

## CPFIG – RAG RATING FORM

**Prison HMP Downview**

**Date 12<sup>th</sup> & 13<sup>th</sup> December 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.	<b>Amber</b>	1	<p>1. New prisoners are currently located in [REDACTED] and receive initial information from Induction Officers which includes information about what to do in case of a fire and to deter starting fires.</p> <p>2. A Health and Safety &amp; Fire leaflet has recently been developed and delivered to all Prisoners which can be read at the prisoners' leisure. It includes what to do in case of fire.</p> <p>3. The induction session is delivered by Officers using a pre-determined</p>

				<p>presentation. This includes further information on what to do in case of fire;</p> <ul style="list-style-type: none"> <li>• the use of cell call bell to summon assistance,</li> <li>• the evacuation plan,</li> <li>• deterrents from starting fires (IEP &amp; adjudication sanction),</li> </ul> <p>staff firefighting actions in the event of a fire, &amp; accidental fires</p>
Articles 4(1)(a) & (f), 7(6), 8 & 15	b. The sanctions' system is not used effectively to deter prisoners from setting fires.	<b>Green</b>	<b>0</b>	<p>1. Due to the type of prisoner profile, there is a very low attrition rate of DSD's. E.g. [REDACTED]; 2 cases in 6 months. The sanctions system does exist, and ready to use when required.</p>
Articles 4(1)(a) & 8	c. Prisoners with a history of fire-setting and those at known risk of self-harm through fire were not always located in cells where they are most appropriately safeguarded from fire.	<b>Amber</b>	<b>2</b>	<ol style="list-style-type: none"> <li>1. An arson list is published weekly.</li> <li>2. Wing staff are not always printing it off &amp; aware of where to locate arsonists.</li> <li>3. Wing staff are not aware of the best cell location to place arsonists.</li> <li>4. Missed opportunity to place prisoners at risk in cells with easy access for staff.</li> </ol>
Articles 4(1)(a) & 8	d. The procedure is not generally followed for managing ignition sources in [REDACTED] where prisoners appear to be at increased risk of self-harming through fire.	<b>Green</b>	<b>0</b>	<ol style="list-style-type: none"> <li>1. Prison went smoke free in January 2018 so no prisoners now have materials to light cigarettes, [REDACTED]</li> <li>2. [REDACTED]</li> <li>3. Prisoners [REDACTED] are issued with flasks which can be filled from hot water dispensers located on the wing corridors. . This removes a potential ignition source.</li> </ol>

Articles 4(1)(a) & 8	e. Adequate arrangements were in place to ensure ignition sources are kept separate from combustible materials.	Amber	3	No issues observed in areas visited when looking for; overloaded sockets, inappropriate heating appliances, lint in tumble driers, etc  1. [REDACTED] 2. [REDACTED]
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**Information obtained from:** *Fire risk assessment, Staff Questioning, Wing observation, Segregation, 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;"><b><u>WARNING OF FIRE</u></b></p> <p>a. The premises were not equipped with appropriate fire detectors and alarms</p> <p>i. Prisoners were presented with effective information directed at preventing tampering with fire detectors.</p> <p>ii. The sanctions' system is not</p>	Amber	<p><b><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></b></p> <p>1. A Fire Safety improvement programme is planned, costed and funded for a full in cell AFD system.</p> <p>2. Domestic Smoke Detectors are installed in cell on all residential wings as mitigation [REDACTED] where they are located outside the cell in the absence of appropriate in-cell detection;</p> <p style="padding-left: 40px;">Audibility from DSD's is not likely to be problematic. These are positioned in accordance with [REDACTED]</p> <p>3. The Cell Call System was confirmed as fully functional, following a</p>

	used effectively to deter prisoners from tampering with fire detectors.			<p>recent service visit.</p> <p>The Cell Call system does allow for the review of response times.</p> <p>4. A leaflet drop to prisoners and residents which provides information on the purpose of DSDs, actions to take in the event of fire, sanctions and adjudications for tampering with fire safety equipment or setting fires (including the use of cell call system) has/will be delivered to all prisoners.</p>
Articles 4(1)(d), 7(6), 8 & 13	<p><b><u>MEASURES FOR FIRE FIGHTING</u></b></p> <p>b. There was sufficient fire-fighting equipment to carry out the cell fire response plan effectively and safely</p> <p>i. There was sufficient ancillary equipment available to allow the cell fire response plan to be carried out effectively and safely.</p>	<b>Green</b>	<b>0</b>	<ol style="list-style-type: none"> <li>1. Mobile 8 Water Misting Units are located <ol style="list-style-type: none"> <li>a. [REDACTED]</li> <li>b. [REDACTED]1 x misting unit</li> <li>c. [REDACTED]2 x located on each landing 8 in total.</li> <li>d. [REDACTED]self-evacuating wing misting units not required</li> <li>e. [REDACTED]currently not occupied.</li> <li>f. [REDACTED]1 x misting unit</li> </ol> </li> <li>2. Hose-Reels available on all wings to allow for the replenishment of water mist units during protracted cell fire incidents.</li> <li>3. Sufficient RPE Hoods provided for all residential wings. Possible relocation of hoods alongside Mobile 8 units to reduce response times</li> <li>4. Inundation Port Keys located [REDACTED]</li> <li>5. Anti-Barricade Tools located [REDACTED].</li> </ol>
Articles 4(1)(c), 7(6), 8 & 14	<p><b><u>LIGHTING LEVELS FOR SAFE WORKING</u></b></p> <p>c. Emergency lighting provided sufficient illumination [REDACTED]</p>	<b>Amber</b>	<b>2</b>	<ol style="list-style-type: none"> <li>1. Emergency Lighting levels have been recorded as below: <ul style="list-style-type: none"> <li>[REDACTED]Min 7 Max 70.58 Lux</li> <li>[REDACTED]Min 3 Max 49.5 Lux</li> <li>[REDACTED]Min 10.7 Max 74 Lux</li> <li>[REDACTED]Min 5.58 Max 65 Lux</li> <li>[REDACTED]Min 55.9 Max 122.4 Lux</li> </ul> </li> </ol>

				<p>2. A survey of the Emergency Lighting is complete and work is programmed to be replace by April 2019.</p> <p>3 adequate lighting [REDACTED]</p>
Articles 4(1),(a),(b)(c), 7(6), 8 & 14	<p><b><u>RISK OF FIRE SPREAD</u></b></p> <p>d. There were inadequate measures to control the risk of fire and smoke spreading within common areas.</p>	<b>Amber</b>	<b>2</b>	<p>1. A review of the pressurisation system within [REDACTED]should be undertaken to ensure that any changes to the building or internal management of doors allow the system to work as originally designed. The system should prevent ingress of smoke from a cell fire into corridors.</p> <p>2. [REDACTED]doors to rooms were treated as cell doors and therefore were not subject to the maintenance and routine tests of the fire door schedule. These doors are bedroom doors and should be self-closing fire doors complete with intumescent strips and smoke seals.</p> <p>3. [REDACTED]- first floor landing was [REDACTED]and was not treated as a risk-room. This door should be a self-closing fire door complete with intumescent strips and smoke seals. Whilst this may or may not impede evacuation, containing a fire within this area would contribute to business continuity.</p> <p>4. [REDACTED]- The door at the base of the stairs [REDACTED]separating the accommodation did not close when the hold-back device was released. This indicates that the closing of fire doors is not monitored as part of the cause and effect of the weekly fire alarm tests.</p>
Articles 4(1)(a) & 8	<p><b><u>SMOKE CONTROL</u></b></p> <p>e. In the event of a cell fire, the existing smoke control arrangements for [REDACTED] or areas of [REDACTED]were inadequate to prevent smoke from:</p>	<b>Amber</b>	<b>2</b>	<p>[REDACTED] [REDACTED] [REDACTED]- Conventional smoke extraction system based on exhaust fans at corridor ends (towards external walls). Grilles require checking for flow efficiency due to layers of paint. (review on return visit)</p> <p>[REDACTED]- Conventional smoke extraction system based on exhaust fan at corridor junction ducts to external wall. Additional grilles (either exhaust or make-up air) are present but are not shown on M&amp;E drawings (2000)</p>

	<ul style="list-style-type: none"> <li>i. [REDACTED]; and</li> <li>ii. [REDACTED]</li> </ul>		<p>Investigations planned to review arrangement. (review progress on return visit)</p> <p>[REDACTED]</p> <p>This is a pressurisation system with each zone area provided with own substantial inlet vent. Original commissioning documents (with results) available along with schematic drawings dated 2005. Due to structural changes (e.g. windows) air leakage paths may have changed. As work practices require doors held back the ability to pressurise the corridors adequately in an emergency may not be achieved.</p> <p>A review of the pressurisation system within [REDACTED] should be undertaken to ensure that any changes to the building or internal management of doors allow the system to work as originally designed. The system should prevent ingress of smoke from a cell fire into corridors.</p> <p>There is a possibility the system, although still functional as designed, may not remain effective. A practical test is advised to ensure that adequate protection is still provided.</p> <p>[REDACTED] [REDACTED]</p>
<p><b>Information obtained from: - Fire risk assessment, Staff Questioning, Wing observation, Safer Custody, People Hub/Detail, Fire Sponsor, Security, Segregation, Work</b></p>			

### 3. STAFF INSTRUCTIONS FOR ACTIONS IN THE EVENT OF FIRE

#### *CELL FIRE RESPONSE*

RELEVANT ARTICLE OF THE ORDER	REQUIREMENT	OVERALL OUTCOME AND RISK SCORE	FINDINGS AND OBSERVATIONS
Articles 4(1)(f), 7(6), 8 & 15	<p>a. Effective procedures have been established for staff to deploy and use water mist equipment [REDACTED].</p> <p>i. Effective procedures have not been established for staff to sustain a water misting attack [REDACTED]</p>	<p><b>Amber</b> 1</p>	<p>1. Mobile 8 water misting units are located on each landing [REDACTED]</p> <p>2. Staff are trained to use water mist to suppress and control cell fires</p> <p>3. HR's are available in every wing to augment the Mobile 8's, however one newly qualified officer was unaware of the need to top up the Mobile 8 during use.</p> <p>4. Training on the location of firefighting and ancillary equipment or procedures is not being undertaken on individual wings.</p> <p>Effective procedures have been established. These are confirmed as part of the training requirements for staff via annual refresher or initial training. Simple instructions are placed on the outside of each cell door.</p> <p>There is an adequate provision of RPE; it is available at access points or circulation areas within the wings. Staff can gain access these quickly in an emergency.</p> <p>Mobile water mist equipment is provided on residential wings. Within [REDACTED]these are either Mobile-8 Mk1 or Mk 2 units. Staff need to be aware of the two types and misting equipment and locations as they are not in the same place on each floor level due to space restrictions..</p> <p>[REDACTED]does not require water misting equipment. This house-block has</p>

				<p>inundation ports fitted in resident bedroom doors; there is no requirement for these to be present as residents can leave their rooms in an emergency. The hose-reels provided are adequate as a firefighting provision.</p> <p>There is a generous provision of inundation point keys available to wing staff in an emergency. [REDACTED]</p> <p>Hose-reels are provided in appropriate locations to allow Mobile misting units to be topped up during use. A twenty-minute attack on a fire with misting equipment can be undertaken by augmenting the misting unit...</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>	<b>Green</b>	<b>0</b>	<p>PRMT exercises are time based, the information is contained within the FRA.</p> <p>[REDACTED] - 3.23</p> <p>[REDACTED] - 3.27</p> <p>[REDACTED] – Not available (requires assessment on each floor immediately)</p> <p>[REDACTED] - [REDACTED]</p> <p>[REDACTED] - 2.31</p> <p>[REDACTED] – Not Available (no residents at time of audit)</p>
Articles 4(1)(f), 7(6), 8 & 15	c. [REDACTED]	<b>Green</b>	<b>0</b>	1. [REDACTED]
<p><b>Information obtained from: Fire risk assessment, Staff Questioning, Wing observation, H&amp;S Manager, Fire Adviser.</b></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 provide sufficient theoretical / practical instruction on the use of:</p> <ul style="list-style-type: none"> <li>i. RPE</li> <li>ii. Inundation equipment</li> <li>iii. Inundation port keys</li> <li>iv. Cell fire response procedures</li> <li>v. Checking for tampering with fire detection systems.</li> </ul>	<b>Amber</b>	<p>2</p> <p>Annual RPE refresher training is being delivered as required, there was no formal programme of dates for the coming year based on predicted need.</p> <p>Where necessary staff may receive training at HM Prison High Down. Generally, Staff were aware of the procedures and actions they are expected to take to intervene in case of cell fires. This was confirmed verbally with a number of staff.</p> <p>However, one member of staff when questioned was not able to describe accurately the correct procedures, this person is already due refresher training and People Hub are aware.</p> <ul style="list-style-type: none"> <li>ii. Training is undertaken with the Mobile 8 equipment</li> <li>iii.. Staff are required to make checks on inundation ports, this ensures familiarity with the keys and the mechanism.</li> <li>iv. The [REDACTED] procedure is the basis for training</li> <li>v. Staff are familiar with checking DSDs as this forms part of the cell check routine.</li> </ul>
Articles 4(1)(f), 7(6), 8, 13, 15 & 21	<p>b. The wing staff would always be able to implement the cell fire response plan safely and effectively.</p>	<b>Green</b>	<p>0</p> <p>1. [REDACTED] of staff were in date with their RPE training. [REDACTED] of night shift staff are in date with their RPE training. HR are aware of the need to ensure all night staff are trained in cell fire response. This should ensure sufficiently trained staff are always available at all times.</p>

				2. It was recommended that “nudge” training should be implemented within the establishment to ensure that POELTS were familiar with the location and procedures to be adopted in the event of a fire.
Articles 4(1)(f), 7(6), 8, 13, 15 & 21	c. [REDACTED]	<b>Green</b>	0	[REDACTED]

**Information obtained from:** - *Fire risk assessment, Staff Questioning, Wing observation, Safer Custody, People Hub/Detail, Fire Sponsor, Security, Segregation, Works Department, Contract Delivery Manager, Service Delivery Manager, Control Room, H&S Manager, Fire Adviser, Training records, Fire policy, 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	<b>Amber</b>	3	<p><b>General Note</b> – Records audited are limited primarily those of the period [REDACTED] are building their site team and supporting it using Agency contractors with a view to fully employed persons. Further analysis may provide [REDACTED]</p> <p>Given that this site was vacant for a period work is being done to re-establish maintenance to re-affirm the full functionality of equipment. [REDACTED] The full extent of the project plans were not available at the time of audit – Copies have been requested.</p> <p>Further funding has been acquired [REDACTED] for [REDACTED] across the site. [REDACTED]</p>

			<ol style="list-style-type: none"><li>1. <b>Fire doors –</b><ol style="list-style-type: none"><li>a) Not all doors have been given the correct designation. [REDACTED], the bedroom doors have not been listed as fire doors and have not been subject to any testing.</li><li>b) Also, [REDACTED], fire doors were supposed to be subject to a 27-point checklist. When viewing the test records, it was noted that 2 critical checks:<ul style="list-style-type: none"><li>• Did the door holder release on activation of the fire alarm;</li><li>• Does the door close from 75mm or 5 degrees open, and latch, were not carried out. The door at the base of the stairs separating the accommodation [REDACTED] failed on both counts. This was subsequently not reported as it was not correctly tested as per the checklist.</li></ul></li></ol></li><li>2. <b>Fire alarm system –</b> [REDACTED]</li><li>3. <b>Cell call system –</b> Testing of 25% of entire site carried out quarterly from Q1. Current only defects are 4 night-light faults.</li><li>4. <b>Emergency lighting</b>  <b>Inundation Port –</b> These are included as part of the routine checks by wing staff, they are also maintained on a six-monthly basis by [REDACTED]</li><li>5. Last test 30/10/18 WO 125667</li><li>6. <b>Fire Extinguishers –</b> 60 extinguishers are currently out of test or faulty. These have been removed from site. An order has been placed for replacements which are expected by the end of the week and will be placed in the appropriate locations when they arrive.</li></ol>
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				<p>7. <b>Water misting</b> -</p> <p><b>Smoke Control Systems</b> – These are maintained under contract by [REDACTED]</p> <p>8. A history of inspection and testing shows that the systems are functional. Last test 01/12/18 WO 1269763</p> <p><b>Lightning Protection</b> – Plans present of all LP grounding locations. Tested by [REDACTED] on an 11 month cycle. Last test 09/08/18 with repairs made and tested 23/10/18</p> <p>9. <b>Fixed Wire Testing</b> –</p> <p>10. <b>PAT</b> –</p> <p><b>Hose Reels</b> – Asset list present, [REDACTED] Full service 23/10/18 (job sheet 186/62007). Monthly signed off on 24/10/18 WO 1258574. 1 outstanding defect due to parts availability.</p> <p><b>Fixed Suppression Systems</b> – located in the commercial kitchen (Clink). Hydramist system recently installed [REDACTED]. Recently added to PPM.</p> <p>DSD – These are included in cell checks by wing staff. [REDACTED] hold an adequate stock of replacements and are able to react quickly to fit a new item due to defect or damage. (about 30 held in stock)</p>
Article 38	b. The facilities, equipment and devices installed for the protection of fire-fighters are not / not always subject to a suitable system of maintenance.	Green		N/A
<p><b>Information obtained from:</b> (*insert/delete where appropriate) – <b>Fire risk assessment, Visual Inspections, testing and maintenance records, works department, staff questioning, SDM, CDM</b></p>				

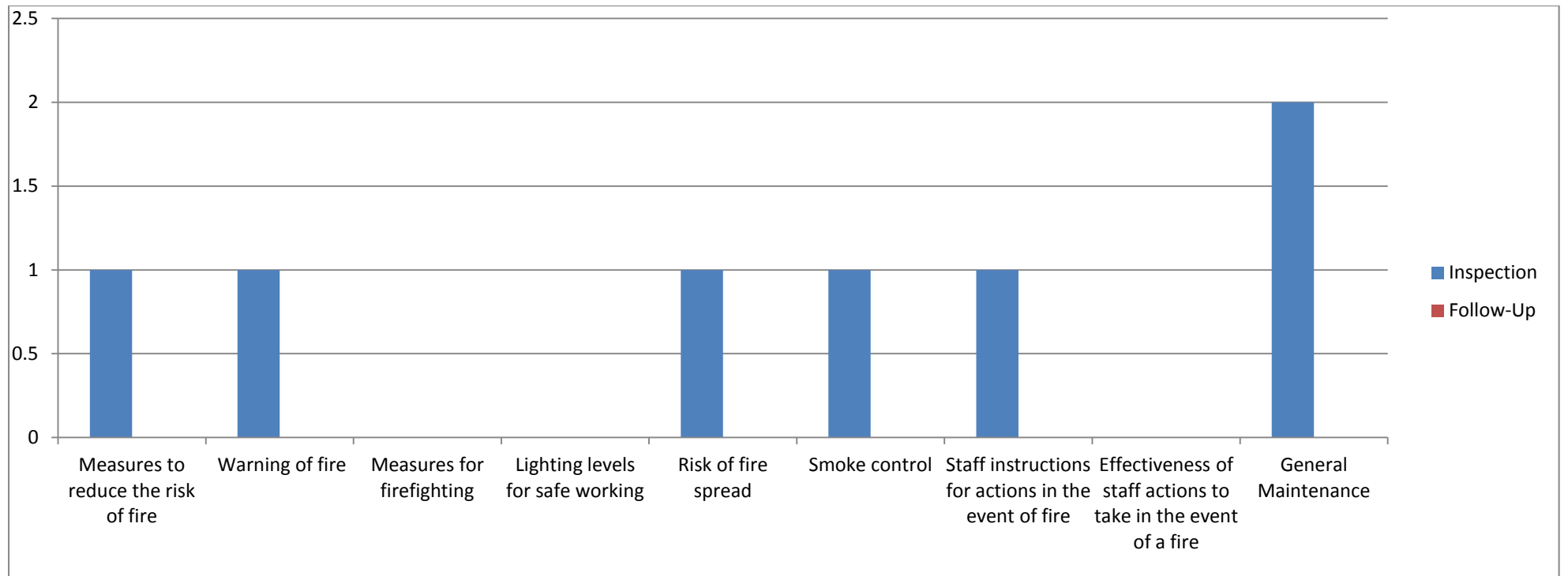
## 6. FIRE SAFETY MANAGEMENT

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 adequate.	<b>Green</b>	No issues were observed
Article 22	b. The responsible person has established suitable co-operation and co-ordination with other responsible persons	<b>Green</b>	No issues were observed
<b><u>Information obtained from:</u> Health and Safety meeting minutes, Senior management meeting minutes,</b>			

### 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>

