Fire Safety Policy	
Executive lead:	Huw George, Deputy Chief Executive, Executive Director of Operations and Finance
Author:	Chris Orr, Head of Estates and Health and Safety

Approval/Scrutiny route:	Health and Safety Group

Purpose
The purpose of this report is to present to the Fire Safety Policy for **approval**.

Recommendation:				
APPROVE ☒	CONSIDER ☐	RECOMMEND ☐	ADOPT ☐	ASSURANCE ☐
The Quality, Safety and Improvement Committee is asked to: • **Approve** the Fire Safety Policy				

Link to Public Health Wales [Strategic Plan](#)	
Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives. This report contributes to the following:	
Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives
Strategic Priority/Well-being Objective	Choose an item.
Strategic Priority/Well-being Objective	Choose an item.

Summary impact analysis	
Equality and Health Impact Assessment	A EHIA has been completed.
Risk and Assurance	The Health and Safety Group monitor all fire Safety risks across the organisation.
Health and Care Standards	This report supports and/or takes into account the [Health and Care Standards for NHS Wales](#) Quality Themes Theme 2 - Safe Care Theme 1 - Staying Healthy Choose an item.
Financial implications	Any financial implications will be considered through the Health and Safety Group and the Estates and Health and Safety Division.
People implications	No people implications identified.

1. Purpose / situation

The purpose of this report is to present to the Fire Safety Policy for **approval**.

2. Background

The current version of the Fire Safety Policy and Procedure was approved in December 2017 and a review date of April 2022 was assigned to both the Policy Procedure. Review of the policy was delayed due to prioritisation of the response to Covid-19.

Consultation has taken place to ensure that the policy and procedure meets the needs of our stakeholders and the Trust. The Fire Safety Policy and Procedure went out for consultation on 17 October 2022 and no comments have been received. The Equality Health Impact Assessment has also been updated. The Fire Safety Policy and Procedure has had input from members of the Health and Safety Group and this was approved at the Health and Safety Group meeting October 2022.

There were minor amendments to the Fire Safety Policy to reflect changes in context and language in policy commitments section. See page 2 off the policy. A number of amendments were made to the Fire Safety Procedure including-

- Updates to responsibilities for Board and Chief Executive
- Fire Safety Manager role to be undertaken as part of Health and Safety Advisor role and duties included.
- Authorising engineer duties included and local fire manager responsibilities included
- Updates to responsibilities for all employees
- Competent Person Fire duties included
- Role of Health and Safety Group included
- Section on fire safety protocols added and included.
- Fire Safety legislation updated to reflect current applicable legislation and regulations and guidance
- Fire Risk Assessment guidelines removed from appendices as included in main body of document
- Fire Warden weekly checklist added to Appendix
- Contact details updated

The implementation of the Fire Safety Policy and Procedure will be monitored through Health and Safety Group.

The primary source for dissemination of the Fire Safety Policy and Procedure within the organisation will be via the intranet. It will also be made available to the wider community and our partners via the internet site.

3.   Description/Assessment

The updated Health and Safety Policy replaces the existing policy following review and consultation.

The implementation of the Fire Safety Policy and Procedure will be monitored through Health and Safety Group. The Health and Safety Group have a live work plan that is monitored quarterly and takes forward any actions that relate to Fire. Fire actions are also implemented through the Estates and Health and Safety Division. The policy and procedure will be reviewed in three years.

3.1.   Consultation

The documents were added to the Policy Consultation pages on the intranet on 17 October 2022. The document was shared with the members of the Health and Safety Group and comments were invited via individual e-mails from across the organsiation.

3.2.   Committee/Groups that have received or considered this document

Health and Safety Group approved the policy and procedure subject to a few amendments that have been incorporated.

The Business Executive Team **approved** the Fire Safety procedure on 5 December 2022.

3.3.   Implementation plan

As this is a revised policy, implementation will continue as part of the Health and Safety Group and Estates and Health and Safety Division work plan.

3.4.   Dissemination

The primary source for dissemination of these documents within the organisation will be via the intranet. It will also be made available to the wider community and our partners via the internet site.

4. Recommendation

The Committee is asked to:

- **APPROVE** the Fire Safety Policy.

FIRE SAFETY POLICY

Policy Statement

Public Health Wales considers fire safety to be of great importance and seeks to assure all staff and stakeholders that it has appropriate policies and procedures in place to safeguard them from the effects of fire.

This policy has been developed in line with the requirements of the Health and Safety at Work etc., Act 1974 and The Regulatory Reform (Fire Safety) Order 2005 and the Welsh Government's Fire Safety Policy for the NHS Estate in Wales.

Policy Commitment

Public Health Wales is committed to ensuring the health, safety and welfare of its staff and those who are affected by its activities, and recognises the obligations imposed under:

The Health and Safety at Work etc., Act 1974, and the *Regulatory Reform (Fire Safety) Order 2005* and the Welsh Government's Fire Safety Policy for the NHS Estate in Wales (issued under cover of WHC (2006)74) to:

- Minimise the incidence of fire and/or unwanted fire alarms throughout Public Health Wales' estate
- Minimise the impact of fire on life safety, delivery of service, the environment and asset(s).

Public Health Wales will make and give effect, where responsible, to such appropriate organisational arrangements for the planning, organisation, control, monitoring and review of its preventative and protective measures. The Trust will implement such general fire precautions and will ensure, so far as is reasonably practicable, the safety of its service users, employees, contractors and visitors. Public Health Wales aims to ensure that:

- Management of fire safety risk is consistent with and supports the achievement of the Trust strategic and corporate objectives. This is via control of hazards with regular inspection and assessment/audit of premises, provision and maintenance of fire extinguishers and training of staff.

- Management of fire alarm detection systems in order to eliminate/reduce unnecessary activations of alarms.

- There is cooperation and coordination with other responsible persons who also occupy the building and keep them informed of any significant hazards identified by Public Health Wales and the measures in place to reduce/control those risks which might affect the safety of their employees.

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In the event of a fire Public Health Wales aims to ensure that:

- The incident is rapidly detected and effectively contained in its early stages, thus allowing:
  - Building users and responders to be alerted and the swift and safe evacuation of staff, clients, visitors and other stakeholders to a place of safety.

Supporting Procedures and Written Control Documents

All other organisational Health and Safety policies, procedures and written control documents:

- Health and Safety Policy
- Fire Safety Procedures
- Fire Safety Checks (weekly – Quarterly and Annually)
- Fire Risk Assessments

Scope
This policy and any arrangements made under it applies to:

- All persons employed or engaged by Public Health Wales, including part time workers, temporary and agency workers, those holding honorary contracts and those engaged by the NHS Wales Health Collaborative

- All service users, visitors and volunteers;

Where Public Health Wales provides services with other organisations, including health boards, the policies and procedures of the employing organisation including honorary contract holders will apply. Where appropriate joint working arrangements will be agreed and for shared

premises a Service Level Agreement/Memorandum of Understanding or alternative agreement will be in place.	
Equality and Health Impact Assessment	Assessment complete and provided
Approved by	Quality, Safety and Improvement Committee
Approval Date	
Review Date	30 September 2025
Date of Publication:	
Group with authority to approve supporting policies and procedures	Policies - People and Organisational Development Committee Procedures – Health and Safety Group
Accountable Executive Director/Director	Huw George, Deputy Chief Executive/ Executive Director for Finance and Operations
Authors	Chris Orr, Head of Estates & Health and Safety

Disclaimer
If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or Corporate Governance.

Summary of reviews/amendments				
Version number	**Date of Review**	**Date of Approval**	**Date published**	**Summary of Amendments**
V3	30 Sept 2017	TBC	TBC	The fire policy and procedure was one document and outlined a number of roles and groups that are no longer in place or have changed significantly. Therefore, a full redraft was undertaken, providing organisational commitment to fire safety and a separate procedure document.
	30 September 2022			Minor amendments to context and language in policy commitments section.

Public Health Wales NHS Trust
Equality & Health Impact Assessment for

Fire Safety Policy – Version 2

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Fire Safety Policy – Version 4
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Operations and Finance Christopher Orr, Head of Estates and Health and Safety Email: christopher.orr@wales.nhs.uk Tel: 02920 104264/ 07890 161267
3.	Objectives of strategy/ policy/ plan/ procedure/ service	To ensure that Public Health Wales acts in accordance with the Health and Safety at Work Act 1974 and the Regulatory Reform (Fire Safety) Order 2005 and supporting Regulations with the aim to: • Minimise the incidence of fire and/or unwanted fire alarms throughout Public Health Wales' estate • Minimise the impact of fire on life safety, delivery of service, the environment and asset(s).
4.	Evidence and background information considered. For example • population data	• Developed in line with statutory requirements. • Good practice guidance sought from other NHS Bodies / NHS standards.

	- staff and service users data, as applicable - needs assessment - engagement and involvement findings - research - good practice guidelines - participant knowledge - list of stakeholders and how stakeholders have engaged in the development stages - comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.	- Discussions with colleagues throughout Health and Safety network - Shared with Health and Safety Group
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service Consider staff as well as the population that the project/change may affect to different degrees.	All staff throughout the organisation, visitors, contractors and service users.

Part 2- Equality and Welsh language

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	No impact		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term	Some Staff/Service Users/Visitors may require the assistance of Fire Wardens and staff in the event of a fire evacuation. Staff with any sensory impairment may require the fire alarm brought to	Personal emergency evacuation plans to be completed by the line manager where required and appropriate systems put in place where practicable to do so, including adequate fire	

medical conditions such as diabetes	their attention. This is identified through their personal emergency evacuation plan. Visual flashing lights may be required to support the audible alarm for areas used by staff/service users/visitors with known audio impairments	warden training and training in the use of evacuation aids	
6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	No impact		
6.4 People who are married or who have a civil partner.	No impact		

6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	Women who are expecting a baby may have mobility issues	Where staff have been identified they would be subject to a Personal emergency evacuation plans to be completed by the line manager. For service users, fire wardens trained in fire evacuation	
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	Service users may have difficulty in understanding evacuation signage	Installing evacuation signage which is in picture format and conforms to BS 5499-1	
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	No impact		
6.8 People who are attracted to other people of: • the opposite sex (heterosexual);	No impact		

• the same sex (lesbian or gay); • both sexes (bisexual)			
6.9 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	No impact		
6.10 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	No impact		
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	None identified		

6.12 Welsh Language

There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on:
(please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)

Opportunities for persons to use the Welsh language	No impact		
Treating the Welsh language no less favourably than the English language	No impact		

Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.
   The part of the assessment identifies;
   - which specific groups in the population could be impacted more (inequalities)
   - what those potential impacts could be across the wider determinants of health framework?
   - Potential gaps, opportunities to maximise positive H&WB outcomes
   - Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation

No groups identified	

Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
2. Record any unintended consequences (negative impacts) and/or gaps identified
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation/recommendations where appropriate

Please note you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
7.2 Lifestyles • Diet/nutrition/breastfeeding • Physical activity • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Social media use • Sexual activity • Risk-taking activity i.e. gambling, addictive behaviour	No impact			
7.3 Social and community influences on health • Adverse childhood experiences • Citizen power and influence • Community cohesion, identity, local pride	No impact			

• Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Neighbourliness • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure • Racism • Sense of belonging • Social isolation/loneliness • Social capitol/support/networks • Third sector & volunteering				
7.4 Mental Wellbeing • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience?	No impact			
7.5 Living/ environmental conditions affecting health • Air quality • Attractiveness/access/availability/quality of area, green and blue space, natural space. • Health & safety, community, individual, public/private space • Housing, quality/tenure/indoor environment • Light/noise/odours, pollution • Quality & safety of play areas (formal/informal) • Road safety • Urban/rural built & natural environment • Waste and recycling • Water quality	Ensures that Public Health Wales is compliant with the law and regulations to ensure it provides a safe workplaces for staff and service users	None	Any person attending a Public Health Wales managed building	No further action required.
7.6 Economic conditions affecting health	No impact			

- Unemployment - Income, poverty (incl. food and fuel) - Economic inactivity - Personal and household debt - Type of employment i.e. permanent/temp, full/part time - Workplace conditions i.e. environment culture, H&S				
7.7 Access and quality of services - Careers advice - Education and training - Information technology, internet access, digital services - Leisure services - Medical and health services - Other caring services i.e. social care; Third Sector, youth services, child care - Public amenities i.e. village halls, libraries, community hub - Shops and commercial services Transport including parking, public transport, active travel	No impact			
7.8 Macro-economic, environmental and sustainability factors - Biodiversity - Climate change/carbon reduction/flooding/heatwave - Cost of living i.e. food, rent, transport and house prices - Economic development including trade - Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) - Gross Domestic Product - Regeneration	No impact			

Stage 3
Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead		
No impacts identified	No actions identified			

Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).