FIRE SAFETY POLICY

January 2014

Authorship: Programme Co-ordinator
Committee Approved: Senior Management Team
Approved date: 18th February 2014
Review Date: Annually
Equality Impact Assessment: Completed - Full/Completed
Sustainability Impact: Completed
Assessment:
Target Audience: Mandatory for all permanent & temporary employees, contractors & sub-contractors of NHS Scarborough & Ryedale CCG
Policy Reference No: SRCCG P410
Version Number: Draft – version 1.0

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.

<table>
<thead>
<tr>
<th>New Version Number</th>
<th>Issued by</th>
<th>Nature of Amendment</th>
<th>Approved by</th>
<th>Approved Date</th>
<th>Date on Intranet</th>
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<tr>
<td>DRAFT</td>
<td>Programme Co-ordinator</td>
<td>Draft document</td>
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<td>SRCCG Senior Management Team</td>
<td>18.02.14</td>
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APPENDICES
1 INTRODUCTION

1.1 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.

1.2 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.

1.3 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.

1.4 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

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

- Scarborough Borough Council Health & Safety Officer
- SRCCG Senior Management Team

3 IMPACT ANALYSES

3.1 Equality

The Equality Impact Assessment is attached as Appendix A.

3.2 Sustainability

The Sustainability Impact Assessment is attached as Appendix B.

3.3 Bribery Act 2010

The Bribery Act is particularly relevant to this policy. Under the Bribery Act it is a criminal offence to:

- Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and
• Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.

These offences can be committed directly or by and through a third person and other related policies and documentation (as detailed on the CCG intranet) when considering whether to offer or accept gifts and hospitality and/or other incentives.

Anyone with concerns or reasonably held suspicions about potentially fraudulent activity or practice should refer to the Local Anti-Fraud and Corruption Policy and contact the Local Counter Fraud Specialist

4 SCOPE

4.1 This policy applies to all members of staff of the CCG including those on honorary contracts. The policy also relates to members of the public and visitors and applies to both CCG sites Scarborough Town Hall and Sovereign House

5 POLICY PURPOSE & AIMS

5.1 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 and visitors whilst on premises.

5.2 SRCCG 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:

5.3 Have a clearly defined fire safety policy covering all buildings they occupy.

5.4 Nominate a governing body member accountable to the chief officer for fire safety.

5.5 For Scarborough Town Hall premises, work with Scarborough Borough Council’s Health & Safety Manager (as the lead on all fire safety activities)
5.6 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.

5.7 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.

5.8 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.

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

6 ROLES / RESPONSIBILITIES / 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
SRCCG 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 to be appointed in all non-patient areas 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 and 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 Role of the Staff
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. All members of staff must attend fire-training sessions 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.

7 IMPLEMENTATION

7.1 The approved version of the Fire Safety Policy will be posted on SRCCG’s Intranet

7.2 Notification of new policy versions will be highlighted to all staff in the staff newsletter

7.3 Managers are responsible for ensuring that their staff are aware of SRCCG policies and that they understand and use them. This information must be given to all new staff on induction.

7.4 Managers are also responsible for ensuring that a system is in place for their area of responsibility that keeps staff up to date with new policies and policy changes.

7.5 Staff are responsible for ensuring that they are familiar with policies, know where to locate the policy (i.e. intranet) and seek out every opportunity to keep up to date with all SRCCG policies.

7.6 Each Directorate is responsible for their own audit programme which should include adherence to policies.
8 TRAINING & 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.

Annual Fire Safety training is provided via the e-learning CBLS system (provided by North Yorkshire & Humber Commissioning Support Unit - NYHCSU) and all staff should undertake this training annually. Reports will be sent from NYHCSU to nominated CCG leads outlining who has / hasn’t completed this training.

Nominated Fire Wardens should attend any additional training sessions required.

8.2 Planning for and Responding to a Fire Emergency

The safety of building occupants is paramount and will depend on the successful implementation of safety procedures, in addition to the use of active and passive systems (for instance fire alarm and detection systems, fire doors, fire-fighting equipment etc).

Pre-planning for a fire is key to the success of safeguarding the occupants and the fabric of the building. Pre-planning will also include testing the proposed measures to ensure they achieve their intended objectives. The overall aim is to ensure that all occupants can escape unharmed to a place of safety either within the building (progressive horizontal evacuation) or outside the building. In order to achieve this, there must be a prompt response to the alarm and an effective strategy for evacuation.

Where appropriate, a sufficient number of adequately trained staff will need to be available to assist occupants who may be unfamiliar with the building layout or need assistance due to their medical/physical condition.

It is not possible to give precise guidance on every conceivable situation that could arise in a fire emergency. However, here are some considerations to make when pre-planning:

- action on discovery
- warning and alarm signals
- location of fire panel
- method of notifying the fire brigade and fire team members
- risk assessment findings (risk to occupants whilst evacuating)
- arranging and coordinating evacuation
• fire-fighting (prior to the arrival of the fire and rescue service)
• availability of staff as an additional resource
• internal management control systems
• information for the fire and rescue service
• contingency planning
• people with disabilities
• visitors and relatives
• information, instruction and training
• debriefing after the incident
• returning the area to normal service.

In addition, any information relating to the exposure to hazards and associated built-in fire protection measures, will be passed to the fire service on request.

Information requested may include:
• plans of the premises
• the location of valuable equipment
• fire and safety systems
• utilities and environmental systems
• hazardous contents of the premises.

This list is not exhaustive, but provides a valuable starting point.

8.3 Evacuation Strategies
An evacuation strategy will be dependent upon the type of building, its use, and the occupancy profile (including staff levels).

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. Evacuation strategies should clearly define the sequence to be followed, and should 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.

Generic evacuation procedures are attached as Appendix C.
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 Fire Safety log book.

8.5 Fire Incidents and Management of Unwanted Fire Signals

All fire alarm activations are responded to by the Fire and Rescue Service. All fire incidents are to be reported.

The Duty Engineer is to check the fire alarm panel prior to resetting and rectify any faults.

8.6 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.

8.7 New Building/Refurbishment Works

The Project Manager will involve the SRCCG nominated Governing Body lead, Fire Service and Local Authority at the planning and design stages of any new building, alterations or refurbishment works.

8.8 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.

8.9 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.
8.10 Purchase of Equipment and Supplies

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

8.11 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 & AUDIT

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

9.2 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.

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

10 POLICY REVIEW

10.1 This policy will be reviewed annually.

10.2 Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance, as instructed by the senior manager responsible for this policy.

11 REFERENCES

11.1 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

APPENDICES

Appendix A  Equality Impact Assessment
Appendix B  Sustainability Impact Assessment
Appendix C  Evacuation procedures
**Appendix A**

### Equality Impact Analysis

<table>
<thead>
<tr>
<th>Policy / Project / Function:</th>
<th>Fire Safety Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Analysis:</td>
<td>January 2014</td>
</tr>
<tr>
<td>This Equality Impact Analysis was completed by: (Name and Department)</td>
<td>Programme Co-ordinator, NHS Scarborough &amp; Ryedale CCG</td>
</tr>
<tr>
<td>What are the aims and intended effects of this policy, project or function?</td>
<td>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</td>
</tr>
<tr>
<td>Please list any other policies that are related to or referred to as part of this analysis?</td>
<td>Health &amp; Safety Policy</td>
</tr>
<tr>
<td>Who does the policy, project or function affect?</td>
<td>Employees ✔</td>
</tr>
<tr>
<td>Please Tick ✔</td>
<td>Service Users ✔</td>
</tr>
<tr>
<td></td>
<td>Members of the Public ✔</td>
</tr>
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<td></td>
<td>Other (List Below) ✔</td>
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<tr>
<td></td>
<td>All visitors / contractors / sub-contractors who attend an SRCCG premises.</td>
</tr>
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</table>
### 1. Equality Impact Analysis: Screening

<table>
<thead>
<tr>
<th></th>
<th>Could this policy have a positive impact on…</th>
<th>Could this policy have a negative impact on…</th>
<th>Is there any evidence which already exists from previous (e.g. from previous engagement) to evidence this impact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
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<td>☒</td>
<td>☐</td>
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<tr>
<td>Age</td>
<td>☐</td>
<td>☒</td>
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<tr>
<td>Sexual Orientation</td>
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<tr>
<td>Disabled People</td>
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<tr>
<td>Gender</td>
<td>☐</td>
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<tr>
<td>Transgender People</td>
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<td>Pregnancy and Maternity</td>
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<tr>
<td>Marital Status</td>
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<td>☐</td>
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<tr>
<td>Religion and Belief</td>
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</table>

**Reasoning**

If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7
## 2. Equality Impact Analysis: Local Profile Data

**Local Profile/Demography of the Groups affected (population figures)**

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</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
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<tr>
<td>Race</td>
<td></td>
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<tr>
<td>Sex</td>
<td></td>
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<tr>
<td>Gender reassignment</td>
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<td>Disability</td>
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<tr>
<td>Sexual Orientation</td>
<td></td>
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<tr>
<td>Religion, faith and belief</td>
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<tr>
<td>Marriage and civil partnership</td>
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<tr>
<td>Pregnancy and maternity</td>
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</tbody>
</table>


Is any Equality Data available relating to the use or implementation of this policy, project or function?

Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine Protected Characteristics – referred to hereafter as 'Equality Groups'.

Examples of *Equality Data* include: (this list is not definitive)

1. Application success rates *Equality Groups*
2. Complaints by *Equality Groups*
3. Service usage and withdrawal of services by *Equality Groups*
4. Grievances or decisions upheld and dismissed by *Equality Groups*
5. *Previous EIAs*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<td></td>
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</table>

Where you have answered yes, please incorporate this data when performing the *Equality Impact Assessment Test* (the next section of this document).

List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function

<table>
<thead>
<tr>
<th>Promoting Inclusivity</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation</td>
<td></td>
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</table>
### Equality Impact Analysis: Assessment Test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?

<table>
<thead>
<tr>
<th>Protected Characteristic:</th>
<th>No Impact:</th>
<th>Positive Impact:</th>
<th>Negative Impact:</th>
<th>Evidence of impact and if applicable, justification where a <em>Genuine Determining Reason</em> exists</th>
</tr>
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<tbody>
<tr>
<td>Gender</td>
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<td></td>
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<tr>
<td>(Men and Women)</td>
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<tr>
<td>Race</td>
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<td>(All Racial Groups)</td>
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<tr>
<td>Disability</td>
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<tr>
<td>(Mental and Physical)</td>
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<td>Religion or Belief</td>
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<td>Sexual Orientation</td>
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<td>(Heterosexual, Homosexual and Bisexual)</td>
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<tbody>
<tr>
<td>Pregnancy and Maternity</td>
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<td>Age</td>
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</table>
5. Action Planning

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?

<table>
<thead>
<tr>
<th>Identified Risk:</th>
<th>Recommended Actions:</th>
<th>Responsible Lead:</th>
<th>Completion Date:</th>
<th>Review Date:</th>
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</table>
### 6. Equality Impact Analysis Findings

<table>
<thead>
<tr>
<th>Analysis Rating:</th>
<th>Red</th>
<th>Red/Amber</th>
<th>Amber</th>
<th>Green</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Red</strong>&lt;br&gt;Stop and remove the policy</td>
<td><strong>Red</strong>: As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share Protected Characteristics. It is recommended that the use of the policy be suspended until further work or analysis is performed.&lt;br&gt;Remove the policy&lt;br&gt;Complete the action plan above to identify the areas of discrimination and the work or actions which needs to be carried out to minimise the risk of discrimination.</td>
<td>No wording needed as policy is being removed</td>
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<tr>
<td><strong>Red Amber</strong>&lt;br&gt;Continue the policy</td>
<td><strong>Red Amber</strong>: As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share Protected Characteristics. However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.&lt;br&gt;The policy can be published with the EIA&lt;br&gt;List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE).&lt;br&gt;Consider if there are any potential actions which would reduce the risk of discrimination.&lt;br&gt;Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.&lt;br&gt;[Insert what the discrimination is and the justification of the discrimination plus any actions which could help what reduce the risk]</td>
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<tr>
<td>Equality Impact Findings (continued):</td>
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<tr>
<td><strong>Actions</strong></td>
<td><strong>Wording for Policy / Project / Function</strong></td>
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<tr>
<td><strong>Amber</strong></td>
<td><strong>The policy can be published with the EIA</strong></td>
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<tr>
<td>Adjust the Policy</td>
<td>The policy can still be published but the Action Plan must be monitored to ensure that work is being carried out to remove or reduce the discrimination.</td>
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<td></td>
<td>Any changes identified and made to the service/policy/ strategy etc. should be included in the policy.</td>
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<td></td>
<td>Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.</td>
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<tr>
<td></td>
<td>As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the Action Planning section of this document.</td>
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<tr>
<td></td>
<td><strong>[Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]</strong></td>
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<tr>
<td><strong>Green</strong></td>
<td><strong>The policy can be published with the EIA</strong></td>
<td></td>
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<tr>
<td>No major change</td>
<td>Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date.</td>
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<td></td>
<td>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage.</td>
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</table>
### Brief Summary/Further comments

<table>
<thead>
<tr>
<th>Job Title:</th>
<th>Name:</th>
<th>Date:</th>
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### Section 7 - Approved By

<table>
<thead>
<tr>
<th>Job Title:</th>
<th>Name:</th>
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Appendix B

SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a Policy/ Board Report / Committee Report / Service Plan / Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the CCG’s key priorities and the CCG has made a corporate commitment to address the environmental effects of activities across CCG services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the CCG’s Sustainability Themes. For assistance with completing the Sustainability Impact Assessment, please refer to the instructions below.

<table>
<thead>
<tr>
<th>Theme (Potential impacts of the activity)</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
<th>No specific impact</th>
<th>What will the impact be? If the impact is negative, how can it be mitigated? (action)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce Carbon Emission from buildings by 12.5% by 2010-11 then 30% by 2020</td>
<td>√</td>
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<td>New builds and refurbishments over £2 million (capital costs) comply with BREEAM Healthcare requirements.</td>
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<td>√</td>
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<td>Reduce the risk of pollution and avoid any breaches in legislation.</td>
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<td>Goods and services are procured more sustainability.</td>
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<td>√</td>
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<tr>
<td>Reduce carbon emissions from road vehicles.</td>
<td></td>
<td>√</td>
<td></td>
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<tr>
<td>Reduce water consumption by 25% by 2020.</td>
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<td>√</td>
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<td>Ensure legal compliance with waste legislation.</td>
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<tr>
<td>Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020</td>
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<tr>
<td>Increase the amount of waste being recycled to 40%.</td>
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<td>Sustainability training and communications for employees.</td>
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<tr>
<td>Partnership working with local groups and organisations to support sustainable development.</td>
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<tr>
<td>Financial aspects of sustainable development are considered in line with policy requirements and commitments.</td>
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Appendix C

Fire Evacuation procedures – Scarborough Town Hall

Introduction: All staff should know their duties and responsibilities in relation to the fire and the emergency evacuation procedures in their place of work. This should be done locally upon induction to the department where they work; when there is any change to the arrangements and repeated periodically where appropriate. The information below gives the general fire provision and procedures in place and should be communicated along with the specific local information.

Action to be taken by a person discovering a fire: Activate the nearest break glass point and make their way out of the building. Close the door behind you i.e. stores cupboard or unoccupied room etc. but only if this can be done safely, without compromising your escape, to help contain the fire.

Fire warning system: Sirens are sounded throughout Building. These are activated by either heat/smoke detectors linked to the Fire alarm or manually using the Manual Call Points (MCP’s – break glass covers) provided throughout the building.

Fire Service will be notified either:

- automatically by the off-site fire monitoring contractor when the alarm has been activated or;
- manually by ringing the emergency services directly. This will be dependent on which system is in place at the premises. All staff should be aware of which system is installed at their workplace

If further Emergency Services are required this will be done by the Senior Fire Warden or delegated to a designated Fire warden. The Senior Fire warden or Deputy will be in direct contact with the Fire Officer in charge at the scene and will action instructions given from the Fire Service.

Evacuation procedure: Upon hearing the alarm, everyone must leave the building by the nearest available exit and make their way to the designated Assembly Point for their Service. Employees, where appropriate, should make safe any equipment, machinery or processes before evacuating. Do not use Lifts for means of escape as trapping between floors could occur if the main electrical system fails (lifts do not have independent supply) or main electrical supply is switched off for safety reasons. Visitors (including Members of Public) to the premises should be directed off site to the assembly point by the person/s responsible for their visit. Staff should be aware also of their duty to co-operate with the employer e.g. take part in organised 6 monthly fire drills.

Key escape routes: If no ‘final exit’ (exit leading directly to a safe place outside the building) is situated in their respective office/workshop, the staff should exit through the nearest available fire door to join the fire protected corridor or stairwell and follow the signed route to the nearest final exit point.

Duties and identities of employees with specific responsibilities: The Council operates a Fire Warden system throughout the Services. Fire Wardens names can be found on Porthole in the Health and Safety Section. There are also posters with a photograph of Fire Wardens posted locally in their respective departments. The Fire Wardens, in addition to other fire safety duties, are trained to assist in the safe evacuation of all staff from the premises. Staff should
take instruction from the Fire Wardens during an emergency evacuation. Fire Wardens will be identified by hi-visible tabards during the evacuation.

**Procedures for liaison with Fire Brigade on arrival** The Fire Service will be met by the Senior Fire Warden outside the building main entrance with the premises Fire Log Book and report the details given from feedback from the fire wardens. i.e. building clear of personnel. The Fire Service will then investigate the reason for activation and respond accordingly. Once satisfied the threat of fire has been resolved, this information will be relayed to the Senior Fire Warden who will announce the ‘All Clear’ and staff can be allowed back into the building. On NO account should staff re-enter the building till this is announced.

**Note:** Fire Log books are kept for all Council premises and contain information on the fire provisions and procedures for the specific building. The log book is kept in the office behind the Civic Reception at the Town Hall main entrance.

**Fire fighting equipment provided:** Fire Fighting equipment is available at predetermined locations throughout the building as established by a risk assessment. The equipment is maintained and checked for functionality every 12 months. Employees are not expected to use the equipment unless they have been trained to do so and the fire is small enough to be extinguished by one discharge of a fire extinguisher e.g. office waste paper bin alight.

**Arrangements for safe evacuation of persons identified as being especially at risk from fire**

After notification from the Service concerned, a risk assessment will be completed by the H&S officer for personnel who have difficulty in vacating the premises due to mobility problems. This may be of a temporary or permanent nature. A Personal Emergency Evacuation Plan (PEEP) will be developed in each case and a suitable solution sought for the particular problem. Evacuation Chairs are available on upper floors to facilitate safe transit down stairs and selected personnel will be trained in their deployment and use.

**Training needed by employees and arrangements for giving such training**

All staff should be given instruction, information and training to enable them to evacuate the building safety. This should be done as soon as possible upon starting at their workplace and should be given by a competent member of staff. All staff should be familiar with the location of fire fighting equipment, escape routes, storage facilities (and risks from flammable or explosive substances), fire exits, fire doors and their operation and any specific local procedures.

Fire Awareness and Fire Warden Training will be given to volunteers who wish to trained further and take up Fire Warden duties.

**Specific arrangements for high fire risk areas**

The Fire risk assessment should identify any special arrangements for high fire risk areas within the premises and all staff should be made aware of the procedures for this i.e. independently alarmed automatic sprinkler system installed in a mainframe computer suite.

No high fire risk areas have been identified within York House.