

Fire Safety Policy

Lead Author	CPFT Fire Safety Advisor
Developed by	Sharon Fox, Director of Governance
Approved by	Integrated Performance and Assurance Committee – 24 August 2021
Ratified by:	Governing Body - 07 September 2021
Version Number	5
Latest revision date	June 2021
Review date	June 2023

Document Control Sheet

Development and consultation:	CPFT Health and Safety Team
Dissemination:	All new and updated policies and procedures are notified to senior managers via email for dissemination to their staff. Notification is also sent to all staff via the extranet.
Implementation:	Is the responsibility of all Workers. Team Leaders and Managers have particular responsibility to support staff in implementing good practice in fire safety. The Health, Safety and Wellbeing Forum will monitor incidents and trends.
Training:	All staff working in the CCG will receive fire training on joining the organisation and then subsequently in each 12 month period of their employment. Fire training is delivered under service level agreement arrangements by the Fire Advisers at CPFT.
Audit and monitoring:	The effectiveness of this policy will be measured against fire risk assessments, fire incidents, unwanted fire signal reports, sufficiency of fire wardens and uptake of annual fire safety training. The CPFT Fire Adviser will report exceptions to the organisation through reports to the organisation's Fire Safety Manager who will report to the Integrated Performance and Assurance Committee.
Review:	The policy will be reviewed every 2 years (unless legislative or other significant changes determine an earlier time).
Essential Standards / NHS Litigation Authority Risk Management Standards:	This policy supports compliance with part of the security requirements within the NHS Litigation Authority Risk Management Standards 1.3.1. The policy also supports compliance with the Regulatory Reform (Fire Safety) Order 2005 and NHS Firecode HTM 05-01 2 nd Edition Managing healthcare fire safety: http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Firecode/DH_609 and HTM 05-01;02 and 03 suite of documents.
Links with other documents that guide practice:	The Policy should be read in conjunction with: Risk Management Policy Lone Working guidance Health and Safety Policy
Equality and Diversity:	The Corporate Services Support Manager (Equality and Diversity) has carried out a Equality Impact Assessment and concluded the document is compliant with the CCG Equality and Diversity Strategy

Revisions

Version	Page/ Para No	Description of change	Date approved
1.1		Revised from the old NHS Peterborough Policy	
2		Review of policy due to implementation of Accommodation Strategy	September 2015
V3 - Final		Reviewed by SERCO ASP Safety Team and relevant CCG Corporate Services Team	Approved by GB 7.11.2017
V4		Revised early to reflect the new roles and responsibilities of the Chief Officer Team, and the interim Governance Framework. Additional information on charging of personal equipment in premises	For IPAC 30.04.2019
V5		Review of Policy. Amendment to organisation providing Fire Safety Advice	

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1.0 Introduction

1.1 Fires in health care premises pose a potentially serious threat to the safety of patients, service users, visitors and staff. This fact, coupled with the problems of ensuring the safety of highly dependent, non-ambulant occupants, some of whom cannot be moved easily or without serious consequences, makes fire safety of prime importance. It is the intention of the Department of Health to provide an unambiguous statement of fire safety policy applicable to the NHS in England and premises where NHS patients receive treatment or care.

2.0 Purpose and Scope of this policy

2.1 The purpose of the fire safety policy is to prevent fires and to ensure a correct response to an incident should it occur.

2.2 This policy describes the issues relating to fire safety within Cambridgeshire and Peterborough CCG. It does not cover specific fire procedures or actions, which are laid down for premises within the organisations.

2.3 The aim is to ensure that all staff are aware of their duties to create an environment safe from the risk of fire and its consequences.

2.4 This policy is supported by other organisational documents identified on the “Document Control Sheet” on page 2.

2.5 The following acts and regulations are the principal statutory requirements relating to fire safety in an NHS organisation:

- The Regulatory Reform (Fire Safety) Order 2005
- Building Regulations Approved Document B (Current Edition)
- Health and Safety (Safety Signs and Signals) Regulations 1996
- Furniture and Furnishing (Fire) (Safety) Regulations 1988
- Disability Discrimination Act 2005
- Health and Safety at Work Act 1974
- Registered Homes Act 1984
- Housing Act 1985

2.6 In addition to the statutory requirements, the Department of Health has produced a comprehensive document called **Firecode** that must be adopted by all National Health Service Trusts. The series of documents is mandatory and can be found at:
<https://assets.publishing.service.gov.uk>

3.0 Duties & Responsibilities

3.1 The **Accountable Officer** of Cambridgeshire and Peterborough CCG is responsible for:

- Ensuring that current fire legislation is met and that Firecode guidance is implemented appropriately in all premises owned or occupied by the two organisations.
- Ensuring and confirming compliance with Firecode documentation undertaking an 'in-house' process to be signed off annually by the Chief Officer: (Accountable Officer). A template is attached in Appendix 2.

The purpose of the Annual Statement of Fire Safety is to assure that risks to employees, visitors and contractors arising from the risk of fire and associated hazards, is being effectively managed. The assurance is also necessary to enable commissioners of healthcare to discharge their 'duty of care'."

- 3.2 **The CCG Governing Body** has accountability for fire safety matters and should seek appropriate assurance that the requirements of current fire safety legislation, including NHS Firecode, are met.
- 3.3 **The Director of Governance** has responsibility for fire safety matters and acts as the **Fire Safety Manager (FSM)** and is sufficient empowered with the ability to act, and to access resources to manage fire safety requirements effectively. The FSM is supported by the Corporate Services and Resilience Manager who has day to day responsibility for managing fire safety arrangements at each the CCG's offices.

The FSM is responsible for:

- Fire safety features and understanding their purpose.
 - Fire safety risks particular to the organisations.
 - Requirements for disabled staff, patients and service users.
 - Ensuring appropriate levels of management are always available.
 - Compliance with current legislation.
 - Development and implementation of the organisation's Fire Safety Policy.
 - Checking assurance from CPFT that staff training programmes (delivered under a service level agreement) are suitable and sufficient.
 - Co-operation between employers where the occupancy is shared.
 - Reporting of fire incidents in accordance with current practice.
 - Monitoring and mitigation of unwanted fire signals.
 - Liaison with enforcing authorities.
 - Liaison with other managers.
 - Monitoring of inspection and maintenance of fire safety systems.
- 3.4 **CPFT Fire Safety Advisor** is the competent person (as defined in "Fire Safety Advisor, Authorised Person – Fire," Firecode) working under a service level agreement for the CCG, whose role is to provide technical expertise to the Fire Safety Manager. The CPFT Fire Safety Advisor is responsible for:
- Providing expert advice on the application and interpretation of fire legislation and fire safety guidance, including the NHS Firecode.
 - Assisting with the development of fire safety strategies, policies and procedures.

- Representing the organisation in dealings with Local Authority Fire Brigades, the Health and Safety Executive, Environmental Health Officers and Local Authority Building Control.
- Undertaking fire risk assessments to review fire precautions in premises,
- Fire risk assessments will be reviewed when any change occurs (e.g., type of work undertaken, number of staff using the building etc.) which is likely to affect fire safety, or when an improvement notice has been issued.
- Prepare and deliver fire safety training programmes tailored to help staff to meet their responsibilities within their workplaces.
- Liaising with managers and staff on fire safety issues.
- Giving advice on building alterations and new development projects.
- Assisting with internal fire investigations as required.

3.5 **Fire warden(s)** are appointed to all premises within the organisation. Fire Risk Assessments will identify the need for fire wardens at each site and the Fire Safety Advisor will help local managers to assess the correct number required for the activity undertaken on site. Fire wardens are directly responsible to their line managers for fire safety matters within their workplaces. There will be shared responsibilities in shared accommodation and communal areas.

Fire warden duties will include the following:

- Help to supervise the day-to-day maintenance of fire precautions within the premises.
- Organise and assist in the fire safety regime within local areas.
- Raise issues regarding local area fire safety with line management.
- Take responsibility for co-ordinating and directing staff during an emergency evacuation and taking a rollcall at the assembly point in line with local fire procedures.
- Adhere to Fire Warden action cards.
- Two staff members on the first floor to check CCG and communal areas. Fire Grab bags will be located in the Saunders Meeting Room and the open plan office.

3.6 **Directors/Managers** have responsibility for Health and Safety, which incorporates Fire Safety, for all staff, visitors and others and should:

- Understand and implement the Fire Safety Policy and ensure that **all** staff are able attend and participate in fire safety training and emergency evacuation drills.
- Ensure that they, and their staff, understand the need to report all unwanted fire signals (fire false alarms)
- Liaise with Senior Managers and Fire Wardens to arrange and carry out fire drills and review evacuation arrangements against the site fire risk assessment
- Take action to remedy any fire safety deficiencies identified for the site in the fire risk assessment
- Review, at least annually, the departmental fire emergency evacuation plans to ensure adequacy and currency.

3.7 **All Employees, Contractors and Partners** have a responsibility towards fire safety in the workplace and must comply with local fire policies and procedures.

All staff, contractor and partners have a duty to:

- Participate in fire / emergency evacuation exercises and attend fire safety awareness training at least once within every twelve-month period.
- Report deficiencies in fire safety arrangements e.g., missing signage, out-of-date fire extinguisher maintenance, to their Line Manager or Fire Warden
- Report fire incidents, or fire false alarms/unwanted fire signals (UwFS) using the organisation's incident reporting system.
- Assist with fire risk assessments and audits as appropriate.
- Promote good fire safety practices and procedures at all times to help reduce the occurrence of fire and unwanted fire signals.
- Personal electronic equipment belonging to staff, patients or visitors may be charged on Trust premises subject to the conditions set out in "Estates and Facilities Alert Ref EFA/2018/007 dated 05 December 2018". A copy can be found on the extranet or from the Office Manager.

3.8 Gemini House is the CCG's office hub with two Facilities Co-ordinators based on site Monday to Friday 9am to 5pm. The two Facilities Co-ordinators are trained Fire Wardens. CCG staff are based at home and visit Gemini House on an ad hoc basis to work and attend meetings or training.

- Gemini House has two Fire Doors, the first is located on the Server Room and the second on the first-floor kitchen to the open plan office area.
- On discovering a fire, the staff member should shout fire, fire to raise the alarm and immediately call 999
- The Facilities Co-ordinators will ensure all staff evacuate the ground floor area
- Two members of CCG staff on the first floor will ensure all staff evacuate the first floor CCG areas and communal toilets
- There is a Fire Grab Bag located in Ground Floor Reception, First Office Open Plan Office and Saunders Meeting Room.
- The Fire Brigade and most senior person on site are responsible for telling staff they can go back into the building
- Facilities Co-ordinators have a basic mobile phone with relevant numbers saved for use on evacuation.

4.0 **Reporting of Fires and Unwanted Fire Signals (Fire false alarms)**

4.1 These incidents should be reported in accordance with NHS Executive requirements. **Actual fires** should be reported verbally as soon as possible to the ASP Fire Safety Adviser and then on a Datix incident reporting e-form within 24 hours. Unwanted Fire Signals – more commonly referred to as [Fire] **false alarms** - should be similarly reported and **must indicate whether the Fire Brigade attended or not.**

5.0 Arson

- 5.1 The effects of any fire in premises are serious, but in many cases these effects can be greatly reduced with good fire safety management.
- 5.2 Arson is an increasing risk in healthcare premises. In the NHS, arson incidents are causing concern to those who meet the cost of such fires. This includes government departments, NHS organisations, fire authorities, owners and occupiers of premises, and the insurance industry. Plans for combating arson are part of the organisation's overall strategy for dealing with fire safety issues by reducing the number of deliberate fires and the related deaths, injuries and damage that could occur.
- 5.3 Arson should be viewed as preventable, if not in its entirety, then to a level such that its effects are minimised. Effective fire safety management planning will remove opportunities and so reduce the threat from arsonists. Staff who remain alert to suspicious actions by strangers, maintain good housekeeping procedures and who exercise robust security arrangements, are a powerful tool in limiting the arsonists' ability to disrupt services, damage property and waste scarce resources. The communal waste bin store is the responsibility of the landlord
- 5.4 Directors, Managers and Line Managers must ensure that all fire incidents are reported in accordance with this Policy regardless of how they are started.
- 5.5 Further advice and guidance is available from the Fire Advisors and Local Security Management Specialist employed by CPFT. CPFT provide expert fire and security services to staff in the CCG under a service level agreement. They can be contacted through the Fire Team Technical Support at fireadmin.asp@serco.com.

6.0 Fire Training

- 6.1 All permanent and contracted staff are required to attend mandatory fire safety awareness training appropriate to their responsibilities, both on joining the organisation and then within each subsequent twelve-month period.
- 6.2 An annual structured training programme is produced and presented by the CPFT Fire Safety Advisors covering all aspects of fire safety.
- 6.3 New members of staff will receive generic fire safety training as part of their corporate induction day and as part of their building induction. Directors, Managers, Line Managers, Facilities Co-ordinators should provide a local induction for new staff, including temporary/agency staff, students, work experience pupils etc covering local fire procedures and instructions relevant to their department during the first day of employment. This is to include:
- The actions to be taken in the event of fire
 - A walk to cover all escape routes
 - The location of the fire alarm call points and position of the automatic fire detectors
 - The location, type and use of firefighting equipment.

- The assembly point

- 6.4 Emergency evacuation / fire drills will be held bi-annually. . The drills will simulate an incident of fire in one part of the premises, with all occupants taking the appropriate action as laid out in local fire procedures.
- 6.5 Emergency evacuations / fire drills will be monitored by the Fire Warden/s and/or the CPFT Fire Safety Advisor to ensure that policy and local procedures are being correctly followed and recorded.

7.0 Fire Risk Assessments

- 7.1 It is the responsibility of the CPFT Fire Safety Advisor to carry out suitable and sufficient Fire Risk Assessments at each of the organisation's premises. The Fire Safety Adviser will expect to be accompanied during the assessment by the building manager or a manager with responsibility for staff and fire issues at that site. Fire risk assessments will comply with the requirements of the NHS Firecode and the Regulatory Reform (Fire Safety) Order 2005.

8.0 Review and Monitoring of Fire Safety

- 8.1 The CPFT Fire Safety Advisor will review action plans generated from completed fire risk assessments and advise the Fire Safety Manager if required actions are not completed, or planned, within 2 months of the assessment. Outstanding remedial actions or other fire safety issues will be made known to the Accountable Officer prior to the signing of the "CCG Annual Statement of Fire Safety".

Appendix 1 - Equality Impact Assessment Form

Name of Proposal (policy/strategy/function/service being assessed)	Fire Safety Policy
Those involved in assessment:	Director of Governance
Is this a new proposal?	No
Date of assessment:	30 June 2021

What are the aims, objectives?	The aim is to ensure that all staff are aware of their duties to create an environment safe from the risk of fire and its consequences.
Who will benefit?	All CCG staff while conducting CCG business, volunteers, contractors and visitors and all other people working at the organisation's premises regardless of grade or occupational responsibility.
Who are the main stakeholders?	As above
What are the desired outcomes?	To prevent fires and to ensure a correct response to an incident should it occur To ensure that all staff are aware of their duties to create an environment safe from the risk of fire and its consequences
What factors could detract from the desired outcomes?	Lack of awareness and/or non-enforcement of the policy. Non-compliance by staff and contractors
What factors could contribute to the desired outcomes?	Increased awareness of the requirements set out in the policy throughout the CCG. The provision of training, information and supervision will help ensure all workers have the ability to act, and to access adequate resources to manage fire safety requirements
Who is responsible?	The CCG Accountable Officer has overall responsibility for all matters relating to Fire Safety

	The Director of Governance has delegated responsibility for ensuring that fire safety training and fire drill sessions are implemented across the organisation. The Fire Safety Manager and Fire wardens will be responsible for assisting staff in case of any fire incident.
Have you consulted on the proposal? If so with whom? If not why not?	CPFT Fire Safety Advisor. The policy will be presented to the Integrated Performance and Assurance Committee for approval and the Governing Body will ratify the policy subject to consultation and approval.

Which protected characteristics could be affected and be disadvantaged by this proposal (Please tick)		Yes	No
Age	<u>Consider:</u> Elderly, or young people		No
Disability	<u>Consider:</u> Physical, visual, aural impairment Mental or learning difficulties		No
Gender Reassignment	<u>Consider:</u> Transsexual people who propose to, are doing or have undergone a process of having their sex reassigned		No
Marriage and Civil Partnership	<u>Consider:</u> Impact relevant to employment and /or training		No
Pregnancy and maternity	<u>Consider:</u> Pregnancy related matter/illness or maternity leave related mater		No
Race	<u>Consider:</u> Language and cultural factors, include Gypsy and Travellers group		No
Religion and Belief	<u>Consider:</u> Practices of worship, religious or cultural observance, include non-belief		No
Sex /Gender	<u>Consider:</u> Male and Female		No
Sexual Orientation	<u>Consider:</u> Known or perceived orientation		No

What information and evidence do you have about the groups that you have selected above?

This policy is applicable to all regardless of the above protected characteristics. The designed to prevent fire, protect and provide safety to all in the workplace during any incident of fire.

Consider: Demographic data, performance information, recommendations of internal and external inspections and audits, complaints information, JNSA, ethnicity data,

audits, service user data, GP registrations, CHD, Diabetes registers and public engagement/consultation results etc.

How might your proposal impact on the groups identified? For example you may wish to consider what impact it may have on our stated goals: Improving Access, Promoting Healthy Lifestyles, Reducing Health Inequalities, Supporting Vulnerable People

Examples of impact are given below:

- a) Moving a GP practice, which may have an impact on people with limited mobility/access to transport etc.
- b) Planning to extend access to contraceptive services in primary care without considering how the services may be accessed by lesbian, gay, bi-sexual and transgender people.
- c) Closure or redesign of a service that is used by people who may not have English as a first language and may be excluded from normal communication routes.

Please list the positive and negative impacts you have identified in the summary table on the following page.

Summary	
Positive impacts (note the groups affected) Awareness of fire prevention and provide safety to self and others in the workplace.	Negative impacts (note the groups affected) None identified

Summarise the negative impacts for each group:

This policy is subject to exemption. Any negative impacts must be objectively justified.

What consultation has taken place or is planned with each of the identified groups?

N/A

What was the outcome of the consultation undertaken?

N/A

What changes or actions do you propose to make or take as a result of research and/or consultation?

Briefly describe the actions then please insert actions to be taken on to the given Improvement Plan template provided.
 Fire Safety training is mandatory and all staff have are required to complete this training.

Will the planned changes to the proposal:

**Please State
Yes or No**

Lower the negative impact?	Yes
Ensure that the negative impact is legal under anti-discriminatory law?	N/A
Provide an opportunity to promote equality, equal opportunity and improve relations i.e. a positive impact?	Yes

Taking into account the views of the groups consulted and the available evidence, please clearly state the risks associated with the proposal, weighed against the benefits.

N/A

What monitoring/evaluation/review systems have been put in place?

Uptake of training and development is monitored by HR, therefore staff are constantly reminded to complete their fire safety training to keep up to date with this policy.
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When will it be reviewed?

This policy is review annually to ensure compliance.
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Date completed:	31 March 2019
Signature:	
Approved by:	S Kawal, Corporate Services Support Manager – E&D
Date approved:	Revised 31 March 2019

Please refer to Action Plan template to take forward identified areas of negative impact

Appendix 2 Template Annual Statement of Fire Safety

NHS Cambridgeshire and Peterborough Clinical Commissioning Group
Annual Statement of Fire Safety
Annual Statement of Fire Safety (2021)

I confirm that for the period May 2021 to May 2022 , all premises which the organisation owns, occupies or manages, have fire risk assessments that comply with the Regulatory Reform (Fire Safety) Order 2005, and (please tick the appropriate boxes):		
1	There are no significant risks arising from the fire risk assessments.	
OR 2	The organisation has developed a programme of work to eliminate or reduce as low as reasonably practicable the significant fire risks identified by the fire risk assessment.	√
OR 3	The organisation has identified significant fire risks, but does NOT have a programme of work to mitigate those significant fire risks.*	
*Where a programme to mitigate significant risks HAS NOT been developed, please insert the date by which such a programme will be available, taking account of the degree of risk. Date:		
4	During the period covered by this statement, has the organisation been subject to any enforcement action by the Fire & Rescue Authority? (Delete as appropriate) If Yes - Please outline details of the enforcement action in Annex A – Part 1 .	No
5	Does the organisation have any unresolved enforcement action pre-dating this Statement? (Delete as appropriate) If Yes Please outline details of unresolved enforcement action in Annex A – Part 2 .	No
AND 6	The organisation achieves compliance with the Department of Health Fire Safety Policy, Regulatory Reform (Fire Safety) Order 2005 and NHS Firecode HTM 05-01 2ND Edition Managing healthcare fire safety:	
Fire Safety Manager	Name:	
	E-mail:	
Contact details:	Telephone:	
	Mobile:	
Chief Officer's Name:		
Signature of Chief Officer		
Date:		

This Certificate will be included in the annual Health Safety and Wellbeing Report.