

The University of Warwick Fire Risk Management System



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1. Purpose of this document

This document, the 'Fire Risk Management System (FRMS)', outlines the scope, structure and key elements of the University of Warwick's Fire Risk Management System. However, it is important to remember when reading this that Fire Safety Management lies within Health and Safety Services and Fire Safety Systems are maintained by Estates¹.

This follows guidance from the British Standards Institute (BSI), which applies a 'Plan, Do, Check, Act' (PDCA) approach to the management of health, safety and fire. PDCA is a management framework which provides a methodical approach to problem solving and continual improvement based on the following four phases:

1. **Plan** – This stage requires the identification of objectives, understanding of the current situation, setting targets, considering tasks, timing, cost, roles and communication with all relevant parties.
2. **Do** – This section deals with the implementation of the plan, focussing on how to communicate, monitor and make adjustments.
3. **Check** – This is the review phase where progress is evaluated against initial objectives. The key point is to evaluate progress by identifying what went well, and what needs to improve.
4. **Act** – Identifies what improvements are required to make the system successful, determining how this will happen and development of a further action plan which will form the start of the next PDCA cycle.

2. Scope

The scope of the FRMS covers all buildings regardless of where they are on any of the University's campuses or their occupancy characteristics. This covers all academic, teaching, research, administrative, professional service, commercial and technical service buildings.

The University has six wholly owned subsidiary companies which are currently trading:

- The University of Warwick Science Park Limited
- UWSP Concepts Limited
- Warwick Learning Limited
- Warwick University Enterprises Limited
- Warwick University Services Limited
- Warwick University Training Limited

This FRMS does not directly apply to those buildings of the subsidiary companies, although they are required, via the Chair of the Board of Directors, Chief Operating Officer and the Chief Finance Director of the respective subsidiary company to develop their own policy and arrangements.

3. Terms and definitions

Academic Departments – all academic departments, including all faculties and schools

¹ The NAIC building is managed by an outsourced FM company managed by WMG, also not Estates where a Lease stipulates otherwise. i.e. The Shard, University Hospital in Coventry, Health Centre on Campus. The Science park is also outside the control of Estates.

APSG – Administration and Professional Services Group

ARC – Audit and Risk Committee

CCSG – Campus and Commercial Services Group

Council – Non-Executive Board of Trustees of the University

Estates – the Estates Office or Department (of the University of Warwick)

FRMS – Fire Risk Management System

ITS – Information Technology Services

H&S Service– Health and Safety Services (of the University of Warwick)

HSE – Health and Safety Executive

HASAWA – Health and Safety at Work etc. Act 1974

MHSWR – Management of Health and Safety at Work Regulations 1999

MIP – Major Incident Plan

MIT – Major Incident Team

OH&S – Occupational Health and Safety

OHSMS – Occupational Health and Safety Management System

ORMG – Operational Risk Management Group

PDCA – Plan, Do, Check, Act

Steering – The University Steering Committee

The University – University of Warwick

UEB – University Executive Board

UHSC – University Health and Safety Committee

UHSEC – University Health and Safety Executive Committee

UoW – University of Warwick

VC – Vice Chancellor, the University’s Chief Executive.

WMG – Warwick Manufacturing Group

WMS – Warwick Medical School

WUS - Warwick University Services Limited

WUEL - Warwick University Enterprises Limited

4. Context of the organisation

4.1 Understanding the organisation and its context

The establishment of the University of Warwick was given approval by the government in 1961 and was granted its Royal Charter of Incorporation in March 1965. The University is an exempt charity whose principal regulator is the Higher Education Funding Council for England (HEFCE). As an educational institution and an exempt charitable body the University does not have a registered charity number or a Company Registration number.

The Royal Charter Number is: **RC000678**
The Registered Address is: **The University of Warwick,
Coventry,
CV4 8UW**

The financial information for the year ended 31 July 2021 is (figures in £ million):

Funding body grants	£ 66.8
Tuition fees and education contracts	£ 389.7
Research grants and contracts	£ 139.8
Other income	£ 100.7
Investment income	£ 1.0
Total income	£ 703.7
Surplus	£ 79.3

The University is a large and complex organisation with a mix of activities and risk levels, including construction, demolition, facilities management, maintenance, commercial operations, teaching and research activities. There are approximately 7,000 staff and 27,000 students across the main campus and at outlying sites at our Wellesbourne campus, at University Hospital in Coventry and the Shard in London.

The main areas of business within the University are:

- Academic Departments involved in teaching and research activities, including:
 - Faculty of Arts
 - Social Sciences Faculty
 - Science, Engineering and Medicine Faculty, including the following high hazard departments:
 - Engineering
 - Chemistry
 - Physics
 - Life Sciences
 - Warwick Manufacturing Group
- Research Technology Platforms (interdisciplinary research groups)
- Estates Operations (Maintenance, and Facilities Management)
- Estates Projects, including:
 - Major Projects

- Minor Works and refurbishments
- Mechanical and Engineering Design
- Accommodation, including:
 - Management of on-campus accommodation (halls)
 - Management of off-campus housing, flats and property rentals
 - Campus Cleaning services
- Commercial Group, including:
 - Food and retail outlets
 - Training and Conference Centres
 - Events management
 - Sports and sports centres (including swimming pool)
 - Arts Centre (including theatre/music venues and art galleries)
- Community Safety (security)
- Administrative and Professional Services
- Library Services
- IT Services
- Finance, Procurement and Insurance (Estates are part of this directorate)

4.2 Vision and goal for fire safety

The University's vision is to be "a world-class University. One with a dynamic, enterprising approach to solving global challenges; one that enables students to create their place in the world; one that defines the University of tomorrow." This vision is supported by six strategic goals for the University, and is supported by the University's Fire Safety Vision, which reads as follows:

'The University of Warwick will develop, implement and maintain a fire risk management system which meets the requirements of a recognised standard, and which stands up to external scrutiny, where the University, its staff and its students are recognised for their balanced and pragmatic approach to sensible and effective management of risk.'

The University of Warwick's goal is to create a culture of 'zero tolerance' to inappropriate fire safety behaviors and to support this culture with an independently recognised management system for fire.

This goes beyond mere compliance with fire safety legislation and should lead to a reduction in the number of fire incidents, although incident figures will never be the primary indicators of performance, as far more value is to be had from the use of leading indicators including (but not limited to) risk assessments, inspections, audits and training.

4.2.1 Risks

Internal and external risks to the University achieving its intended objectives are captured and reviewed within the Strategic Risk Register, which is maintained by the Risk and Resilience team and which forms a key part of the University's Risk Management Framework (as detailed in the Risk Management Policy). The policy and framework are governed through the University Executive Board (UEB) and the Audit and Risk Committee, which, in turn, report to Council on such matters. Such risks include societal, political, economic and environmental issues, both in the UK and

elsewhere: this would include political leadership/policy changes, funding body changes, changes to student fees, Brexit and changes to immigration laws, climate change and the associated impact on travel, travel risks generally and the management of infectious diseases.

The risk profile for the University includes a wide variety of risks across the full spectrum of chemical, biological, laser and radiation, physical and psychological risks. These are documented and prioritised within the University's Risk Profiling Tool, which is covered in more detail in section 6.1 of this document.

4.3 Legal and regulatory requirements

The University will maintain a legal register, which identifies all relevant fire safety legal requirements and evaluates their relevance to the organisation. Where applicable, new legislation will be applied either into existing policies or by the creation of a new policy, which will go through the committee stages for consultation and approval.

4.3.1 Legal landscape

The [Legal Register](#) shows all of the health and safety related laws (acts and regulations) which have applicability to the University: this includes all legislation made under the Health and Safety at Work etc. Act 1974, plus associated laws such as those relating to Fire Safety, Food Safety, Biological Safety, etc. In essence there are very few health pieces of such legislation which do not apply to the University, such is the breadth and variety of risks associated with the University's activities. For each piece of statute there is an assessment of level of compliance and for each a corresponding policy statement, outlining the University's expectations and responsibilities in relation to the specific statute. These policy statements are binding on all departments and place the onus on departments to develop local Standard Operating Procedures (SOPs) or Codes of Practice (COPs) which meet the requirements of the policy.

5. Leadership and worker participation

5.1 Leadership and commitment

The Health and Safety Policy Statement is supported by the document entitled

['Leadership and Management of Health and Safety at the University of Warwick'](#) (L&M), which provides more detail than it is reasonable to include in the policy document on organisational roles, responsibilities, accountabilities and authorities. This document, which was approved by UHSEC, Steering Committee and Council, also signposts the current health and safety objectives and the health and training requirements attached to various roles. This document also makes it clear that everybody is able (and expected) to challenge unsafe behaviours and, if necessary, to stop work should there be an unacceptable and imminent risk to themselves or others. There is also information on how and when official Stop Notices can be issued by Health and Safety Services.

Whilst the ultimate responsibilities for health and safety sits with the VC, the Registrar has delegated Executive level responsibility for health and safety and for the effective stewardship of UHSEC. The Director of Health and Safety is responsible for ensuring that the OH&S management system conforms to the requirements of ISO45001 (the standard) and BS 9997 and reporting on health, safety and fire performance to UEB.

Staff are informed of their responsibilities under L&M document through this being cascaded by line management and training matrices are also developed and maintained locally within departments. Completion of Moodle training can be reported through the generation of reports from Moodle itself

by the H&S Training Administration Officer, but the management and tracking of non-completion is the responsibility of line management within departments.

A University wide Learning Management System (LMS) is currently being developed within the Success Factors HR system, and this will enhance this tracking of training completion.

The Fire Safety Policy is a legal requirement and is to be reviewed and updated at least once every 36 months, or when any significant changes are to be made to the way in which fire safety is to be managed. The Policy helps demonstrate the University's collective commitment to the health and safety of staff, students, visitors, and contractors at, or working for, the University of Warwick.

5.1.1 Understanding the needs and expectations of workers and other interested parties

The other interested parties, in addition to workers, that are relevant to the OHSMS are:

- Students
- Visitors (including visiting academics)
- Agency staff
- Contractors
- Suppliers
- Members of the public
- Near neighbours.

All of these interested parties are considered as part of this OHSMS and, where reasonable, they are engaged and consulted as per the requirements of the relevant health and safety legislation and other requirements, such as requirements from the Office For Students, accreditation bodies (such as IET) or funding bodies. All interested parties are listed in the [Interested Parties Register](#), which show risks and controls and also opportunities and threats.

5.2 Fire Safety Policy

The University's [Health and Safety Policy Statement](#) is complemented by a series of topic specific [Policy statements](#), of which the Fire Safety Policy is embedded. Each piece of legislation identified in the Legal Register articulates the University's expectations in terms of Core Principles and Key Responsibilities in relation to specific legal duties placed on the University. These policy statements, which are each approved by the University Health and Safety Executive Committee (UHSEC) and the Policy Oversight Group on behalf of the University Executive Board, are then supported by more detailed guidance and procedures, and made available via the relevant University webpages and form an essential part of training courses, briefing sessions and 'tool box talks' across the University.

5.3 Organisational roles, responsibilities, accountabilities and authorities

The Fire Safety Policy Statement is supported by the document entitled ['Leadership and Management of Health and Safety at the University of Warwick'](#), which provides more detail than it is reasonable to include in the policy document on organisational roles, responsibilities, accountabilities and authorities. This document also outlines the current health, safety and fire objectives and the training requirements attached to various roles. This document also makes it clear that everybody is able (and expected) to challenge unsafe behaviours and, if necessary, to stop work should there be an unacceptable and imminent risk to themselves or others. There is also information on how and when official Stop Notices can be issued by Health and Safety Services.

5.4 Participation and consultation

The role of the University's Fire Management Strategic Group (FMSG) and the Fire Safety Working Group (FSWG), which are both sub-groups of the UHSEC, includes consultation with departments and with the recognised Trades Unions at the University. In addition, the University requires Faculty/Departmental Health and Safety Committees to be convened, structured and operated so that maximum effectiveness can be assured, providing a clear link into and from the UHSEC. Fire safety continues to be a key standing agenda item on all Faculty/Departmental Health and Safety Committees.

The role of the University Health and Safety Committee (UHSC), requires Faculty/Departmental Health and Safety Committees to be convened, structured and operated so that maximum effectiveness can be assured, providing a clear link into and from the UHSC.

Wherever possible/relevant safety committees within departments will invite union or staff representatives to participate in meetings or will sometimes set up a local consultative committee which feeds into the departmental safety committee. In most departments trades union representatives will represent staff, but in departments where there is little or no union representation (such as Campus and Commercial Services Group) then Staff Representatives will be appointed in line with (as far as possible) the Consultation with Employees Regulations.

Through such involvement in departmental committees, and through the union/staff involvement at JCC, UHSC and UHSEC, we ensure both consultation and participation in the decision-making process. Terms of reference and standing agenda items should include consultation and awareness raising in relation to:

- 1) Health and safety policies
- 2) Leadership and Management documentation covering roles and responsibilities
- 3) Legal register and legal requirements
- 4) Health and safety objectives and planning to achieve them
- 5) Arrangements for outsourcing, procurement and contractors
- 6) Active and reactive monitoring (investigations and inspections)
- 7) Health and safety audits
- 8) Needs and expectations of interested parties
- 9) Continual improvement.

Union and Staff Representatives should also be encouraged to participate in the determination of:

- 1) Mechanisms for consultation and participation
- 2) Hazards and risk levels
- 3) Actions to eliminate hazards and reduce risk
- 4) Competence requirements and training needs/training
- 5) What needs to be communicated and how this will be done
- 6) Risk control measures and their effective implementation
- 7) Causes and corrective actions relating to investigation incidents and nonconformities

Union and staff representatives can be given access to the following documents:

- Health and Safety Risk Profile tool
- Legal Register
- SHE Assure (for inspection, audit and investigation information)

Union and staff representatives should be encouraged to participate in fire risk assessments, accident investigation and the generation and closing of actions relating to non-conformities.

Those carrying out inspections and investigations are encouraged to involve staff in the process and to record in SHE Assure the 'people supporting the investigation/incident' in the appropriate area in the system.

6. Planning

6.1 Actions to address risks and opportunities

The University employs a [Risk Profiling Tool](#) and a Legal Register to help identify applicable legal requirements and the priority areas for health and safety at a strategic level.

At a departmental level managers and supervisors are expected to identify hazards and to assess the risks associated with their spaces and with their activities, whether on-campus or off-campus, and to store those assessments locally, sharing them with relevant persons as applicable. The QuEMIS hazards module is used within higher risk departments (namely those within the Science and Medical Faculties) in support of the hazard identification and risk assessment processes.

In line with the 'Leadership and Management' document, line managers and supervisors are expected to plan for and implement the risk control measures identified through risk assessments. They can call on the Fire Safety Advisor for specialist advice if required.

6.2 Fire risk management objectives and planning to achieve them

Fire safety objectives have been set and have been articulated on the HS&W webpages. It is anticipated that these objectives will change over time, as fire safety matures.

For the academic year 2022-23 they will be to:

- Ensure that 100% of **Fire Risk Assessments** are in place for all identified buildings by September 2022
- Ensure that 100% of essential **Fire Safety Training** is available by September 2022.
- Ensure that 100% of **Fire Risk Assessments** are in place for all identified buildings by September 2022.

A Health and Safety Management software tool (SHE Assure) has been introduced to support with the tracking and close-out of actions identified through fire risk assessments, inspection and investigations, so that better reporting and assurance on action close-out can be provided to the UHSEC and Heads of Departments.

6.3 Fire risk management strategy

An essential part of the FRMS is a fire risk management strategy document which defines and supports the implementation of the Fire Safety Policy.

The strategy will address the following core principles:

- Fire risk assessment
- Resource and authority
- Fire safety training
- Control of work on site
- Maintenance and testing
- Communication
- Emergency planning

The strategy will be reviewed at planned intervals and whenever there is a change in the organisation.

7. Support

7.1 Resources

The Fire Safety Advisor has support where necessary from personnel within the Health and Safety Services team. Additional support is from the network of building managers who provide intelligence on issues in their areas of responsibility and the maintenance teams who provide 'real time' response to incidents.

7.2 Competence

Fire safety training and competences for all staff and students have been identified in the University Health and Safety, Leadership and Management document, and is communicated across the University.

The University tracks completion of fire safety training across all departments using a mixture of hard-copy attendance sheets and Moodle records to track attendance and completion rates, and to produce records and reports accordingly. All members of staff and students have Moodle accounts so the use of this platform for health and safety training is relatively simple.

The HR team are in the process of introducing a new integrated HR Computer System (working@warwick), which will include a full Learning Management System (LMS) which will be capable of communicating directly with Moodle as and when required (probably mid-2022).

The core training module is:

- Fire Safety Awareness (including extinguisher and warden training) via Moodle is mandatory training for all staff and is to be completed on induction to the University and every 3 years thereafter.

7.3 Information and communication

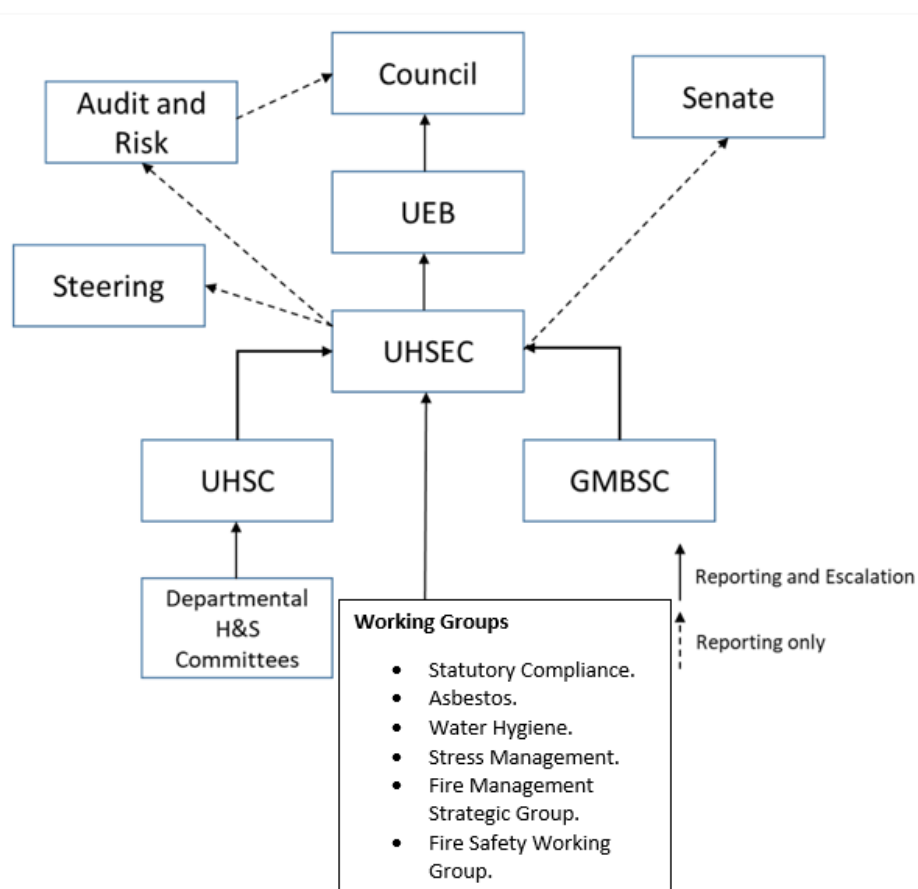
Fire Safety information and communication is managed across the University through the Health and Safety webpages, Health and Safety Committees, the use of regular Safety Newsletters and (as and when required) Safety Alerts. These methods are complemented by:

- Targeted or global emails to staff;

- Contractor safety induction;
- Departmental/faculty handbooks and publications;
- Student information handbooks and publications;
- Student Fire Safety enrolment video
- Safety manuals/safe operating procedures/safe work instructions; and
- Safety signage

The primary method for consultation is through the Health & Safety committee system, and this provides local and central forums for staff and students via the representatives who attend the relevant committees.

Formal policies are agreed at UHSEC and are created, consulted on, approved, disseminated, and updated, in line with the document control arrangements below. The communication channels through the University’s Health and Safety Committee structure are detailed below:



A Fire Safety Working Group reports directly into the Fire Management Strategic Group who then reports to UHSEC.

The [Fire Safety Working Group](#) is chaired by the Senior Health & Safety Advisor (Secretary to Council Team). The group has representation from all areas of the University.

The Fire Management Strategic Group is chaired by the Director of Health and Safety Services (Secretary to Council Team). The group has representation from key stakeholders.

The Health, Safety and Wellbeing webpages contain general information and guidance on fire safety, and within these pages, links are provided to the following authoritative documented information:

- Policy Document - The highest level policy document constitutes a single Health and Safety Policy Document, which includes a Statement of Intent, Organisation for Safety and the Arrangements (in broad terms). This document is endorsed by the University Health and Safety Executive Committee (UHSEC) before it can be passed to Steering Committee for approval. It is reviewed and updated every 12 months. This document is accessible through the Health, Safety and Wellbeing webpages.
- Topic Specific Policies - These Policy documents specify clearly the University's expectations for health and safety management in relation to certain topics or risks. They expand on and complement the Policy Document in a series of Policies on specific topics, such as the separate policies for Fire. These Policies are approved by Steering Committee before they are published, after suitable consultation and review has taken place. Each and every Policy document needs to be endorsed by the University Health and Safety Executive Committee (UHSEC) before it can be passed to Steering Committee for approval. These documents are accessible through the Health, Safety and Wellbeing webpages, using the 'A-Z' section or the Search function from the Health, Safety and Wellbeing homepage.
- CoP - Codes of Practice are documents with University wide impact, and which have implications across all departments. CoPs can be issued by the Health and Safety Department, or another nominated Department. They differentiate clearly between what is reasonably practicable, what is a 'practicable' standard and what is absolute; using words like 'will', 'must' and 'shall' to provide clarity.
- SOP - Standard Operating Procedures (sometimes referred to as Procedures or Arrangements) are departmental documents detailing how an activity or process within that department is to be carried out, managed and monitored. They contain headline information on how something is to be done, when, how and by whom. They would typically refer to, or include, any relevant detailed Work Instructions (WIs) on how a specific task is to be carried out. Managers and Supervisors need to be aware of the content of those SOPs relevant to their areas of activity and need to monitor compliance with any relevant SOPs by the staff for whom they are responsible.
- WI - Work Instructions provide detailed step by step information on how to carry out a task safely and are typically derived from the 'soft' or 'procedural' risk control measures identified through risk assessments. They may form part of an SOP (as a flowchart in the appendix for example) or might be kept as separate documents and must be communicated to all staff expected to carry out the task(s) to which the WI refers. They would typically be included in training sessions for staff and/or used as prompts for delivery by managers/supervisors when they deliver Toolbox Talks or safety briefings to their staff.

All Health and Safety documentation is created, approved, disseminated and controlled in line with the:

8. Operation

This section picks up on the risk assessments carried out and identifies how risk control measures will be identified and justified using the Health and Safety Executive's 'Hierarchy of Controls' as identified in the Management of Health and Safety at Work Regulations. There are also specific sub-sections on:

- Risk assessment in relation to the management of change
- Controlling health and safety risks relating to outsourcing
- Health and safety in procurement
- The management of contractors, and,
- Emergency preparedness and response.

8.1 Operational planning and control

Examples of typical risk control measures relevant to University buildings are identified in the respective policies and supporting guidance as available via the Health, Safety and Wellbeing webpages. As part of the risk assessment process risk control measures are identified and documented, with the priority being given to elimination, substitution, reduction and engineering over other 'soft' control measures (such as training and procedures).

8.2 Control of work on site

The Estates Department have configured the Concerto project management software to align with the University's project classification of 'Minor projects' and 'Major projects'; then within each classification the project phases have been aligned to the Royal Institute of British Architects (RIBA) stages. This gives a structure through which you can demonstrate that your project has addressed fire safety appropriately.

The University Project Progression Groups and the Capital Programme Boards allows for the Director of Health & Safety to intervene on issues which may affect health, safety or fire. These meetings are minuted and actions are recorded accordingly.

The Health and Safety team also have visibility of, and an opportunity to comment on, all projects raised through to Estates on a weekly basis.

8.3 Maintenance and testing

Engineering control measures (such as Fire Alarm System testing) are maintained through and in line with the Estates Planned Preventative (PPM) system. Statutory Inspections and quasi-statutory inspections are also managed through Estates.

8.4 Fire risk assessment programme

In respect of premises used by non-University occupiers (leased or otherwise) the 'RPs' (that may include the University as the Landlord) have a duty to ensure that a suitable FRA is in place. FRAs across the University shall follow the PAS 79 principles and be of a non-complex or complex nature of assessment as determined by the features of the building such as construction; use (occupancy group); height; sources of ignition; fire systems; means of escape; housekeeping; complexity of design; and other risk factors.

The purpose of an FRA is to identify the general fire precautions the responsible person needs to take. The FRA should only be carried out when a premises is occupied and in normal use. If, in the

case of a new or refurbished premises, there is a need to carry out a 'pre-occupation' FRA, a further assessment should be carried out as soon as the premises is in normal use.

This FRA will be conducted with regard to the principles and approach of the latest revision of Publicly Available Specification 79 (PAS 79) 2012, with the overall mission of ensuring that all has been done to reduce both hazard and risk to a level that can be demonstrated to be as low as reasonably practicable (ALARP).

The assessment, observations and recommendations are only relevant to the conditions within the premises at the time of the survey. This fire risk assessment is non-invasive unless specified otherwise, and the methodology is not intended to address:

- the protection of property (i.e. the premises and its contents)
- environment
- business continuity
- safety of fire-fighters in the event of a fire on the premises

It otherwise covers the relevant occupied areas, common parts, landlord areas and adjacent property risks.

The schedule of University occupied buildings is located on the SHE Assure system and is overseen by the Fire Safety Advisor and the Senior Health & Safety Advisor.

8.5 Emergency preparedness and response

The Institutional Resilience team manage the emergency procedures for the University. Potential emergency situations have been identified through the Institutional Risk Register, which is scrutinised through the Audit and Risk Committee and is 'owned' and approved ultimately by the University's Council.

Resources have been identified to respond to actual emergency situations and prevent or mitigate associated adverse consequences. The Major Incident Plan details the procedure for crisis response and who performs which role based on the nature and seriousness of the incident.

The Major Incident Plan is tested periodically through the use of 'desk-top' exercises.

Emergency evacuation drills are carried out in line with the emergency drill plan, and all buildings with a student or staff presence are 'drilled' at least once a year. This is managed through the Health and Safety Services team, and, more specifically, by the Fire Safety Advisor.

8.5.1 Fire Drills

A fire drill is a simulated emergency procedure which aims to emulate the processes which would be undertaken in the event of a fire or other similar emergency. Fire drills are an important evaluation of your evacuation procedures. An ideal opportunity to test how effective your emergency plans are, they allow you to quickly identify any flaws or weaknesses which may be present and then make any changes as a result. It is also intended to make sure your relevant fire wardens know exactly what they are doing.

All fire drills will be recorded on SHE by the University Fire Safety Adviser. Any actions derived from the fire drill will be distributed to the relevant person for actioning.

Fire Safety Work Instruction F006 has more detail and outlines responsibilities.

9. Performance evaluation

This section details the types and extent of monitoring carried out, whether that be through the use of proactive means, such as inspections, safety tours or sampling, or through reactive means, including accidents and near misses. This section covers internal and external audits.

9.1 Monitoring, measurement, analysis and evaluation

The requirements for reporting and investigating hazards and incidents, reporting methods and responsibilities are detailed in the: [Fire Safety Work Instruction F013](#)

The reporting and investigation forms and the procedure followed after an accident, incident or near miss are available on the [University Intranet Pages](#).

Reporting on Performance

The University measures and reports on its H&S and fire performance on a regular basis via reports provided to:

- Departmental Health and Safety Committees (Faculty Reports)
- University Health and Safety Committee (summary of performance in update paper)
- University Health and Safety Executive Committee (up to 5 reports per year)
- Audit & Risk Committee (ad hoc basis)
- University Executive Board (ad hoc basis).

An annual report is also produced each year and provided to UHSEC and before also being shared with Steering, Audit and Risk Committee and Council/Senate.

In addition to reporting on incident data the active (or leading) measures are reported:

- Hazard Identification and Risk Assessment completion rates
- Competence/Training percentages
- Inspections
- Action close out rates
- Leadership self-assessment.

Reporting to external sector bodies

On an annual basis the University, along with other Higher Education (HE) organisations, has to report on health and safety performance to the Higher Education Funding Council for England (HEFCE) and this is done via either the Higher Education Statistics Agency (HESA) and/or the University Safety and Health Association (USHA). Whilst this does potentially offer potential for benchmarking across HE organisations, such benchmarking, other than at a rudimentary level, is not always useful due to the differences between HE activities, structures and management.

Evaluation of compliance

The Senior Health and Safety Advisor periodically evaluates compliance and carries out a structured audit of the fire risk assessment as well as on-site audits with interaction between the auditor and the fire risk assessor.

Records

Records (including fire incident investigations, inspections and audit reports) must be maintained in the line with the requirements detailed in the:

9.2 Internal audit

The Health and Safety Department is subject to the University's Internal Audit process, and, as such, is audited periodically by the University's Internal Audit team as part of the Governance arrangements at the University. The University's Audit and Risk Committee has oversight of these audits.

The Internal Audit team also audits other University departments on topics related to health and safety, including arrangements within Estates for the management and delivery of Planned Preventative Maintenance.

9.3 External audit

External audits of the University's health and safety management system are carried out by an accredited certification body, such as the British Standards Institution (BSI) or BMTrada, who have themselves been independently assessed against internationally recognised standards for auditing and provision of 'certification' services.

10. Continual improvement

The University is committed to continually monitoring and reviewing fire safety performance whilst striving to improve. From the internal audit, external audit and management review processes non-conformities and corrective actions will be identified and this section will detail the varying nature of non-conformities (major, minor and observational), how they will be identified, communicated, logged, tracked and closed out.

A recent improvement was the implementation of an H&S software tool, SHE Assure, which, amongst other things, helps the University to monitor and review close-out of corrective actions identified as a result of audits, inspections and investigations.

10.1 Non-conformity and corrective action

Major – A major non-conformity is issued where there is an absence or total breakdown of a system to meet the requirements of the standard, or a number of minor non-conformities listed against similar area. These must be closed out within agreed timescales and followed up accordingly.

Minor - A minor non-conformity can be issued where there is a lapse in a system's ability to meet the requirements of the standard, while the overall process remains intact. For example, a process is in place, but is not being followed by all staff. These must be closed out by the next formal audit, and if not they must be escalated to a Major non-conformity

Observation – An opportunity for improvement which relates to a matter of concern, but which cannot be clearly stated as a non-conformity. Observations are usually supported by a recommendation.

When an incident or nonconformity occurs, the University will take action to control and correct the incident or nonconformity and deal with the consequences.

This will include the need to evaluate the need for appropriate action to eliminate the causes of the incident or nonconformity, by:

- 1) reviewing and analysing the incident or nonconformity.
- 2) determining the causes of the incident or nonconformity; and
- 3) determining if similar incidents or nonconformities exist or could potentially occur.
- 4) implementing any action needed.

Where appropriate, this will all be documented on the appropriate SHE Assure record.