

## Fire Safety Policy

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Version: One

Approved by: Fire Engineering Group/Fire Safety Group

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Division and Specialty: Trust Wide

Job title of author / reviewer: Fire and Security Manager Keiron Davey

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Executive Sponsor (if required): Group Chief Estates and Facilities Officer Micheal Parkhill

Title of person responsible for review of document Fire and Security manager

Date issued: October 2025

Review date: May 2028

Target audience: All Staff

Distributed via: LCHS public website/ SharePoint

## Version Control Sheet

Version	Section / Paragraph / Appendix	Version / Description of Amendments	Date	Author / Amended by
1		New Policy That replaces both previous ULTH policy P-55 Fire and Safety Policy and LCHS policy P_HS_16 Fire Safety Policy	Sept 2025	Keiron Davey
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## Policy Document Statement

### Background Statement

To provide an unambiguous statement of fire safety applicable to Lincolnshire Community and Hospital NHS Group (LCHG) and to premises where patients of ULHT receive treatment or care, excluding a single private domestic dwelling.

### Key words

Policy, Fire, Fire Safety, Compliance, Duty of Care, Governance, Fire Safety Precautions, Legal, Guidance,

### Responsibilities

The Trust Board will ensure that this policy is implemented through robust governance arrangements in order to manage all fire related matters and thereby ensuring that the organisation discharges its statutory duties.

The Trust will provide appropriate levels of investment in the estate and personnel to facilitate the implementation of suitable fire safety precautions.

The Trust will facilitate the development of partnership initiatives with stakeholders and other appropriate bodies in the provision of fire safety where reasonably practicable.

### Training

Awareness provided in induction and ongoing mandatory fire safety training.

### Dissemination

This policy will be published on the Trust intranet. Where staff do not have access, all managers are responsible for ensuring their staff have access to a physical copy

### Resource implication

This policy provides the overarching statement of intent, which is supported through a comprehensive

set of fire safety protocols that are fundamental to the successful management of fire safety.

### **Consultation**

Consultation has taken place throughout the organisation's governance structure to ensure that relevant stakeholders have been included including staff side.

### **Monitoring**

The Trust Board will monitor compliance with and the effectiveness of this policy. This policy will also be subject to periodic third-party audit including from the authorising Engineer-Fire and Lincolnshire Fire Service

### **Equality Statement**

As part of our on-going commitment to promoting equality, valuing diversity and protecting human rights, Lincolnshire Community and Hospitals NHS Group is committed to eliminating discrimination against any individual (individual means employees, patients, services users and carers) on the grounds of gender, gender reassignment, disability, age, race, ethnicity, sexual orientation, socio-economic status, language, religion or beliefs, marriage or civil partnerships, pregnancy and maternity, appearance, nationality or culture.

## Contents

Version Control Sheet .....	2
Procedural Document Statement .....	3
1. Introduction .....	6
2. Purpose .....	6
3. Context .....	6
4. Objectives .....	6
5. Scope .....	6
6. Compliance.....	6
7. Responsibilities.....	7
8. Definitions.....	7
9. Associated Documentation .....	7
10. References and other documentation .....	8
11. Implementation, Monitoring and Compliance .....	8
Review of document.....	10
Appendices .....	<b>Error! Bookmark not defined.</b>
Appendix __ Equality and Health Inequality Impact Assessment Tool.....	11
Signature Sheet .....	15

## 1. Introduction

This document will provide an unambiguous statement of fire safety applicable to LCHG and to premises where patients of the trust receive treatment or care, excluding a single private domestic dwelling.

The objective is to minimise the incidence of fire throughout all activities provided by, or on behalf of, LCHG. Where fire occurs, this policy aims to minimise the impact of such occurrence on life safety, the delivery of patient care, the environment and property

## 2. Purpose

To provide an unambiguous statement of fire safety policy applicable to LCHG and to premises where patients receive treatment or care, excluding a single private dwelling thereby discharging the organisation's statutory duties under Article 11 – Fire Safety Arrangements of The Regulatory Reform (Fire Safety) Order 2005.

## 3. Context

All NHS organisations have a responsibility to provide a clearly defined Fire Safety Policy

Fire Safety Policy and associated Fire Safety Protocols are based on best practice from Department of Health Technical Memorandum's (HTM's).

This policy will demonstrate, in a recorded form, that includes recognition of fire safety being an important consideration; to assist in compliance with Article 11 – Fire Safety Arrangements of The Regulatory Reform (Fire Safety) Order 2005

## 4. Objectives

This policy objective is to minimise the incidence of fire throughout all activities provided by, or on behalf of, ULHT. Where fire occurs, this policy aims to minimise the impact of such occurrence on life safety, the delivery of patient care, the environment and property.

## 5. Scope

This policy applies wherever LCHG owes a duty of care to service users, staff or other individuals who are relevant persons.

## 6. Compliance

This policy complies with the legislation, standards, guidelines, codes of conduct, and any other relevant documents listed in the Referenced Documents' section

## 7. Responsibilities

The governance structure for fire safety management and detailed roles and responsibilities are presented in the fire safety management protocol No.0

## 8. Definitions

**Authorising Engineer (Fire):** a chartered fire engineer, or a chartered member of an appropriate professional body, with extensive experience in healthcare fire safety.

**Fire Safety Adviser (Authorised Person – Fire):** a person who has sufficient training and experience or knowledge and other qualities to enable them to properly assist in undertaking preventative and protective measures

**Fire safety management system:** a robust framework of protocols and processes used to ensure that an organisation can fulfil all tasks required to achieve the fire safety objectives set out in the fire safety policy

**Fire Safety Manager:** the person within the organisation tasked with coordinating fire safety issues throughout the organisation's activities.

**Fire Safety Order:** The Regulatory Reform (Fire Safety) Order 2005.

**Fire safety policy:** a high level statement of intent, as expressed by the board, partners, or equivalent controlling body, setting out clear fire safety objectives for the organisation

**Fire safety procedure:** a detailed document setting out each step of a process intended to prevent fire, maintain fire precautions, minimise fire hazards or effectively respond to a fire incident.

**Fire safety protocols:** a set of organisation-specific guidelines that set the fire safety parameters of any activity that may impact on fire risk.

**Local management:** The person who has control of the workplace or someone who is responsible for either managing, coordinating, facilitating and monitoring the workplace under their control.

**Preventative and protective measures:** the measures which have been identified by the responsible person in consequence of a risk assessment as the general fire precautions necessary to comply with the requirements and prohibitions imposed by the Fire Safety Order.

**Relevant person:** any person who may be lawfully on, or in the immediate vicinity of, the premises and who is at risk from a fire on the premises.

**Responsible person:** the employer of persons working at the premises, a person who has control of the premises, or the owner of the premises.

## 9. Facilitation and Intent

### Facilitation

The Trust Board will:

- Discharge its responsibilities as a provider of healthcare to ensure that suitable and sufficient governance arrangements are in place to manage fire-related matters.
- Provide appropriate levels of investment in the estate and personnel to facilitate the implementation of suitable fire safety precautions.
- Facilitate the development of partnership initiatives with stakeholders and other appropriate bodies in the provision of fire safety where reasonably practicable.

## **Statement of Intent**

This policy enables the Trust Board to expect those tasked with managing aspects of fire safety to:

- Diligently discharge their fire safety legal 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.
- Develop and implement appropriate protocols, procedures, action plans and control measures to mitigate fire risks, comply with relevant legislation and, where practicable, codes of practice, Health Technical Memorandums and guidance.
- Develop and disseminate appropriate 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 relevant staff.
- Develop and implement monitoring and reporting mechanisms appropriate to the management of fire safety.

## **10. References and other documentation**

Protocol 0 – Fire Safety Management and Governance.

## **11. Implementation, Monitoring and Compliance**

The Trust Board will monitor the implementation of this policy through:

- periodic review of fire and false alarm incident reports
- periodic review of fire safety training records
- periodic review of fire service notices and communications
- fire safety audit reports

- periodic third-party fire safety audit.
- Conduct an annual AE audit for monitoring the performance of management procedures. Ensuring the delivery of measures against the objectives set out in the fire policy.

Minimum requirement to be monitored /monitoring against standards set out in policy	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/ audit/ reporting	Responsible individuals/ group/ committee for review of results and determining actions required
<p>Statutory Duties in taking all practicable measures to create a safe and healthy work environment.</p> <p>This duty extends to individual employees and other workers</p>	<p>Audit for Fire Safety</p> <p>Incident reporting</p> <p>Fire Safety Manager Managerial Audit</p> <p>Estates PPM Monitoring Meeting</p> <p>CAFM Team</p>	<p>Departmental Managers</p> <p>Site based Health &amp; Safety committees</p> <p>Fire Safety Manager</p> <p>Estates and Facilities Site Managers</p> <p>Trust Asset Manager</p>	<p>Annually</p>	<p>Departmental Managers</p> <p>Site based Health &amp; Safety Committees</p> <p>Group Health and Safety Committee</p> <p>Fire Safety Group</p> <p>Fire Engineering Group</p> <p>Fire Safety Manager</p> <p>Fire Safety Advisors</p> <p>Estates and Facilities Site Managers</p>
<p>Review of the Trust's performance against compliance with regulations, policies and procedures</p>	<p>Audit for Fire Safety</p> <p>Incident reporting</p> <p>Fire Safety Manager Managerial Audit</p> <p>Estates PPM Monitoring Meeting</p> <p>CAFM Team</p>	<p>Departmental Managers</p> <p>Site based Health &amp; Safety committees</p> <p>Fire Safety Manager</p> <p>Estates and Facilities Site Managers</p> <p>Trust Asset Manager</p>	<p>Annually</p>	<p>Departmental Managers</p> <p>Site based Health &amp; Safety Committees</p> <p>Group Health and Safety Committee</p> <p>Fire Safety Group</p> <p>Fire Engineering Group</p> <p>Fire Safety Manager</p> <p>Fire Safety Advisors</p> <p>Estates and Facilities Site Managers</p>

Process for communicating this information	This policy will be available via the intranet web search. Additionally, this will be placed within Fire safety Web Page. Furthermore, this document will be mentioned within all mandatory fire safety training, which all staff conduct.			
How minimum requirements are recorded	Completion of departmental audits Fire Plans Fire procedures Fire Drills and exercises Fire Risk Assessments PPM Data for FEG by Asset manager	Health and Safety Group Fire Safety Group Fire Engineering Group Fire Safety Manager	Annually	Departmental Managers Site based Health & Safety Committees Group Health and Safety Committee Fire Safety Group Fire Engineering Group Fire Safety Manager Fire Safety Advisors Estates and Facilities Site Managers Asset Manager CAFM Team

## Review of document

The Trust Board will monitor the implementation of this policy through a 2 yearly review within the Fire Safety Group:

- Periodic review of fire and false alarm incident reports.
- Periodic review of fire safety training records.
- Periodic review of fire service notices and communications.
- Fire safety audit reports.
- Periodic third-party fire safety audit
- Assurance reports
- Fire safety reports

## Appendix A - Equality and Health Inequality Impact Assessment Tool

This tool has been developed by the Equality, Diversity and Inclusion Leads for use in the NHS Provider organisations in Lincolnshire. The tool is designed to ensure due regard is demonstrated to the Equality Act 2010, the Public Sector Equality Duty and potential health inequalities are also identified and addressed (as outlined in the Health and Social Care Act). Please complete all sections below. Instructions are in **bold** Email for all correspondence: email to [lhnt.edifirst@nhs.net](mailto:lhnt.edifirst@nhs.net)

### Service or Workforce Activity Details

Description of activity	Fire Policy provides all employees with guidance and instruction on the management of fire risks. Suitable and sufficient risk assessments of any potentially hazardous environments / activities must be undertaken by competent persons, adequate controls must be identified and implemented. Reviews of fire safety control measures must be undertaken and competent advice provided
Type of change	adjust existing
Form completed by	Keiron Davey Group Fire and Security Manager
Date decision discussed & agreed	Feb 2025
Who is this likely to affect?	Service users X    Staff X    Wider Community X  <i>If you have ticked one or more of the above, please detail in section B1, in what manner you believe they will be affected.</i>

### Equality Impact Assessment

Complete the following to show equality impact assessment considerations of the decision making to ensure equity of access and to eliminate harm or discrimination

for any of the protected characteristics: [age](#), [disability](#), [gender reassignment](#), [marriage and civil partnership](#), [pregnancy and maternity](#), [race](#), [religion or belief](#), [sex](#), [sexual orientation](#). Further, please consider other population groups which are at risk of health inequality and can include, but not be limited to, people who are; living in poverty / deprivation, geographically isolated (e.g. rural), carers, armed forces, migrants, homeless, asylum seekers/refugees, surviving abuse, in stigmatised occupations (e.g. sex workers), use substances etc.

Please ensure you consider the connections (intersectionality) between the protected characteristics and population groups at risk of health inequality (e.g. it is recognised that older men from a BAME background, with one or more comorbidities and living in deprivation are more at risk of a poorer outcome if they contract CV-19).

<p>How does this activity / decision impact on protected or vulnerable groups? (e. g. their ability to access services / employment and understand any changes?)</p> <p>Please ensure you capture expected positive and negative impacts.</p>	<p>Contractors, visitors and the community that will be impacted upon loss of service or from products of combustion in the event of a fire. This policy assists in the preservation of life and property in the event of fire for all relevant persons.</p> <p>The policy requires managers to manage adverse health factors and refer employees to Occupational Health for assessment in the meeting the requirements of the role. Managers are required to develop an action plan to support the employee in assisting them to evacuate trust premises.</p> <p>Younger staff have less experience in their role. Managers will therefore provide support, training, development and guidance in order to assist the employee in meeting the requirements of the role safely.</p> <p>Older employees may have difficulty in adapting to new equipment / technology, policies and procedures. Health conditions may require changes to the requirements of the role and this will be met through support, training, development, equipment and guidance provided by managers and be encompassed within the Personal Emergency Evacuation Plan.</p>
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	<p>Additional support and workplace adjustments and equipment (e.g. evacuation aids) may be required to assist staff, patients and visitors evacuating our premises in the event of fire.</p> <p>A neutral or positive impact is envisaged for all groups and all other persons as it is anticipated that a positive impact by the delivery of this policy will be had on all persons for their safety and protection from harm due to fire.</p>
<p>What data has been/ do you need to consider as part of this assessment? What is this showing/ telling you?</p>	<p>ESR data to identify diversity of staff roles, staff with disabilities. Any building Access statements, Personal emergency evacuation plans. Datix incidents</p>

### Risks and Mitigations

<p>What actions can be taken to reduce / mitigate any negative impacts? (If none, please state.)</p>	<p>Nil action in regard to policy as positive and neutral impact</p>
<p>What data / information do you have to monitor the impact of the decision?</p>	<p>ESR data to identify diversity of staff roles, staff with disabilities. Any building Access statements, Personal emergency evacuation plans. Datix incidents</p>

### Decision/Accountable Persons

<p>Endorsement to proceed?</p>	<p>Yes</p>
<p>Any further actions required?</p>	<p>Fire safety risk is included within corporate risk register. Localized risks and control measures captured within fire risk assessments for local managers actions.</p>
<p>Name &amp; job title accountable decision makers</p>	<p>Keiron Davey</p>

	Group Fire and Security Manager
Date of decision	<i>April 2025</i>
Date for review	<i>Oct 2028</i>

### Purpose of the Equality and Health Inequality Assessment tool

- The NHS in Lincolnshire has a legal duties under the Equality Act 2010, Public Sector Equality Duty 2011 and the Health and Social Care Act 2012 to demonstrate due regard in all decision making, for example, when making changes to services or workforce practices, to ensure access to services and workforce opportunities are equitable and to avoid harm and eliminate discrimination for each of the protected characteristics and other groups at risk of inequality.
- Within the guidance toolkit there are also some examples of decisions this tool has been used on in other organisations and the impacts they have identified.

### Checklist

- Is the purpose of the policy change/decision clearly set out? ✓
- Have those affected by the policy/decision been involved? ✓
- Have potential positive and negative impacts been identified? ✓
- Are there plans to alleviate any negative impact? ✓
- Are there plans to monitor the actual impact of the proposal? ✓

This form is based on a template produced by Cambridge University Hospitals NHS Trust and used with their kind permission. Draft NHS Lincolnshire EDI System 2.1

## Signature Sheet

Names of people consulted about this policy:

<b>Name</b>	<b>Job title</b>	<b>Department</b>
Micheal Parkhill	Group Chief of Estates and Facilities Officer	
Chris Davies	Deputy Director of Estates and Facilities	
David Purdy	Deputy Director Estates Commercial	
Russel Fordham	Compliance and Governance	
Stuart Whitehead	Head of Estates	
Ahmed Hussain	AE Fire	
Keiron Davey	Fire and Security Manager	
Simon Thomas	Fire safety Advisor	
Kevin Haggins	Fire Safety Advisor	
Paul Williams	Fire Safety Advisor	
Paul Howes	Fire Safety Advisor	
Kieran Gatenby	Fire Safety Advisor	
Vicky Dunderdale	Asset Manager	
Grant Holley	Head of Capital Projects	
Philip Upsall	Staff Side Representative	
Samantha Hilbourne	Staff Side Representative	
Alan Smith	Estates Manager	
Nick Harrison	Estates Manager	
Allen Saville	Estates manager	
Paul Greasley	Estates Manager	

Author(s) confirm that they have collected all the signatures, as listed above, email Corporate Governance at [corporate.policies@ulh.nhs.uk](mailto:corporate.policies@ulh.nhs.uk) (ULTH) / [lhnt.policies@nhs.net](mailto:lhnt.policies@nhs.net) (LCHS)

**YES / NO**

<b>Names of committees which have approved the policy</b>	<b>Approved on</b>
FEG	
FSG	8 May 2025