

Fire Safety Policy

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<p>Policy Validity Statement This policy is due for review on the date shown above. After this date, policy and process documents may become invalid.</p> <p>Policy users should ensure that they are consulting the currently valid version of the documentation.</p>	



Version Control

Version	Release Date	Author	Update comments
V1	28 February 2013	Liane Cotterill	Policy provided to Clinical Commissioning Group (CCG) as part of policy suite
V2	13 November 2014	Lee Crowe	Re-styled to CCG policy standard
V3	22 nd November 2016	Lee Crowe	New EIA and Policy Format

Approval

Role	Name	Date
Approval	Executive Committee	14 th January 2015 (2)
Approval	Executive Committee	22 nd December 2016 (3)

Review

This document will be reviewed two years from its issue date.

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1. Introduction

For the purposes of this policy South Tyneside Clinical Commissioning Group will be referred to as “the CCG”.

The CCG recognises they have a statutory duty towards the safety of their employees and others working in or visiting their premises, including patients, contractors and visitors who might be subject to fire risk.

The main statutory requirements are found in the Regulatory Reform (Fire Safety) Order 2005, Health and Safety at Work Act 1974, Management of Health and Safety Regulations 1992. The CCG will also comply with current Department of Health Policy on fire precautions as set out in the ‘Firecode’.

This document sets out the CCGs approach to minimising the incidence of fire within its premises and the impact of fire on life safety, delivery of service, the environment and property. It applies to all CCG people, functions, actions and services. It is intended for all types of healthcare buildings including those that perform admin functions

1.1 Status

This policy is a Health and Safety policy.

1.2. Purpose and scope

- 1.2.1 The risk of fire will be reduced through good housekeeping measures being implemented throughout the CCG, raising staff fire safety awareness, fire training, appointing fire wardens and carrying out fire risk assessments.
- 1.2.2 Trained personnel will respond to fire alarm calls. They will take initial control of fire procedures with regard to the safety of patients, staff and premises.
- 1.2.3 The CCG has in place appropriate fire response and control measures, and fire alarm incidents are recorded, monitored and managed in order to minimise the number of incidents over time.

2. Definitions

The following terms are used in this document:

- 2.1 Nominated Officer of Fire is the most senior person on site who will take charge in the event of an emergency.
- 2.2 Fire Warden is the appointed person who will assist with the safe evacuation of premises and who may also be asked to undertake other specific site-related fire duties.

3 Fire Safety

The Secretary of State for Health has mandated that all NHS organisations:

- have a clearly defined Fire Safety Policy covering all buildings they occupy;
- comply with legislation;
- nominate a board level director accountable to the Chief Officer for fire safety;
- nominate a Fire Safety Manager to take the lead on all fire safety activities;
- implement fire safety precautions through a risk management approach;
- have an effective Fire Safety Management Strategy;
- comply with monitoring and reporting mechanisms appropriate to the management of fire safety; and
- develop partnerships initiatives with other agencies and bodies in the provision of fire safety.

3.1 Fire Risk Assessments

3.1.1 In order to comply with statutory requirements Fire Risk Assessments will be carried out for all CCG premises. To achieve this outcome a 'Fire Risk Assessment' form must be completed to identify all fire risks and where a risk cannot be removed, to indicate what control measures have been implemented to reduce the risk to an acceptable level.

3.1.2 Where an individual risk cannot be reduced to an acceptable level, the risk should be added to the risk register.

3.1.3 The Fire Risk Assessment form and other supporting documentation must be kept in the relevant premises and be available for inspection by auditors and the Fire and Rescue Service. A copy must also be kept by the CCG for review purposes.

3.2 Fire Training

3.2.1 Suitable and relevant training will be provided for all staff. This will be achieved by induction training for all new staff and also regular specific fire training as set out in the Mandatory Training Matrix. Fire warden training will also be provided where appropriate.

3.2.2 Managers must ensure that practice fire drills intended to test communications, staff reaction and the effectiveness of training will be carried out at regular intervals in all CCG premises (at least once annually). The CCG must be informed prior to any fire evacuation drills being held and should be furnished with a copy of drill details for record purposes.

3.3 Arson Prevention and Control

The CCG will comply with the Fire Practice Note 6 "Arson Prevention and Control in NHS Health Care premises" issued under Firecode, but will consider other related guidance that may be published over time.

3.4 Fire Precaution Schemes

The Head of Health and Safety in consultation with the Fire Safety Advisor will identify on-going measures needed to improve standards in fire precautions. This will be forwarded to the Estates Department to be undertaken as part of an on-going programme of work.

3.5 Unwanted Fire Signals (False Alarms)

3.5.1 The NHS has imposed a duty on NHS organisations to reduce the number of false alarm calls to the Fire & Rescue Service. In order to achieve this requirement a fire alarm will be investigated to determine if the alarm is an actual fire or a false alarm. If it is discovered to be a false alarm the Fire and Rescue Service would be informed of this.

3.5.2 Given the disruption of any false alarm, whether the Fire and Rescue Services has been called or not, it is incumbent on all staff to ensure that the principles of good fire safety housekeeping are followed.

3.6 Fire Risk Assessment for Furniture, Furnishings and Apparel

The CCG must comply with Firecode HTM87 regarding furniture, furnishings and apparel.

4. Duties and Responsibilities

Council of Practices	The council of practices has delegated responsibility to the Governing Body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
Chief Officer	The Chief Officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.
The Health and Safety Lead	<p>The Health & Safety Lead will lead in:</p> <ul style="list-style-type: none"> • Ensuring that fire safety measures are implemented by agreeing a programme of action for fire safety, setting objectives and monitoring their effectiveness and achievements. • Ensuring that CCG managers are familiar with fire safety procedures and implement them. • Ensuring that appropriate advice is sought from the Senior Governance Officer (Health & Safety) or external agencies whenever any modification, extension or conversion of a building is planned. Advice must also be sought from the above whenever changes of usage of a current building are proposed or a new building is planned. • Generating and formulating this policy. • Identifying the appropriate process for regular evaluation of the implementation and effectiveness of this policy. • Identifying the competencies required to implement this policy. • Notifying the Policy Co-Ordinator of any revisions to this document. • Arranging for superseded versions of this document to be retained in accordance with HSC 199/053 NHS Retention and Disposal Schedule. • In addition the Head of Health & Safety will be the nominated Fire Safety Manager to take the lead on all fire safety activities on behalf of the CCG.

<p>Governance Manager Health and Safety</p>	<p>The Governance Manager will:</p> <ul style="list-style-type: none"> • Advise and assist management in the interpretation and application of all fire legislation and give relevant guidance in liaison with the Director and Nominated Officer of Fire for premises. • Organise Fire Risk Assessments and reviews where required. • Lead in the development of Personal Emergency Evacuation Plans when required. • Ensure that appropriate individuals have been identified as Fire Wardens and Nominated Officers of Fire and deputies, to be responsible for each premises. The Nominated Officer of Fire should be of sufficient seniority and proficiency to enable them to carry out the whole range of duties as specified in Fire Code. Sufficient cover should be made available when fire wardens are on annual/sick leave. • Ensure that adequate fire safety training is provided for staff and that the training is documented accordingly. Staff should receive fire training at least once per year as set out in the CCGs' mandatory training proposals. • Ensure that regular testing and servicing of fire precautions (fire detection systems, firefighting equipment etc.) is carried out. • Implement workplace fire safety procedures and develop a written fire plan for their area in conjunction with the relevant Governance Manager • Ensure that an appropriate investigation is carried out and a report is prepared following a fire • Consult the relevant Governance Manager in advance of any proposed changes to either room occupancy levels and/or room use • Ensure fire wardens are appointed for their area and they attend appropriate training • Ensure that suitable fire drills are carried out and recorded on an annual basis within their service area • Monitor compliance with fire safety training • Provide advice and support to all staff with regards to all fire safety issues and initiate appropriate actions • Liaise with Estates staff, local building control and the Fire & Rescue Service in the specification of fire precautions in new and existing premises • Prepare specific fire safety training programmes and ensure delivery of this training
<p>Nominated Officer of Fire/All Fire Wardens</p>	<p>The CCG has a responsibility to ensure the safety of their staff working in buildings owned by a third party. The Fire Safety Advisor must therefore discuss fire safety issues with the relevant organisation and gain assurance that appropriate fire safety systems are in place and that staff have access to, for example relevant information and training.</p> <p>This should include:</p> <ul style="list-style-type: none"> • Instruction and information before occupying the building on Fire Safety issues and procedures: <ul style="list-style-type: none"> ○ How to raise the alarm ○ Access/egress routes ○ Position of fire extinguishers and “information” on their use ○ Information on any fire prevention measures in place ○ Any responsibilities staff have e.g. to ring 999, or to aid in the evacuation of other people, e.g. patients • Access to Fire Safety training at the location if available.

	<ul style="list-style-type: none"> • Access to any risk assessments that have been undertaken. • Act as focal point on fire safety issues for local staff. • Organise and assist in the fire safety regime within local areas. • Raise issues regarding local area fire safety with line management. • Assist with co-ordination of the response to an incident within the immediate vicinity. • Be responsible for roll-call during an incident. • Support line managers and the responsible person on fire safety issues.
All Line Managers	<ul style="list-style-type: none"> • Assist the Director responsible for fire safety and the responsible people in the day-to-day implementation of the Fire Safety Policy throughout their areas. • Ensure that any fire safety hazards are brought to the attention of the Health and Safety Team. • Ensure that local fire procedures are brought to the attention of all their staff, particularly new starters as part of local induction. • Ensure that provision is made for all their staff to attend fire training sessions when required and to ensure that they do so in line with the organisational requirements. • Ensure that staff co-operate with the implementation of the policy and adhere to procedures. • Ensure that “new starters” attend the Core Mandatory training. • Inform “new starter” employees of the relevant fire evacuation procedures, means of escape, location of fire alarm points and firefighting equipment on their first working day
All Staff	<p>All staff, including temporary and agency staff, are responsible for:</p> <ul style="list-style-type: none"> • Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken. • Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities. • Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly. • Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager. • Attending training / awareness sessions when provided

5. Implementation

5.1 This policy will be available to all Staff.

5.2 All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

5.3 On the first day of employment to either the organisation or the department, each new member of staff will receive a local induction from their line manager which will include a walk-through of the following fire safety points:

- Actions to be taken on discovering a fire.
- Actions to be taken on hearing the fire alarm.
- The location of the nearest fire alarm break glass call points.
- The location of the nearest fire exit.
- The location and type of the nearest fire extinguisher.
- The location of assembly points.

6. Training Implications

The training required to comply with this policy are:

The sponsoring director will ensure that the necessary training or education needs and methods required to implement the policy or procedure(s) are identified and resourced or built into the delivery planning process. This may include identification of external training providers or development of an internal training process.

6.1 It is mandatory for all CCG employees to attend fire safety training sessions as per mandatory training requirements.

6.2 All Fire Wardens are required to attend a Fire Warden training session.

7. Related Documents

7.1 Other related policy documents

- Health and Safety Policy
- Incident Investigation and Reporting Policy

7.2 Legislation and statutory requirements

- Cabinet Office (1974) *Health and Safety at Work Act 1974*. London. HMSO. General duties of employers and employees.
- Cabinet Office (1998) *Human Rights Act 1998*. London. HMSO
Rights and freedoms protected under the European Convention on Human Rights.
- Cabinet Office (2000) *Freedom of Information Act 2000*. London. HMSO
Trust policies and procedures are subject to disclosure under the Freedom of Information Act 2000 (FOI). From January 2005 the Act allows anyone, anywhere to ask for information held by organisations, although some information, such as patient identifiable information, is exempt.

- Cabinet Office (2006) Equality Act 2006. London. HMSO
Provisions relating to Human Rights and discrimination on grounds of race, religion or belief sexual orientation; sex; amends the Disability Discrimination Act 1995.
- Cabinet Office (2007) Corporate Manslaughter and Corporate Homicide Act 2007. London. HMSO
Enables the prosecution of companies and other organisations where there has been a gross failing throughout the organisation in the management of health and safety with fatal consequences.
- Cabinet Office (2008) Health & Safety Offences Act 2008. London. HMSO
Amends Section 33 (Prosecutions for criminal offences) of the Health and Safety at Work Act 1974.
- Management of Health & Safety At Work Regulations 1999
Generally make more explicit what employers are required to do to manage health and safety under the Health and Safety at Work Act. Requires employers to carry out risk assessments, make arrangements to implement necessary measures, appoint competent people and arrange for appropriate information and training.
- Regulatory Reform (Fire Safety) Order 2005
Requires a fire safety risk assessment to be carried out and that reasonable steps be taken to reduce the risk from fire and ensure occupants can safely escape if a fire does occur.

7.3 Best practice recommendations

- Department of Health “Records Management: NHS Code of Practice” 2006.
- NHS Litigation Authority “Standard for Primary Care Trusts”: guidance on minimum policy and procedure requirements.
- Firecode – Department of Health (NHS Estates) Management of Fire Safety in Healthcare (Firecode consists of a number of Health Technical Memoranda (HTM) which consider policy, technical guidance and specialist aspects of fire precautions)

8. Monitoring, Review and Archiving

8.1 Monitoring

The Governing Body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

8.2 Review

8.2.1 The Governing Body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

8.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Governing Body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

8.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

8.3 Archiving

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice 2009.

9. Equality Analysis



Introduction - Equality Impact Assessment

An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010

Advance equality of opportunity between people who share a protected characteristic and those who do not

Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

Policy	A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue.
Service	A system or organisation that provides for a public need.
Process	Any of a group of related actions contributing to a larger action.



STEP 1 - EVIDENCE GATHERING

Name of person completing EIA:	Lee Crowe
Title of service/policy/process:	Fire Safety Policy
Existing: <input type="checkbox"/> New/proposed: <input type="checkbox"/> Changed: <input checked="" type="checkbox"/>	
What are the intended outcomes of this policy/service/process? Include outline of objectives and aims	
The aim of the policy is to ensure CCG considers Fire Safety along with its other business objectives and to ensure that the CCG follows the details stipulated within H&S Regulations and Regulatory Reform Order Fire Safety.	
Who will be affected by this policy/service /process? (please tick)	
<input type="checkbox"/> Consultants <input type="checkbox"/> Nurses <input type="checkbox"/> Doctors <input checked="" type="checkbox"/> Staff members <input type="checkbox"/> Patients <input type="checkbox"/> P <input type="checkbox"/> Other	
If other please state:	
<hr/>	
What is your source of feedback/existing evidence? (please tick)	
<input type="checkbox"/> National Reports <input type="checkbox"/> Internal Audits <input type="checkbox"/> Patient Surveys <input type="checkbox"/> Staff Surveys <input type="checkbox"/> Complaints/Incidents <input type="checkbox"/> Focus Groups <input type="checkbox"/> Stakeholder groups <input type="checkbox"/> Previous EIAs <input checked="" type="checkbox"/> Other	
If other please state:	
<ul style="list-style-type: none"> • Health and Safety at Work Act • Management of Health and Safety at Work Regulations • Health and Safety Guidance HSG65 • Feedback from CCG staff and regular service line meetings between NECS/CCG. 	

Evidence	What does it tell me? (about the existing service/policy/process? Is there anything suggest there may be challenges when designing something new?)
National Reports	Not applicable
Patient Surveys	Policy has no impact on patients
Staff Surveys	Staff Survey's to include questions around H&S
Complaints and Incidents	This policy will ensure that systems are in place should there be any complaints received or Incidents regarding Health and Safety and that the CCG has robust systems in place around H&S Management
Results of consultations with different stakeholder groups – staff/local community groups	Only applicable to staff within CCG
Focus Groups	Only applicable to staff within CCG
Other evidence (please describe)	



STEP 2 - IMPACT ASSESSMENT

What impact will the new policy/system/process have on the following: (Please refer to the 'EIA Impact Questions to Ask' document for reference)

Age A person belonging to a particular age

The Policy will ensure that individuals of all ages are considered in relation to Health and Safety / Fire Safety.

Disability A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

This Policy has a positive impact on any staff who have a physical/Mental impairment by considering their needs regarding H&S/Fire Safety and the subsequent policies and procedures that underpin the Health and Safety Strategy.

Gender reassignment (including transgender) Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.

As far as we are aware there are no members of staff to whom this applies. Should there be a member of staff undergoing gender reassignment/transgender the content within the strategy does not include vocabulary that should cause offense.

Marriage and civil partnership Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters

The Policy has no impact on marriage or civil partnership.

Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.

The Policy can be accessed by all staff via intranet and policies/procedures are in place which underpin the policy's aims.

Race It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.

There are no requirements for translation within the current staff group should the staff group characteristics change then versions in other languages can be obtained.

Religion or belief Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Risk assessments and training can be arranged for staff unavailable due to religious or other reasons.

Sex/Gender A man or a woman.

There is no discriminations between males and females within the policy

Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

Policy uses appropriate language no additional considerations are required.

Carers A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person

Risk assessments and training can be arranged for those staff that have caring responsibilities and there is also online training which can be accessed whilst working within the CCG or at home.

Other identified groups such as deprived socio-economic groups, substance/alcohol abuse and sex workers

Other groups have been considered however as the Policy is for staff there are no additional impacts on health inequalities.



STEP 3 - ENGAGEMENT AND INVOLVEMENT

How have you engaged stakeholders in testing the policy or process proposals including the impact on protected characteristics?

Please list the stakeholders engaged:

Shared policy with Governance Colleagues within CCG. Regular service line meetings with CCG to discuss any H&S issues that arise.



STEP 4 - METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users of the policy?

- Verbal – stakeholder groups/meetings Verbal - Telephone
- Written – Letter Written – Leaflets/guidance booklets
- Email Internet Other

If other please state:

ACCESSIBLE INFORMATION STANDARD

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of service users.

Tick to confirm you have you considered an agreed process for:

- Sending out correspondence in alternative formats.
- Sending out correspondence in alternative languages.
- Producing / obtaining information in alternative formats.
- Arranging / booking professional communication support.
- Booking / arranging longer appointments for patients / service users with communication needs.

If any of the above have not been considered, please state the reason:

As this is a staff policy needs have been considered internally and appropriate recommendations made.



STEP 5 - SUMMARY OF POTENTIAL CHALLENGES

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?
1 Workforce Characteristics	May require other formats such as braille, size of font etc. May also need to consider if face to face training takes place that accessibility of training venues is sufficient.



STEP 6- ACTION PLAN

Ref no.	Potential Challenge/ Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date
1	Staff unable to access Policy	Age, Disability	Alternative formats provided if required, font size adjustment. As part of reasonable adjustments on appointment.	All staff can access the strategy for reference	CCG/NECS H&S	On receipt of individual request

Ref no.	Who have you consulted with for a solution? (users, other services, etc)	Person/ People to inform	How will you monitor and review whether the action is effective?
1	CCG Governance Colleagues	NECS Health and Safety Team	Regular Service Line Meetings



SIGN OFF

Completed by:	Lee Crowe
Date:	November 2016
Signed:	
Presented to: (appropriate committee)	Governance & Risk Committee
Publication date:	