

CPFIG – RAG RATING FORM

Prison: HMP Albany

Date: 2nd and 3rd October 2018

RAG choice and scoring for each bespoke requirement

Current Serious Risk	4	5	6
Current Significant Risk	1	2	3
Tolerable Risk	0	0	0
	Adequate action planned	Inadequate action planned	No action planned

All sections within the RAG are averaged with the exception of section 2 (Protection of staff and prisoners) which uses the individual score for each requirement.

1. MEASURES TO REDUCE THE RISK OF FIRE

RELEVANT ARTICLE OF THE ORDER	REQUIREMENT	OVERALL OUTCOME AND RISK SCORE		FINDINGS AND OBSERVATIONS
Articles 4(1)(a) & 8	a. Prisoners were presented with a sufficient range of purposeful information directed at preventing prisoners from fire-setting.	Green	0	1. Fire setting is not a significant issue – one fire incident per year. 2. Induction information for prisoners: Does dissuade against starting fires: “anyone who sets fire deliberately will be reported to the police for arson with intent and could result in a life sentence”. Explains the consequences of fire & smoke to health for self & others. Prevention advice given to prevent accidental fires.

Articles 4(1)(a) & (f), 7(6), 8 & 15	b. The sanctions' system is used to deter prisoners from setting fires.	Green	0	<ol style="list-style-type: none"> 1. Serious fire in 2015 – prisoner received 5-year sentence 2. 3x minor fires since 2015 – <ul style="list-style-type: none"> • 21-May-16; [REDACTED] in cell No FRS • 5-Apr-17; [REDACTED] , no FRS • 22-Jun-18 [REDACTED] wet jigsaw, IEP used FRS attended
Articles 4(1)(a) & 8	c. Prisoners with a history of fire-setting and those at known risk of self-harm through fire [REDACTED]	Amber	2	<ol style="list-style-type: none"> 1. [REDACTED] informed inspectors that prisoners with any history of fire setting [REDACTED] 2. During audit it we were informed that there were [REDACTED] was the best location for them. 3. HMPPS pre-audit assurance report indicates there were [REDACTED] <p>UPDATE from Establishment forwarded from HMPPS Fire Advisor 11/10/18</p> <p>[REDACTED]</p>
Articles 4(1)(a) & 8	d. The procedure is followed for managing ignition sources in [REDACTED]	Green	0	<ol style="list-style-type: none"> 1. No in-cell smoking permitted. 2. In-cell vaping is permitted.
Articles 4(1)(a) & 8	e. Adequate arrangements were in place to ensure ignition sources are kept separate from combustible materials.	Green	0	<ol style="list-style-type: none"> 1. Fluff cleaned tumble driers before each use (or after use) – info provided by wing laundry orderlies REDACT. Confirmed by observing fluff/lint in bins. Also, mainly commercial tumble driers with larger capacity. 2. [REDACTED] 3. [REDACTED] 4. [REDACTED]

Information obtained from: - Fire risk assessment, Staff Questioning, Wing observation, H&S Manager, Fire Adviser, Fire policy, documentation

2. PROTECTION OF STAFF AND PRISONERS

WARNING OF FIRE – MEASURES FOR FIRE FIGHTING – LIGHTING LEVELS FOR SAFE WORKING – RISK OF FIRE SPREAD – SMOKE CONTROL

RELEVANT ARTICLE OF THE ORDER	REQUIREMENT	OVERALL OUTCOME AND RISK SCORE	FINDINGS AND OBSERVATIONS
Articles 4(1)(e), 7(6), 8 & 13	<p style="text-align: center;"><u>WARNING OF FIRE</u></p> <p>a. The premises were not equipped with appropriate fire detectors and alarms</p>	<p style="background-color: yellow;">Amber</p> <p>2</p>	<p><i>Domestic fire detectors can be used to mitigate the risk where there is currently no automatic in-cell fire detection. This can offer an acceptable interim measure whilst an automatic fire detection system is procured.</i></p> <ol style="list-style-type: none"> 1. [REDACTED] are furnished with automatic, in-cell aspirating detection installed. 2. 1 x point detector is installed [REDACTED] on each landing of each House Block. Manual call points (at each landing level) and a further point detector (at the head of) are located [REDACTED] each House Block. 3. [REDACTED] on each landing in the House Blocks. 4. [REDACTED] Where testing and remedial works have not resulted in reinstating the system to a healthy state, a Domestic Smoke Detector is to be installed. <p>Note: Inspectors received an assurance from the [REDACTED] that following smoke tests of those detectors showing as a fault on the alarm panels, all were able to detect and activate the fire alarm.</p> <ol style="list-style-type: none"> 5. [REDACTED] has aspirating in-cell detection installed.

	<p>i. Prisoners were presented with effective information directed at preventing tampering with fire detectors.</p> <p>ii. The sanctions' system is used effectively to deter prisoners from tampering with fire detectors.</p>		<p>6. [REDACTED] – has aspirating fire detection. No flow faults seen.</p> <p>7. [REDACTED] has automatic point fire detection in the common areas, including residential spurs. DSD's are installed in each cell. <i>HMPPS Fire Advisor to confirm that audibility is sufficient for staff actions to be implemented.</i></p> <p>i. HSF induction for offender's package states "you must not tamper with them. Do not cover up or damage the detector or you will be charged for repair or replacement of the equipment. Additionally, prisoners will be placed on report for tampering with health & safety equipment, you may even face criminal charges.</p> <p>The package instructs offenders to ring the cell bell and shout to attract attention, as part of actions to take in the event of fire.</p> <p>ii. All flow fault blockages on House Blocks [REDACTED] did not appear to be the result of tampering. No examples of tampering with Domestic Smoke Detectors have occurred on [REDACTED] . Accordingly, no examples of adjudication for tampering have been awarded.</p>
<p>Articles 4(1)(d), 7(6), 8 & 13</p>	<p><u>MEASURES FOR FIRE FIGHTING</u></p> <p>b. [REDACTED]</p> <p>i. There was sufficient ancillary equipment available to allow the cell fire response plan to be carried out effectively and safely.</p>	<p>Red</p>	<p>5</p> <p>1. [REDACTED]</p> <p>2. All House Blocks have low pressure hose-reels installed on each landing.</p> <p>3. An inundation port key is attached to [REDACTED]</p> <p>4. [REDACTED]</p> <p>5. Anti-Barricade tools are held [REDACTED]</p> <p>6. Modular misting is installed in [REDACTED] IP Key not attached to [REDACTED]. This was addressed at time of inspection.</p> <p>7. Mobile 8s are located on 1s & 2s landings for [REDACTED] . Hose-Reels available for augmentation.</p> <p>8. Mobile 8 and Hose-Reel provided in [REDACTED]</p>

<p>Articles 4(1)(c), 7(6), 8 & 14</p>	<p><u>LIGHTING LEVELS FOR SAFE WORKING</u></p> <p>c. [REDACTED]</p>	<p>Amber</p>	<p>2</p>	<ol style="list-style-type: none"> 1. A single, new, emergency luminaire has been installed in the majority of wing spurs and circulation spaces on House Blocks. There were some examples where this provision was not in place. 2. E/L provision on [REDACTED] appeared adequate. Luminaires are located on central line of residential spurs. 3. E/L provision [REDACTED] appeared adequate. Located in bulkhead “primary” lighting units. <p>An asset list of the existing provision has been completed. [REDACTED] and PPM regime maintains the existing provision.</p> <p>HSF monthly assurance reports are completed for HMP Albany by [REDACTED]</p> <p>The assurance report for August 2018 identifies that “<i>Emergency lighting replacement and installation continues – information provided at Tri-part meeting.</i>”</p> <p><i>HMPPS Fire Advisor to confirm that the current provision provides sufficient illumination in the event of failure with the primary lighting circuits.</i></p>
<p>Articles 4(1),(a),(b)(c), 7(6), 8 & 14</p>	<p><u>RISK OF FIRE SPREAD</u></p> <p>d. There were inadequate measures to control the risk of fire and smoke spreading within common areas.</p>	<p>Amber</p>	<p>2</p>	<ol style="list-style-type: none"> 1. Servery in [REDACTED] – <i>confirm rating of shutter between servery and Day Room.</i> The entrance door to the adjoining Day Room has no self-closer installed [REDACTED] . 2. The door to staff room is not a fire door. Dishwasher, Microwave etc. located within. A risk room which opens onto a means of escape corridor. 3. Laundries [REDACTED] of each House Block were well managed and enclosed behind a FD30 door c/w self-closer. 4. Plastic bins are removed from circulation areas during night state.

				<p>5. The old toilet cubicles have been removed from each landing on the House Blocks and have been replaced with steel lock-ups.</p> <p>6. Laundries on both [REDACTED] are well managed and enclosed behind a FD30S door c/w self-closer.</p>
Articles 4(1),(a),(b)(c), 7(6), 8 & 14	<p><u>SMOKE CONTROL</u></p> <p>e. In the event of a cell fire, the existing smoke control arrangements for areas of [REDACTED] were inadequate to prevent smoke from:</p> <p>i. [REDACTED]; and</p> <p>ii. [REDACTED]</p>	Red	5	<p>1. House Blocks are of corridor approach design (with night-sanitation). No [REDACTED] are installed.</p> <p>2. [REDACTED] The wing design does not easily allow for cross-ventilation through the opening of doors and windows. Note: [REDACTED]</p> <p>3. [REDACTED] has natural smoke control system with an air inlet & outlet arrangement in both residential spurs.</p> <p>4. [REDACTED] has mechanical smoke control systems installed on residential spurs.</p>
<p>Information obtained from: - Fire risk assessment, Staff Questioning, Wing observation, Segregation, Works Department, H&S Manager, Fire Adviser, Fire Sponsor and Documentation.</p>				
<p>3. STAFF INSTRUCTIONS FOR ACTIONS IN THE EVENT OF FIRE</p> <p><i>CELL FIRE RESPONSE</i></p>				
RELEVANT ARTICLE OF THE ORDER	REQUIREMENT	OVERALL OUTCOME AND RISK SCORE	FINDINGS AND OBSERVATIONS	

Articles 4(1)(f), 7(6), 8 & 15	<p>a. [REDACTED]</p> <p>i. Effective procedures have not been established for staff to sustain a water misting attack [REDACTED]</p>	Red	6	<p>[REDACTED] REDACT water misting units, hose reels are located on each landing, the access to the hose reel is through the night san staircase door.</p> <p>[REDACTED] has 1 mobile 8 unit.</p> <p>[REDACTED] has mobile 4 x 8s on the 1s and 2s landings</p> <p>[REDACTED] has a fixed water misting unit.</p> <p>The night san arrangements on wings [REDACTED]</p>
Articles 4(1)(f), 7(6), 8 & 15	<p>b. The Cell fire response plan is time based</p> <p>i. The calculated pre-release movement times (PRMT) have been validated through a practical test.</p>	Green	0	<p>1. There is evidence of time-based drills for a fire in a cell in [REDACTED]</p> <p>Note: These timed, cell fire response exercises included the deployment of Hose-Reels by staff on [REDACTED] In due course, these exercises will need to be re-visited, to confirm that staff can deploy water misting equipment at any cell fire [REDACTED].</p>
Articles 4(1)(f), 7(6), 8 & 15	c. [REDACTED]	Red	6	1. [REDACTED]
<p>Information obtained from: - Fire risk assessment, Staff Questioning, H&S Manager, Fire Adviser, Fire policy, documentation</p>				

4. EFFECTIVENESS OF STAFF ACTIONS IN THE EVENT OF FIRE

FIRE TRAINING – IMPLEMENTATION

RELEVANT ARTICLE OF THE ORDER	REQUIREMENT	OVERALL OUTCOME AND RISK SCORE	FINDINGS AND OBSERVATIONS
Articles 4(1)(f), 7(6), 8, 13, 15 & 21	<p>a. The training delivered to staff provides insufficient practical instruction for dealing with:</p> <p style="padding-left: 20px;">i. Fire in Common spaces</p>	<p>Red</p> <p>6</p>	<p>1. Training is delivered in a training cell at the adjacent HMP Parkhurst.</p> <p>2. The training used is the latest package and incorporates the 3 required scenarios.</p> <p>3. Due to [REDACTED] , no training is currently delivered.</p>
Articles 4(1)(f), 7(6), 8, 13, 15 & 21	b. The wing staff would be able to implement the cell fire response plan safely and effectively.	<p>Green</p> <p>0</p>	<p>1. Currently staff in date with RPE is [REDACTED]</p> <p>2. [REDACTED] of night staff are in date.</p> <p>3. There is a close working relationship between Detail and People Hub allowing for planning of training and ensuring correctly qualified staff are scheduled for duties.</p> <p>4. POELTS spend 2 weeks in the establishment prior to attending their training at the college. During this 2 weeks they attend the RPE training within the establishment.</p> <p>Note – historically there has been a dip in trained staff in November / December averaging [REDACTED]</p>
Articles 4(1)(f), 7(6), 8, 13, 15 & 21	c. [REDACTED]	<p>Green</p> <p>0</p>	<p>1. Night staffing consists of [REDACTED]</p> <p>2. Due to the nature of the population within the establishment, bed watches and constant watches are required frequently. [REDACTED]</p> <p>3. [REDACTED]</p>

Information obtained from: - Fire risk assessment, Staff Questioning, People Hub/Detail, Fire Sponsor, H&S Manager, Fire Adviser, Training records, documentation.

5.GENERAL MAINTENANCE

RELEVANT ARTICLE OF THE ORDER	REQUIREMENT	OVERALL OUTCOME AND RISK SCORE	FINDINGS AND OBSERVATIONS
Articles 4(1)(a-e), 7(6), 8 & 17	a. The fire safety measures are not always being tested and maintained in good condition and effective working order	Amber 1	<ol style="list-style-type: none"> 1. Fire doors - On going maintenance of P1, P2 and P3 doors. 2. Fire alarm system – <ol style="list-style-type: none"> a. Sub-contractor is [REDACTED] who sub-contract to [REDACTED] b. 4 visits per year; Nov17, May18, Jun-18, Jul18. c. [REDACTED] d. Service sheet on 22-Nov-17 states problem with testing [REDACTED] would return to complete service. No record of return visit. e. At time of CPFIFG visit there were several flow faults, however, contactors & GFSL staff were carrying out detection tests (smoke bombs) and all devices worked correctly. f. Weekly MCP tests carried out by GFSL staff, however this does not include C&E tests (release of hold open devices, actuation of smoke control, etc). g. DSD on [REDACTED] : <ol style="list-style-type: none"> i. Daily check by wing staff ii. Weekly push test by FSA with full records available. iii. Faulty DSDs now replaced within the same day, previous example reported to [REDACTED] 10 days. iv. Nil attrition rate. 3. Cell call system – Wing [REDACTED] tested 5/9/18, remainder of Wings have been tested under one PPM Schedule

				<p>4. Emergency lighting - Annual service Feb 2018, all remedials actioned and completed. Monthly PPM,s on going</p> <p>5. Inundation Port – Tested [REDACTED] on the 06/07/18. Tested [REDACTED] on the 03/05/18 Tested [REDACTED] on the 21/05/18</p> <p>6. Fire Extinguishers – August 2018</p> <p>7. Water misting - June 2018</p> <p>8. Smoke Control Systems -</p> <p>Most recent annual service and certificate from Colt dated 8-May-18 for:</p> <ul style="list-style-type: none"> a. 8 powered extract fans in [REDACTED] and b. Powered AOV in [REDACTED] <p>9. Lightning Protection - October 2017</p> <p>10. Fixed Wire Testing – October 2013</p> <p>11. PAT – August/September 2017</p> <p>12. Items not included on Asset List for PPMS -</p>
Article 38	b. The facilities, equipment and devices installed for the protection of fire-fighters are subject to a suitable system of maintenance.	Green	0	1. Hydrants – 09/08/18

Information obtained from: – Fire risk assessment, Visual Inspections, testing and maintenance records, works department, staff questioning, SDM, CDM

6.FIRE SAFETY MANAGEMENT

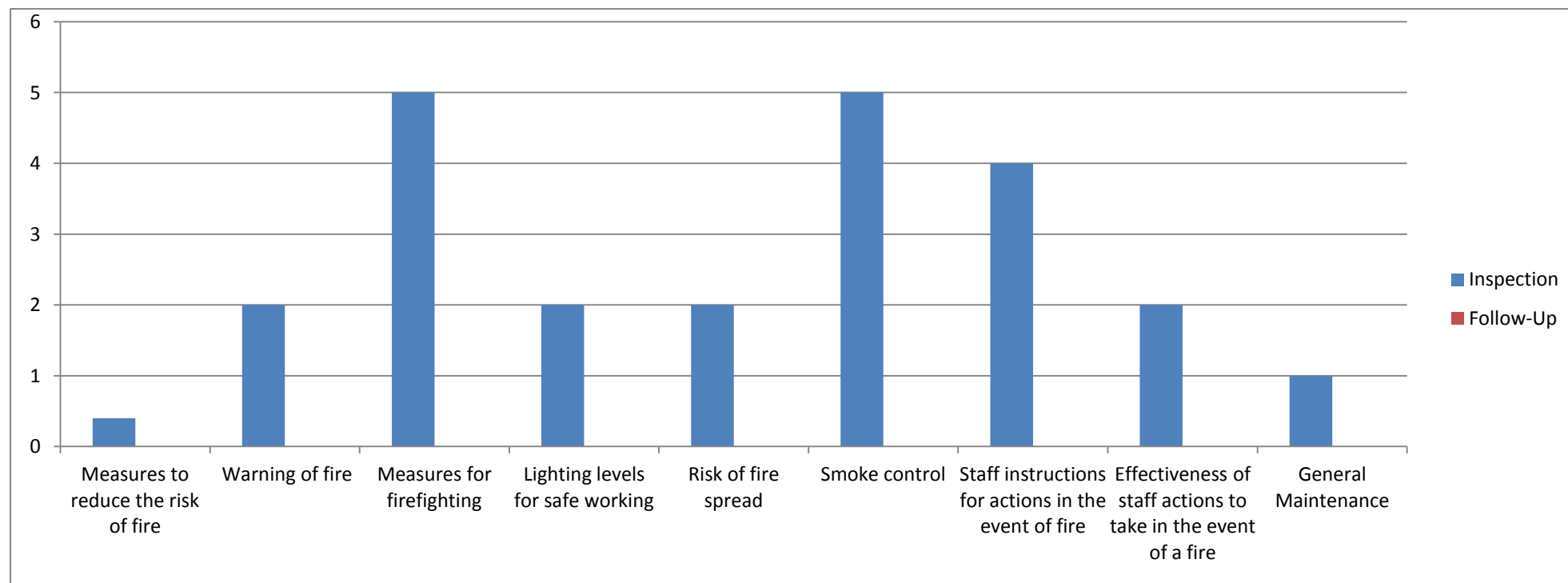
RELEVANT ARTICLE OF THE ORDER	FINDING	OVERALL OUTCOME AND RISK SCORE	OBSERVATIONS AND COMMENTS
Article 11	a. The day to day arrangements for fire safety management were inadequate.	Red	<ol style="list-style-type: none"> 1. The Fire Risk Assessment [REDACTED] does identify the need for water misting, suppression and smoke control systems. [REDACTED] . 2. [REDACTED] 3. Business Assurance Meetings (BAM) held on a monthly basis. This forum incorporates a Health, Safety & Fire update. This has replaced the quarterly HSF meeting. 4. The report includes a specific Fire Safety Report (in accordance) with PSI 2015-11) which reports on: <ol style="list-style-type: none"> a. False Alarms b. Fires c. Evacuations due d. DSD checks e. PAS 79 FRAs reviews/updates 5. NORCET Q1 – identifies that large number of AFAs on [REDACTED] may have resulted from large deposits of dust. RPE figures at 06/08/2018 [REDACTED] 6. BAM 24/07/2018 – Fire Safety Report: DSD checks completed on [REDACTED] . 7. HSF Monthly NAP Assurance Reports – [REDACTED] completes a monthly stakeholders report which includes: <ol style="list-style-type: none"> a. RPE Figures b. Cell Fire incidents c. Norcet report findings

			<ul style="list-style-type: none"> d. Fire Report (RPE, DSD Testing, FRA reviews) e. Current Arson List f. H & S Concerns
Article 22	b. The responsible person has not established suitable co-operation and co-ordination with other responsible persons	Red	<p>[REDACTED]</p> <ol style="list-style-type: none"> 1. Written evidence (e-mails from 2017) from [REDACTED] were provided, which was issued to all prisons, regarding the completion of a water misting asset capture and a request for further units where required. <p>The request from HMP IOW asked for just 7 units, with 4 allocated to HMP Albany, with the remaining 3 allocated to HMP Parkhurst. [REDACTED]</p> <ol style="list-style-type: none"> 2. Evidence suggests that the maintenance arrangements between HMPPS & GFLS are much improved.
<p>Information obtained from: - Fire risk assessment, Health and Safety meeting minutes, Senior management meeting minutes, SDM, Staff Questioning, H&S Manager, Fire Adviser, HMPPS National Fire Advisor, Fire policy, documentation,</p>			

RAG choice and scoring for each bespoke requirement

Current Serious Risk	4	5	6
Current Significant Risk	1	2	3
Tolerable Risk	0	0	0
	Adequate action planned	Inadequate action planned	No action planned

All sections within the RAG are averaged with the exception of section 2 (Protection of staff and prisoners) which uses the individual score for each requirement.



RAG Score for Fire Safety Management

Safety Management Failure Directly Linked to GFP Failure	4	5	6
Safety Management Failure Contributing to GFP Failure	1	2	3
Safety Management Failure Incidental to GFP Failure	0	0	0
	<i>Potential Significant Risk</i>	<i>Significant Risk</i>	<i>Serious Risk</i>

