

<b>Document name:</b>	<b>Fire Safety Policy (530)</b>
<b>Document type:</b>	Policy
<b>What does this policy replace?</b>	Updates and replaces the existing Fire Safety Policy
<b>Staff group to whom it applies:</b>	All staff within the Trust
<b>Distribution:</b>	The whole of the Trust
<b>How to access:</b>	Intranet and line managers
<b>Issue date:</b>	November 2023
<b>Next review:</b>	November 2026
<b>Approved by:</b>	Executive Management Team 23 November 2023
<b>Developed by:</b>	Trust Fire Safety Advisers
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## **FIRE SAFETY POLICY**

### **1. INTRODUCTION**

The policies, procedures, guidelines, clinical protocols and local work procedures of South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) are intended to provide a framework that ensures that the work of SWYPFT is conducted in such a manner as to enable the organisation to fulfil its statutory and contractual obligations and meet its vision, values and goals in a consistent and coherent manner.

Fire Safety is the responsibility of all staff not only in protecting an individual's Fire Safety and wellbeing, but that of clients, visitors and colleagues. Furthermore, it is the responsibility of all staff to safeguard where possible the Organisation's property and assets and that of all clients, visitors and colleagues.

SWYPFT aims to balance the rights and responsibilities of people using its services with those of employees, with a clear approach to fire and safety risk management. It also aims to support staff, by ensuring that working environments which are controlled by SWYPFT are as safe and pleasant to work in as possible.

Safe environments are essential to healthcare provision to ensure that staff, stakeholders, service users, visitors and contractors are protected from incidents, accidents, injury and disease as far as reasonably practicable and to provide a safe place in which high quality care is delivered.

This policy outlines how fire safety management will be addressed; including how fire safety risks from working environments will be assessed.

### **2. PURPOSE**

The purpose of this policy is to:

- Ensure SWYPFT's fire safety management arrangements reflect the SWYPFT organisation and the over-arching structures within.
- Ensure SWYPFT complies with the statutory requirements of NHS Firecode and the Regulatory Reform (Fire Safety) Order 2005 and other relevant legislation.
- Ensure so far as is reasonably practicable that suitable arrangements are in place for the protection of life and premises from the effects of fire.
- Ensure a safe and healthy living/working environment is maintained.
- Prevent the loss of patient's, visitors and Trust property from fire.

### 3. THE RISKS OF NOT HAVING THIS POLICY IN PLACE

Failure to comply with this Policy may result in the following corporate risks arising:

- SWYPFT may not meet its legal obligations as stated in the Fire Safety Order 2005 or in Firecode and may be subject to enforcement notices or prosecution by the fire and rescue authority.
- Potential loss of reputation both as a provider of care and employer.
- SWYPFT may not meet its legal obligations and standards set by such organisations as the Health & Safety Executive (HSE), Care Quality Commission (CQC) etc.
- Fire Safety arrangements may not be achieved and implemented in a consistent manner across the organisation.
- Fire Safety may not be adequately managed and controlled.

### 4. DEFINITIONS

#### 4.1 Employees

Employees are:

- Direct employees of SWYPFT.
- Employees of other organisations but directly managed by SWYPFT (**N.B.** Direct employees of SWYPFT who are directly managed by another organisation (e.g. Local Authority) will work to that organisation's policies and procedures, unless specific agreement is reached to the contrary);
- Agency staff, apprentices, cadets, volunteers and any other staff on placement with SWYPFT.

#### 4.2 Responsible Person

Is the person who has control of the premises (as occupier or otherwise i.e., tenants' representatives or community business managers, or other person specifically nominated by the Fire Safety Manager) in connection with the carrying on by him/her of a trade, business or other undertaking (for profit or not) or;

The owner, where the person in control of the premises does not have control in connection with the carrying out by that person of a trade, business or other undertaking.

#### 4.3 **Competent person**

A person having sufficient training and experience or knowledge and other qualities to enable him/her to properly assist in undertaking the necessary fire safety preventative and protective measures.

#### 4.4 **Care Group Director/Deputy Care Group Director**

A person who has responsibility for day-to-day management of the relevant premises

#### 4.5 **Fire Protocols**

A full explanation is provided within Appendix 6.

#### 4.6 **Fire Risk Assessment**

A written document complying with the Regulatory Reform (Fire Safety) Order 2005, that is a systematic process of identifying significant hazards, evaluating/rating significant risks, devising and implementing suitable control measures and subject to regular monitoring and review.

#### 4.7 **The Controlling Mind**

The Controlling Mind principle is relevant where one organisation is managing employees from another organisation or if staff from two different organisation's tenants of a building. Then the organisation with the greater tenant occupation will have the "Controlling Mind".

#### 4.8 **Procedure**

Procedures are often incorporated into a policy or can be "stand alone". They are a practical way in which a policy can be translated into action. They explicitly outline how to accomplish a task or activity, giving detailed step by step instructions. A procedure often allocates specific roles which specific individuals must take.

A procedure may also be known as a safe system of work or a local work instruction. Staff should also refer to local building specific instructions and fire safety risk assessments.

#### 4.9 **Evacuation**

The safe and orderly evacuation of individuals from Trust premises/departments to a place of comparative and/or ultimate safety.

#### 4.10 **Personal Egress and Evacuation Plans (PEEPS)**

A specific individual plan for employees using Trust controlled premises who may require special assistance to evacuate the premises in the event of a fire.

This is completed by the line manager for the individual employee that may require additional assistance to evacuate following consultation with the employee.

#### 4.11 **Unwanted Fire Signal (UwFS)**

An unwanted fire signal is defined as any unplanned actuation of a fire alarm signal other than a genuine fire signal which results in the attendance of the fire and rescue service.

#### 4.12 **False Alarm**

A false alarm is an actuation of the fire alarm system which when immediately investigated by staff and identified as a “non -fire event”, which results in no call is made to the fire service.

In the case of fire alarm systems linked automatically to the fire service via a remote monitoring centre, the fire service must be notified that their attendance is not required.

### 5. **PRINCIPLES**

SWYPFT will take all steps, so far as is reasonably practicable, to pursue the following principles:

- Ensure suitable arrangements and maintenance of fire safety provisions and equipment within Trust working areas.
- The provision of appropriate information, instruction, training and supervision as is necessary to ensure the health, safety and welfare at work of SWYPFT employees.
- The provision of appropriate facilities which will enable clients to receive their full and proper treatment without detriment to their health, safety or welfare and ensure risk management and appropriate control measures are implemented at all times.

## **6. ROLES & RESPONSIBILITIES**

### **6.1 The Trust Board**

The Trust Board will ensure, so far as is reasonably practicable:

- That appropriate control measures are taken to ensure the health, safety and welfare of all stakeholders including, staff, partners, service users, visitors and others are implemented.

### **6.2 Chief Executive**

The Chief Executive:

- Will have overall responsibility for fire safety within the Trust and will ensure compliance with the Health & Safety at Work etc Act 1974, the Regulatory Reform (Fire Safety) Order 2005 and the Management of Health & Safety at Work Regulations 1999.
- Has appointed the Director of Finance as the Executive Director with special responsibility for fire.
- Will ensure, in conjunction with the Director of Finance that agreed programmes of investment in fire precautions are properly accounted for in the Trust's Estates TAG – Minor Capital Investment programme.
- Will receive the annual Certificate of Firecode Compliance.
- Will ensure that this Fire Safety Policy forms an integral part of the overall fire safety strategy for the organisation.

### **6.3 Director of Finance and Resources**

It is the responsibility of the Director of Finance and Resources, so far as reasonably practicable to:

- Co-ordinate all fire safety matters across SWYPFT.
- Ensure a fit for purpose Fire Safety Policy that reflects all fire safety aspects of the SWYPFT organisation is in place.
- Ensure, in conjunction with the Chief Executive that agreed programmes of investment in fire precautions are properly accounted for in the Trust's Estates TAG – Minor Capital Investment programme.



- Ensure compliance with Health & Safety Law including the Health & Safety at Work (etc) Act 1974, the Regulatory Reform (Fire Safety) Order 2005.
- Ensure compliance with NHS Firecode and the Management of Health & Safety at Work Regulations 1999.
- Ensure the Health, Safety & Emergency Preparedness Trust Action Group and Sub Group's support the Director in carrying out responsibilities relating to fire safety and implementation of this Policy.
- Ensure appropriate arrangements are in place to periodically monitor the fire safety performance of the SWYPFT organisation.
- Report to the Trust Board on an annual basis the fire safety performance of SWYPFT.
- Ensure systems are in place to identify and meet fire safety training needs of staff ensuring competence is appropriate to the role.
- Provide performance management systems to ensure all mandatory training is monitored at all levels of the organisation.

#### 6.4 **Care Group Directors and Deputy Care Group Directors**

- Will develop business continuity plans for the event of a fire causing severe disruption to services within their control.
- Will ensure the appointment of a senior manager to each premises under their control and jurisdiction for the task of implementation and monitoring of fire safety control measures for those premises.
- Will ensure that where the appointed senior managers have shared responsibility within a multi-departmental building that they consult with other designated senior managers to ensure satisfactory fire safety control measures.
- Will consult or nominate other persons on their behalf to consult with Directors, Owners, Tenants or similar persons representing shared multi-occupied premises (e.g. LIFT buildings, Local Authority buildings, or premises owned by NHS Property Services Ltd, other Trusts or external landlords) to ensure agreed unambiguous responsibilities and procedures for fire safety.

- Will ensure that senior managers within their control meet their duties under this Policy, both during normal working hours and also other hours including Bank Holidays.

## 6.5 **Fire Safety Manager**

It is the responsibility of the Fire Safety Manager, so far as is reasonably practicable to:

- Lead on all aspects of fire safety, to contribute to the SWYPFT strategic agenda.
- Assist the Director of Finance and Resources in the development of a strategy for the overall management of fire safety within SWYPFT.
- Monitor progress on capital investment in respect of fire precautions.
- Consult with the Fire Safety Advisers (as designated “competent persons”) to ensure compliance with the requirements of the Regulatory Reform (Fire Safety) Order 2005 and relevant Firecodes.
- Will be responsible for producing the annual health and safety report (which includes fire) for the SWYPFT Board.
- Will ensure the development and implementation of the organisation’s fire strategy.
- Will ensure the implementation of current fire safety legislation and HTM 05 Firecode requirements within SWYPFT.
- Will ensure that an effective fire safety training programme is developed and delivered to all SWYPFT staff.
- Will ensure that suitable arrangements for inspection and maintenance of fire safety systems have been established.

## 6.6 **Associate Director of Estates & Facilities**

It is the responsibility of the Associate Director of Estates & Facilities so far as is reasonably practicable to:

- Ensure that all passive and non-passive fire safety systems are in place and that they meet current standards and codes of practice.

- Ensure adequate maintenance and testing regimes as required by Legislation, Firecode, Fire and Rescue Authority, British Standards or best practice.
- Ensure that employed engineers or appointed contractors for the testing and maintenance of fire safety systems are fully competent in carrying out their duties.
- Ensure testing and maintenance of fire safety systems is recorded in accordance with relevant Codes of Practice.
- Ensure that full details of all unwanted fire signals are reported to the Fire Safety Advisers within two working days and any information relating to an outbreak of fire by the next working day.
- Ensure that all fire safety signage meets the mandatory and relevant specifications.

#### 6.7 **Estates & Facilities Department**

Estates & Facilities will ensure, so far as reasonably practicable that:

- Fire safety equipment is maintained and serviced in line with approved standards and codes of practice and are incorporated into a planned programme of maintenance.
- Alarms and smoke detection sensors are tested, maintained and serviced in line with approved standards and codes of practice and are incorporated into a planned programme of maintenance.

#### 6.8 **Heads of Service and Designated Managers**

It is the responsibility of the Heads of Service and managers who have designated responsibility for respective premises, so far as reasonably practicable to:

- Ensure all employees within their areas of control; receive suitable and sufficient instruction on fire procedures pertinent to their area of work and annual fire safety training.
- Appoint a designated “Competent Person” as defined under the Fire Safety Order 2005, with accountability for fire safety compliance in premises in single occupancy or within a department/section in multi-occupied premises.
- Provide time, support and training so that designated “Competent Persons” are able to carry out their fire safety duties.

- To agree a common Fire Safety emergency procedure in buildings of shared occupancy, with nominated “Responsible Persons”.
- Monitor the fire log book for the premises ensuring that it is being maintained, kept up to date and signed appropriately.

See para 6.10 for the duties of the nominated “competent person” with accountability for fire safety management in the designated workplace.

## 6.9 Fire Safety Advisers

It is the responsibility of the Fire Safety Advisers, as far as reasonably practicable to:

- Provide specialist advice as the competent persons on all aspects of fire safety legislation.
- Give advice and guidance to senior managers on their fire safety responsibilities for areas under their control.
- Carry out fire risk assessments on all Trust owned/occupied premises with reviews on an annual or bi-annual basis, predetermined by the buildings risk rating or following any material change.
- Contribute to periodic authoritative reports to managers about the efficiency of fire precautions in Trust premises.
- Prepare and deliver training programmes for all employees on induction and on a frequent basis.
- Liaise with premises managers when requests are received from the Fire and Rescue Service inspectors to visit Trust related premises and will accompany them during their visit.
- As the Trust Competent Person- Fire, provide adequate advice to the design team with regard to fire safety provisions required in any proposed new buildings, or alterations and extensions to existing Trust buildings.
- Co-ordinate appropriate fire evacuation/drill training exercises.
- Undertake fire safety investigations as requested by Fire & Rescue Service within Trust premises.
- Investigate and keep accurate records of all fire incidents, liaising with fire and police authorities where necessary, and ensure reports are forwarded to the Fire Safety Manager.

## 6.10 Designated Accountable Person

It is the responsibility of the designated accountable person, so far as reasonably practicable to:

- Ensure that where necessary, all areas within their control have fire marshals/wardens nominated and ensure they receive appropriate training.
- Ensure that all staff on duty attend organised fire drills.
- Develop a local emergency fire safety procedure to ensure that the building is safely evacuated under all conditions, in conjunction with the Fire Safety Adviser.
- Ensure that there is a satisfactory “meet and greet” procedure in place for the Fire and Rescue Service, in conjunction with Fire Safety Adviser.
- Provide time and support so that appointed fire wardens are able to carry out their fire safety duties.
- Ensure that the regular fire checks are carried out at agreed frequencies and recorded in the premises fire log book.
- Report any fire safety defects found on the routine inspection to the line manager and Fire Safety Adviser; and monitor the required action is completed satisfactorily.
- Ensure good housekeeping practices are in place and to control and manage access and storage of combustible materials.
- Ensure that where required the Fire Safety Adviser is advised of any employees requiring personal emergency, evacuation plans.
- Liaise with the Fire Safety Advisers on all fire safety matters including any changes to the premises or working practices.
- Ensure all employees within their areas are made aware of this Policy and the fire risk assessment and where they can obtain a copy.
- Ensure all fires and unwanted fire signals are investigated and that the Fire Advisers are informed of fire events as soon as practicable after the event (within usual office hours).

### 6.11 **Fire Marshal/Warden**

It is the responsibility of the fire marshal/warden (where appointed), so far as is reasonably practicable to:

- Carry out the weekly checks and record any defects or findings. If necessary, inform line management where action is required.
- Co-ordinate and direct staff during all fire related incidents in accordance with the fire safety plan.
- Don the Hi Vis jacket in the event of fire, take the clipboard and go immediately to the fire assembly point to act as the contact point for fire wardens, staff and the fire and rescue service.
- Ascertain at the earliest possible moment the cause of the fire alarm actuation in the area of their work and confirm whether the reason is a fire or unwanted/false alarm fire signal.

Where required relay the correct information to switchboard or Fire Service directly if attending the incident.

- Report any fire safety defects to their line manager and the Fire Safety Advisers.

### 6.12 **Centre for Learning & Development**

The Centre for Learning & Development will:

- Maintain records of fire training within the electronic staff record (ESR) system.
- Provide statistics for Board on attendance and targets.

### 6.13 **Employees and persons at work on Trust premises.**

Employees and persons at work on Trust premises will:

- Read the Fire Policy and co-operate with its principles.
- Co-operate and assist in undertaking suitable and sufficient fire safety training both mandatory and training identified within their job role i.e. fire marshal training, practical evacuation procedures, use of fire fighting equipment etc.

- Not interfere with fire precautions provided in the interests of fire safety.
- Co-operate with any evacuation of Trust buildings, including undertaking any reasonable request for assistance.
- Inform their line manager of any changes in their health which may affect their ability to evacuate the building safely, i.e. physical or sensory impairment.
- Bring to the attention of the line manager or supervisors any issues relating to fire safety.
- Bring to the attention of their manager or supervisors any special assistance they require in the event of evacuation.
- Report all unwanted fire signals, false alarms and fires in accordance with the Incident reporting policy.
- Promote good fire safety at all times to help reduce the occurrence of fires and unwanted fire signals.
- Co-operate with any investigation of an incident and comply with any actions taken.

#### 6.14 Contractors

- Contractors undertaking any work in Trust managed premises will follow the appropriate policies and procedures with work permits and when carrying out 'hot work' undertakings.

All contractors are required to comply with the requirements of the Trust Control of Contractors Policy and Permit to Work systems

- Contractors will carry identification badges and sign in at all Trust premises before commencement of work and sign out at the end of the work activity.

## 7. ARRANGEMENTS

- SWYPFT will, from time to time, produce policies and procedures to deal with specific health and safety situations.
- Where such a policy document has been produced, employees will adhere to the requirements of that document. If a specific policy document has not been produced employees will adhere to the general principles of this Policy.

- Policies and guidance to support the risk assessment process including documentation to be used are published on the SWYPFT Intranet site ([www.swyt.nhs.uk](http://www.swyt.nhs.uk)) and are available from the health & safety departments.
- Consultation with employees will take place on matters of health and safety. Where a group of employees is represented by a recognised trade union, and that union has appointed safety representatives, it can represent those employees in consultations.
- Where employees are based at non-SWYPFT premises, arrangements for the co-operation and co-ordination of health and safety provision between SWYPFT and the controller of the premises will be established. Managers must facilitate this, involving SWYPFT competent advisers.
- If SWYPFT considers that the health, safety and welfare of its directly employed employees, clients or others to whom it owes a direct duty of care, is being compromised by the actions or inaction of the partnering organisation, then it shall have the right to withdraw from the services causing concern. Such withdrawal shall be a last resort and shall only occur on authorisation of the SWYPFT Board who may seek advice from SWYPFT Governance Committee prior to making such a decision.

The withdrawal shall remain in force until SWYPFT is satisfied that the partnering organisation has undertaken appropriate steps and measures to redress the matters of concern to SWYPFT.

- Specific building projects shall fully comply with the Construction (Design and Management) Regulations 2015 and all associated construction legislation. SWYPFT Health & Safety Departments shall be consulted at all stages of such projects so as to ensure the organisation's duty of care and liabilities are being fully considered at each stage.

## **8. PROCEDURES**

### **8.1 Training**

- Training will comply with the legal requirements of the Fire Safety Order 2005 and Firecode HTM 05-01.
- The health and safety training needs of employees will vary depending upon their role and responsibilities and when exposed to new risks.
- Fire Safety training will be determined on the basis of assessment and a test of understanding and/or competency will be applied where applicable.



- The Fire Safety training needs of staff will be determined in line with the mandatory training policy and this will form part of the annual staff development review.
- The Learning & Development Department will maintain records of the majority of training, but managers and supervisory staff need to ensure records are maintained where local policies and procedures have to be adhered to and understood by staff.
- New employees must attend induction training, which will include fire safety awareness and basic health and safety information, as soon as practical after commencing work. This will be supplemented by appropriate training at their place of work.

## **9. MONITORING THE COMPLIANCE AND EFFECTIVENESS OF THIS POLICY**

This will be achieved by:

- The Health and Safety Manager together with the Fire Safety Advisers will provide reports to the SWYPFT Clinical Governance & Clinical Safety Group and the Safety and Resilience Trust Action Group detailing all incidents/safety events and identifying trends and exceptions.
- The Learning and Development Team will provide monthly reports on mandatory training attendance for the consideration of the heads of service, general service & line managers.
- The SWYPFT Clinical Governance & Clinical Safety Group will review the Corporate Risk Register which includes all high-level health and safety risks on an annual basis.
- All departments will fully participate in the annual health and safety monitoring programme. A report will be provided to the Safety and Resilience Trust Action Sub Groups on a bi-monthly basis by the Health and Safety manager of those received/not received.
- The Fire Safety Manager will identify high fire risks for appropriate monitoring and reduction to be added to the relevant local risk registers.
- The responsibilities in this policy are clearly outlined in Section 6. The performance of individuals who are expected to fulfil the responsibilities e.g. managers, will be monitored as part of the annual staff development review process and aligned to their knowledge and skills framework outline.

## **10. EQUALITY IMPACT ASSESSMENT**

See Appendix 4 for the Equality Impact Assessment (EIA)

## **11. REFERENCES**

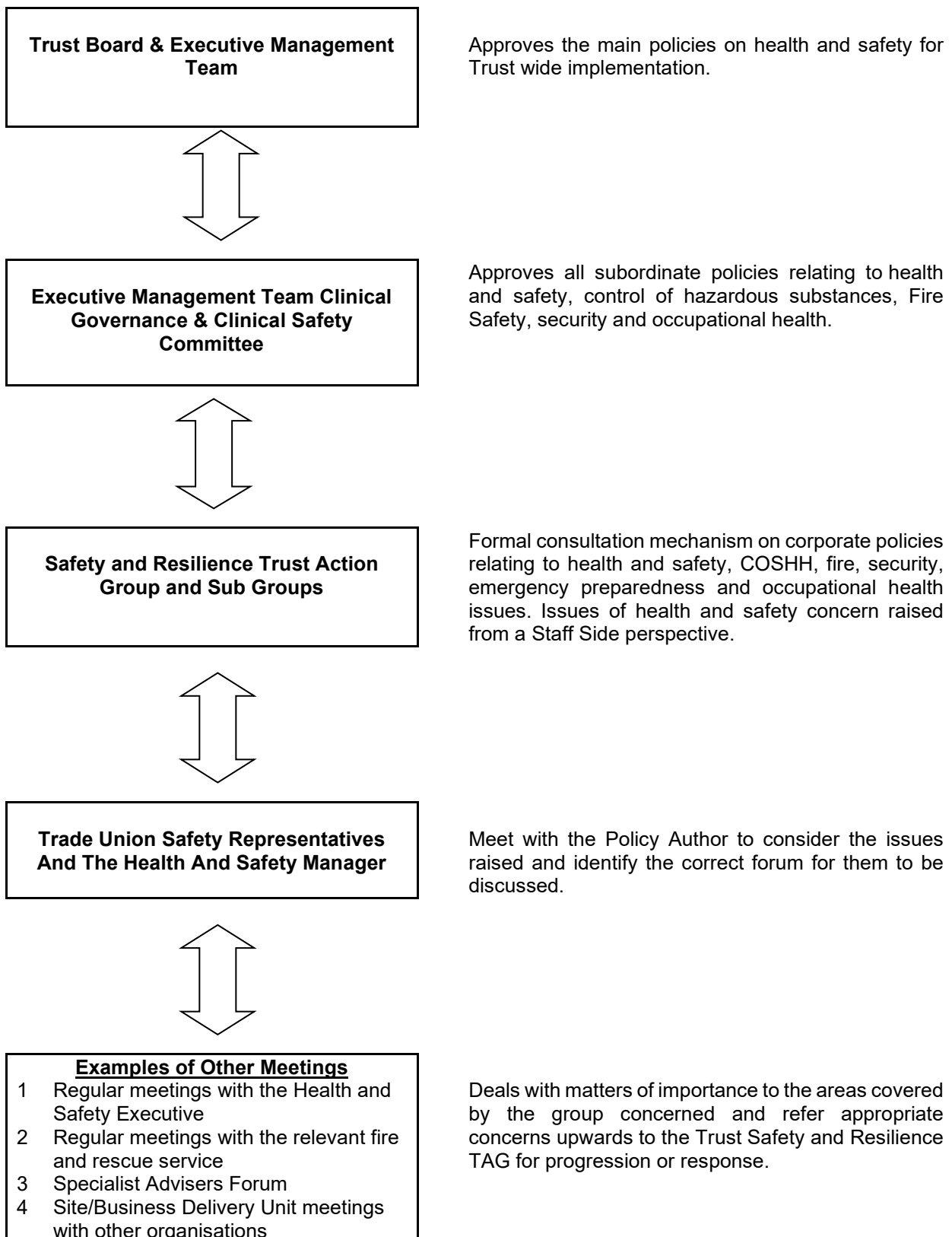
- Regulatory Reform (Fire Safety Order) 2005.
- Health and Safety at Work (etc.) Act 1974.
- Firecode HTM O5 series.
- HM Government Healthcare Fire Safety Guide on Fire Risk Assessment.
- Building Regulations Approved Document B.
- Management of Health & Safety at Work Regulations 1999.

## **12. REVIEW OF THIS POLICY**

This Policy will be reviewed three years from the date of Board and Executive Management Team approval or sooner if there is a requirement to meet legal, statutory or good practice standards.

**APPENDIX 1**

**Health and Safety Consultation Process**



## APPENDIX 2

### Associated Safety Policies, Protocols & Guidelines

The South West Yorkshire Partnership NHS Foundation Trust Health & Safety Policy supports the associated safety related policies, procedures, guidelines and protocols. Appendix 2 lists the key documents deemed advisable to read alongside this Policy.

Staff in Wakefield, Kirklees, Calderdale, Forensics & Barnsley should talk to their local health & safety teams for advice and support and develop safe systems of work for their service users, visitors and staff that are reasonable, practicable and commensurate with local risks.

Immediate access to existing policies, procedures, guidelines and protocols is through the Trust Intranet.

- Control of Contractors
- Major Incident & Business Continuity Plan
- Health & Safety Policy
- Incident Reporting and Management (including Serious Untoward Incidents) Policy
- Joint Working Health & Safety Protocols (x 4) for teams working in Wakefield, Kirklees, Calderdale & Barnsley.

## APPENDIX 3

### POLICY AND STRATEGY Equality Impact Assessment

*This EIA template is to be completed by staff when writing a new policy/strategy or when reviewing a policy/strategy. The EIA needs to demonstrate who would be impacted (local census data and workforce data) and what gaps there are.*

*Any gaps identified need to be included in section 6 where actions are listed to address and progress to ensure inclusivity and diversity in the policy/strategy.*

QUESTIONS	ANSWERS AND ACTIONS									
1	Name of policy/strategy? A review of the Fire Safety Policy									
2	Description of the document: The overall aim of the Policy is to describe the Trust's approach to the management of fire safety covering service users, all staff, visitors and contractors.									
3	Lead contact person for the Equality Impact Assessment Name: Ian Cass Job title: Fire Safety Adviser									
4	Who else is involved in undertaking this Equality Impact Assessment Aaron Luckarift - Health, Safety & Fire Advisor									
5	Sources of information used to identify gaps and barriers <b>Data in relation to our communities</b> We have considered population statistics for our localities in respect of race equality, disability, gender, age and sexual orientation, religion and belief, marriage, and civil partnership from census data. <a href="https://www.ons.gov.uk/census">https://www.ons.gov.uk/census</a> The national Census 2021 took place in in March 2021. This information helps a wide range of people and organisations to do their work. All information is anonymised and the actual census records are kept secure for 100 years, but can be used by Local authorities and other public bodies, i.e. Trusts (SWYPFT) for planning purposes. The census is important because it provides information, required to develop policies and run services, such as health services.									
<b>EIA narrative: What does the information you have sourced tell you about the impact your policy/strategy will have on the following equality groups for provision, access and delivery?</b>										
5a	Disability Groups: Reasonable adjustments, for people affected by any impairment or special needs will be covered by risk assessments and work procedures to ensure their safety needs are met. <b>Data in relation to our communities</b> Day to day activities limited by disability, taken from 2021 census for each area. <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="background-color: #fce4d6;">Area</th> <th style="background-color: #fce4d6;">Non- disabled</th> <th style="background-color: #fce4d6;">Disabled</th> </tr> </thead> <tbody> <tr> <td>England</td> <td>45,715,455 82.7%</td> <td>9,774,620 17.3%</td> </tr> <tr> <td>Barnsley</td> <td>19,0655 78%</td> <td>53,920 22%</td> </tr> </tbody> </table>	Area	Non- disabled	Disabled	England	45,715,455 82.7%	9,774,620 17.3%	Barnsley	19,0655 78%	53,920 22%
Area	Non- disabled	Disabled								
England	45,715,455 82.7%	9,774,620 17.3%								
Barnsley	19,0655 78%	53,920 22%								

Calderdale	168,780 81.7%	37,855 18.3%
Kirklees	357,620 82.6%	75,590 17.4%
Wakefield	282,165 79.9%	71,195 20.1%

Source: Census 2021 data

This data indicates that the Trust has a higher than national average proportion of people whose day-to-day activities are limited 'a lot' by their disability.

The Fire Safety Policy aims to have a positive and proactive approach to ensure any work activity mitigates and reduces and risk that may affect any person from all Disability Groups

**QUESTIONS**

**ANSWERS AND ACTIONS**

5  
b Gender:

Area	Male	Female
England	27,656,336 49%	28,833,712 51%
Barnsley	120,279 49.2%	124,293 50.8%
Calderdale	100,790 48.7%	105,901 51.3%
Kirklees	212,346 49%	220,870 51%
Wakefield	173,831 49.2%	179,539 50.8%

Source: Census 2021 data

The Fire Safety Policy aims to enable a proactive work approach ensuring safe & secure environments for any person from either gender, covering all stakeholders including service users, visitors and staff

5c Age:

Area	Under 18	18-39	40-59	60-79	Over 80
England	11,774,609 20.8%	16,161,002 28.6%	14,897,132 26.4%	10,858,911 19.2%	2,798,379 5%
Barnsley	50,068 20.5%	65,448 26.8%	65,850 26.9%	51,606 21.1%	11,595 4.7%
Calderdale	45,122 21.8%	51,990 25.2%	57,280 27.7%	42,548 20.6%	9,694 4.7%
Kirklees	98,029 22.6%	11,9116 27.5%	114,735 26.5%	81,845 18.9%	19,484 4.5%
Wakefield	73,625 20.8%	96,756 27.4%	94,822 26.8%	71,717 20.3%	16,440 4.7%

Source: Census 2021 data

The Fire Safety Policy aims to ensure a positive and proactive approaches to ensure any work activity mitigates and reduces risks that may affect any person from any group

5d Sexual Orientation:

Research has shown that people who consider themselves heterosexual are more likely to report better levels of health. While bisexual respondents had the worst. Gay and lesbian respondents reported poorer health than heterosexuals, specifically with regards to mental functioning, distress, and illness status.

Area	Straight or heterosexual	Gay or lesbian	Bisexual	Other sexual orientation	Not answered
England	43,403,110 89.37%	747,805 1.54%	623,504 1.29%	165,305 0.34%	3,626,649 7.46%
Barnsley	182,948 91.57%	2,990 1.5%	1,817 0.91%	396 0.2%	11,638 5.83%
Calderdale	149,815	2,811	1,968	550	11,488

	89.91%	1.69%	1.18%	0.33%	6.89%
Kirklees	311,501 89.96%	4,340 1.25%	3,697 1.07%	998 0.29%	25,742 7.43%
Wakefield	261,615 90.98%	4,321 1.50%	2,968 1.03%	689 0.24%	17,945 6.24%

Source: Census 2021 data

Incidents can be more prevalent in people with long-term physical health and mental health conditions.

**The Fire Safety Policy aims to ensure a positive and proactive approach to safety, mitigating and reducing risks that may affect any person from any Sexual Orientation**

5e Religion or Belief:

Data in relation to our communities is taken from 2021, and shows 46.3% Christian faith, second are people who report no religion. Muslim religion shows as the third largest belief system.

Area	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other	No religion	Not answered
England	26,167,899 46.3%	262,433 0.5%	1,050,533 0.5%	269,283 0.5%	3,801,186 6.7%	420,383 0%	322,410 0.6%	20,715,664 36.7%	3,400,548 6.0%
Barnsley	125,502 51.3%	435 0.2%	416 0.2%	62 0%	1,404 0.6%	256 0.1%	862 0.4%	102,906 42.1%	1,2728 5.2%
Calderdale	85,677 41.5%	630 0.3%	1,173 0.6%	153 0.1%	19,650 9.5%	387 0.2%	1,045 0.5%	86,787 42%	11,129 5.4%
Kirklees	170,577 39.4%	996 0.2%	1,723 0.4%	187 0%	80,046 18.5%	3,476 0.8%	1,663 0.4%	150,599 34.8%	23,949 5.5%
Wakefield	173,070 49%	797 0.2%	1,270 0.4%	127 0%	11,279 3.2%	501 0.1%	1,405 0.4%	145,950 41.3%	18,972 5.4%

Source: Census 2021 data

The latest data on religious affiliation from NatCen's British Social Attitudes survey reveals that the proportion of people in Britain who describe themselves as having no religion is at its highest ever level.

More than half (53%) of the British public now describe themselves as having "no religion", up from 48% in 2015. The proportion of non-believers has increased gradually since the survey began in 1983, when the proportion saying they had no religion stood at 31%.

**The Fire Safety Policy aims to have a positive and proactive approach ensure working environments mitigate and reduces risks that may affect any person from any Religion & Belief.**

5f Marriage and Civil Partnerships

Older adults who are widowed or divorced are more likely to present with increased symptoms of depression and poorer physical functioning, as well as to face a greater mortality risk than their married counterpart.

	Married or in a registered civil partnership	Single – never married and never registered in a civil partnership	Divorced	Widowed	Separated
England	20,561,642 44.7%	17,450,122 37.9%	4,171,639 9.1%	2,790,036 6.1%	1,033,518 2.2%
Barnsley	87,177 43.6%	73,099 36.6%	21,183 10.6%	13,531 6.8%	4,799 2.4%
Calderdale	73,651 44.2%	60,324 36.2%	17,611 10.6%	10,794 6.5%	4,254 2.6%
Kirklees	159,426 46%	125,290 36.2%	32,022 9.2%	21,509 6.2%	8,027 2.3%
Wakefield	127,965 44.5%	103,484 36%	30,105 10.5%	19,017 6.6%	6,966 2.4%

Source: Census 2021 data

**The Fire Safety Policy aims to have a positive and proactive approach to ensure the working environment mitigates and reduces risks that may affect**

any person from any Marriage or Civil Partnership although unique risks to this group are thought to be highly unlikely.

5  
g  
Pregnancy and Maternity

Area	Number of live births 2021	Percentage of Total fertility rate (TFR)
England	595,948	1.55%
Barnsley	2,521	1.63%
Calderdale	2,143	1.71%
Kirklees	4,826	1.72%
Wakefield	3,857	1.68%

Source: Births in England and Wales: summary tables - Office for National Statistics  
 NB: The TFR is the average number of live children that a group of women would bear if they experienced the age-specific fertility rates of the calendar year in question throughout their childbearing lifespan. The national TFRs have been calculated using mid-year population estimates by single year of age. The sub-national TFRs have been calculated using mid-year population estimates by 5 year age group

Reasonable adjustments for pregnant/nursing individuals will be covered by processes covering risk assessments, method statements and work procedures covered by responsibilities assigned within the Health & Safety Policy

**The Fire Safety Policy aims to have a positive and proactive approach to ensure any work mitigates and reduces and risk that may affect any person who is either pregnant or have been pregnant in the last 12 months**

5  
h  
Gender Re-assignment

Poor experiences with healthcare providers act to deter trans people from accessing medical treatment and support when they need it. This can lead to poor mental and physical health outcomes.

[Stonewall | LGBT in Britain - Trans Report \(2017\)](#)

Area	Gender identity the same as sex registered at birth	Gender identity different from sex registered at birth	Not answered
England	43,002,331 93.47%	251,844 0.55%	2,752,783 5.98%
Barnsley	189,640 94.92%	803 0.74%	9,389 4.70%
Calderdale	156,893 94.16%	829 0.89%	8,966 5.38%
Kirklees	323,432 93.40%	1,725 0.9%	21,214 6.13%
Wakefield	271,795 94.52%	1,280 0.81%	14,539 5.06%

Source: Census 2021 data  
 NB: Percentages are calculated from the total usual resident population aged 16 years and over

**The Fire Safety Policy aims to have a positive and proactive approach to ensure any work practices mitigates and reduces any risk that may affect any person who has or is undergoing through any Gender Re-assignment**

5l  
Carers

Within the local footprint of South West Yorkshire Partnership NHS Foundation Trust, there is an estimated 160,000 unpaid carers and around 7 million carers in the UK.

- Carers who care for more than 50 hours a week reported poorer health with 25% reporting bad or very bad physical health and 29% reporting bad or very bad mental health.



- Carers who have been caring for over 15 years were more likely to report poorer health with 28% describing their physical health as bad or very bad and 27% describing their mental health as bad or very bad.
- The most recent GP Patient survey in England found that carers are more likely to report having a long-term condition, disability or illness.

Area	Yes – provide unpaid care	No – do not provide unpaid care
England	4,678,265 8.3%	48,734,833 86.3%
Barnsley	24,732 10.1%	206,377 84.4%
Calderdale	17,977 8.7%	206,631 85.8%
Kirklees	37,034 8.5%	371,038 85.6%
Wakefield	31,731 6.1%	301,565 85.3%

Source: Census 2021 data

NB: Missing values account for 'N/A' or 'not answered'

**The Fire Safety Policy aims to have a positive and proactive approach to ensure any work practices mitigates and reduces and risk that may affect any person, including staff who have Caring responsibilities whether paid or unpaid.**

5j Race

Area	White	Asian	Black	Mixed	Chinese & other
England	45,783,401 81%	5,426,392 9.6%	2,381,724 4.2%	1,669,378 3%	1,229,153 2.1%
Barnsley	236,964 (96.6%)	2,297 (0.9%)	1,715 (0.7%)	2,293 (0.9%)	1,333 (0.5%)
Calderdale	177,836 (86.1%)	21,726 (10.5%)	1,439 (0.7%)	4,027 (1.9%)	1,603 (0.8%)
Kirklees	318,969 (73.6%)	84,202 (19.4%)	9,948 (2.3%)	13,588 (3.1%)	6,506 (1.5%)
Wakefield	328,742 (93%)	12,633 (3.6%)	4,516 (1.3%)	4,938 (1.4%)	2,541 (0.7%)

Source: Census 2021 data

**The Fire Safety Policy aims to have a positive and proactive approach to ensure work practices mitigate and reduce risks that may affect any person of any race.**

**Involvement & Insight:** Please list in the box below any involvement activity, reports or insight you have gathered by working with your staff team or service users/carers by involving them to gain their views on your service.

This Equality Impact Assessment has been completed after a very informative Cultural awareness and cultural change session with Zahida Mallard, Equality & Involvement Manager on Tuesday, 21<sup>st</sup> March 2023.

Being able to review also, Census data from 2021 has helped to re-assure us that the 2023 Health & Policy is fully inclusive and helps to promote safe, effective and equitable work practices.

## 6. Action Plan

EIAs are now reviewed using a grading approach which is in line with our Equality Delivery System (EDS). This rates the quality of the EIA. This means that the team can review the EIA and make recommendations only. The rating and suggested standards are set out below:

- **Under-developed** – red – **No data. No strands** of equality
- **Developing** – amber – **Some census data plus workforce. Two strands** of equality addressed
- **Achieving** – green – **Some census data plus workforce. Five strands** of equality addressed
- **Excelling** – purple – **All the data and all the strands** addressed

Potential themes for actions: Geographical location, built environment, timing, costs of the service, make up of your workforce, stereotypes and assumptions, equality monitoring, community relations/cohesion, same sex wards and care, specific issues/barriers.

### **Previous actions update: please explain what progress you have made against the previous actions identified**

1. Now actively seek comments from minority groups to ensure any unintended omissions or needs are met within policies
2. Attended a really useful session covering Cultural awareness and cultural change hosted by Zahida in March 2023
3. Ensure minority issues are explained to new starters at Trust Welcome Events (including incorporating the Rainbow lanyard on the Health & Safety Banner Pullup stands for publicity)

Who will benefit from this action? (tick all that apply)		Action 1: This is what we are going to do	Lead/s	By when	Update -outcome	RAG
Age	✓	The Trust will ensure that people of all backgrounds, identities and ages in their present circumstance will not suffer from any unsafe impact as far as reasonably practicable, where the Trust directly controls the local outcome from its work or other activities	Roland Webb	April 2026	April 2026	Developing
Disability	✓					
Gender reassignment	✓					
Marriage and civil partnership	✓					
Race	✓					
Religion or belief	✓					
Sex	✓					
Sexual Orientation	✓					
Pregnancy maternity	✓					
Carers	✓					

Who will benefit from this action? (tick all that apply)		Action 2: This is what we are going to do	Lead/s	By when	Update -outcome	RAG
Age	✓	Individuals will be encouraged and empowered to ensure safe working practices in their workplace where this supports safe effective service delivery for everyone and to report any concerns from the work environment, incidents, near misses and/or working practices	Ian Cass	April 2026	April 2026	Developing
Disability	✓					
Gender reassignment	✓					
Marriage and civil partnership	✓					
Race	✓					
Religion or belief	✓					
Sex	✓					
Sexual Orientation	✓					
Pregnancy maternity	✓					
Carers	✓					

Who will benefit from this action? (tick all that apply)		Action 3: This is what we are going to do	Lead/s	By when	Update -outcome	RAG
Age	✓	Involve the various groups & support networks, i.e., LGBT+, REACH, Disability etc to ensure there continue to be no unintended consequences to individuals from the Health and Safety Policy	Ian Cass	April 2026	April 2026	Developing
Disability	✓					
Gender reassignment	✓					
Marriage and civil partnership	✓					
Race	✓					
Religion or belief	✓					
Sex	✓					
Sexual Orientation	✓					
Pregnancy maternity	✓					
Carers	✓					

**7 Please state what methods of monitoring you are using to progress actions.**

Monitoring will be through the Safety & Resilience TAG, with notes of each meeting offered to minority groups for additional feedback on any issue or concern.

**8 Will you publish the Equality Impact Assessment? Please state where the EIA will be shared or published.**

The Equality Impact Assessment will be an integral element of the Trust Health & Safety Policy

**9 EIA assessment by equality and involvement team**

**Name: Aboobaker Bhana**

**Date: 06/11/23**

**Rating: Developing**

**Recommendations: To complete actions identified in the action plan.**

***When you have fully completed all sections of the EIA  
and it has been signed off in service,  
you must email a copy to: [InvolvingPeople@swyt.nhs.uk](mailto:InvolvingPeople@swyt.nhs.uk) for grading***

**Please note that the EIA is a public document and may be published.**

**Failing to complete an EIA every year could expose the Trust to future legal challenge, as it is a legal requirement to write, review and implement in every service as part of meeting the Equality Act.**

## APPENDIX 4

### Checklist for the Review and Approval of Procedural Document

	Title of document being reviewed:	Yes/No/Unsure	Comments
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
	Is it clear in the introduction whether this document replaces or supersedes a previous document?	Yes	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Yes	
<b>3.</b>	<b>Development Process</b>		
	Is the method described in brief?	Yes	
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	H&S TAGs
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	

	<b>Title of document being reviewed:</b>	<b>Yes/No/Unsure</b>	<b>Comments</b>
	Are supporting documents referenced?	Yes	
<b>6.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	
<b>7.</b>	<b>Dissemination and Implementation</b>		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
<b>8.</b>	<b>Document Control</b>		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
<b>9.</b>	<b>Process to Monitor Compliance and Effectiveness</b>		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
<b>10.</b>	<b>Review Date</b>		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so, is it acceptable?	Yes	
<b>11.</b>	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible implementation and review of the document?	Yes	



## APPENDIX 5

### VERSION CONTROL SHEET

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Status</b>	<b>Comment / changes</b>
1	September 2011	Ian Cass/ Richard Galliford	Draft	Commented and drafted overarching document. Passed to Head of Health, Safety & Security (South) for further comment.
2	November 2011	Ian Cass/ Richard Galliford	Draft	Transferred policy into template further integrating policies from old SWYPFT and Barnsley Care Services Direct.
3	January 2012	Emma Hilton/Martin Brandon	Draft	Final changes to progress onto Health & Safety TAG's and wider audience for consultation.
4	December 2013	Ian Cass/Richard Galliford	Draft	Review and update to comply with HTM 05-01 second edition
5	April 2014	Ian Cass/Richard Galliford	Draft	Final changes following consultation with Health and Safety TAG
6	March 2017	Ian Cass/Richard Galliford	Draft	
7	27 April 2017	Ian Cass/Richard Galliford	Draft	Amendments following consultation List of "competent persons" added to Appendix 6 Fire safety strategy
8	16 Mar 2020	Ian Cass / Richard Melanaphy	Draft	Final changes following consultation with the Safety and Resilience TAG
9	22 Dec 2022	Ian Cass	Draft	Review and update of policy
10	20 Feb 2022	Ian Cass	Draft	Final amendments following consultation with Safety and Resilience TAG
11	Nov 2023	Ian Cass	Final	Review and update policy.

## APPENDIX 6

### FIRE SAFETY STRATEGY

The Fire Safety Strategy outlines how the Trust will:

- Minimise the incidence of fire throughout premises owned or occupied by the Trust
- Minimise the impact from fire on life safety, delivery of service, property and the environment
- Comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005 and other legislative requirements

The Fire Safety Strategy should be read in conjunction with the Trust Fire Safety Policy.

### CONTENTS

1	Introduction
2	Fire policy
3	Management responsibilities
4	Risk assessments
5	New building projects and major alterations
6	Upgrade of fire precautions
7	Fire alarm and detection systems
8	Procurement
9	Training
10	Fire fighting
11	Evacuation and emergency plans
12	Incident response
13	Maintenance of fire precautions
14	Arson prevention and control
15	List of “competent persons” accountable for fire safety

#### 1. Introduction

South West Yorkshire Partnership NHS Foundation Trust is the main provider of specialist NHS services to people with mental health needs, and people with a learning disability who have complex health needs in the Calderdale, Kirklees and Wakefield localities, together with community and mental health services in Barnsley. In addition, the Trust provides medium secure forensic services serving the Yorkshire and Humberside region.

The Trust employs over 4000 staff and provides services from more than 100 workplaces.

The Fire Safety Strategy will apply to all premises directly owned or managed by the Trust. Where services are provided in premises owned and managed by other organisations (e.g. local authority social services premises, LIFT buildings etc), the host organisation will be the lead authority on Fire Safety and Health and Safety issues in accordance with agreed protocols.

The Trust provides in-patient services from the following main hospital sites:

- Fieldhead Hospital, Wakefield (owned by the Trust)
- The Dales Unit, Calderdale Royal Hospital Halifax
- Priestley Unit, Dewsbury District Hospital
- Kendray Hospital, Barnsley

Where the Trust occupies parts of premises within hospital sites owned by other NHS Trusts, the host Trust will take the lead in Fire Safety management throughout the site.

## **2 Fire Policy**

The Trust recognises that fire safety is an integral part of its responsibilities and is an essential component in its activities.

The Trust Fire Policy includes a policy statement together with a summary of operational strategies with regard to fire prevention, staff training and roles and responsibilities of nominated staff.

## **3 Management roles and responsibilities**

The Fire Safety management structure adopted by the Trust is based on the recommendations of the Department of Health Firecode HTM 05-01 – Managing Healthcare Fire Safety (Management Level 1 standard).

The Chief Executive (as “Responsible Person”) assumes overall responsibility for all fire safety matters within the Trust.

Individual responsibilities of designated persons are outlined in the trust fire policy.

The Director of Finance assumes responsibility at board level for all Fire Safety Policy matters.

The Head of Safety and Resilience is the nominated Fire Safety Manager and assumes the responsibility for implementation of the fire policy.

The Fire Policy outlines the specific responsibilities of administrative, clinical and unit managers with regard to the effective implementation of fire policies and procedures by staff under their direction and in premises under their management remit.

Designated managers in each workplace, accountable for fire safety, are responsible for the appointment of fire wardens, where necessary, that all staff attends fire training, and that appropriate evacuation drills are undertaken.

The Trust Fire Safety Advisers are the nominated Authorised Persons – Fire.

The role of the authorised person is to advise management and staff on technical fire safety matters and to monitor the state of fire precautions within Trust premises, liaising with and reporting to the Fire Safety Manager on all fire related issues.

#### **4 Risk assessments**

The Regulatory Reform (Fire Safety) Order 2005 requires that the responsible person should undertake a suitable and sufficient fire safety risk assessment to ensure that the fire safety procedures, fire prevention measures and fire precautions are adequate. The aims of the risk assessments are:

- To identify fire hazards
- To reduce the risk of those hazards causing harm to a level as low as reasonably practicable
- To decide what physical fire precautions and management arrangements are necessary to ensure the safety of relevant persons

The Trust Fire Safety Adviser(s) (in consultation with the manager responsible for the workplace) will undertake initial fire safety risk assessments in all workplaces owned or directly managed by the Trust.

In other NHS hospitals partly occupied by the Trust but owned by Acute Trusts, fire risk assessments will be undertaken in common areas on behalf of SWYPFT by the local Fire Safety Adviser under the terms of service level agreements (SLA's).

Where SWYPFT employees are based in local authority owned or managed premises (jointly provided services), fire safety risk assessments will normally be undertaken by the relevant local authority under the terms of Health and Safety protocols (as previously agreed with the fire and rescue service).

The significant findings of the fire safety risk assessments will be recorded in writing in a format based on the recommendations of NHS Firecode and the relevant fire and rescue service and will normally include a plan of the building indicating the relevant fire precautions referred to in the assessment.

Plans are also held in electronic format in the drawing office at the Facilities Department at Fieldhead or the Safety Services office at Kendray Hospital, Barnsley.

The fire precautions standards adopted in Trust buildings will be based on either fire engineering principles or based on relevant published guidance including:

- NHS Firecodes
- British Standards
- Building Regulations Approved Document B

- HM Government Fire Safety risk assessment guides (appropriate to the use of the building)
- Other relevant standards and guidance

Following agreement of the contents of the risk assessment with the manager of the building, a copy of the risk assessment will be forwarded to the senior manager of the building or workplace to which it refers.

Ownership of the risk assessment then rests with the relevant manager in control of the area being assessed, who will be responsible for ensuring all recommendations resulting from the significant findings and recommendations are implemented.

The risk assessment should be retained on the premises. A further copy will be retained in the fire safety office at Fieldhead or Safety Services Office at Kendray Hospital.

The significant findings of the risk assessment must be brought to the attention of all employees (including agency staff, contractors and local authority employees), and the fire risk assessment should be readily available for inspection by staff, accredited representatives or enforcing authorities.

Copies of the fire risk assessments for Trust premises will be provided to other relevant employers and other persons as required by the Regulatory Reform (Fire Safety) Order 2005.

Risk assessments must be kept under continuous review, and amended if it is suspected that the existing fire precautions are no longer adequate.

## **5 New building projects and major alterations**

Proposals for the alteration or change of use of existing Trust buildings, design and construction of new buildings or purchase/lease of additional premises are normally initiated by the Capital Projects and Estates Planning Department of the Trust and a project leader will be nominated.

The Trust recognises the requirement that adequate fire precaution measures form an essential part of the building management and design, and that the design specifications for the building should fully comply with the requirements of the Building Regulations Approved Document B Fire Safety, NHS Firecode HTM 05-02 Guidance in support of the functional requirements (where applicable) together with other relevant standards.

In order to comply with the recommendations of NHS Firecode HTM 05-01 together with the Trust fire safety strategy, the Fire Safety Adviser should be consulted by the design team as soon as practicable to ensure that appropriate fire safety precautions are considered and included in the scheme.

As soon as detailed plans become available, the Trust Fire Safety Advisers must be consulted to ensure all appropriate fire precautions issues have been considered before the plans are submitted to Local Authority Building Control or to an Approved Inspector for formal approval under the Building Regulations.

The Trust Fire Safety Advisers will liaise with the fire service or building authority throughout the project to ensure that the design specification meets the appropriate fire safety standard for the intended use of the building.

The Trust recognises the specific requirements under the Construction (Design and Management) Regulations 2015 (CDM Regulations) when acting in the capacity of client, designer or contractor as specified in the Regulations.

Where projects are notifiable to the Health and Safety Executive (HSE) under Regulation 2, the Trust will ensure that a competent CDM co-ordinator is appointed. The co-ordinator will prepare and update the health and safety file throughout the project.

Where building works are in progress in occupied premises, existing fire precautions and escape routes must be maintained to ensure that the safety of persons in the building is not compromised by construction work, and the Trust Fire Safety Advisers must be consulted regarding all relevant proposals.

On completion, and before occupation of any new building, Regulation 38 of the Building Regulations requires that relevant fire safety information regarding the fire precautions in the building (as described in Appendix G of Approved Document B Fire Safety (2006 edition) must be provided to the responsible person.

On completion of building works, the health and safety file will be retained for reference by the Estates and Facilities Department.

## **6 Upgrade of fire precautions**

The Trust is committed to ensuring the safety and welfare of employees and relevant persons, and the fire policy statement identifies the intention to comply with NHS Firecode and other statutory requirements.

Where the requirement to upgrade existing fire precautions is identified either by management of the building, reports from the Patient-Lead Assessment of the Care Environment Team (PLACE Inspections), Fire Safety risk assessments or audits, reports or enforcement notices from enforcing agencies, proposals for upgrading fire precautions will be submitted to the Fire Safety Manager for consideration.

Any significant areas of non-compliance with statutory requirements must be recorded on the appropriate risk register.

Urgent remedial work will normally be authorised from budgets in accordance with the Trust financial policies.

Proposals for major upgrading work will be submitted to the Trust Estates TAG for consideration for inclusion in the annual capital projects scheme.

Where funds are allocated, a project leader will be nominated to ensure completion of works to an agreed standard and timescale, and the fire safety risk assessment should be amended on completion of work.

## **7 Fire alarm and detection systems**

In order to comply with the requirements of NHS Firecode or the Regulatory Reform (Fire Safety) Order 2005, most buildings occupied by the Trust are provided with fire alarm systems in accordance with the standards applicable at the time of installation. In hospital or residential care premises, the fire alarm will normally include automatic fire detection.

New fire alarm systems and extensions to existing fire alarm systems will be in accordance with the recommendations of BS 5839 Part 1: 2013 (and HTM 05-03 Part B where applicable) and appropriate certificates of conformity must be provided by competent installers.

Where the Trust occupies parts of hospital sites owned by other Trusts, the fire alarm and detection system will normally form part of the main hospital fire alarm installation, and will normally be maintained and tested by the Acute Trust or PFI provider.

Fire alarm systems in community premises are normally maintained and tested by the Estates and Facilities technicians, LIFT partners or competent external contractors in accordance with the planned preventative maintenance system (PPM).

Where the Trust occupies only parts of multi-occupied premises owned by private landlords, maintenance of the fire alarm is normally the responsibility on the building owner or in accordance with the terms of the lease.

Information regarding fire alarm testing procedures should be recorded in the fire safety risk assessment and the result of tests should be recorded in a suitable format in accordance with the requirements of the Regulatory Reform (Fire Safety) Order 2005. All fire alarm testing should be undertaken in accordance with the recommendations of the current edition of BS 5839.

In small premises (e.g. offices and health centres) which are considered to be low risk, fire alarm systems are normally tested by visiting Estates and Facilities technicians, and the result of the test is recorded in a premises log book and the PPM system.

If it is suspected by local staff that the fire alarm is defective, or if a fault is indicated on the alarm panel, the fault must be reported to relevant Estates and Facilities Hotline for immediate attention.

The Trust recognises the importance of the government and fire service initiative to reduce unwanted fire signals. In addition to scheduled testing by Estates and Facilities

staff, maintenance contracts are in place with third party accredited external companies for most premises.

The Trust will continue to work with the fire alarm reduction team from the fire and rescue service to limit the number of unwanted fire signals.

## **8 Procurement**

The Trust has established an in-house Procurement Department.

Purchases are approved by the Procurement Department, and normally delivered to the receipt and distribution centre for onward delivery to the individual workplace. Electrical equipment should be Portable Appliance Tested (PAT) at the receipt and distribution centre before delivery to the workplace.

Budget holders also have the additional facility of an electronic requisitioning system from approved suppliers – UK Procure (accessible via Oracle) – or NHS national contracts.

It is the policy of the Trust that any new items of textiles or furniture used in healthcare premises must comply with the appropriate requirement of NHS Firecode HTM 05-03 Part C Textiles and furnishings to the standard applicable for the specific use and occupancy of the building. All items supplied must be clearly marked with details of the manufacturer and test standard to demonstrate compliance.

All budget holders have been notified in writing that toasters, kettles, microwaves (or similar electrical items), textiles and furniture must not be purchased from petty cash.

Only sheets, duvets, furnishings and other fabrics supplied by the Trust are permitted in patient accommodation.

Where, in exceptional circumstances, it is considered necessary to depart from the HTM 05-03 Part C standard following consultation with the Trust Fire Safety Adviser, the decision together with supporting information should be recorded in the premises fire safety file and fire safety risk assessment.

## **9 Training**

Fire Safety training for all staff is a legal requirement under the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Regulatory Reform (Fire Safety) Order 2005.

The Trust recognises the importance of regular fire safety training and the Trust Fire Policy makes provision for training all employees. Training will also be provided on request for persons not employed by the Trust but at work on Trust premises (e.g. contractors, volunteers, local authority staff etc).

Annual fire training for all staff is a specific requirement under individual contracts of employment, and managers have a specific duty to ensure that all staff under their control comply with the requirements of the Trust Fire Policy.



Training will be delivered by the Trust Fire Safety Advisers (or by the Acute Trust or Local Authority Fire Safety Advisers under the terms of service level agreements).

Computer based training or fire video-based training may be used to support, but not replace training sessions with the Fire Safety Advisers. Access to e-learning modules will be managed via the Learning and Development Centre ESR system

Computer based fire training is not acceptable as the sole means of annual training for members of ward-based staff, or other staff that are likely to be involved with the evacuation of service users in the event of fire. Such employees are required to attend training with a Fire Safety Adviser every year.

Computer based fire training (where applicable) is only acceptable for staff that have attended a training session delivered by the Fire Safety Adviser within the previous 12 months.

Employees of the Trust based in local authority premises may attend fire training sessions in their normal workplace, providing the training is suitable and sufficient, and that the Trust Fire Safety Adviser is informed of the time, date and content of training completed so that training can be recorded by the Trust.

The content of fire safety training sessions will be based on recommendations of NHS Firecode HTM 05-01 Managing Healthcare Fire Safety, and will normally include:

- Legislation and policies
- Basic Fire Safety
- Fire prevention and housekeeping
- Action in the event of fire
- Evacuation procedures
- Use of portable Fire fighting equipment
- Prevention of arson

The course content will be kept under constant review to ensure that relevant local or national fire safety issues are brought to the attention of staff where appropriate.

## **9.1 Induction training**

Local fire evacuation procedures are included as part of the workplace induction procedures for each new employee, and should be undertaken on the first day of employment.

The training should be delivered by the line manager or other competent person and should include:

- Details of risks identified in the fire risk assessment
- Details of protective and preventative measures in place
- Details of the local fire emergency plan including:
  - Action to be taken on discovering a fire
  - Means of raising the alarm

- Evacuation procedures
- Location of fire exits
- Location of fire equipment

New employees should attend a fire training session delivered by a Fire Safety Adviser as soon as practicable.

## **9.2 Annual refresher training**

The Trust Intranet site and L&D training brochures (and ESR system) provide details of fire safety training sessions at the Learning and Development Centre at Fieldhead or the Kendray Hospital Barnsley, or other Trust premises which are available to all members of staff.

General fire safety training sessions specifically for Trust staff are also arranged throughout the year by local management at The Dales Unit (Halifax) The Priestley Unit (Dewsbury), Folly Hall Mills (Huddersfield) or other premises.

In addition, Trust staff working in other hospitals may attend general training sessions arranged by Acute Trust fire officers at Pinderfields Hospital, Dewsbury District Hospital, Calderdale Royal Infirmary or Huddersfield Royal Infirmary. Staff attending fire training sessions by other providers must inform the Trust Fire Safety Advisers of their attendance so that accurate training records can be maintained.

The content of general refresher Fire Safety training sessions is reviewed annually, and normally includes:

- Triangle of fire and fire development
- Fire risk assessments and policies
- Fire Safety awareness and fire prevention including smoking policies
- Action to be taken in the event of fire
- Fire fighting equipment
- Community Fire Safety.

Where staff have the responsibility for the safety and evacuation of service users, HTM 05-01 recommends that fire training should include the practical use of emergency evacuation equipment and the use of fire fighting equipment. Practical training is available at the Fire Training Units at Fieldhead and Kendray hospitals (See the training brochure and ESR system for dates)

Additional fire safety training is provided on request, including:

- Fire warden training
- Operation of emergency evacuation chairs
- Practical use of portable fire extinguishers (using hot fire demonstration equipment)

- Practical fire awareness and evacuation training for ward-based staff (using the fire and smoke room demonstration units at Fieldhead or Kendray)

Annual fire safety refresher training can also be provided in any Trust location or included in staff training sessions or meetings by arrangement with the Trust Fire Safety Adviser.

Attendance records for fire safety training sessions are centrally held by the Human Resources Department, and attendance information is available to heads of departments.

### **9.3 Fire Warden Training**

Training for fire wardens and deputies is normally provided by the Trust Fire Safety Adviser in the relevant workplace.

Training includes:

- FPA fire warden video
- Roles and responsibilities of the fire warden
- Fire evacuation procedures for the relevant building
- Routine Fire Safety checks
- Fire precautions in the relevant building (supported by the fire safety risk assessment)

The Trust Fire Safety Adviser will provide additional training on request including:

- Practical use (including hot fire demonstrations) of fire fighting equipment
- Evacuation and fire drills
- Fire Safety management and risk assessments
- Operation of emergency evacuation chairs

The Fire Safety Adviser will complete attendance sheets for each fire training session. Individual fire training records will be updated by Facilities support staff.

Fire training performance can be viewed on the Intranet. In addition, a facility is available so that individual staff members can check when they last attended training.

## **10 FIRE FIGHTING**

The Trust recognises that it is essential that effective communications are maintained between the Trust and the fire and rescue service to ensure the safety of staff, service users and the Trust estate in the event of fire.

The Trust intends to comply with the requirements of NHS Firecode together with other legal requirements, and will consult the fire safety department of relevant fire and rescue

service for information and advice regarding current fire safety precautions and proposed developments within premises owned or occupied by the Trust.

The Trust will continue to maintain and develop effective communication with local fire station commanders to ensure that adequate facilities and information is available to the fire service to effectively deal with fire incidents on our premises.

Site plans have been provided to the fire service regarding the layout of our premises and location of access points and water supplies at various sites across the Trust.

Similar facilities are provided by the Acute Trusts for other hospital sites.

Facilities are always available to the fire service for familiarisation visits or practical drills or exercises in any Trust premises, in liaison with the Trust Fire Safety Advisers.

In addition to statutory consultation with the fire service under fire safety legislation, local station commanders will be informed of any relevant changes to our buildings. Staff operational procedures will be developed in consultation with the fire service.

## **11 Evacuation procedures and emergency plans**

The Trust provides services in various locations including hospital sites (both owned by SWYPFT and Acute Trusts), residential care homes, local offices or health centres. Evacuation plans will therefore be building specific, and will take account of the layout, use, location, occupancy and staffing levels of the building.

Specific evacuation procedures will be recorded in the fire safety risk assessment for the premises, following consultation with local senior management, clinicians and Acute Trust Fire Safety Advisers where appropriate.

It is the responsibility of the relevant manager to ensure that a copy of the evacuation procedure applicable to their own unit is displayed in the workplace and that all staff are aware of the action to be taken in the event of fire.

Where premises are mainly used for administrative or support services, evacuation will be simultaneous, where all occupants vacate the building and report to a designated external assembly area.

In hospital ward or residential care premises, the principles of progressive horizontal evacuation will be undertaken.

Occupants of the affected area will initially move to a place of safety in a separate fire compartment on the same floor level, from where escape to a further compartment or stairway leading to a final exit is available.

Individual managers responsible for workplaces have a specific responsibility to ensure that all members of staff under their supervision (including new or agency staff) receive

suitable and sufficient training with regard to evacuation and action to be taken in the event of fire.

Responsible managers should undertake a risk assessment to identify the number and location of any occupants of the building that may require additional assistance in the event of fire, and that evacuation procedures, mobility equipment and suitably trained staff is available.

A specific Personal Emergency Evacuation Plan (PEEP) should be prepared for employees using Trust premises who may require special assistance to evacuate the premises in the event of fire. This should be undertaken by the line manager following consultation with the employee. A copy of the completed PEEP should be retained by both parties.

Contact the fire safety or moving and handling advisers for additional information

The Trust fire policy requires that an evacuation drill should be undertaken in every workplace at least once per year.

Details of the evacuation exercise or training should be recorded in a suitable log book, which should be maintained on the premises, available for inspection. Fire safety log books are available from the Trust Fire Safety Advisers.

## **12 Incident response**

### **12.1 Patient care areas**

Action to be taken in the event of fires in patient care areas is specific to the size, layout and occupancy of the individual units.

Incident response plans will be developed in consultation with clinicians and any significant findings will be recorded in the fire safety risk assessment.

### **12.2 Reporting procedures**

All fire related incidents including small fires, actuations of the fire alarm system or breaches of the Trust smoking policy must be reported on the Trust incident reporting form (Datix).

## **13 Maintenance of Fire Safety Precautions**

Inspection and maintenance of fire precautions in Trust owned premises is undertaken either by the Estates and Facilities Department technicians or external contractors.

Planned preventative maintenance inspections are scheduled by a PPM system, which automatically allocates and generates work instructions and tracks progress of works.

The inspection programme includes:

- Tests and maintenance of the fire alarm system including operation of heat and smoke detectors, call points, sounders and automatic hold open devices on doors, fail-safe door locks or electric door controls (where applicable)
- Operation of smoke dampers
- Fire resisting doors and shutters
- Door release mechanisms
- Emergency lighting
- Emergency signs and emergency generators
- Fire hose reels
- Fire resisting construction and fire barriers
- Fire suppression systems

Maintenance and testing in premises occupied but not owned by the Trust is undertaken on behalf of the relevant responsible person by external contractors, landlords, local authorities or PFI/LIFT partners.

## **14 Arson prevention and control**

The Trust recognises the high risk of arson in NHS premises and will take account of the guidance in NHS Firecode HTM 05-03 Part F Arson prevention in NHS premises to take practicable precautions to prevent arson and reduce the effects of arson.

Arson prevention and control forms an essential part of the health and safety culture of the Trust and will form part of the annual fire training session to all members of staff.

Managers have a specific responsibility for security and Fire Safety in areas under their control and should consider and reduce the risks of arson associated with the use of the premises and on health and safety audits.

Additional advice on security and arson prevention is available from the Trust Security Adviser or Fire Safety Adviser. See also the Trust security policy.

The Trust will take all practicable measures to prevent or reduce the risks of arson with regard to:

- The design of new buildings or structural alterations of existing premises
- Operation of existing occupied buildings and grounds
- Security of unoccupied premises prior to demolition or disposal

### **14.1 New or altered premises**

At initial design stage, the fire safety and security advisers should be consulted in order to ensure that reasonable measures are taken to reduce the risk of arson in new premises. The design should take account of:

- Selection of appropriate materials and methods of construction to limit the risk of fire, or to reduce the effects of fire
- Controlled access to the premises to prevent unauthorised access to non-public areas
- Security, visibility (including Closed Circuit Television (CCTV) surveillance if necessary) and adequate lighting to the exterior of the building
- Suitable arrangements for the safe storage of waste outside the building
- Safe and suitable arrangements for the receipt, storage and distribution of goods in the building
- Suitable arrangements for the storage of flammable materials
- Suitable arrangements for the safe storage and collection of waste materials in the building
- Adequate fire detection equipment to provide an early warning of fire
- Where practicable, consider the benefit of suitable fire suppression systems including automatic sprinklers or water mist systems
- Fabrics and furnishings used throughout the building comply with the requirements of NHS Firecode HTM 05-03 part C Textiles and furnishings

#### **14.2 Construction work**

During construction work, contractors must be supervised to ensure that:

- Security of the work area is maintained to prevent unauthorised access
- Combustible waste materials are stored safely and are not accumulated on site
- Combustible products received on site are stored securely

#### **14.3 Use of existing premises**

The Trust recognises the potential high risk of arson in premises occupied by the staff, visitors and service users.

Fire safety risk assessments (including clinical care plans for individual service users) should consider the risk of arson and recommend effective steps to reduce the risk where practicable.

Corridors, stairways and other internal circulation routes should not be used for the storage of waste materials, goods or furniture

Waste materials should be removed from the premises and stored in secure areas away from the building.

Combustible materials or flammable liquids should only be kept in suitable locked stores.

The Trust Smoke Free Policy prohibits smoking by staff or visitors in all Trust buildings and grounds. Staff must take all reasonable steps to ensure that the smoking policy is observed by all service users.

Service users are permitted to use Trust approved vapes in external grounds and their own bedrooms (see smoke free policy).

Access control to vulnerable areas will assist to reduce the risk of arson in Trust premises.

Where practicable:

- Access points to Trust premises should be limited as far as possible and casual visitors should only be permitted to gain access to general circulation areas.
- Access to staff areas should be controlled (by access control systems where necessary) and unoccupied rooms should be kept locked shut.
- Staff should always wear photo identification badges (which should be immediately visible), and staff should be encouraged to challenge unauthorised visitors.

#### **14.4 Unoccupied buildings**

Where buildings are unoccupied, the fire safety risk assessment should be reviewed and amended where necessary.

All access points to the building should be effectively secured to prevent access to the building by unauthorised persons, and the Trust may need to consider additional measures to prevent access to doors and accessible windows.

It is recommended that all combustible waste material is removed immediately from unoccupied buildings to reduce the risk of deliberate ignition.

Where possible, fire detection systems on intruder alarms should remain operational in unoccupied buildings to provide early warning of unauthorised entry or fire.

#### **15.0 Competent Persons accountable for fire safety**

In order to meet the requirements of the Fire Safety Order Article 5 (3), competent persons must be appointed to oversee fire safety management in each workplace. Duties of competent persons are outlined in section 6.10 in the Trust fire policy.