



# Fire Safety Policy

**This procedural document supersedes: CORP/HSFS 14 v.6 – Fire Safety Policy**

To be read in conjunction with the Fire Safety Protocols:

- CORP/HSFS 14v.2 Protocol 0 - Fire Safety Management and Governance
- CORP/HSFS 14v.7 Protocol 1 - Fire Prevention
- CORP/HSFS 14v.7 Protocol 2 - Fire Risk Assessment
- CORP/HSFS 14v.7 Protocol 3 - Fire Stopping
- CORP/HSFS 14v.7 Protocol 4 - Fire Doors and Door Assembly



## Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Executive Sponsor(s):	Alex Crickmar - Acting Director of Finance
Author/reviewer: (this version)	Howard Timms - Acting Operational Director of Estates and Facilities
Date written/revised:	October 2022
Approved by:	Trust Fire Safety Committee and Trust Health and Safety Committee
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Next review date:	October 2025
Target audience:	Trust-wide

## Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 7	January 2023	<ul style="list-style-type: none"> <li>• Updated into the new APD format.</li> <li>• Change of Executive Sponsor.</li> <li>• Updated in accordance with AE Audit / Comments as follows: -</li> <li>• Revised introduction - The Trust has a commitment to continually monitor Fire Safety precautions throughout all Trust premises and ensure compliance with relevant legislation and DHSC Firecode and other guidance as appropriate.</li> <li>• Revised '4. Implementation' bullet point to read 'To implement <b>and develop</b> the Fire Safety Policy'.</li> </ul>	Howard Timms
Version 6	8 June 2020	<ul style="list-style-type: none"> <li>• Policy updated and amended in consultation with the Trust Authorised Engineer Fire Safety</li> </ul>	Howard Timms
Version 6	Not issued	<ul style="list-style-type: none"> <li>• Policy updated in consultation with the Trust Authorised Engineer Fire Safety and in accordance with the Regulatory Reform (Fire Safety Order) 2005 and DOH HTM 05-01 Managing Healthcare Fire Safety (2015 Edition)</li> </ul>	Howard Timms
Version 5	3 May 2016	<ul style="list-style-type: none"> <li>• Policy updated in consultation with Authorised Engineer Fire Safety and in accordance with DOH HTM 05-01 Managing Healthcare Fire Safety (2015 Edition).</li> <li>• Policy includes reference to proposed Fire Safety Management Protocols.</li> </ul>	Howard Timms / John Hubbard
Version 4	22 April 2014	<ul style="list-style-type: none"> <li>• Purpose changed</li> <li>• Policy put into new format</li> <li>• Lock down taken from main body and added as an appendix</li> <li>• Procedures taken from main body and put as appendices.</li> </ul>	David Clayton
Version 3	May 2010	<ul style="list-style-type: none"> <li>• Definition of Responsible Person changed</li> <li>• Item 7 - Responsible Person changed to Responsible Manager</li> <li>• Item 10 – Reference to legal requirement to report changes in conditions to Responsible Person removed.</li> <li>• All references to Fire Marshals removed.</li> <li>• Appendix 1 – Action by Responsible person – ring 2222 and then 999 changed to “Confirm Fire and Rescue Service summoned”.</li> <li>• Item 26 – False alarms added</li> <li>• Item 29 – Lockdown Unplanned Care added</li> </ul> <p>Fire action – Montagu – action by telephonist – Responsible Person deleted from contact list.</p>	David Clayton

Version 2	June 2008	<ul style="list-style-type: none"><li>• Major changes made throughout in line with Regulatory Reform Order (Fire Safety) 2005 and the Fire Code HTM 05 suite of documents.</li><li>• Added Appendix 5 – Arson Guidance Note.</li><li>• Bleep number changes.</li><li>• Responsibility for fire changed from 'Nominated Officer (Fire)' to 'responsible person' throughout.</li></ul>	Colin Vickers
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## 1 INTRODUCTION

The development of the Fire Safety Policy is a function of the Trust Board with assistance from those managing Fire Safety.

The Trust has a commitment to continually monitor fire safety precautions throughout all Trust premises and ensure compliance with relevant legislation and DHSC Firecode and other guidance as appropriate.

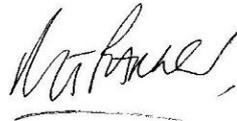
This Fire Safety Policy aims to minimise the incidence of fire throughout all activities provided by or on behalf of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

Where a fire occurs, this policy aims to minimise the impact on life safety, the delivery of patient care, the environment and property.

It is vital to the effectiveness of the policy that the policy is available to all staff, that they understand its contents and are aware of their own role in ensuring a fire safe environment.

All new staff joining the Trust, or other organisations sharing Trust premises, must be made aware of the existence and location of this Policy.

Chief Executive:



Date: 21/11/2022

## 2 PURPOSE

To provide an unambiguous statement of fire safety policy applicable to Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and to premises where patients of the Trust receive treatment or care excluding a single private dwelling.

## 3 DUTIES AND RESPONSIBILITIES

### 3.1 The Chief Executive and Trust Board

The Chief Executive and Trust Board will accept its legal duty to ensure compliance with its statutory duties under the Regulatory Reform (Fire Safety) Order 2005 and DOH Firecode HTM 05 Series of documents regarding the Managing and Guidance on Healthcare Fire Safety.

Discharge its responsibilities as a provider of healthcare, to ensure that suitable and sufficient governance arrangements are in place to manage fire safety related matters.

Provide appropriate levels of investment in the Estate and personnel to facilitate the implementation of suitable Fire Safety precautions and appropriate levels of Fire Safety Training.

Facilitate the development of partnership initiatives with stakeholders and other appropriate bodies in the provision of Fire Safety.

## 4 IMPLEMENTATION

The Chief Executive and Trust Board expect those tasked with managing aspects of Fire Safety to:

- Diligently discharge their Fire Safety responsibilities as befits their position.
- Have in place a clearly defined management structure for the delivery, control, and monitoring of Fire Safety measures.
- Have in place a programme for the assessment and review of Fire Risks and Evacuation Procedures and provide the appropriate levels of investment to mitigate the Risks.
- To implement and develop the Fire Safety Policy and appropriate Fire Safety protocols, procedures, action plans and control measures to mitigate Fire Risks, comply with relevant legislation and where practicable, codes of practice and guidance.
- Develop and disseminate an appropriate Fire Safety Strategy and Fire Emergency action plans pertinent to each department / building / area to ensure the safety of occupants, protect the delivery of service and as far as reasonably practicable, defend the property and environment.
- Develop and implement a programme of appropriate Fire Safety training for all staff.
- Develop and implement monitoring and reporting mechanisms appropriate to the management of Fire Safety.

## 5 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

The Fire Safety Policy is a strategic level document and will be reviewed every 3 years or when there has been a significant change to Trust business practice.

The Trust Board will monitor the implementation of the policy as follows:

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where reported to
<b>Example:</b> Fire alarm Number of Fires false alarms and incident reports. Unwanted Fire Signals Fire Safety Training Fire Service Audits reports notices and communications Fire Safety Audit Reports Independent third-party Fire Authorised Engineer	Trust Board	Yearly or as required	Ongoing performance against Fire Safety will be monitored and reported via the Fire Safety management system and reported to the Trust Board, Trust Health and Safety and Fire Safety Committee

## 6 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population, and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation, or religious belief. No detriment was identified. ([See Appendix 1](#))

## 7 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

CORP/HSFS 14v.2 Protocol 0 - Fire Safety Management and Governance

CORP/HSFS 14v.7 Protocol 1 - Fire Prevention

CORP/HSFS 14v.7 Protocol 2 - Fire Risk Assessment

CORP/HSFS 14v.7 Protocol 3 - Fire Stopping

CORP/HSFS 14v.7 Protocol 4 - Fire Doors and Door Assembly

## 8 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

## 9 REFERENCES

[The Regulatory Reform \(Fire Safety\) Order 2005](#)

[Health Technical Memorandum 05-01: Managing healthcare fire safety](#)

The above Health Technical Memorandum sets out recommendations and guidance for the management of fire safety in healthcare buildings. It should be read in conjunction with other Health Technical Memoranda in the Firecode suite:

[Health Technical Memorandum 05-02: Firecode - Guidance in support of functional provisions \(Fire safety in the design of healthcare premises\)](#)

[Health Technical Memorandum 05-03: Fire safety in the NHS: Operational provision](#)

## APPENDIX 1 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Fire Safety Policy - CORP/HSFS 14 v.7	Estates and Facilities	Howard Timms	Existing policy	31 October 2022
<b>1) Who is responsible for this policy?</b> Name of Division/Directorate: Estates and Facilities				
<b>2) Describe the purpose of the service / function / policy / project/ strategy?</b> Who is it intended to benefit? What are the intended outcomes? - All Trust Staff. The Trust must continually monitor Fire Safety Precautions throughout all Trust Premises to ensure compliance with the Regulatory Form (Fire Safety) Order and the DOH Firecode HTM 05 Series to minimise the incidence of fire.				
<b>3) Are there any associated objectives?</b> Legislation, targets national expectation, standards: Regulatory Form (Fire Safety) Order 2005 and the DOH Firecode HTM 05-02.				
<b>4) What factors contribute or detract from achieving intended outcomes?</b> – Trust staff awareness				
<b>5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?</b> Details: [see Equality Impact Assessment Guidance] - No				
<ul style="list-style-type: none"> <li>• <b>If yes, please describe current or planned activities to address the impact</b> [e.g. Monitoring, consultation] – N/A</li> </ul>				
<b>6) Is there any scope for new measures which would promote equality?</b> [any actions to be taken] – N/A				
<b>7) Are any of the following groups adversely affected by the policy?</b> No				
<b>Protected Characteristics</b>	<b>Affected?</b>	<b>Impact</b>		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
<b>8) Provide the Equality Rating of the service / function / policy / project / strategy</b> – tick (✓) outcome box				
<b>Outcome 1</b> ✓	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27.</i>				
<b>Date for next review:</b> October 2025				
<b>Checked by:</b> Sean Tyler – Head of Compliance			<b>Date:</b> 31 October 2022	