

Fire Safety Policy

Ratified	Final
Status	Approved
Issued	January 2021
Approved By	Executive Committee
Consultation	Internal CCG review
Equality Impact Assessment	Section 9
Distribution	All Staff
Date Amended following initial ratification	Non-Applicable
Implementation Date	December 2020
Planned Review Date	December 2022
Version	V4.1
Author	Governance Manager (Health and Safety, Fire, Security)
Reference No	CO05

Policy Validity Statement

This policy is due for review on the date shown above. After this date, policy and process documents may become invalid.

Policy users should ensure that they are consulting the currently valid version of the documentation.

Accessible Information Standards

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact stynccg.enquiries@nhs.net



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
V4	14 th December 2018	Lee Crowe	Re-view in line with expiration date. Minor changes made additional text to be added in blue, text in red to be taken out of policy once approved.
V4.1	January 2021	Lee Crowe	Minor formatting amendments.

Approval

Role	Name	Date
Approval	Executive Committee	14 th January 2015 (2)
Approval	Executive Committee	22 nd December 2016 (3)
Approval	Executive Committee	30 January 2019 (4)
Approval	Executive Committee	April 2021 (4.1)

Review

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

Contents

1.	Introduction	4
2.	Definitions	4
3.	Fire Safety	5
4.	Duties and Responsibilities	7
5.	Implementation	9
6.	Training Implications	9
7.	Related Documents	10
8.	Monitoring, Review and Archiving.....	11
9.	Equality Impact Assessment.....	13

1. Introduction

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

The CCG recognises it has a statutory duty towards the safety of their employees and others working in or visiting their premises, including 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;
- comply with monitoring and reporting mechanisms appropriate to the management of fire safety; and
- Fire Safety Strategy
- 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 Statutory and Mandatory Training requirements. 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 Governance Manager Health and Safety from the Commissioning Support Organisation in consultation with NHS Property Services and CCG will identify on-going measures needed to improve standards in fire precautions. This will be added to on-going programmes of work

Health and Safety Manager 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 HTM05-03 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.
Governance Manager Health and Safety	<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.

	<ul style="list-style-type: none"> • 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. • 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: Code of Practice for Health and Social Care 2016.

9. Equality Impact Assessment

Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Lee Crowe

Job Title: Governance Manager

Organisation: North of England CSU

Title of the service/project or policy: Fire Safety policy

Is this a;

Strategy / Policy

Service Review

Project

Other [Click here to enter text.](#)

What are the aim(s) and objectives of the service, project or policy:

The aim of the policy is to ensure CCG considers Health and Safety along with its other business objectives and to ensure that the CCG follows the details stipulated within H&S Regulations.

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> Eliminating unlawful discrimination, victimisation and harassment Advancing quality of opportunity Fostering good relations between protected and non-protected groups in either the workforce or community 	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

The policy is a review of an existing policy and has received only minor updates. There is no fundamental change to the content therefore the previous EIA which concluded 'no impact' remains appropriate.

If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	<input type="checkbox"/>	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation: "If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact (ENTER CONTACT DETAILS HERE)"		
If any of the above have not been implemented, please state the reason:		
Click here to enter text.		

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Lee Crowe	Governance Manager	December 2020

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.