Fire Safety Strategy
Version: 5

Summary
The aim of this Strategy is the provision and maintenance of a ‘safe’ environment of all staff, visitors and patients throughout the Trust in order to reduce the risk to life, personal injury, property and business losses. This strategy provides the Trusts approach to fire safety for the next 12 to 18 months.

Keywords
Fire Safety, Training, Fire Risk Assessments and Inspections

Target audience
All staff employed by Southern Health NHS Foundation Trust

Date issued
March 2018

Approved & Ratified by
Health and Safety Forum

Date of meeting:
5 March 2018

Next review date
March 2023

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## Version Control

### Change Record

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<td>03</td>
<td>All</td>
<td>Document review in compliance with SHFT Policy</td>
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<td>All</td>
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<td>All</td>
<td>Version 4 reinstated, review date extended to October 2017</td>
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<td>All</td>
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<tr>
<td>February 2019</td>
<td>Peter Pritchard-Smith</td>
<td>5</td>
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<td>Strategy reviewed - no changes required review date reset</td>
</tr>
<tr>
<td>February 2020</td>
<td>Peter Pritchard-Smith</td>
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<td>March 2020. Cover page updated</td>
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<td>D White</td>
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<td>Version 3 / Dec 2015</td>
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<td>Version 1, October 2017</td>
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Fire Safety Strategy

1. Executive Summary

Both the legislation and guidance documents require businesses to implement a managed risk approach to fire safety.

This necessitates the preparation of an appropriated Fire Safety Strategy, which covers all SHFT sites across England in regards to their fire safety prevention and protection arrangements.

The preparation, approval, implementation and review of this policy doctrine are the responsibility of the Fire Safety Manager for Southern Health NHS Foundation Trust.

2. Purpose
The purpose of the document is to encompass the fire strategy in all Southern Health NHS Foundation Trust (SHFT) premises which may be owned, occupied or when SHFT hold responsibility leased.

This Strategy will be implemented to meet the objectives as set under section 4. Paragraph 4.1.

3. Aims
The aim of this strategy is the provision and maintenance of a ‘safe’ environment for all staff, visitors, relevant persons and patients throughout the Trust in order to reduce the risk of life, personal injury, property and business losses.

4. Objectives & Key Performance Indicators (KPI’s)
The primary objective is the provision and maintenance of buildings, fire safety systems and procedures so that in the event of fire, the occupants are able to ultimately reach a place of safety.

Specific Key Performance Indicators are:
- The definition of management systems, standards and procedures for fire safety throughout the Trust;
- The allocation of responsibilities and duties for Fire Risk Assessments and management, incorporating the principles of prevention, active and passive protection and emergency response;
- The identification by risk assessment, of standards for means of escape, relevant fire safety system and extinguishing systems in Trust buildings consistent with occupation and use, to achieve safe evacuation;
- The allocation and definition of responsibilities and standards for the provision, installation, testing and planned maintenance of fire safety equipment, devices, alarm and extinguishing systems;
- The identification of standards for the control of combustible, flammable or explosive materials;
- The allocations of responsibilities for the implementation of fire emergency plans including evacuation procedures, first-aid firefighting, contacting the emergency services, emergency co-ordination and staff training;
• The development and delivery of suitable staff training in fire safety awareness;
• The development and implementation of emergency procedures to ensure early recovery from unforeseen incident involving fire in order to maximise safety, minimise problems and enable the core business structure to continue.

Achieving these objectives will ensure compliance with fire safety and related legislations and current best practice across the NHS.

5. Fire Safety Strategy
The Trust is committed to protecting the health, safety and welfare of staff, patient’s visitors and all relevant persons, its assets, business activities and opportunities against fire. It is the intention of the Trust in respect of every building in order to meet the Objectives and KPI’s to:
• Provide and maintain passive and active fire protection measures according to the purpose or use of the building, the number of occupants and the activities undertaken therein;
• Carry out a fire risk assessment to assess buildings and process fire risks, the existing preventative and proactive measures and identify areas for improvement;
• Prepare an action plan identifying the requirements of fire safety in accordance with the fire risk assessment;
• Establish a programme of works to improve or maintain the existing fire safety specifications.
• Prepare and keep under review building specific fire safety plans;
• Establish clear lines of responsibility and authority for the day to day fire safety management;
• Identify competent persons with the responsibility for initiating the fire evacuation procedure and provide information and assistance to the fire service;
• Carry out regular reviews on all fire risk assessments.

6. Fire Prevention Protocols
Southern Health NHS Foundation Trust has developed a set of comprehensive protocols (or SOP’s) that are relevant to the size and present within the organisation.

The content of protocols is set within the specific headings as detailed below:
• Fire prevention
• Risk assessment
• Fire strategies
• Emergency planning and procedures
• Fire safety training
• Fire safety information manuals
• Construction and refurbishments
• Fire detection and alarm systems
• False alarms and unwanted fire signals
• Fire extinguishers
• Arson
• Hot works
• Maintenance of fire equipment
• Fire stopping
• Portable appliance testing
• Medical; gases
• Purchasing
• Laundry
• Information for the fire and rescue service.
6.1 Fire Safety Management System

Board, Partners or equivalent controlling body

Operational Management

PLAN

Fire Safety Policy

Corrective Action/ Improvement

ACT

Monitoring

Fire Safety Management Structure

Fire Safety Roles & Responsibilities

Corrective Action/ Improvement

Fire Risk Protocols

Fire Safety Improvement Action Plans

Corrective Action/ Improvement

Fire Risk Assessments

Review

Fire Drills/ Action Plan

Rehearsals

DO

Records and Management Audits

CHECK

Fire Emergency Action Plans

Fire Safety Training

Records and Management Audits

Fire Safety Inspections
6.2 Fire Safety Management Structure

- Trust Board
- Chief Executive
- Executive Director (with fire safety responsibility)
  - Fire Safety Manager (Senior Operating Manager)
    - Area / Site Manager
      - Nominated Person
        - Authorised Engineer (Fire) (where appointed)
        - Nominated Person (Fire)
      - Fire Safety Adviser (Authorised Person (Fire))
        - Relevant Committee independent of the Fire Safety Committee

Staff

Direct accountability for fire safety
Fire Safety Reporting
Exception Reporting
6.3 **Person Specification**

6.3.1 **The Trust’s Chief Executive (Responsible Person)**
Is responsible for ensuring the implementation of the Regulatory Reform (Fire Safety) Order 2005 (RFFSO) and the Health Technical Memorandum (HTM) 05.01 in all Trust premises, and ensuring that all statutory requirements applicable to fire safety are observed and that appropriate fire safety policies and programmes of work are implemented to maintain and improve fire safety precautions in Trust premises.

6.3.2 **Chief Finance Officer**
The Chief Finance Officer will have nominated responsibility for drawing up and maintaining comprehensive fire precautions, fire policies, fire strategies, programmes of improvements to include in the Trust’s annual business plan, and will involve managers at each level of the Trust in the process as appropriate.

6.3.3 **The Fire Safety Committee**
The Fire Safety Committee forms part of the Health and Safety Forum, in accordance with HTM 05.01. Representatives will be nominated from all Trust Directorates and representative bodies to attend these committee meetings. Meetings will be held quarterly and reports submitted to the Trust Board, the meeting will be chaired by the Chief Finance Officer.

6.3.4 **Fire Safety Manager**
The Fire Safety Manager for the Trust will ensure compliance of current Fire safety legislation.

- Ensuring that all Fire Risk Assessments are conducted in line with RFFSO 2005 and the relevant HTM 05-03;
- Ensure maintenance of fire safety systems to relevant British Standards;
- Ensure that an effective training programme is implemented;
- Attend major fire exercises, where applicable
- Receive reports to all fire incidents, inform the Trust Board of their contents and arrange for them to be acted upon as appropriate;
- To establish effective liaison with enforcing authorities as necessary;
- Will assist in the writing of all fire safety policies and procedures;
- To investigate all fires that occur in the Trust properties;
- Disseminate responsibilities to fire safety advisors/trainers.

6.3.5 **Senior Managers (area managers)**
Will be responsible for ensuring that the Trust Fire policy is implemented and compliant with the fire strategy is being maintained within their respective areas. They will also assist the Fire safety manager in his duty as necessary.

6.3.6 **Building Managers / Department Managers**
All managers will be responsible for ensuring that:

- Fire safety policies and site specific instructions are brought to the attention of their staff. This is making sure the fire risk assessment is completed, reviewed and action plans acted upon. A monthly fire safety check of the work area should be carried out and findings recorded.
- Every member of staff receives fire awareness training
- Fire hazards are brought to the attention of the Trusts Fire Safety Department.
- Persons are nominated to train and carry out the role of the fire warden;
- All staff to be familiar with local fire procedures.
6.4 Fire Risk Assessment
The Regulatory Reform (Fire Safety) Order 2005 (RRFSO) and the Health Technical Memorandum (HTM) guidelines 05-01, 05-03 applies to all workplaces where people are employed and requires a Fire Risk Assessment to be undertaken.

A copy of the fire risk assessment must be readily available for inspection by the Fire Authority when requested.

To comply with legislation, assessments will be undertaken for all Trust premises by the Fire Safety Manager or one of the fire safety advisors, who will have third party fire risk assessor’s accreditation.

All fire risk assessments will be subjective to review.

6.5 Portable Appliance Testing
All testing must be carried out to the standard defined in C & G 2377 and the IEE Code of Practice for In Service Inspection and Testing of Electrical Equipment

This will ensure that all electrical equipment complies with the following regulations

- Health and Safety at Work Act 1974
- Management of Health and safety at works Regulations 1999
- Electricity at Work Regulations 1989
- Workplace (Health, Safety and Welfare) Regulations 1992
- Provision and use of Work Equipment regulations 1998

All new electrical equipment should be purchased from a reputable supplier. Which implies it would have been tested at source and is safe to use. All electrical Equipment should be included on an inventory and tested by Estates every 3 years. All other electrical equipment obtained from all other sources should be tested prior to use.

6.5.1 Electrical Equipment
Electrical equipment provides a high risk in starting fires where they are faulty or used in inappropriate areas. Portable appliance testing will be conducted for all portable equipment to ensure that basic electrical safety checks are maintained. This is to be managed by the Estates Services department. This is conducted on a three yearly inspection. New electrical appliances carry a manufacturing warranty and will be picked up for inspection the following year.

The use of multi socket plug adaptors are not to be used anywhere on Trust premises. Extension leads are authorised for use where they have been subjected to portable appliance testing and where they are correctly fused. Personal electrical equipment is not allowed to be used for any purpose or tasks assigned to their employment. No alterations and additions to wiring or fittings may be carried out apart from those carried out by authorised electricians from the Facilities Maintenance team or authorised contractors.

Reporting of defective electrical equipment is essential for fire safety. Staff should report defective electrical equipment and are to remove them from supply by switching off and unplugging any portable electrical equipment that they find defective.

Fire and explosions may occur from use of unprotected electrical equipment used in specific fire hazard areas where flammable and dusty atmospheres may be present. Electrical equipment used in these areas must conform to the ‘Equipment and Protective Systems Intended for use in Dangerous Substances, Explosive Atmospheres Regulations 2002.’
6.6 Maintenance of fire precautions and systems

6.6.1 Emergency Lighting Testing (Escape Lighting):
Responsibility for maintenance, testing and recording of Emergency Escape Lighting rests with the Estates Maintenance department. The relevant British Standards and HTM recommendations and guidance is to be followed:

- HTM 06-01 Emergency Electrical Services

6.6.2 Fire Dampers
Responsibility for testing rests with the Estates Services department in line with BS 9999: 2008 covering routine inspections and maintenance ventilation and air conditioning ductwork. Maintenance is specified at a maximum interval of 12 months for spring operated fire dampers or 2 years for others.

Maintenance of records is to take place through Estates responsibilities to include:

- Photographic evidence of damper closing
- An inventory of all dampers tested, including location and damping number
- Inspection results and if the damper failed to operate
- Detailed explanation and suggested corrective action

A set of drawings detailing the location of all dampers with relevant damper numbers to be provided.

6.7 Routine maintenance and checks
The Trust Estates Services department have the responsibility of conducting Pre Planned Maintenance (PPM) checks which are recorded via the Estates electronic database and / or compliance log books.

6.8 Fire emergency action plans and drills
The basic concept is that all occupants of a building should be able to turn their back on a fire, wherever it occurs, and move away from it using circulation spaces and stairways to a place of relevant safety or ultimate safety which is free from the effects of heat and smoke.

In Healthcare premises, the strategy depends on the principle of ‘progressive horizontal evacuation’. This involves the movement of patients, public and staff from an area affected by fire through a fire resisting compartment (normally fire resisting doors) to an adjoining area on the same level, designed to protect the occupants from the immediate dangers of fire and smoke. This may be an adjoining room, staircase or refuge. Independent patents, public and staff are expected to vacate the affected areas immediately using the designated emergency exit routes and assemble at the fire evacuation muster points. Each building and work area within the Trust has their own fire evacuation procedure, which is designed for the use and occupancy of each area and reflects these principles. Access to the egress from premises including fire exits, staircase enclosures and lift lobbies must remain free from obstruction at all times.

Fire evacuation drills must be carried out at least annually for each of the sites occupied by SHFT staff, simulating conditions such as might be found in a fire. The objective of fire evacuation is to test systems and procedures; however, drills must be planned and managed in such a way as to ensure the safety and wellbeing of patients, staff and visitors. These should be arranged by a senior member of staff in liaison with the Estates Services fire alarm test team for that premises, if applicable.
6.9 Fire safety training
Fire safety training is a statutory requirement of article 21 of the RRFSO that all staff without exception and the nature of their duties receive instruction, training and information as regards the fire safety procedures that are in operation within the Trust.

The Trust will provide:

- Fire Safety Induction Training (Statutory)
- Annual Fire Safety Awareness training (essential training days)
- Annual Fire Safety Awareness electronic on-line assessment
- Fire Warden Training
- Nominated Person Training
- Site specific training can be delivered by the Fire Safety Department on request.
- No staff member should go without fire safety training for a period longer than 12 months either face-to-face or e-assessment.
- Training records are kept centrally within Training Department.

Bespoke fire evacuation training can be delivered on request through the Fire Safety Department.

6.10 Information for the Fire and Rescue Service
Immediate information for the relevant fire and rescue service attending an incident at SHFT Inpatient premises will assist with immediate actions to mitigate risk to life and property.

SHFT will have available at all Inpatient sites an incident information pack containing all relevant information for the Fire & Rescue Service.

6.11 Annual statements of fire safety
This strategy will be implemented, monitored and evaluated initially within the first 12 to 18 months and 2 yearly thereafter in line with the Policy on Policy Management – SH NCP 03. Procedures will be monitored through proactive fire risk assessments and reported back to the relevant Directors and associate directors (Fire) via the Trust Significant fire safety incident reports which include:

- Reporting on numbers and trends of unwanted fire alarms
- Fire risk assessment actions
- Nominated Person checks reported.

6.12 Hot work
To achieve a satisfactory standard of care and supervision a formal written permit to work system is in force under a competent supervisor with the authority to ensure compliance with the procedures. Consequently, these recommendations comprise overall advice together with a Hot Work Permit, which is accompanied by a checklist of the more obvious precautions.

General Precautions:

- Hot works should only be authorised where a safer method of work is not available
- Hot works should only be carried out by competent person
- Wherever possible, items to be the subject of hot works should be removed to a safe area designated for that purpose
• In sprinklered premises, hot work should not be carried out when the water supply to the sprinkler system is shut off. Adequate precautions should be taken to prevent accidental discharge.

• When hot work is being undertaken in premises fitted with an automatic fire detection system, only the local detectors or zone where the work is being carried out should be isolated. The zone or detectors should be reinstated as soon as the task has been completed.

• A trained person, not directly involved with the work, should provide a continuous fire watch during and after each period of work to detect and extinguish any incipient burning in the work area and in all adjacent areas to which sparks and heat may spread. These could include the floors below and above, and areas on the other side of walls from where the work is being carried out.

Before any attempt is made to start the proposed hot work, The Regulatory Reform (Fire Safety) Order 2005 requires the responsible person to carry out a formal fire risk assessment and the result recorded. The assessment should take account of the impact that a fire might have on surrounding premises and people and to assess the possible consequences of the operation in accordance with Trust Policy – (Site Contractors Rules Policy – SH NCP 49).

6.13 Laundry & Housekeeping
Laundry and Housekeeping will be applied across the Trust in accordance with HTM 05-03 Operational provision:

• Good Housekeeping 3.8
• Laundries Section 5 Paragraph 5.40 – 5.47 inclusive
• Routine Maintenance and checks

6.14 False alarms and unwanted fire signals
Unwanted fire alarm signals place a large burden on Trust resources and by unnecessarily tying up fire engines and firefighters at false alarms, when they may be needed at a real emergency.

Every time the alarm sounds, SHFT staff may have to down tools and evacuate the building. This may prove to be very costly not only in financial terms, but also because staff will become complacent and will lose faith in the fire alarm system if they are constantly required to leave the building due to a false alarm.

There are many causes of unwanted Fire Alarms, but the more common ones include:

• Fumes from cooking or burnt food
• Steam from showers
• Dust from building work
• Insects
• Poorly trained users
• Lack of maintenance
• Incorrect or poorly designed systems.

The Trust will:

• Appoint a nominated person, as per the requirements of the Fire Safety Order 2005, to ensure all matters relating to fire safety within the premises, including the fire alarm system, are adhered to
• Maintain the fire alarm system in good working order
• Ensure the alarm is appropriate to the risk;
• Consider upgrading older systems.
• Ensure all relevant persons are made aware of the impact of unwanted Fire Alarms both on the business and on the fire and rescue service
• Consider implementing a delay in the system to allow for investigation.

6.14.1 Fire Alarms
Fire alarms will be maintained and tested by an independent competent contractor to British Standards BS 5839. 1:2017 as amended.

Weekly fire alarm testing in accordance with BS 3893 will be conducted by Estates Services department and recorded appropriately within the compliance log book and or Estates electronic data system. This will take place each week between 08:30 and 17:00hrs.

All departments are to be aware of the test and inform patients and visitors as necessary. Notices are to be displayed by the Nominated Person at the main entrances to the hospital, warning visitors of testing procedures. In the event of a real fire situation occurring during the testing period, alarms will remain ringing continuously instead of being cancelled. If after one minute, the alarms have not been cancelled departments must react to fire alarms as in a real fire situation.

The Estates Services department should be advised of any faults in alarm systems via the Estates Helpdesk that may reduce the effectiveness of fire detection in wards / departments. Records of fire alarm testing and subsequent faults must be recorded in the Estates department electronic database and compliance log books on site.

6.14.2 Maintenance of Fire Fighting Equipment
The Estates Services department is responsible for ensuring that Fire Fighting Equipment is provided and correctly positioned in accordance with BS 5306: Part 8, 2012 with the assistance of the Trust Fire Safety department, Fire Extinguishing Installation and Equipment on Premises’ Selection and installation of portable fire extinguishers. Records of FFE and locations is recorded and held by the Estates Services department.

Nominated Persons and Fire Wardens are responsible for ensuring that Fire Fighting Equipment is unobstructed and operable. Monthly checks are to be carried out and recorded by Fire Wardens to ensure that equipment is located in position and that it is operational.

Responsibility for annual and periodic testing, maintenance and recording of all FFE rests with the Estates Services department. The relevant British Standards and HTM recommendations and guidance is to be followed.

6.14.3 Emergency Water Supplies
Hydrants located in and around the Trust premises are to be subject to annual testing and maintenance by the Estates Services department with records kept of testing. The Fire Safety Manager is to coordinate with the Estates Management team for testing of Council owned and maintained hydrants. Dry risers are to be maintained and tested annually for operation with records maintained in the Estates department.

• NHS ‘Firecode’, HTM 05-01 ‘Managing healthcare fire safety’.

6.15 Arson

6.15.1 Extent of Arson
Approximately one third of all fires in NHS Trust properties are started deliberately. Many fires are started in areas of the building used for storage; where materials or commodities
are stored provide a ready means for the arsonist. Areas where fewer people may be encountered present attractive targets, and allow the arsonist to practice undisturbed. An arsonist may seem to have good reason to be on the premises, for example a patient, member of staff, or a visitor.

Fires started by arsonists may involve the use of flammable materials available at the location such as waste and shredded materials. In some cases, the fire may exhibit multiple points of origin often closely related in time, either within a localised area, or in various parts of the building.

6.15.2 Motivation for Arson
A number of factors, taken individually or correctively, may provide the most drive for a person or group to undertake an act of arson. The most common of these are:

- Mental abnormality
- Vandalism
- Ideology
- Self-glorification
- Revenge
- Concealment
- Financial gain

Children are able to gain entry to all types of premises, subject to lapses in security, and may start fires, sometimes to conceal theft. Bored visiting children or inadequately supervised paediatric patients can wander into unauthorised parts of a hospital.

6.15.3 Management Response to Arson
The management’s plan for combatting arson form an integral part of this fire Strategy especially in dealing with fire issues.

Arson from whatever quarter or motive should be viewed as being preventable – if not in its entirety, then to a degree such that its effects are minimised.

In order to reduce the risk from arson attack, it will be necessary to consider the following points:

- Avoidance of the use of highly flammable materials wherever practicable;
- Orderly methods of stacking in stores where linen, paper or plastic packaging are used, to reduce the risk of spread and to assist firefighting;
- Storage of equipment and packages in designated areas only-not in plant rooms, service voids and shafts, corridors or lobbies;
- Regular checks to ensure that storage is never permitted in a hospital street or an escape route, near a fire exit or firefighting equipment;
- Reduce access to store rooms etc. by closing or locking doors;
- Challenge members of the public found in authorised areas, report incidents to a member of security.

7 Fire Protection

Building Fire Strategy
The principle statutory requirements for Trust Fire Strategy within its premises that must be observed by the Trust are as follows:

- NHS ‘Firecode’ Health Technical Memorandum (HTM’s) 05-01; 05-02; 05-03
- The Regulatory Reform (Fire Safety) Order 2005
- Guidance for Fire Risk Assessment – Healthcare Premises (Guidance document 10, published by the Department of Communities and Local Government’s)
• The Building Act 1984 as amended by Building Regulations 2013 – Approved Document ‘B’, Fire Safety
• The Health and Safety at Work Act 1974
• The Management of Health and Safety at Work Regulations 1992 as amended 1999
• The Workplace (Health, Safety & Welfare) Regulations 1992
• The Health and Safety (Safety Signs and Signals) Regulations 1996.

7.1 Fire Detection and Alarm System
The primary function of the detection and fire alarm systems is to give early warning to alert staff and thus initiate a planned response. The Trust has comprehensive fire detection and alarm systems that meet all the requirements of BS 5839 part 1 and 6. All buildings across SHFT sites are provided with their own fire alarm system and all have fire alarm indicator panels. These panels are generally situated in entrance lobbies. Routine fire alarm testing is undertaken by the Estates department on each site in accordance with the guidance set out within BS 5839 part 1. Records of such tests are kept in a central Estates database and / or compliance logbook.
We have numerous outside contractors that service out alarms annually and provide out of hours emergency cover in the event of failure.

7.2 Fire Doors
Each building will be fitted with fire doors that are suitable and sufficient. The fire risk assessment plan will confirm the location of Fire Doors, as per compartmentalisation and means of escape. These doors will be identified by signage and will be constructed to BS 476. They will be checked as part of the quarterly fire safety checks completed by the responsible person, and should be checked annually by a suitable contractor. All checks recorded centrally through Estates database and / or compliance log book.

7.3 Emergency Lighting
Emergency escape lighting systems are installed generally throughout all SHFT buildings in compliance with HTM 06-01 and BS 5266 part 1. The fire risk assessment plan will confirm the location of the emergency lighting. The lighting will be maintained under Pre-Planned Maintenance (PPM) test. All test recorded centrally through Estates database and / or compliance log book.

7.4 Emergency Signage
Fire escape signs are provided throughout the Trust to give guidance from wherever you are in the building, via a place of relative safety (the escape route) to the place of ultimate safety (the assembly point in compliance with HTM 05-02. The fire risk assessment will confirm the location of fire signage and identify missing or additional signage required.

7.5 Procurement of Donation of Equipment
Regarding Furniture and Furnishings, potential problems will occur with regards to existing and new purchases of textiles and furniture within the Trust premises and guidance contained in NHS ‘Firecode’ Health Technical Memorandum 05-03 operational provision part C, Textiles and Furniture is to be followed. The HTM guidance must always be followed and implemented when purchasing textiles from SHFT NHS Suppliers. Good intentions and donations should be managed accordingly but no textiles or furniture is to be purchased or taken as gifts, if it does not meet the minimum standard of fire safety as outlined in the above document.

7.6 Kitchens and Catering Facilities
It is extremely important that personnel working in kitchens and catering facilities are aware of and understand the importance placed upon fire precautions and fire prevention measures. This will enable fire risk to be kept to an absolute minimum and prevent fire loss that could jeopardise the functionality of the kitchen and endanger the lives of others from spread of fire. Kitchen staff must understand the need to be extremely fire conscious and be fully conversant with the action necessary in the event of fire. Fire safety arrangements

7.7 Building Design and Structural Changes
The guidance in support of functional provisions (Fire Safety in the design of healthcare premises) HTM 05-02: Firecode 2015 Edition must be used when planning and designing changes to healthcare premises. This will ensure compliance with Part B Schedule 1 of the Building Regulations 2010.

The HTM must be used in the design of:

- New healthcare buildings
- New extensions to existing healthcare buildings
- Those parts of existing healthcare buildings that are used as a means of escape.

7.8 Fire Stopping
All contractor work is to be managed through the Estates Services department. As part of building works that involve penetration of fire barriers a record must be kept and evidence of adequate physical fire stopping as part of project completion. Photographs and records of material used in fire stopping should be recorded for on-going management of the building fabric. For all work on fire barriers, the Asbestos register must be referenced to prevent inadvertent exposure of Asbestos Containing Materials. Procedures for managing fire barrier work will be the responsibility of the Estates services management team and Estate Service project managers to ensure that a permit-to-work is issued for any work carried out by a contractor or maintenance staff. Records are to be held by the Estates services department.

8 Associated trust documents
8.1 Fire Safety Policy
8.2 HTM Guidelines

9 Supporting references
9.1 Regulatory Reform (Fire Safety) Order 2005
9.2 HTM 05-01: Managing Healthcare Fire Safety
9.3 Health & Safety at Work Act 1974
9.4 Building Regulations 2000 (approved document B)
9.5 Care Commissioning Core Standards
9.6 The Building Act 1984
9.7 Management of Health and Safety at Work Regulations 1999
9.8 Control of Substances Hazardous to Health Regulations 1977
9.9 The Safety Representatives and Safety Committee Regulations 1977
9.10 Construction, Design and Management Regulations 2004
9.11 Equality Act 2010