



# **NHSScotland Firecode Fire Safety - Model Management Structure**

**Scottish Health Technical Memorandum 80**



**SHTM  
80**

Version 1 - November 2024

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# 1. Introduction

- 1.1. This Scottish Health Technical Memorandum (SHTM) provides guidance for NHSScotland Health Boards on the organisational structure and processes, relating to the management of fire safety, by providing clarity on roles, responsibilities, and governance.
- 1.2. It also includes a methodology, through continuous professional development (CPD), training, and managerial review, to assess and maintain the competence of senior fire safety advisors, fire safety advisors, and assistant fire safety advisors, hereinafter referred to collectively as fire safety staff.
- 1.3. It should be utilised, in conjunction with all other SHTM Firecode guidance, to assist NHSScotland Health Boards achieve the necessary high standards of fire safety in healthcare premises for the protection of staff, patients, and other occupants.
- 1.4. It will also assist Health Boards to demonstrate they have accountable duty holders with responsibility for fire safety, who have the authority to make improvements where reasonable and practicable.
- 1.5. It also advises on the role NHSScotland Assure can undertake to assist Boards with a review of their fire safety processes.
- 1.6. The guidance in this document is compatible with the Fire Risk Assessment Competency Council's criteria for fire risk assessors, further information can be accessed by visiting the National Fire Chiefs Council (NFCC) website at [Competency criteria for fire risk assessors](#).

## Legislation

- 1.7. There is a legislative requirement to ensure the safety of building occupants from harm caused by fire. This is defined in the Fire (Scotland) Act 2005 that states '*those in control of premises, to any extent, have a responsibility to ensure the safety of occupants from harm caused by fire*'.
- 1.8. Failure to comply with the provisions of fire safety legislation can constitute a criminal offence.
- 1.9. Following the organisational structure defined in this SHTM will assist Health Boards to meet their legislative requirements.

## 2. Scope of SHTM 80

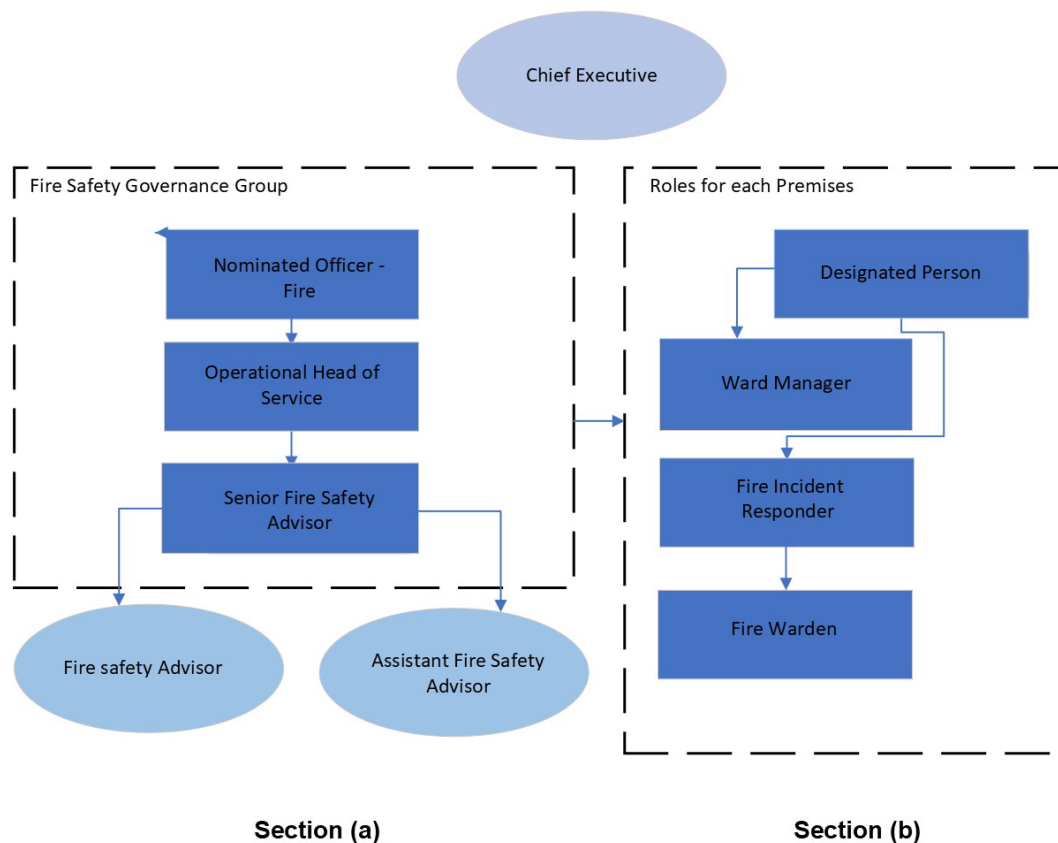
- 2.1. Scottish Health Technical Memorandum (SHTM) 80 is applicable to the fire safety organisational structure, governance, and staff responsibilities within NHSScotland Health Boards.
- 2.2. Health Boards should reference this document in the formation and implementation of fire safety policies, plans, and procedures.
- 2.3. References throughout this document to SHTM Firecode guidance and other technical standards do not include publication date, and the current edition should be used.



### 3. Fire safety management and governance

- 3.1. Health Boards must have a defined fire safety management structure to ensure they have appropriate resources in place for the fire safety objectives and functional requirements.
- 3.2. This section outlines a model management structure that will assist Health Boards to meet legislative requirements, and the mandatory requirements specified in the Fire Safety Policy for NHSScotland.
- 3.3. This document refers to differing knowledge and experience required for the posts of senior fire safety advisor, fire safety advisor, and assistant fire safety advisor.
- 3.4. Each Health Board should have, as a minimum, one fire safety advisor.
- 3.5. Where a Health Board procures external services for fire safety work such as fire risk assessments, they must ensure the service provider has the competency standards to undertake the work in accordance with Scottish Health Technical Memorandum (SHTM) Firecode guidance.
- 3.6. Section (a) of Figure 3.1 below defines the fire safety governance structure within Health Boards. Section (b) defines the fire safety roles within individual healthcare premises.

*Figure 3.1 - Fire safety roles and governance structure*



## Chief Executive

- 3.7. The Chief Executive will, on behalf of the Health Board, have overall responsibility for ensuring compliance with the statutory duties detailed in the Fire (Scotland) Act 2005.
- 3.8. They will ensure the fire safety organisational structure and processes, fire safety training, and technical benchmarks as detailed in the current SHTM Firecode suite of guidance documents are adhered to.
- 3.9. They will ensure all agreements for the provision of care and other services by third parties include sufficient contractual arrangements to ensure adherence to SHTM Firecode and the Health Board's fire safety policy.
- 3.10. The Chief Executive may discharge aspects of managerial responsibility to the Nominated Officer - Fire (NOF), or other managers with fire safety responsibilities.

## Fire Safety Governance Group

- 3.11. Each NHSScotland Health Board should have a fire safety governance group who are responsible for overseeing legislative and mandatory fire safety compliance. The group is likely to consist of the Nominated Officer - Fire, Operational Heads of Service with fire safety responsibility, and the Health Board's senior fire safety advisor or fire safety advisor.
- 3.12. Standard agenda items should include:
- fire incidents
  - fire risk assessment compliance
  - staff training compliance
  - fire and rescue service audit outcomes
  - fire safety risk register
  - unwanted fire alarm signals
- 3.13. The group will act as a conduit for reporting on high fire safety risks to the Health Board's strategic management team.

## Nominated Officer - Fire

- 3.14. Each Health Board should have a NOF who is a member of the strategic management team and has the authority to implement fire safety measures across all sectors of the organisation. They should assist the Chief Executive with Board level responsibilities for fire safety matters including capital programme and funding.
- 3.15. The NOF will ensure there are designated persons appointed for each healthcare premises.

- 3.16. The NOF will have the following duties to ensure the safety of staff and other occupants within healthcare premises:
- ensure the construction of new healthcare facilities and the refurbishment of existing facilities conform to all prevailing statutory and mandatory fire safety requirements, including SHTM Firecode
  - ensure co-operation on fire safety duties, between the Health Board and other organisations in jointly occupied premises, in accordance with The Fire Safety (Scotland) Regulations 2006: Section 21 'Co-operation and Co-ordination'
  - ensure suitable fire risk assessments are undertaken in each of the Health Boards premises
  - ensure the findings of fire risk assessments are acted upon
  - ensure staff are informed of any findings from the fire risk assessment that impact upon their workplace area or activities
  - ensure fire risk assessments are regularly reviewed
  - monitor all fire safety provisions and ensure policies, and procedures are in place, including:
    - fire safety awareness and evacuation training
    - fire safety evacuation management training for ward managers
    - emergency fire action plans
    - fire evacuation exercises and fire drills
    - testing and maintenance of fire safety systems
  - ensure adherence to standard operating procedures that impact upon fire safety, for example, hot work permits and fire alarm isolation during testing and maintenance
  - receive reports of fire incidents and unwanted fire alarm signals from the fire safety staff
  - receive fire safety compliance reports from the fire safety staff
  - ensure high-risk fire safety issues are highlighted to the strategic management team
  - ensure agreed programmes of investment in fire precautions are properly accounted for in the Boards business plan
  - ensure an annual report on fire safety performance is undertaken and communicated to the Health Board's strategic management team
  - ensure the Health Board is represented at the NHSScotland Fire Safety Advisory Group
  - ensure there is a procedure for staff, contractors, and volunteers to report fire safety deficiencies they encounter as part of their daily duties and ensure fire safety staff are also informed

## Operational Head of Service

- 3.17. The NOF may discharge aspects of managerial responsibility for fire safety to operational heads of service.



3.18. The operational head of service should:

- ensure processes are in place to implement the Board fire safety policy and procedures
- ensure the construction of new healthcare facilities and refurbishment of existing facilities conform to all prevailing statutory and mandatory fire safety requirements including SHTM Firecode
- ensure the delivery of the Boards fire safety training programme and that it adheres to SHTM 83 Part 2: General fire precautions fire safety training
- ensure fire risk assessments are undertaken for all Health Board premises
- ensure fire risk assessments are regularly reviewed
- ensure high risks identified in the fire risk assessments are notified to the NOF and fire safety governance group
- ensure staff are informed of any findings from the fire risk assessment that impact upon their workplace area or activities
- ensure there are trained fire incident responders/ fire wardens for all Health Board premises
- ensure all fire safety systems are tested and maintained in accordance with the relevant standards, and that comprehensive records are kept
- ensure adherence to standard operating procedures that impact upon fire safety, for example, hot work permits and fire alarm isolation during testing and maintenance
- receive reports of fire incidents and unwanted fire alarm signals from the fire safety staff
- receive fire safety compliance reports from the fire safety staff
- report on fire safety compliance to the NOF regarding legislation, policies, procedures, and training provision
- ensure there is a procedure for staff, contractors, and volunteers to report fire safety deficiencies that they encounter as part of their daily duties and ensure fire safety staff are also informed
- ensure there is a process for silencing and resetting the fire alarm in all Health Board premises, where:
  - a fire incident has been dealt with by the fire and rescue service or
  - it is established as an unwanted fire alarm signal

## Senior Fire Safety Advisor

- 3.19. In Health Boards that employ more than one fire safety advisor, it is recommended that the structure includes a senior fire safety advisor with responsibility for the coordination of work programmes and the management of fire safety staff.

## Fire Safety Advisor

- 3.20. Fire safety advisor duties are as follows:
- advise on the application and compliance with fire safety legislation, SHTM Firecode, and other applicable guidance
  - develop Health Board fire safety procedures
  - liaise with ward/ senior managers in the development and implementation of emergency fire action plans
  - advise on technical fire safety standards as an integral member of the project team during the design, construction, and commissioning of healthcare projects and the refurbishment of existing facilities
  - interpretation of fire strategies and fire engineering proposals
  - complete and record fire risk assessments and ensure action plans are put in place to reduce any identified risks to as low as is reasonably practicable
  - ensure staff are informed of any findings from the fire risk assessment that impact upon their workplace area or activities
  - prepare and deliver fire safety training that adheres to SHTM 83 Part 2: General fire precautions fire safety training, including, targeted evacuation management training to ward managers for onward cascading to their staff
  - monitor through the fire risk assessment process (SHTM 86) that fire drills and practical evacuation exercises are undertaken by staff
  - monitor the effectiveness of fire safety training
  - liaise with Scottish Fire and Rescue Service enforcement staff
  - investigate fire incidents and implement measures to prevent recurrence in conjunction with a 'named person' who is responsible for the completion of the task.
  - investigate unwanted fire alarm signals and implement preventative and reduction measures in conjunction with a 'named person' who is responsible for the completion of the task.
  - escalate high fire safety risks to the senior fire safety advisor/ the designated person for the healthcare premises/ operational head of service/ NOF
  - conduct regular inspections of healthcare premises and update the fire risk assessment as required

## Assistant Fire Safety Advisor

- 3.21. An assistant fire safety advisor will undertake specified duties of a fire safety advisor, as detailed in paragraph 3.20, such as fire safety trainer or fire risk assessor.
- 3.22. An assistant fire safety advisor employed in a developmental role will undertake, under supervision, specified duties of a fire safety advisor as detailed in paragraph 3.20.

## Designated Person for each healthcare premises

- 3.23. Each healthcare premises should have a designated person, who is responsible, and has the managerial authority to ensure fire safety standards are implemented and maintained. This would usually be the site director or premises manager.
- 3.24. The designated person should ensure:
- a fire risk assessment has been undertaken by the Health Board's fire safety staff
  - the findings of the fire risk assessment are acted upon
  - staff are informed of any findings from the fire risk assessment that impact their workplace area or activities
  - fire safety staff are informed of changes to the building layout, work processes, or a significant increase in the number of occupants
  - there is a suitable emergency fire action plan for the premises
  - staff receive fire safety training in accordance with SHTM 83 Part 2: General fire precautions fire safety training
  - staff participate in fire drills and practical evacuation exercises
  - fire safety training records are completed and readily available for inspection
  - fire safety systems maintenance records are completed and readily available for inspection
  - fire incidents and unwanted fire alarm signals are reported to the Health Board's fire safety staff
  - sufficient fire wardens and fire incident responders are available to ensure that emergency and evacuation procedures are carried out in the event of a fire
  - there is a procedure for staff, contractors, and volunteers to report fire safety deficiencies they encounter as part of their daily duties, and ensure fire safety staff are also informed
  - there is a process for silencing and resetting the fire alarm, where:
    - a fire incident has been dealt with by the fire and rescue service or
    - it is established as an unwanted fire alarm signal

## **Ward Managers/ Senior Managers with progressive horizontal evacuation responsibility**

- 3.25. Ward managers/ senior managers are responsible for ensuring fire safety standards are maintained in their workplace area, such as ensuring escape routes and other areas are free from obstructions and combustible materials. They should ensure that fire safety defects are reported using the local standard operating procedure.
- 3.26. Ward managers/ senior managers are responsible, in conjunction with the fire safety staff, for developing and implementing an emergency fire action plan.
- 3.27. Ward managers/ senior managers should receive fire evacuation management training that is specific to their area/ workplace, this training should be delivered by the Health Board's fire safety staff.
- 3.28. It is the ward managers'/ senior managers' responsibility to cascade fire evacuation training to their staff and ensure that staff participate in regular ward/ area evacuation exercises to ensure they are familiar with and can act on the emergency fire action plan.
- 3.29. In the event of a fire incident, the ward manager/ senior manager will take control of the staff response, by;
- initiating the emergency fire action plan
  - ensuring that a 999 call is made to the fire service
  - ensuring that fire incident responders are alerted
  - liaising with and directing fire incident responders
  - liaising with the fire and rescue service

## **Fire Incident Responders**

- 3.30. In hospitals and other healthcare premises with sleeping accommodation, there should be sufficient, trained fire incident responders who are readily available to attend a fire incident.
- 3.31. In response to a fire alert, they should report to the ward manager who is in charge of the incident and act upon their instruction
- 3.32. Their duties will include:
- fight the fire if safe to do so
  - assist in the evacuation of patients
  - direct other occupants towards exit routes
  - conduct a sweep of the area to ensure that all occupants, including visitors; have responded to the alarm
  - provide information and assistance to the fire and rescue service

## Fire Wardens

- 3.33. In healthcare premises that do not have sleeping accommodation, there should be sufficient, trained fire wardens.
- 3.34. In response to a fire incident, their duties are as follows:
- ensure that a 999 call is made to the fire service
  - assist in the evacuation of the premises in the event of a fire
  - conduct a sweep of their designated area to ensure all occupants have responded to the fire alarm
  - tackle the fire if safe to do so
  - take a roll call at the designated assembly point
  - liaise with the fire service

## Staff and Volunteers

- 3.35. Staff and Volunteers should:
- comply with the Health Board's fire safety policy, protocols, and procedures
  - participate in fire safety training and fire evacuation exercises
  - report fire safety deficiencies to their line manager for onward reporting
  - report fire incidents and false alarm signals by following the Health Board's protocols and procedures

## Contractors

- 3.36. Contractors should:
- receive fire safety induction
  - comply with the Health Board's fire safety standard operating procedures and permits to work
  - report fire safety deficiencies they encounter as part of their daily duties by following the Health Board's protocols and procedures

## 4. NHSScotland - fire safety management system

- 4.1. Meaningful data collection is essential to make evidence-based decisions, drive innovation, and improve organisational outcomes.
- 4.2. The NHSScotland fire safety management system is the mandated electronic recording and analysis tool for fire risk assessments, fire incidents, and unwanted fire alarm signals.
- 4.3. It has the facility to gather accurate and reliable data that can be analysed for patterns and trends relating to fire safety issues. This data can be utilised to optimise working processes and measure their effectiveness, inform resource allocation, identify improvement opportunities, and assist in guidance development.
- 4.4. The system functionality assists in providing a national overview of fire safety and ensuring NHSScotland 'Once for Scotland' approaches can be developed. Further information can be accessed by visiting the NHSScotland workforce policies website at ['Once for Scotland'](#).
- 4.5. The system has cross-functionality with the NHSScotland Strategic Asset Management System (SAMS) whereby, fire safety question sets, templates, and reports are automatically populated with the name of the building, block number, address, and region.

## 5. Competency

- 5.1. It is essential Health Boards can evidence the effectiveness of their fire safety processes, including the competency of fire safety staff.
- 5.2. Competent persons are defined as those who are 'appropriately qualified with sufficient technical knowledge relevant to the healthcare environment'.
- 5.3. This section details the key factors Health Boards should take into account to ensure fire safety staff achieve and maintain competency.
- 5.4. Fire safety staff should be able to evidence that they have effective communication skills to convey complex fire safety concepts clearly and understandably to both technical and non-technical audiences.
- 5.5. They should also have evidence of comprehensive and well-documented reports that they have authored.
- 5.6. Senior fire safety advisors and fire safety advisors should have comprehensive knowledge in the following areas:
  - NHSScotland Firecode guidance
  - legislation, including the Fire (Scotland) Act 2005 and the Fire Safety (Scotland) Regulations 2006
  - Scottish Building Regulations and Building Standards Technical Handbooks
  - fire safety related British Standards
  - fire dynamics including factors influencing fire development, fire behaviour, and factors associated with human behaviour in a fire situation
  - impact of occupancy profile in healthcare premises including progressive horizontal evacuation (PHE) procedures
  - principles of fire engineering
  - building construction, including elements of structure and the suitability of materials used
  - fire risk assessment in the healthcare environment
- 5.7. Assistant fire safety advisors should have, or be working towards, the above-listed competency standards.

### Continuous professional development - Portfolio

- 5.8. It is imperative fire safety staff can evidence maintenance of current skill levels, as well as evidence that they keep up to date with technological changes, legislative changes, and improvements to working practices.

- 5.9. Therefore, each member of the fire safety staff should maintain a continuous professional development (CPD) portfolio of their work, this should include the following evidence:
- details of courses attended
  - details of training received
  - details of formal fire safety courses/ qualifications
  - attendance at fire safety seminars and record of learning outcomes
  - details of training programmes delivered
  - examples of completed fire risk assessments and supporting action plans
  - involvement in, as part of the project team, the design, construction, and commissioning of healthcare projects and the refurbishment of existing facilities with references to Scottish Health Technical Memorandum (SHTM) Firecode, building standards, and other technical standards
  - examples of completed technical reports
  - details of fire and unwanted fire alarm signal investigation reports
  - qualifications and membership of fire safety professional bodies

## Fire Safety Recruitment

- 5.10. As part of the fire safety recruitment process, it is important to assess a candidate's technical knowledge and experience, therefore, the recruiting panel should include a senior fire safety advisor or fire safety advisor at the shortlisting and interview stage.
- 5.11. If a Health Board is unsure whether they have sufficient competency to form a recruitment panel, they should seek assistance from another Health Board or NHSScotland Assure.
- 5.12. Candidates should evidence they possess the requisite qualifications and experience to undertake the fire safety role as defined in sections 3.19, 3.20 and 3.21, normally this would be a fire safety-related degree or equivalent formal fire safety qualification and fire safety experience, preferably, in the healthcare environment.
- 5.13. Candidates who do not have formal qualifications should be able to provide evidence of significant, demonstrable experience in the fire safety sector, preferably in the healthcare environment.
- 5.14. An assistant fire safety advisor may be employed, where they have the experience and knowledge, to carry out aspects of the role such as a fire safety trainer or fire risk assessor. Alternatively, an assistant fire safety advisor may be employed without fire safety work experience, in a developmental role, provided there is a robust training programme in place and any work they undertake is under the supervision of a senior fire safety advisor or fire safety advisor.



## Staff Development

- 5.15. Health Boards should have a formal development and appraisal process in place to ensure fire safety staff maintain existing skills and progress their knowledge base to take account of changes to technical guidance or legislation.
- 5.16. Fire safety staff development should include a measurable program of personal study, work activity, and mentoring.
- 5.17. Although not exhaustive, the development programme should include:
- SHTM Firecode
  - fire safety legislation
  - Scottish Building Standards
  - British Standards
  - completion of fire risk assessments
  - policies and procedures applicable to the role
  - completion of mandatory training applicable to the role
  - interpretation of fire strategies
  - interpretation of fire safety plans
  - awareness of legislative changes and advances in fire safety technologies and practices
- 5.18. The CPD portfolio should be referenced in the completion of the Health Board's fire safety staff appraisal process.
- 5.19. Where gaps in knowledge are identified or there is a potential for skill development, the fire safety staff member and their line manager should agree on the additional training and assistance that is required and a planned programme should be put in place.
- 5.20. As part of a career progression pathway, assistant fire safety advisors should be given the opportunity, through a formal development programme, to gain the competency level required for the role of fire safety advisor. This will enable them to apply for the role of fire safety advisor, should one become available.
- 5.21. Health Boards should encourage fire safety staff to attend accredited fire safety training courses and gain formal qualifications that would be an enhancement to their skill set.
- 5.22. Health Boards should encourage fire safety staff membership of recognised professional bodies such as the Institution of Fire Engineers (IFE), Institute of Fire Safety Managers (IFSM) or Institution of Occupational Safety and Health (IOSH). Fire safety staff are also encouraged to be members of the National Association of Healthcare Fire Officers (NAHFO) as this organisation offers access to CPD activities, UK wide networking with other healthcare fire safety professionals and sharing of good practice.

## 6. NHSScotland Assure

- 6.1. NHSScotland Assure can assist Health Boards with an independent review of their organisational structure and processes relating to the management of fire safety.
- 6.2. NHSScotland Assure can undertake appraisal reviews of the undernoted and report their findings to the Boards Nominated Officer - Fire (NOF):
  - fire risk assessments, ensuring they align with Scottish Health Technical Memorandum (SHTM) 86: fire risk assessment
  - fire safety training programmes to evaluate their effectiveness and frequency aligns with SHTM 83 part 2: General fire precautions fire safety training
  - fire safety staff continuous professional development (CPD) portfolios
  - processes relating to the reporting and recording of fire incidents and unwanted fire alarm signals
- 6.3. Where areas of improvement are identified NHSScotland Assure will support the Health Board in forming an action plan and assist with training programmes for fire safety staff.
- 6.4. NHSScotland Assure can assist Health Boards fire safety staff if they have any technical queries that are beyond their scope of knowledge.

## Abbreviations

<b>CPD:</b>	Continuous Professional Development
<b>IFE:</b>	Institution of Fire Engineers
<b>IFSM:</b>	Institute of Fire Safety Managers
<b>IOSH:</b>	Institution of Occupational Safety and Health
<b>NAHFO:</b>	National Association of Healthcare Fire Officers
<b>NFCC:</b>	National Fire Chiefs Council
<b>NOF:</b>	Nominated Officer - Fire
<b>PHE:</b>	Progressive Horizontal Evacuation
<b>SAMS:</b>	Strategic Asset Management System
<b>SHTM:</b>	Scottish Health Technical Memorandum