

THE STATE HOSPITALS BOARD FOR SCOTLAND

FIRE SAFETY POLICY

(To be read in conjunction with the Fire Safety Procedures)

Policy Reference Number	OHS01
Issue Number	7.0
Lead Author	Nominated Officer (Fire)
Contributing Authors	Head of Estates Health and Safety Advisor
Advisory Group	Health and Safety Committee
Approval Group	Policy Approval Group (PAG)
Implementation Date	24 January 2025
Next Review Date	24 January 2028
Accountable Executive Director	Director of Security, Estates and Resilience

The date for review detailed on the front of all State Hospital policies/ procedures/ guidance does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy/ procedure/ guidance at any time due to organisational/legal changes.

Staff are advised to always check that they are using the correct version of any policy, procedure or guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies, procedures and guidance can be found on the Hospital's Intranet policies page.

REVIEW SUMMARY SHEET

No changes required to policy (evidence base checked)

☐

Changes required to policy (evidence base checked)

☒

Summary of changes within policy:

2024 review

- Names and titles of groups and personnel changed to reflect current model.
- No legislative changes to policy.

CONTENTS

1 THE POLICY STATEMENT 4

2 POLICY OBJECTIVES 5

3 FIRE SAFETY ARRANGEMENTS 6

4 COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW OF POLICY 9

5 EQUALITY AND DIVERSITY 9

6 STAKEHOLDER ENGAGEMENT10

1 THE POLICY STATEMENT

The State Hospital is committed to establishing a fire safety culture in the workplace and places the safety from fire of all its employees, and other persons who may be affected by what it does, at the heart of the organisation. It shall make fire safety matters an integral part of any decision concerning the workplace environment, the equipment used in the workplace, the systems of work adopted by staff and the management arrangements of the organisation.

They shall do this by ensuring that staff and volunteers are appropriately trained on fire safety matters and are aware of the corporate fire safety objectives and the arrangements for managing fire safety. Adequate resources shall be provided so that the objectives contained in this policy can be met. They will maintain this fire policy and the associated fire procedures and shall from time to time review them to ensure they remain appropriate to all the circumstances of the organisation.

In any case, the standard of fire safety in The State Hospital premises shall not in any case be less than that contained in the applicable fire safety legislation, associated compliance guidance standards and associated NHS Scotland Firecode guidance, but where a higher standard is justified as a consequence of risk assessment or other evaluation, then that standard shall be adopted.

In particular, the State Hospital will ensure that the requirements of the following are, subject to risk assessment findings, complied with.

- The Fire (Scotland) Act 2005 as amended and the Fire Safety (Scotland) Regulations 2006.
- The Fire Safety Policy for NHS Scotland; CEL 11 (2011).
- The 'Practical Fire Safety Guidance for Healthcare Premises' (Scottish Government: Safer Scotland).
- NHS in Scotland Firecode –with some agreed exemptions.
- The requirement to carry out, record and implement the findings of a fire risk assessment in the workplace.

The State Hospital recognises the need to routinely test and maintain fire safety installations in the workplace and shall do so in accordance with the relevant best practice guidance including manufacturer's maintenance and test instructions and/or schedules of test and maintenance specified in codes of practice. These arrangements shall include the testing and maintenance of fire alarms, fire extinguishers and emergency lighting systems and any other items that may impact on the provision of a safe working environment.

Gary Jenkins Chief
Executive The
State Hospital

2 POLICY OBJECTIVES

The fire safety objectives of The State Hospital are as follows:

- To ensure that a fire safety policy and procedures for what to do in the event of fire are established, endorsed by the Chief Executive, who has overall responsibility, implemented and thereafter reviewed periodically.
- To ensure that all staff are appropriately trained in what to do in the event of fire and are aware of the contents of the fire safety policy, these objectives and the procedure to adopt in the event of fire.
- To ensure that management arrangements are established so that fire safety matters are appropriately addressed, consistent with a 'fire strategy' and that a 'fire plan' detailing escape routes and fire safety equipment and installations, is displayed.
- To ensure that appropriate emergency response teams or arrangements are in place in order that sufficient staff are available at all times to provide assistance with evacuation in a fire emergency from all parts of premises on the site
- To ensure that adequate means of escape in case of fire are provided, including arrangements to ensure that any person with a disability including mental health, physical and/or sensory impairment, language barriers including those for whom English is not their first language is properly considered through the provision of a 'personal evacuation plan', and receives support and assistance consistent with their needs so that they can escape safely in the event of fire. These arrangements and strategies will take into account the recommendations of the Equality Act 2010.
- To ensure that sources of ignition are identified and eliminated if possible, or controlled so that the potential for fire, and harm resulting from it, is reduced to the lowest possible level. In particular that the risk in regard to dangerous substances as detailed in Fire Safety (Scotland) Regulations 2006; Part 2: (6), are assessed and measures put in place to mitigate such risks.
- To ensure that work equipment is procured, tested and maintained in accordance with The State Hospital Maintenance policies so that it presents the lowest possible potential for causing fire.
- To ensure that the premises are provided with suitable and appropriate means for giving warning in case of fire; and for automatically detecting fire where this is identified as appropriate in relation to the risk from fire.
- To ensure that the premises are provided with appropriate means for dealing with an outbreak of fire and is provided with signs indicating exit routes, and notices informing occupants of the action they should take in the event of fire.
- To ensure that Emergency Evacuation procedures are in place for all buildings, premises or parts of premises on the hospital site.
- That a system of fire risk assessment is adopted so that all fire and related hazards are identified, recorded and appropriate measures put in place to mitigate their effects or address any fire safety failures identified in the assessment. The significant findings of any Fire Risk assessment report can be made available to all interested parties.
- The State Hospital shall put in place means of ensuring reports of all fire incidents from the Hospital's Nominated Officer (Fire) or Deputy, informing the Executive Director or Chief Executive as appropriate.
- The State Hospital will adopt the 3i Studio Manager module of the NHS Scotland Asset Management system as the primary means of meeting the aims of this policy in the context of strategic and operational management of fire safety matters and the statutory requirement to conduct fire risk assessments.
- The 3i Studio "Fire Manager" module must also be used to record data on actual fire safety performance outcomes such as alarm incidents, unwanted fire signals, primary and secondary fire incidents. This will ensure consistency in the general reporting of fire –related incidents throughout NHS Scotland. Incidents should also be recorded on Datix in line with hospital policy.
- All outbreaks of fire will be recorded internally, and actions identified to ensure that all possible lessons are learned in order to mitigate the risk of reoccurrence.

The State Hospital recognises that 'Fire Safety Duties' are set out within The Fire (Scotland) Act 2005 – Part 3, Chapter 1 and The Fire (Scotland) Regulations 2006 – Part 3 Par 22 – "Duties of Employees"

3 FIRE SAFETY ARRANGEMENTS

The arrangements for ensuring that fire safety is properly managed shall be as follows:

Chief Executive

- Shall have ultimate responsibility for fire safety and shall ensure that fire safety is properly represented at Board level.
- Shall ensure that appropriate financial resources are provided to address any fire safety failures and that appropriate steps are taken to do so, on the basis of any failures identified during fire risk assessments.
- Shall receive an annual report of fire safety performance from the General Manager with responsibility for fire safety (or the Nominated Officer (Fire)).
- Shall appoint an appropriate Deputy, in line with the Hospital's Scheme of Delegation

Director of Security, Estates & Resilience

- Shall liaise with the Nominated Officer (Fire); receive periodic reports of fire safety performance and activities, progress of fire safety works and improvements done to address fire risk assessment action plans etc.
- Shall keep the Chief Executive informed as to significant fire safety issues and reports of fire.
- Shall ensure the fire safety interests of patients, staff and other visitors to The State Hospital premises are properly represented at Board level.
- Shall ensure that all Departmental Managers under their control effectively manage fire safety matters in their respective departments or areas of control and that the fire safety arrangements are consistent with the regulatory requirements of the Fire (Scotland) Act 2005 as amended and the Fire Safety (Scotland) regulations 2006, and shall as necessary liaise with the Nominated Officer (Fire).

To this end they shall ensure that:

- 1) Fire risk assessment/s have been carried out in the area/departments in their control and that they are properly recorded, action plans provided and action taken where necessary, and reviews carried out regularly.
- 2) Staff are appropriately trained on fire safety matters relevant to their place of work.
- 3) The fire safety measures in place are sufficient to ensure a safe place of work and treatment for patients.
- 4) Maintenance and routine testing are conducted on fire safety equipment and installations.
- 5) Records are kept of all routine tests and maintenance.
- 6) They report significant fire safety issues to the Director with responsibility for fire safety.

Nominated Officer (Fire)

Within the State Hospital, the Nominated Officer (Fire) will take on the role of Fire Safety Advisor seeking advice from contracted fire safety advisory service or National Fire Safety Advisor, HFS, or the local Fire & Rescue Service.

- Advising on the application of the provisions of legislation, NHS Scotland Fire Safety Management, NHS (Scotland) Firecode and other appropriate guidance in respect of fire safety in premises owned or occupied by the State Hospital.
- Shall be responsible for the day-to-day supervision and management of fire safety.
- Shall receive sufficient training to enable them to undertake their fire safety duties and fully understand the extent of their responsibilities.
- Shall ensure that suitable and sufficient fire risk assessments are undertaken in relation to the estate for which they have responsibility.
- Ensure that the findings of fire risk assessments are appropriately acted upon and followed.

- Ensure fire risk assessments are regularly reviewed.
- Monitor all fire safety provisions including the provision and review of local fire evacuation plans.
- Shall ensure that appropriate arrangements are in place to provide fire safety training for all staff.
- Shall ensure that appropriate arrangements are in place to test and record workplace fire safety equipment from time to time - e.g. PAT testing, routine fire alarm testing and portable firefighting equipment.
- Ensure that arrangements are made for the maintenance of such equipment.
- Shall ensure that regular reports of fire safety performance of the organisation are provided to the Executive Director with fire safety responsibility.
- Shall receive reports of fire and unwanted fire alarm signals and instigate and monitor actions to mitigate the potential for their occurrence.
- A high level of housekeeping standards should be maintained to ensure that accumulations of combustible waste material are controlled and that exit routes are not obstructed.
- Shall receive fire safety complaints from staff and volunteers and shall instigate action to remedy fire safety failures whether as a result of a fire risk assessment or otherwise.
- Shall ensure that the Chief Executive is informed of any significant fire safety failures that require immediate attention because they incur a significant potential for harm to persons, or harm to the healthcare activities of The State Hospital.
- Safety Action Notices (Fire) - In order to meet its governance responsibilities, The State Hospital must ensure that appropriate action is taken (if deemed necessary), as specified in accordance with these Notices and Alerts in relation to fire.
- This reflects the responsibilities set out in the Risk Management Strategy and the State Hospital's Health and Safety Policy and is a mandatory requirement to meet our duty of care to staff, patients and visitors to our organisation.
- Shall assume and undertake the general duties of Nominated Officer (Fire)/Fire Safety Advisor as specified in the Fire Safety Policy for NHS Scotland; CEL 11 (2011).
- Shall provide, in conjunction with the Learning & Development Department, appropriate sufficient fire safety training for staff, organise fire evacuation drills and witness the effectiveness or otherwise of fire drills.
- The State Hospital must report fires involving death or serious injury to the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

In addition, all fires involving death, injury, or damage which results in significant disruption to patient services must be notified immediately by telephone or e-mail to:

Head of Asset Management, Capital
and Facilities
Directorate for Health Finance and Information Scottish
Government
St. Andrews House
Regent Road Edinburgh
EH1 3DG

(Tel: 0131 244 2383)

Note: Minor fire incidents and alarm incidents are not required to be reported to SGHD

This must be followed up by a detailed report of the Fire to SGHD Capital and Facilities Division as soon as is reasonably practicable. If further information is likely to emerge from ongoing enquiries, this should be indicated, and the material forwarded to SGHD as soon as possible

The foregoing arrangements for fire safety will be supplemented by other delegated and supporting arrangements as follows.

Deputy Nominated Officer (Fire)

- Shall assist the Nominated Officer (Fire) and the Security Director in the implementation of the Fire Safety Policy for The State Hospital.
- They shall monitor the relevant reviews including the fire safety policy, local fire safety procedures, the conduct and progress of fire risk assessments and the fire safety training performance of the organisation.
- They may also advise, in consultation with the contracted fire safety advisory service on the delegation of fire safety responsibilities and other organisational fire safety functions.
- Inclusion of annual fire safety information within the Risk Management Annual Report.

Health, Safety and Welfare Committee

- The committee shall adopt a positive supporting role in the promotion and pursuit of fire safety objectives. In particular the Health, Safety and Welfare Committee shall represent the interests of employees and provide a forum through which they may report any significant issues they feel should be addressed in regard to fire safety in the workplace.

Lead Nurse/Senior Charge Nurses and Departmental Managers

- Shall ensure the effective day-to-day management of fire safety within their respective departments, wards or area of responsibility and to that end.
- Shall ensure that nominated control book holders undertake their allocated duties in relation to fire safety. This includes ensuring that deficiencies, faults or failures relating to fire safety are properly reported for repair promptly, and a record kept of the action carried out within the eControl Book.
- Shall be responsible for monitoring the fire safety training requirements of the staff/volunteers under their control and shall make a request for training to the Learning & Development Dept.
- Shall ensure that new staff, including agency, temporary or part time staff and volunteers are included in the general training arrangements and that they receive a local department, ward or area walk round induction at the commencement of their employment so that they are aware of the exit routes, door fastenings and other fire safety provisions relevant to their place of work.
- Shall ensure that all staff and volunteers in their control are aware of the fire safety procedures for their place of work and know what to do in the event of fire.
- Shall ensure that all staff at the commencement of employment are enrolled on a corporate induction session with the appropriate provider.
- Shall ensure a visual check is undertaken regularly and a formal documented inspection (Fire Safety Checklist) at least quarterly – this should be recorded within the eControl Book. Any results should be recorded and action taken to remedy any deficiencies the inspection has identified.
- Shall ensure exit routes and doors from them are unobstructed and available for use at all times and that the general storage arrangements are consistent with good fire safety practices e.g. combustible materials are not allowed to accumulate and are stored neatly and properly in allocated storage spaces; that waste materials are not allowed to accumulate unreasonably in the workplace and is dealt with regularly in accordance with the corporate waste management policy.

All Staff

The corporate fire safety objectives are common to all staff. All staff therefore have a responsibility to ensure that fire safety measures are maintained appropriately i.e.

- Exit routes and doors are not obstructed.
- Flammable waste is not permitted to accumulate and is dealt with in accordance with the waste policy of The State Hospital.
- Shall co-operate with the reasonable instructions of their employer in regard to fire safety in the workplace e.g. shall attend fire safety training when required to do so.

- Shall familiarise themselves with the fire safety procedures of their workplace.
- Shall assist their employer by taking a constructive attitude to fire safety matters to promote and sustain a positive fire safety culture.
- Shall co-operate with managers in maintaining appropriate fire safety measures and shall report any fire safety failures they identify.

4 COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW OF POLICY

This policy will be communicated to all stakeholders within the State Hospital via the intranet and through the staff bulletin.

The Health and Safety Committee will be responsible for the implementation and monitoring of this policy.

Any deviation from policy should be notified directly to the policy Lead Author. The Lead Author will be responsible for notifying the Advisory Group of the occurrence.

This policy will be reviewed every three years or earlier if required.

5 EQUALITY AND DIVERSITY

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Patient pre-admission assessment processes and ongoing review of individual care and treatment plans support a tailored approach to meeting the needs of patients who experience barriers to communication (e.g. Dementia, Autism, Intellectual Disability, sensory impairment). Rapid access to interpretation / translation services enables an inclusive approach to engage patients for whom English is not their first language. Admission processes include assessment of physical disability with access to local services to support implementation of reasonable adjustments. Patients are encouraged to disclose their faith / religion / beliefs, highlighting any adapted practice required to support individual need in this respect. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Carers / Named Persons are encouraged to highlight any barriers to communication, physical disability or anything else which would prevent them from being meaningfully involved in the patient's care (where the patient has consented) and / or other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy".

The volunteer recruitment and induction process supports volunteers to highlight any barriers to communication, physical disability or anything else which would prevent them from contributing meaningfully to patient care and / or engage in other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

6 STAKEHOLDER ENGAGEMENT

This policy is governed by specialised national guidance. Therefore engagement with Key Stakeholders is not necessary.

Key Stakeholders	Consulted (Y/N)
Patients	N/A
Staff	N/A
Carers	N/A
Volunteers	N/A