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NHS England

# Health Technical Memorandum 05-01: Managing healthcare fire safety

# Preface

## About Health Technical Memoranda

Health Technical Memoranda (HTMs) give comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare.

The focus of Health Technical Memorandum guidance remains on healthcare-specific elements of standards, policies and up-to-date established best practice. They are applicable to new and existing sites, and are for use at various stages during the whole building lifecycle.

## Language usage in technical guidance

In HTMs and HBNs, modal verbs such as "must", "should" and "may" are used to convey notions of obligation, recommendation or permission. The choice of modal verb will reflect the level of obligation needed to be compliant.

The following describes the implications and use of these modal verbs in HTMs/HBNs (readers should note that these meanings may differ from those of industry standards and legal documents):

- "Must" is used when indicating compliance with the law.
- "Should" is used to indicate a recommendation (not mandatory/ obligatory), i.e. among several possibilities or methods, one is recommended as being particularly suitable – without excluding other possibilities or methods.
- "May" is used for permission, i.e. to indicate a course of action permissible within the limits of the HBN or HTM.

### Typical usage examples

- "All publicly-funded organisations must ensure that all contracts established to collect and treat waste conform to the Public Contracts Regulations." [obligation]
- "All low voltage (LV) distributions should be configured as TN systems." [recommendation]
- "Alcohol hand gels that do not contain siloxanes may be rinsed out and the packaging recycled or placed into the municipal waste stream." [permission]

"Shall", in the obligatory sense of the word, is never used in current HTMs/HBNs.

## Project derogations from the Technical Guidance

HHealthcare facilities built for the NHS are expected to support the provision of high-quality healthcare and ensure the NHS Constitution right to a clean, safe and secure environment. It is therefore critical that they are designed and constructed to the highest and most appropriate technical standards and guidance. This applies when organisations,

providers or commissioners invest in healthcare accommodation (irrespective of status, e.g. Foundation and non-Foundation trusts).

Statutory standards plus technical standards and guidance specific to NHS facilities:

- Health Building Notes
- Health Technical Memoranda

A complete list of NHS estates-related guidance can be found on the NHS England website.

The need to demonstrate a robust process for agreeing any derogation from Technical Guidance is a core component of the business case assurance process (see published derogations guidance).

The starting point for all NHS healthcare projects at Project Initiation Document (PID) and/or Strategic Outline Case (SOC) stage is one of full compliance.

Derogations to standards will potentially jeopardise business case approval and will only be considered in exceptional circumstances. A schedule of derogations will be required for any project requiring external business case approval and may be requested for those that have gone through an internal approvals process.

While it is recognised that derogation is required in some cases, this must be risk-assessed and documented in order that it may be considered within the appraisal and approval process.

Derogations must be properly authorised by the project's senior responsible owner and informed and supported by appropriate technical advice (irrespective of a project's internal or external approval processes).

## Sustainability and net zero carbon targets

The UK is leading the way on tackling climate change and improving sustainability, and the NHS is leading the way in England.

In 2019, the UK became the first major economy to commit to net zero emission by 2050. In 2020, the NHS set out its intent to support this ambition through its 'Delivering a "Net Zero" National Health Service' report. The report sets a clear target for achieving a net zero health service for direct emissions by 2040 and indirect emissions by 2045.

In 2023 NHS England published the 'NHS Net Zero Building Standard'. This applies to all new building projects and major upgrades across the NHS estate. It provides technical guidance to ensure new or refurbished buildings are sustainable, resilient, energy-efficient, and built with reduced "whole-life carbon" (i.e. upfront, operational and embodied carbon).

The NHS estate has a critical role to play in achieving net zero carbon emissions. It is vital that every opportunity is seized across the NHS to do so, and the NHS estate is an area where direct and cost-effective action can be taken with a high degree of confidence.

This guidance is not mandatory (unless specifically stated). However, any departures/ derogations from this HBN – including the measures implemented – should provide a degree of safety not less than that achieved by following the guidance set out in this HBN.

# Executive summary

This Health Technical Memorandum (HTM) sets out recommendations and guidance on the management of fire safety in healthcare organisations. The way in which its principles are applied should be proportionate to the size, complexity and risk profile of the service. For complex organisations such as acute trusts and mental health trusts, the guidance should be applied in full, with adaptations made, where justified, by risk assessment. For smaller or non-complex organisations – such as ambulance trusts, GP practices, primary care centres, or community-based facilities – it may not be necessary to adopt every role or process described in full. Instead, organisations should implement the relevant concepts from this guidance at an appropriate scale. Where additional support is required, reference may also be made to alternative guidance such as BS 9997 or the MHCLG's (2023) 'A guide for persons with duties under the Regulatory Reform (Fire Safety) Order 2005 (as amended) and the Fire Safety (England) Regulations 2022'. These sources can complement the HTM by providing proportionate approaches to fire safety management in less complex environments.

While HTMs 05-02 and 05-03 provide guidance in respect of the fire precautions and protective measures appropriate for healthcare premises, this HTM focuses on establishing the appropriate fire safety management system to be applied to healthcare organisations. It recognises the unique operational context of healthcare organisations and the need for a robust system of fire safety management. The guidance and recommendations contained in this HTM are intended to support compliance with statutory requirements within a structured management framework.

The primary remit of healthcare organisations with regard to fire safety is the safety of patients, staff and visitors. For all premises under their control, healthcare organisations will need to select and effectively implement a series of measures to achieve an acceptable level of fire safety, taking into account:

- all relevant legislation and statutes
- the guidance in this HTM
- the relevant guidance contained in other parts of Firecode and
- where necessary, any requirements stipulated by any authority having jurisdiction such as the building safety regulator, Care Quality Commission or fire authority.

This document should not be cited as if it were a specification. Any claims of compliance should be carefully examined to ensure they are not misleading.

## Summary of main changes since the last edition

### Changes in legislation

One of the most significant changes since the last edition is the inclusion of the Building Safety Act 2022 as a new piece of primary legislation governing fire and building safety. This Act expands the statutory framework previously limited to the Building Regulations 2010 and the Regulatory Reform (Fire Safety)

Order 2005, adding a third foundational legal pillar. It imposes specific duties on those involved in the design and construction of higher-risk buildings, and separate duties on those managing such buildings once they are occupied. It may also require healthcare organisations to appoint new statutory roles such as Accountable Persons and Principal Accountable Persons. Where applicable, the HTM provides references or guidance on incorporating the requirements of the Act into the management of buildings, fire safety and daily operations – particularly during construction and refurbishment – while ensuring the golden thread of safety information is maintained accurately and kept up to date.

## Authorising Engineer role

In this revision of HTM 05-01, the responsibilities previously associated with the Authorising Engineer (Fire) are now separated into two defined roles: the Independent Expert Adviser (Authorising Engineer) and the specialist Fire Engineer.

The Independent Expert Adviser (Authorising Engineer) role focuses on auditing fire safety management systems. Although previous Firecode guidance has assigned the auditing function to the Authorising Engineer – which required Chartered Engineer status – the nature of auditing does not typically require the engineering competencies defined by the Engineering Council for chartership. In practice, these audits are often conducted by experienced fire safety professionals who are not Chartered Engineers, with input from a chartered individual where necessary. As such (unlike other HTM disciplines such as electrical services, ventilation or medical gases), fire safety auditing is not an engineering task, and the use of the Authorising Engineer title is therefore not considered appropriate. In contrast, where detailed fire engineering solutions are needed – such as in complex building designs or fire strategy work – a specialist Fire Engineer, often chartered or incorporated depending on the complexity and risk profile of the project, is the appropriate source of technical advice.

For both roles, the person should be a member of a relevant professional organisation with an established code of conduct in the healthcare or fire safety sector. Examples include the Institute of Healthcare Engineering and Estate Management (IHEEM), the Institute of Fire Safety Managers (IFSM) or the Institution of Fire Engineers (IFE).

This new structure matches each role to the right set of skills and competencies, making the approach more practical and proportionate. It helps healthcare organisations bring in the right expertise for both oversight and technical advice, improving how fire safety is managed overall.

The Authorising Engineer title will continue to apply in other HTMs, in line with HTM 00 – ‘Policies and principles of healthcare engineering’, but fire safety is considered an exception due to the distinct separation between audit and engineering functions.

## Application and scope of HTM 05-01

This edition provides guidance for all healthcare organisations. Its principles are applicable across the healthcare sector, but are most directly relevant to complex healthcare organisations such as acute trusts or mental health trusts, where the guidance should be applied in full.

The 2013 version outlined three levels of fire safety management, indicating which level might be appropriate for each premises type, including Level 3 for small GP practices. This revised edition has omitted Level 3 from its examples and suggests that for smaller, less complex organisations, like GP practices or ambulance trusts, it may not be necessary to adopt every role or process described in full. Instead, organisations should implement the

relevant concepts from this guidance at an appropriate scale. Where additional support is required, reference may also be made to alternative guidance such as BS 9997 or the MHCLG's (2023) 'A guide for persons with duties under the Regulatory Reform (Fire Safety) Order 2005 (as amended) and the Fire Safety (England) Regulations 2022'. These sources can complement the HTM by providing proportionate approaches to fire safety management in less complex environments. This reflects a more flexible, risk-based approach where the most complex parts of the organisation set the standard, and simpler parts can follow a more proportionate route.

A revised exemplar fire safety management structure diagram replaces the diagram that appeared as Appendix C in the 2013 edition. Informed by the principles in HTM 00, the revised diagram helps to clarify roles, lines of responsibility and reporting relationships, offering more targeted and practical guidance than the diagram in the 2013 edition.

## Authorised Person (Fire) roles and new Senior Fire Safety Adviser role

The revised HTM 05-01 formalises and clarifies four distinct designations under the Authorised Person (Fire) role (i.e. the Fire Safety Adviser). These include three specialisms: fire risk assessment, fire training and fire projects – as well as the separate role of Authorised Person (Fire Safety Maintenance). While these functions were touched on in the 2023 revision of HTM 05-03 Part B, their inclusion in HTM 05-01 provides a more structured framework for assigning responsibilities and ensuring appropriate competencies.

In complex healthcare organisations, the role of Senior Fire Safety Adviser may also be designated. This is an experienced Fire Safety Adviser with extensive knowledge of healthcare fire safety who typically coordinates a team of Fire Safety Advisers. While holding similar core competencies, the Senior Fire Safety Adviser brings additional expertise and may take on some responsibilities of the Fire Safety Manager. The role exists to provide leadership and oversight within more structured fire safety management arrangements.

## Clarification on Competent Person (Fire)/competent person terminology

Throughout the Firecode suite of guidance, the term "Competent Person (Fire)" is capitalised to distinguish it as a defined role within the NHS fire safety management structure. This role refers to individuals who can provide professional services in relation to passive and active fire safety systems (such as fire alarm system installations and maintenance).

By contrast, the term "competent person" (lower case) is used in the Regulatory Reform (Fire Safety) Order 2005 across several articles, where it refers to individuals nominated to carry out specific fire safety functions:

- Article 13(3)(b) – competent persons nominated to implement firefighting measures.
- Article 15(1)(b) – competent persons nominated to implement evacuation procedures in the event of serious and imminent danger.
- Article 18 – competent persons appointed to assist the responsible person in undertaking preventive and protective fire safety measures (for example, risk assessment, fire safety planning).

In the context of HTM 05-01, the Fire Safety Adviser (Authorised Person (Fire)) is expected to fulfil the Article 18 "competent person" role – supporting the responsible person in

meeting their statutory obligations under the FSO. Other competent person roles (Articles 13 and 15) may be assigned to trained NHS staff or contractors, depending on local fire safety arrangements.

It is important for readers to distinguish between the capitalised “Competent Person (Fire)” as defined in HTM guidance and the statutory “competent person” roles described in the FSO.

## Fire Safety Group

This edition replaces the term “Fire Safety Committee” (used in the previous edition) with Fire Safety Group (FSG) and provides more detailed guidance on its role. (This approach is in line with other Health Technical Memoranda (HTMs), which also establish dedicated safety groups such as water, ventilation and medical gas safety groups, as part of their governance structures.) The FSG is now expected to approve fire safety protocols, meet at least quarterly (or more often if needed), and cover a broader range of issues such as unwanted fire signals and capital works. It also introduces the ability to form subgroups for specific tasks and allows external stakeholders, like the local fire and rescue service, to attend meetings. A diagram is included outlining the recommended membership of the FSG, illustrating the range of roles and expertise that should be represented.

## Changes to fire safety information documentation

This edition sets out a different way of organising fire safety information, replacing the single “fire safety information manual” from the 2013 edition with two separate, clearly defined documents. The original manual – used to communicate local fire safety arrangements – has evolved into the “departmental fire safety file”, which continues to support staff by providing area-specific emergency procedures, risk information and records. In addition to this, this edition introduces “site/building fire information manuals”, containing technical fire safety information required for compliance with Regulation 38 of the Building Regulations and forming part of the golden thread of information. Introduced in response to the Grenfell Tower Inquiry, this emphasises accurate, accountable and accessible safety information throughout a building’s life cycle. It reflects current regulatory requirements and improves clarity, accountability and the practical use of fire safety information across healthcare settings.

## Training

The 2013 edition of HTM 05-01 included a dedicated chapter on training (Chapter 11). In this revision, that chapter has been removed, and all relevant training requirements are now covered in HTM 05-03 Part A – ‘Training’. HTM 05-01 continues to define the requirement for training as part of the fire safety management system, including responsibilities for delivery and arrangements for reporting and audit. Detailed operational guidance, such as training needs analysis (TNA) and fire drills, is now addressed in HTM 05-03 Part A.

## Fire safety policy guidance

The “Department of Health fire safety policy”, previously presented as Chapter 2 in the 2013 edition, is no longer included as a standalone chapter in the main text. Instead, this content has been updated, renamed and moved to Appendix A. (At the time of writing, fire safety policy is overseen by NHS England (or its relevant replacement body/ organisation) rather than the Department of Health.) Additionally, revised fire safety policy guidance is also set out in Chapter 5 of this edition (previously Chapter 4 “NHS fire safety policies”), aligning the guidance with current governance arrangements and strategic responsibilities across the NHS.

# Acknowledgements

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# Contents

# 1 Glossary of terms

**1.1** For the purposes of this document the following terms are defined:

**Assembly point**: a pre-determined area of safety where persons should assemble in the event of an emergency.

**Command structure:** a widely used system in emergency response, including fire incidents. It provides a clear hierarchy for managing incidents effectively:

- strategic level (sometimes referred to as gold command)
- tactical level (sometimes referred to as silver command)
- operational level (sometimes referred to as bronze command).

**Compartmentation**: the division of a structure into separate fire-resisting areas or compartments (which may be further divided into subcompartments), using fire-resisting elements including walls, floors and, where applicable, roofs and/or other structures to prevent the spread of fire and smoke.

**Competence**: where a person is required to be competent, they must be able to demonstrate through skills, knowledge, experience and behaviours that they have the ability to undertake their role.

**competent person**: a person who has sufficient training, experience, knowledge and other qualities to enable them to properly implement fire safety measures in the healthcare premises. See also the Note on page 33.

**Complex healthcare organisations**: organisations responsible for facilities that perform invasive procedures or other treatments that place a dependence on staff for evacuation or have complex evacuation strategies (for example, large district general hospitals, university teaching hospitals or mental health hospitals).

Note: This definition also applies where clinical activities are delivered outside traditional acute hospital settings (for example, in community or diagnostic facilities). Healthcare organisations should therefore consider whether services provided in non-acute premises introduce levels of dependency, sedation or complexity that necessitate fire safety measures equivalent to those expected in acute environments.

**Dependency**: the categorisation of patients on the basis of their likely need for assistance to effect their safe evacuation in an emergency. The following categories are referred to in this Health Technical Memorandum (HTM) (as defined in HTM 05-02 – 'Guidance in support of functional provisions'):

- Independent: patients will be defined as being independent:
  - if their mobility is not impaired in any way and they are able to physically leave the premises without staff assistance, or

  - if they experience some mobility impairment and rely on another person to offer minimal assistance. This would include being sufficiently able to negotiate stairs unaided or with minimal assistance, as well as being able to comprehend the emergency wayfinding signage around the facility.
- Dependent: all patients except those classified as “independent” or “very high dependency”.
- Very high dependency: those whose clinical treatment and/or condition creates a high dependency on staff. This will include those in critical care areas, operating theatres and coronary care, and those for whom evacuation would prove potentially life-threatening.

**Emergency Preparedness Resilience and Response (EPRR):** a strategic national framework containing principles for health emergency preparedness, resilience and response for all NHS-funded organisations to meet the requirements of the Civil Contingencies Act 2004, the National Health Service Act 2006, the Health and Care Act 2022, the NHS standard contract, the NHS Core Standards for EPRR and NHS England business continuity management framework.

**Fire emergency (action) plan**: the pre-determined plan that describes the actions necessary in the event of a fire to protect relevant persons and facilitate their safe evacuation. This will usually arise from the **fire safety procedure**.

**Fire engineering**: the application of scientific and engineering principles to the protection of people, property and the environment from fire (see HTM 05-03 Part J – ‘Guidance on fire engineering of healthcare premises’).

**Firefighting equipment**: the fire extinguishers, fire blankets and other equipment made available to trained personnel for the purpose of fighting fire.

**Fire resistance**: the ability of an element of building construction, component or structure to fulfil, for a stated period of time, the required load-bearing capacity, fire integrity and/or thermal insulation and/or other expected duty in a standard fire resistance test.

**Fire risk assessment**: the process of identifying fire hazards and evaluating the risks to people, property, assets and the environment arising from them, taking into account the adequacy of existing fire precautions, and deciding whether the fire risk is acceptable without further fire precautions or if additional risk mitigation/remedial measures are necessary. See HTM 05-03 Part K – ‘Guidance on fire risk assessments in complex healthcare premises’.

**Fire safety management system**: a **fire safety policy** underpinned by 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 Order (FSO)**: the Regulatory Reform (Fire Safety) Order 2005 (as amended).

**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 and resultant risks or effectively respond to a fire incident.

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

**Fire safety strategy**: a detailed document setting out the fire safety parameters which enable the safe usage of a premises in terms of a) its design, b) the fire safety provisions,

both active and passive provided, and c) the fire safety management.

**Fire Safety Group (FSG):** a body of the healthcare organisation's key personnel responsible for the review of all fire safety matters including the approval of fire safety protocols.

**Healthcare building**: a hospital, treatment centre, health centre, clinic, surgery, walk-in centre or other building where patients are provided with medical care, diagnostics or other associated treatment.

**Hot works**: operations involving the use of open flames or the local application of heat or friction such as welding (including plastic welding), thermal bonding of materials, soldering, cutting or brazing.

**Material change**: a change in arrangements or circumstances that may have an impact on the validity of **fire risk assessments**, fire precautions and **fire emergency action plans**.

**Management level**: standard or quality of the organisational fire risk management system.

**Premises**: the land, building, or part of a building which is owned, occupied or managed by the organisation.

**Preventive 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 imposed by the FSO.

**Progressive horizontal evacuation**: evacuation of patients away from a fire initially into an adjacent fire-free compartment or subcompartment (place of relative safety) on the same level with further horizontal or vertical evacuation where required to a place of safety. Further detail is given in HTM 05-02.

**Relevant person**: (as defined in Article 2 of the FSO) 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.

**Training needs analysis (TNA):** an analysis of the training needs for various roles, see HTM 05-03 Part A – 'Training'.

# 2 Introduction and scope

**2.1** Effective fire safety depends on a combination of physical fire precautions and a robust system of effective management. Fire safety in the healthcare environment is particularly challenging since many healthcare building occupants will require varying degrees of assistance from healthcare staff to ensure their safety in the event of a fire. For some patients, the very act of evacuation may prove potentially life-threatening.

**2.2** While physical fire precautions within a building are intended to provide a level of protection to building occupants, effective fire safety management ensures that the incidence of fire is minimised, the physical fire precautions are maintained in an operational state, the organisation is able to respond effectively should a fire occur, and the impact of a fire incident is minimised.

**2.3** The Fire Safety Order (FSO) requires a risk-managed approach to fire safety. The process of fire risk assessment, mitigation and review requires a robust system of management capable of identifying hazards, assessing their impact, devising appropriate mitigation and continual monitoring.

**2.4** The presence of a robust system of fire safety management is a key influence in fire risk assessment, and in many healthcare environments it is the determining factor in evaluating the level of fire risk.

**2.5** Fire safety strategies for healthcare buildings may contain fire-engineered solutions that may require enhanced fire safety management – either applied across the whole building or targeted specifically to ensure that the engineered system operates effectively and safely.

**2.6** In any healthcare environment with dependent or very high dependency patients, it is unlikely that any amount of physical fire precautions on their own can reduce fire risks to an acceptable level. Adequate risk mitigation can only be achieved with the provision of a sufficient number of suitably trained staff, an environment in which the fire precautions are suitably maintained, and an effective fire safety strategy with fire emergency action plans that have been sufficiently rehearsed and tested. It is the non-physical elements of these fire precautions that are provided as a function of fire safety management.

## General application

**2.7** This guidance applies to all healthcare organisations. However, the way in which its principles are applied should be proportionate to the size, complexity and risk profile of the service. For smaller or non-complex organisations – such as ambulance trusts, GP practices, primary care centres, or community-based facilities – it may not be necessary to adopt every role or process described in full. Instead, organisations should implement the relevant concepts from this guidance at an appropriate scale. For complex organisations such as acute trusts and mental health trusts, the guidance should be applied in full, with adaptations made, where justified, by risk assessment.

**2.8** Where additional support is required, reference may also be made to alternative guidance such as BS 9997 or the MHCLG's (2023) 'A guide for persons with duties under the Regulatory Reform (Fire Safety) Order 2005 (as amended) and the Fire Safety (England) Regulations 2022'. These sources can complement the HTM by providing proportionate approaches to fire safety management in less complex environments.

**2.9** In all cases, fire safety management should be scaled to the level of risk and complexity within the organisation, with particular attention given to its most complex element.

**2.10** The range of healthcare providers is extensive, and Firecode may not address every specific issue encountered across all organisations. In such cases, professional judgement is required when considering fire safety measures. Fire safety professionals are expected to apply this judgement, taking particular account of the following:

- the type of healthcare being provided
- the dependencies of patients
- planned staffing levels
- the complexity of the premises.

**2.11** Where such expertise is not available within the healthcare organisation, competent external advice should be sought.

# 3 Statutory fire safety duties

**3.1** Although various statutes impose fire safety duties on those responsible for an organisation or its activities, the three principal legislative instruments are the Building Regulations 2010, the FSO and the Building Safety Act 2022:

- The Building Regulations 2010 include the functional fire safety requirements that must be met in the provision of a new building or the material alteration or change of use of an existing building.
- The FSO is concerned with the continued fire safety provisions to protect relevant persons.
- The Building Safety Act 2022 makes further requirements for all buildings as well as additional requirements for high-risk buildings.

**3.2** These legislative requirements are enforced by several authorities, including the fire and rescue authority, the Health and Safety Executive and the Care Quality Commission (CQC).

Note:

The CQC does not enforce fire legislation but considers fire safety as part of its role in regulating safe care under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (see paragraph 3.36).

## Fire safety requirements of the Building Regulations 2010

**3.3** The Regulations consider five aspects of fire safety in the construction of buildings and alterations to existing premises as set out in Part B of Schedule 1:

- B1 – Means of warning and escape
- B2 – Internal fire spread (linings)
- B3 – Internal fire spread (structure)
- B4 – External fire spread
- B5 – Access and facilities for the fire service.

**3.4** While Part B of the Building Regulations addresses the physical fire precautions incorporated into a building, these measures rely on effective fire safety management to ensure they are correctly used, properly maintained and remain suitable throughout the life of the building. Fire safety measures that depend on unrealistic or unsustainable management arrangements cannot be regarded as meeting the requirements of the regulations.

**3.5** This is reinforced in Part 8 of the Building Regulations, which includes a requirement under Regulation 38 for those carrying out relevant work to provide the responsible person with information on the building's design, construction and associated services, fittings and equipment, which will assist the

responsible person to operate and maintain the building with reasonable safety.

**3.6** Guidance on how to comply with the requirements of Part B of the Building Regulations is contained in HTM 05-02.

## Fire safety requirements of the FSO

**3.7** The FSO came into force in October 2006 and replaced the greater part of previous fire safety legislation.

**3.8** Responsibility for complying with the FSO rests with the responsible person. For the majority of cases in healthcare organisations, the responsible person will be the employer. For example, in an NHS hospital trust the responsible person will typically be the trust Board, whereas in a general practice, it may be the senior partner or an individual GP. Article 3(b)(ii) of the FSO also defines the responsible person as the owner where the employer does not have control of the workplace. This may apply to separate undertakings within the same premises or where a building has been procured under a private finance initiative, depending on the contractual arrangements in place.

**3.9** The FSO requires that the responsible person puts in place all necessary fire precautions to protect relevant persons in the event of fire in and around the premises.

**3.10** In order to determine the necessary fire precautions, the responsible person must undertake a suitable and sufficient assessment of fire risk.

**3.11** Any preventive and protective measures necessary to safeguard those at risk from the effects of fire must be implemented to the extent that it is reasonable and practicable. Effective arrangements must be made for the planning, organisation, control, monitoring and review of the preventive and protective measures.

**3.12** Duties imposed on the responsible person as well as those mentioned above include:

- taking such general fire precautions as will ensure, so far as is reasonably practicable, the safety of any of their employees; and in relation to relevant persons who are not their employees, taking such general fire precautions as may reasonably be required in the circumstances of the case to ensure that the premises are safe
- making a suitable and sufficient assessment of the risks to which relevant persons are exposed for the purpose of identifying the general fire precautions (see HTM 05-03 Part K)
- taking measures to eliminate or reduce risks resulting from the presence and/or use of dangerous substances so far as is reasonably practicable
- where necessary, providing appropriate means of detecting fire and raising the alarm including communication with the external emergency services (see HTM 05-03 Part B – ‘Fire detection and alarm systems including the reduction of false alarm and unwanted fire signals’)
- where necessary, providing appropriate firefighting equipment
- providing and ensuring the availability, where necessary, of appropriate escape routes and exits
- establishing and, where necessary, giving effect to appropriate procedures, including safety drills, to be followed in the event of serious and imminent danger to relevant persons; nominating a sufficient number of competent persons (see Notes on pages 17 and 33) to implement those procedures in so far as they relate to the evacuation of relevant persons from the premises
- ensuring the facilities, equipment and devices necessary to safeguard the

safety of relevant persons are subject to a suitable system of maintenance and are maintained in an efficient state, in efficient working order and in good repair

- appointing sufficient competent persons (see the Note on page 33) to assist in undertaking the preventive and protective measures
- providing employees with comprehensible and relevant information on the risks identified in the fire risk assessments, the preventive and protective measures taken, and the appropriate procedures
- providing similar information to persons working in or on the premises who are not employed by the responsible person
- providing adequate safety training to employees (see HTM 05-03 Part A)
- cooperating and coordinating with other responsible persons that have duties in respect of the premises
- maintaining provisions deemed necessary for safeguarding the safety of firefighters.

**3.13** Where healthcare services operate from leased or shared buildings, responsibilities for fire safety may be shared between the landlord, tenant and other occupiers. The boundaries of responsibilities will depend on the terms of the lease/occupational agreement. However, the healthcare organisation remains responsible for ensuring that suitable and sufficient fire safety arrangements are in place for the areas it occupies and controls. This includes verifying that landlord-retained elements (for example, structure, external walls or shared services) meet fire safety requirements, and ensuring that information is exchanged between parties to maintain a complete fire safety management system following the duties imposed under Article 22 (cooperation and coordination).

**3.14** The duties imposed by the FSO on the responsible person are also imposed on every person who has, to any extent, control of the premises. The extent of such duties is determined by the extent of control exercised by that person. For example, the person in charge of a department or ward will be responsible for the fire safety management of the areas under their control.

**3.15** Every employee, while at work, must take reasonable care for their own safety and that of other relevant persons who may be affected by their acts or omissions at work. In addition, all employees must inform their employer or nominated representative of any work situation or matter that presents a serious or imminent danger or that reveals any shortcomings in existing safety arrangements.

**3.16** See also the MHCLG's (2023) 'A guide for persons with duties under the Regulatory Reform (Fire Safety) Order 2005 (as amended) and the Fire Safety (England) Regulations 2022'.

## Fire service enforcement activity

**3.17** Enforcement of the FSO rests with the fire and rescue service. Accordingly, the NHS estate will be subject to periodic audits undertaken by the fire and rescue service, typically following a risk-based audit programme. The fire and rescue service may also conduct audits following a fire incident (post-fire investigation) or in response to being informed of potential fire-related concerns by the public or other bodies such as the Health and Safety Executive (HSE). The outcome of such audits may result in varying levels of enforcement activity as detailed below.

**3.18** Enforcement notices may be issued under Articles 29, 30 or 31 of the FSO. Appeals against such notices are covered in Article 35. Such notices will be included in a publicly available register.

**Article 29: alterations notices**

**3.19** This may be served where the fire and rescue service considers that the premises present a serious risk to relevant persons, or that a proposed change to the premises could result in such a risk.

**3.20** The fire and rescue service must specify the matters which, in their opinion, give rise to or could give rise to that risk.

**3.21** Where an alterations notice has been served, the responsible person must notify the fire and rescue service before making any of the following changes which may result in a significant increase in risk:

- a change to the premises
- a change to the services, fittings or equipment in or on the premises
- an increase in the quantities of dangerous substances which are present in or on the premises
- a change to the use of the premises.

**Article 30: enforcement notices**

**3.22** This may be served where there has been a failure to comply with the provisions of the FSO.

**3.23** An enforcement notice must:

- state that the enforcing authority is of the opinion that there has been a failure to comply with the provisions of the FSO and give the reason
- specify the provisions which have not been complied with, and
- require that person take steps to remedy the failure within such a period from the date of service of the notice (not being less than 28 days) as may be specified in the notice.

**Article 31: prohibition notices**

**3.24** If the enforcing authority is of the opinion that use of premises involves or will involve a risk to relevant persons so serious that use of the premises (or part of the premises) ought to be prohibited or restricted, the authority may serve on the responsible person (or any other person mentioned in article 5(3)) a prohibition notice.

**3.25** A prohibition notice must:

- state that the enforcing authority is of the opinion referred to in paragraph 3.24
- specify the matters which in their opinion give or, as the case may be, will give rise to that risk, and
- direct that the use to which the prohibition notice relates is prohibited or restricted to such extent as may be specified in the notice until the specified matters have been remedied.

**Article 35: appeals**

**3.26** A person on whom an alterations notice, an enforcement notice or a prohibition notice is served may, within 21 days from the day on which the notice is served, appeal to the court.

**3.27** On an appeal, the court may either cancel or affirm the notice. If it affirms it, it may do so either in its original form or with such modifications as the court may in the circumstances think fit.

**3.28** Where an appeal is brought against an alterations notice or an enforcement notice, the bringing of the appeal has the effect of suspending the operation of the notice until the appeal is finally disposed of or, if the appeal is withdrawn, until the withdrawal of the appeal.

**3.29** Where an appeal is brought against a prohibition notice, the bringing of the appeal does not have the effect of suspending the operation of the notice, unless, on the application of the appellant, the court so

directs (and then only from the giving of the direction).

### Action to take on receiving a notice

- Analyse the content of the notice to ensure alignment with the healthcare organisation's specific fire strategy, challenging any concerns arising.
- Discuss the notice with the fire and rescue service at the earliest opportunity, including any proposed action plans, especially if it would prove difficult to comply with unrealistic timescales.
- Consider taking legal advice; this must be done as soon as possible as the opportunity to appeal against a notice is only 21 days. Ideally a lawyer experienced in fire safety enforcement should be consulted. Where complying with the notice may result in business continuity issues such as to be detrimental to patient safety, legal advice should be sought.
- Inform NHS England (or relevant replacement body/organisation) of the notice. NHS England has a concordat agreement with the National Fire Chiefs Council and will monitor all such notices.

### Informal enforcement

**3.30** Where lesser concerns are identified, the fire and rescue service may issue a notification of deficiencies, sometimes called "letters of fire safety matters" or "informal notices". These will detail the issues of concern with suggested timeframes for compliance along with an indication of whether a reinspection will be conducted. Failure to comply with informal enforcement may result in escalation to formal notices being issued. Any such notifications should be discussed with the fire and rescue service in order to achieve a suitable action plan.

**3.31** Failure to comply with any fire enforcement activity could also result in escalation to prosecution.

## Building Safety Act 2022

**3.32** The Building Safety Act 2022 imposes specific duties on those involved in the design and construction of higher-risk buildings, and separate duties on those managing such buildings once they are occupied.

**3.33** The organisation's management structure must address the duties imposed by the Building Safety Act 2002, which may include the appointment of Accountable and Principal Accountable Persons tasked with managing occupied "in-scope" buildings.

**3.34** The Act has introduced amendments to the Building Regulations that may change the process for obtaining approvals for building works. These changes could, in turn, affect how such works are planned and delivered, particularly in relation to timescales.

**3.35** For further information, see NHS England's (2024) technical bulletin on the Building Safety Act and the Building Safety Regulator's website.

## Health and Social Care Act (Regulated Activities) Regulations 2014

**3.36** The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 cover a wide range of factors that complement the fire safety objectives detailed in the FSO. For example, the Regulations require that persons conducting regulated activities are suitably competent, robust governance arrangements for risk management, and assurance that premises are safe and suitable for their intended purpose. Reference should be made to the full Act for further details.

# 4 Effective fire safety management

## Management system

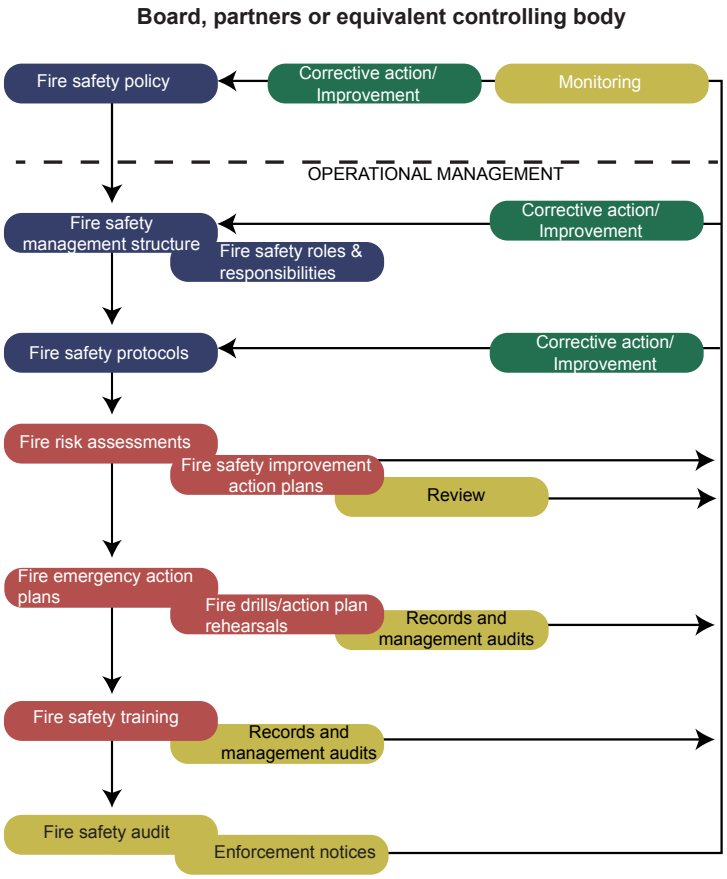
**4.1** In all healthcare organisations, a fire safety management system should be developed to ensure that an appropriate fire-safe environment is maintained.

**4.2** An exemplar fire safety management system is shown in Figure 1. In this system, the Board, partners or equivalent controlling body are responsible for setting out the fire safety policy, which includes the organisation's fire safety objectives. The remainder of the fire safety management system is developed and implemented by the various levels of operational management. The outcomes delivered by the fire safety management system are communicated to the Board, partners or equivalent controlling body through incident reports, periodic internal reporting and an annual independent external audit. In this way, the Board, partners or equivalent controlling body hold the organisation's management to account for their performance against the fire safety objectives set out in the fire safety policy.

**4.3** In addition to incident-based and audit reporting, assurance on compliance is also provided through the NHS Premises Assurance Model (PAM), which acts as the national mechanism for monitoring and validating fire safety management performance. PAM outputs feed directly into the Insightful Board process, ensuring that the Board receives structured information on both compliance and performance. This framework enables the Board to monitor progress, hold the organisation to account and focus on the fire safety issues that require strategic oversight.

**4.4** A fire safety management system should ensure that:

- fire safety objectives are set, typically in the form of a fire safety policy, and are clearly communicated throughout the organisation
- a suitable fire safety management structure is developed along with clearly defined roles and responsibilities
- appropriate guidance including fire safety protocols is produced or adopted and disseminated throughout the organisation to ensure that all of the organisation's activities support the fire safety objectives
- a suitable and sufficient assessment of fire risks is undertaken throughout the relevant areas of all premises owned, occupied and/or managed by the organisation, and any areas occupied by any other organisations within those premises
- fire risk assessments are completed and are reviewed as appropriate

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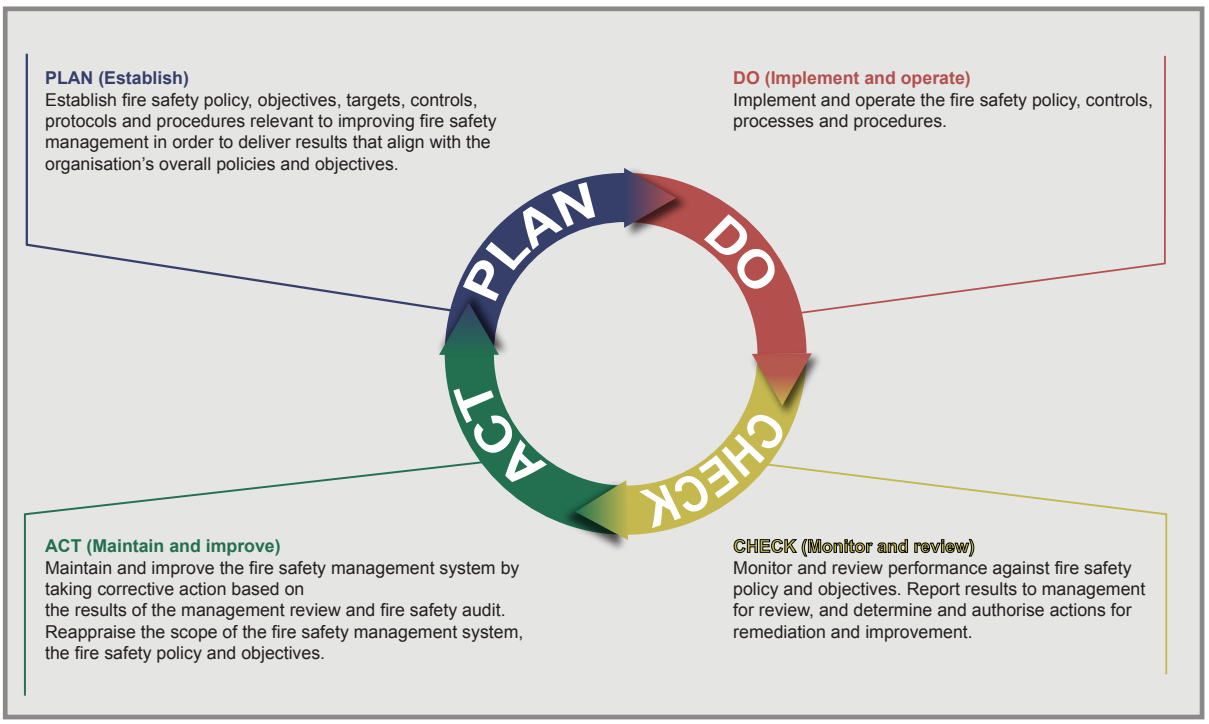



**Figure 1 Exemplar fire safety management system**

- appropriate action plans for improvement to fire precautions are recorded and actioned
- a suitable programme of inspection and maintenance of the fire safety arrangements is implemented
- a suitable programme of fire safety training is developed and implemented
- a robust system for the monitoring (see paragraph 4.3) and reporting of fire incidents, false alarms, unwanted fire signals and other fire safety issues is developed and implemented
- relevant organisation staff are involved in alterations/refurbishments, extensions and new capital projects to ensure they are designed and built to a suitable standard
- the performance of the fire safety management system is periodically audited and assessed against the organisation's fire safety objectives.

**4.5** Where operational requirements impact on fire safety (for example, insurers' requirements), they should also be considered in the development of the fire safety management system.

## Management structure

**4.6** A fundamental part of any management system is to clearly establish a structure to achieve the aims of the fire safety policy.

**4.7** In smaller, less complex organisations, such as those with only a few staff and/or premises, it may be possible for the Fire Safety Manager to adequately manage and control potential fire hazards, planning and training needs throughout the organisation. In these organisations, the Independent Expert Adviser (Authorising Engineer) is not essential but may be helpful. However, in large, complex organisations – such as an acute hospital trust – it is unlikely that a single person could exercise sufficient control to ensure that all aspects of the fire safety regime are effectively implemented throughout the organisation.

**4.8** An exemplar fire safety management structure is shown in Figure 2.

**4.9** This structure is informed by the recommendations on management systems in HTM 00 – 'Policies and principles of healthcare engineering'. As outlined in that guidance, management is structured around the roles of the Designated Person, Senior Operational Manager, Authorised Persons and Competent Persons.

**4.10** In these structures:

- the Board, partners or equivalent controlling body are responsible for setting out the fire safety policy, which includes the organisation's fire safety objectives
- the external independent professional support shown in figure 1 of HTM 00 is provided in this document by the Independent Expert Adviser (Authorising Engineer).
- the remainder of the fire safety management system is developed and implemented by the various levels of operational management
- the outcomes delivered by the fire safety management system are communicated to the Board, partners or equivalent controlling body through incident reports, periodic internal reporting and an annual independent external audit.

**4.11** The implementation of the fire safety policy requires a management structure with clearly defined roles and responsibilities, reporting channels and parallel pathways that ensure the communication of fire safety information to the Board, partners or equivalent controlling body. The fire safety policy should be formally approved and signed off at Board level to ensure organisational accountability.

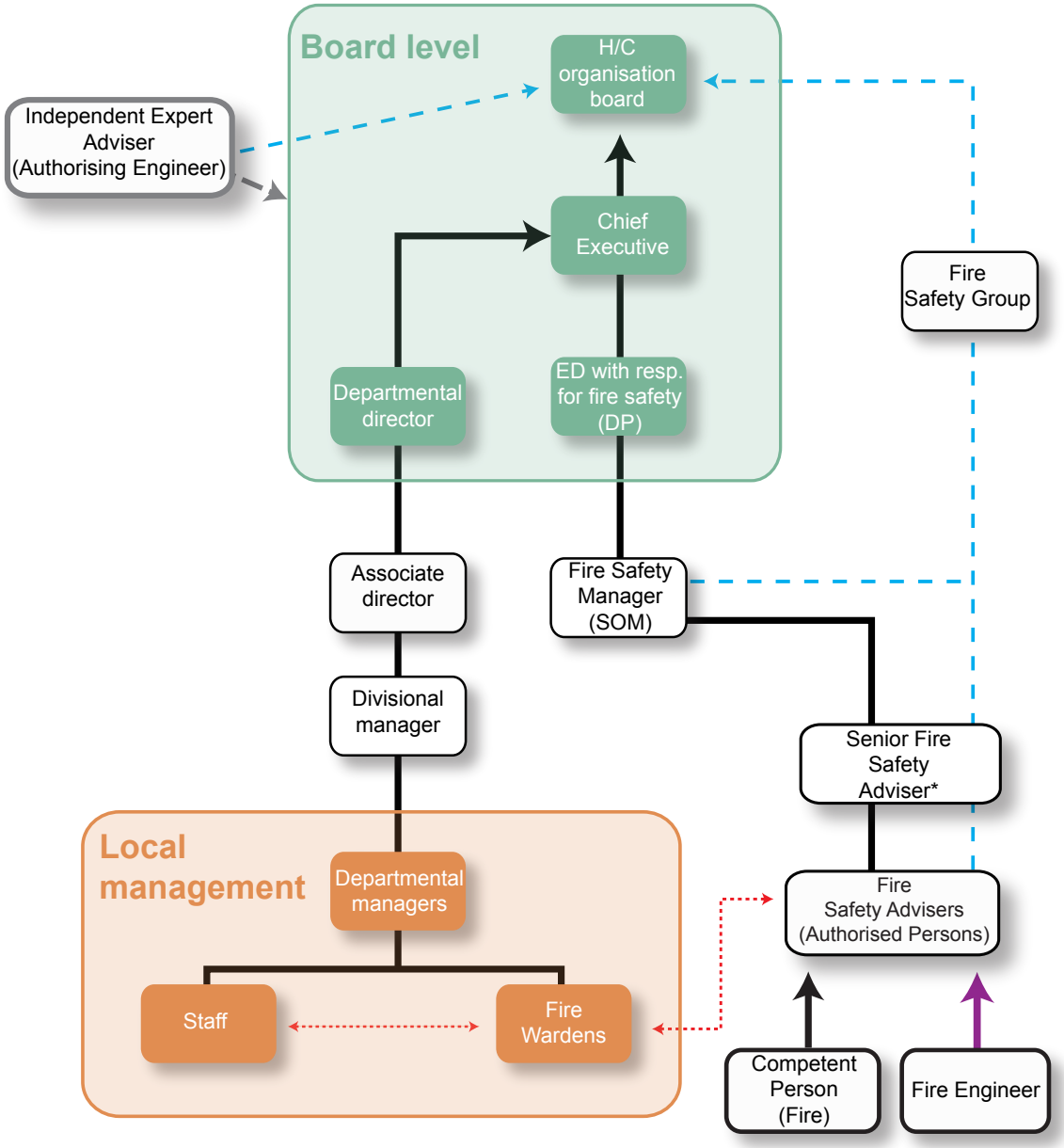



**Figure 2 Typical example of a management structure for a healthcare organisation**

**4.12** Details of the functions of the various roles shown in Figure 2 are provided in Chapter 7.

**4.13** To successfully implement the fire safety policy, all staff need to be provided with sufficient information and delegated authority to facilitate their undertaking of the duties required to support the fire safety management system and deliver the fire safety objectives of the organisation. To this end, the Fire Safety Manager should develop a framework of fire safety protocols that provide clear guidance to those performing a fire safety role and to those whose activities may indirectly affect fire safety within the organisation. For example, without sufficient guidance, the purchasing department may procure upholstered furniture that does not meet the minimum standard for use in a public area of medium hazard. Further information in respect of fire safety protocols is provided in Chapter 8.

## Fire risk assessment

Fire risk assessments are covered in HTM 05-03 Part K. This section provides an overview of key fire safety management implications.

**4.14** While fire risk assessments are a statutory duty placed on the responsible person, the risk assessment is usually completed by a competent person on their behalf such as the Fire Safety Adviser (Authorised Person (Fire)). See HTM 05-03 Part K for further guidance. See also paragraphs 7.31–7.32.

**4.15** HTM 05-03 Part K delineates a primary (relating to shared overarching general fire precautions, facilities, and the overall building management arrangements) and a secondary (locally assessed and/or managed areas) fire risk assessment. The ownership of the secondary fire risk assessment and its findings should be vested in the person in control of the area that has been assessed. Hence, in the case of a ward, it is the ward manager or equivalent that has ownership of the fire risk assessment and its findings, albeit that there may be findings and actions that are outside the ward manager's control which are collated and managed centrally and remain the responsibility of the responsible person. The local ownership of fire safety issues ensures that the person with control over individual departments or areas of the premises can discharge the duties imposed on them by the FSO.

**4.16** The outcomes of the fire risk assessment should be communicated to all relevant employees, including those from other organisations via their management structure, and escalated where necessary..

**4.17** The fire risk assessment must be regularly reviewed and whenever material changes have occurred. The review frequency should be based on the risk and the dependency of the patients within the area.

Note:

The Building Safety Act (2022) states that a fire risk assessor is regarded as competent when they have "sufficient training and experience or knowledge and other qualities to enable them to properly assist in making or reviewing the assessment".
Based on the Fire Sector Federation's (2020) 'Approved code of practice: a national framework for fire risk assessor competency', they should also be registered with an accredited third-party certification (ATPC) scheme, be registered with a professional body which has responsibility for maintaining ATPC compliance, and should maintain a record of their continuous professional development. (see also HTM 05-03 Part K).

## Fire emergency action plans

**4.18** The organisation should have a fire plan in place which comprises the fire policy and procedures, evacuation and emergency action plans, and fire risk assessment and training protocols.

**4.19** The fire plan is underpinned by training; a training needs analysis (TNA) in accordance with HTM 05-03 Part A should be developed and tested to ensure that in the event of a fire the organisation and its staff:

- respond appropriately to ensure the safety of patients and other relevant persons
- meet the objectives of minimising disruption to the provision of services, and damage to the environment and property.

**4.20** The healthcare organisation, through its EPRR function, should develop fire emergency action plans that coordinate resources to support local plans and ensure the effective delivery of site-wide and full-building evacuation, as well as central functions.

**4.21** Local emergency action plans should also be developed, setting out the specific actions to be taken in relation to the fire hazards, precautions, occupancy and staff availability within the area concerned.

**4.22** The local emergency action plan should consist of the following:

a. Actions to be taken on:
   - discovery or suspecting a fire, including raising the alarm and procedures for calling the fire and rescue service
   - hearing the fire alarm.

   Notices communicating this information should be displayed adjacent to fire alarm call points and in common areas including circulation spaces and staff rest rooms.

b. Site-specific evacuation plans and procedures for all areas. These should be developed and communicated to all staff, both during local induction and through periodic refresher training. These should be completed by ward/department managers with the assistance of the Fire Safety Adviser (Authorised Person (Fire)) and should detail:
   - primary and secondary evacuation routes and exits. In clinical areas, these should lead to adjacent locations where ongoing patient care can be delivered, including the provision of oxygen supplies, medication and patient notes
   - the evacuation strategy for the area such as simultaneous or progressive horizontal evacuation and the location of assembly points and refuges
   - where appropriate, techniques for the evacuation of dependent and very high dependency patients horizontally and, where necessary, vertically using stairs or evacuation lifts where provided
   - the location of evacuation lifts and staircases
   - the location of any evacuation equipment
   - the location of firefighting equipment and details of persons trained to use it
   - the location of medical gas isolation points (area valve service units) and the procedure and responsibility for isolating them
   - the location of medical gas cylinders and procedures for dealing with them
   - any site-specific conditions that would affect evacuation identified in the local fire risk assessment or by any other means such as ageing infrastructure
   - the number and location of dependent or very high dependency patients at any one time and the number of staff required to evacuate them

- the minimum number of staff on duty at any one time
- the number of trained Fire Wardens on each shift
- details of the healthcare organisation's Fire Response Team and response procedures
- details of provisions for exceptional circumstances such as pandemic or winter pressures
- site-specific evacuation training and evacuation drills or simulations carried out (see paragraphs 4.24–4.31).

c. A site-specific evacuation plan drawing showing evacuation routes, firefighting equipment and evacuation aids displayed adjacent to staff fire action notices and at entrances and exits to wards/departments.

d. A site/building fire information manual containing the above and additional information (see Chapter 9) available for audit and for use by the healthcare organisation's Fire Response Team and the fire and rescue service if evacuation is required.

e. A fire safety protocol to ensure a standardised approach to local fire emergency action plans.

### Sharing and communication of plans

**4.23** Fire emergency action plans should not only be documented but also communicated effectively to all relevant parties. Plans should be shared with the local fire and rescue service to ensure alignment with operational response arrangements, and with staff (including community-based teams) so that everyone understands their role in the event of an emergency. The method of dissemination should be proportionate to the complexity of the healthcare organisation, but in all cases the plan should be accessible, clear and regularly reinforced through training and exercises.

## Fire safety training

**4.24** The FSO makes fire safety training a legal requirement. Under Article 21, the responsible person must ensure that employees are provided with adequate safety training.

Note:

Article 15 of the FSO (procedures for serious and imminent danger) requires safety drills and the nomination of a sufficient number of competent persons to carry out those procedures. Such persons must have sufficient training.

**4.25** The Fire Safety Manager should ensure a TNA is undertaken for all employees and other staff working within the organisation in accordance with HTM 05-03 Part A. Local managers are responsible for ensuring that the staff working within their ward, department or area have received an appropriate level of fire safety training and at the required frequency as identified in the TNA.

**4.26** Local managers should ensure that enough trained staff are on duty at all times to safely implement the local fire emergency action plan.

**4.27** Local managers, supported by the Fire Safety Adviser (Authorised Person (Fire Training)), should provide periodic, site-specific evacuation and response training to all staff responsible for patient evacuation, including those responding to fire alarm actuations. This training should normally be delivered face-to-face, with exceptions only in exceptional circumstances, and its frequency should be determined based on risk.

**4.28** This will ensure that all staff receive adequate understanding of the evacuation plan and training to allow them to evacuate patients and visitors safely.

**4.29** The effectiveness of the evacuation plan for all areas should also be evaluated using fire drills or simulations conducted by local managers supported by the Fire Safety Adviser (Authorised Person (Fire Training)), with feedback given to participating staff where appropriate.

**4.30** Rehearsals of fire emergency action plans (including both local and site-wide plans developed through the EPRR function) should be used to refine each element of the plan and establish a robust response process. To identify potential weaknesses in the healthcare organisation's fire emergency response, these rehearsals should periodically involve a wide range of stakeholders, including staff from adjacent wards and departments, estates and engineering teams, the fire and rescue service (where available), and other relevant parties whose involvement is critical to an effective response.

**4.31** Local site-specific evacuation training and fire evacuation drills should be included in the healthcare organisation's TNA and be completed in accordance with HTM 05-03 Part A.

## Audits

**4.32** Audit is an essential element of the fire safety management system. The performance of its key elements should be subject to periodic audit to ensure ongoing effectiveness. Audit outcomes should be reported to the Board, partners or equivalent controlling body to support their monitoring role and to validate performance against the fire safety objectives set out in the policy.

**4.33** To provide adequate assurance and robust governance, the fire safety management system should be periodically reviewed by parties independent of those responsible for the delivery of the fire safety outcomes.

**4.34** Guidance on audits is given in Chapter 11.

## Developing management systems

**4.35** Fire safety management systems should be developed by a multidisciplinary team, led by the Fire Safety Manager, and be subject to wide consultation before adoption. Each element of the fire safety management system should be considered individually and collectively to ensure that it will not result in inadvertent consequences.

**4.36** The system developed should be outlined in the fire safety procedure. This document sets out each step of a process intended to prevent fires, maintain fire precautions, minimise fire hazards and associated risks, and ensure an effective response to fire incidents. It should also detail the procedures by which the organisation will achieve the objectives outlined in the fire safety policy. Specific details are included in the fire safety protocols (see Chapter 8).

**4.37** When developing the fire safety management system, providers of NHS-funded healthcare must demonstrate that they have considered their duty under section 149(1) of the Equality Act 2010 and can provide supporting evidence.

**4.38** BS 9997 provides a specification for fire risk management systems, with this HTM providing healthcare-specific guidance on their core requirements.

# 5 Fire safety policy

**5.1** The effective management of fire safety in any organisation requires the Board, partners or equivalent controlling body to clearly set out the fire safety priorities and objectives for the organisation. This is achieved by the preparation and dissemination of a fire safety policy.

**5.2** The fire safety policy should:

- clearly state the policy aims and the scope of its application such that there is an unambiguous statement of the organisational fire safety objectives applicable throughout the organisation's activities
- detail arrangements to facilitate fire safety that will be provided by the Board, partners or equivalent controlling body
- detail the expectations for management in the delivery of the policy objectives, including:
  - appropriate arrangements for monitoring the fire safety performance throughout the organisation
  - arrangements for monitoring the performance of fire safety management procedures and measures
  - details of how the fire safety management will be reviewed and independently audited.

It is through appropriate monitoring and assurance systems that the Board, partners or equivalent controlling body measures delivery against the objectives set out in the fire policy and demonstrates due diligence and effective governance.

**5.3** The fire safety policy should be:

- signed by the Chief Executive or equivalent officer on behalf of the Board, partners or equivalent controlling body
- disseminated to all staff
- made freely available to all parties that are stakeholders in the organisation's delivery of a fire-safe environment.

**5.4** It is important that the fire safety policy is reviewed regularly to ensure that it continues to meet the organisation's needs and is updated in response to any changes or incidents relating to fire safety within the organisation.

**5.5** An exemplar fire safety policy is provided in Appendix A.

**5.6** The fire safety policy should, by necessity, be brief and avoid such detail as would require the policy to be regularly updated to reflect changes in legislation, guidance or personnel. Such detail should be confined to the fire safety protocols and management procedures.

**5.7** There is an important distinction between:

- the **fire safety policy** that is prepared by the healthcare organisation's Board which sets out clear objectives and instructions for the management team to fulfil, and

- the **fire safety procedure** that is prepared by the management team which details the processes by which the organisation delivers the fire safety outcomes to meet the objectives of the fire safety policy, and
- the **fire safety protocols** that are developed by the Fire Safety Manager to provide organisation-specific guidelines on activities that may impact on fire risk.

**5.8** Where the distinction is effective, the Board, partners or equivalent controlling body are in a position to govern, while management are free to effectively control the organisational resources to deliver the desired fire safety outcomes through the production and implementation of appropriate procedures and protocols.

# 6 Appropriate management levels

**6.1** The appropriate level of fire safety is largely influenced by the development of a robust fire safety management system and the capabilities of those that bring the system into effect.

**6.2** In large, complex healthcare organisations, or those caring for dependent or very high dependency patients, the quality of management and their proactive approach to fire safety are fundamental to mitigating fire risks.

**6.3** By contrast, in smaller, less complex healthcare organisations, where assisted patient evacuation is seldom required, fire safety management should still be of appropriate quality, but can be proportionate to the lower level of risk and therefore less extensive than in large, complex healthcare organisations.

**6.4** The appropriate level of fire safety management should be determined from Table 1. The corresponding features of the management level should be incorporated into the fire safety management system and processes.

**6.5** Fire safety management levels for building-wide systems and support areas should be set to the same high level needed for the most critical parts of the healthcare organisation. This means that even non-clinical areas, such as plantrooms or corridors, should be managed to a standard that supports the fire safety needs of critical clinical areas such as operating theatres or critical care.

## Level 1 fire safety management

**6.6** Level 1 fire safety management exhibits the following attributes:

- Anticipates and proactively:
  - identifies the impact of any proposed changes to the risk profile including changes to the occupancy, periods of abnormal occupancy (for example, winter pressures) and fire hazards
  - identifies and implements alternative protection and management measures that will be required to mitigate the change.
- Managers with responsibility for fire safety are empowered to initiate maintenance or repair in order to ensure that legislative requirements are met.
- The staffing level provided is specifically appropriate to the building concerned, including the use of the building, the nature of the occupants, the management systems in place and the active and passive systems provided. Staff are suitably trained to assist occupants effectively in a fire emergency, and sufficient arrangements

are in place to provide contingencies for staff absences.

- The arrangements for training ensure that there are sufficient staff trained in all aspects of fire prevention, fire protection and evacuation procedures. Where necessary, they are able to use the appropriate firefighting equipment, ensuring full coverage of the building and allowing for contingencies such as sickness or annual leave.
- The system for work control is developed proactively with clear lines of responsibility and a robust permit-to-work system (including hot works) operated by trained and proficient staff, supported by effective logging, audit, routine checking and supervision.
- The permit-to-work system considers not only the risks inherent in the work activity, but also the potential implications for other departments and activities.
- The system of communications is able to ensure that all those involved, or potentially involved, in an incident are rapidly and effectively given relevant information. The system makes use of alternative formats as necessary and includes predetermined contingency plans to ensure continuity in the event of system failure. The system should be well-rehearsed in training and exercises.
- The maintenance system supports dynamic monitoring of fire safety systems, is evidence-based and risk-assessed, and ensures the equipment is in efficient working order at all material times. Alternative procedures and arrangements have been devised for situations when systems, equipment and other arrangements are not available or not functioning correctly.
- Liaison with the fire and rescue service is proactive including effective arrangements for notifying the fire and rescue service of any changes to occupancy, periods of abnormal occupancy (such as during winter pressures) and other relevant factors. Arrangements are in place for routine meetings with the fire and rescue service, and additional meetings whenever a change in the building or its occupancy is proposed.
- Contingency planning is proactive, taking into account a wide range of possible emergencies and incidents. These will include logistical planning comprising such issues as the provision of shelter, communications, transport, the weather, time of day, time of week, time of year (for example, holidays) and traffic-related issues, as well as scenarios such as power failures or floods. The planning will be in conjunction with other relevant agencies and via the EPRR function.
- Where premises have multiple responsible persons, there is a satisfactory level of cooperation and coordination between all parties – for example, in arranging joint evacuation drills and sharing fire risk assessments.

## Level 2 fire safety management

**6.7** Level 2 fire safety management exhibits the following attributes:

- Identifies the impact of changes to the risk profile including changes to the occupancy, periods of abnormal occupancy and fire hazards, and reacts to those changes by identifying and implementing alternative protection and management measures to mitigate the change.
- The responsibility for fire safety, and the necessary supporting staff and resources, is likely to be divided over a number of different individuals, departments or even companies. It is

likely that the implementation of any necessary changes will require approval of those not directly responsible for the routine management of fire safety within the premises.

- The staffing level provided is specifically appropriate to the building concerned, including the use of the building, the nature of the occupants, the management systems in place, and the active and passive systems provided. Staff are suitably trained to assist occupants effectively in a fire emergency; however, there is no contingency provision.
- The arrangements for training ensure that there are sufficient staff trained in all aspects of fire prevention, fire protection and evacuation procedures. Where necessary, they are able to use the appropriate firefighting equipment, ensuring full coverage of the building; however, there is no contingency provision.
- The system for work control provides clear lines of responsibility but is reactive to works activity. A robust permit-to-work system (including hot works) is in place which includes logging and audit processes.
- The system of communications provides information to all involved in an incident. The system makes use of alternative formats as necessary; however, there is no contingency provision.
- The maintenance system exhibits periodic monitoring of the fire safety systems, and the equipment is kept fully functional at all material times. Alternative procedures and arrangements are devised reactively when systems, equipment and other arrangements are not available or not functioning correctly.
- Liaison with the fire and rescue service includes arrangements for notifying the fire and rescue service of changes to occupancy, periods of abnormal occupancy and other relevant factors. There are no arrangements for routine meetings with the fire and rescue service or where a change in the building or its occupancy is proposed.
- Contingency planning takes into account a narrow range of possible emergencies and incidents. These will include logistical planning including issues such as the provision of shelter, communications, transport, the weather, time of day, time of week, time of year (for example, holidays) and traffic-related issues, as well as scenarios such as power failures or floods.
- Where premises have multiple responsible persons, there is a satisfactory level of cooperation and coordination between all parties – for example, in arranging joint evacuation drills and sharing fire risk assessments.

See NHS England's 'Reminder of fire safety considerations when increasing the estate capacity of existing areas' (https://www.england.nhs.uk/long-read/reminder-of-fire-safety-considerations-whenincreasing-the-estate-capacity-of-existing-areas/

| Indicative example of premises type | Patient and occupant characteristics | Management level |
|---|---|---|
| Acute hospital | Dependent & very high dependency patients<br>Occupants may be asleep<br>Potentially large numbers of occupants in out-patient facilities | 1 |
| Mental health hospital | Dependent patients with potentially challenging behaviour<br>Potential for fire setting<br>Occupants may be asleep | 1 |
| Diagnostic & treatment centre | Dependent & very high dependency patients<br>Patients anaesthetised or sedated | 1 |
| Minor injuries unit | Patients predominantly independent<br>Occupants able to escape from fire with minimal assistance<br>Occupants awake | 2 |
| Primary care centre – multiple GPs, minor treatment and/or dental provisions plus ambulance trust building | Majority of patients independent<br>Small numbers of patients may be sedated | 2<br>(or alternative guidance as described in paragraph 2.8) |

**Table 1 Appropriate levels of fire safety management for indicative examples**

# 7 Fire safety management roles and responsibilities

**7.1** The following paragraphs detail roles and responsibilities that are likely to be required to adequately address fire safety management in a complex healthcare organisation. While not all roles will be required for smaller, less complex organisations, the responsibilities described here will need to be discharged in any organisation through a management structure appropriate to that organisation.

**7.2** The fire safety management structure and lines of responsibility and reporting should be clearly set out in a format similar to Figure 2 in Chapter 4. The structure should clearly identify each post-holder, the fire safety role that they assume and their job title.

**7.3** In many organisations some of the roles described here may be combined. For example, it may be possible to combine the roles of Fire Safety Manager and Fire Safety Adviser (Authorised Person (Fire)) where the post-holder possesses suitable managerial skills and fire safety competency (see Appendix B for exemplar person specifications for these roles).

**7.4** Where a different structure is adopted, healthcare organisations should ensure that all relevant duties and responsibilities have been assigned to a suitably competent individual.

**7.5** Healthcare organisations may have other specific duties dependent on the nature of the sites that they manage. Key legislation is set out in Chapter 3.

## The Board

**7.6** The Board has overall accountability for the activities of the organisation, which includes fire safety, and is responsible for discharging the duties of the "responsible person" as defined in Article 3 of the FSO.

Note:

There may be other "responsible persons" on site where they meet the definition in Article 3.

**7.7** The Board should ensure that it receives appropriate assurance that the requirements of current fire safety legislation and the objectives of the HTM 05 Firecode series are being met, including through regular external fire safety management audits.

**7.8** The Board discharges the responsibility for fire safety through the Chief Executive.

## Chief Executive

**7.9** The Chief Executive will, on behalf of the Board, be responsible for ensuring that current fire legislation is complied with and, where appropriate, guidance from the HTM 05 Firecode series is implemented in all relevant premises owned, occupied or under the control of the healthcare organisation.

**7.10** The Chief Executive should ensure that all agreements for the provision of care and other services by third parties include sufficient contractual arrangements to ensure

compliance with the healthcare organisation's fire safety policy.

**7.11** The Chief Executive discharges the day-to-day operational responsibility for fire safety through the Executive Director (with fire safety responsibility).

**7.12** The Chief Executive should read and sign the annual statement of fire safety.

## Executive Director (with fire safety responsibility)

**7.13** The Executive Director (with fire safety responsibility) is responsible for ensuring that fire safety issues are highlighted at Board level. The Executive Director (with fire safety responsibility) is responsible for ensuring that fire safety issues are highlighted at Board level. Aligned with HTM 00, this person fulfils the role of the Designated Person.

**7.14** This responsibility also extends to proposing programmes of work relating to fire safety for consideration within the business planning process.

**7.15** This will include management of the fire-related components of the capital programme and future allocation of funding.

**7.16** At an operational level the Executive Director should be:

- assisting the Chief Executive with Board-level responsibilities for fire safety matters
- ensuring compliance with duties imposed by legislation
- ensuring that the healthcare organisation has in place a clearly defined fire safety policy and relevant supporting protocols and procedures
- ensuring that all work that has implications for fire precautions in new and existing healthcare buildings is carried out to a satisfactory technical standard and conforms to all prevailing statutory and mandatory fire safety requirements (the HTM 05 Firecode series)
- ensuring that all proposals for new buildings and alterations to existing buildings are referred to the Fire Safety Manager before building control approval is sought
- ensuring that all passive and active fire safety measures and equipment are maintained and tested in accordance with legislative requirements, and that comprehensive records are kept
- ensuring cooperation between other employers where two or more share healthcare premises (see Chapter 8 on fire safety protocols)
- ensuring through senior management and line management structures that full staff participation in fire training and fire evacuation drills is maintained
- ensuring that agreed programmes of investment in fire precautions are properly accounted for in the healthcare organisation's annual business plan
- ensuring that an annual external audit of fire safety management is undertaken by an Independent Expert Adviser (Authorising Engineer), and the outcomes communicated to the healthcare organisation's Board
- fully supporting the Fire Safety Manager function.

**7.17** In line with delegated authority, the Executive Director (with fire safety responsibility) should devolve day-to-day fire safety duties to the Fire Safety Manager.

## Fire Safety Manager

**7.18** The role of Fire Safety Manager is primarily a managerial role suitable for a Senior Operational Manager. They should

have an understanding of legal requirements and methodologies for achieving statutory compliance, including a basic knowledge of the HTM 05 Firecode series. For complex healthcare organisations, the Fire Safety Manager should have a greater understanding of fire safety in a healthcare environment (see Appendix B).

**7.19** The Fire Safety Manager acts as a focus for all fire safety matters in the organisation, and therefore the role should be carried out by one person. While the Fire Safety Manager may have a different line manager, accountability for fire safety matters should always be through the Executive Director (with fire safety responsibility) to whom the Fire Safety Manager should have direct access.

**7.20** In large, complex healthcare organisations, the role of Fire Safety Manager may be combined with other operational functions such as health and safety, EPRR or local security management. However, this role should be treated as a dedicated appointment to ensure sufficient focus and expertise in fire safety management. When nominating the Fire Safety Manager, it will be necessary to ensure that they have clearly defined areas of responsibility and an integrated approach to avoid conflict with any overlapping responsibilities.

**7.21** The Fire Safety Manager is tasked with developing and managing the fire safety management system, and will be responsible for:

- ensuring the organisation's management arrangements support the day-to-day implementation of the fire safety policy
- ensuring compliance with duties imposed by legislation
- appointing Fire Safety Advisers (Authorising Persons (Fire))
- establishing and operating the Fire Safety Group (see paragraphs 7.69–7.75), and for reporting any non-compliance with legislation, policies, protocols and procedures to the Executive Director (with fire safety responsibility)
- obtaining expert advice on fire legislation
- obtaining expert technical advice on the application and interpretation of fire safety guidance, including the HTM 05 Firecode series
- developing, implementing, monitoring and reviewing the organisation's fire safety management system
- developing, implementing and reviewing the organisation's fire safety policy and protocols
- ensuring that fire risk assessments are undertaken, recorded, regularly reviewed and suitable action plans developed
- ensuring that risks identified in the fire risk assessments are included in the healthcare organisation's risk register as appropriate
- overseeing any fire safety risks identified by risk assessments
- developing, implementing and reviewing the organisation's site, building and local fire emergency action plan
- ensuring that requirements related to fire procedures for less-able staff, patients and visitors are in place
- developing, delivering and auditing an effective fire safety training programme (Training Needs Analysis) as detailed in HTM 05-03 Part A
- reporting of fire incidents in accordance with the healthcare organisation's policy and sharing any "lessons learned"
- monitoring, reporting and initiating measures to reduce false alarms and unwanted fire signals as detailed in HTM 05-03 Part B

- liaising with external enforcing authorities including the CQC and fire and rescue authorities
- liaising with the healthcare organisation's managers
- liaising with the Independent Expert Adviser (Authorising Engineer)
- monitoring the inspection and maintenance of fire safety systems to ensure they are completed in line with legal requirements
- organising internal and, if considered appropriate, second-party (peer review) fire safety audits, with outcomes formally recorded and suitably reported
- supporting the fire safety elements of the periodic six-facet surveys outlined in Health Building Note 00-08 – 'Strategic framework for the efficient management of healthcare estates and facilities' (commonly referred to as "Estatecode").
- providing fire safety data
- providing a link to the relevant healthcare organisation's committees
- ensuring an appropriate level of management is always available for incident response by the establishment of Fire Response Teams for the healthcare organisation's sites or premises.

## Independent Expert Adviser (Authorising Engineer)

In this revision of HTM 05-01, the responsibilities previously associated with the Authorising Engineer (Fire) are now separated into two defined roles: the Independent Expert Adviser (Authorising Engineer) and the specialist Fire Engineer.

The Independent Expert Adviser (Authorising Engineer) role focuses on auditing fire safety management systems. Although previous Firecode guidance has assigned the auditing function to the Authorising Engineer – which required Chartered Engineer status – the nature of auditing does not typically require the engineering competencies defined by the Engineering Council for chartership. In practice, these audits are often conducted by experienced fire safety professionals who are not Chartered Engineers, with input from a chartered individual where necessary. As such (unlike other HTM disciplines such as electrical services, ventilation or medical gases), fire safety auditing is not an engineering task, and the use of the Authorising Engineer title is therefore not considered appropriate.

In contrast, where detailed fire engineering solutions are needed – such as in complex building designs or fire strategy work – a specialist Fire Engineer, often chartered or incorporated depending on the complexity and risk profile of the project, is the appropriate source of technical advice.

For both roles, the person should be a member of a relevant professional organisation with an established code of conduct, either in the healthcare or fire safety sector, such as the Institute of Healthcare Engineering and Estate Management (IHEEM), the Institute of Fire Safety Managers (IFSM) or the Institution of Fire Engineers (IFE).

This new structure matches each role to the right set of skills and competencies, making the approach more practical and

proportionate. It helps healthcare organisations bring in the right expertise for both oversight and technical advice, improving how fire safety is managed overall.

The Authorising Engineer title will continue to apply in other HTMs, in line with HTM 00 – 'Policies and principles of healthcare engineering', but fire safety is considered an exception due to the distinct separation between audit and engineering functions.

**7.22** The Independent Expert Adviser (Authorising Engineer) will act as an auditor. They will monitor the performance of fire safety management, and provide an annual fire safety management audit to the Board.

**7.23** HTM 00 states that an Independent Expert Adviser (Authorising Engineer) is responsible for recommending/nominating suitably competent individuals for appointment as Authorised Persons by the healthcare organisation. Authorised Persons (Fire) are appointed directly by the healthcare organisation based on employment and person specification criteria. The Independent Expert Adviser (Authorising Engineer) may be asked to assist in assessing candidates and, as part of their audits, may also provide endorsements for individuals serving in the role of Authorised Person (Fire).

**7.24** To avoid any conflict of interest, the Independent Expert Adviser (Authorising Engineer) should remain independent of the healthcare organisation and not be an employee of that organisation

**7.25** The Independent Expert Adviser (Authorising Engineer) should be suitably competent to carry out the role:

- They should have extensive experience of fire safety design, management and systems maintenance in a complex healthcare setting.
- They may have experience in an audit and enforcement capacity with organisations such as the HSE, a fire authority, a local authority or the CQC.
- They should be a full member of a relevant professional organisation with a professional code of conduct such as IHEEM, IFSM or IFE, either in a healthcare or fire setting.
- They should have a lead auditor qualification.
- The length of experience required in a complex healthcare environment may vary depending on the level of training and relevant qualifications, but should in any case be a minimum of three years. Relevant qualifications should be those pertaining to fire safety, fire safety management and safety auditing.

**7.26** In smaller or less complex healthcare organisations, where there may not be a formal Board structure, the role of the Independent Expert Adviser (Authorising Engineer) may be helpful in providing independent expert advice. In such cases, the organisation should nominate a senior accountable officer or equivalent governance body to receive the Independent Expert Adviser (Authorising Engineer)'s reports and ensure that appropriate actions are taken. This ensures that the assurance function provided by the Independent Expert Adviser (Authorising Engineer) is maintained consistently, regardless of the size or governance arrangements of the organisation.

**7.27** It is important that the Independent Expert Adviser (Authorising Engineer) has sufficient understanding of fire safety in a healthcare environment to realise their own limitations and draw on expert advice where necessary. See also the section on auditing and peer review in Chapter 11 (paragraphs 11.5–11.15).

**7.28** The Independent Expert Adviser (Authorising Engineer) may also provide general fire safety technical support where requested but should consider whether:

- they hold sufficient competencies to address any specific technical query
- responding to the technical query would compromise their ability to carry out the independent audit.

**7.29** It may be more appropriate for the Independent Expert Adviser (Authorising Engineer) to assist with directing any such queries to a suitable individual with the necessary knowledge and experience (for example, Competent Person (Fire) or a Fire Engineer).

**7.30** Rather than appointing a single individual to fulfil the role of the Independent Expert Adviser (Authorising Engineer), healthcare organisations may use a third-party organisation. That organisation should be able to demonstrate comparable experience and competencies required for the role.

### Competency of fire risk assessors

**7.31** The FSO and the Building Safety Act (2022) require that fire risk assessments are undertaken by competent persons. MHCLG has confirmed its intention to legislate for that competence to be independently verified through certification by a UKAS (United Kingdom Accreditation Service)-accredited body. At present, the availability of accredited schemes and assessors is insufficient to meet demand across the healthcare sector. As an interim measure, the Independent Expert Adviser (Authorising Engineer) should verify the competency of those undertaking fire risk assessments on behalf of the healthcare organisation and should review the quality of such assessments during their annual audit.

**7.32** Once MHCLG's UKAS-accredited certification requirement comes into force, healthcare organisations will be expected to engage only assessors holding such certification. Independent Expert Advisers (Authorising Engineers) are expected to remain current with these developments and advise healthcare organisations accordingly; healthcare organisations should update their fire safety management arrangements to reflect any new statutory requirements (see also HTM 05-03 Part K).

## Senior Fire Safety Adviser

**7.33** In larger healthcare organisations, where there may be several persons fulfilling the role of Fire Safety Adviser, the role of Senior Fire Safety Adviser may be designated. They will be an experienced Fire Safety Adviser with extensive knowledge of healthcare fire safety. Typically, their role will be to coordinate the team of Fire Safety Advisers and may incorporate some of the Fire Safety Manager's duties.

**7.34** The role of the Senior Fire Safety Adviser still includes providing specialist engineering advice and as such the role is that of an Authorised Person (Fire). For further information on competencies, see Appendix B.

## Authorised Persons

Fire safety is managed differently from other engineering disciplines covered by HTM 00. While HTM 00 defines Authorised Persons as individuals with key operational responsibilities for specialist services, fire safety does not follow quite the same model. In most healthcare organisations, the person responsible for providing competent fire safety advice is known as the Fire Safety Adviser. This is the commonly used job title, widely recognised and applied in practice.

Within the framework of HTM 00, however, this same individual is expected to fulfil the role of Authorised Person for fire safety – even though their responsibilities differ from those of Authorised Persons in other areas, such as electrical systems or medical gases. Most notably, Fire Safety Advisers typically do not have direct control over physical systems or infrastructure. Their function is advisory and oversight-based, focused on ensuring compliance, supporting safe practice and maintaining assurance.

This distinction reflects the unique nature of the role: while the Fire Safety Adviser describes the practical, functional job title, Authorised Person is the term used in HTM 00 to map that function to the formal management structure. Therefore, this document uses both terms to refer to the same individual – to recognise the real-world job title while ensuring alignment with HTM 00.

**7.35** In smaller, less complex organisations, the duties of the Fire Safety Adviser may be a single role (that of the Authorised Person (Fire)). In large organisations, this role may be categorised into three specialisms which might be provided by one or more persons:

- fire risk assessment
- fire training
- fire projects (providing advice to project managers and others such as architects and engineers on fire safety requirements).

**7.36** See also the Senior Fire Safety Adviser (paragraphs 7.33–7.34) and Authorised Person (Fire Safety Maintenance) (paragraphs 7.44–7.45).

**7.37** Fire Safety Advisers are typically appointed by the healthcare organisation as part of their employment and person specifications.

**7.38** Fire Safety Advisers will provide competent fire safety advice and be accountable to the Fire Safety Manager or Senior Fire Safety Adviser (where appointed) for matters of fire safety.

**7.39** They should also fulfil the role of "competent person" as defined in Article 18 of the FSO with regard to assisting the responsible person in undertaking preventive and protective fire safety measures.

**7.40** Where specialist solutions are required to resolve fire safety issues, the Fire Safety Advisers would not necessarily be expected to have the level of skill required but would know the limits of their capabilities and, when necessary, seek specialist advice from a Fire Engineer.

**7.41** In some smaller organisations, the role of Fire Safety Adviser may be fulfilled by an external contractor. Where this is the case, details of the contractor and the contractual arrangements (including competency requirements) should be specified in the fire safety management structure.

**7.42** While a directly employed person is preferred, the healthcare organisation may use a third-party organisation to fulfil the duties of the Fire Safety Adviser. That organisation should be able to demonstrate comparable experience and competencies required for the role.

**7.43** The following lists of exemplar duties will either be carried out solely by the Fire Safety Adviser or the respective specialist Authorised Person where appointed.

## Fire Safety Adviser (Authorised Person (Fire))

- providing expert advice on fire legislation
- assisting with the review of the content of the healthcare organisation's fire safety policy
- investigating all fire-related incidents and fire alarm actuations
- liaising with the enforcing authorities on technical issues
- liaising with managers and staff on fire safety issues
- supporting the preparation of fire prevention and emergency evacuation plans
- liaising with the Senior Fire Safety Adviser or Fire Safety Manager.

### Fire Safety Adviser (Authorised Person (Fire Risk Assessment))

- undertaking and recording fire risk assessments and reporting the findings
- providing expert technical advice on the application and interpretation of fire safety guidance, including HTM 05-03 Part K

### Fire Safety Adviser (Authorised Person (Fire Training)) (see HTM 05-03 Part A)

- delivering an appropriate programme of fire safety training that is aligned with the TNA
- ensuring the effectiveness of staff training is assessed through workplace question-and-answer sessions or by completing and monitoring small-scale drills or exercises
- advising the Fire Safety Manager as to whether legal requirements are being met
- ensuring staff are made aware of the relevant findings of the fire risk assessment.

### Fire Safety Adviser (Authorised Person (Fire Projects))

- providing healthcare organisation project managers with support and assistance on fire safety matters
- providing fire safety advice and guidance for any proposed building works, ensuring that existing or proposed fire safety strategies are suitable and that any derogations from the HTM 05 Firecode series are suitably recorded and justified (see the NHS England template for managing and recording derogations)
- advising and assisting healthcare organisation project managers to ensure that building works comply with relevant codes and ensuring that suitable documentation is received and updated on completion
- ensuring that all proposed building works are communicated with relevant stakeholders.

### Authorised Person (Fire Safety Maintenance)

**7.44** This person is likely to be a member of the estates team, responsible for overseeing and delivering appropriate maintenance of the premises, and of the facilities, equipment and devices provided in relation to the premises under the FSO.

**7.45** See also paragraphs 7.2–7.4 in HTM 05-03 Part B.

## Fire Engineer

**7.46** The Fire Engineer will act as an independent professional adviser to the healthcare organisation regarding complex technical engineering issues which may require a level of fire engineering (HTM 05-03 Part J). This may include specific areas such as smoke control in atria and combustibility of external wall systems. Persons providing advice on specific subjects – such as fire suppression systems, smoke ventilation or atria – should have extensive experience in the specific field, ideally within a healthcare environment.

**7.47** This HTM does not require any organisation to directly employ a Fire Engineer. It is likely that they will be employed to provide specific solutions for complex engineering projects, either in new or existing buildings, as and when required.

**7.48** When commissioning a Fire Engineer for a project, the healthcare organisation should ensure that the appointee is suitably competent. Depending on the complexity of the fire engineering, that person should be

either a chartered or incorporated engineer (in the discipline of fire) and have worked extensively in a healthcare setting.

**7.49** The Fire Engineer should also be a full member of a relevant professional organisation with a professional code of conduct such as IHEEM, IFSM or IFE, either in the healthcare or fire setting.

Note:

The Engineering Council states that **chartered engineers** develop solutions to complex engineering problems using new or existing technologies, through innovation, creativity and technical analysis. **Incorporated engineers (IEng)** maintain and manage applications of current and developing technology, and may undertake engineering design, development, manufacture, construction and operation.

**7.50** The Fire Engineer will be required to demonstrate competence in their particular field of expertise in a healthcare environment.

## Competent Person (Fire)

**Note on terminology:**

Throughout the Firecode suite of guidance, the term “Competent Person (Fire)” is capitalised to distinguish it as a defined role within the NHS fire safety management structure. This role refers to individuals who can provide professional services in relation to passive and active fire safety systems (such as fire alarm system installations and maintenance).

By contrast, the term “competent person” (lower case) is used in the FSO across several articles, where it refers to individuals nominated to carry out specific fire safety functions:

- Article 13(3)(b) – competent persons nominated to implement firefighting measures.
- Article 15(1)(b) – competent persons nominated to implement evacuation procedures in the event of serious and imminent danger.
- Article 18 – competent persons appointed to assist the responsible person in undertaking preventive and protective fire safety measures (for example, risk assessment, fire safety planning).

In the context of HTM 05-01, the Fire Safety Adviser (Authorised Person (Fire)) is expected to fulfil the Article 18 “competent person” role – supporting the responsible person in meeting their statutory obligations under the FSO. Other competent person roles (Articles 13 and 15) may be assigned to trained NHS staff or contractors, depending on local fire safety arrangements.

It is important for readers to distinguish between the capitalised “Competent Person (Fire)” as defined in HTM guidance and the statutory “competent person” roles described in the FSO.

**7.51** Installers and maintainers of fire safety equipment will be commissioned by the healthcare organisation and must be able to demonstrate a sound knowledge and specific skills in the specialist service being provided. This may include the installation or maintenance of related fire safety equipment and services such as:

- fire detection and alarm systems
- portable firefighting equipment
- fire suppression systems
- fire doors
- passive fire protection (fire stopping)
- fire dampers
- firefighting hydrants, and dry and wet risers.

**7.52** The list in paragraph 7.51 does not preclude a healthcare organisation from directly employing Competent Persons (Fire) to carry out installation or maintenance

activities. Having directly employed personnel can be beneficial for rapid repairs or replacements. It may also prove feasible for such staff to complete surveys and or repairs when they are otherwise working in an area. Competent Persons (Fire) – whether directly employed or contracted – should also have sufficient knowledge of fire safety measures, such as fire stopping, to enable them to identify and report any deficiencies encountered during the course of their duties. Directly employed Competent Persons (Fire) may offer greater continuity and familiarity with site-specific risks, systems and procedures, enabling more proactive involvement in day-to-day fire safety.

**7.53** In cases where external parties provide services, the party concerned should, where there is such a scheme in operation, be registered with an appropriate fire industry accreditation scheme, ideally one which is third-party accredited by the United Kingdom Accreditation Service (UKAS).

**7.54** Installation and maintenance of fire precautionary measures should be completed to the standards specified in the relevant HTM and associated Code of Practice.

## Departmental Directors

**7.55** Departmental directors have responsibility for managing fire safety in their area of responsibility. Specifically they will be responsible for ensuring that:

- fire safety arrangements within their areas of responsibility align with the fire safety policy, by supporting and enabling effective local management
- suitably competent staff are appointed to discharge the duties necessary for the safe and effective management of fire safety within their area of responsibility and control
- that all levels of management within their control know and meet their responsibilities in relation to fire safety and are adequately trained to do so
- any proposed changes to the risk profile – such as alterations in occupancy, periods of increased occupancy (for example, winter pressures), or changes to services – are properly coordinated with the fire safety management team.

## Local management

**7.56** Matrons, heads of service, departmental managers and all those with managerial responsibility have responsibility for:

- monitoring fire safety within their respective workplaces and ensuring that contraventions of fire safety precautions do not take place
- ensuring local (secondary) fire risk assessments are in place and reviewed as necessary (HTM 05-03 Part K)
- notifying the Fire Safety Adviser of any proposals for “change of use” within their area, including temporary works that may impact on the risk assessment
- notifying the Fire Safety Manager of any proposals to increase the density of patients in their ward or department or to use areas for patient treatment or care which were not designed for this purpose, such as corridors, storerooms or office areas
- reporting any defects in the fire precautions and equipment in their area and ensuring that appropriate remedial action is taken
- ensuring that local fire emergency action plans are developed, brought to the attention of staff, and adequately rehearsed to ensure sufficient emergency preparedness
- ensuring that the local fire emergency action plan is revised in response to changes (including temporary works) that may affect response procedures

- ensuring that the local departmental fire safety file is kept to up to date (this may be delegated to the local Fire Warden(s))
- ensuring that the duties outlined in this document and relevant fire safety instructions are brought to the attention of staff through local induction and ongoing staff briefings
- ensuring the availability of a sufficient number of appropriately trained staff at all times to implement the local fire emergency action plan
- ensuring that every member of their staff attends fire safety training as set out in the healthcare organisation's TNA
- ensuring a record is kept of staff induction and attendance at fire safety training
- ensuring that all new staff, on their first day in the ward/department, are given basic familiarisation training within their workplace, to include:
  - the local emergency plan including fire procedures and the evacuation plan
  - means of escape
  - location of fire alarm manual call points
  - firefighting equipment
  - any fire risks identified
  - fire precautions and prevention for the specific area
- ensuring staff at all levels understand the need to report all fire alarm actuations and fire incidents as detailed in the fire safety protocols
- where appropriate, ensuring that sufficient Fire Wardens are identified and appointed for their specific areas of responsibility
- ensuring that local checks of items such as exit routes, exit doors, fire doors, fire alarm sounders and call points, and fire extinguishers are completed in accordance with fire safety protocols.

## Fire Warden

**7.57** The size and complexity of the healthcare organisation's buildings and activities may necessitate the appointment of local Fire Wardens to ensure the efficacy of fire safety arrangements within their area.

**7.58** Fire Wardens will essentially be the "eyes and ears" within that local area but will not have an enforcing role. They will report any issues identified to their line or departmental managers and if necessary to the Fire Safety Adviser or Fire Safety Manager.

**7.59** The Fire Warden should:

- act as the focal point on fire safety issues for the local staff
- assist in the fire safety regime within local areas
- raise issues regarding local fire safety with their line management
- as directed by the local manager, complete checks of local fire safety items such as exit routes, exit doors, fire doors, fire alarm sounders and call points, and fire extinguishers in accordance with fire safety protocols (see the exemplar list in Appendix C)
- support line managers in their fire safety duties
- assist with the provision of local fire safety familiarisation for new staff
- keep the local departmental fire safety file up to date, if delegated by the local manager.

## Fire Incident Manager (bronze command/ operational level)

**7.60** The most senior person in charge of an area and present at the time that an incident occurs should assume the role of the Fire Incident Manager (see also Chapter 4).

**7.61** The Fire Incident Manager should:

- take control of the incident
- direct the local response
- ensure that the fire alarm system has been activated and that staff in the area are aware of the incident
- initiate the local fire emergency action plan
- determine whether evacuation is necessary and commence the evacuation if appropriate
- where the area is provided with either a medical gas pipeline system (MGPS) or cylinders providing medical gases, liaise with the senior clinical staff member (see HTM 02-01 – 'Medical gas pipeline systems') to determine whether the MGPS should be isolated or cylinders removed from the affected area
- where applicable, liaise with the Fire Response Team and the Fire Response Team Leader on their arrival.

**7.62** Should the Fire Incident Manager be relieved of this role, a formal acknowledgement by the new incident manager should be made; this should be recorded and all appropriate persons should be informed.

## Fire Response Teams

**7.63** The Fire Safety Manager should establish the necessity for Fire Response Teams across the healthcare organisation's sites. The fire risk assessment will best determine the quantity of people, skill profile and training required; consideration should also be given to the availability of staff outside of daytime operating hours.

**7.64** Guidance in HTM 05-03 Part B should be followed where "seek and search" procedures are adopted.

**7.65** Fire Response Team procedures should reflect, and where necessary be integrated with, the healthcare organisation's major incident policy and associated procedures.

## Fire Response Team Leader

**7.66** A senior manager should be nominated as the Fire Response Team Leader to ensure that initial control of the Fire Response Team is established and maintained. In their absence, the senior team member will take charge until the Fire Response Team Leader arrives.

**7.67** The Fire Response Team Leader should:

- respond to confirmed fire events in line with local procedures
- take responsibility for direction of the Fire Response Team
- implement the response procedures
- liaise with the Fire Incident Manager
- liaise with the attending fire and rescue service
- instigate the internal major incident plan (if required)
- where there is a "seek and search" system in place and the fire and rescue service is not automatically summoned, ensure that the protocols governing that system are followed.

## All staff, contract staff and volunteers

**7.68** All staff, contractors and volunteers should:

- comply with the healthcare organisation's fire safety protocols and fire procedures
- participate in fire safety training and fire evacuation exercises in accordance with the TNA
- immediately report deficiencies in fire precautions to line managers and Fire Wardens
- report fire incidents and false alarm signals in accordance with the healthcare organisation's protocols and procedures
- ensure the promotion of fire safety at all times to help reduce the occurrence of fire and unwanted fire alarm signals.

## Fire Safety Group (FSG)

**7.69** In NHS organisations, it is recommended that a FSG (commonly referred to as the fire safety committee in some organisations) be formed. The FSG should be responsible for the review of all fire safety matters including approving fire safety protocols. Standard agenda items might include fire incidents, false alarms and unwanted fire signals, enforcement action, staff training, capital works and resolution of recommendations from fire risk assessments.

**7.70** In exceptional circumstances, and only in smaller, less complex healthcare organisations, fire safety matters could be dealt with by another group/committee such as a health and safety or risk management group/committee. However, where fire safety is part of another group/committee's remit, fire safety should be a standing agenda item.

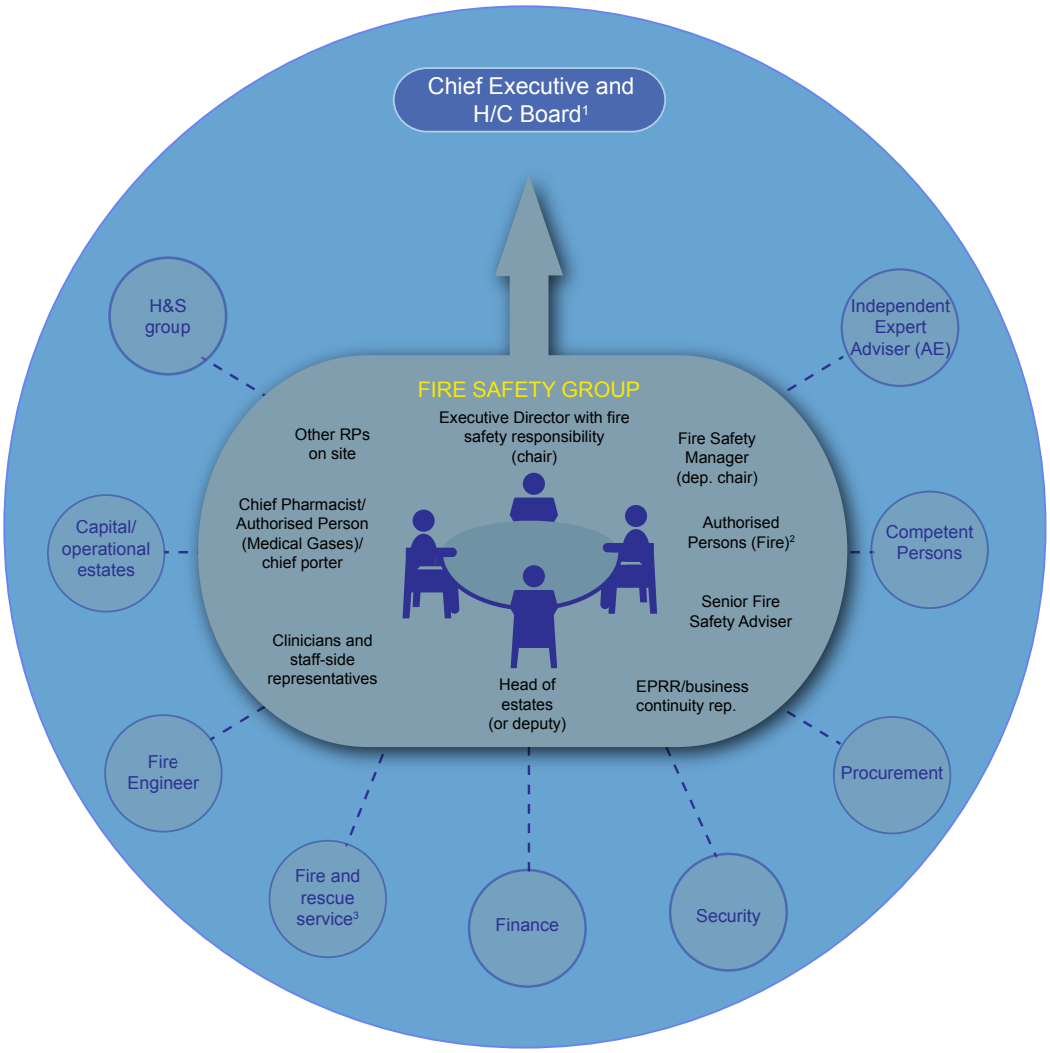
**7.71** The FSG should sit regularly, as a minimum at least quarterly. More frequent meetings should be held if required to address urgent fire safety issues.

**7.72** The FSG should have authority to create subgroups to address specific issues which must be reported back to the FSG for approval. Subgroups may comprise specialists who are not FSG members.

**7.73** The relevant group will act as a parallel conduit for reporting on fire safety issues to the healthcare organisation's Board, and for conveying exception reporting of issues for which the Fire Safety Manager/Fire Safety Adviser may consider themselves to be professionally compromised.

**7.74** The local fire and rescue service representative may be invited to attend at least a part of the FSG meeting.

**7.75** Typical membership is shown in Figure 3.




**Notes:**

1. In law, the responsible person (RP)

2. Where appointed, this includes the Authorised Person (Fire Training), Authorised Person (Fire Projects), Authorised Person (Fire Safety Maintenance) and Authorised Person (Fire Risk Assessments)

3. Ops and safety: they may attend only part of the meetings to allow confidential discussion.

**Key:**

Member — Each circle denotes members co-opted to the core FSG for specific task reviews as appropriate

**Figure 3 Example of a typical Fire Safety Group**

# 8 Fire safety protocols

**8.1** A comprehensive set of fire safety protocols is fundamental to the successful management of fire safety in all but the smallest of healthcare organisations.

**8.2** Fire safety protocols should cover a broad range of topics. All organisations should develop fire safety protocols for issues relevant to them. Local arrangements will dictate the necessary detail. Protocols could include:

- fire risk assessments
- fire safety strategy concepts
- fire alarm systems, which should include:
  - the “seek and search” strategy (where appropriate)
  - the site-wide fire alarm cause-and-effect strategy
  - the system-type operability strategy, which defines how the fire alarm system will function and be controlled in practice
- false alarms and unwanted fire signals
- fire prevention
- fire safety training
- emergency planning and procedures
- salvage and continuity planning
- managing unexpected fire risks and compromised strategies
- cooperation and coordination between different occupiers of a building or site
- departmental fire safety files
- information for the fire and rescue service
- fire extinguishers
- security
- arson
- smoking and vaping
- photovoltaic (PV) systems
- battery energy storage systems (BESS)
- electric vehicle (EV) charging
- permits to work including hot works
- construction and refurbishments (building works) including where necessary complying with the Building Safety Act 2022
- passive fire protection (fire stopping)
- maintenance of fire equipment
- portable appliance testing and fixed wire testing
- medical gases
- purchasing
- laundry
- fire safety considerations when increasing the estate capacity of existing areas (https://www.england.nhs.uk/publication/reminder-of-fire-safety-

considerations-when-increasing-the-estate-capacity-of-existing-areas).

**8.3** Healthcare organisations should develop and disseminate comprehensive protocols (reflecting the size, nature and risks present in the organisation) that provide guidance on all issues relating to fire safety within the organisation. It is important to ensure that sufficient guidance is provided across all areas of the organisation's activities – particularly those that, although not directly associated with fire safety management, may significantly affect it. For example, without appropriate guidance, laundry operations may adopt processes that compromise the flame-retardant properties of textiles used within the organisation.

**8.4** Healthcare organisations should give clear attention to construction, refurbishment and maintenance works, as these activities carry a high potential to compromise existing fire safety measures if not properly controlled. Any works that affect walls, floors, ceilings or service penetrations may alter fire compartmentation and thereby invalidate the assumptions of the fire strategy. Given the scale of construction activity across the healthcare estate, this represents a critical area of focus for fire safety management.

**8.5** Robust arrangements should therefore be in place to govern such works, including:

- consultation with the Fire Safety Manager at the planning stage
- fire risk assessment of the proposed works
- the use of the permit-to-work system
- clear lines of responsibility for contractors and operatives.

**8.6** A protocol for managing construction, refurbishment and maintenance activities is provided in Appendix C, and this should be followed as a checklist when planning, approving or reviewing such works

**8.7** Fire safety protocols should be refined to meet the needs of each healthcare organisation and be sufficiently detailed as to provide clear instructions on fire safety. For example, where photovoltaic systems are installed or proposed, the protocol should clearly detail the requirement for a risk-assessed approach to ensure system compliance and component compatibility. This assessment should take into account the location of all associated equipment (including panels, inverters and DC cabling) in relation to the patient environment, fire compartmentation and the building's structural integrity. In addition to detailing the type/manufacturer of the system (ideally with safety features to reduce voltage to safe levels in the event of an incident), the protocol should address access, maintenance and servicing requirements, isolation facilities and the implications for both organisational and fire and rescue service response procedures, following the checklist provided in the Fire Protection Association/ RISCAuthority's (2023a) guidance.

**8.8** Further detail and information prompts that may assist in developing appropriate fire safety protocols are provided in Appendix C. Examples of fire safety protocols can also be found on the websites of relevant organisations, such as IHEEM (via its fire safety technical platform) and the National Association of Healthcare Fire Officers (NAHFO).

**8.9** To support the development of a comprehensive set of fire safety protocols, it is essential that the Fire Safety Manager coordinates input from all relevant disciplines across the organisation.

# 9 Site/building/departmental fire safety information

## Site/building fire information manuals

**9.1** While fire safety protocols provide detailed procedures and information applicable to the whole organisation, site/building fire information manuals should be developed for each site. On large multi-building sites, it may be necessary to develop building-specific fire information manuals.

**9.2** The purpose of the site/building fire information manual is to record details of relevant passive and active fire precautions provided. This information, which should include accurate as-installed drawings, is typical of the information required to comply with Regulation 38 of the Building Regulations and the golden thread of information. In addition, this information should be stored in a format that is both usable and accessible to those who require it. While either paper-based or digital systems may be adopted locally, electronic storage is strongly recommended to support the golden thread of information and ensure records remain accurate, current and retrievable. Documentation should be suitably referenced with date and revision numbers to support the updating process.

Note:

See also Part 4 of the Building (Higher-Risk Buildings Procedures) (England) Regulations 2023, which set out the requirements related to compliance with the golden thread of information, mandatory occurrence reporting and information handover, including the "fire and emergency file", which may be required under Regulation 40 of the Building (Higher-Risk Buildings Procedures) (England) Regulations 2023.

**9.3** For operational use, healthcare organisations should liaise with the fire and rescue service to agree the preferred means of providing information to attending crews, which may include hard-copy files or digital access via mobile data systems mounted on response vehicles. This will also support the organisation in demonstrating compliance with the FSO.

**9.4** The information required by fire and rescue services about premises, their construction, contents, hazards and built-in fire protection measures is becoming increasingly complex; the more information that can be made available, the lower the risk to occupants, the fire and rescue service and, potentially, the premises.

**9.5** Information that should be provided includes (this list is not exhaustive):

- fire-related plans of the premises
- the location where the fire safety strategy can be found
- the location of valuable equipment (for example, CT and MRI scanners) as well as areas of operational importance

- information about:
  - fire and safety systems
  - utilities and environmental systems
  - hazardous contents of the premises.

**9.6** The local fire and rescue service should be consulted regarding other information they may require, furthering the concept of joint working, familiarisation and the development of the joint operational tactical plan.

**9.7** The information made available to the fire and rescue service should be regularly reviewed and maintained to ensure it remains accurate and up-to-date.

## Departmental fire safety files

**9.8** Specific fire safety information relevant to each ward, department or area should be provided to the staff working within that location. An effective means of delivering this information is through a local departmental fire safety file.

**9.9** Each ward, department or area should be provided with a bespoke departmental fire safety file, either as a physical copy held locally or as an electronic version that is readily accessible within the area it pertains to. In all cases, the information should be freely available for review by any member of staff, patient or patient representative.

**9.10** Responsibility for maintaining the departmental fire safety file should rest with the local manager. However, the task of ensuring that the file remains up to date may be delegated to local Fire Wardens, with appropriate support and input from the Fire Safety Adviser or Fire Safety Manager.

**9.11** The following items should be included in the departmental fire safety file:

- the name of the local Fire Warden (or Fire Wardens)
- a description of the ward/department/area: a brief description of the area, its extent, location and use.
- a fire safety plan drawing of the ward/department/area following the principles of BS ISO 23601 (ideally this could be displayed in an appropriate location): a plan drawing showing the extent of the area and the location of relevant fire safety features including the locations of:
  - fire compartmentation and subcompartmentation
  - fire detection and alarm system devices
  - fire hazard rooms
  - fire doors and those that should be kept shut
  - fire extinguishers
  - fire escape routes
  - evacuation equipment
- a fire safety checklist for commencement of work: a schedule of the fire safety checks that should be undertaken on commencement of work by the person in charge of the area during that work period, including for example:
  - checking that the nearest fire alarm repeat panel displays a healthy condition
  - checking that the manual call points are unobstructed
  - checking that the fire extinguishers are in place and readily accessible
  - checking that escape routes are clear and unobstructed
  - checking that the fire doors that should be kept shut are fully closed
- a fire safety checklist for weekly/monthly checks (see the exemplar checklists in Appendix E)

- a copy of the local emergency action plan specific to the ward/department/area (see paragraphs 4.18 to 4.23)
- a copy of the secondary fire risk assessment specific to the ward/department/area: this needs to include any specific hazard items that have been identified and the preventive and protective measures in place to mitigate the resultant risk
- specific guidance intended to inform the local manager of the parameters of the fire risk assessment: this guidance sets the constraints of operating the area and the boundaries beyond which the fire risk assessment may require review. It is this guidance that will allow the local manager to maintain a safe environment and prompt a request for the fire risk assessment review in response to material changes within the ward/department/area concerned. This may include items such as changes in the number, dependency and location of patients
- records of fire drills and fire emergency action plan rehearsals over the previous 36 months
- records of fires, false alarms and unwanted fire signals over the past 36 months
- location of isolation points for medical gases to the relevant area and any locations where cylinders are kept
- local fire salvage plan (where applicable). This should provide details of items and their locations specific to the area that will assist the fire and rescue service to plan their firefighting and, where possible, recovery activities, in a way that best protects the continuity of care, delivery of service and high value property. This may form part of the business continuity plan. The local salvage plan may include details of:
  - service-critical items
  - items required to support the continuation of care such as patient notes, specialist drugs or equipment
  - high value equipment
  - contact details of persons with specialist knowledge who may be called upon urgently for assistance.

**9.12** Records of fire drills/fire emergency action plan rehearsals should be updated as appropriate. Changes to the fire risk assessments, local emergency action plans, salvage plans, etc. should be reflected in the departmental fire safety file following discussion with the Fire Safety Manager or Fire Safety Adviser.

# 10 Planning and responding to a fire emergency

Protecting patient safety and maintaining continuity of healthcare services are the primary reasons for monitoring and learning from fire incidents. Capturing and analysing incident data allows organisations to identify patterns, address recurring risks and share lessons across the system. Reporting also ensures transparency to national bodies and provides an evidence base for strengthening resilience, reducing disruption to patient care and safeguarding estates.

Healthcare organisations must capture all fire incidents and analyse them annually to identify trends. All incidents must be reported via the annual ERIC data collection, and any clinical productivity losses arising from fire incidents should also be calculated. Any fire that results in property damage or patient disruptions must be reported to NHS England (or relevant replacement body/organisation) so that lessons can be learnt.

**10.1** An effective response to any fire emergency depends on:

- the preparedness of all those involved
- a detailed knowledge and understanding of the fire emergency action plan
- the arrangements in place to safeguard building occupants.

**10.2** To achieve such a level of preparation, a considerable effort should be made in the form of planning, training, practising and testing the arrangements in place. Specific advice is available in HTM 05-03 Part A.

**10.3** Every organisation must put in place robust fire emergency action plans for each area it is responsible for, with the intention of safeguarding all relevant persons should a fire occur. In large, complex healthcare organisations, the fire emergency action plan may comprise a number of elements such as:

- the immediate response by staff in the ward/department/area affected
- the swift response and assistance of those in adjacent areas
- the immediate deployment of the Fire Response Team
- the summoning of the fire and rescue service as necessary
- the coordination of additional resources as necessary
- escalation procedures in the event that an area requires evacuation or if further evacuation becomes necessary
- integration with the healthcare organisation's EPRR function.

**10.4** In large, complex organisations, it is unlikely that the fire emergency action plan will involve the full and immediate evacuation of all building occupants. The response is likely to be multi-level, combining an organisational response with a local response. For example,

it is common for the Fire Response Team to be mobilised to the area of the reported incident, while the Fire Incident Manager initiates the local fire emergency action plan. The fire and rescue service should be summoned in line with the emergency action plan, typically via the central switchboard or fire control room.

**10.5** Appropriate fire emergency action plans (including local fire emergency action plans as discussed in paragraphs 4.18 to 4.23) should be developed for each level of the organisation and for each area it is responsible for.

**10.6** The Civil Contingencies Act imposes duties on Category 1 and 2 responders. Healthcare organisations should ensure that their emergency response plan complies with these duties.

**10.7** It is not possible to give precise guidance on every conceivable situation that could arise in a fire emergency. However, the following items should be considered when developing fire emergency action plans.

## Fire alarm (see HTM 05-03 Part B)

- action on discovery of a fire
- raising the alarm
- action on hearing the fire alarm
- the meaning of warning and alarm signals (intermittent/continuous)
- arrangements for degradation of the fire detection and alarm system
- arrangements for declaring a false alarm.

## Evacuation

- initiating evacuation
- arranging and coordinating evacuation (including the evacuation of visitors)
- methods of evacuation for dependent and very high dependency patients
- arrangements for the evacuation of patients of size
- arrangements for personal emergency evacuation plans (PEEPs) and general emergency evacuation plans (GEEPs)
- availability of appropriate evacuation aids
- risk assessment findings (risk to occupants while evacuating).

## Incident response

- firefighting (prior to the arrival of the fire and rescue service)
- firefighting by the fire and rescue service including their access routes and interaction with the evacuation strategy
- Fire Response Team actions
- transfer of control to and from the fire and rescue service
- availability of staff as an additional resource
- internal management control systems
- declaring a major incident and initiating the major incident plan.

## Communication

- arrangements for liaising with the fire and rescue service – before, during and after attendance
- arrangements for notifying the fire and rescue service of a false alarm
- arrangements for communication between healthcare organisation staff responding to the fire emergency (for example, the Fire Response Team)
- arrangements for communication and coordination with other building occupiers and responsible persons

- arrangements for liaising with multiple agencies where necessary (including the police, fire and rescue service, ambulance service and media representatives). This may form part of the EPRR function.

## Continuity of care

- availability of additional specialist equipment to support continuing care including the identification of suitable locations for the evacuation and ongoing care of patients
- record-keeping of persons evacuated and any specific medications/treatment
- facilities for the continuation of care
- caring for high-risk and vulnerable patients
- information for the fire and rescue service
- contingency planning
- disabled people
- visitors and relatives
- information, instruction and training.

## Recording information and reporting

- recording response activities
- updating silver command on persons evacuated
- press/media liaison
- debriefing after the incident
- arrangements for incident recording and reporting.

## Recovery

- salvage planning
- returning the building to normal service
- site and building security.

## Learning and improvement

- conducting post-incident reviews with relevant industry stakeholders
- acting on lessons learned
- sharing of learning with the broader healthcare sector.

## Testing of fire emergency action plans

**10.8** It is essential that any fire emergency action plans are thoroughly tested and rehearsed to ensure that the contents are feasible and the intended outcomes are satisfactorily delivered. To this end, each fire emergency action plan should be rehearsed by the staff that are intended to implement them in the event of a fire incident.

**10.9** Ideally, such rehearsals should involve an unannounced fire drill that includes the evacuation of occupants, and this should be the aim wherever possible. A drill is the most effective method for testing the fire emergency action plan. However, it is recognised that not all areas can safely participate in full evacuation drills (particularly those that house very high dependency and dependent patients). In such cases, alternative approaches such as walkthroughs or desktop exercises may be more appropriate. These should be supplemented by practical training sessions focused on the evacuation of dependent patients and other occupants. See also paragraphs 4.21–4.22 on local emergency action plans.

**10.10** Wherever possible, the fire and rescue service, and where relevant other external agencies, should be invited to take part in the rehearsal of the fire emergency action plan. This approach helps to ensure that the organisations work together effectively and supports the ethos of joint working and familiarisation through the Fire and Rescue Services Act 2004. There should also be due cognisance of the Civil Contingencies Act

2004 and alignment with the healthcare organisation's EPRR function.

**10.11** Details of all fire emergency action plan rehearsals should be recorded, together with the outcomes and any actions that require the amendment of any parts of the fire emergency action plan.

**10.12** The fire emergency action plan should be reviewed regularly – during fire risk assessment reviews, following any fire-related incident, and in response to any material changes – and amended where necessary to ensure it remains accurate and effective. Material changes include:

- the layout of the area concerned
- escape routes
- staffing levels
- any of the fire safety equipment
- occupancy profile including increases in the number of patients
- the response of the fire and rescue service
- bringing into use, for patient treatment or care, areas of the premises not previously used for this purpose.

**10.13** The organisation should be able to demonstrate that the fire emergency action plans in place are appropriate and sufficiently robust so as not to rely on any other agencies for evacuation. In addition, the organisation's response and evacuation procedures need to consider the interaction with the fire and rescue service's tactical firefighting approach (for example, charged hoses laid along circulation spaces may compromise patient evacuation strategies).

**10.14** To facilitate the effective deployment of firefighting resources, it is necessary to provide the fire and rescue service with sufficient information, as discussed in Chapter 9.

# 11 Reporting and audit

**11.1** An essential element of any fire safety management system is a robust reporting and audit process. This process provides feedback to the monitoring function of the Board, partners or equivalent controlling body and provides the necessary assurance to demonstrate good governance. See also paragraphs 7.22–7.32 on the role of the Independent Expert Adviser (Authorising Engineer).

## Reporting

**11.2** In addition to the routine reporting of adverse incidents (such as fires or enforcement notices issued by the fire and rescue service), there should be arrangements in place to facilitate the periodic review of fire safety matters by the Board, partners or equivalent controlling body.

**11.3** To this end, the Board should receive regular reports containing:

- an overview of fire risk assessment performance, including the number of assessments undertaken and overdue for the annual reporting period
- risks on the risk register of 15 (on a 5 x 5 matrix) or higher, or those with a consequence of 5, relating to fire safety
- the percentage of staff that have received fire safety training in accordance with the TNA
- the number of evacuation drills and exercises and their outcome (see HTM 05-03 Part A)
- the outcome on any audits undertaken by the fire and rescue service together with any associated reports and enforcement activity
- the number of fires and any associated incident reports together with running totals for the annual reporting period
- the number of false alarms and unwanted fire signals and any associated incident reports together with running totals for the annual reporting period.

**11.4** At the end of each annual reporting period, the healthcare organisation should submit details of the number of fires and false alarms to NHS England (or relevant replacement body/organisation) via the Estates Returns Information Collection (ERIC) system.

## Audit

**11.5** To provide the Board, partners or equivalent controlling body with sufficient assurance, it is necessary to undertake an audit of the fire safety management system and the outcomes delivered, and to assess these against the objectives set in the fire safety policy. While such a process should enable the organisation to demonstrate due diligence, it also serves as the means by which the Board, partners or equivalent controlling body holds the management to account for the delivery of an appropriate level of fire safety.

**11.6** Audits are performed to ascertain the validity and reliability of information as well as to provide an assessment of the fire safety management system's internal control. In order to ensure the integrity of the audit process and provide the necessary assurance to the Board, partners or equivalent controlling body within a structure of sound governance, the audit should be undertaken by the Independent Expert Adviser (Authorising Engineer).

**11.7** Those undertaking the fire safety audit should be able to demonstrate sufficient competence in fire safety matters in the healthcare environment (see paragraphs 7.22–7.32).

**11.8** A fire safety audit should be carried out on a regular basis (ideally annually, or as determined in the audit, for large, complex healthcare organisations) and should include a review of the following issues:

- Does the fire safety policy contain clear fire safety objectives and appropriate commitment to facilitate the management of fire safety in the organisation?
- Are management roles and responsibilities clearly described and are post-holders aware and accepting of the roles they are required to fulfil?
- Do the fire safety protocols provide sufficient and clear instruction on important fire safety matters, and in particular to those whose role may not immediately appear to significantly impact upon fire safety?
- Are suitable and sufficient fire risk assessments in place for all areas under the healthcare organisation's ownership, occupation and/or control?
- Have suitable fire safety improvement action plans been developed to mitigate the risks identified in the fire risk assessments?
- Have the relevant findings from fire risk assessments been communicated to the Board, partners or equivalent controlling body, and has appropriate action been implemented?
- Has an appropriate TNA been undertaken and a suitable fire safety training programme been implemented in line with HTM 05-03 Part A?
- Has the fire safety training activity been effective in ensuring that staff are aware of their fire safety responsibilities and their role in fire prevention and implementing the fire emergency action plan?
- Have sufficient robust fire emergency action plans been developed, disseminated and suitably rehearsed for all parts of the organisation?
- In liaison with the Authorised Person (Fire Safety Maintenance), is an appropriate programme of maintenance activity by suitable persons with the necessary knowledge, experience and training in place to adequately maintain the fire precautions, systems and equipment?
- Is sufficient information in respect of the emergency procedures, fire precautions, systems and equipment readily available in an appropriate form to facilitate fire-fighting activities?
- Where applicable, has a detailed plan of action been implemented to reduce false alarms and unwanted fire signals (see HTM 05-03 Part B)?
- Have any notices or notifications of deficiencies (informal) been issued by the fire and rescue service in respect of the organisation's compliance with statutory fire safety duties?
- Is the fire safety management system delivering the appropriate outcomes to meet the fire safety objectives set by the organisation's fire safety policy?

This list is not exhaustive but reflects many of the key questions that the audit should seek to answer.

**11.9** The audit should contain an outline action plan. Any significant issues identified and those outstanding from the previous audit should be reported to the Board.

**11.10** The organisation should produce an annual statement of fire safety to provide a clear indication in respect of the status of fire safety management within the organisation and a statement of assurance that adequate fire safety measures are in place. The Chief Executive should sign the statement. See Appendix D for an exemplar annual statement of fire safety.

**11.11** The outcome of any fire safety audit and internal reports should be used as the basis on which to formulate the annual statement of fire safety.

**11.12** The annual statement of fire safety should be retained by the organisation and may be presented to the CQC along with supporting documentation as evidence of performance.

**11.13** The internal annual statement of fire safety should be made available to the local fire and rescue authority if requested.

## Second-party audits (peer review)

**11.14** In some cases, healthcare organisations of similar size and in close geographical proximity may consider establishing a reciprocal arrangement whereby each organisation's Fire Safety Adviser conducts an external audit of the other's fire safety management systems. This arrangement is not designed to replace the audit undertaken by the Independent Expert Adviser (Authorising Engineer), but rather to complement it by promoting the exchange of good practice, supporting professional development and facilitating networking. Such arrangements should be formalised and reciprocal, with the respective Authorised Person (Fire) from each organisation conducting a structured appraisal of fire safety management in the counterpart organisation.

**11.15** If such an action is contemplated, the following should be ensured:

- The person undertaking the audit should have the necessary knowledge, experience and training relevant to the specific fire safety risks and operational context of the healthcare organisation being audited.
- An agreed template should be used.
- Sufficient time and resources should be permitted to facilitate the audit.
- The healthcare organisation should afford appropriate credence to the audit findings.

# Appendix A – Exemplar fire safety policy

## Purpose

To provide an unambiguous statement of fire safety policy applicable to Anytown NHS Trust and to premises where patients of Anytown NHS Trust receive treatment or care, excluding a single private dwelling.

## Policy aims

This fire safety policy aims to minimise the incidence of fire throughout all activities provided by, or on behalf of, Anytown NHS Trust. 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.

## Application

This policy applies wherever Anytown NHS Trust owes a duty of care to patients, staff or other individuals.

## Facilitation

The Board should:

- 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.

## Implementation

The Board expects those tasked with managing aspects of fire safety to:

- disseminate the fire safety policy to all staff and make it freely available to all parties that are stakeholders in the organisation's delivery of a fire-safe environment
- 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
- where appropriate, ensure that buildings have in place an effective fire safety strategy
- 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 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.

## Monitoring

The Board will monitor the implementation of this policy through:

- periodic review of fire and false alarms and unwanted fire signals incident reports
- periodic review of fire safety training records
- periodic review of fire service notices and communications
- fire safety audit reports
- periodic independent third-party fire safety audits.

Signed ……Chief Executive

Review date ……

# Appendix B – Exemplar person specification

**B1** The essential requirements are not intended to prevent suitable applicants from being appointed. Criteria may not be met at the time of potential appointment, but both essential and desirable criteria should form the basis of a continuing professional development process. Some of these are fundamental and need to be trained as soon as possible.

## Fire Safety Manager (Senior Operational Manager)

| Criteria | Essential | Desirable |
|---|---|---|
| **Training & qualifications** | | Science- or engineering-based education; or extensive experience of fire safety.<br><br>Fire engineering/fire safety degree or other relevant engineering/science degree<br><br>Membership of professional organisation (e.g. the Institution of Fire Engineers (IFE); Institute of Healthcare Engineering and Estates Management (IHEEM); National Association of Healthcare Fire Officers (NAHFO), Institute of Fire Safety Managers (IFSM)).<br><br>Professional qualification in a fire-related subject.<br><br>Experience and understanding of training in healthcare fire safety. |
| **Experience** | A number of years' experience of operating in a senior management role.<br><br>Awareness of fire safety and other risk issues.<br><br>Experience of working across organisational boundaries to improve standards.<br><br>Experience of working with external agencies and influencing internal change.<br><br>Awareness of the FSO, its practical implications and application.<br><br>Awareness of the Building Regulations 2010, their practical implications and application<br><br>Awareness of the Building Safety Act 2022, its practical implications and application. | Knowledge and experience in the application of Firecode.<br><br>Knowledge of risk management techniques.<br><br>Experience and knowledge of undertaking fire risk assessments.<br><br>Knowledge of:<br>• fire safety<br>• fire risk management<br>• fire legislation and codes of practice<br>• fire safety training.<br><br>Ability to undertake fire safety audits. |

| | | |
|---|---|---|
| **Communication and relationship skills** | Highly developed and effective negotiating and influencing skills and ability to develop and maintain constructive relationships with professional and managerial disciplines.<br>Highly developed management skills and the ability to maximise resource utilisation.<br>Highly developed and effective verbal and written communication skills.<br>Ability to assimilate, analyse and present complex problems, identify necessary action, make recommendations and ensure actions are implemented. | |
| **Analytical and judgement skills** | Ability to assimilate, analyse and present complex problems, identify necessary action, make recommendations and ensure actions are implemented.<br>Understanding of the principles of risk assessment. | Good organisational skills with practical and methodical project planning and ability to manage a number of concurrent schemes. |
| **Planning and organisation skills** | General computer literacy skills and ability to use Microsoft Office applications.<br>Ability to devise and manage the delivery of training programmes.<br>The ability to concentrate for long periods of time and prioritise and manage a varied and unpredictable work pattern. | |
| **Physical skills** | Able to satisfy the physical demands of the job. Occasional moderate physical effort required as duties dictate e.g. evacuation of patients.<br>Occasional moving of heavy equipment e.g. extinguishers, training equipment. | Occasional working at heights and in confined spaces e.g. scaffold or roof voids. |
| **Other** | Highly motivated and resourceful with a proactive approach to problem-solving.<br>Innovator with a positive attitude and willingness to take responsibility.<br>Self-motivated and has the ability to use own initiative. The ability to motivate others to deliver sometimes challenging outcomes.<br>Good team player.<br>Ability to work within a changing environment. Willingness to participate in continued professional development. | Active interest in own self-development. |

# Fire Safety Adviser (Authorised Person (Fire))

Note:

a. Where individuals are to be appointed to the roles of Authorised Person (Fire Risk Assessment), Authorised Person (Fire Training) and/or Authorised Person (Fire Projects), the core job description and person specification for the Fire Safety Adviser (Authorised Person (Fire)) – as set out in the Table below – should be reviewed and appropriately adapted to reflect the specific duties of each specialism. This should be undertaken with reference to the guidance contained in HTM 05-03 and HTM 00, and in accordance with the functional role descriptions provided in this document (i.e. HTM 05-01).

b. Where organisations designate a Senior Fire Safety Adviser, the same criteria apply but with an expectation of broader experience and responsibility. In particular:

- Some of the criteria listed here as "desirable" for a Fire Safety Adviser would be expected to have been achieved for a senior role.
- Organisations may wish to stipulate a minimum level of post-qualification experience (for example, five years) when adapting the specification for senior positions.
- The competencies included provide further reference for tailoring the specification.
- Job descriptions should be adapted locally in line with Agenda for Change, taking account of organisational needs and governance arrangements.

| Criteria | Essential | Desirable |
|---|---|---|
| **Training & qualifications** | Science- or engineering-based education; or extensive experience of fire safety.<br><br>Certificate in training practice or extensive experience of preparing and delivering training.<br><br>Membership of a professional organisation (e.g. the Institution of Fire Engineers (IFE); the Institute of Fire Prevention Officers (IFPO), Institute of Healthcare Engineering and Estates Management (IHEEM); National Association of Healthcare Fire Officers (NAHFO), Institute of Fire Safety Managers (IFSM)). | Fire engineering/fire safety degree or other relevant academic qualification.<br><br>Professional qualification in a fire-related subject.<br><br>Training in healthcare fire safety.<br><br>Registered as a fire risk assessor with a recognised accreditation body. |
| **Experience** | Several years' experience in fire safety<br><br>Experience of preparing and delivering training courses.<br><br>Experience of working across organisational boundaries to improve standards.<br><br>Experience of working with external agencies and influencing internal change.<br><br>Experience and knowledge of undertaking fire risk assessment.<br><br>Knowledge of:<br>• fire safety<br>• fire risk management<br>• fire legislation and codes of practice<br>• fire safety training.<br><br>Ability to undertake fire safety audits. | Knowledge and experience in the application of Firecode.<br><br>Understanding of fire modelling techniques.<br><br>Knowledge of risk management techniques.<br><br>Practical knowledge and interpretation of the FSO.<br><br>Practical knowledge and interpretation of the Building Regulations 2010<br><br>Practical knowledge and interpretation of the Building Safety Act 2022 |

| | | |
|---|---|---|
| **Communication and relationship skills** | Highly developed and effective negotiating and influencing skills and ability to develop and maintain constructive relationships with professional and managerial disciplines.<br>Highly developed and effective verbal and written communication skills. | Ability to assimilate, analyse and present complex problems, identify necessary action, make recommendations and ensure actions are implemented. |
| **Analytical and judgement skills** | Ability to devise and deliver training programmes.<br>Understanding the principles of risk assessment<br>Good organisational skills with practical and methodical project planning and ability to manage a number of concurrent schemes. | Ability to assimilate, analyse and present complex problems, identify necessary action, make recommendations and ensure actions are implemented. |
| **Planning and organisation skills** | General computer literacy skills and ability to use Microsoft Office applications.<br>Ability to devise and deliver training programmes.<br>The ability to concentrate for long periods of time and prioritise and manage a varied and unpredictable work pattern. | Ability to use AutoCAD. |
| **Physical skills** | Able to satisfy the physical demands of the job.<br>Occasional working at heights and in confined spaces (e.g. scaffold or roof voids).<br>Occasional moderate physical effort required as duties dictate (e.g. evacuation of patients).<br>Occasional moving of heavy equipment (e.g. extinguishers, training equipment). | |
| **Other** | Highly motivated and resourceful with a proactive approach to problem-solving.<br>Innovator with a positive attitude and willingness to take responsibility.<br>Self-motivated and has the ability to use own initiative.<br>Good team player.<br>Ability to work within a changing environment.<br>Willingness to participate in continued professional development. | Active interest in own self-development. |

# Appendix C – Developing fire safety protocols

**C1** The following information prompts are intended to assist in developing a comprehensive set of fire safety protocols. The list of items included should not be considered to be exhaustive. Local arrangements will dictate the necessary detail. Further information is available from the IHEEM fire safety technical platform website and NAHFO.

## Fire risk assessments

- Who holds responsibility for providing fire risk assessments: the landlord, the tenant, the owner (in the case of a fully owned property), the PFI provider, or the occupying organisation?
- Have you identified the extent of primary and secondary assessment areas as part of your fire risk assessment strategy?
- Who carries out the risk assessment?
- How does the organisation ensure the competency of the fire risk assessor?
- What is the scope and what are the limitations of the risk assessment programme?
- Is a survey of compartmentation included?
- Will the risk assessment be limited by factors such as access restrictions, asbestos or similar constraints?
- Who takes ownership of the fire risk assessment?
- How are remedial actions managed?
- Who initiates a review of the fire risk assessment?
- Are reviews undertaken periodically? If so, at what period?
- Are reviews undertaken in response to material changes? If so, how are these initiated?
- How are changes to adjacent areas and departments considered?
- Are temporary changes to be reflected in the fire risk assessment?
- How is the introduction of hot works to an area – which may temporarily invalidate the fire risk assessment – considered during the period of the works?
- How is the degradation of the fire detection and alarm system considered?
- How are the findings of the fire risk assessment communicated?
- How are findings communicated to employees?
- How are findings communicated to other employers that share the premises?
- How are the findings of other employers' risk assessments recorded and communicated to the organisation and accounted for in their risk assessments?

## Fire safety strategy concepts

- What should be the fire safety strategy approach to each new building?
- What guidance should the design reference?
- Where elements are fire-engineered, how are they to be assessed?
- Should the building be provided with water suppression?
- What standard of fire detection and alarm should be provided?
- Are there preferred manufacturers for fire-related products (fire dampers, fire doors, escape lighting, suppression systems, etc.) to support consistency/ compatibility with existing systems?
- Should any fire detection and alarm system interface with existing systems? If so, what is the nature of the interface?
- What evacuation strategy should be adopted?
- Should all building occupants evacuate immediately?
- Should the evacuation strategy support simultaneous, phased or progressive horizontal evacuation?
- How will vertical evacuation be achieved?
- What arrangements are necessary to facilitate future developments?
- Should arrangements to limit external fire spread take account of potential future development?
- Should the arrangements for firefighting access and/or water supplies consider future development potential?

## Fire detection and alarm systems

- Is there a standard type of fire alarm system/manufacturer used in the organisation? If so, what are the details of the system used?
- Who is responsible for system oversight?
- What is the cause-and-effect strategy?
- Is there a “seek and search” strategy?
- What arrangements are there for the system maintenance and testing?
- Is annual functional testing undertaken?
- What arrangements are there for a degradation of the system’s performance? How are building occupants notified? How do the fire risk assessments reflect the potential impact?
- What arrangements are there for disabling part or all of the system to facilitate works, cleaning activity, etc? How are building occupants notified? How do the fire risk assessments reflect the potential impact?
- What arrangements are there for undertaking work on the system?
- Is there a life-cycle replacement programme in place?
- Does the organisation have a ready supply of essential spares?

## False alarms and unwanted fire signals

- What actions should staff take to avoid false alarms?
- What actions should staff take to prevent false alarms becoming unwanted fire signals?

- What actions should staff take to minimise the disruption caused by false alarms and unwanted fire signals?
- How should false alarms and unwanted fire signals be investigated, recorded and reported?
- How is performance in relation to false alarms and unwanted fire signals monitored?
- Do fire alarm servicing contractors review false alarm causes?

## Fire prevention

- What steps should staff take to prevent the occurrence of fire:
  - How are sources of ignition controlled?
  - How are combustible materials and flammables controlled?
  - How are sources of oxygen and oxidising agents controlled?
- What facilities are in place to assist in the prevention of fire?
- How is this reflected in the TNA?
- What action should staff take to prevent arson?

## Fire safety training

- What arrangements are in place to provide fire safety training?
- What are the training arrangements for temporary, agency and bank staff?
- Do these arrangements include training for volunteers or employees of other organisations that work within the premises?
- How is the TNA communicated to staff?
- How do those requiring training arrange to receive the appropriate fire safety training?
- What are the arrangements for recording:
  - attendances at fire safety training sessions?
  - the content of each training session attended?
  - overall training performance aligned with the TNA?
- How is the responsibility for ensuring staff members are made available for fire safety training communicated to line managers?
- How is the effectiveness of fire safety training audited?

## Fire emergency action plans

- Who is responsible for developing the fire emergency action plans?
- How are fire emergency action plans coordinated between different departments and different organisational levels?
- How are the fire emergency action plans communicated to staff and other relevant persons?
- Who initiates a review of the fire emergency action plan?
- Are reviews undertaken periodically? If so, at what period?
- Are reviews undertaken in response to material changes? If so, how are these initiated?
- How is the degradation of the fire detection and alarm system considered?
- How are changes to adjacent areas and departments considered?
- Are temporary changes to be reflected in the fire emergency action plans?
- How are temporary changes to adjacent areas and departments considered?

- How are these temporary changes communicated to staff?
- How should the fire emergency action plans be rehearsed?
- How often should the rehearsal take place?
- How is the effectiveness of fire emergency action plans assessed?
- Do fire emergency action plans address the needs for continuation of care?

## Salvage and continuity planning

- Who is responsible for developing salvage and continuity plans?
- How are salvage and continuity plans coordinated between different departments and different organisational levels?
- How are salvage and continuity plans made available to the fire and rescue service when they attend?
- Who initiates a review of salvage and continuity plans?
- Are reviews undertaken periodically? If so, at what period?
- Are reviews undertaken in response to material changes? If so, how are these initiated?

## Managing unexpected fire risks and compromised strategies

- How would unexpected changes to the fire risk profile – which may compromise existing fire strategies or emergency action plans (for example, aluminium composite materials or pandemic responses) – be addressed? In particular:
  - How would patient risk exposure be reduced to a level that is as low as reasonably practicable?
  - What process would be initiated to assess the new risk and identify mitigations?
  - How would the balance be considered between continuing patient services in premises with an identified fire risk and reducing or suspending those services?
  - How would the outcomes of Board-level risk analysis and decisions to continue, modify or suspend patient services be formally recorded?

## Fire extinguishers

- What type of fire extinguishers are used in the organisation?
- How should they be used?
- Are there typical locations? If so, where are fire extinguishers likely to be located?
- What are the arrangements for their servicing and maintenance?
- Who should be trained in their use?

## Security

- Does the fire risk assessment take account of the lockdown policy and process?
- Does the emergency evacuation plan work during a lockdown?
- What are the procedures for lockdown which can assist with the management of a fire incident?
- What procedures should be followed to ensure that security arrangements do not compromise means of escape?
- Where electronic or magnetic locking devices are in use, what are the

arrangements for overriding the locking mechanisms in the event of a fire?

- What are the arrangements for avoiding the unintentional operation of manual call points by persons intending to activate the door lock controls?
- How do the security measures for protecting vulnerable patients interact with the means of escape? Is the escape from some areas reliant on the staff to unlock doors?
- How do security arrangements external to the building impact on the ability of those evacuating to move away from the building to a place of safety?
- Do security arrangements have a proactive role in fire prevention?
- Do security arrangements have a reactive role during incident response?

## Arson

- What arrangements are adopted to mitigate the occurrence of arson-related incidents?
- Does the organisation promote active patrols, CCTV and security arrangements as a visual deterrent to arson-related incidents?
- Does the organisation actively promote a “challenge suspect activity” culture?
- Are waste management procedures adequate?

## Smoking

- How are the Smoke-free (Premises and Enforcement) Regulations 2006, and any other applicable smoke-related legislation, managed within the organisation?
- Are smoking enforcement officers appointed to police the policy?
- Are local exemptions permitted (mental health sector)?

## Photovoltaics (PV)

- Is a risk assessment (following the checklist and guidance of the Fire Protection Association/RISCAuthority’s (2023a) ‘RC62’ guidance) undertaken prior to the installation of PV systems?
- How does the PV installation ensure alignment with the building’s fire strategy and built form, including considerations such as compartmentation arrangements, proximity to in-patient facilities, combustibility of the roof construction, interface with detection and alarm systems, response procedures and accessibility?
- Does the organisation have a preferred PV manufacturer?
- How is compatibility of components ensured?
- Is the Fire Safety Manager consulted before PV systems are installed?
- What PV isolation facilities should be provided?
- How should the PV installation be interfaced with the fire detection and alarm system?
- What safety provisions are necessary for DC cabling?
- Are inverters located in ventilated sterile locations?
- Where is the PV as-installed information retained (details should include the location of all equipment and cabling schematics)?
- Who is responsible for oversight of the PV installation?
- What are the maintenance and servicing arrangements?

- How does the emergency plan address the risks associated with PV installations?
- How is the presence and location of PV systems notified to the fire and rescue service?

## Battery energy storage systems (BESS)

- Who is responsible for BESS installations?
- Is a risk assessment undertaken prior to the installation of BESS systems, following the guidance in RE1 (Fire Protection Association/RISCAuthority, 2022) and RE2 (Fire Protection Association/RISCAuthority, 2023b)?
- Is the Fire Safety Manager consulted before the installation of BESS systems?
- What factors influence the location of BESS installations (in particular, this should address the space separation/ proximity to in-patient departments and firefighting access)?
- What standard of fire protection is required to BESS enclosures?
- What safety features should be provided, recognising the potential fire risk associated with various battery chemistries?
- What are the maintenance and servicing arrangements?
- How does the emergency plan address the risks associated with BESS installations?
- How is the presence and location of BESS installations notified to the fire and rescue service?

## Electric vehicle (EV) charging

- Is a risk assessment undertaken prior to the installation of EV charging facilities, following the guidance of RC59 (Fire Protection Association/RISCAuthority, 2023c)?
- Is the Fire Safety Manager consulted before EV charging facilities are installed?
- What factors influence the location of EV charging locations (in particular, this should address the space separation/ proximity to in-patient departments, external wall construction, building access/egress routes and firefighting provisions)?
- What safety features should be provided for the EV chargers (for example, larger parking bays, automatic isolation, fire suppression)?
- What are the maintenance and servicing arrangements?
- How does the emergency plan address the risks associated with EV charging (and vehicle fires in general)?
- How do the fire and rescue service's standard operating procedures for EV fires, in proximity to a building, impact on the organisation's day-to-day running of the facility?

## Hot works

- What are the procedures for hot works?
- Who is responsible for undertaking the risk assessment associated with hot works?
- Who is responsible for issuing, overseeing and terminating permits-to-work associated with hot works?
- How do fire risk assessments reflect the potential impact, particularly for adjacent or associated areas?

- How are building occupants notified, and how is the potential impact reflected in the fire emergency action plan?

## Construction, refurbishment and other works

- What are the procedures for ensuring that project works do not compromise fire safety?
- Are there clear lines of responsibility for operatives undertaking works?
- Are there clear lines of communication with operatives undertaking works?
- How is change managed?
- How are any new fire safety requirements implemented, recorded and maintained?
- Is there a process for seeking statutory approval (for example, Building Regulations/Building Safety Act)?
- Is there a process of consultation with the Fire Safety Manager or Fire Safety Adviser?
- Is there a permit-to-work system in place for any works that may penetrate a fire-resisting structure?
- Is there a permit-to-work system in place for any works that may obstruct access or a fire escape route?
- What procedures are adopted to ensure that appropriate fire detection and alarm coverage is maintained throughout the duration of the works?
- Is there a permit-to-work system in place for any works that may affect facilities for the fire and rescue service such as access routes, fire appliance hardstanding, fire hydrants or fire mains?
- How do fire risk assessments reflect the potential impact both for the area concerned and for adjacent or associated areas?
- Is there a process to assess, before work starts, how proposed construction, refurbishment or maintenance activities will affect external and internal wall systems (including cladding) and to ensure this assessment is explicitly recorded within the fire risk assessment for the works – using a “fire risk assessment external walls” (FRAEW) in line with HTM 05-03 Part K and PAS 9980, where appropriate – with documented consideration of impacts on compartmentation, means of escape and smoke control?
- How are building occupants notified and the potential impact reflected in the fire emergency action plan?
- How are project records collated and changes reflected in the information provided to the fire and rescue service?
- How is project information/as-built records integrated into the golden thread of fire information?
- Is there a process for the reconnection and recommissioning of active fire precautions?

## Fire stopping

- What are the procedures for fire stopping?
- What is the specification for fire stopping?
- What are the requirements for product certification?
- What certification requirements apply to fire-stopping contractors?
- How are the details of fire stopping recorded?
- Does the Ventilation Safety Group have input to the selection of fire dampers?
- Are details of location, product type and quantity, date of installation, contractors’ details and batch numbers recorded?

- Are details of the fire-resisting element to which the fire stopping is applied identified locally, and are these records collated and maintained centrally?
- Is the application of fire stopping inspected prior to the completion of works and the closing of ceilings? If so, who carries out the inspection? How is the inspection recorded?
- Is there a process for the reinstatement of passive fire precautions?

## Maintenance of fire precautions and systems

- Who is responsible for overseeing fire-related maintenance works (fire dampers, fire doors, emergency lighting, suppression systems, fire stopping, etc.)?
- What standards are maintenance works aligned with?
- What arrangements or systems are in place to manage and monitor fire-related maintenance works?
- What procedures should be followed for the maintenance of fire precautions and systems?
- What should be the maintenance intervals for each system or element of the fire precautions?
- What arrangements are there for a degradation of the fire precautions or system during maintenance activity? How are building occupants notified? How do fire risk assessments reflect the potential impact?

## Portable appliance testing and fixed wire testing

- What equipment needs to be subject to portable appliance testing (PAT)?
- Does new equipment require testing in its first year of use?
- What frequency should appliances be subject to PAT?
- How should PAT be indicated on the equipment?
- How should PAT be recorded?
- Who undertakes PAT?
- What arrangements are in place for testing the fixed wire installation?
- Who are the Independent Expert Adviser (Authorising Engineer) and Authorised Persons associated with the electrical infrastructure?
- Does the Electrical Safety Group include fire safety representatives?

## Medical gases

- Who is the Independent Expert Adviser (Authorising Engineer) for medical gases?
- What procedures are necessary for the safe use of medical gases?
- How should medical gas cylinders be stored?
- Where should medical gas cylinders be stored?
- How many medical gas cylinders should be stored in any central location?
- How many medical gas cylinders should be stored in any local location?
- What are the procedures for medical gas isolation?
- Are medical gases addressed in fire safety training?
- Does the Medical Gas Safety Group include fire safety representatives?

## Purchasing

- What fire safety standards should apply to upholstered furniture being procured?
- What fire safety standards should apply to textiles and furnishings being procured?
- Is there a list of items that should not be purchased without first consulting with the Fire Safety Manager or Fire Safety Adviser?
- What procedure should be followed to obtain advice for the purchase of items that may pose a fire hazard?

## Laundry

- What laundry processes should be used to preserve the fire retardancy of textiles?
- What labelling should be used on textiles to identify their fire retardancy properties?

# Appendix D – Exemplar annual statement of fire safety

## Annual statement of fire safety 20XX

| | | |
|---|---|---|
| NHS organisation: | | |
| I confirm the following for the period 1 April 20XX to 31 March 20XX (please tick/complete the appropriate boxes): | | |
| 1.1 | An Independent External Audit of the fire management system has been conducted, and a remedial action plan has been implemented. | |
| 1.2 | An internal audit of the fire management system has been conducted, and a remedial action plan has been implemented. | |
| 1.3 | No fire management system audits have been conducted. | |
| 2.1 | Fire training performance (measured against the organisation's Training Needs Analysis) is: | % |
| 3.1 | All premises which the organisation owns, occupies or manages have current fire risk assessments in compliance with the Regulatory Reform (Fire Safety) Order 2005. | |
| 3.2 | There are no significant risks arising from the fire risk assessments. | |
| 3.3 | The organisation has developed a programme of work to eliminate or reduce to a reasonably practicable level the significant risks identified by the risk assessment. | |
| 3.4 | The organisation has identified significant risks, but does not have a programme of work to mitigate those significant risks. | |
| 3.5 | Where a programme to mitigate significant risks has not been developed, please insert the date by which such a programme will be available, taking account of the degree of risk. | |
| 4 | During the period covered by this statement, the organisation has/has not* been subject to any enforcement action by the fire and rescue authority.<br>Where applicable, please attached copies of enforcement notices and associated action plan/status updates. | |
| 5 | The organisation has/has not* any ongoing enforcement action pre-dating this Statement.<br>Where applicable, please attach copies of enforcement notices and associated action plan/status updates. | |
| Chief Executive: | | |
| Executive Director (Fire): | | |
| Fire Safety Manager: | | |
| Contact details: | E-mail: | |
| | Telephone: | |
| | Mobile: | |
| Signature of Chief Executive | | |
| Date: | | |
| Completed statement (and attachments) to be retained for future audit. | | |

* Delete as appropriate

# Appendix E – Exemplar local fire safety checklists for weekly/ monthly checks

## Weekly

Check escape routes, final exit doors and general housekeeping.

Check that fire doors are clear of obstruction and free from obvious defects.

Check local fire alarm repeater panels (where provided).

If there is a weekly fire alarm test, ensure that sounders are operating correctly during the test.

Check correct operation of all door-release mechanisms.

Is the charging of electrical devices in line with hospital protocols, and is electrical equipment being used appropriately?

## Monthly

Emergency escape lighting checks will vary depending on the type of installation, but will usually involve verifying the status of the LED indicator.

Are fire safety signs in place and visible?

Are all fire extinguishers correctly positioned, undamaged and readily accessible?

Are fire detectors and call points unobstructed and in good condition?

Can call points be easily seen and are they are undamaged?

Is there any stacked storage within 500 mm of a detector, or storage placed near a detector that is within 300 mm of the ceiling.

Are detectors uncovered and unobstructed, with no barriers preventing smoke from entering the detector.

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Fire Protection Association/RISCAuthority (2023a). **RC62: Recommendations for fire safety with PV panel installations: the Joint Code of Practice for fire safety with photovoltaic panel installations, with focus on commercial rooftop mounted systems**. https://www.thefpa.co.uk/index-of-resources

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