

FIRE SAFETY POLICY

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DOCUMENT CONTROL

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Document objectives: This policy aims to minimise the risk of fires occurring in Trust occupied premises by a robust approach to fire safety.			
Intended recipients: This policy applies to all Trust staff.			
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Lead Director	Director of Finance and Business Development		

CONTRIBUTION LIST Key individuals involved in developing the document

Name	Designation or Group
Andy Hayes	Head of Estates & Facilities
Darren Kirk	Fire Safety Advisor
Phil Owen	Estates Manager
All Group Members	Health, Safety and Security Management Group
All Members	Estates and Facilities Governance Group
All Members	Fire Safety Group
All Group Members	Senior Managers Operational Group
Andrew Sinclair	Head of Corporate Business

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1. INTRODUCTION

- 1.1 The Trust is committed to ensuring the health and safety and welfare of its staff, patients, visitors and contractors. The Trust acknowledges its responsibility to protect all individuals from fire and the dangers associated with fire and will ensure that effective safe systems are in place to ensure all persons can remain safe in the event of a fire occurring in one of its premises.
- 1.2 The Trust takes guidance from various sources in particular:
 - Regulatory Reform (Fire Safety) Order 2005
 - Health Technical Memorandum 05 suite of documents – “Firecode”
 - National reports and inquiries.
- 1.3 The Trust will nominate a Director at Board level accountable to the Chief Executive Officer for Fire Safety.
- 1.4 The Trust will nominate a Fire Safety Manager to take the lead on all fire safety activities.
- 1.5 The Trust will ensure that the necessary training for all staff will be completed and recorded.

2. PURPOSE & SCOPE

- 2.1 Fire represents the most likely hazard to cause large scale loss of life, injury and significant loss of service user facilities to the Trust. Therefore a robust approach to fire safety at all levels in the organisation is essential to minimize the risks of fires occurring.
- 2.2 Hospitals and care facilities are deemed as being areas which pose a high potential fire risk to people who may be ‘vulnerable’ in some way, and who are unable to react either quickly or at all to an alarm.” Specific fire evacuation procedures need to be in place to minimize the risk to those individuals.
- 2.3 Equipment should be in place, regularly checked and maintained to ensure the rapid detection of fire, means to contain fire are in place and staff are adequately trained in fire procedures and able to fight fire, if safe to do so.

3. DUTIES AND RESPONSIBILITIES

3.1 Chief Executive – Responsible Person

Responsibility for Fire Safety rests with the Chief Executive, who has nominated the Director of Finance and Business Development as the Executive Lead with managerial responsibility.

The Chief Executive is responsible for:

- (i) Reviewing the implementation of the Fire Safety Policy by the Director of Finance and Business Development.
- (ii) Demonstrating commitment to the promotion of fire safety within the Trust.
- (iii) Ensuring sufficient resources are allocated to implement the Fire Safety Policy and Procedure.

- (iv) Sign the Annual Statement of Fire Safety for reassurance to the Board that fire issues have been addressed.

3.2 **Board level director – fire safety**

The Director of Finance and Business Development is responsible for the implementation of the Fire Safety Policy and for the following:

- (i) Advising the Trust Board on fire safety matters and identifying necessary resources to provide safe systems in line with the Health and Safety at Work Act 1974 and the Regulatory Reform (Fire Safety) Order 2005 Suite of Documents.
- (ii) Ensure implementation of the Fire Code requirements HTM 05 Fire Code Suite of Documents.
- (iii) Nominate a Trust Fire Safety Manager.
- (iv) Ensure the production of an annual report on fire safety to the Trust Board (to include progress against programmed spend, actual fires, fire related incident reporting and training);
- (v) To ensure that the Annual Statement of Fire Safety is completed and presented to the Board.
- (vi) To ensure that agreed programmes of investment in fire precautions are properly accounted for in the Trust's annual Business Plan.

3.3 **Trust Fire Safety Manager**

- (i) Will Chair the fire safety group (FSG)
- (ii) Ensure that at least annually a special report is presented to the Executive Board informing them of the current state of the fire safety in all premises for which the Board is responsible and that the Annual Statement of Fire Safety is completed and returned to the Board.
- (iii) Provide detailed site plans and drawings showing the fire precaution arrangements of the hospital buildings, indicating escape routes, compartmentation and other fire resistant construction and all active fire precaution measures. Copies to be held by the Building Fire Safety Managers and local Fire & Rescue Service and available to the Fire Safety Advisor when requested, normally held on site in the Fire Log Book.
- (iv) Plan fire precautions for new work or alterations.
- (v) Ensure adequate maintenance contracts are in place for first aid fire fighting equipment, alarms, extinguishers, fire doors etc.
- (vi) Ensure contractors on site take effective steps not to subvert fire precautions.
- (vii) Ensure that a responsible person is always available to assume the specified duties above in the absence of the Trust Fire Safety Manager.

3.4 **Fire Safety Advisor**

- (i) Advising Management on Legislation and Fire Code, etc.

- (ii) Carrying out fire safety audits and preparing reports to Trust Fire Safety Manager, at least annually by 1st December.
- (iii) Carrying out as required assessment of fire risk with the Building Fire Safety Manager using (HTM 05-03 and relevant HM Government Guidance Notes) and preparing reports to the Trust Fire Safety Manager, recommending actions in respect of fire safety improvements.
- (iv) Report outbreaks of Fire and UwFS in accordance with HTM05-01, chapter 11. Liaise with Fire Authority inspecting officers as required.
- (v) Receiving and dealing with fire incident forms.
- (vi) Review and update policy and procedures as requested by the Trust Fire Safety Manager in consultation with the Building Fire Safety Manager/Deputies.
- (vii) Remind Building Fire Safety Managers to organise regular fire drills, monitor the outcome and recommend remedial action where necessary and arranges for records of drills to be kept centrally and at each workplace.
- (viii) Keeping records of all actual fire incidents and investigating fires in suspicious circumstances in conjunction with police and fire services. Provide Reports to Trust Fire Safety Manager.
- (ix) Co-operate and liaise with Fire Authority inspecting officers and other bodies in relation to audits/inspections of fire safety matters as and when required.
- (x) Attend, as an observer, fire drills as requested.

3.5 **Building Fire Safety Manager/Deputies (Fire Incident Manager)**

- (i) Supervise effective implementation of the Fire Safety Policy and Procedure established for the premises.
- (ii) Act as focal point supervising the day to day maintenance of fire precautions with the premises.
- (iii) In the event of an emergency, to take charge until the Brigade arrives and act as a focus for liaison purposes thereafter.
- (iv) Ensure a competent person is always available to deputise for the Building Fire Safety Manager.
- (v) Undertaking of induction for new persons on fire safety matters.
- (vi) Ensure the Fire Safety log book is kept up-to-date and ready for inspection by the Fire Service.
- (vii) Ensure that policies and in particular instructions are brought to the attention of staff and observed by them.
- (viii) Organise and attend regular fire drills in association with the Fire Safety Advisor.
- (ix) Ensure **all** staff participate regularly in fire safety training and fire drills.
- (x) Recording attendance of staff at fire safety training.
- (xi) Ensure maintenance of first aid and fire fighting equipment.

- (xii) Ensuring contractors on site take effective steps to comply with fire precautions.
- (xiii) Ensure that all fire incidents and alarm activations, other than programmed tests, are reported promptly using the on-line untoward event (Datix) form.

3.6 **Responsibilities of all Staff (including other NHS organisations permanently based at SomPar premises)**

- (i) All staff must:
 - adhere to the Somerset Partnership NHS Foundation Trust Fire Safety procedure;
 - notify their immediate Manager of even small, rapidly extinguished fires, this information will be recorded and entered onto Datix;
 - participate in mandatory fire safety training and drills;
 - be aware of their responsibilities to patients and involve them (if appropriate) in the local fire safety process.
 - ensure to promote good fire safety at all times to help reduce the occurrence of fire and unwanted fire signals (UwFS)
- (ii) It is the responsibility of Executive Directors, Managers and Professional Heads to ensure that policies and particular instructions are brought to the attention of all staff and observed by them.

4. **FIRE SAFETY GROUP**

In 2015 the Trust established the fire safety group (FSG), the purpose of the FSG is to pro-actively manage and plan all fire safety matters. The FSG are responsible for reporting to the Estates and Facilities Governance Group (E&FGG). The FSG has been established to manage and review all fire safety matters within all Trust properties both freehold and those leased from third parties. In compliance with HTM suited standards / RRO 2005

Membership consist of:

- Head of estates and facilities/Trust fire safety manager (Chair)
- Executive director responsible for fire (Open Invitation)
- Estates manager
- Fire safety adviser
- Training department representative
- Fire safety training officer
- Mental health inpatient ward manager
- Community hospital manager

Duties

The FSG under the direction of the E&FGG will keep under review all matters associated with fire safety as applied by fire regulations.

The FSG objectives include:

- Design review – to review the design of facilities refurbishment projects and new building projects capturing the fire safety of the design.
- Incident review – review the findings of fire related incidents reported to the Trust.
- Fire investigation – Provide a forum enabling any fire investigation to be discussed with key stakeholders.
- FRA programming – enabling the programming of FRA's to be discussed and direct amendments to the programme as required for operational purposes and to include a review of major risks associated with FRA's.
- Training – enabling the inspection of the fire safety training programme providing key stakeholders a forum to raise questions and receive answer to such questions.
- Audit – review the audit reports undertaking in the period between FSG meetings.
- Annual fire certificate – the Trust Fire Advisor shall present the annual fire certificate to the meeting and take any questions relating to the Annual Fire Certificate at the meeting.
- Annual fire report – the Trust Fire Advisor shall present the Annual Fire Report to the meeting and take any questions relating to the Annual Fire Report at the meeting.
- Competency of 3rd party suppliers relating to fire safety – the members of the FSG shall use the forum to discuss the competency of 3rd party suppliers who provide fire safety services to the Trust.
- Policy review – review of policy due to legislative changes, technical advances, fire or incident will be considered and the recommendation to amend the existing fire safety policy where it is considered necessary will be put forward by the FSG for formal approval.
- Changes in Firecode and legislation – The Fire Advisor will notify the FSG of any changes to legislation which affects the fire safety within the Trust.
- Work together with the landlord to include shared occupancy buildings to ensure fire safety is – managed to an agreed standard, the landlord will be responsible for communicating any alterations or changes to the facilities they manage and the buildings Trust staff occupy.
- DATIX review – the information from the DATIX system will be used to review the cause and effects of the Trust fire safety policy and procedures. Enabling consultation to be made with key stakeholders. All areas of improvement identified will be agreed and recommended via the established routes of management.
- ERIC reporting - discuss the relevant detail required to be submitted for the Hospitals Estates and Facilities Statistics Reporting.

5. EXPLANATIONS OF TERMS USED

Employer – Somerset Partnership NHS Foundation Trust

Employee – All persons working for the Trust, to include bank/agency/personnel on work experience and volunteer workers.

UwFS – Unwanted fire signals

Hazard – something with the potential to cause harm, injury, illness, disease or some other loss.

Risk – The likelihood of harm, injury, illness or some loss from a particular hazard is realised. Risk reflects both the likelihood of occurrence and its severity of outcome.

Fire Risk Assessment – the process whereby fire hazards are identified and the level of risk involved is evaluated.

Datix system – web-based incident reporting system where all fire incidents are reported.

6. STATEMENT OF POLICY

6.1 It is the policy of the Somerset Partnership NHS Foundation Trust to seek to ensure as far, as is reasonably practical, that all steps are taken by the Trust to prevent and minimise the effects of fire.

6.2 **The Trust acknowledges its responsibility for the safety of people within the Trust if fires occur and for the prevention of fire and the requirement to have a written statement of general policy under the statutory requirements of:**

- Regulatory Reform (Fire Safety) Order 2005
- The Health and Safety at Work Act 1974
- The Building Act 1984
- HM Government Fire Safety Risk Assessment Guidance Note appropriate to the relevant designated premise.

The mandatory requirements as set out in the Healthcare Technical Memoranda:

- Healthcare Technical Memorandum 05 – Fire safety

The Trust policy together with any subsequent revisions will be brought to the notice of all Trust employees.

6.3 **The Trust recognises its responsibilities to ensure that reasonable precautions are taken to provide a safe working environment and that steps are taken to prevent or minimise the causes of fire, in compliance with relevant statutes and code of practice (as identified above).**

In pursuance of this aim, the Trust will:

- a) provide a safe working environment, paying attention to fire prevention and evacuation procedures.
- b) ensure that systems are in place and regularly scrutinised to ensure their adequacy, i.e., fire evacuation drills, inspections of the means of

escape and maintenance of fire warning systems and fire-fighting equipment.

- c) provide appropriate information suitable instruction and training in basic fire prevention measures and evacuation procedures, together with mandatory annual updating for all people of the Trust.
- d) ensure Risk Assessment and Fire audits are implemented to comply with statute.
- e) ensure all premises have a local Fire Safety Procedure that is regularly reviewed

6.4 The Trust is committed to reducing UwFS and the Datix web-based Untoward Event Reporting system is in place for reporting UwFS , whether the Fire Service attends or not. **In the event of fire dial 999.**

The protocol introduced October 2005 of “call challenging” by the monitoring station and the Fire Service will ask if a search has been made. If this is not possible the accepted reply will be “a search is unable to be safely carried out”.

Any additional information regarding the incident can be given to the Fire Service by an additional **999** call as soon as possible after the initial call, i.e. a patient deliberately smashed an alarm point.

6.5 HTM 05-01 management of fire safety

Fire safety in the Trust must take account of the Equality Act 2010 and this will be taken into account in 5.3 above for all the aspects of fire safety. Arrangements will be incorporated into fire safety plans for local buildings by Building Fire Safety Manager/Deputies with advice where required by the Fire Safety Advisor and Trust lead for Equality. The Trust will ensure compliance with HTM 05-01 (Management of Fire Safety) section 8 fire safety and Equality Act 2010 during annual fire safety audits.

6.6 Local Fire Safety plans will incorporate the needs of sensory impaired staff, patients and visitors and how they will be alerted in the event of a fire and the needs of disabled staff, patients and visitors and their evacuation from the building in the event of a fire.

7. TRAINING REQUIREMENTS

7.1 The Trust will work towards all staff being appropriately trained in line with the organisation’s Staff Mandatory Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

7.2 Records of training will be provided by the Learning and Development Department fire safety trainer to the learning and development team who will monitor attendance and report performance via the balanced score card.

8. EQUALITY IMPACT ASSESSMENT

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected

characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

9. MONITORING COMPLIANCE AND EFFECTIVENESS

9.1 Overall monitoring will be by the Regulation Governance Group as the Group oversees the work of the following Groups:

- The Health, Safety and Security Management Group who undertake the monitoring of fire related incident reports from DATIX each quarter.
- The Estates and Facilities Governance Group will update the fire risk assessment as and when changes to buildings are completed and monitor the fire safety audit.
- The Fire Safety Governance Group are responsible for managing all aspects of fire safety including training, fire risk assessments, fire audits, fire procedures and investigating fires.
- The Workforce Governance Group will undertake the monitoring of mandatory fire training activity quarterly.

Annual fire audits are provided to Fire Safety Managers with action if required. Fire Safety Advisors follow up action plans at monthly intervals and final check takes place at the next audit.

Any areas of concern will be escalated to the Regulation Governance Group using the Governance Group reporting template within the next scheduled report.

Annual Statement of Fire Safety is sent to the Department of Health in December each year to assure that fire safety is being effectively managed.

10. COUNTER FRAUD

10.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

11. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

11.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the **fundamental standards** which inform this procedural document, are set out in the following regulations:

Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 15:	Premises and equipment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 18:	Staffing

11.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 16:	Notification of death of service user
Regulation 17:	Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983
Regulation 18:	Notification of other incidents

- 11.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

Relevant National Requirements

Regulatory Reform (Fire Safety) Order 2005

The Health and Safety at Work Act 1974

The Building Act 1984

HM Government Fire Safety Risk Assessment Guidance Note appropriate to the relevant designated premise.

The mandatory requirements as set out in the Healthcare Technical Memoranda:

Healthcare Technical Memorandum 05 – Fire safety

12. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

Cross reference to other procedural documents

Health and Safety Policy

Learning, Development and Mandatory Training Policy

Medical Gasses and Oxygen Cylinders Policy

Moving and Handling Policy

Record Keeping and Records Management Policy

Risk Management Policy

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

13. APPENDICES

- 13.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

Appendix A Organisation of fire safety

ORGANISATION OF FIRE SAFETY

