Fire Safety Policy
February 2018

Authorship:	Corporate Services Manager		
Committee Approved:	Senior Management Team		
Approved date:	February 2018		
Review Date:	February 2021		
	Relevant	Screening	Full / Completed	Outcome
Equality Impact Assessment	Yes	Yes	No	No Issues Identified
Sustainability Impact Assessment	Yes		Yes	No Issues Identified
Privacy Impact Assessment	No	No	No	Not applicable
Bribery Checklist	No		No	Not applicable
Target Audience:	All CCG Staff			
Policy Reference No:	P410			
Version Number:	V2			
Publication/Distribution	Website	Email Staff	Others (i.e. SBC)
	Yes	Yes	Yes

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
V2	Corporate Services Manager	Expanded on roles and responsibilities of staff (Section 6)	A&G Feb 18	Feb 18
V2	Corporate Services Manager	Included other CCG bases (Section 6.7)	A&G Feb 18	Feb 18
V2	Corporate Services Manager	Added in evacuation strategies for each site (Appendix 1)	A&G Feb 18	Feb 18
V2	Corporate Services Manager	Included details of evacuating staff with disabilities or impairments (Section 8.3/Appendix 2 & 3)	A&G Feb 18	Feb 18
V2	Corporate Services Manager	Changed review period from annually to every three years. (Section 10)	A&G Feb 18	Feb 18
V2	Corporate Services Manager	Delegated responsibility for approval to SMT (Section 10)	A&G Feb 18	Feb 18

Approval Record

Applicable Y/N	Committee / Group		Consultation / Ratification	Date taken to group	Date last Approved
	Governing Body		Ratification		
	Council of Clinical Representatives		Ratification		
Yes	SMT		Ratification	February 2014	
	Remuneration Committee		Ratification		
Yes	Audit and Governance Committee		Ratification	February 2018	
	Finance and Contracting Committee		Ratification		
	Business Committee		Ratification		
	Communications and Engagement Committee		Ratification		
	Other	H&S Group	Ratification	January 2018	
	All Employees		Consultation		
	Public		Consultation		
	Yorkshire and Humber Social Partnership Forum		Consultation		

Contents

1   INTRODUCTION

This policy is based on the current requirements of the Department of Health, which aims to: -

- Minimise the incidence of fires within NHS Scarborough & Ryedale Clinical Commissioning Group (SRCCG) premises
- Minimise the impact on life safety, delivery of service, the environment and property, and ensure a safe environment for patients, visitors and staff is maintained.

On 1st October 2006, The Department of Health issued a new Firecode document "HTM 05-01: Managing Healthcare Fire Safety" a best practice guide to ensure minimum standards of fire safety are in place in NHS premises throughout England.   This new document provides the framework for the implementation of the Department of Health's Fire Safety Policy, which may be an appropriate method for meeting the statutory duties imposed by the Regulatory Reform (Fire Safety) Order 2005.

All NHS organisations in England must comply with legislation relating to fire safety. All NHS organisations in England commissioning new buildings, leasing new buildings, or occupying buildings under a PPP/PFI contract must be satisfied that such buildings comply with legislation relating to fire safety.

The Department of Health will ensure that appropriate advice and guidance on all matters related to fire safety will be available to NHS organisations in England through the Firecode suite of guidance documents.

2   ENGAGEMENT

The following groups / individuals have been consulted in the production of this policy.

- SRCCG Senior Management Team

3   IMPACT ANALYSES

3.1   Equality

In developing this policy, an Equality Impact Analysis (EIA) has been undertaken and the results are published with this policy on the CCG website. As a result of the initial screening, the policy does not appear to have adverse effects on people who share protected characteristics and no further actions are recommended at this stage.

Details of the analysis is in Appendix 4

3.2   Sustainability

The policy has been assessed against the CCG's sustainability themes using a sustainable impact assessment (SIA) and there is no anticipated detrimental impact. The results of the SIA are published with the policy on the CCG website.

Details of the analysis is in Appendix 5

3.3   Bribery Act 2010

The Bribery Act does not apply to this policy.

4 SCOPE

This policy applies to all premises inhabited by CCG staff including:

- All employees of the CCG
- CCG Governing Body
- Contracted third parties (including eMBED and agency staff)
- Students and trainees
- Staff on secondment and other staff on placement with the CCG

5 POLICY PURPOSE AND AIMS

The CCG is committed to providing an environment safe from the effects associated with fire and will co-operate to continually monitor the fire precautionary provisions provided to ensure compliance with the Firecode documents and fire safety legislation. The aim of this policy is to detail the structure of the SRCCG's organisation and management of fire safety to ensure the safety of staff and visitors whilst on premises.

The CCG accepts that a fire safety strategy requires a high level of management commitment, professional competence and adequate resources.

The Objectives will include:

- Management Arrangements for implementation of the 'Policy'
- Training of Staff
- Provision and preservation of adequate means of escape facilities
- Means for giving warning of fire and summoning the Fire Service
- Means for fighting fire
- Means for assessing all fire protection needs and priority grading
- Issuing of instructions and procedures to all staff patients and visitors in order to give guidance in fire emergencies

Mandatory requirements for the NHS in England (excluding NHS Foundation Trusts), NHS Organisations in England will:

- Have a clearly defined fire safety policy covering all buildings they occupy.
- Nominate a governing body member accountable to the chief officer for fire safety.
- For Scarborough Town Hall premises, work with Scarborough Borough Council's Health & Safety Manager (as the lead on all fire safety activities)
- Have an effective **fire safety management** strategy which enables:
  - the preparation and upkeep of the organisation's fire safety policy
  - adequate means for quickly detecting and raising the alarm in case of fire
  - means for ensuring emergency evacuation procedures for all areas, at all times the premises are occupied, without reliance on external services
  - all staff to receive fire safety training appropriate to the level of risk and duties they may be required to perform
  - the reporting of all fire incidents
  - the development of partnership initiatives with other bodies and agencies involved in the provision of fire safety with documented responsibilities.

The Department of Health recognises that the range of premises providing healthcare is extensive, and therefore guidance within Firecode may not specifically address every issue for all buildings. Designers, building control and fire and rescue authorities are expected to use their professional judgement when considering fire safety measures to be applied to NHS buildings, taking into account:

- the type of healthcare being provided
- the average age and dependency of patients
- planned staffing levels
- the size of the premises.

Whilst Firecode provides a means of achieving an acceptable standard of fire safety, the Department of Health recognises that alternative ways of achieving the same objectives may be possible. Where an alternative solution to Firecode is proposed, the designer must demonstrate that the approach does not result in a lower standard of fire safety than if Firecode had been applied.

Firecode guidance may also be used as "best practice" guidance for healthcare premises outside of the NHS.

6 ROLES, RESPONSIBILITES AND DUTIES

6.1 Chief Officer

The Chief Officer is responsible for ensuring that current fire legislation is met and that, where appropriate, Firecode guidance is implemented in all premises owned or occupied by SRCCG by delegating authority as specified in this policy and seeking assurance of compliance through monitoring and audit.

6.2 Role of the Governing Body

The CCG Governing Body has overall accountability for the activities of the organisation. The Governing Body should ensure they have appropriate assurance that the requirements of current fire safety legislation are met and where appropriate, that the objectives of Firecode and fire safety legislation are met.

6.3 Chief Finance Officer

The governing body member responsible for championing fire safety issues at governing body level. This includes proposing programmes of work relating to fire safety for consideration as part of the annual business plan and ensuring compliance with this policy through monitoring and audit.

Although the role cannot be fully defined the following list provides the core features of the role:

- an awareness of all fire safety features and their purpose
- fire safety risks particular to the organisation
- requirements for disabled staff and patients (related to fire procedures)
- ensuring appropriate levels of management are always available to ensure decisions can be made regardless of the time of day
- compliance with legislation

- development of an effective training programme and monitor compliance
- development of the organisation's fire safety strategy
- promotion of a fire safety culture within SRCCG.
- nominating Fire Wardens and deputies

6.4 Fire Wardens

Fire Wardens are appointed and will act as the focal point for fire safety issues for local staff. They should act as the fire safety "eyes and ears" within their local area, but will not have an enforcing role. The local fire warden reports fire safety issues to their line manager who in turn will report to the management.

The Fire Warden role:

- act as focal point on fire safety issues for local staff
- attend any training sessions required to carry out this function effectively
- organise and assist in the fire safety regime within local areas
- raise issues regarding local area fire safety with line management
- assist with coordination of the response to an incident within the immediate vicinity
- ensuring that staff vacate the affected fire zone/s and congregate at the designated assembly area
- be trained to deal with incidents and when it is safe to do so attempt to tackle the fire with the extinguishers provided (where appropriate)
- support line managers on fire safety issues
- Carry out basic checks on fire safety equipment and ensure all such checks are recorded and are available to authorized persons.
- Ensure all defects with Fire Safety equipment are reported correctly.

6.5 Line Managers / Team Leaders

The Senior Person in charge is responsible for all "fire" related issues within teams or departments or premises including:

- The day to day implementation of the Fire Safety Policy and active procedures throughout their areas of control including the monitoring of procedures and carrying out of 'fire safety checks'
- Ensuring any Fire Safety hazards are brought to the attention of the Fire Warden
- Ensuring that a fire risk assessment of their department has been completed nd is reviewed on an annual basis, change of use or following any major structural alterations or refurbishment works
- Ensuring that local fire procedures are brought to the attention of all their staff. New starters must receive local induction training on or before the first day of appointment
- Ensuring that provision is made for all their staff to attend fire training sessions / complete e-learning package when required and to ensure that they do so
- Ensure means of escape routes are kept clear at all times.
- Fire alarm systems where installed are serviceable at all times

The person in charge of the department/team at the time of any fire incident will be considered as the nominated responsible person at the time in the absence of any "named" person.

6.6 Employees

The efficient application of fire safety procedures is subject to staff knowing what to do in the event of an emergency therefore it is imperative that all staff know instinctively the action that needs to be taken if fire breaks out in their area.

All staff, including part-time and agency staff must:

- Make themselves aware of the evacuation procedures appropriate to their workplace.
- Take reasonable care of their own health and safety and that of others who may be affected by their acts or omissions.
- Undertake their tasks as instructed, in line with any risk assessment findings and training.
- Report to their manager any health and safety concerns, including the activities of outside contractors.
- Not misuse or interfere with any equipment provided to ensure safe working practice in the workplace.
- Report any accident, involving injury, damage to plant and equipment, or potential injury, damage or loss.
- Co-operate with, and assist, other colleagues and management in implementing the Health and Safety Policy.
- Attend fire-training sessions as required.
- In the event of fire, staff should follow the site Evacuation Procedure, taking additional direction from site designated Fire Wardens as required.

If any member of staff has any doubts or concerns relating to fire safety, they should initially contact their Line Manager or Team Leader.

6.7 Building Landlords

CCG Staff are based at the following locations:

Location	Landlord
York House, Scarborough	Scarborough Borough Council
Amy Johnson Way, York	York Hospital NHS Foundation Trust
Kingswood Surgery, Harrogate	NHS Property Services
Northallerton	

The site landlords are responsible for the buildings which the CCG occupies as a tenant (Fire Safety) Order 2005.

CCG staff are required to work to the requirements of the Fire Policy for the site in which they are based to whom they should report any issues and concerns.

7 IMPLEMENTATION

This policy will be published on the CCG website and all staff will be made aware of its publication through communications and team meetings.

8 TRAINING AND AWARENESS

8.1 Fire Safety Training

Fire safety training is essential for all staff and is a legal requirement under The Health and Safety at Work Act 1974, The Management of Health and Safety at Work Regulations 1999 and The Regulatory Reform (Fire Safety) Order 2005.

Staff need an understanding of fire risks and know what to do in the event of a fire so that fire safety procedures can be applied effectively. It is therefore imperative that SRCCG provides the appropriate fire safety training. This applies to all staff without exception. Senior management are not exempt and should lead by example.

All staff must receive local induction training on or before their first day of employment. This may take the form of generic training or e-learning. Staff working in areas where there are specific risks or hazards, induction training must be supplemented by job-specific instruction as soon as their employment commences.

It is the duty of Directors/Assistant Directors and line managers to ensure that all staff, including part time and agency personnel, receive instruction in fire safety and, if appropriate, specific instruction on the risks and procedures relative to their workplace.

Every member of staff in premises providing healthcare for the NHS must:

- Undertake mandatory annual/bi-annual fire training as laid down in Department of Health Guidelines
- Be able to identify fire hazards involved in the working environment.
- Practice and promote fire prevention in the workplace.
- Know instinctively the right actions to take if fire breaks out or smoke is detected.
- Be familiar with the evacuation procedure and escape routes appropriate to their location at the time of duty.

Annual Fire Safety training is provided via the e-learning ESR system and all staff should undertake this training annually. Reports will be produced to review who has or hasn't completed training.

Nominated Fire Wardens should attend any additional training sessions required.

8.2 Evacuation Strategies

An evacuation strategy has been developed for each of the following CCG sites:

- York House, Scarborough
- Amy Johnson Way, York
- Kingswood Surgery, Harrogate
- Northallerton

Details of these are at Appendix 1

In non-patient areas the occupants will immediately vacate the building/area and wait for the arrival of the Fire & Rescue Service at the designated assembly point.

It will be incumbent on each site Fire Warden to ensure that the evacuation strategy for the premises adequately reflects the individual needs of both the building and its occupants. The evacuation strategies define the sequence to be followed, and include reference to:

- evacuation of building occupants (including disabled persons)
- refuges and places of intermediate safety
- the use of lifts (including evacuation lifts)
- communications during the evacuation.

Detailed procedures in the strategy should also ensure that:

- all persons are accounted for;
- designated staff carry out a thorough check to ensure no persons have been left behind;
- the arrangements for the mobility impaired are adequate;
- re-entry to the building is not permitted until it is safe to do so.

8.3 Evacuation of People with Disabilities or Impairments
Any member of staff with a disability or an impairment, which may affect their ability to evacuate the site in case of fire, should have a Personal Emergency Evacuation Plan (PEEP), carried out. This should be regularly reviewed.

A PEEP Assessment and Plan template is attached at Appendix 2

8.4 Fire Drills/Evacuation Exercises
Localised fire evacuation drills are to be arranged and rehearsed **at least once in every period of 12 months**. All fire drill/evacuations exercises must be debriefed and recorded in the Health and Safety Control book.

8.5 Maintenance of Equipment
All fire precautionary provisions will be maintained in accordance with the appropriate code of practice documents and records maintained.

All Fire Safety Signage will be displayed in accordance with the Health & Safety (Safety Signs and Signals) Regulations 1996.

8.6 New Building/Refurbishment Works
The Project Manager will involve the CCG's nominated Governing Body lead, Fire Service and Local Authority at the planning and design stages of any new building, alterations or refurbishment works.

8.7   Means of Escape

All relevant Means of Escape from SRCCG premises in case of fire shall be maintained for safe use at all times.

All fire escape routes are to be kept free from obstruction at all times.

8.8   Fire Fighting

Portable fire-fighting appliances are provided in all premises for use in case of fire, however only suitably trained personnel (who should not compromise their own safety) should use fire extinguishers.

When the Fire Service arrives they will take charge of all fire-fighting activities as required.

Depending upon the circumstances, evacuation of the premises may have been partially or fully carried out as considered necessary. The Senior Local Authority Fire Service Officer present should be made aware of the number and location of persons remaining in the premises. Further evacuation if necessary should be carried out under the guidance of the fire service.

8.9   Purchase of Equipment and Supplies

The Procurement of equipment and supplies are to follow the guidance laid out in the CCG Procurement Policy.

All furniture, curtaining, where reasonably practicable, is to be of fire retardant material as specified in Firecode HTM 05:03 Part C.

The Furniture & Furnishings (Fire) (Safety) Regulations 1988 (as Amended in 1989 and 1993) will apply to the office environment.

8.10 No Smoking Policy

The CCG has a No Smoking policy. All Health Service premises are considered as non-smoking zones, other than designated smoking areas. There will be a strict no-smoking policy within the CCG premises

9   MONITORING AND AUDIT

All fire incidents including false fire alarm activations are to be recorded .

It is the responsibility of Line Managers / Team Leaders to ensure that this document is brought to the attention of all staff within their area of control.

The latest approved policy will be maintained and updated on the SRCCG intranet site

10 POLICY REVIEW

The policy and procedure will be reviewed at least every three years by the CCG in conjunction with managers, and Trade Union representatives if appropriate, with changes made as required and the outcome published. Where review is necessary due to legislative change, this will happen immediately.

The Senior Management Team has delegated responsibility for monitoring and reviewing the policy and will report any concerns to the Governing Body.

11 REFERENCES AND ASSOCIATED DOCUMENTATION

Statutory Requirements

- The Regulatory Reform (Fire Safety) Order 2005
- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Department of Health Firecode: Health Technical Memorandums (HTMs)
- HM Government – Guides to Fire Safety series

12 APPENDIX 1 – EVACUATION PROCEDURE

IF YOU DISCOVER A FIRE, SEE SMOKE OR SENSE AN UNUSUAL SMELL OF

BURNING:

RESCUE anyone from immediate danger.

ALERT everyone in the vicinity. Immediately break glass at nearest fire alarm point.

CONFINE the fire by closing all doors and windows in the area of the suspected

fire.

EVACUATE patients and visitors

During working hours, while the alarm will automatically be raised with the Fire Service, they will not respond until confirmation (validation) is received from the site that there is evidence of a fire. If there is clear evidence of a fire in progress, you must telephone 999, giving the address and postcode as well as any information regarding the nature and location of the fire. Such a telephone call MUST NOT delay your own or others' evacuation of the site – use a mobile telephone to call from the external assembly point.

If you have been trained and feel comfortable and confident to do so, attack the fire with the equipment provided without taking any personal risk. Only tackle the fire if;

- You have been trained in the use of fire fighting equipment
- You are certain you are using the appropriate extinguisher
- You can do so safely, with your exit route behind you
- The fire is small and only developing slowly
- If possible and without taking any personal risk, remove any oxygen cylinders or other potential accelerants from the immediate area of the fire.
- NEVER hesitate to activate the Fire Warning System by activating a break glass call point if you believe there may be a fire. Time is critical in a fire situation and you will never be reprimanded for acting "in good faith".

On hearing the Fire Alarms

All persons except designated Fire Wardens, including staff should leave the building and go to the ASSEMBLY POINT.

DO NOT stop to collect personal belongings.

On leaving any room please close all doors and, if possible, windows too.

DO NOT re-enter building unless instructed to do so by the Fire Warden or a member of the Fire Service.

Staff are responsible for patient safety and should immediately establish the whereabouts of all patients and visitors and assess each individual's means of evacuation. Staff should pay particular attention to people with reduced mobility, disabilities or impairments (see below for guidance).

It is the responsibility of any staff that have patients and visitors with them to ensure

that they are evacuated, in a calm manner, to the nearest fire exit. Visitors who are attending a meeting are the responsibility of the meeting chair and must be accounted for on arrival at the assembly point.

THE ASSEMBLY POINT FOR PREMISES NAME IS - Town Hall Gardens

The Nominated Fire Officer/Warden will:

- Put on a fluorescent tabard for identification purposes
- Proceed to the assembly point and coordinate a roll-call via Fire Wardens from each area.
- Undertake the following areas of responsibility, which may be delegated to Fire Wardens as appropriate;
- Go to the fire alarm panel to ascertain the location of the fire.
- Confirm that, if required, the Fire Service has been called
- Communicate with any individuals within the refuge areas (via communications device on fire panel) as appropriate
- Stand at main entrance to prevent access by the public
- Ensure vehicular access not restricted (for Fire Service)
- Maintain safety of staff at Assembly Point
- Liaise with the Fire Service to provide information on:
  - Who is unaccounted for and where they were last seen
  - The location of the fire
  - The nature of the fire
  - Any special hazards (oxygen, clinical waste etc)

On conclusion of the incident the Nominated Fire Officer should;

- Complete an Alarm Activation Record (Red Folder), bearing in mind that any and all evacuations are an opportunity for learning and improving our systems;
- Liaise with the building operators to ensure that all systems are reset.

Fire Wardens

The Fire Wardens will have undertaken more intensive fire training and will liaise with the Nominated Fire Officer/Warden. Their duties will include;

- Put on a fluorescent tabard for identification purposes
- Sweep search their designated area
- On discovery of or reasonable suspicion of a fire, report it immediately to the Fire Brigade by telephoning 999 or to the other wardens via a walkie-talkie (where applicable), who will telephone 999.
- Proceed to assembly point (with any signing in sheets/records) to carry out the roll-call
- Report outcome of roll-call to Nominated Fire Officer/Warden including information on any persons who are unaccounted for and/or persons who are located in the refuge area(s).
- Accept delegated duties from the Nominated Fire Officer/Warden in order to facilitate the management of the incident.

All staff should be familiar with the contents of the CCG Fire Policy and should undertake mandatory fire training at the prescribed intervals.

EVACUATION OF PEOPLE WITH DISABILITIES OR IMPAIRMENTS

Any member of staff with a disability or an impairment, which may affect their ability to evacuate the site in case of fire, should have a Personal Emergency Evacuation Plan (PEEP), carried out. This should be regularly reviewed.

Mobility impairment

A responsible member of staff should be nominated to escort those who need assistance from the building, or who may be slower to evacuate the site. The staff member should ensure that other persons are able to evacuate the building unimpaired, while those who travel at a slower pace continue their evacuation to a place of safety.

Evacuation Chairs are provided at all sites and refuge areas are available within stairwells.

Evacuation Chairs should only be used by staff who are fully trained in their use and who are confident in their operation.

The refuge area provides 60 minutes of protection. The communication device located adjacent is available when the fire alarm is in "alarm" mode and provides a means of communication to the Fire Brigade via the fire panel. Persons who are located within a refuge area should only leave the area on instruction from the Fire Brigade or when the building has otherwise been declared "safe" by the Nominated Fire Officer.

Staff may remain with a disabled person within the refuge area if they are willing and comfortable to do so.

Visual impairment

People with a visual impairment may require assistance in descending the stairs. The helper should descent first, with the person's hand on their shoulder. The helper may also need to assist with identification of and access to the assembly point.

Hearing impairment

Staff should be aware that people with a hearing disability may not be aware of the alarm and should be escorted from the building.

13 APPENDIX 2 – PERSONAL EMERGENCY EVACUATION ASSESSMENT (PEEP)

Why this form is important?

The Health and Safety at Work Act 1974, the Management of Health & Safety at Work Regulations 1999, the Disability Discrimination Act 1995 and The Regulatory Reform Fire Safety Order 2005, place duties on the CCG to implement effective arrangements for access and emergency evacuation for employees and visitors.

This form requires completion so that we may establish any particular needs that you may have to enable you to safely evacuate the building.

Any detail you provide will be handled in confidence and stored only, with your consent, with the necessary parties required to ensure your safety and that of others.

This form is confidential.

Employee Name	
Telephone Number	
Job Title	
Department	
Base	
Description of Duties	
Date completed	

Normal Place of Work

	Building 1	Building 2	Building 3
Building			
Floor			

Evacuation Details

If you work in more than one location the building you are based please describe these areas.

	Yes	No
Would it help you if you were to be provided with a written emergency evacuation procedure?		
Do you require the emergency evacuation procedures to be provided in an alternative format e.g. BSL, Braille, tape, large print etc?		
Do you have any problems reading and identifying the signs that mark the emergency exits and evacuation routes to the emergency exits?		
Do you have any problems hearing the fire alarm(s) provided in your place(s) of work?		
Would you experience any problems raising the alarm if you discovered a fire?		
Is anyone designated to assist you to get out in an emergency?		
Are you likely to experience difficulties independently traveling to the nearest emergency exit for a safe and timely evacuation?		
Do you find the stairs difficult to use?		
Are you dependent on a wheelchair for mobility?		
If you use a wheelchair would you have problems being able to transfer from your wheelchair without assistance?		

General Comments (to include any relevant information not already identified above)

If you have ticked **Yes** to any of the above then a Personal Emergency Evacuation Plan must be completed

14 APPENDIX 3 – PERSONAL EMERGENCY EVACUATION PLAN

This form should be completed for an employee who requires assistance with ANY aspect of emergency evacuation. The plan should include assistance required from the point of raising the alarm to passing through the final exit of the building.

Any detail you provide will be handled in confidence and stored only, with your consent, with the necessary parties required to ensure your safety and that of others.

A copy of the completed form will be held by:

- Employee
- Employee's department manager
- Fire Marshall/Warden (for each building identified)

Note: This plan must be reviewed on an annual basis (at least) and/or when any significant changes occur (of the building or employee).

Alarm System

	Tick if applicable
I am unable to raise the alarm	
If unable to raise the alarm independently please detail agreed alternative procedures.	
I am informed of an emergency evacuation by:	
Existing alarm system	
Vibrating pager	
Visual alarm system	
Other (please specify)	

Evacuation Procedure
Step by step account starting when alarm raised and finishing on final exit

Designated Assistance

Details of EVAC Team roles designated to assist in executing evacuation plan

Equipment Provided and Location

Safe Routes

Provide a description of the primary and secondary escape routes. A building layout plan should be attached to this form with routes clearly marked.

I am aware of the emergency evacuation procedures and believe them to be appropriate to the needs identified above:

Employee Name	Signature	Date
Manager/Assessor Name	Signature	Date

This plan must be reviewed annually and/or when there are any relevant changes in the building or with the employee's circumstances

Equality Impact Assessment Strategy Policies

General Information	
Policy:	Fire Safety Policy
Date of Analysis:	January 2018
Policy Lead: (Name, job title and department)	Corporate Services Manager
What are the aims and intended effects of this policy?	SRCCG is committed to providing an environment safe from the effects associated with fire and will co-operate to continually monitor the fire precautionary provisions provided to ensure compliance with the Firecode documents and fire safety legislation. The aim of this policy is to detail the structure of the SRCCG's organisation and management of fire safety to ensure the safety of staff, patients and visitors whilst on premises
Are there any significant changes to previous policy likely to have an impact on staff, patients or other stakeholder groups?	None
Please list any other policies that are related to or referred to as part of this analysis	Health & Safety Policy
Who is likely to be affected by this policy?	General Public X Service Users X Staff X
What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?	None
Promoting Inclusivity and NHS Scarborough and Ryedale CCG's Equality Objectives. How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation? How does the policy promote our equality objectives	

Equality Data

Age

Data provided below is from Census 2011

Age Range	Number	%
0-14	17,672	14.9
15-44	39,530	33.2
45-64	15,427	13.0
65-74	9,083	7.6
85+	3,820	3.2

Gender

JSNA 2016

	%
Male Residents	49.6
Female Residents	50.4

Race / Nationality

BME – 2011 Census Data

	%
White	97.5
Mixed	0.8
Asian	1.2
Black	0.2
Other	0.2

Languages – 2011 Census Data

	%
English	97.5
Polish	0.8
Other EU Language	0.6
Other	1.86

Gypsy and Travellers – 2011 Census Data

Scarborough	37
Ryedale	81

Disability	2011 Census Data

2011 Census Data

	%
Long Term Health Problem/Disability	21.3
Limiting Long Term Illness	20.4

Projecting Adult Needs and Service Information (PANSI)-2017 Estimates

	Scarborough	Ryedale
Limiting Long Term Illness - day to day activities limited a little	7,507	3,455
Limiting Long Term Illness - day to day activities limited a lot	6,513	2,462
Mobility - unable to manage at least one activity on their own	5,210	2,509
Learning Disability – Including Down's syndrome	947	469
Learning Disability – Autistic Spectrum Disorders and Down's Syndrome	81	134
Visual Impairment - Moderate or severe	3,323	1,588
Hearing Impairment – some hearing loss	17,167	8,370
Hearing Impairment – Moderate or Severe	2,215	1,070
Dementia	1,973	959
Depression	2,474	1,585
Learning Disability – Baseline	1,454	708
Learning Disability – Moderate - Severe	415	1,128
Learning Disability – Autistic Spectrum Disorders	592	289
Learning Disability – Down's syndrome	38	18
Physical Disability – Moderate	5,176	2,620
Physical Disability – Serious	1,605	824
Physical Disability – Personal Care	3,198	1,639
Visual Impairment – Serious	39	19
Hearing Impairment – Some hearing loss	69,328	3,565
Hearing Impairment – Severe	395	203
Mental Health Problems	4,331	2,096

Sexual Orientation

In relation to sexual orientation, local population data is not known with any certainty. In part, this is because until recently national and local surveys of the population and people using services did not ask about an individual's sexual orientation. However, nationally, the Government estimates that 5% of the population are lesbian, gay or bisexual communities.

Gender Reassignment	There are not any official statistics nationally or regionally regarding transgender populations, however, GIRES (Gender Identity Research and Education Society - www.gires.org.uk) estimated that, in 2007, the prevalence of people who had sought medical care for gender variance was 20 per 100,000, i.e. 10,000 people, of whom 6,000 had undergone transition. 80% were assigned as boys at birth (now trans women) and 20% as girls (now trans men). However, there is good reason, based on more recent data from the individual gender identity clinics, to anticipate that the gender balance may eventually become more equal.

Religion / Belief

2011 - Census Data

	%
Christian	67
Buddhist	0.3
Hindu	H0.1
Jewish	0.1
Muslim	0.5
Sikh	0.1
Other Religion	0.4
No Religion	24.3
Religion not stated	7.4

Pregnancy and Maternity

	Live Births (ONS 2016)	Still Births (ONS 2016)
Scarborough	1,034	4
Ryedale	439	2

Marriage and civil partnership

Data provided below is from Census 2011

	Number	%
Single	32,890	28.2
Married	57,934	49.7
In registered same sex civil partnership	259	0.2
Separated (incl civil partnership)	2,866	2.5
Divorced (incl civil partnership)	12,043	103
Widowed	10,486	9

This protected characteristic generally only applies in the workplace.

Assessing Impact

Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups?

(Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy)

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a *Genuine Determining Reason*[1] exists (see footnote below – seek further advice in this case)
Gender	X			
Age	X			
Race / ethnicity / nationality	X			
Disability			X	The policy applies to all regardless of disability, but specifically addresses the needs of those with any disability or condition which may restrict their ability to carry out an independent evacuation of the premises.
Religion or Belief	X			
Sexual Orientation	X			
Pregnancy and Maternity	X			
Transgender / Gender reassignment	X			
Marriage or civil partnership	X			

What measures have been put in place to mitigate any potential impact?

Procedures are in place to ensure that there are evacuation plans for all staff who may have problems evacuating the building.

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1. [1] *The action is proportionate to the legitimate aims of the organisation (please seek further advice)*

Action Planning:

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?				
Identified Risk:	**Recommended Actions:**	**Responsible Lead:**	**Completion Date:**	**Review Date:**

Sign-off

All EIAs must be signed off by a member of SMT
I agree with this assessment / action plan
Signed off by (Name/Job Title)
Signed: Sally Brown
Date: January 2018

SUSTAINABILITY IMPACT ASSESSMENT

Instructions

Sustainability is one of the CCG's key priorities and consequently the CCG has made a corporate commitment to address the environmental effects of its activities across all service areas. The purpose of the Sustainability Impact Assessment is to record any positive or negative impacts that a Policy / Board Report / Committee Report / Service Plan / Project is likely to have on each of the CCG's sustainability themes. The Sustainability Impact Assessment enables any relevant impacts to be identified and potentially managed.

The Sustainability Impact Assessment is based on assessing the impact of the activity against a series of criteria covering environmental sustainability issues. It would be most desirable for activities to score positively in as many areas as possible, although it is likely that some areas will score positively against some themes, and negatively against others.

Using the Sustainability Impact Assessment template

To complete the Sustainability Impact Assessment template, you should consider whether the Policy / Board Report / Committee Report / Service Plan / Project will have a positive or negative impact on each of the themes by placing a mark in the appropriate column. When you think there is likely to be an impact, please provide some annotations regarding the nature of the impact, and any actions that will be taken to address that impact. Users should note that not every theme will be relevant. Where this is the case the 'No Specific Impact' column should be marked. Users should also consider the following tips:

1. Make relative not absolute judgements (e.g. a new energy efficient service would score positively even if it consumes more energy than if no service were provided).
2. Be aware that small positive changes could be outweighed by negative ones (e.g. new energy efficient lighting in the short term may outweigh the benefits of maintaining current lighting).
3. If there are both positive and negative impacts, these need to be recorded in order to give a balanced view. Be objective and unbiased.
4. Concentrate on the most key significant issues - there is the potential to consider the appraisal in a very detailed way. This should be avoided at this stage.
5. Judge a proposal over its whole lifespan and remember that some impacts may change over different timescales.

If you require assistance in completing the Sustainability Impact Assessment please contact the Corporate Services Team

Domain	Review questions	Assessment of Impact Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes? Will it create incentives to promote prevention, healthy behaviours, mental wellbeing, living independently and self-management? Will it provide evidence-based, personalised care that achieves the best possible health and well-being outcomes with the resources available? Will it reduce avoidable hospital admissions or permanent admissions to residential care or nursing homes? Will it pay for services based on health outcomes rather than activity for example through personal budgets? Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways? More info: http://www.sduhealth.org.uk/areas-of-focus/clinical-and-care-models.aspx			
Travel	Will it reduce 'care miles' (telecare, care closer) to home? Will it reduce repeat appointments? Will it provide / improve / promote alternatives to car based transport (e.g. public transport, walking and cycling)? Will it support more efficient use of cars (car sharing, low emission vehicles, community transport, environmentally friendly fuels and technologies)? Will it improve access to services and facilities for vulnerable or disadvantaged groups or individuals? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/travel.aspx			
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/waste.aspx Will it reduce water consumption? Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)? Will it improve green space and access to green space? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/energy.aspx			

Adaptation to Climate Change	Will it support mitigation of the likely effects of climate change (e.g. identifying proactive and community support for vulnerable groups; contingency planning for flood, heatwave and other weather extremes)? More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience/community-resilience-copy.aspx			
Procurement	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery in line with the Public Services (Social Value) Act 2012? Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives? Will it reduce waste, environmental hazards and toxic materials for example by reducing PVC, antibiotic use, air pollution, noise, mining and deforestation? Will it reduce use of natural resources such as raw materials, embedded water, and energy to promote a circular economy? Will it support the local economy through local suppliers, SMEs or engage with third sector or community groups? Will it promote ethical purchasing of goods or services e.g. increasing transparency of modern slavery in the supply chain globally? More info: http://www.sduhealth.org.uk/areas-of-focus/commissioning-and-procurement/procurement.aspx			
Workforce	Will it provide employment opportunities for local people? Will it promote or support equal employment opportunities? Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)? Will it offer employment opportunities to disadvantaged groups and pay above living wage? More info: http://www.sduhealth.org.uk/areas-of-focus/social-value.aspx			
Community Engagement	Will it promote health, increase community resilience, social cohesion, reduce social isolation and support sustainable development? Will it reduce inequalities in health and access to services? Will it increase participation including patients, the public, health professionals and elected officials to contribute to decision making? Have you sought the views of our communities in relation to the impact on sustainable development for this activity? Will it increase peer-support mechanisms? More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience.aspx			
Estimated carbon benefit	What is the estimated carbon benefit (in terms of tCO_2e) from the implementation of this project? As opposed to the current business as usual position. Speak with your sustainability manager and see the following guidance: More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/pharmaceuticals/cspm/sustainable-care-pathways-guidance.aspx			

17 APPENDIX 6 – PRIVACY IMPACT ASSESSMENT

Privacy Impact Assessment (PIA)

Screening Questions

The below screening questions should be used inform whether a PIA is necessary. This is not an exhaustive list therefore in the event of uncertainty completion of a PIA is recommended.

Please contact the Corporate Services Team of IG Manager (eMBED) if you need any assistance

Project title	
Brief description	

Screening completed by

Name	
Title	
Department	
Telephone	
Email	
Review date	

Marking any of these questions is an indication that a PIA is required:

	Screening Questions	Tick
1	Will the project involve the collection of identifiable or potentially identifiable information about individuals?	☐
2	Will the project compel individuals to provide information about themselves? i.e. where they will have little awareness or choice.	☐
3	Will identifiable information about individuals be shared with other organisations or people who have not previously had routine access to the information?	☐
4	Are you using information about individuals for a purpose it is not currently used for or in a new way? i.e. using data collected to provide care for an evaluation of service development.	☐
5	Where information about individuals is being used, would this be likely to raise privacy concerns or expectations? i.e. will it include health records, criminal records or other information that people would consider to be sensitive and private.	☐
6	Will the project require you to contact individuals in ways which they may find intrusive? i.e. telephoning or emailing them without their prior consent.	☐
7	Will the project result in you making decisions in ways which can have a significant impact on individuals? i.e. will it affect the care a person receives.	☐
8	Does the project involve you using new technology which might be perceived as being privacy intrusive? i.e. using biometrics, facial recognition or automated decision making.	☐

Please retain a copy of this questionnaire within your project documentation.

If you have ticked any of the questions above – please complete a full Privacy Impact Assessment – The most up to date version of the form is available on the CCG website at:

http://www.scarboroughryedaleccg.nhs.uk/publications/policies-2/