

Fire Safety Management Policy

This policy provides information on Fire Safety Management within the Trust.

Key Words:	Fire, Safety, Management	
Version:	4	
Adopted by:	Quality Assurance Committee	
Date Adopted:	19 March 2019	
Name of Author:	Bernadette Keavney – Fire Manager Paul Dickens – Fire Safety Assurance Officer	
Name of responsible committee:	Health and Safety Committee	
Date issued for publication:	March 2019	
Review date:	September 2021	
Expiry date:	1 March 2022	
Target audience:	All Staff	
Type of Policy	Clinical	Non Clinical √
Which Relevant CQC Fundamental Standards?		

Contents

Equality Statement	1
Analysis of Equality	1
NHS Constitution	1
Summary	1
Purpose	1
1.0 Introduction	2
2.0 Duties within the Organisation	3
2.1 Trust Board	3
2.2 Chief Executive	4
2.3 Board Level Director (with fire safety responsibility)	4
2.4 Fire Safety Manager	5
2.5 Fire Safety Assurance Officer	6
2.6 Fire Safety Advisory Service provided by the Trusts Estates and Facilities provider (TEFG)	6
2.7 Competent Person (Fire)	7
2.8 Statutory Compliance (Fire)	7
2.9 Managers, Head of Department, Supervisors	8
2.10 Fire Safety Administrator	8
2.11 Fire Warden	9
2.12 Fire Coordinator	9
2.13 All staff, contract staff and volunteers	10
2.14 Visitors	10
3.0 Monitoring Compliance and Effectiveness	10
3.1 Quality Assurance Committee	10
3.2 Health and Safety Committee	10
3.3 Fire Safety Manager	11
3.4 Fire Risk Assessments	11
3.5 UHL Estates and Facilities	11
4.0 General Operating Procedures	11
5.0 Training	13
6.0 Review	14
7.0 Dissemination and Communication	14
8.0 References	14
Appendices	
Appendix 1 Prevention of Arson Guidance	16
Appendix 2 Policy Monitoring Section	20
Appendix 3 Policy Training Requirements	21
Appendix 4 Due Regard Screening Template	22
Appendix 5 The NHS Constitution	23
Appendix 6 Privacy Impact Assessment Screening	24

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1	July 2012	Harmonised Policy
2	July 2015	Reflects Interserve Facilities Management responsibility for fire safety advice, assessments and training Inclusion of Arson Guidance
3	June 2018	Removal of NHS Leicester, Leicestershire and Rutland Management Collaborative (LLRFMC) replaced with Trusts Estates and Facilities Provider throughout Review of Managers responsibility (Section 2.10) Resources available to the Trust (Section 6)
4	March 2019	Clarification in the use of General Emergency Evacuation Procedures (GEEP) and Personal Evacuation Procedures (PEEP)

All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

For further information contact:

Health and Safety Compliance Team
0116 295 1662
firesafetyadvisors@leicspart.nhs.uk

Definitions that apply to this Policy

Firecode	Firecode is an obsolete, but commonly used term which referred to the Health Technical Memoranda (HTM), series 05, which refer to Fire Safety Management Systems
HTM 05 series	<p>Documents focussing and giving comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare, and on aspects of the management of fire safety within healthcare organisations; including statutory requirements, roles and responsibilities of all staff within a healthcare organisation, reporting and monitoring of incidents, staff training, and management elements of fire safety. The documents referred to and relevant to LCR PCT are:</p> <p>HTM 05 – 01 Managing Fire Safety in Healthcare HTM 05 – 02 Functional Provisions HTM 05 – 03 Part A General Healthcare Fire Safety Part B Fire Detection & Alarm Systems Part C Textiles & Furnishing Part F Arson Prevention & Control Part H Reducing Unwanted Fire Signals In Healthcare Premises Part J Fire Engineering Provisions Part K Guidance on Fire Risk Assessments In Complex Healthcare Premises Part L Fire statistics</p>
Regulatory Reform (Fire Safety) Order 2005	Statutory Instrument 2005 No. 1541, cited as the Regulatory Reform (Fire Safety) Order 2005. This came into force on 1st April 2006, and replaced all other workplace fire safety legislation existing at that date.
Responsible Person	As defined by the Regulatory Reform (Fire Safety) Order 2005, "Responsible Person" means— (a) in relation to a workplace, the employer, if the workplace is to any extent under his control; (b) in relation to any premises not falling within paragraph (a) (i) the person who has control of the premises (as occupier or otherwise) in connection with the carrying on by him of a trade, business or other undertaking (for profit or not); or (ii) the owner, where the person in control of the premises does not have control in connection with the carrying on by that person of a trade, business or other undertaking.
Fire Risk Assessment	An organised, methodical look at the premises, the activities carried on there, and the likelihood that a fire could start and cause harm to those in the vicinity of the premises. The Fire Risk Assessment will identify the Fire Hazards, identify steps to be taken to reduce any risks as low as reasonably practicable, and recommend what fire precautions and management arrangements can be put in place to ensure safety if a fire does take place

Arson	The criminal act of maliciously, voluntarily and wilfully setting fire to a building, buildings, or other property of another or of burning one's own property for an improper cause e.g. to collect insurance or to conceal another crime.
Pyromaniac	Someone who has a frequent, powerful desire to set fires. Pyromaniacs just set fires because they want to and feel a compulsion to. Pyromania is a sickness. A pyromaniac could also be someone who loves watching fires.
Due Regard	Having due regard for advancing equality involves: <ul style="list-style-type: none"> • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Analysis of Equality

An analysis of the impact and equality found the activity outlined in the document to be equality neutral because this policy describes the arrangements in place for all staff across the Trust.

The NHS Constitution

The Constitution sets out the principles and values that guide how the NHS should act and make decisions. It brings together a number of rights, pledges and responsibilities for staff and patients alike. Policy Authors must take account of the NHS Constitution and identify which of the rights and pledges are applicable to the policy being developed.

Summary

This policy aims to minimise the incidence of fire throughout all activities provided by, or on behalf of, Leicestershire Partnership NHS Trust.

Where fire occurs, this policy aims to minimise the impact of such occurrence on life safety, the delivery of patient care, the environment and property.

This Policy details a clearly defined management structure for the delivery, control and monitoring of fire safety measures, enabling it to be shared across the organisation.

Purpose

To provide an unambiguous statement of fire safety policy applicable to Leicestershire Partnership NHS Trust and to premises where patients of Leicestershire Partnership NHS Trust receive treatment or care, excluding a single private dwelling.

This policy provides guidance in respect of management of fire safety within LPT. It applies wherever LPT owes a duty of care to service users, staff and other individuals. It ensures that suitable and sufficient governance and assurance arrangements are in place to manage fire-related matters and demonstrates due diligence.

1.0 Introduction

The fire safety strategy for LPT adheres to the framework for policies and principles set out in Fire Code HTM 05:01.

Effective fire safety depends on a combination of physical fire precautions and a robust system of effective management. Fire safety in the healthcare environment is particularly challenging since many healthcare building occupants will require some degree of assistance from healthcare staff to ensure their safety in the event of a fire.

Even in primary care environments, the proportion of building occupants that may require some assistance to quickly escape the effects of a fire is likely to be greater than that which would be expected from a cross-section of the general population.

While physical fire precautions within a building are intended to provide protection to building occupants, effective fire safety management ensures that the incidence of fire is minimised, the physical fire precautions are maintained in an operational state, the organisation is able to respond effectively should a fire occur, and that the impact of a fire incident is minimised.

The current legislation in the form of the Regulatory Reform (Fire Safety) Order 2005 requires a managed risk approach to fire safety. The process of fire risk assessment, mitigation and review requires a robust system of management capable of identifying hazards, qualifying their impact, devising appropriate mitigation and continual monitoring.

The presence of a robust system of fire safety management is a key influence in fire risk assessment and in many healthcare environments it is the determining factor in evaluating the level of fire risk.

The performance of the Trust against the aims of this policy will be monitored through the requirements for registration and continued compliance with the essential standards of quality and safety as monitored by the Care Quality Commission.

Furthermore, the Fire Authority can at any time and for any of the premises in which LPT staff are employed to work, carry out an audit under the Regulatory Reform (Fire Safety) Order 2005. Such audits will be undertaken utilising the relevant guides produced by the Department for Communities and Local Government; specifically, Healthcare Premises and Offices and Shops.

Responsibility for complying with the Fire Safety Order rests with the responsible person; the responsible person will be the employer. For the LPT the responsible person is the Trust Board. The Trust Board discharges the responsibility for fire safety through the Chief Executive.

Duties imposed on the responsible person include:

- Taking measures to reduce the risk of fire on the premises and the risk of the spread of fire on the premises.
- Taking measures to eliminate or reduce risks resulting from the presence and/or use of dangerous substances.
- Providing appropriate means of detecting fire and raising the alarm including communication with the external emergency services.
- Providing appropriate fire-fighting equipment.
- Providing and ensuring the availability of appropriate escape routes and exits.
- Planning, implementing and rehearsing appropriate procedures for serious and imminent danger and for areas of danger.
- Maintaining the facilities, equipment and devices necessary to safeguard the safety of relevant persons.
- Appointing sufficient competent persons to assist in undertaking the preventative and protective measures.
- Providing employees, and the parents of employed children, with comprehensible and relevant information on risks identified in the fire risk assessments, the preventative and protective measures taken, and the appropriate procedures.
- Providing similar information to persons working in or on the premises who are not employed by the responsible person.
- Providing adequate safety training to employees.
- Cooperating and coordinating with other responsible persons that have duties in respect of the premises.
- Maintaining provisions deemed necessary for safeguarding the safety of fire-fighters.

The duties imposed by the Fire Safety Order on the responsible person are also imposed on every person, other than the responsible person, who has to any extent control of the premises. The extent of such duties is determined by the extent of control exercised by that person. In essence, the person in charge of a ward at any given time is subject to the same responsibilities under the Fire Safety Order as the responsible person in respect of the ward, in so far as the elements they control.

In compliance with the Fire Safety Order and other relevant guidance or directives, the Trust will conduct its activities in such a way as to ensure that people who may not be employees, but may be affected by these activities are not exposed to risk to their health and safety in relation to fire, e.g. patients, general public, contractors, employers of contractors temporary workers.

Every employee, while at work, must take reasonable care for themselves and other relevant persons who may be affected by their acts or omissions at work. In addition, all employees must inform their employer or nominated representative of any work situation or matter that represents a serious or imminent danger or any shortcomings in safety arrangements and comply with the Fire Safety Management Policy.

2.0 Duties within the Organisation

2.1 Trust Board

- The Trust Board has overall accountability for the activities of the organisation, which includes fire safety.
- The Trust Board should ensure that it receives appropriate assurance that the requirements of current fire safety legislation and the objectives of DH's Firecode are being met.
- The Trust Board discharges the responsibility for fire safety through the Chief Executive.

2.2 Chief Executive

- The Chief Executive will, on behalf of the Board, be responsible for ensuring that current fire legislation is complied with and, where appropriate, DH's Firecode guidance is implemented in all premises owned, occupied or under the control of the trust.
- The Chief Executive will ensure that all agreements for the provision of care and other services by third parties include sufficient contractual arrangements to ensure compliance with the trust's fire safety policy.
- The Chief Executive discharges the day-to-day operational responsibility for fire safety through the Director with fire safety responsibility.

2.3 Board Level Director (with fire safety responsibility)

- The Director with fire safety responsibility is responsible for ensuring that fire safety issues are highlighted at Board level.
- This responsibility will extend to the proposal of programmes of work relating to fire safety for consideration as part of the business planning process.
- This will include the management of the fire-related components of the capital programme and future allocation of funding.
- At an operational level the Director with fire safety responsibility will:
- Assist the Chief Executive with Board level responsibilities for fire safety matters;
- promote that the trust has in place a clearly defined fire safety policy and relevant supporting protocols and procedures;
- promote that all work that has implications for fire precautions in new and existing trust buildings is carried out to a satisfactory technical standard and conforms to all prevailing statutory and mandatory fire safety requirements (including DH's Firecode);
- promote that all proposals for new buildings and alterations to existing buildings are referred to the Fire Safety Manager before building control approval is sought;
- promote that all passive and active fire safety measures and equipment are maintained and tested in accordance with the latest relevant legislation/standards, and that comprehensive records are kept;
- promote cooperation between other employers where two or more share trust premises;

- ensuring through senior management and line management structures that full staff participation in fire training and fire evacuation drills is maintained;
- ensuring that agreed programmes of investment in fire precautions are properly accounted for in the trust's annual business plan;
- ensuring that an annual audit of fire safety and fire safety management is undertaken, and the outcomes communicated to the Trust Board;
- fully support the Fire Safety Manager function.
- In line with delegated authority, the Director with fire safety responsibility devolves day-to-day fire safety duties to the Fire Safety Manager.

2.4 Fire Safety Manager

The role of Fire Safety Manager is primarily a managerial role suitable for a senior operating manager. The role does not necessitate the duty holder to possess fire safety competencies provided that they have sufficient access to competent fire safety advice provided either from an internal Fire Safety Adviser or an external source.

The Fire Safety Manager acts as a focus for all fire safety matters in the organisation, and therefore the role should be carried out by one person. While the Fire Safety Manager may have a different line manager, accountability for fire safety matters should always be through the board level director.

The Fire Safety Manager is tasked with developing and managing the fire safety management system, and will be responsible for:

- the day-to-day implementation of the fire safety policy;
- reporting of non-compliance with legislation, policies and procedures to the Director with fire safety responsibility;
- obtaining expert advice on fire legislation;
- obtaining expert technical advice on the application and interpretation of fire safety guidance, including DH's Firecode;
- raising awareness of all fire safety features and their purpose throughout the trust;
- the development, implementation, monitoring and review of the organisation's fire safety management system;
- the development, implementation and review of the organisation's fire safety policy and protocols;
- ensuring that fire risk assessments are undertaken, recorded and suitable action plans devised;
- ensuring that risks identified in the fire risk assessments are included in the trust's risk register as appropriate;
- the operational management of fire safety risks identified by the risk assessments;
- the development, implementation and review of the organisation's fire emergency action plans;
- ensuring that requirements related to fire procedures for less-able staff, patients and visitors are in place;
- the development, delivery and audit of an effective fire safety training programme;
- the reporting of fire incidents in accordance with trust policy and external requirements; monitoring, reporting and initiating measures to reduce false alarms and unwanted fire signals;

- liaison with external enforcing authorities;
- liaison with trust managers;
- liaison with the Trusts estates and facilities provider; monitoring the inspection and maintenance of fire safety systems to ensure it is carried out;
- ensuring that suitable fire safety audits are undertaken, recorded and the outcomes suitably reported;
- providing a link to the relevant trust committees;
- ensuring an appropriate level of management is always available by the establishment of Fire Response Teams for trust sites or premises.

2.5 Fire Safety Assurance Officer

The Fire Safety Assurance Officer will be accountable to the Fire Safety Manager for matters of fire safety. They provide competent fire safety advice and will be responsible for:

- day to day management of fire safety within the Trust
- undertaking, recording and reporting fire risk assessments;
- providing expert advice on fire legislation;
- providing expert technical advice on the application and interpretation of fire safety guidance, including DH's Firecode;
- assisting with the review of the content of the trust's fire safety policy;
- assisting with the development and delivery of a suitable and sufficient training programme for staff ;
- the assessment of fire risks within premises owned, occupied or under the control of the trust;
- the preparation of fire prevention and emergency action plans;
- the investigation of all fire-related incidents and fire alarm actuations;
- liaison with the enforcing authorities on technical issues;
- liaison with managers and staff on fire safety issues;
- liaison with the the Trusts estates and facilities provider
- Where specialist solutions are required to resolve fire safety issues, the Fire Safety Assurance Officer would not necessarily be expected to have the level of skill required but would know the limits of their capabilities and, when necessary, seek specialist advice via external professional bodies and specialist organisations
- Scheduling of planned fire risk assessments
- Scheduling of planned fire evacuations/drills/exercise for services/teams

2.6 Fire Safety Advisory Service provided by the Trusts Estates and Facilities Provider (TEFP)

The Trusts estates and facilities provider provides fire safety services to the Trust in relation to compliance with Regulatory Reform (Fire Safety) Order 2005 and all other associated fire precautions regulations and Health Technical Memorandum and other statutory and technical guidance.

This includes:

- Technical advice and guidance in respect of:
 - Properties
 - Equipment
 - General enquiries
 - Minor works
 - Capital development
 - Capital investment
 - Fire Risk Assessment for LPT owned premises and where LPT staff are the majority occupier
 - Incident investigation
- Support the development of emergency procedures and contingency plans
- Maintain in readiness and implement where necessary, contingency plans should any fire safety systems fail to function as intended
- Establishing and implementing procedures for fire drills in liaison with the fire authority and the Trust
- Provide fire warden, co-ordinator and any other additional adhoc training as identified to all staff and volunteers who work within the premises
- Performing technical audits and assessments as required
- Providing the Trust with quarterly written report with the following information:
 - Facilities compliance or otherwise with NHS Firecode
 - Procedural compliance or otherwise with NHS Firecode
 - Fire risk assessments and the development of programmes of improvement
 - Providing adhoc support as required by the Fire Safety Assurance Officer

2.7 Competent Person (Fire)

Installers and maintainers of fire safety equipment will be commissioned by the (TEFP) and must be able to demonstrate a sound knowledge and specific skills in the specialist service being provided. This may include the installation and/or maintenance of related fire safety equipment/services such as:

- fire alarm and detection systems;
- portable fire fighting equipment;
- fire suppression systems;
- emergency lighting
- fire dampers;
- fire-fighting hydrants etc.

In cases where external parties provide services, the party concerned should be registered with an appropriate fire industry accreditation scheme.

2.8 Statutory Compliance (Fire)

Health and Safety Compliance Team are responsible for advising the Trust Board regarding fire safety legal and mandatory compliance. The Fire Manager and the Fire Safety Assurance Officer form part of this department.

2.9 Managers, Heads of Department, Supervisors

Managers, Heads of Department or Supervisors are accountable for the safety of everyone under their jurisdiction and such accountability includes the requirements to communicate, inform, control, train and provide documentary evidence of compliance to the Trust's Policy, as well as legislation. The manager's role is to efficiently achieve the best fire safety management regime by involving everyone, in order to deliver excellence, with continuous improvement and maintenance of the fire safety systems.

Managers are to ensure:

- staff at all levels understand the need to report all fire alarm actuations and fire incidents as detailed in the fire safety protocols
- that sufficient fire co-ordinators and fire wardens are identified and appointed to cover their specific areas of responsibility
- that all new staff, on their first day in the ward/department, are given basic familiarisation training within their workplace, to include:
 - local fire procedures and evacuation plan
 - means of escape
 - location of fire alarm manual call points
 - fire-fighting equipment
 - any fire risks identified
 - that the staff record is completed, and retained by the managers as evidence of local fire safety induction
 - participate in emergency exercises and evacuations; understanding and using phased horizontal evacuation in the event of an emergency
 - complete mandatory fire training
 - staff at all levels participate in fire drills or fire evacuation wall-through training and completion of mandatory fire safety e-learning
 - any special needs required for emergency evacuation are identified and recorded in Personal Emergency Evacuation Plan (PEEP) (please see Appendix 2)

In carrying this out, duty managers, etc, may be assisted by the Fire Safety Administrators, Fire Safety Advisors and Fire Wardens where appropriate.

2.10 Fire Safety Administrator

The Fire Safety Manager or, in the absence of this post, the Board Level Director (Fire), will ensure that each premises has a Fire Safety Administrator and ensure that these personnel receive adequate and appropriate training.

The Fire Safety Administrator for most premises will be the one of the Governance Officers based in the Health and Safety Compliance Team.

The Fire Safety Administrator will have responsibility for:

- monitoring fire safety within their respective premises and ensuring that

- contraventions of fire safety precautions do not take place;
- assisting with local fire risk assessments and progressing action plans, updating the system as necessary
- notifying the Fire Safety Assurance Officer of any proposals for “change of use”, including temporary works that may impact on the risk assessment, within their area;
- reporting any defects in the fire precautions and equipment in their premises and ensuring that appropriate remedial action is taken;
- ensuring that local fire emergency action plans are developed, brought to the attention of staff and adequately rehearsed to ensure sufficient emergency preparedness;
- ensuring that local fire emergency action plans are revised in response to changes, including temporary works, which may affect response procedures;
- ensuring through local managers the availability of a sufficient number of appropriately trained staff at all times to implement the local fire emergency action plan;

2.11 Fire Warden

The size and complexity of the trust’s buildings and activities necessitates the appointment of local Fire Wardens to ensure there is a focal point for local staff.

The Fire Wardens essentially will be the “eyes and ears” within that local area but will not have an enforcing role. They will report any issues identified to their matron and/or head of service or departmental managers and if necessary to the Fire Safety Assurance Officer or Fire Safety Manager.

The Fire Warden should:

- attend a fire warden training course
- act as the focal point on fire safety issues for the local staff;
- organise and assist in the fire safety regime within local areas;
- raise issues regarding local fire safety with their line management;
- support line managers in their fire safety issues;
- assist in fire evacuation by ‘sweep and search’, reporting to and aiding the Fire Coordinator.

2.12 Fire Coordinator

The Fire Coordinator will take command of the building and be responsible for the overall coordination during an emergency situation, including evacuation, and liaison with the fire service.

The Fire Coordinator should be a manager who will be aware of the local fire procedures and has been trained on the Trust’s Fire Coordinator course.

The Fire Coordinator is required to:

- take control of the incident;
- ensure the Fire Service are notified

- direct the local response;
- ensure that the fire alarm system has been activated and that staff in the area are aware of the incident;
- initiate the local fire emergency action plan;
- determine whether evacuation is necessary and commence the evacuation
- liaise with the Fire Wardens and other Fire Response Staff at the Fire Control Point (most often the fire indicator panel in the reception area)

2.13 All staff, contract staff and volunteers

All staff, contractors and volunteers should:

- support any arrangements for emergency evacuation (PEEP) will be detailed in patient care plan
- comply with the trust's fire safety protocols and fire procedures;
- participate in fire safety training and fire evacuation exercises where applicable;
- report deficiencies in fire precautions to line managers and Fire Wardens;
- report fire incidents and false alarm signals in accordance with trust's protocols and procedures;
- promote fire safety at all times to help reduce the occurrence of fire and unwanted fire alarm signals;
- set a high standard of fire safety by personal example so that members of the public, visitors and students when leaving trust premises take with them an attitude of mind that accepts good fire safety practice as normal.
- Contractors must comply with the Trusts Control of Contractors Policy

2.14 Visitors

Persons responsible for visitors on Trust premises must ensure compliance with the arrangements for fire safety management. It must be ensured that visitors do not interfere with or misuse any appliance or system, which the Trust has put in place for the purposes of fire safety.

3.0 Monitoring Compliance and Effectiveness

3.1 Quality Assurance Committee (QAC)

Receive highlight reports from the Health and Safety Committee on a quarterly basis which will include any matters relating to fire that need be escalated.

3.2 Health and Safety Committee

The Health and Safety Committee is the overarching Committee for the Trust into which reports from the Fire Safety Manager are received and any outstanding fire issues or risks are escalated to for appropriate action/consideration on a quarterly basis or by exception if the need arises.

The Health and Safety Committee is chaired by the Director, who has delegated responsibility for fire safety and management.

The Health and Safety Committee will monitor the implementation of this policy through:

- periodic review of fire and false alarm incident reports;
- periodic review of fire safety training records;
- periodic review of fire service notices and communications;
- fire safety audit reports;
- periodic third-party fire safety audit.

3.3 Fire Safety Manager

The Fire Safety Manager whose key fire safety function is to ensure legislative and statutory standard requirements are met with regards to fire safety management and to be accountable for the implementation of safe fire practice within LPT. Regular meetings are held with the Fire Safety Manager and the Fire Safety Assurance Officer (FSAO). The FSAO is kept aware of the compliance with Fire Safety requirements by:

- reports received detailing Fires & Unwanted Fire Signals
- liaison with TEFP Fire Safety Advisors
- liaison with Fire Safety Administrators
- liaison with the Learning and Workforce Development department
- liaison with Maintenance Managers
- liaison with 'Soft' Facilities Management Managers (Hotel Services, etc)
- liaison with Project Development Managers
- detailed Fire Risk Assessments of Trust premises
- reports of fire and evacuation drills within premises

3.4 Fire Risk Assessments

Risk Assessments are undertaken at each site. Action plans arising from these risk assessments are reviewed, monitored and implemented through the FSAO and Fire Safety Manager and escalated to the Health and Safety Committee if appropriate. All risks identified are recorded and monitored in the Fire Action Log. Capital works are prioritised for completion from the designated finance budget in conjunction with the Associate Director of Estates and Facilities

3.5 UHL Estates and Facilities

The Health and Safety Committee receive periodic reports regarding statutory compliance. Such reports include servicing status and maintenance of passive and active fire safety systems and the currency of the fire risk assessment programme from UHL Estates and Facilities.

4 General Operating Procedures

Fire Procedures. Procedures for Serious or Imminent Danger

The Fire Safety Manager (see key duties above) must ensure that fire procedures are in place throughout the whole of the Trusts premises, and the procedures include arrangements for serious or imminent danger as set out in

the Management of Health and Safety at Work Regulations 1999 and as required by Emergency Planning.

Operational Fire Arrangements / Local Fire Procedures

The Nominated / Competent Person for each Ward / Department in conjunction with the Fire Officer, will ensure that there is a current operational procedure which takes account of all the risks relating to the premises and the operational issues of the service.

The Nominated / Competent Person for each Ward / Department will ensure that The Operational Plan and all its records must be readily available at all times, both for recording and inspection purposes.

A regular review will be carried out to ensure that all fire precautions are maintained.

Fire Equipment Maintenance

The Estates and Facilities Department will ensure that fire equipment maintenance is carried out by an approved contractor services in accordance with the appropriate British Standard.

Fire / Unwanted Fire Signals (Uwfs) Incident Reports

All incidents must be recorded in the Trusts electronic incident reporting system in accordance with Trust policy.

All actual fire incidents must also be reported by telephone to the Health and Safety Compliance Team.

All false alarms and near misses, should be recorded on the incident reporting system.

All fire incidents and false alarms are the subject of a report using NHS Estates Fire Data System. This will be undertaken by the Trusts Estates and Facilities Department using the information via ERIC returns.

Purchase of Textiles and Furniture

Textiles and furniture used throughout Trust premises are only to be purchased in accordance with the guidance set out in HTM 05-03 Operational Provisions Part C Textiles and Furnishings. Where "safety ratings criteria" cannot be met i.e. Community Homes, items must fully comply with the Consumer Protection Act 1987, with all labels securely fixed to the underside of the items purchased for future reference.

Budget holders must purchase items through the Trusts Purchasing Department, with companies who are recognised by the Trust for holding such approved contracts.

Note:

The flammability of all goods must be considered when purchasing all textiles and furniture for use within the Trust. If there is any doubt then seek advice from the Trusts Officer.

Means of Escape

Lifts must not be used when a fire alarm is activated or in the event of a fire situation. Each premises Fire Risk Assessment will have an individual procedure for those premises that have lifts.

General Emergency Evacuation Plans (GEEPs)

There is a requirement from a fire legislative perspective to have an evacuation plan in place to safely evacuate all occupants from a healthcare premise; it is the responsibility in LPT for the staff to safely evacuate the patients to a place of relative safety and to do this we follow the system that complies with the HTM05:01 and is known as phased or progressive horizontal evacuation and is based on three stages:-

- a. Stage 1 – horizontal evacuation from the area where the fire originates to an adjoining sub-compartment or compartment;
- b. Stage 2 – horizontal evacuation from the entire compartment where the fire originates to an adjoining compartment on the same floor. Subsequent additional horizontal evacuation to adjacent compartments may be undertaken (thereby putting additional fire resistance between the building occupants and the threat) prior to undertaking vertical evacuation; and
- c. Stage 3 – vertical evacuation to a lower floor, or to the outside.

The ward manager would take control of the evacuation process and would systematically take all independent ambulant patients first, followed by ambulant patients whom require support/assistance next and finally non-ambulant patients in wheelchairs/beds or transfer to ResQmats as appropriate to the evacuation situation.

Personal Emergency Evacuation Plans (PEEPs)

PEEPs should be completed for those persons who require assistance during an evacuation. These plans should be completed at the earliest opportunity using the PEEP documentation.

5 Training

Staff are required to undergo fire safety training as follows:

Mandatory

- On induction to the Trust –Trust Induction training by Organisational Development trainer.

- On induction to specific work premises – Local fire induction checklist by line manager.
- Annual refresher – E-learning information and questions module
- Annual (minimum) fire drill – Physical evacuation of the premises organised by the Fire Safety Administrator and includes phased horizontal evacuation

OR where physical evacuation is impracticable for inpatient premises

- Fire evacuation walk through training by a Fire Safety Advisors

Role Specific

- Fire Coordinator and Fire Warden training – Nominated roles in all premises for which training is provided by the fire safety advisors of the FM contractor

6 Review

The Health and Safety Committee will review this policy every three years or sooner where a change to legislation, national policy or guidance occurs.

7 Dissemination and Communication of Policy

This policy is agreed by the Leicestershire Partnership NHS Trust Health and Safety Committee and adopted by the QAC. This policy will be disseminated immediately throughout the Trust following approval .

The dissemination and implementation process is:

- Line Managers will convey the contents of this policy to their staff
- Staff will be made aware of this policy using existing staff newsletters and team briefings
- The policy will be published and made available on the Intranet

8 References

England and Wales, (2005) Regulatory Reform (Fire Safety) Order 2005, London, HMSO
 Department of Health, (2013) Health Technical Memorandum 05 – 01 Managing Healthcare Fire Safety, London, The Stationery Office
 Department of Health, (2014) Health Technical Memorandum HTM 05 – 03 Part A General Fire Safety, London, The Stationery Office
 United Kingdom, (1999) Management of Health & Safety at Work Regulations 1999, London, HMSO
 United Kingdom, (2006) The Management of Health and Safety at Work (Amendment) Regulations 2006, London, HMSO
 United Kingdom, (1974) Health and Safety at Work etc. Act 1974, London, HMSO

9 Resources Available to the Trust

- Fire induction checklist
- Fire Evacuation Drill Checklist
- Local Fire Procedures Document Fire Risk Assessment form

- Fire Safety Information Pack (General guidance)
- HTM 05 Series (Firecode) titles
- Logbook Contents (including weekly maintenance & Fire Warden Checks)
- Personal Emergency Evacuation Plan (PEEP)
- Health, Safety and Welfare at Work Policy (PS001)
- Health & Safety Inspection Process
- Incident Reporting Policy
- Policy for The Management of External Agency Visits, Inspections and Accreditations
- Portable Appliance Testing
- RIDDOR Guidance
- Risk Assessment Policy
- Risk Management Strategy
- Safety Alert Broadcast System Procedure
- Terrorist Attack and Bomb Threat Guidance
- Waste Management Policy

Prevention of Arson Guidance

1 Introduction

Arson is a particularly pernicious crime, which impacts on both individual victims and on society as a whole. It is now the largest single cause of major fires in the U.K. At its worse arson leads to loss of life and significant financial damage. Even minor arson, where it is persistent and pervasive, sets a strongly detrimental tone to deprived communities and contributes to social exclusion. In healthcare premises, not only can it affect the morale of staff but can seriously affect the Trusts ability to deliver a service to its patients.

LPT acknowledges that there is an inherent risk of an arson attack against any of its premises. Whilst it may not be possible to eliminate the risk of an arson attack completely, the Trust aims to adopt a proactive approach to minimise the opportunities and consequences of any actual attacks.

This guidance is designed to complement the Trusts Fire Safety Management Policy and individual local Fire Procedures. Future service development and review will consider the implications of these policies and guidance to ensure full awareness of the measures required to avoid injury, loss of life or damage to property as a result of deliberately ignited fires.

LPT will as far as reasonably practicable ensure the safety from arson attack of patients, visitors, staff and their property and all Trust premises.

LPT provide information and training relating to arson preventions, ensuring that all members of staff are aware of their responsibilities.

LPT will review this guidance at least every three years taking into account incidents, organisational changes and national guidelines and legislation.

2 Nature of Arson

A number of factors, taken individually or collectively, may provide the drive for a person or a group to undertake an act of arson. The most common are:

2.1 Children

Children are able to gain entry to all types of premises subject to lapses in security and may start fires, sometimes to conceal theft. Bored, visiting children or inadequately supervised paediatric patients can wander into authorised areas, sometimes starting fires out of curiosity rather than malicious intent.

2.2 Youths

Fire vandalism is an anti-social behaviour that is more likely to occur in areas of social deprivation and is carried out by older adolescents. The majority will act in partnership with other young people and will opportunistically take advantage of easy targets e.g. waste containers, letterboxes and unoccupied buildings. This type of

arson is usually unplanned, arising from opportunity, bravado and social peer pressure.

2.3 Mental Instability

Some individuals may set fire to enhance themselves in the eyes of others by pretending to discover and deal with the fire they actually started, to show willingness and loyalty.

Pyromaniacs are often motivated by the spectacle of a fire, from the thrill of starting it, watching it develop, to witnessing the arrival of the Fire Brigade and subsequent activities. Pyromaniacs sometimes participate in fire fighting because of the enjoyment and the feeling of fulfilment it imparts. Other individuals may use arson as a means of communicating feelings of frustration, pain or hostility and can include a cry for help.

2.4 Grievances

Arson simulated by a grievance can take on several forms and may be a response to either internal or external factors.

2.4.1 Internal Factors

- Dismissal, fear of unemployment or job relation
- Revenge against a colleague, superior or the employer perhaps due to personality conflicts or as a response to public humiliation or to jealousy
- Lack of advancement or appreciation of effort and failure to achieve promotion or better pay

2.4.2 External Factors

- Members of the public dissatisfied with the local healthcare provision for themselves, a relative or friend
- General dissatisfaction with the Health Service or other Governance Departments

2.5 Economic or Political Objectives

The targets for these arson attacks may be selected to demonstrate the reasons for the form of protest e.g.

- Pressure-group action e.g. animal rights, nationalist causes, terrorist acts.
- Strikes or industrial sabotage

2.6 Related Criminal Activities

Arson may be associated with further criminal acts e.g.

- To conceal a burglary, break in or fraudulent activities using fire to destroy potentially incriminating evidence. The target is therefore dependent on the nature of the concealment.

- To disguise sabotage
- As part of an attempt to blackmail
- Vandalism (often associated with alcohol and drugs)

2.7 Fraud

Senior managers should be aware that arson is often employed as a means of destroying evidence of internal fraud or misappropriation of stock.

2.8 Malicious

It is often assumed that arson is a crime against property but it can also be used to attack a person or group of people.

Some arsonists in this category may retaliate against specific institutions such as churches, schools, public buildings or particular businesses. Within this category are the terrorist or social protest firesetter, civil unrest and hate-crime incidents e.g. racist attacks on minority ethnic households, attacks on places of worship.

3 Risk Assessment

It is recognised that there will be common elements in all premises in relation to the risk of an arson attack. However, each premises also offers unique opportunity and risk due to siting, structure and the general accessibility.

Accordingly as part of the fire risk assessment, consideration will be given to the potential of an arson attack, with regard being had to:

- Who is likely to light a fire?
- How would access be gained?
- What would be the ignition and fuel sources?
- Where would the person most likely start a fire?
- When would the person most likely start a fire?

4 Control Measures

4.1 Staff Awareness and Vigilance

All employees have a responsibility in helping to prevent arson. Due to the nature of the Trusts business it is not always possible to have fully controlled access to our healthcare premises, increasing the vulnerability of our buildings to potential arson attacks. It is therefore essential for staff to be vigilant in noticing and reporting unauthorised persons in any areas of Trust buildings.

Staff should be prepared to approach people within the building who appear in authorised or unexpected areas or who appear to need assistance in finding the location they seek. If staff meet with resistance from people requested to leave an area or building they should seek an appropriate level of assistance.

In respect of a person/group of people who appear to be behaving in a suspicious

manner within the vicinity of Trust premises or vehicles, appropriate assistance should be sought. If necessary call the Police on (9) 999.

4.2 Security of Premises

All staff must ensure that local security arrangements introduced by the Trust are implemented.

- Faults affecting the security of buildings should be reported via the appropriate channels immediately.
- Where doors are routinely locked when rooms are not in use, the keys should be securely locked away.
- Security of alarm and door codes should be maintained.
- Premises should be thoroughly checked at night for unwanted visitors.
- The building should be appropriately secured, all windows closed and locked and relevant alarms set.

To improve security some premises have been fitted with CCTV systems as well as fire and intruder alarms linked to a monitoring station. However, the Trust will undertake to review security arrangements identified through the Fire Risk Assessments, taking appropriate measures where reasonable and practicable.

Where the area has a history of criminal activity, or premises are identified as being particularly vulnerable, consultation with the Police and the Local Security Management Specialist should take place. This consultation should be reflected and recorded in the risk assessment together with appropriate measures to mitigate the risk.

Policy Monitoring Section

Duties outlined in this Policy will be evidenced through monitoring of the other minimum requirements.

Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance.

Ref	Minimum Requirements to be monitored	Evidence for self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
4	Actions by staff in response to fire safety matters	Staff have attended and are in date with identified training :- Induction, Annual Fire Refresher, Fire Drill/Fire evacuation walk-through/Fire Warden and Fire Co-ordinator	Records on Ulearn	Divisions/LPT Health and Safety Committee	Quarterly report to Health & Safety Committee
3.4	Fire safety hazards identification	Fire Risk Assessments undertaken at each site and action plans developed	Central database records completed FRAs Schedule of fire risk assessments	FSAO FSAO	Against quarter year periods in 3 year programme Quarterly report to Health & Safety Committee
2.11	Action plans of Fire Risk Assessments	Fire Safety Administrator and fulfilling the requirements of the role	Records e.g. FRA actions log, fire log books, fire drills/ evacuation walk through	FSAO	Quarterly report to Health & Safety Committee
3.5	Fire alarm system activity. Interaction with local Fire Authority and third party occupiers and premises owners	Periodic review of fire and false alarms, fire service notices and communications, fire safety audit reports and 3 rd party fire safety audit	Review of incident database Reports from meetings with agencies, occupiers and owners		

Policy Training Requirements

The purpose of this template is to provide assurance that any training implications have been considered

Training topic:	Fire Safety Management
Type of training:	Mandatory 1 and 3 Role specific 2 below
Division(s) to which the training is applicable:	Adult Learning Disability Services Adult Mental Health Services Community Health Services Enabling Services Families Young People Children Hosted Services
Staff groups who require the training:	All staff 1 and 3 below Role specific for 2 below
Update requirement:	1. Annual fire refresher form 2. Fire warden and fire co-ordinator 3. Fire drill or table top
Who is responsible for delivery of this training?	Learning and Development TEFP
Have resources been identified?	Yes
Has a training plan been agreed?	Yes
Where will completion of this training be recorded?	√ uLearn Managers may hold local records
How is this training going to be monitored?	Quarterly report to Health and Safety Committee

Due Regard Screening Template

Section 1		
Name of activity/proposal	Fire Safety Management	
Date Screening commenced	May 2018	
Directorate / Service carrying out the Assessment	Health and Safety Compliance Team	
Name and role of person undertaking this Due Regard (Equality Analysis)	Paul Dickens, Fire Safety Assurance officer	
Give an overview of the aims, objectives and purpose of the proposal:		
AIMS: To minimise the incidence of fire throughout all premises provided by, or on behalf of Leicestershire Partnership Trust. To minimise the impact of such occurrence on life safety, the delivery of patient care, the environment and property. To provide a clearly defined management structure for the delivery, control and monitoring of fire safety measures, enabling it to be shared across the organisation.		
OBJECTIVES: To provide clear and concise direction on management structure and responsibilities regarding fire safety		
PURPOSE: To provide an unambiguous statement of fire safety policy and guidance in respect of management of fire safety within LPT. It applies wherever LPT owes a duty of care to service users, staff and other individuals. It ensures that suitable and sufficient governance and assurance arrangements are in place to manage fire-related matters and demonstrates due diligence.		
Section 2		
Protected Characteristic	Could the proposal have a positive impact Yes or No (give details)	Could the proposal have a negative impact Yes or No (give details)
Age	No	No
Disability	No	No
Gender reassignment	No	No
Marriage and Civil Partnership	No	No
Pregnancy and Maternity	No	No
Race	No	No
Religion and Belief	No	No
Sex	No	No
Sexual Orientation	No	No
Other equality groups?		
Section 3		
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.		
Yes		No
High risk: Complete a full EIA starting click here to proceed to Part B	<input type="checkbox"/>	Low risk: Go to Section 4.
Section 4		
It this proposal is low risk please give evidence or justification for how you reached this decision:		

Sign off that this proposal is low risk and does not require a full Equality Analysis:

Head of Service Signed: Bernadette Keavney **Date:** 25 February 2019

The NHS Constitution

NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay.
The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	<input type="checkbox"/>
Respond to different needs of different sectors of the population	<input type="checkbox"/>
Work continuously to improve quality services and to minimise errors	X
Support and value its staff	<input type="checkbox"/>
Work together with others to ensure a seamless service for patients	X
Help keep people healthy and work to reduce health inequalities	<input type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	X

PRIVACY IMPACT ASSESSMENT SCREENING

Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.

The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	Fire Safety Management Policy		
Completed by:	Paul Dickens, Fire Safety Assurance Officer		
Job title	Fire Safety Assurance Officer	Date	12/06/18
			Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.			No
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.			No
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?			No
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?			No
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.			No
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?			No
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.			No
8. Will the process require you to contact individuals in ways which they may find intrusive?			No
<p>If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786 Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, adoption n of a procedural document will not take place until approved by the Head of Data Privacy.</p>			
IG Manager approval name:			
Date of approval			

Acknowledgement: Princess Alexandra Hospital NHS Trust