank Mr John Laws and Mr Graeme Sills for their thorough preparation and clear presentation of the relevant evidence. Each of the representatives was content that Mr Laws should examine each of the persons whom they represented: this, we believe, reflects a recognition of the fair and impartial way in which he did his work.
  - 1.15.3 Each of the representatives should be thanked for the effective but restrained way in which each took care of the interests of those whom he represented. We were particularly grateful to the Attorney-General. He has many important and differing roles to perform within this small community; and it cannot always be easy for him to decide how, on any particular occasion, he can best serve the interests of the community. On this occasion he was certainly of help to us.
  - 1.15.4 We would also wish to thank the people of Stanley, the members of the Armed Forces, and of the Falkland Islands Police Force, who made the time to assist the Inquiry. We were particularly grateful to Mr Alastair Cameron for help with the administrative arrangements.
  - 1.15.5 Finally, we would wish to record our thanks to our two shorthand-writers, Miss Susan Pollock and Miss Maggie Pam (both of W Gurney & Sons). Their unstinting and uncomplaining help made our task much easier than it otherwise might have been, as did the assistance of our very reliable personal assistant, Mrs Jessie Booth.
- 1.16 The fire occurred on 10 April. We are glad that we are able to present this Report no more than two months later. The Report contains recommendations which we believe call for urgent attention. We also believe that it is the generally held wish of the Islanders that they should put this tragedy behind them as soon as possible, and look towards the future.



## CHAPTER 2

### THE FACTS IN OUTLINE

#### The Hospital

- 2.1 The King Edward VII Memorial Hospital (KEMH) provided hospital and clinic facilities for the people of the Falkland Islands. Because of the lack of sheltered accommodation in Stanley, it was also the home of a number of elderly people who normally had their own rooms. The hospital during two periods accommodated large numbers of service patients. In 1939 the KEMH received 49 casualties from HMS Exeter. More recently, since 1982, it had shared its premises first with the British Station Hospital (BSH) and then with its successor, the British Military Hospital (BMH). During the period of the BSH the bed complement of the hospital was increased from 27 to 43, but this pressure on the building was reduced when the British Military Hospital moved into a temporary extension to the hospital, opened only a few weeks before the fire.
- 2.2 The KEMH was a two-storey building located at the west end of Stanley. The original part was built in 1914 of a wooden frame with clinker boards and a corrugated iron roof. To this structure was added in 1953 the Churchill Wing, constructed of concrete and breeze blocks. On 29 February 1984 a further addition to the hospital structure was opened to the east and at right-angles to the original 1914 structure (now known as the 'Old Wing'). This new structure was a Wyseplan portacabin structure and formed the BMH. A plan of the hospital is to be found at Appendix 3 to this report.

#### The Fire

- 2.3 On 10 April 1984, at some time around 4.45 am - the detailed chronology is discussed in the next chapter - Nurse Chick, the State Enrolled Nurse on night duty in the hospital, smelt smoke from her position in the Staff Dining Room and, together with Nurse Reid, a civilian nursing assistant, and Lance-Corporal Shorters, the NCO on night duty, went out into the corridor to investigate. They saw smoke at the east end of the Old Wing corridor, not far from the entrance to the BMH. Nurse Reid went to help an elderly patient, Mrs Lilian Stacey, and Lance-Corporal Shorters ran on to alert the two QARANC nurses on duty in the BMH, Nurse Almond and Nurse Rowlands. They in turn contacted Private Sumpner at the reception room at the west end of the hospital.
- 2.4 The QARANC nurses safely evacuated all their 14 patients from the Wyseplan, although whilst Nurse Almond was ringing the alarm bell, the fire doors between the BMH and the KEMH burst open briefly and thick black smoke poured in. The Wyseplan evacuation was impeded first by a bed placed in front of the ward fire doors and then because the bar of the second set of fire doors came off in the hand of the soldier who sought to open them. During this period an elderly patient, Miss Lena Davis, left the Old Wing through the solarium suffering from burns to her arms and hair. Lance-Corporal Shorters had returned from the BMH down the Old Wing corridor and assisted Nurse Reid in evacuating Miss Lilian Stacey from the building. Nurse Reid also had with her another elderly patient, Mr Jim Browning, whom she helped out in the same way. Lance-Corporal Shorters ran round the south end of the Churchill Wing, back into the building to the casualty reception, where

where he worked his way through a list of those to be telephoned in the event of fire. His call to the emergency service number was timed as having been received at 4.57 am. Private Sumpner was absent from the reception room when this call was made as he had gone to summon help from the servicemen stationed in Portacabins to the south of the hospital immediately across St Mary's Walk.

- 2.5 The servicemen who came from the Portacabins, including the members of the fire picquet, found thick black smoke coming from the centre of the old part of the hospital. Some of the soldiers ran out to the fire hydrant by the BMH and others came to roll out the hose. They directed a jet into the solarium. A half-ton Landrover and, subsequently, when this was seen to be inadequate, a one-ton Landrover, were driven under the windows of the north part of the Churchill Wing enabling patients to use the roofs of the vehicles to escape from the wards which were elevated from the ground. The windows here much impeded the rescue as they moved only in the horizontal plane and provided a width of only twelve inches or so within which to escape. However, three female patients escaped through this route and two young male patients followed fairly quickly through another window.
- 2.6 Lance-Corporal Shorters' telephone call to the emergency number was taken by Corporal Martin who telephoned the civilian exchange whose operator alerted the Fire Superintendent, Mr Patrick McPhee. Mr McPhee instructed the operator to sound the fire siren which is switched on at the telephone exchange. The siren was heard throughout the central area of Stanley and in particular aroused Stanley's volunteer firemen who gathered at the Fire Station. The Carmichael fire engine was then driven to the hospital which was close by, although its passage was delayed by thickening smoke and the consequent danger of collision with parked cars. Two small fire tenders and a trailer pump were driven to the hospital by other firemen. Corporal Martin had also telephoned the RAF Police detachment at RAF Stanley and told them to inform the RAF fire services. This call was taken at 5.05 am. The Carmichael arrived at the hospital just before three RAF Police NCOs who had been sent from RAF Stanley as an advance party.
- 2.7 By the time the first civilian firemen and RAF NCOs had arrived at the hospital, thick smoke appears to have been coming from the Churchill Wing, and the solarium on the north side of the old wing was well ablaze. The BMH, however, was not yet alight. The fire hoses from the civilian fire engine were initially directed at the solarium but the heat became so intense that the fire engine had to be moved further from the fire. Soon after, Mr McPhee decided that the old wooden part of the hospital was now beyond hope and that the firemen should concentrate on rescuing those still inside the Churchill Wing and on preventing the fire spreading to the east, which was the direction the wind was tending to take it. Meanwhile Corporal Clark, one of the RAF NCOs, climbed into the Churchill Wing over the Landrover and, together with Private Senior, rescued two further female patients once the window had been smashed by a sledgehammer. Seven patients had now escaped through this route. The RAF NCOs and a number of civilian firemen then sprayed water on and moved a number of gas cylinders which might have exploded at any time, away from the south-east end of the hospital.
- 2.8 Subsequently the Carmichael fire engine was moved to the south of the hospital, because men with breathing apparatus were unable to enter the building on account of the intense heat. Soon after, at around 5.15 am, the first RAF fire engine arrived and RAF and civilian teams together prevented the fire from spreading further west.

Another trailer pump was sent for from the civilian central fire station and a third pump was summoned from the Town Hall Station. Both pumps failed to provide water. The first RAF fire engine (Crash 3) was followed by two further RAF fire engines (Crash 1 and Crash 2). By the time they arrived, not many minutes after Crash 3, the fire in the Old Wing was out of control and the first floor of the Old Wing had already collapsed. The Wyseplan building caught fire probably thirty minutes later.

- 2.9 Three teams of men with breathing apparatus, consisting each of one RAF fireman and one civilian, then entered the hospital to attempt rescue operations. The first team found the body of Nurse Chick in the corridor of the north part of the Churchill Wing. Nearby in Ajax Ward the body of Mrs Mary Smith was found. The third body to be found was that of Mr Fred Coleman in the area near to the kitchen. On the discovery of the fire, Nurse Chick had immediately gone to assist Mr Coleman, who was confined to a wheel-chair, and Nurse Reid believed them to be following her when she left the building with other patients. The body of Miss Mabel Neilsen was then found in the kitchen. The search continued and the bodies of Mrs McGill and of her baby Karen were found in the ladies' lavatory at the north end of the Churchill Wing. Corporal Clark, who had earlier assisted the escape of the two ladies, entered the east side of the Churchill Wing, using a ladder, and found Monsignor Spraggon in Achilles Ward. Together with the breathing-apparatus team, Corporal Clark rescued Monsignor Spraggon from the building. Corporal Clark then re-entered Ajax Ward and helped the breathing-apparatus team recover the bodies of Mrs Mary Smith and Mrs Topsy McPhee.
- 2.10 Whilst the fire was still at its height, Sir Rex Hunt had already authorised the use of the Town Hall as a temporary hospital, as provided for in civil and military disaster contingency planning. By 6.18 am the three Services were already able to confirm that stores were ready for the temporary hospital and by 7.00 am the hospital was ready to receive patients. At that time the Service Force Fire Officer, Mr M R Green, was able to report that the fire was under control, that there was enough equipment to deal with the situation, and that the Churchill Wing was still standing but that all the rest had been destroyed. In the middle of the morning, the remains of another elderly patient, Miss Gladys Fleuret, were found in the ashes of the Old Wing.



## CHAPTER 3

### THE CAUSE OF THE FIRE

#### The seat of the Fire

- 3.1 In our inquiry into the cause of the fire, we first considered where it was that the fire broke out in the hospital.
- 3.2 Lance-Corporal Shorters was one of the two people who accompanied Nurse Chick when she went up the corridor in the Old Wing of the KEMH to discover the source of the smoke she had smelt when she was in the staff kitchen. Lance-Corporal Shorters "saw some smoke at the end of the corridor leading to the military wing" and "saw the smoke was coming from a room on the south side near the end of the corridor". Lance-Corporal Shorters identified the room in question as being one of the two rooms immediately adjoining the bathroom at the eastern end of the Old Wing on the south side of the corridor. From Dr Bleaney, the Senior Medical Officer, and Mr C G Macdonald, a handyman employed at the KEMH, we learnt that both rooms each contained some six or seven mattresses together with a number of dismantled beds, all of which were being stored there during re-decoration of the Old Wing. Mr Macdonald informed us that the two rooms in question were clean and without other contents on the night of the fire.
- 3.3 Alternative sites which had been suggested for the fire were the bathroom described above at the far east end of the Old Wing corridor on the south side of the hospital, and also the area of the solarium on the opposite side of the Old Wing. The bathroom was originally favoured as the seat of the fire by the Home Office Inspector of Fire Services, Mr T Greenwood who investigated the fire in April. Mr Greenwood's view that the bathroom was the probable seat of the fire reflected his initial belief that the fire might have been caused by the electric radiant heater situated in the bathroom but, as explained in paragraph 3.6 below, this was found not to be so. Mr Greenwood was able to arrange a test and to receive a report from the Department of the Environment Fire Research Station in Hertfordshire. Finally we considered the possibility that the fire might have started in the area of the solarium because Mrs B E Rozee, a Stanley housewife, told us that on passing the north side of the hospital just before 4.00 am on the morning of the fire she saw through a window adjacent to the solarium what she took to be the glow of an electric wall heater.
- 3.4 In our view it is clear that Lance-Corporal Shorters' account that the fire started in one of the two rooms adjacent to the bathroom at the east end and on the south side of the Old Wing is correct. Lance-Corporal Shorters saw the fire at the earliest stage and he was positive in his identification of the seat of the fire. Mr Macdonald was able to tell us that on his arrival at the scene of the fire, the fire was at that time confined to the south side of the Old Wing. The area of the solarium on the north side of the KEMH is therefore ruled out as the seat of the fire. Similarly the heater in the bathroom immediately adjoining the two rooms identified by Lance-Corporal Shorters as the seat of the fire is now known to have played no part in it and Lance-Corporal Shorters was positive that this room was not the source of the smoke and that the bathroom door into the corridor was closed.

### 3.5 The Cause of the Fire

Having reached our conclusion as to the seat of the fire, we then considered the possible causes. First we accepted the view of Mr Greenwood that there was no evidence of arson.

- 3.6 With regard to the radiant heater in the bathroom, we noted that Mr Greenwood concurred with the conclusion of the Fire Research Station Report, already referred to in paragraph 3.3 above, that:-

“From the measurements it was deduced that there was virtually no possibility that radiation from the heater mounted on the wall of the bathroom in the vertical plane, with the element horizontal and the top more than 350mm from the ceiling, could have ignited the wall linings directly. This was confirmed by a simulation experiment. The maximum irradiance occurred on the ceiling about 300mm in front of the heater and ignition of the far wall of the bathroom, well over 1500mm from the heater, was a practical impossibility.”

We also agree with these conclusions.

- 3.7 We then considered the possibility that the fire might have been caused by an electrical fault. The state of the electrical wiring in the hospital and in particular the improvements made to it, are discussed in paragraph 5.12 below. It was, however, made clear that an electrical fault could only occur if an appliance was in use and led to heating of the plug following overloading the system. As there was no evidence to suggest an electrical appliance had been in use in the rooms we have established as the seat of the fire, we share Mr Greenwood's view that the possibility of an electrical fault should be discounted.
- 3.8 We then considered, in view of the presence of mattresses in the two rooms in question, whether the fire might not have been caused by spontaneous combustion. Mr Macdonald gave evidence that all the mattresses in the two rooms were of a six-inch sprung interior, fibre lined, with plastic covers. In his opinion the mattresses were dry and any damp would have run off the plastic covers. In the view of Mr Green, the Force Fire Officer at HQ BFFI, spontaneous combustion of the mattresses was unlikely because spontaneous combustion requires an agent other than just the material, as, for example, oily rags, and the mattresses stored in the rooms in question were uncontaminated and were plastic covered. Mr Greenwood also told us that he did not consider spontaneous combustion of mattresses to be a real possibility. In the light of this expert opinion and the testimony of Mr Macdonald that the rooms in question were cleaned and completely emptied before the storing of the mattresses, we also rule out self-combustion as the cause of the fire.
- 3.9 The possibility that the fire might have been started from outside the south side of the Old Wing was also considered. The evidence given by several witnesses who were in the area that night provided, however, no indication of any activity likely to give rise to the risk of fire. Miss I J Jaffray, a probationer nurse at the KEMH, had escaped from the fire leaving the first floor of the Old Wing by the fire escape. She told us that when standing on the road to the south of the hospital she did not see any flames at all. We do not therefore consider that the fire had an external source.

3.10 The final possible cause of the fire which we have considered, in the light of the potential causes already eliminated, is that the fire was started internally and by accident, either by the dropping of a lighted cigarette or through some other means. On this basis, the fire might have been inadvertently started by a patient, a member of staff, or an intruder. Considering first the possibility that the fire might have been started by a patient, Dr Bleaney said that, whilst there was an elderly patient who did sometimes become disorientated in space and in time, that patient never went into other people's rooms and had no access to cigarettes or matches. Dr Bleaney did not consider this a real possibility. Considering the second possibility, whilst a number of members of the staff present in the hospital on the night of the fire did smoke, there is no evidence that they had been in the two rooms identified as the seat of the fire on the night of 9 April. Finally, considering the third possibility, we heard evidence from a number of members of senior staff that there appeared to have been occasional unauthorised use of the bathroom next to the seat of the fire, which contained a WC as well as a bath, by unauthorised individuals, but there was, however, no evidence of such unauthorised use on the night in question. There was no evidence of unauthorised use of the two adjacent rooms. We formed the view that inadvertent ignition by an intruder was very unlikely.

### 3.11 Conclusion

We conclude that the seat of the fire is clearly established as being one of the two rooms on the south side of the Old Wing immediately adjoining the bathroom at the extreme east end of the corridor. We have eliminated arson, the electric heater in the bathroom, an electrical fault, spontaneous combustion of the mattresses stored in the rooms, and an external source of fire as the causes of the fire. We are left with the probability that the fire must have been due to an accidental internal source of fire, inadvertently caused by either a patient, member of staff or an intruder. The evidence before us does not enable us to draw any more precise conclusion.





## CHAPTER 4

### THE FIGHTING OF THE FIRE

4.1 We have divided our inquiry concerning the fighting of the fire into three areas:

- (i) The initial period until Lance-Corporal Shorters' telephone call summoning external assistance;
- (ii) The fighting of the fire by the Civil Fire Brigade;
- (iii) The fighting of the fire by the RAF Fire Services.

4.2 The Initial Period

Counsel to the Inquiry suggested in his opening address that we would wish to examine the question of whether, assuming that the timings he had suggested were reasonably accurate, there need have been a delay of perhaps 10 minutes between the moment when it was recognised there was a fire and the moment when the phone call was put through to the Police Station by Lance-Corporal Shorters. Counsel further suggested that we would wish to examine how that delay could have been avoided and whose responsibility it was to ensure that such communication was made.

4.3 It is impossible to establish a wholly accurate chronology of the initial period, if only because the main participants were too busy reacting to the discovery of the fire to note the precise time of events. Lance-Corporal Shorters told us that early calls of military personnel were started on his instructions by Private Sumpner at 4.45 am – the Night Duty Report was produced to us – and that it was a couple of minutes after this time when he went to the civilian rest room to borrow some sugar, returned with the cup to reception, and then went back again to the civilian rest room to return the cup. There then took place a very short conversation between Lance-Corporal Shorters, Nurse Reid and Nurse Chick, which was interrupted by Nurse Chick smelling smoke and the party setting off down the Old Wing corridor to investigate. Lance-Corporal Shorters, on discovering the source of the smoke, ran on to alert the BMH staff in the Wyseplan some few feet away. His first reaction was to ask Nurse Rowlands to alert HQ BFFI (Headquarters British Forces Falkland Islands) by telephone, but he then instructed her to tell Private Sumpner to do so. Lance-Corporal Shorters then ran back along the Old Wing corridor where he was stopped by Nurse Reid who sought his assistance, which he at once gave, with evacuating Mrs Lilian Stacey from the building. Having reached the exit from the building with Nurse Reid and her patients, Lance-Corporal Shorters then ran round to the reception area in the Churchill Wing where he telephoned the duty medical officer, the emergency number 2222, the Look-out Camp guardroom, one of the Coastels (containing floating Service accommodation), and the Officers' Mess. We accept this evidence.

4.4 Private Sumpner said that shortly after returning to Reception from the first of the early calls he was told by Nurse Rowlands that there was a fire but heard no instruction to telephone the external emergency services. Private Sumpner considered it his duty to find out where the fire was and whether Lance-Corporal

Shorters knew of it. He went into the body of the hospital and saw smoke in the area of the kitchen where he met a nurse whom he assisted out of the building, cutting his hand on the glass in seeking to open the main exit door. Private Sumpner returned to the building by the same route and sought to return to the point where he had first met the nurse. He was unable to reach that far, due to the thick black smoke filling the corridor, and had to retreat, returning to Reception where Lance-Corporal Shorters was making telephone calls. Private Sumpner then ran over to the Portacabins and raised the fire piquet and other personnel. This must have been between 4.50 am and 4.55 am. Although we have not found it wholly easy to reconcile Private Sumpner's evidence with other evidence before us, we nevertheless accept the substance of what he told us.

#### 4.5 Conclusions

The only established times in this order of events are the entry in the Night Duty Report indicating that early calls were initiated by Private Sumpner at 4.45 am, and the call received at the Police Station at 4.57 am when Lance-Corporal Shorters telephoned BFFI 2222. This is confirmed by the evidence of RPO Lea who checked the time by his watch when it was received by Corporal Martin. We accept that there was a delay of approximately 10 minutes between the fire being first detected and the call being made to BFFI 2222, but there was evidence of a call to the duty medical officer at 4.55 am. It is apparent that this delay would have been reduced if, as Lance-Corporal Shorters intended, it had been possible to instruct Private Sumpner to telephone the emergency services at the outset. We accept, however, that this was simply an inadvertent breakdown of communications at a time when all concerned must have been somewhat stunned by the discovery of the fire. We do not consider any of the Service personnel to have been in any way at fault in their behaviour and their efforts to assist patients and nursing staff are to be commended and may well have saved life. Given the rapid spread of the fire and the achievements of the first-aid, fire fighters and rescuers, who came quickly from the surrounding Service quarters (see paragraph 2.5 above) a ten-minute delay might well not have been material in saving further life.

#### The fighting of the Fire by the Civil Fire Brigade

- 4.6 The civil Fire Brigade was summoned by the sounding of the fire siren shortly after 5.00 am. This followed Corporal Martin at the Police Station telephoning the operator at the civilian exchange, Miss J Biggs, who in turn rang the Fire Superintendent, Mr Patrick McPhee. Mr McPhee told her to sound the fire siren which is operated at the telephone exchange. Miss Biggs did this but realised almost immediately that the siren was not sounding and had again to leave the switchboard to make the siren work correctly. Once Miss Biggs had returned to the switchboard she noticed there were a large number of calls. All the sirens then functioned properly except that at the Beaver hangar to the west of Stanley. It is apparent that a couple of minutes or so were lost in sounding the siren and also that urgent telephone calls were impeded as a result. This would suggest that in future the telephone operator should be authorised to sound the siren when a fire is notified to her without seeking the authority of the Fire Superintendent and also that the switch for the siren should be moved to the operator's switchboard. The first of these changes is understood to have already been made. Once the siren had sounded the Stanley Fire Brigade, which is a voluntary body, reached the scene very quickly in spite of visibility difficulties caused by smoke to the south of the hospital.

- 4.7 The fighting of the fire by the civilian fire services was impeded by lack of water and low water pressure from the two fire hydrants in the vicinity and by the failure of two of their trailer pumps to operate. On the first point both Mr McPhee and Mr B Summers, unofficially known as the Assistant Fire Officer, said that the water hydrant in Allardyce Street to the south of the KEMH produced a very low pressure and could only be used to supply the water bowser which in turn replenished the Carmichael fire engine. Mr D Place, MBE, the Water Supervisor at the Public Works Department, informed us that the water supply in Allardyce Street and, indeed, the whole of the lower end of the town, all came from one four-inch main, and the use of the other hydrant by the Fire Services would have further reduced the pressure at the Allardyce Street hydrant.
- 4.8 With regard to the difficulty in operating the trailer pumps, Mr Summers said that when the second pump arrived, there was some difficulty in starting the engine, but after this was achieved, it was impossible to remove the cover to gain access to the priming lever. This meant the pump would not operate. Mr Summers believed the problem with the third pump also to have been concerned with priming. We note that representations were made on two occasions in 1983 by different Service Fire Officers complaining of instances of pump failure and suggesting the purchase of new equipment.

4.9 Conclusions

The fighting of the fire by the Stanley Fire Brigade does raise a number of issues relating not in any way to their personal performance but to the circumstances in which they have to operate. We believe that the system for operating the siren should be improved so that the operator is authorised to switch on the siren as soon as an emergency call is received rather than only after the agreement of the Fire Superintendent. We understand this change may already have been instituted. In addition we recommend that the operator should not need to leave the switchboard when switching on the siren in order to avoid delay in connecting urgent calls related to the outbreak of fire. With regard to the water pressure, we recommend that the planned renewal of Stanley's water supply should take full account of the needs of the fire services for sufficient hydrants capable of maintaining adequate water pressure. With regard to the two fire pumps which failed in the KEMH fire, we recommend that, if not already done, these should be examined as soon as possible by an expert and, if necessary, replaced.

The fighting of the Fire by the RAF Fire Services

- 4.10 We have inquired into the fighting of the fire by the RAF Fire Services solely on account of reports in the British Press that there was a two-hour delay in RAF firefighters arriving from RAF Stanley.
- 4.11 From the incident logs and records kept by the Services and corroborated by witnesses we have been able to establish that Corporal Martin, having received the call from Lance-Corporal Shorters, at once despatched RPO Lea and Corporal Haughton to the hospital. He then alerted the civilian switchboard operator which led in turn to the sounding of the siren and the summoning of the Civilian Fire Brigade. Martin then telephoned Corporal Washington of the RAF Police at RAF Stanley. Corporal Washington despatched Corporals Clark, Dixon and Townsend to

the scene of the fire and telephoned the RAF Fire Station. Sergeant Fleet at the Fire Station at once despatched the Domestic Fire Tender, Crash 3, to the scene and subsequently with the approval of Air Traffic Control Crash 1 and Crash 2. The first Crash Tender arrived at the KEMH, five miles away, at 5.14 am to be shortly followed by the other two vehicles. Mr Green, the Force Fire Officer, awakened by the siren, had arrived at 5.06 am. The Military Commissioner himself went to the scene and called for tugs to assist the fire fighting. The Assistant Queen's Harbour-master sent firemen (divers) with breathing apparatus as well as appliances, pumps, and damage control equipment available on ships.

#### 4.12 Conclusion

We conclude there was no delay. No criticism whatever can legitimately be made of the time taken for the RAF Fire Services to arrive at the scene of the fire. What does emerge very clearly is the extent to which the Services rushed to assist the civil power in Stanley, which produced an excellent example of civil and military co-operation, illustrated best, perhaps by the fact that after Mr McPhee, the civil Fire Superintendent, had had to leave the scene of the fire on learning of his wife's death, overall command of both the civil and RAF Fire Services was taken by Mr Green, the military Force Fire Officer.

## CHAPTER 5

### THE RISK OF FIRE AND THE STEPS TAKEN TO REDUCE THAT RISK

#### The Risk of Fire

- 5.1 Our Terms of Reference require us to inquire into the risk of fire in the Islands and in particular in the KEMH. We assessed the general risk of fire on the Islands from the expert evidence of the Force Fire Officer, Mr Green, and from the 1977 "Report on the Fire Fighting Services in the Falkland Islands" written by Mr D T Davis, then Assistant Divisional Officer of the Cheshire Fire Brigade. It is apparent that the general risk of fire in the Falkland Islands is relatively high by virtue of three factors. The first is the flammable nature of the building materials used. Thus in Stanley, as the 1977 Report highlights, "the majority of premises are constructed of either wood or steel sheeting or a combination of the two. There are few stone or brick buildings. Roofing material is almost exclusively steel sheeting and, similarly, internal cladding and partitioning is hardboard, plywood, or compressed board material". The second factor leading to a relatively high fire risk is the proportion of poor electrical wiring, some of which is still lead-covered cable. The third main factor is the usually strong westerly winds which blow for the greater part of the year.
- 5.2 The general assessment of the fire risk at the KEMH is also contained in the 1977 Davis Report. Whilst some of the detailed risks identified by Mr Davis were subsequently corrected, his general assessment of the risk at the KEMH would still appear to have held true at the date of the fire and we therefore repeat it in full:-

"The means of escape are not to a satisfactory standard. There is no internal separation either horizontally or vertically of fire-resisting construction. The construction of the older section (ie the Old Wing) presents a considerable risk to patients and staff in that a fire could occur, be undetected for a considerable period of time, and subsequently show itself when it was at an advanced stage.

There is no fire-resisting separation between high risk areas and circulation and ward areas."

- 5.3 Detailed aspects of the fire risks at the KEMH will be considered in paragraphs 5.16 to 5.23 below, when we consider the steps which were and were not taken subsequently to reduce the fire risk.

#### Division of Responsibility for Fire Prevention

- 5.4 In order to understand the manner in which decisions on fire precautions at the KEMH were taken, we believe it necessary to consider first the division of responsibility for this question between the Service Authorities, Dr Bleaney (the Senior Medical Officer) and the Public Works Department (PWD).
- 5.5 Following discussions by the KEMH/BSH Joint Hospital Management Committee at meetings held on 17 and 20 December 1982, it was recorded that "The QM (Quarter Master) stated that he was writing Fire Orders and it was agreed that the Military would accept responsibility for Fire Prevention within the hospital, the QM acting as

Fire Officer". Subsequently a joint minute was issued, covering the Fire Orders, by Dr Bleaney and Lieutenant Colonel Swanson on 16 January 1983 which we set out in full:-

"General

"(a) The KEMH/BSH is, for the purpose of fire orders, to be regarded as one establishment. All such orders are to be observed by both civilian and military staff of the joint hospital organisation.

"(b) Prevention of fire is the responsibility of all staff. Most fires can be prevented by common sense and simple discipline. It is most important that a high standard of fire prevention is maintained at all times. Because of the function and construction of the hospital it is essential that all staff understand and are practised in their respective roles in the event of a fire to achieve fast and effective evacuation of the hospital and to minimise fire damage."

5.6 In practice on the basis of the evidence given to us by Dr Bleaney, Mr Green and Sergeant Lawrence, it is clear that the agreement reached in December 1982 and described in the previous paragraph, was interpreted by all parties as meaning that the Military took on responsibility for fire drills and training and for identifying fire risks and recommending solutions through the issue of six-monthly fire reports. Fire Orders were cleared with Dr Bleaney before issue and applied to military and civilian staff alike.

5.7 There was agreement between Dr Bleaney, Mr Green and Mr Webster, the Director of PWD since 30 June 1983, that the responsibility of the Military for fire prevention did not include the procurement and fitting of equipment needed for fire prevention, which was accepted as the responsibility of PWD. Dr Bleaney added that it had been understood that if PWD required assistance in fulfilling this task, it was always open to them to call upon the Commander Royal Engineers (CRE) for assistance. Dr Bleaney noted that PWD had applied to CRE for assistance in relation to a transformer needed by the Electrical Department and for re-wiring at the hospital, and that this was forthcoming in both cases.

5.8 At this point we feel it right to draw attention to the considerable burden of work which fell upon the PWD following the Liberation and the very limited resources available to them to meet these demands. Mr Webster pointed out that the number of craftsmen available to work on the repair and maintenance of buildings was 7 and that there were 8 vacancies in his staff establishment for craftsmen. He said:-

"The position is slightly improved by the availability of one plumber and one electrician on an hourly-paid basis. Even so, the vacancies exceed four additional (rehabilitation) posts created in similar trades at the end of hostilities. The numbers are too low for the scope of the work to all government offices and public buildings which include Government House, Secretariat, Hospital, Police Station, Town Hall, Gymnasium, Drill Hall, Power Station, Water Filtration Plant buildings, Radio Station, Schools, Aircraft hangars etc as well as 30 mobile homes and about 69 houses (excluding the 52 presently being completed for the Government). In

addition to normal wear and tear on buildings of various ages, many of them have either suffered war damage or the effect of being grossly overcrowded. The workload is beyond the capability of the department; as a consequence it is not possible to programme work on any other than a daily basis. Emergency repairs and other unforeseen events disrupt any longer-term planning."

Steps taken to reduce the risk of fire and to control and extinguish fire

- 5.9 Following the agreement reached that the Military should take responsibility for fire prevention at the KEMH/BMH, Fire Orders were issued and displayed throughout the hospital building. Regular fire training was given to Service personnel on the use of hoses to fight any fire and documents illustrating this have been produced to us. One relevant extract from the BMH Fire Practice Register shows that the last evacuation drill of both the Churchill and the Old Wing was carried out on 23 August 1983. In her evidence Dr Bleaney indicated that she had no criticism of the places where fire orders were displayed, no criticism of standards of fire training and that overall she did not complain of any want of care by the Unit Fire Officer. We share her view.
- 5.10 Mention has already been made (paragraph 5.6 above) of the initiation of six-monthly fire reports on the KEMH/BMH by either the Force Fire Officer or his Deputy. Extracts from the reports will be examined in detail later in this chapter but it would seem appropriate to note here that the existence of these reports and the efforts made to follow them up clearly represented a new and positive force in seeking to tackle fire prevention at the hospital following the Liberation.
- 5.11 The Public Works Department had undertaken a number of worthwhile measures to reduce the risk of fire. The smoke detectors, requested by Dr Bleaney in December 1982, were fitted. The fire escape from the first floor of the Old Wing was repaired and, perhaps most importantly of all, PWD, with CRE assistance, undertook a major electrical re-wiring of parts of the hospital. Although we have discounted an electrical fault as the reason for the fire, before doing so we did consider in considerable detail the state of the electrical wiring and our findings are set out below.
- 5.12 In November 1982 the then Director of PWD, Mr J Brodrick, wrote to the then Commanding Officer of the BSH, Lieutenant-Colonel Swanson, expressing grave concern that a considerable number of electrical alterations and additions had been made in the Old Wing of the KEMH (the part serving as the BSH) and concluding that "the indiscriminate amendment to electrical circuits without reference to PWD has escalated the danger to the lives of patients and staff alike". This was, however, quickly rectified in December 1982 when the first floor of the Old Wing was re-wired by and under the supervision of the Power and Electrical Department. This work was carried out according to recognised professional standards, as was the installation of three 30-amp fused 13-amp ring mains in the ground floor of the Old Wing by and under the supervision of the Royal Engineers. We were assured by Mr L S Harris BEM, the Electrical Superintendent, that all unauthorised additions were removed when the re-wiring was undertaken. On the ground floor, the old 5-amp/15-amp sockets remained but the risk of overload was virtually removed as the 13-amp ring mains met the main demand. As regards the state of the residual

wiring, the evidence of both Mr Harris and Mr R Gilbert, the Assistant Power Station Superintendent, was that whilst this was due to be replaced because it was nearing the end of its recommended life, in practice it could not be considered dangerous and, indeed, tests conducted by Mr Gilbert on a representative part of the old wiring untouched by the fire showed that it had very high resistance, was not dangerous, was still pliable and had not lost its insulation qualities. This evidence, together with the fact that there was no history of fuses blowing, confirms our view that the electric wiring could not be considered dangerous at the time of the fire.

#### Conclusion

- 5.13 As can be seen from the preceding paragraphs a number of significant steps were taken to reduce the risk of fire at the KEMH and we are quite satisfied that there was no sense of complacency about safety either on the part of the Unit Fire Officer or on the part of the PWD. The question which remains to be considered is whether, within the financial and other resources which were available, there were not further steps which it would have been reasonable to take. Our consideration of this issue is set out below.

#### Further steps which might have been taken

- 5.14 It does appear that because of the short tour length of Service personnel in the Falkland Islands – an unaccompanied tour of 4 months being the general rule – and the opening of the Wyseplan some weeks before the fire, there may have been some confusion amongst certain Service personnel as to their precise fire responsibilities. Thus Mr Green stated that he considered the BMH to come under his direct responsibility, whereas he regarded his role in respect of the KEMH to be advisory. Mr Green accepted that he was not aware of the agreement on responsibility for fire prevention described in paragraph 5.5 above. We would add that this failure of communication did not in any way, on the basis of documentary evidence available to us, weaken Mr Green's commitment to fire precautions at the KEMH. Nevertheless it does suggest that the agreement on responsibilities for fire precautions at the hospital may not have been kept under review to the extent it should have been. Similarly, Private Sumpner, who did a security check of the hospital approximately 30 minutes before the discovery of the fire, said in evidence that he was not aware that the responsibility for fire prevention rested with the Military throughout the hospital and he excluded the civilian interior areas from his checks on the grounds that he thought the civilians would check their own wards. Sergeant Lawrence, who was the hospital fire NCO, was positive that the security checks should have covered all the ground floor. This mistaken impression held by Private Sumpner was perhaps understandable after the opening of the Wyseplan and, with hindsight, it is clear that all Service personnel should have been instructed in this matter.
- 5.15 It is also our view, having examined the Unit Fire Orders, which it should be recalled were also agreed with the senior civilian medical staff, that there is some ambiguity of language. In particular, it is not immediately apparent, although this may have been clarified in training, what was the intention of instructing those leaving the building other than certain duty staff to ensure that "All doors except ward corridor doors have been shut". The written orders leave unclear whether the doors referred to are those into the ward from the corridor or whether they are intended to refer to any door across the corridor. If it is the former meaning, it is not clear why such



doors should be left open rather than closed to prevent smoke entering and further oxygen reaching the fire. If the latter construction is correct, it should be noted that there was in fact only one such door (see paragraph 5.23 below) and it is apparent that no-one was aware that the instructions were intended to convey this meaning. We also consider that there would have been advantage in producing a short clear guide for patients as to what they should do: whilst the Fire Orders contain instructions on how to evacuate patients they contain none addressed directly to patients.

- 5.16 As described in paragraph 2.5 of Chapter 2, exit from the north end of the Churchill Wing was impeded by the particular design of the windows which moved in the horizontal plane and opened in such a way as to permit no more than a gap of 12 inches at the bottom. We note that this problem was brought to the attention of the PWD in an undated minute to the then Superintendent of Public Works from the Senior Medical Officer, Dr D Cox. To judge by papers to which it relates Dr Cox's minute would appear to date from 1975. He comments on the windows:-

"The entire new part of the hospital is fitted with Austral windows, which open to a maximum height of twelve inches, and while not all windows would be required as emergency exits, I feel that all the windows in the wards should be capable of being used as emergency exits. The most vulnerable part of the hospital from this point of view is the maternity department. A fire in the central part of the main hospital corridor would block off the exit from the maternity department and it is unlikely that patients would be able to make use of the window for exiting. If all wards were to be attended to, this would require the fitting of eight windows."

Dr Cox's predictions were borne out by the fire; but it is important also to note that the Austral windows did perform a role in preventing patients accidentally falling out from the windows of wards above ground level or, indeed, patients who became mentally disturbed seeking to leap out of the windows. By coincidence, a case of the latter kind did in fact occur shortly before the KEMH fire. An expert should consider whether the further use of Austral windows of the type found in the Churchill Wing of the KEMH is appropriate. If their further use is considered desirable, the need for compensatory fire escape measures should also be examined.

- 5.17 We turn now to the question of the internal hose reels in the hospital which, on the night of the fire, had not been connected to the water supply and therefore could not be used. There is documentary evidence that installation of internal hose reels had been discussed between the Force Fire Officer and the PWD by December 1982. On 17 December 1982 Dr Bleaney wrote to the then Director of PWD identifying this as a vital measure. In February 1983 Dr Bleaney wrote to the then Director of PWD asking inter alia when work might be started and completed on installation of hose reels within the hospital. By the time of the next Fire Officer's report on 7 July 1983 the hoses had been fitted but were not plumbed into the water supply and Mr Smith commented that "every attempt should be made as a matter of priority to make these appliances operational". The next Fire Report in November 1983 indicated that the hose reels had not been connected on the grounds that the mains could not support either the pressure or the flow. Mr Bull, the then Deputy Force Fire Officer, conducted tests of his own on the fire hydrants on the north side of the hospital and in Allardyce Street and found he could obtain jets of water

reaching 20 feet. He urged that the hose reels be connected "without further delay" and a request to this effect was made by the Quarter Master to PWD on 9 December 1982. On 16 March 1984 the Quarter Master drew the attention of the Force Fire Officer to the fact that the water was still not yet on in the hospital. This was one of several issues discussed at a meeting at the hospital on 9 April 1984, the day before the fire, to discuss fire precautions at the KEMH. The minutes of the meeting state that: "Hose reels had been fixed for some time, and action to install the pipe work had commenced, but work on this had stopped about 5 weeks previously. PWD stated that as soon as men were available from other tasks the installation would be completed."

- 5.18 Mr Webster said that until the meeting at the hospital on 9 April he was unaware that the hoses had not been connected to the water supply. When asked whether he should not have had this information earlier, Mr Webster explained that it was his habit to pass demands for work of this kind to a subordinate and he would only learn of the matter again if his staff raised a particular difficulty with him. Mr Webster further stated in answer to questions from Counsel to the Inquiry that he would have expected his "customer" to raise with him delays in completing work and that whilst it would have been possible to institute a system which would enable him to monitor PWD work, this would have been at the expense of other tasks and on the basis of his experience elsewhere, "would have worked well initially and then degenerated". Mr Webster explained that he had no system for determining work priorities other than those he was given at regular weekly meetings with HE the Civil Commissioner.
- 5.19 Whilst entirely accepting the facts to be as stated by Mr Webster, we are quite unable to agree that they constitute a reasonable explanation for the failure to connect the internal hospital hose reels to the water supply. In the evidence given by PWD staff in relation to both the hose reels and the fire doors (see paragraph 5.20-5.22 below) it is manifest that the fault lay not in the individual actions of PWD staff but in the way PWD itself was run with no running record being kept for work commitments accepted and the state of progress on each. Similarly there was clearly no overall priority system, with decisions on what job should next be tackled – or indeed be interrupted – being left entirely to the individual concerned, without there being any general criteria. Our view is that both a work-monitoring system and a priority system are essential for PWD as management tools. We are unable to accept either Mr Webster's view that the onus lay on the customer to complain if work were not completed or that such a system would have been bound to degenerate after a short period. Our conclusion is that it would have been reasonable for the PWD to have been expected to connect the hose reels by the time of the fire within the financial and other resources which were available and that the failure to do so reflects a failure by the PWD to monitor and control their workload and to allocate priorities.
- 5.20 We turn now to the question of fire doors. The 1977 David Report recommended that on the ground floor of the Old Wing "A fire resisting door and screen should be positioned across the corridor adjacent to the sitting room". Dr Bleaney, minuting the then Director of Public Works on 17 December 1982, requested the installation of "Fire proof swing doors with electrical fire alarm circuit between the old and new parts of the hospital". Dr Bleaney further noted that £1,500 had been allocated to this in the medical vote for 1982/83. In fact, as Dr Bleaney explained in evidence, the fire proof doors should have been paid for from the PWD vote and

the inclusion of a sum in the medical vote was intended to provide further leverage. Dr Bleaney told us, and we accept this, that she had believed following this minute that the doors had been ordered and her inclusion of £1,000 in the 1983/84 vote was to maintain leverage for further similar precautions.

- 5.21 The Force Fire Officer's Report of 21 November 1983, which was copied to the PWD, again stressed the need for fire proof doors and on 9 December 1983 the Quarter Master raised this as a recommendation requiring PWD action. In response to this Mr Webster in his reply of 16 December said "The items noted as being for action by PWD will be attended to as and when labour and materials are available". The fire doors were, however, never ordered. The matter was raised again at the meeting on 9 April when Mr Webster undertook to look into the situation, he not knowing whether or not the fire doors had been ordered.
- 5.22 It is clear that the PWD's failure to order the fire doors had its origin in precisely the same deficiency as identified in respect of the failure to connect the fire hoses. That is to say that in the very heavy pressure of work on PWD, the need to order the doors was lost sight of and no system existed to bring up this requirement again or to give it a priority. Once again it will be seen that Dr Bleaney did everything possible to raise the issue with PWD and obtain action. We consider it entirely reasonable that fire doors should have been ordered and installed by the time of the fire.
- 5.23 On the same issue of fire doors, we would note that in evidence to us it became clear that a door did exist in the hospital corridor between the labour ward and the adjacent ward, which might, although made of non-fire-resistant materials, have played a part in delaying the smoke from the Old Wing. We believe its use should have been considered as a precautionary measure.
- 5.24 Finally we considered the possibility that medium-term plans for a new hospital at Stanley might have led to hospital fire precautionary measures being given low priority but we accept the assurances of PWD staff that this was not the case.

### Conclusions

- 5.25 Our overall conclusion is that there are a number of further reasonable steps which should have been taken to reduce the risk of fire in the hospital, and should fire break out, to control and extinguish that fire and to safeguard human life. We have mentioned the drafting of the fire orders, and the fact that some Service personnel were not aware of the Service's responsibility to take fire precautions for the whole of the KEMH/BMH. There is no evidence that lack of action in either of these areas contributed to the tragedy. The design of the Austral windows certainly impeded escape and this requires expert assessment as there are wider implications. Most importantly, we believe that the connection of the internal hose reels to the water supply might have helped in either fighting the fire in the initial stages or in helping the Breathing Apparatus teams enter the building in the face of intense heat. This might have saved lives; the addition of fire doors in the Old Wing would almost certainly have done so. It was reasonable within the financial and other resources available to expect these two steps to be taken, and the failure to do so reflects the failure of the PWD to monitor and control their work programme and to assess priorities.

## General

- 5.26 The lesson to be learnt from the fire should not, in our view, end simply with a consideration of what happened at the hospital. The 1977 Davis Report provided a comprehensive review of the fire risks in Stanley and recommended the corrective measures which would be required. The Report, which in the event seems largely not to have been followed up, recognised that both lack of financial resources and of skilled labour were likely to require a phased programme of measures and recommended that "If the works required are to be carried out over a period of time, the priorities should be made on the basis of risk to life". We believe that the KEMH fire has more than proved the need for steps to be taken urgently to give high priority to fire precaution measures in Stanley and recommend that the Davis Report should now be updated to provide a phased programme in order of priority to bring about such improvements.

## CHAPTER 6

### CONCLUSIONS AND RECOMMENDATIONS

#### 6.1 Main Conclusions

- (1) Great courage was shown by servicemen residing near the KEMH, by the RAF police NCOs who arrived early on the scene, and by members of the civil and RAF fire services in rescuing patients and fighting the fire, (paragraphs 2.7 to 2.9).
- (2) The seat of the fire is clearly established as being one of the two rooms on the south side of the Old Wing immediately adjoining the bathroom at the extreme east end of the corridor. Arson, the electric heater in the bathroom, an electrical fault, spontaneous combustion of the mattresses stored in the two rooms, and an external source of fire can be eliminated as causes of the fire. The probability is that the immediate cause of the fire was an accidental internal source of fire, brought about by the inadvertent act of a patient, a member of the staff or an intruder. The evidence before the Commission does not permit any more precise conclusion, (paragraph 3.11).
- (3) The time between the discovery of the fire at the KEMH and the alerting of the civil and military emergency services was approximately ten minutes. This is accounted for by an initial inadvertent breakdown of communication on the discovery of the fire and by the subsequent efforts made to assist patients. The delay does not reflect in any way on the conduct of either the civil or military staff and all those staff who helped to evacuate patients are to be commended. The ten minute delay may well not have been material in saving further life, (paragraph 4.5).
- (4) The fighting of the fire was impeded by both low water pressure and the failure of two of the civilian trailer pumps to function, (paragraph 4.9).
- (5) There was no delay in the arrival of RAF Fire Services at the scene of the fire. The fighting of the fire produced an excellent example of civil and military co-operation, (paragraph 4.12).
- (6) The risk of fire in the Islands is generally high, owing largely to the high usage of wooden building materials, old electric wiring and the strong prevailing winds. Like other buildings in Stanley, the KEMH was recognised as a potential fire risk, particularly with regard to the wooden Old Wing, (paragraphs 5.1 and 5.2).
- (7) A number of steps were taken since the Liberation to reduce the risk of fire at KEMH, including the drawing up of fire orders and six-monthly fire reports, the holding of regular fire drills, substantial electrical rewiring, the installation of a smoke detector system and the repair of a fire escape, (paragraphs 5.9 to 5.13).
- (8) There were a number of further reasonable steps which should have been taken to reduce the risk of fire in the hospital, and, should fire break out, to control and extinguish that fire and to safeguard human life. The fire orders could have been better drafted and some Service personnel seem to have been unaware of the Service responsibility to take fire precautions for the whole of the KEMH/BMH. The design

of the Austral windows impeded escape. There is no evidence that lack of action in any of these areas contributed to the tragedy. Most importantly the connection of the internal hose reels to the water supply might have helped in either fighting the fire in its initial stages or in helping the breathing apparatus teams to enter the building in the face of intense heat; and this might have saved lives. The fitting of fire doors would almost certainly have done so. Within the financial and other resources which were available, it was reasonable to expect that these two steps should have been taken; the failure to do so reflects the failure of the PWD to monitor and control their work programme and to assess priorities, (paragraphs 5.14 to 5.25).

(9) No responsibility attaches to Dr Alison Bleaney, the Senior Medical Officer of the KEMH, for the fire. We accept the submission made to us by her representative, that she "carried out her duties ably, carefully and to a very high standard". We would go further. We would commend Dr Bleaney for her repeated warnings of the fire risks at the KEMH and for doing all she could to alleviate them, (paragraph 5.22).

## 6.2 Recommendations for the Future

(1) The system for operating the fire siren should be improved, so that the operator is authorised to switch on the siren as soon as an emergency call is received and without having to leave the switchboard, (paragraph 4.8).

(2) The planned renewal of Stanley's water supply should take full account of the needs of the fire services for sufficient hydrants capable of maintaining adequate water pressure, (paragraph 4.9).

(3) The two fire pumps which failed in the KEMH fire should, if this has not already been done, be examined by an expert and, if necessary, replaced, (paragraph 5.14).

(4) In any future joint civil/military hospital, allocation of responsibility with regard to fire precaution measures must be kept under review, and all staff be made familiar with these matters on their arrival, (paragraph 5.14).

(5) Clear fire instructions should in future be provided for patients as well as for hospital staff, (paragraph 5.15).

(6) An expert should consider whether the further use of Austral windows of the type found in the Churchill Wing of the KEMH is appropriate. If their further use is considered desirable, the need for compensatory fire escape measures should also be examined, (paragraph 5.16).

(7) The Public Works Department should institute, as a matter of urgency, a system for monitoring and controlling work on all commitments accepted, and should allocate priorities to those commitments, (paragraphs 5.19, 5.22).

(8) Steps should be taken urgently to give high priority to fire precaution measures in Stanley, and the Davis Report should now be updated to provide a phased programme, in order of priority, to bring about such improvements, (paragraph 5.26).

Signed ..... (David Calcutt)  
Chairman

..... (Janet Cheek)

..... (Martin Bird)

..... (Eric Goss)

..... (Geoffrey Podger)  
Secretary

5 June 1984





## APPENDIX 1

### WITNESSES WHOSE EVIDENCE WAS CONSIDERED BY THE COMMISSION

Almond, R A	Nurse, BMH
Bennett, V A	Matron, KEMH
Bernal, S J	Cook, BMH
Biggs, J	Telephonist
Bleaney, A A	Senior Medical Officer, KEMH
Clark, K	Corporal, RAF Police
Clarke, D S	Radio Technician
Clarke, R T	Assistant Mechanical Superintendent
Cuthbertson, R W	Driver, Royal Corp of Transport
Dixon, A F	Corporal, RAF Police
Edwards-Moss, D J	Medical Practitioner, KEMH
Fleet, P	Sergeant, RAF Police
Gent, S P	SAC, RAF Fire Section
Gilbert, R E	Assistant Power Station Superintendent
Green, M R	Force Fire Officer, BFFI
Greenwood, T	H M Inspector of Fire Services
Harris, L S	Electrical Superintendent
Jaffray, I J	Nurse, KEMH
Keenleyside, C D (Senior)	Foreman Painter
Keenleyside, C D (Junior)	Telecom Engineer
Keenleyside, M M	Building Superintendent, PWD
King, A	Treasury Officer
Lawrence, S N	Sergeant, BMH
Lea, P R J	RPO, Falkland Islands Group Provost Unit

Le Page, R S	Sergeant, BMH
Macdonald C G	Handyman/Driver
Martin, T D	Corporal, RMP
McPhee, P	Superintendent, Fire Department
Millichamp, P	SAC, RAF Fire Section
Peake, A	Senior Technician
Place, D	Water Supervisor, PWD
Porter, B C	Tractor Driver
Reid, E M	Nursing Assistant, KEMH
Rowlands, D B	Nurse, BMH
Rozee, B E	Housewife
Saywell, W R	Lance Corporal Driver, BMH
Senior, N	Private, BMH
Shorters, C E	Lance Corporal, BMH
Smith, M J	Apprentice Electrician
Summers, B	Communications Supervisor
Sumpner, A	Private, BMH
Townsend, S V	RAF Police
Tudge, D G	Fireman, RAF
Washington, N	Corporal, RAF Police
Webster, G	Director, PWD
Wearn, C P	Corporal, RAF Fire Section
Wort, M J	Squadron Leader Anaesthetist

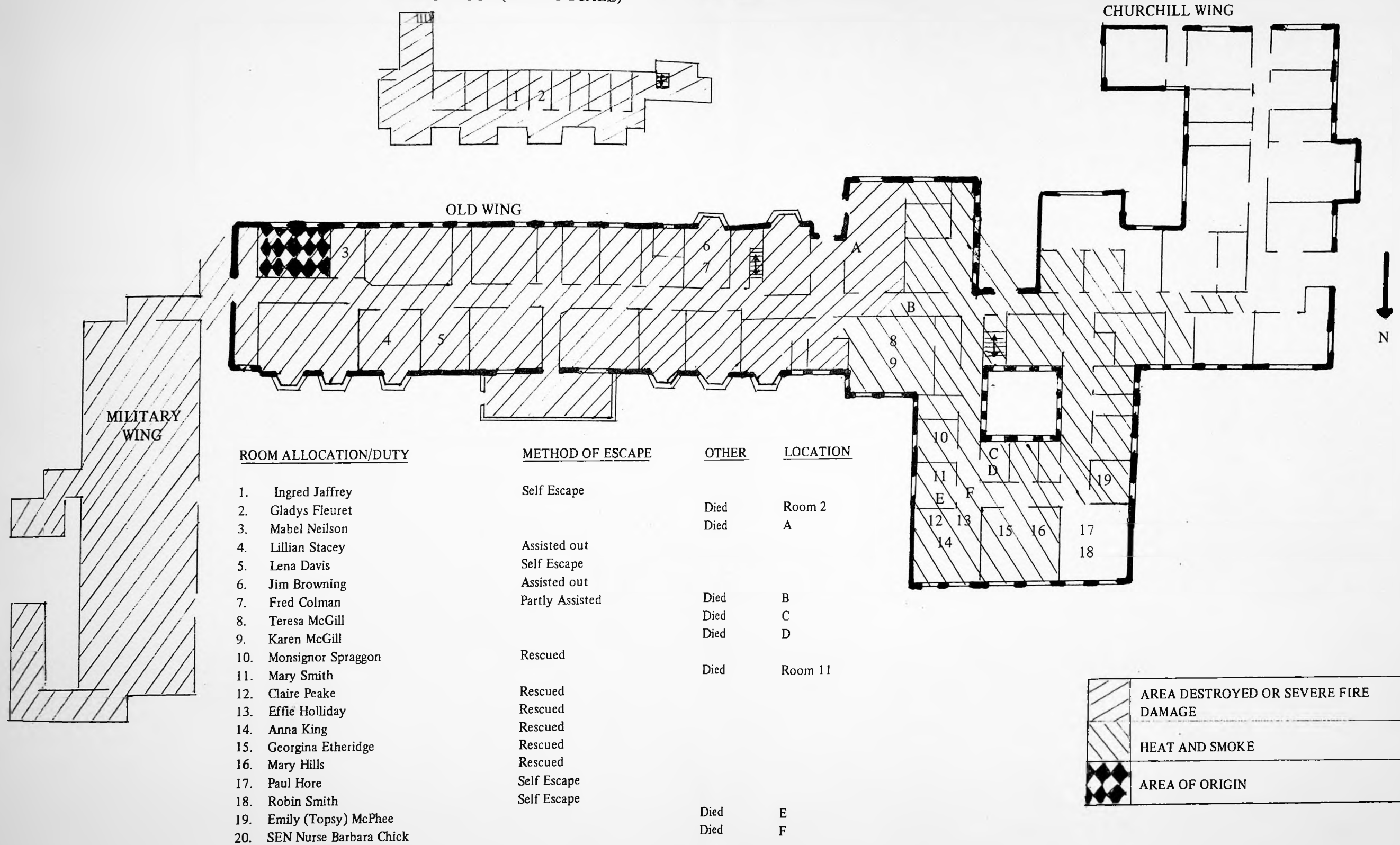
## APPENDIX 2

### REPRESENTATION

Counsel to the Commission	Mr John Laws  (instructed by the Treasury Solicitor)
Concerned Falkland Islands Government Employees	H M Attorney-General (Mr Michael Gaiger)
Concerned Service Personnel	Lieutenant-Colonel Terence Davis
Dr Alison Bleaney OBE	Mr Robert Dickson WS

STANLEY

FIRST FLOOR (NOT TO SCALE)





## APPENDIX 4

### LIST OF ABBREVIATIONS

BFFI	British Forces Falkland Islands
BMH	British Military Hospital
BSH	British Station Hospital
CRE	Commander, Royal Engineers
KEMH	King Edward VII Memorial Hospital
PWD	Public Works Department

