Trust Policy		NHS Worcestershire Acute Hospitals NHS Trust

Fire Safety Strategy and Policy

Department / Service:	Asset Management and ICT
Originator:	Fred Roden Fire Safety Manager
Accountable Director:	James Longmore Director of Asset Management and I.C.T
Approved by:	Accountable Director
Date of approval:	9th May 2018
Review Date: **This is the most current document and should be used until a revised version is in place**	20th November 2020
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Whole Trust
Target staff categories	All Staff

Policy Overview:
This policy has been produced in line with the requirements of the Regulatory Reform (Fire Safety) Order 2005 and NHS Firecode and contains guidance for Trust managers and staff on the fire safety strategy and fire risk management structure of the Trust and on the policies to be implemented within all Trust workplaces.

Date	Latest Amendments to this policy:	By:
June 2015	Fire Safety Policy CG-483 dated February 2005 substantially amended & updated on revised Policy Template to include current fire safety legislation, recent amendments to NHS Firecode requirements and recognised good fire risk management. Amendments include: Definitions added. Responsibilities and Duties section amended to include additional Directors and Senior Managers with fire safety responsibilities and duties. Control and Monitoring table added. Supporting Document 1 added - Equality Impact Assessment Supporting Document 2 added - Financial Risk Assessment Supporting Document 3 added - Annual Certificate of Fire Safety Management Supporting Document 4 added - Personal Emergency Evacuation Plans	Fred Roden
Aug 17	Document extended for 6 months in line with TMC approval	TMC

Dec 17	Document extended for 3 months as per TLG recommendation	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as approved by TLG	TLG
March 2018	Scheduled review of whole document – Section 5.2 and Controls Table amended to reflect current fire risk assessment programme. Otherwise no significant change Version 1.4: Full review resulting in minor amendments. 1. Section 5.2 amended to reflect current fire risk assessment programme. 2. Controls Table row numbers corrected to match relevant paragraphs.	Fred Roden
May 2020	Document extended for 6 months during COVID-19 period	

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1.   Introduction

1.1 The Regulatory Reform (Fire Safety) Order 2005, Health and Safety at Work etc Act 1974, Management of Health and Safety at Work Regulations 1999, and Department of Health "FIRECODE" all place duties and responsibilities on both employers and employees in respect of fire safety and observance of fire precautions.

1.2 This document details the Fire Safety arrangements that are applicable to all premises and all persons connected with the Trust, including full time, part-time and agency staff, outside contractors and regular visitors, such as voluntary workers.

1.3 The Management structure controlling Fire Safety matters is shown in the Flow Chart on Page 12.

2. Scope of this document

This Document applies in all buildings occupied by the Trust and to all workplaces in which Trust staff work.

3. Definitions

3.1 Compartment: a building or part of a building, comprising one or more rooms, spaces or storeys, constructed to prevent the spread of fire to or from another part of the same building, or an adjoining building.

3.2 Competent Person: A Competent Person is someone with enough training and experience or knowledge and other qualities to advise or implement fire safety measures properly; a person who can provide skilled installation and/or maintenance of fire-related services (both passive and active fire safety systems).

3.3 Deficiencies: fire safety standards do not meet those as defined by Fire Safety Legislation and Healthcare Technical Memorandum

3.4 Emergency Lighting: lighting provided for use when the power supply to the normal lighting fails. Lighting designed to come into, or remain in, operation automatically in the event of a local and general power failure, in order to assist evacuating occupants.

3.5 Fire Alarm: fire detection and fire alarm system are a group of components including the control and indicating equipment which when arranged in (a) specific configuration(s) is capable of detecting and indicating a fire, and giving warning signals for appropriate action.

3.6 Fire Doors: a door or shutter provided for the passage of persons, air or objects which, together with its frame and furniture as installed in a building, is intended when closed to resist the passage of fire and/or gaseous products of combustion and is capable of meeting specified performance criteria to those ends.

3.7 Fire Fighting Equipment: portable equipment provided to fight fires such as Fire Extinguishers and Fire Blankets.

3.8 Fire Stopping: a seal provided to close an imperfection of fit or design tolerance between elements or components, to restrict the passage of fire and smoke.

3.9 Fire Wardens: Volunteer Fire wardens should be appointed to be the focal point for fire safety issues for local staff, where the organisation considers this necessary. They should act as the fire safety "eyes and ears" within their local area, but not have an enforcing role. The local fire warden reports fire safety issues to their line manager who in turn will report to their management.

3.10 Local Fire Procedure: this is the document which thoroughly explains the fire evacuation, actions and responsibilities for a specific building or area. All employees should read and fully understand their local procedure and comply with any actions documented in this procedure in the event of a fire alarm activation or a fire.

3.11 Means of Escape: can be defined as: "a structural means forming an integral part of the building whereby a person can walk away from fire to a place of safety"

3.12 Personal Emergency Evacuation Plan (PEEP): documented procedures in place for the evacuation of individual members of staff and anyone else identified as requiring assistance or specific equipment or procedures to assist them in the event of a fire evacuation.

3.13 Progressive Horizontal Evacuation: evacuation of occupants away from a fire into a fire free compartment or sub-compartment on the same level.

3.14 Responsible Person: In a workplace, this is the employer and any other person who may have control of any part of the premises, e.g. the occupier or owner. In all other premises the person or people in control of the premises will be responsible. If there is more than one responsible person in any type of premises (e.g. multi-occupied complex), all must take all reasonable steps to co-operate and co-ordinate with each other. The Responsible Person (as defined in the Fire Safety Order) has overall responsibility for drawing up and maintaining comprehensive fire precautions, fire safety policies and programmes of improvement, but managers at each appropriate level in the organisation should also be involved.

3.17 Shared Premises: any multi occupied building or premises with different organisations and / or stakeholders. Currently the Trust occupies Worcestershire Royal Hospital opened in March 2002 under a Private Finance Initiative (PFI). Although the Acute Trust is the major occupier and employer there are a number of other persons responsible under the PFI agreements for the control of various elements of fire safety within the building. These organizations include Worcestershire Hospital SPC plc (Landlord); Catalyst Healthcare Ltd; Cofley FM; and ISS Mediclean.

3.18 Significant Findings: where a deficiency is identified during a fire risk assessment that requires remedial action.

4. Responsibility and Duties

4.1. The Trust Board, Chief Executive, Trust Directors and Senior Managers
The Trust Board, Chief Executive, Trust Directors and Senior Managers of the Trust are

deemed to be the Trust's "**Responsible Persons**" for fire safety matters as defined in The Regulatory Reform (Fire Safety) Order 2005. Under this legislation both the body corporate and individual persons can be held responsible for failure to comply with the statutory requirements for fire safety matters.

4.2. The Chief Executive
The Chief Executive is responsible for ensuring the implementation, monitoring and review of the Fire Safety Policy, as described in "FIRECODE - Policy and Principles". The Chief Executive has specific responsibilities for ensuring that FIRECODE Guidance and the corporate decisions of the Trust, in respect of general fire precautions, organisation and training, are implemented. The Chief Executive is responsible for signing the Annual Certificate of Fire Safety Management during December of each year.

4.3. Director of Operations
The Director of Operations has Board level responsibility for the overall management of the Fire Safety Policy. The Director will submit an annual report to the Board on the operation of the Fire Safety Policy and the current state of fire safety in all premises for which the Board is responsible.

4.4. Director of Asset Management and I.C.T.
The Director of Asset Management and I.C.T. has day to day responsibility for fire safety matters managed by the Facilities and Estates Departments. He/She will liaise, as necessary, with the Head of Estates, Fire Safety Manager and Fire Safety Advisers to ensure that the management of fire risks within Trust buildings is effective at all times.

4.5. Head of Estates
The Head of Estates has day to day responsibility for fire safety matters managed by the Estates Department. He/She will liaise, as necessary, with the Director of Asset Management and I.C.T, the Fire Safety Manager and Fire Safety Advisers to ensure that the management of fire risks within Trust buildings is effective at all times.

4.6. Trust Training Manager
The Trust Training Manager is responsible for ensuring that an effective fire safety training programme is in place for all Trust staff. He/She will liaise, as necessary, with the Director of Asset Management and ICT, the Fire Safety Manager and the Fire Safety Advisers, to carry out a training needs analysis and implement fire safety training meeting the recommendations of NHS Operational provisions manuals - Part A: General fire safety 1827:0.5:England sections 1869 to 1904.

4.7. Fire Safety Manager
The Fire Safety Manager is responsible to the Chief Executive, the Director of Operations, The Director of Asset Management and I.C.T and the Estates Manager for co-ordinating fire safety measures throughout the Trust. He/She will liaise, as necessary, with the Estates Manager, the Training Manager and with the Fire Safety Advisers, to ensure that the following measures are implemented:
- Fire Precautions are in place, particularly those affecting property and equipment.
- An effective fire risk assessment programme is in place.
- An effective fire safety training programme is in place.
- An effective maintenance programme is in place
- An annual capital programme to ensure Firecode compliance is in place.

4.8. Authorising Engineer (Fire)

The Fire Safety Manager and Head of Estates will liaise to ensure that a suitably qualified fire engineer is engaged to advise upon and sign-off as acceptable all relevant Trust building and refurbishment work with regard to fire safety matters and particularly if a specific fire-engineered solution has been identified or is proposed.

4.9. Specialist Fire Safety Advisers

The Specialist Fire Safety Advisers are responsible for advising the Director of Asset Management and I.C.T, the Head of Estates and the Fire Safety Manager on all aspects of fire safety within the Trust. The Specialist Fire Safety Advisers will supervise all Fire Risk Assessments, Fire Safety Audits, Fire Investigations and Staff Training, in accordance with FIRECODE Guidelines.

4.10. Line Managers

Line Managers are responsible for ensuring fire safety within the workplaces that they manage. In workplaces of shared occupancy, a common fire safety 'emergency procedure' should be adopted, in agreement with the other employers, to ensure that the building is safely evacuated under all conditions. The responsible manager should ensure that they and their staff attend annual fire training and that training records are kept up to date. They should ensure that all their staff have read the Fire Safety Policy and are aware of their responsibilities. They are also responsible for arranging to carry out Departmental fire drills at least once a year in their workplace. For the larger premises, e.g. main hospital buildings, fire drills should involve the Fire Safety Manager and the Fire Safety Advisers.

4.11 Fire Wardens

Within each Trust building, Department or Ward one existing member of staff will be nominated to supervise the effective day to day upkeep of the Fire Safety Policy. This person will be known as the Fire Warden. The Fire Warden should arrange to have one or more trained deputies to ensure continuity of their roles should they be absent from the building.

The principal roles of the Fire Warden will be to act as a contact point for their workplace and to support the responsible manager in arranging for fire training and drills to be carried out and ensuring that local fire alarms, emergency lighting and fire extinguishers are being regularly tested and checked.

In the event of an emergency fire situation, the Fire Warden or their Deputy, will co-ordinate and direct the actions of staff during an evacuation procedure and liaise with the building's Fire Team and the Fire Brigade. In the event of a fire occurring in a shared occupancy building the fire warden may assist other nominated individuals to carry out their emergency roles (refer to Local Emergency Procedures). The details of any fire or "near miss" should be reported by the Fire Warden on an Incident Record Form within 24 hours.

4.12 Fire Teams

Each Trust building will have a Fire Team that will lead and coordinate the response to fire incidents. In the immediate evacuation buildings the fire team will consist of Fire Wardens from each Department and a fire alarm engineer from the Facilities Management provider.

In the main hospital buildings that are subject to Progressive Horizontal Evacuation procedures the fire team will consist of a rota of specially trained Bleep-holders from Clinical, Facilities

Management and Portering / Security staff to lead the response assisted by Clinical staff sent from intermittent sounding zones.

4.13 All Staff

Each employee is responsible for maintaining a fire safe environment within the Trust's buildings. Annual attendance at Fire Safety Training is MANDATORY FOR ALL Trust staff, so that they can maintain adequate standards of fire prevention, and fire evacuation procedures at all times.

It is also the responsibility of every member of staff to report to their Manager\Supervisor or Fire Warden, any instance where fire precautions or procedures are not being properly observed. Managers\Supervisors or Fire Wardens should then take all reasonable action to try to immediately correct or remove the deficiency before reporting the matter to the Fire Safety Manager.

5. *Policy detail*

The items detailed in this section should be read in conjunction with the guidance contained in FIRECODE, copies of which are held by the Fire Safety Manager and Specialist Fire Safety Adviser.

5.1 An Annual Fire Safety Audit will be carried out during November of each year and an Annual Statement of Fire Safety Compliance will be signed by the Fire Safety Manager, the Head of Estates and the Chief Executive and filed by no later than January 31st each year. The implications and objectives arising from the Audit will be included in the Business Plans for the Trust.

5.2 All Fire Risk Assessments will subject to continuous informal review via regular audits, fire drills and surveys. Formal reviews will occur in the event of a significant fire incident, a change in relevant legislation, a change in mandatory requirements, every two years (or sooner if material alterations are made to the structure, fire precautions or use of the premises), or at the specific request of the Local Fire Enforcement Authority. The Risk Assessments will be done in accordance with FIRECODE HTM 05-03 Part K and the Regulatory Reform (Fire Safety) Order 2005, and supervised by the Specialist Fire Safety Advisers, in liaison with the Fire Safety Manager. A Fire Risk Assessment Folder for each building will be kept by the Fire Safety Manager in liaison with Estates Department.

5.3 Staff Fire Safety Training will be provided in accordance with FIRECODE HTM 05-03 Part A and the Regulatory Reform (Fire Safety) Order 2005.
Every employee will receive Fire Safety Training at the following frequency:

   a. **All Staff** - Initial induction "face to face" refresher training by the Fire Safety Advisers.
   b. **All Clinical Staff** – Annual 1 hour duration "face to face" refresher training by the Fire Safety Advisers.
   c. **Non-Clinical Staff** working in Patient areas or in designated fire hazard areas - Annual 1 hour duration "face to face" refresher training by the Fire Safety Advisers.
   d. **Non-Clinical Staff** working in low fire risk administrative areas - Biennial 1 hour duration "face to face" refresher training by the Fire Safety Advisers with *e-learning* refresher module completion in alternate years.
   e. **All Fire Wardens -** Annual 1 hour duration "face to face" fire warden refresher training by the Fire Safety Advisers.
   f. **All Hospital Fire Team Members** - 1 hour duration "face to face" induction

training before taking up the role then annual participation in regular refresher training and drills by the Fire Safety Advisers.

5.4 Fire Wardens and their Deputies will receive training immediately upon appointment. Any changes must be immediately notified to the Fire Safety Manager so that Training Sessions can be arranged for the replacements. The Specialist Fire Safety Advisers will carry out Fire Warden training in liaison with the Fire Safety Manager and Trust Training Manager.

5.5 Every Trust building will have an Annual programme of Fire Drills in operation that ensures proper exercise of the Fire Procedures. In the larger Hospital buildings subject to staged evacuation procedures, each area should also be separately programmed to cover progressive evacuation principles for the ward / compartment / sub-compartment. The Fire Drills will be organised by the Estates and PFI Department in liaison with the manager and Fire Warden responsible for the area. Where necessary the Fire Safety Manager and Specialist Fire Safety Advisers should be involved to audit the drill outcomes. The responsible managers will maintain local records of fire drills along with details of their outcomes and will send copies to the Fire Safety Manager.

5.6 The Trust Training Manager, in liaison with the Fire Safety Manager, will keep accurate records of all Fire Safety Training and Fire Drills. Copies of these records together with a Register of Attendance must be forwarded by the Specialist Fire Safety Advisers to the Fire Safety Manager to enable effective monitoring. These records are to be kept for a minimum of 3 years.

5.7 A FIRE ACTION PROCEDURE will be developed for every Trust site/building/department/ward to ensure an adequate response by staff to every incident. Where the workplace is of shared occupancy the procedure will be developed in consultation with the other Employers. The procedure will include that the Fire Alarm is sounded and the Fire Brigade called (via a 999 call) to every outbreak of fire, however small. As the Fire Brigade will only send one fire engine to automatic fire alarm activations a second "999" call will be made, as soon as possible, to report when a real fire is occurring. The Fire Evacuation Procedure for the building will designate a person as responsible for making the calls to the Brigade.

5.8 Every outbreak of fire within Trust premises will be reported to the Fire Safety Manager within 24 hours by the manager responsible for the affected area. The Trust's DATIX Report Form should be used for this purpose. The Fire Safety Manager will arrange investigation of the incident by a Specialist Fire Safety Adviser and also ensure that the National Health Care Information Centre is notified of any significant fire within 48 hours.

5.9 The Fire Safety Manager will liaise with the Head of Estates to ensure all Fire Alarm and Detection systems, Emergency Lighting Systems and Fire-fighting equipment fitted in Trust premises are subject to a regular testing programme. Records of each test will be kept by the Head of Estates. The records will be regularly audited by the Specialist Fire Safety Advisers and monitored by the Fire Safety Group.

5.10 Accurate "Fire Drawings" will be maintained for each of the Trust's building by the

Head of Estates. The drawings will show Means of Escape and physical fire precaution arrangements. One complete set of drawings of each building will be kept in the Fire Risk Assessment Folder. Copies of the relevant Fire Drawings will be displayed adjacent to the Fire Alarm Indicator Panels for the building, so that Fire Alarm Zones can be immediately identified, and will also be available for the Fire Wardens, Fire Team and the Fire and Rescue Service.

5.11   Hospital premises are subject to the Statutory Controls of the Building Regulations and the Regulatory Reform (Fire Safety) Order 2005. The Fire Safety Manager in liaison with the Head of Estates will ensure that for each building alteration any necessary Applications for Approvals are properly submitted to the relevant Authorities. The Authorising Engineer (Fire) and where relevant, the Local Authority and Fire Authority should be consulted on new work.

5.12   Textiles and Furnishings provided within all Trust buildings will be purchased and maintained in compliance with FIRECODE - HTM 05-03 Part C - "Textiles and Furniture".

5.13   Carelessness in the use and disposal of matches and smoking materials is still a major cause of Fires in Hospitals. All staff should discourage and restrict smoking by the following: -
1. Smoking is prohibited throughout the Trust's buildings and within 15 metres of each building.
2. External Smoking shelters are provided on each site

5.14   As part of the Patient admission assessment process all patients and their visitors will be assessed in terms of any potential for fire setting that might endanger themselves or others. If a potential risk is identified suitable mitigating precautions and constant supervision will be put into place.

5.15   As part of the building fire risk assessment process every Trust building will have a plan of action for the prevention of Arson that is specific to that building's needs. The plan will be developed by the Fire Safety Manager and the Specialist Fire Safety Advisers taking account of the fire risk assessment for the particular building. Each plan will consider the following areas and where necessary record the details in the Fire Risk Assessment document: -
a)   Site Access.

b)   Building Access.

c)   Arrangements for passive surveillance.

d)   The reduction of unfrequented areas.

e)   Restricted access to sensitive areas (stores, plant rooms, etc.) and to disused or derelict buildings.

f)   Staff regularly made aware of the potential for arson in all Trust buildings.

5.16 The control of contractors working on Trust premises will at all times be in accordance with the Trust's Control of Contractors Policy and in particular with regard to fire safety:

a. A Permit to Work must be in force for any Hot Work.

b. All relevant aspects of the work in progress must have been risk assessed both with regard to preventing fire and to mitigating the effects of any fire that does occur. If fire risks are significant the Fire Safety Manager must be consulted to establish the adequacy of the fire precautions being taken.

c. If the work affects the continuing functions of the fire alarm and automatic detection systems the prior approval of the relevant Estates Officer must be obtained.

d. Any holes or breaches made in fire resisting walls or above ceiling fire barriers must be repaired as part of the work in progress.

5.17 The Trust Health & Safety Manager and the Fire Safety Manager will regularly assess all relevant workplaces in accordance with the Dangerous Substances and Explosive Atmospheres Regulations 2002 and include the findings in the Fire Risk Assessment documentation for the building concerned.

5.18 The Trust is committed to reducing the number of unwanted fire signals originating from its premises in accordance with the recommendations of HTM 05-03 Part H – Reducing Unwanted Fire Signals in Healthcare Premises. Performance will be monitored internally by the Trust Fire Safety Manager in liaison with the Fire and Rescue Service.

5.19 Staff working in buildings not owned by the Trust must familiarise themselves with the relevant landlords' fire safety policy. This includes buildings owned or operated by other health service organisations. Currently the Trust occupies Worcestershire Royal Hospital opened in March 2002 under a Private Finance Initiative (PFI). Although the Acute Trust is the major occupier and employer there are a number of other persons responsible under the PFI agreements for the control of staff and the various elements of fire safety within the building. These organizations include Worcestershire Hospital SPC plc (Landlord); Catalyst Healthcare Ltd; Engie FM; and ISS Mediclean. All of these organisations must liaise closely to ensure that all of their staff understand and practice the hospital's fire evacuation procedures.

5.20 Any member of staff working in a Trust building who has a disability that might affect their safe evacuation from a fire must be provided with a Personal Emergency Evacuation Plan. An assessment must be requested by the individual's Head of Department by submitting the relevant Trust Form "Fire Safety Personal Emergency Evacuation Plan" to the Trust Health & Safety Manager. The Trust Health & Safety Manager will then liaise with the Trust Fire Safety Manager to resolve the matter and issue the plan to the individual and if appropriate to the Department they work in.

6. Implementation

6.1. Plan for implementation

The policy will be implemented immediately upon approval.

6.2. Dissemination

6.2.1. Once this policy has been approved and ratified it will be brought to the attention of work force via the following:

6.2.2. The policy will be placed on the Trust intranet; notification will be via the regular policy update broadcast.

6.2.3 The policy will be brought to the attention of all managers and staff attending appropriate training courses.

6.2.4 As part of the Trust's induction process, all health and safety, security and fire safety policies will be brought to the attention of all new members of the work force

6.3. Training and awareness

Staff Fire Safety Training will be provided in accordance with FIRECODE HTM 05-03 Part A and the Regulatory Reform (Fire Safety) Order 2005. Every employee will receive Fire Safety Training at the following frequency:
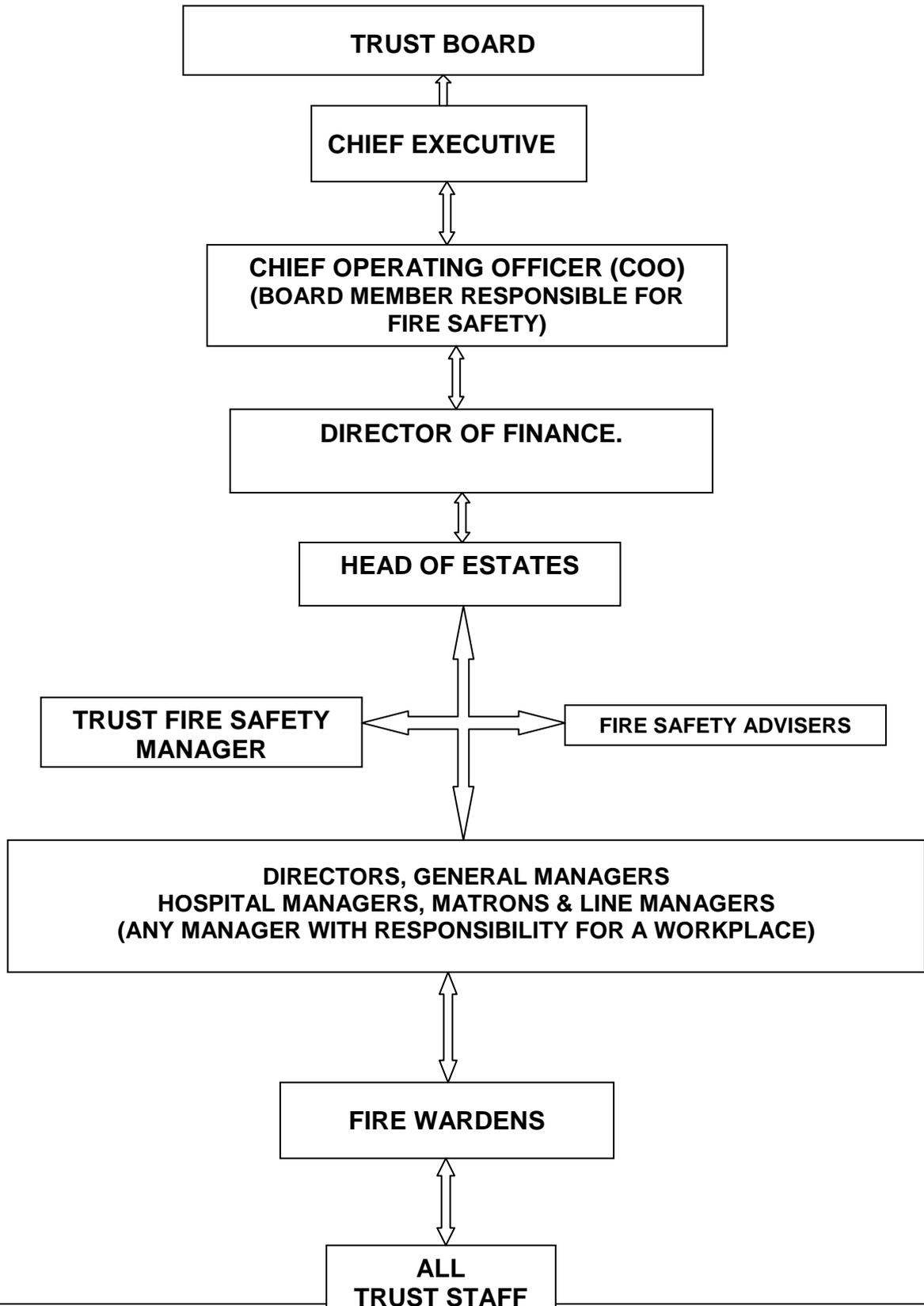
g.   All Staff - Initial induction "face to face" refresher training by the Fire Safety Advisers.

h.   All Clinical Staff – Annual 1 hour duration "face to face" refresher training by the Fire Safety Advisers.

i.   Non-Clinical Staff working in Patient areas or in designated fire hazard areas - Annual 1 hour duration "face to face" refresher training by the Fire Safety Advisers.

j.   Non-Clinical Staff working in low fire risk administrative areas - Biennial 1 hour duration "face to face" refresher training by the Fire Safety Advisers with *e-learning* refresher module completion in alternate years.

k.   All Fire Wardens - Annual 1 hour duration "face to face" fire warden refresher training by the Fire Safety Advisers.

l.   All Hospital Fire Team Members - 1 hour duration "face to face" induction training before taking up the role then annual participation in regular refresher training and drills by the Fire Safety Advisers.

7. Monitoring and compliance

7.1. The annual fire safety report will be presented to the Heath and Safety Committee and reviewed by the Trust Leadership Group.

7.2. This strategy and policy document will be reviewed every two years by the Trust's Fire Safety Group in consultation with the Fire Safety Manager.

7.3. The Fire Safety Group will meet on a regular basis and will report to the Trust's Health and Safety Group.

7.4. The Fire Safety Group will: -

7.4.1.   Review the Trust's Fire Safety Strategy & Policy to ensure the provision of a safe environment for patients and staff, including any issues arising regarding the management of fire risk.

7.4.2.   Review the requirements and performance regarding all statutory fire legislation and the implementation of the recommendations contained in the NHS Firecode suite of documents.

7.4.3.   Review the suitability and sufficiency of the annual Fire Risk Assessments of each building and the progress of any required work.

7.4.4.   Review and issue the Fire Evacuation Procedures for the Trust's buildings.

7.4.5.   Review the Trust's fire training requirements and performance.

7.4.6.   Review the Trust's Periodic Preventative Maintenance requirements and performance.

7.4.7.   Monitor and review fire reports and Unwanted Fire Signals across the Trust's sites.

7.4.8. Provide a forum for the discussion and sharing of information on fire safety concerns that may arise locally or nationally.

FIRE SAFETY MANAGEMENT RESPONSIBILITIES

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                    TRUST BOARD
                         ⇕
                  CHIEF EXECUTIVE
                         ⇕
        CHIEF OPERATING OFFICER (COO)
        (BOARD MEMBER RESPONSIBLE FOR
                  FIRE SAFETY)
                         ⇕
              DIRECTOR OF FINANCE.
                         ⇕
                 HEAD OF ESTATES
                         ⇕
   TRUST FIRE SAFETY  ⇔  ⇕  ⇔  FIRE SAFETY ADVISERS
       MANAGER              ⇕

   DIRECTORS, GENERAL MANAGERS
   HOSPITAL MANAGERS, MATRONS & LINE MANAGERS
   (ANY MANAGER WITH RESPONSIBILITY FOR A WORKPLACE)
                         ⇕
                 FIRE WARDENS
                         ⇕
                    ALL
                 TRUST STAFF
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Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
Para 5.1	Annual Certificate of Fire Safety	Reports from: Chief Operating Officer Director of Asset Management and I.C.T. Fire Safety Group Fire Safety Manager	Annual	Signed by: a) Fire Safety Manager to b) Head of Estates to c) Chief Executive	Trust Board Trust Executive Risk Management Committee. Certificate must be kept on file in the Trust.	Annual
Para 5.2	An effective fire risk assessment programme is in place.	Fire Risk Assessment Inspection of Every Building.

Monthly Fire Safety Audits of each Hospital Building. | Every 2 Years or Significant Change

Monthly | Fire Safety Manager | Director of Asset Management and I.C.T. Head of Estates Fire Safety Group | Annual |
| Para 5.3 to 5.6 | An effective fire safety training programme is in place. | Monitoring of Attendance at Training Sessions.

Monthly Fire Drills in each Hospital building to monitor staff preparedness. | Quarterly

Monthly | Trust Training Manager & Fire Safety Manager | Director of Asset Management and I.C.T. Fire Safety Group Mandatory Training Group. | Quarterly |
| Para 5.9 | An effective fire safety maintenance programme is in place. | Annual Fire Risk Assessment & FM Reports to Fire Group | Quarterly | Fire Safety Manager | Director of Asset Management and I.C.T. Head of Estates Fire Safety Group | Quarterly |

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	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
Para 4.7	An adequate annual capital programme to ensure Firecode compliance is in place.	Analysis of fire risk assessment Significant Findings and monitoring of the Estate.	Annual	Fire Safety Manager	Director of Asset Management and I.C.T. Head of Estates Fire Safety Group	Annual
Para 5.7	A FIRE ACTION PROCEDURE will be developed for every Trust site/building/department/ward to ensure an adequate response by staff to every incident	Monitor during fire risk assessments and fire drills	Monthly & Annual	Fire Safety Manager Ward /Dept. Managers	Director of Asset Management and I.C.T. Fire Safety Group Mandatory Training Group.	Quarterly
Para 5.10	Accurate "Fire Drawings" will be maintained for each of the Trust's building by the Head of Estates.	Monitor during fire risk assessments and fire drills	Monthly & Annual	Fire Safety Manager	Director of Asset Management and I.C.T. Head of Estates Fire Safety Group	Quarterly
Para 5.11	For each building alteration any necessary Applications for Approvals are properly submitted to the relevant Authorities	Monitoring and review of proposed projects	Continuous	Head of Estates Fire Safety Manager	Director of Asset Management and I.C.T. Head of Estates Fire Safety Group	Continuous Quarterly

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Para 5.12	Textiles and Furnishings provided within all Trust buildings will be purchased and maintained in compliance with FIRECODE - HTM 05-03 Part C - "Textiles and Furniture".	Monitor during fire risk assessments. Remind staff during training. Liaison Architects, Facilities Managers and with Purchasing Department	Annual Continuous	Fire Safety Manager	Director of Asset Management and I.C.T. Head of Estates Head of Facilities Fire Safety Group	Annual
Para 5.13	Smoking is prohibited throughout the Trust's buildings and within 15 metres of each building.	Fire Risk Assessments & Fire Safety Inspections	Annual & Monthly	Fire Safety Manager Ward /Dept. Managers	Director of Asset Management and I.C.T. Fire Safety Group	Quarterly
Para 5.14	As part of the Patient admission assessment process all patients and their visitors will be assessed in terms of any potential for fire setting that might endanger themselves or others	Fire Risk Assessments & Fire Safety Inspections Pre-Admission Review	Annual & Monthly Continuous	Fire Safety Manager Admissions Staff	Director of Operations Director of Asset Management and I.C.T. Head of Estates Fire Safety Group	Quarterly & When Detected
Para 5.15	Every Trust building will have a plan of action for the prevention of Arson that is specific to that building's needs.	Fire Risk Assessments & Fire Safety Inspections	Annual	Fire Safety Manager	Director of Asset Management and I.C.T. Head of Estates Fire Safety Group	Annual

Trust Policy

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
Para 5.16	The control of contractors working on Trust premises will at all times be in accordance with the Trust's Control of Contractors Policy	Fire Safety Inspections	Continuous	Head of Estates & Fire Safety Manager	Director of Asset Management and I.C.T. Fire Safety Group	Annual
Para 5.17	All relevant workplaces will be assessed in accordance with the Dangerous Substances and Explosive Atmospheres Regulations 2002	Joint inspection by the Health & Safety Manager and the Fire Safety Manager	Annual & When notified of Substances	Fire Safety Manager Ward /Dept. Managers	Director of Asset Management and I.C.T. Fire Safety Group	Quarterly
Para 5.18	Reduce the number of unwanted fire signals originating from Trust premises in accordance with the recommendations of HTM 05-03 Part H – Reducing Unwanted Fire Signals in Healthcare Premises	Monitor incident reports	After every fire alarm activation	Head of Estates Fire Safety Manager	Director of Operations Director of Asset Management and I.C.T. Fire Safety Group	Quarterly
Para 5.19	Staff working in buildings not owned by the Trust must familiarise themselves with the relevant landlords' fire safety policy	Questioning staff during Fire Risk Assessments	Annual	Fire Safety Manager	Director of Asset Management and I.C.T. Head of Estates Fire Safety Group	Annual

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: (Responsible for also ensuring actions are developed to address any areas of non-compliance)	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
Para 5.20	Any member of staff working in a Trust building who has a disability that might affect their safe evacuation from a fire must be provided with a Personal Emergency Evacuation Plan.	Fire Risk Assessments & Joint inspection by the Health & Safety Manager and the Fire Safety Manager	Annual & When requested by Head of Department	Health & Safety Manager & Fire Safety Manager	Director of Asset Management and I.C.T. Fire Safety Group	Annual

8. Policy Review

This strategy and policy document will be reviewed every two years by the Trust's Fire Safety Group in consultation with the Fire Safety Manager and Fire Safety Advisers.

9. References

Internal Documents:	Code:
Trust Health & Safety Policy	Facilities Dept.
Site/Building/Departmental Fire Action Procedures	Facilities Dept.
External Documents:	Where held:
NHS FIRECODE Suite of Documents.	Facilities Dept.
The Regulatory Reform (Fire Safety) Order 2005	Facilities Dept.
The Management of Health & Safety at Work Regulations 1999 (as amended)	Facilities Dept.

10. Background

10.1.　　　Equality requirements

This Document does not have any equality implications

10.2.　　　Financial risk assessment

There will be no additional financial costs

10.3.　　　Consultation

This policy has been consulted with staff side and management representatives.

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Head of Estates
Fire Safety Manager

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee	Date	Outcome
Trust Fire Safety Group	12 April 2018	Approved

10.4.　　　Approval Process

The document will be submitted to Trust Leadership Group and then to the Key Documents Approval Group for approval and ratification of the Policies.

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the Policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins	No	
	• Nationality	No	
	• Gender	No	
	• Transgender	No	
	• Religion or belief	No	
	• Sexual orientation	No	
	• Age	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	N/A	
4.	**Is the impact of the Policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	N/A	
6.	**What alternatives are there to achieving the Policy/guidance without the impact?**	N/A	
7.	**Can we reduce the impact by taking different action?**	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

Supporting Document 3 – Annual Statement of Fire Safety Form

Annual Statement of Fire Safety 20??

NHS Organisation Name:		WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	
I confirm that for the period 1st January 20?? to 31st December 20??, 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? If Yes - Please outline details of the enforcement action in Annex A – Part 1.		
5	Does the organisation have any unresolved enforcement action pre-dating this Statement? If Yes Please outline details of unresolved enforcement action in Annex A – Part 2.		
AND 6	The organisation achieves compliance with the Department of Health Fire Safety Policy, contained within HTM 05-01, by the application of Firecode or some other suitable method.		
Fire Safety Manager	Contact details:		
	Signature		
Board Member responsible for fire safety. **Chief Operating Officer**	Contact details:		
	Signature		
Chief Executive	Name:		
	Signature		
Date:			

COMPLETED STATEMENT TO BE KEPT ON FILE WITHIN THE TRUST.

ANNEXE A

Part 1 – Outline details of any enforcement action during the past 12 months and the action taken or intended by the organisation. Include, where possible, an indication of the cost to comply.
Part 2 – Outline details of any enforcement action unresolved from previous years, including the original date, and the action the organisation has taken so far. Include any outstanding proposed action needed. Include an indication of the cost incurred so far and, where possible, an indication of costs to fully comply.
Details of all premises which the organisation owns, occupies or manages, which have current fire risk assessments that comply with the Regulatory Reform (Fire Safety) Order 2005.

Supporting Document 4 – Personal Emergency Evacuation Plans

FIRE SAFETY
PERSONAL EMERGENCY EVACUATION PLAN

To be completed by a competent person appointed by the *Head of Department*, with the assistance of the person requiring the plan.	
Name of Disabled Person	
Work Area:	
Responsible Manager:	
Assessment Undertaken by:	
Date of Assessment:	

This PEEP document contains six appendices :

Appendix A – Hearing Impairment

Appendix B – Visual Impairment

Appendix C –Mobility Impairment

Appendix D – General Information

Appendix E – The Finalised Plan

Appendix F – Guidance on Writing a PEEP.

Appendices A to D should be completed only where appropriate to the individual concerned.

PERSONAL EMERGENCY EVACUATION PLAN
Appendix A – Hearing Impairment

Hearing Impairment		
1. Can you hear the fire alarm in normal circumstances?	☐ Yes	☐ No
2. If you have difficulty in hearing the fire alarm, would a visual indicator assist?	☐ Yes	☐ No
3. Would a vibrating paging unit, that operated when the fire alarm was actuated, be of assistance?	☐ Yes	☐ No
4. Would your response to the fire alarm being activated be helped by an assistant(s), who could provide support in the fire evacuation procedure? Details:	☐ Yes	☐ No
5. Is there, to your knowledge, any other special or purposely designed system or device available, which might assist you in being aware of the fire alarm sounding? Details:	☐ Yes	☐ No

PERSONAL EMERGENCY EVACUATION PLAN
Appendix B – Visual Impairment

Visual Impairment		
6.	Do you have a visual impairment, which would have an impact on your leaving the building unassisted in an emergency?	☐ Yes	☐ No
7.	Do you use an aid to help you move around the building for example: a cane, guide dog or other equipment? Details:	☐ Yes	☐ No
8.	How long does it take you to leave the building in normal circumstances from your place of Work unaided - Time in minutes -	☐ Yes	☐ No
9.	Could you find your way to exit the building by an alternative route should your normal route be unavailable?	☐ Yes	☐ No
10.	Do you think that the speed at which you are able to leave the building might obstruct other people or put you at physical risk?	☐ Yes	☐ No
11.	Would tactile signage or floor surface information be of assistance to you? Details:	☐ Yes	☐ No
12.	Are there any other problems you would wish to highlight or solutions / measures that might assist you? Details:	☐ Yes	☐ No

PERSONAL EMERGENCY EVACUATION PLAN
Appendix C –Mobility Impairment

Mobility Impairment		
13. Can you leave the building unassisted?	☐ Yes	☐ No
14. If not – do you require help from an assistant to leave the building?	☐ Yes	☐ No
15. Do you need or use a wheelchair? ☐ Normal ☐ Electrical ☐ Extra Width	☐ Yes	☐ No
16a) Is the wheelchair required for all circumstances	☐ Yes	☐ No
b) Can it be dispensed with for short periods?	☐ Yes	☐ No
17. Are you able to self-transfer to an evacuation chair / stair descent device if required?	☐ Yes	☐ No
18. Could the medical nature of your disability be aggravated by the use of such a device?	☐ Yes	☐ No
19. Has a member of staff and a deputy been assigned to assist you in an emergency? Name(s) Details:	☐ Yes	☐ No
20. Any other problems / observations / or solutions? Details:	☐ Yes	☐ No

PERSONAL EMERGENCY EVACUATION PLAN
Appendix D – General Information

General Information		
22. Do you understand the concept of a Fire Refuge area?	☐ Yes	☐ No
23. Might the measures needed for you to escape from the building in an emergency adversely affect the safe escape of other occupants?	☐ Yes	☐ No
If yes, why / how?		
24. Do you think that any special staff training is required to give you the assistance that you would need in an emergency?	☐ Yes	☐ No
25. Are you aware of the emergency egress procedures which operate in the building(s) in which you work or visit?	☐ Yes	☐ No
26. Do you require written emergency egress procedures?	☐ Yes	☐ No
27. Are the signs which mark the emergency exits and the routes to the exits clear enough?	☐ Yes	☐ No
28. Could you raise the alarm if you discovered a fire?	☐ Yes	☐ No

PERSONAL EMERGENCY EVACUATION PLAN
Appendix E – The Finalised Plan

Name	
Ward/Department	
Working Location	

Awareness of Procedure		
I am alerted of the need to evacuate the building by		
☐ Existing alarm system	☐ Pager device	☐ Visual alarm system
Other (please specify)		

Designated Assistance	
The following people have been designated to give me assistance to get out of the building in an emergency.	
Name(s)	
Contact details	
Name(s)	
Contact details	
Name(s)	
Contact details	
Egress Procedure (Include a step by step account beginning from the first alarm).	

PERSONAL EMERGENCY EVACUATION PLAN
Appendix E – The Finalised Plan (Continued)

Methods of Assistance (e.g. Transfer procedures, methods of guidance, etc.)

Equipment Provided (Evac-chairs, stair descent device, hand held portable radios, etc)

Safe Route(s) (Attach drawing if appropriate)

Finalised PEEP signed off by:	Date
Ward / Department Manager -	
Trust Health & Safety Manager –	
Trust Fire Safety Manager -	

PERSONAL EMERGENCY EVACUATION PLAN
Appendix E – Guidance on Writing a PEEP

Further advice and support for writing the PEEP is available from the *Trust Health & Safety Manager or the Trust Fire Safety Manager.*

If assistance with escape is required, the extent of such assistance should be identified in the PEEP i.e. the number of assistants and the methods to be used. These assistants may require specialist training.

1. **Evacuation in an Emergency**

    Where disabled persons are located above the ground floor there are a number of considerations. In all the following cases, the *Trust Fire Safety Manager* will be able to give more advice and may assist with identifying Refuges and Evacuation Lifts.

    1.1   Temporary Refuges

    A refuge is a designated temporary safe space where disabled people can wait for assistance from other staff. It is the responsibility of the Trust to ensure that all disabled users of the building are evacuated and are not dependent on the assistance of the Fire & Rescue Service.

    A refuge area must be clearly signed and should be of sufficient size to accommodate both people using it as a refuge and any people passing through on their way out of the building.

    Refuges should only be defined after consultation with the *Trust Fire Safety Manager* as the requirements for fire separation and structure are very specific and the inclusion of a refuge in the building will also require alteration to the Building's Fire Risk Assessment.

    A refuge can only be defined if there is also a specific procedure implemented to ensure that users are able to evacuate from the refuge under safe and controlled conditions.

    1.2   Lifts

    Most lifts cannot be used in an emergency. Any lift used for the evacuation of disabled people should be either a "fire-fighting lift" or an "evacuation lift." The *Trust Fire Safety Manager* will be able to tell you if and in what circumstances a lift may be used in the event of a fire.

    If you believe that there is a suitable lift then the *Trust Fire Safety Manager* will advise on the correct procedure for using the lift as an evacuation lift and will also advise on the signage and training necessary.

    1.3   Safe Routes

A PEEP should contain details of the escape route(s) the disabled person will be expected to use. Clear unobstructed gangways and floor layouts should be considered at the planning stage.

If possible horizontal evacuation routes should be sought out so that the evacuating person can move freely into an adjacent building / area without having to negotiate steps and stairs. The *Trust Fire Safety Manager* can advise on the extent of fire alarms and the fire separation between buildings so that these routes can be better designed. It is especially important to ensure that locks, doors and other devices can all be operated by the evacuating persons.

1.4 Equipment

When time permits products such as **Evac-Chairs** and other Stair-Descent Devices may be used to assist disabled people to descend stairways with safety and dignity and are provided in many Trust buildings. These devices provide an alternative to staff attempting to carry a mobility impaired person to a place of safety. They are pieces of equipment that are stored, in an appropriate location, close to each fire protected stairway. The potential user self-transfers into the device and just one trained operator is then required to manoeuvre the equipment out of the building.

Evac-Chair devices are most suited to people who can self-transfer and who weigh less than160kg. Other solutions will need to be considered for those that are unable to do so or who are unsuitable due to weight restrictions or who may need life support equipment to accompany them.

Some wheelchair users may be unhappy about being moved in one of these devices as they may feel insecure or may be afraid of heights. This is understandable, as many wheelchair users will have little or no experience of staircases. In part this anxiety can be addressed by having a second person walk in front of the chair, as it is moved on the staircase. It is essential that operators and users are encouraged to undertake annual refresher training and practice use regularly.

Where patients or other mobility disabled persons need to be moved from immediate danger the use of simpler **Ski-Pads** is recommended. These pieces of equipment can be used with much less detailed training and providing the occupant can lie down, they can be used to negotiate corridors and stairs quickly and safely

Communication equipment is also essential to ensure that fire wardens and the fire brigade are kept aware of the location and progress of any disabled person evacuations. This may include the use of telephones, and hand held portable radios etc.

2. Deaf and Hearing Impaired persons

Deaf people working alongside hearing colleagues may not require special equipment. Providing they have been made aware of what to do in the event of a fire, they will be able to see and understand the behaviour of those around them.

However, deaf or hearing impaired persons working alone may need an alternative method of being alerted to an emergency. For example many alarm systems have visual indicators in the form of a flashing light, or vibrating pager systems can be used.

3. Blind and Partially Sighted persons

Members of staff, Service Users and Visitors should be accompanied by designated staff to assist with evacuation and orientation training may also be necessary.

4. Training

To be effective, any egress plan depends on the ability of staff to respond efficiently. Members of staff will, therefore, require instruction, practical demonstrations and regular refresher training appropriate to their responsibilities.

This may include some or all of the following elements:

- Fire drills and evacuation walk-throughs.
- Specific training for Fire Wardens.
- Specific training in the use of Evac-Chairs.
- Specific training in the use of Ski-Pads.

5. Maintenance

The Trust is responsible for the maintenance and testing of mobility equipment used for evacuation purposes e.g. Evac-Chairs and local managers should ensure that appropriate maintenance arrangements have been made for their equipment together with other equipment such as hand held portable radios etc.

6. Public Areas.

Some parts of Trust premises are in use out of normal office hours or may also be open to the public. Even when devices are provided to assist with evacuation of disabled persons these areas may not be staffed at a sufficient level for the required number of trained operators to be available.

It must remain a matter for the individual managers of such buildings to carry out a risk assessment and where appropriate to either increase staffing or prohibit or restrict the numbers of persons allowed within the building who may require such assistance.

FORM REFERENCE PEEP/FRA/JANUARY 2015