

Corporate	CCG CO05 Fire Safety Policy
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Version Number	Date Issued	Review Date
V3.2	November 2020	November 2022

Prepared By:	Governance Manager, North of England Commissioning Support
Consultation Process:	NHS North Tyneside Clinical Commissioning Group
Formally Approved:	Quality & Safety Committee; 3 rd November 2020

Policy Adopted From:	Existing policy (3.1)
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DOCUMENT HISTORY

Version	Date	Significant Changes
1	28/02/2013	First issue
2	07/01/2015	Formatted to CCG style
3	03/04/2018	Review
3.1	April 2020	No legislation updates or impact on external environment impact identified. Recommend extension due to impact of COVID19.
3.2	October 2020	No legislation updates or impact on external environment impact identified. Extension request. Accessible Information Standard Statement included.

EQUALITY IMPACT ASSESSMENT

Date	Issues
April 2018	Complete

POLICY VALIDITY STATEMENT

This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid.

Policy users should ensure that they are consulting the currently valid version of the documentation.

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact NECSU.comms@nhs.net

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1. Introduction

- 1.1 For the purposes of this policy NHS North Tyneside Clinical Commissioning Group will be referred to as “the CCG”.
- 1.2 The CCG recognises it has a statutory duty towards the safety of its employees and others working in or visiting their premises, including patients, contractors and visitors who might be subject to fire risk.
- 1.3 The main statutory requirements are found in the Regulatory Reform (Fire Safety) Order 2005, Health and Safety at Work Act 1974, Management of Health and Safety Regulations 1992. The CCG will also comply with current Department of Health Policy on fire precautions as set out in the ‘Firecode’.
- 1.4 This document sets out the CCGs approach to minimising the incidence of fire within its premises and the impact of fire on life safety, delivery of service, the environment and property. It applies to all CCG staff, functions, actions and services. It is intended for all types of healthcare buildings including those that perform administration functions.
- 1.5 The purpose of the policy is to ensure that on all sites:
 - The risk of fire will be reduced through good housekeeping measures being implemented throughout the CCG, raising staff fire safety awareness, fire training, appointing fire wardens and carrying out fire risk assessments.
 - Trained personnel will respond to fire alarm calls. They will take initial control of fire procedures with regard to the safety of visitors, staff and premises.
 - The CCG has in place appropriate fire response and control measures, and fire alarm incidents are recorded, monitored and managed in order to minimise the number of incidents over time.

2. Definitions

- 2.1 Nominated Officer of Fire is the most senior person on site who will take charge in the event of an emergency.
- 2.2 Fire Warden is the appointed person who will assist with the safe evacuation of premises and who may also be asked to undertake other specific site-related fire duties.

3. Policy for Fire Safety

The Secretary of State for Health has mandated that all NHS organisations:

- have a clearly defined Fire Safety Policy covering all buildings they occupy;
- comply with legislation;
- nominate a board level executive accountable to the accountable officer for fire safety
- nominate a Fire Safety Manager to take the lead on all fire safety activities;
- implement fire safety precautions through a risk management approach;
- have an effective Fire Safety Management Strategy;
- comply with monitoring and reporting mechanisms appropriate to the management of fire safety; and
- develop partnerships initiatives with other agencies and bodies in the provision of fire safety.

3.1 Fire Risk Assessments

3.1.1 In order to comply with statutory requirements Fire Risk Assessments will be carried out for all CCG premises. To achieve this outcome a 'Fire Risk Assessment' form must be completed to identify all fire risks and where a risk cannot be removed, to indicate what control measures have been implemented to reduce the risk to an acceptable level.

3.1.2 Where an individual risk cannot be reduced to an acceptable level, the risk should be added to the risk register.

3.1.3 The Fire Risk Assessment form and other supporting documentation must be kept in the relevant premises and be available for inspection by external auditors and the Fire and Rescue Service. A copy must also be kept by the CCG for review purposes.

3.2 Fire Training

3.2.1 Suitable and relevant training will be provided for all staff. This will be achieved by induction training for all new staff and also regular specific fire training as set out in the Statutory and Mandatory Training requirements. Fire warden training will also be provided where appropriate.

3.2.2 Managers must ensure that practice fire drills intended to test communications, staff reaction and the effectiveness of training will be carried out at regular intervals in all CCG premises (at least once annually). The CCG will be provided with a copy of drill details and actions for record purposes.

3.3 Arson Prevention and Control

3.3.1 The CCG will comply with the Fire Practice Note 6 “Arson Prevention and Control in NHS Health Care premises” issued under Firecode, but will consider other related guidance that may be published over time.

3.4 Fire Precaution Schemes

3.4.1 The Governance Manager Health and Safety from the Commissioning Support Organisation in consultation with NHS Property Services, Local Authority and CCG will identify on-going measures needed to improve standards in fire precautions. This will be added to on-going programmes of work.

3.5 Unwanted Fire Signals (False Alarms)

3.5.1 The NHS has imposed a duty on NHS organisations to reduce the number of false alarm calls to the Fire & Rescue Service. In order to achieve this requirement a fire alarm will be investigated to determine if the alarm is an actual fire or a false alarm. If it is discovered to be a false alarm the Fire and Rescue Service would be informed of this.

3.5.2 Given the disruption of any false alarm, whether the Fire and Rescue Services has been called or not, it is incumbent on all staff to ensure that the principles of good fire safety housekeeping are followed and that it is reported as an Incident on the relevant reporting system.

3.6 Fire Risk Assessment for Furniture, Furnishings and Apparel

3.6.1 The CCG must comply with Firecode HTM05-03 regarding furniture, furnishings and apparel.

4. Duties and Responsibilities

<p>Quality and Safety Committee</p>	<p>The Quality and Safety Committee has delegated responsibility from the Governing Body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.</p> <p>It is responsible for monitoring compliance with the Fire Safety policy, It will receive reports on fire safety performance and will ensure that any issues of significant risk are actioned appropriately.</p>
<p>Chief Officer</p>	<p>The Chief Officer, as Accountable Officer, has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements. In addition, the Chief Officer is required to have appropriate health and safety policies and programmes of work in place in order to improve and maintain procedures within the organisation's premises.</p>
<p>Chief Finance Officer</p>	<p>The Chief Officer, as Accountable Officer, has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.</p> <p>The responsibilities of the Chief Officer are discharged through the Nominated Executive for Health and Safety.</p> <p>They will ensure that:</p> <ul style="list-style-type: none"> • the CCG complies with all statutory obligations in relation to health and safety. • mechanisms are in place to effectively monitor performance on behalf of the Governing Body and that they are fully implemented. • the Governing Body and appropriate committees are informed and advised regarding action needed on any significant health and safety event and actual or potential risk. • the establishment and maintenance of an effective health and safety advisory service to the CCG through the appointment and/or training of adequate numbers of Competent Persons. • the availability of adequate health and safety training programmes for all levels of staff. • adequate resources are made available to ensure compliance with statutory health and safety obligations. • update and review with the Health and Safety team the Health and Safety Policy in accordance with the Health and Safety at Work etc. Act 1974 and the associated regulations issued by the Health and Safety Executive.

	<ul style="list-style-type: none"> • the appropriate committees function in accordance with statutory and mandatory health and safety regulations. • so far as is reasonably practicable that all Managers are aware of their responsibilities. • a management system exists for reporting and investigating incidents. • health, safety and welfare performance is measured, strategic targets set and progress monitored and reviewed. • adequate provision for health and safety is included in any service level agreements/contracts
<p>All managers</p>	<p>Managers are responsible for:-</p> <ul style="list-style-type: none"> • Ensuring the release of staff time to undertake Manual Handling Training as set out in the CCG Mandatory Training requirements for commencing employment and at refresher training at appropriate intervals; • Ensuring that risk assessments of manual handling activities are carried out and appropriate control measures put in place to manage the risks as far as reasonably practicable. This may include provision to provide appropriate equipment; • Enabling staff to utilise their learning from the training when back in their learning environment; • Determining that all agency staff and short-term staff carrying out manual handling activities, receive Manual Handling Training. • Identification and provision of moving and handling equipment needs through assessment and practical evaluation of equipment suitability and compatibility; • Ensuring that moving and handling equipment is maintained in a safe and serviceable working state. That its use remains appropriate to the task for which it is intended and that relevant staff are trained and competent to operate the equipment in use in line with the Provision and Use of Work Equipment Regulations (PUWER) 1998 (7) and the Lifting Operations and Lifting Equipment Regulations (LOLER) 1998 (8); • Identification of moving and handling risks by monitoring practices, auditing department incident reports and thorough, prompt, accident investigation and reporting to the Governance Manager, Health and Safety.

<p>All Staff</p>	<p>CCG employees are responsible for actively co-operating with managers in the application of this policy to enable the CCG to discharge its legal obligations and in particular;</p> <p>Regulation 5 of the Manual Handling Operations Regulations 1992 (as amended) states that:</p> <p>“Every employee while at work shall make full and proper use of any system of work provided for his use by his employer in compliance with Regulation 4(1)(b)(ii) of these regulations.”</p> <p>All employees already have a duty under the Health and Safety at Work Act 1974 to report any areas where they feel they are working at risk to themselves or their colleagues.</p> <p>Shall ensure that:</p> <ul style="list-style-type: none"> • They take care of their own health and safety and that of others who may be affected by their activities when involved in manual handling operations; • They know their role in the implementation of the Moving and Handling Policy and comply with the policy; • They participate in any training (including required updates) given in manual handling principles relevant to their work prior to undertaking any hazardous manual handling operations as part of their duty. This training is mandatory; • They are competent in the use of, and do utilise any equipment that has been provided to reduce the risk of injury in moving and handling activities or other factors relating to this activity; • They bring to their manager’s attention to any equipment that is needed to reduce the potential risk of injury in moving and handling operations or report any defects/problems in mechanical aids relating to this activity; • They participate in the risk assessments of hazardous moving and handling operations to determine measures to reduce the potential risk of injury; • They report any change in working conditions, personnel involved in moving and handling operations or a significant change in the nature of the task or the load that may necessitate a review of the risk assessment procedure; • They report to their managers any medical conditions (including pregnancy) that might affect their ability to undertake manual handling operations; • They report promptly to their managers any accidents and incidents resulting from moving and handling operations and complete an incident report form. • They self-refer to Occupational Health if they suspect their injury resulted from a manual handling operation.
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CSU staff	Whilst working on behalf of the CCG, CSU staff will be expected to comply with all policies, procedures and expected standards of behaviour within the CCG, however they will continue to be governed by all policies and procedures of their employing organisation.
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5. Implementation

- 5.1 This policy will be available to all Staff for use.
- 5.2 All managers are responsible for ensuring that relevant staff within the CCG have read and understood this document and are competent to carry out their duties in accordance with the procedures described.
- 5.3 On the first day of employment to either the organisation or the department, each new member of staff will receive a local induction from their line manager which will include a walk-through of the following fire safety points:
 - Actions to be taken on discovering a fire.
 - Actions to be taken on hearing the fire alarm.
 - The location of the nearest fire alarm break glass call points.
 - The location of the nearest fire exit.
 - The location and type of the nearest fire extinguisher.
 - The location of assembly points.

6. Training Implications

- 6.1 The sponsoring Executive will ensure that the necessary training or education needs and methods required to implement the policy or procedure(s) are identified and resourced or built into the delivery planning process. This may include identification of external training providers or development of an internal training process.
- 6.2 It is mandatory for all CCG employees to undertake fire safety training sessions as per mandatory training requirements.
- 6.3 All Fire Wardens are required to attend a Fire Warden training sessions.

7. Related Documents

- 7.1 **Other related policy documents**
 - Health and Safety Policy
 - Incident Reporting and Management Policy

7.2 Legislation and statutory requirements

- Cabinet Office (1974) *Health and Safety at Work Act 1974*. London. HMSO.
General duties of employers and employees.
- Cabinet Office (1998) *Human Rights Act 1998*. London. HMSO
Rights and freedoms protected under the European Convention on Human Rights.
- Cabinet Office (2000) *Freedom of Information Act 2000*. London. HMSO
CCG policies and procedures are subject to disclosure under the Freedom of Information Act 2000 (FOI). From January 2005 the Act allows anyone, anywhere to ask for information held by organisations, although some information, such as patient identifiable information, is exempt.
- Cabinet Office (2006) *Equality Act 2006*. London. HMSO
Provisions relating to Human Rights and discrimination on grounds of race, religion or belief sexual orientation; sex; amends the Disability Discrimination Act 1995.
- Cabinet Office (2007) *Corporate Manslaughter and Corporate Homicide Act 2007*. London. HMSO
Enables the prosecution of companies and other organisations where there has been a gross failing throughout the organisation in the management of health and safety with fatal consequences.
- Cabinet Office (2008) *Health & Safety Offences Act 2008*. London. HMSO
Amends Section 33 (Prosecutions for criminal offences) of the Health and Safety at Work Act 1974.
- Management of Health & Safety At Work Regulations 1999
Generally make more explicit what employers are required to do to manage health and safety under the Health and Safety at Work Act. Requires employers to carry out risk assessments, make arrangements to implement necessary measures, appoint competent people and arrange for appropriate information and training.
- Regulatory Reform (Fire Safety) Order 2005
Requires a fire safety risk assessment to be carried out and that reasonable steps be taken to reduce the risk from fire and ensure occupants can safely escape if a fire does occur.

7.3 Best practice recommendations

- Department of Health “Records Management: NHS Code of Practice” 2006.
- NHS Litigation Authority “Standard for Primary Care Trusts”: guidance on minimum policy and procedure requirements.
- Firecode – Department of Health (NHS Estates) Management of Fire Safety in Healthcare (Firecode consists of a number of Health Technical Memoranda (HTM) which consider policy, technical guidance and specialist aspects of fire precautions).

8. Monitoring, Review and Archiving

8.1 Monitoring

The Governing Body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

8.2 Review

8.2.1 The Governing Body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

8.2.2 Staff who become aware of any change including legislative change, which may affect a policy should advise their line manager as soon as possible. The Governing Body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

8.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the ‘version control’ table on the second page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the Executive lead and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

8.3 Archiving

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice for Health and Social Care 2016.

9. Equality Impact Assessment

Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Lee Crowe.

Job Title: Governance Manager (Health and Safety)

Organisation: North of England Commissioning Support Unit (NECS)

Title of the service/project or policy: Fire Safety

Is this a;

Strategy / Policy X **Service Review** **Project**

Other

What are the aim(s) and objectives of the service, project or policy:

The aim of the policy is to ensure CCG considers Health and Safety along with its other business objectives and to ensure that the CCG follows the details stipulated within H&S Regulations.

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff** x
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	X
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	X
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	X
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	X
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> Eliminating unlawful discrimination, victimisation and harassment Advancing quality of opportunity Fostering good relations between protected and non-protected groups in either the workforce or community 	<input type="checkbox"/>	X

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

Not applicable

If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	X	<input type="checkbox"/>
If any of the above have not been implemented, please state the reason:		
Not applicable		

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Quality and Safety Committee	Approval	November 2020

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.