



# Fire Safety Management Policy

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

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## CONTRIBUTION LIST

### Key individuals involved in developing the document:

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Members of EMEG	Agreeing Committee
Members of the Divisional Health, Safety and Security Action Group	Sub-group of the agreeing Committee
Trust Policy Experts	



## Contents

Equality Statement	1
Analysis of Equality	1
NHS Constitution	1
Summary	1
Purpose	1
1.0 Introduction	2
2.1 Duties within the Organisation	3
2.2 Trust Board	3
2.3 Chief Executive	4
2.4 Board Level Director (with fire safety responsibility)	4
2.5 Fire Safety Manager	5
2.6 Fire Safety Assurance Officer	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 Coordinator	9
2.12 Fire Warden	9
2.13 All staff, contract staff and volunteers	10
3.1 Quality and Safety Committee	10
3.2 Estates and Medical Equipment Group	10
3.3 Fire Risk Assessments	11
4.0 Review	12
5.0 Monitoring and compliance	12
6.0 References	12
Appendices	
Appendix 1 Due Regard Screening Template	
Appendix 2 The NHS Constitution	
Appendix 3 Privacy Impact Assessment Screening	



**Version Control and Summary of Changes**

<b>Version number</b>	<b>Date</b>	<b>Comments (description change and amendments)</b>
1	July 2012	Harmonised Policy
2	July 2015	Reflects Interserve Facilities Management responsibility for fire safety advice, assessments and training
3	June 2018	Removal of NHS Leicester, Leicestershire and Rutland Management Collaborative (LLRFMC) replaced with Trust's Estates and Facilities Provider throughout  Review of Managers responsibility
4	March 2019	Clarification in the use of General Emergency Evacuation Procedures (GEEP) and
5	January 2022	Confirmation of refresher training requirements Nominated/Competent Person
6	January 2025	Review of policy

**For further information contact:**

Fire Safety Officer

## Definitions that apply to this Policy

<b>HTM 05 Series (Firecode).</b>	Documents giving 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.
<b>Regulatory Reform (Fire Safety) Order 2005 (RRO).</b>	The RRO came into force on 1st April 2006 and replaced all other workplace fire safety legislation existing at that date.
<b>Responsible Person</b>	Responsibility for complying with the RRO rests with the responsible person, the responsible person will be the employer, who is the controlling mind for the workplace.
<b>Fire Risk Assessment (FRA).</b>	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 FRA will identify the hazards, identify steps to be taken to reduce risks, and recommend what fire precautions and management arrangements can be put in place.

### 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 (Amendment) Regulations 2023 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. If you would like a copy of this document in any other format, please contact [lpt.corporateaffairs@nhs.net](mailto:lpt.corporateaffairs@nhs.net)

### 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 several 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, LPT.

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 a statement of fire safety policy applicable to LPT and to premises where patients of LPT receive treatment or care, excluding a private dwelling, or care homes.

### **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 effective management. Fire safety in the healthcare environment is challenging since many healthcare building occupants will require some degree of assistance to ensure their safety in the event of a fire.

While physical fire precautions within a building are intended to provide protection to building occupants, effective management ensures that the incidence of fire is minimised, the physical fire precautions are maintained, the organisation can respond effectively, and that the impact is minimised.

The current legislation in the form of the RRO 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 appropriate 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 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 carry out an audit under the RRO. 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 RRO rests with the responsible person, with the responsible person will be the employer. For LPT the responsible person is the Trust Board. The Trust Board discharges the responsibility for fire safety through the Chief Executive.

These duties include:

- Ensuring FRA's are undertaken.
- Implementing fire safety measures.
- Creating and maintaining a fire safety plan.
- Providing fire safety information.

- Providing training.
- Ensuring regular testing and maintaining.
- Coordinating with other relevant persons/authorities.
- Reviewing and updating fire safety measures.
- Coordinating with other responsible persons.

The duties imposed by the RRO 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 RRO as the responsible person.

Every employee, while at work, must take reasonable care of themselves and other relevant persons who may be affected by their acts or omissions at work.

## **2.1 Duties within the Organisation**

### **2.2 Trust Board**

- The Trust Board has overall accountability for the activities of the organisation, which includes fire safety.
- The Trust Board discharges the responsibility for fire safety through the Chief Executive.

### **2.3 Chief Executive**

- The Chief Executive will, on behalf of the Board, be responsible for ensuring that current fire legislation is complied with.
- The Chief Executive discharges the day-to-day operational responsibility for fire safety through the Director with fire safety responsibility.

### **2.4 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.
- At an operational level the Director with fire safety responsibility will:
  - Assist the Chief Executive with Board level responsibilities.
  - Ensure there is a fire safety policy and relevant procedures.
  - Ensure that fire precautions works is carried out to a satisfactory technical standard.
  - Promote proposals for new buildings and alterations are referred to the Fire Safety Manager before building control approval is sought.
  - Promote that fire safety measures and equipment are maintained, tested and records are kept.
  - Promote cooperation between other employers where two or more share trust premises.
  - Ensure that fire training and fire evacuation drills are delivered.
  - Devolve day-to-day fire safety duties to the Fire Safety Manager.

### **2.5 Fire Safety Manager**

The role of Fire Safety Manager is primarily a managerial role suitable for a senior operating manager. This role acts as a focus for all fire safety matters within LPT.

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.

## **2.6 Fire Safety Assurance Officer**

The Fire Safety Assurance Officer will be accountable to the Fire Safety Manager. They provide competent fire safety advice and will be responsible for day-to-day management of fire safety within the Trust.

## **2.7 Competent Person (Fire)**

Installers and maintainers of fire safety equipment will be commissioned 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.

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

## **2.8 Managers, Heads of Department, Supervisors**

These are accountable for the safety of everyone under their jurisdiction and require them to communicate, inform, control, train and provide documentary evidence of compliance. In carrying this out managers may be assisted by the Fire Safety Administrators, Fire Safety Advisors and Fire Wardens where appropriate.

## **2.9 Fire Safety Administrator**

The Fire Safety Administrator for most premises will be 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 are rectified.

## **2.10 Fire Coordinator**

The Fire Coordinator will take command of the building and be responsible for the overall coordination during an emergency, 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.

## **2.11 Fire Warden**

Fire Wardens will support Fire Coordinators to ensure there is a focal point for local staff. They will report issues identified to their matron and/or head of service or departmental managers.

## **2.12 All staff, contract staff and volunteers**

All staff, contractors and volunteers should comply with the trust's fire safety protocols and fire procedures including assisting in arrangements for emergency situations.

## **3.1 Quality and Safety Committee (Q&S)**



Receive highlight reports from the Estates and Medical Equipment Group on a quarterly basis which will include any matters relating to fire that need be escalated.

### 3.2 Estates and Medical Equipment Group

The Estates and Medical Equipment Group is the overarching Group 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.

### 3.3 Fire Risk Assessments

These are undertaken at each site. Action plans arising from these and are reviewed, monitored, and implemented through the FSAO and Fire Safety Manager.

## 4 Review

The Estates and Medical Equipment Group will review this policy every three years or sooner where a change to legislation, national policy or guidance occurs.

## 5 5 Monitoring and 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, Fire Refresher biannually, Fire Drill/Fire evacuation walk- through/Fire Warden and Fire Co-ordinator	Records on Ulearn	Directorates/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 <sup>rd</sup> party fire safety audit	Review of incident database Reports from meetings with agencies, occupiers and owners		

## **6 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

## Due Regard Screening Template

Section 1		
Name of activity/proposal	Fire Safety Management	
Date Screening commenced	04/06/2024	
Directorate / Service carrying out the Assessment	Health and Safety Compliance Team	
Name and role of person undertaking this Due Regard (Equality Analysis)	Andy Galway, Fire Safety Assurance officer	
<b>Give an overview of the aims, objectives and purpose of the proposal:</b>		
<b>AIMS:</b> To minimise the incidence of fire throughout all premises provided by, or on behalf of Leicestershire Partnership Trust. To minimise the impact of such occurrences 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.		
<b>OBJECTIVES:</b> To provide clear and concise direction on management structure and responsibilities regarding fire safety		
<b>PURPOSE:</b> 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		
<b>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.</b>		
<b>Yes</b>		<b>No</b>
High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B	<input type="checkbox"/>	Low risk: Go to Section 4.
<b>Section 4</b>		
<b>It this proposal is low risk please give evidence or justification for how you reached this decision:</b>		

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

**Head of Service Signed:** Richard Brown    **Date:** 04/06/2024

# 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

<p>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.</p> <p>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.</p>			
<b>Name of Document:</b>	Fire Safety Management Policy		
<b>Completed by:</b>	Andy Galway, Fire Safety Assurance Officer		
<b>Job title</b>	Fire Safety Assurance Officer	<b>Date</b>	04/06/2024
			<b>Yes / No</b>
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.			<b>No</b>
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.			<b>No</b>
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?			<b>No</b>
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?			<b>No</b>
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.			<b>No</b>
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?			<b>No</b>
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.			<b>No</b>
8. Will the process require you to contact individuals in ways which they may find intrusive?			<b>No</b>
<p>If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786  <a href="mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk">Lpt-dataprivacy@leicspart.secure.nhs.uk</a>            In this case, adoption n of a procedural document will not take place until approved by the Head of Data Privacy.</p>			
<b>IG Manager approval name:</b>	N/A		
<b>Date of approval</b>			

Acknowledgement: Princess Alexandra Hospital NHS Trust