

CPFIG – RAG RATING FORM

Prison: HMP Forest Bank.

Date: 20th & 21st February 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 residents) 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. Residents were not presented with a sufficient range of purposeful information directed at preventing residents from fire-setting.	Amber 2	<p>1. Notices to residents “Fire Setting in a custodial environment” was uploaded onto the electronic kiosk and contained information regarding setting of fires.</p> <p>There appeared to be no method of confirming that residents had understood this information.</p> <p>2. The induction package delivered a range of messages based on a presentation by [REDACTED] . The package is delivered by a mentor using a range of pedagogical techniques to maintain the attention of residents.</p> <p>The package included domestic instructions on the actions to take in the event of fire, but also included some powerful prison-specific messages on:</p>

				<ul style="list-style-type: none"> a. The potential injury consequences of the DSD not being operative b. The IEP consequences of tampering and fire-setting c. Potential for an arson charge for fire-setting d. Resident's eye view of the cell fire procedure, setting out that staff won't enter the cell until they have put the fire out, with all that means for residents' belongings. e. Graphic images of burns' victims to illustrate the potential for fire-setting to leave residents either dead or with life-changing injuries. f. A challenge to think through the possible reasons for thinking of fire-setting and to talk them through with a listener or the Samaritans. g. Full range of consequences of fire-setting, including not only burns and COPD, but the ire of fellow residents, added tariff, problems with being offered housing on release, increased car insurance premiums. <p>3. The range of message bearers for residents with poor literacy was too limited to ensure that risk reduction information and messages are effectively communicated to all residents.</p>
Articles 4(1)(a) & (f), 7(6), 8 & 15	b. The sanctions' system is used effectively to deter residents from setting fires.	Green	0	<ul style="list-style-type: none"> 1. The [REDACTED] provided evidence that the sanctions policy is being followed through in an effective manner to deter fire-setting. 2. [REDACTED] recorded fire incidents occurred during 2017. [REDACTED] 3. Of the [REDACTED] fire incidents, so far in 2018 [REDACTED] 4. Of the [REDACTED]7 incidents of fire-setting in February[REDACTED]
Articles 4(1)(a) & 8	c. Residents with a history of fire-setting and those at known risk of self-harm through fire were not	Amber	2	<ul style="list-style-type: none"> 1. Daily briefing sheets contain the names and location of those residents with a history of arson or present a fire-setting risk. Staff were aware of this list when questioned.

	always located in cells where they are most appropriately safeguarded from fire.			<p>What this list does not do, is indicate the required control measures (as per the arson reduction list) and therefore, no purposeful action can be taken to reduce risk.</p> <p>2. The [REDACTED] is now monitoring PNomis, Sodexo Case Notes and Arson Alerts in order to review the implementation of the arsonist policy.</p>
Articles 4(1)(a) & 8	d. The procedure is always followed for managing ignition sources in [REDACTED]	Green	0	<p>1. HMP Forest Bank became a smoke-free establishment in September 2017.</p>
Articles 4(1)(a) & 8	e. Inadequate arrangements were in place to ensure ignition sources are kept separate from combustible materials.	Amber	2	<p>1. Generally, an acceptable level of good housekeeping was seen.</p> <p>However, there were some examples of an excessive accumulation of lint found in laundries behind dryers and washers on [REDACTED]</p>
<p>Information obtained from: - Fire risk assessment, Staff Questioning, Wing observation, CSU, Works Department, Safety & Fire Adviser, MOJ Controller, Fire safety policy, documentation.</p>				
<p>2. PROTECTION OF STAFF AND RESIDENTS</p>				
<p>WARNING OF FIRE – MEASURES FOR FIRE FIGHTING – LIGHTING LEVELS FOR SAFE WORKING – RISK OF FIRE SPREAD – SMOKE CONTROL</p>				

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="text-align: center;">Red</p> <p style="text-align: center;">5</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 ductwork detection, with a bank of 8 cells being covered by one detector at the head of the ductwork. This is not considered a life-safety system. 2. Domestic Smoke Detectors have been installed within each cell, where fully automatic, in-cell fire detection has not been installed. <p>The decision to install the DSD's within each cell is the result of a corporate approach, which has been influenced by the results of [REDACTED] testing, where (during testing) the time from ignition to detection – [REDACTED] – could not be regularly achieved where the detector was placed outside of the cell and in the smoke leakage path.</p> <ol style="list-style-type: none"> 3. [REDACTED] have automatic in-duct detection which provides detection coverage for two adjacent cells, with a DSD installed outside each cell door as a backup. Note: (During testing and live fire events, the in-duct detection has operated on all bar one occasion, when it had been severely damaged by the resident) 4. [REDACTED] have automatic in-cell detection, with detection located directly behind the ventilation grill in each cell. 5. [REDACTED] 6. During the inspection, a PRMT exercise was undertaken by staff which simulated night state conditions. [REDACTED] <p>Following this exercise, a spare DSD was operated on the 4's landing (to</p>

	<p>i. Residents were presented with effective information directed at preventing tampering with fire detectors.</p> <p>ii. The sanctions' system is used effectively to deter residents from tampering with fire detectors.</p>			<p>simulate a DSD installed outside the cell door), with the C&R stair doors open. [REDACTED]</p> <p>7. Records indicated that the testing and reporting of DSD failures had stopped in November 2017 and then re-commenced in January 2018 [REDACTED]. At that time 81% of the DSD's were missing and had to be replaced.</p> <p>8. The prisoner induction PowerPoint does include the instruction to operate the cell call in the event of a fire, but was not emphasised by the mentor delivering the training.</p> <p>9. Residents are presented with information on the sanctions for tampering thought the induction process, kiosk system and notices to residents.</p> <p>10. Adjudications are used to deter tampering. Single Cell examples will go straight to adjudication, with double cells incidents being awarded an IEP warning, with a further occurrence going straight to adjudication.</p> <p>Adjudications for tampering have included the [REDACTED]</p>
<p>Articles 4(1)(d), 7(6), 8 & 13</p>	<p style="text-align: center;"><u>MEASURES FOR FIRE FIGHTING</u></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</p>	<p style="text-align: center;">Green</p>	<p style="text-align: center;">0</p>	<p>1. Mobile 8 water misting units are situated [REDACTED] [REDACTED]have Mobile 8's situated in an office. [REDACTED]</p> <p>2. There are 4 hose reels per house block. I.e. 2 hose reels on the 1's and 2 on the 2's. This is then repeated on the 3's and 4's.</p> <p>Hose Reels will allow staff to augment water mist units during a protracted cell fire incident.</p> <p>3. Each hose reel and Mobile 8 water mist [REDACTED].</p> <p>4. [REDACTED]</p>

	carried out effectively and safely.			<p>Note: [REDACTED]</p> <p>5. [REDACTED]in each House Block office.</p>
Articles 4(1)(c), 7(6), 8 & 14	<p><u>LIGHTING LEVELS FOR SAFE WORKING</u></p> <p>c. [REDACTED]</p>	Green	0	<p>1. A functional test of the emergency lighting was undertaken on [REDACTED]which provided a sufficient level of illumination.</p>
Articles 4(1),(a),(b)(c), 7(6), 8 & 14	<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>	Red	5	<p>1. [REDACTED]- Fire doors to each wing laundry had a damaged self-closing device, [REDACTED].</p> <p>2. [REDACTED]- The fire door to the wing laundry did have a self-closing device installed [REDACTED].</p> <p>3. The ventilation grilles in the bottom of the laundry doors have been fitted with intumescent sleeves, [REDACTED].</p> <p>4. The wing laundry on [REDACTED]</p> <p>5. The BRE Fire Risk Assessment (dated 5/09/2017) has identified [REDACTED]</p> <p>The works department confirmed that remedial works to address this</p>

				<p>matter will be completed within the next 2 weeks.</p> <p>6. The Fire Risk Assessment had also identified [REDACTED]</p>
<p>Articles 4(1),(a),(b)(c), 7(6), 8 & 14</p>	<p><u>SMOKE CONTROL</u></p> <p>e. In the event of a cell fire, the existing smoke control arrangements for [REDACTED] were inadequate to prevent smoke from:</p> <ul style="list-style-type: none"> i. [REDACTED]; and ii. [REDACTED]. 	<p>Red</p>	<p>5</p>	<ul style="list-style-type: none"> 1. Smoke control systems pre-date the introduction of water misting to tackle cell fires, therefore the original smoke control calculations are no longer valid for the system design. 2. [REDACTED]. 3. The smoke control systems in [REDACTED] are both natural inlet and outlet design systems. <p>During the inspection, a functional test was conducted [REDACTED] to determine if sufficient air movement could be delivered. It was only when [REDACTED] that noticeable air movement was created.</p>
<p><u>Information obtained from:</u> - Fire risk assessment, Staff Questioning, Wing observation, Safety & Fire Adviser, Works department.</p>				
<p>3. STAFF INSTRUCTIONS FOR ACTIONS IN THE EVENT OF FIRE</p> <p>CELL FIRE RESPONSE</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. Effective procedures have not been established for staff to deploy and use water mist equipment [REDACTED]</p> <p>i. Effective procedures have been established for staff to sustain a water misting attack [REDACTED]</p>	Amber	2	<ol style="list-style-type: none"> 1. The arrangements for the cell fire response plan contained frailties at the time of the inspection. These include: [REDACTED] 2. The provision of in-cell automatic fire detection and Mobile 8 Water misting [REDACTED], should enable staff to effectively deploy and use water mist equipment [REDACTED] 3. 2 x hose reels are available on each landing of each House Block, which will assist staff to continuously supplement the water misting units [REDACTED]
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	<ol style="list-style-type: none"> 1. The plan is to use water mist at the first response with staff wearing RPE within REDACT of alarm being raised. [REDACTED] i. A PRMT drill, which simulated night state conditions, was conducted by inspectors and the responding officer achieved inundation at the cell door [REDACTED] <p>This is supported by review of previous cell fire reports, supported by CCTV, which indicated that inundation had occurred [REDACTED]</p>

Articles 4(1)(f), 7(6), 8 & 15	c. The fire response plan was not adapted for circumstances in which residents can [REDACTED]	Red Amber Green		Not applicable
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Information obtained from: *Fire risk assessment, Staff Questioning, Wing observation, Safer Custody, H&S Manager, Fire Adviser, Training records, documentation.*

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
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<p>Articles 4(1)(f), 7(6), 8, 13, 15 & 21</p>	<p>a. The training delivered to staff provides insufficient practical instruction on the use of:</p> <ul style="list-style-type: none"> i. RPE ii. Inundation equipment iii. Inundation port keys iv. Cell fire response procedures v. Checking for tampering with fire detection systems. 	<p style="text-align: center;">Amber</p>	<p style="text-align: center;">2</p>	<p>1. <u>Fire Safety Induction Package:</u></p> <p>This is a 5-lesson package resulting in award of Fire, Health & Safety Passport.</p> <p>The package contains, predominantly, domestic fire safety messages, including information on general fire safety awareness and preventative measures.</p> <p>The package does:</p> <ul style="list-style-type: none"> i. Identify the need to apply volumetric controls in cells. ii. Provide information for dealing with normal (non-cellular) fires iii. Provide information for dealing with cell fire procedures iv. Contain the cell fire safe system of work flow chart, which: <ul style="list-style-type: none"> • Instructs staff to operate fire alarm • Collect RPE, IP key & Mobile 8 • Don RPE in clean air. • Commence inundation v. Cover the method of use for IP Keys <p>The package does not:</p> <ul style="list-style-type: none"> i. Contain any specific direction to [REDACTED] ii. Instruct staff to use the hose reel to top up the water misting unit to continue with inundation. iii. Identify the capacity of the misting machine and that the unit can be augmented with a hose-reel to continue with inundation. iv. Emphasise the prioritisation of water misting for cell fire response and the reason for this approach. v. Cover the need for [REDACTED]. <p>Note: The [REDACTED] confirmed that these omissions are covered verbally during the training, but are not included in the presentation slides.</p> <p>Note: Notices to colleagues have identified that Cell Fabric Checks must include checks for [REDACTED].</p> <p>2. <u>Refresher training:</u></p>
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			<p>Refresher training is incorporated within the mandatory, annual C&R training day. This includes a practical refresh on the use of RPE Hoods and a theoretical (walk/talk through) of the inundation process.</p> <p>There is not – currently – any practical element that refreshes on a time-based, cell fire response procedure and the use of water misting equipment.</p> <p>Note: Inspectors were advised that a further water misting unit has been purchased and that the refresher package is to be updated to include this practical element.</p> <p>One cell fire extraction drill per week is practiced on nights, this uses a dummy head 15 RPE hood and the location is selected by the Oscar.</p> <p>Although the findings from these exercises are recorded, there did not appear to be an effective process for confirming that staff had completed the exercise in accordance with the cell fire response procedure.</p> <p>3. <u>Fire Safety Policy states:</u></p> <p>All uniformed grades receive 3 hour initial CSRE (RPE) training and will then receive a 1 hour refresher course every 12 months.</p> <p>Staff who may be required to use fire-fighting equipment will be trained in its safe use and safe systems of work on their induction course and yearly via the C&R training day.</p> <p>Staff who are expected to respond to a cell fire must have annual training in cell fire response procedures and use of any “specialist” equipment, including the use of inundation ports. Specialist equipment may include any fixed installations, Mobile 8 misting units, smoke vents, suppression systems, fire extinguishers and CSRE (RPE Hoods)</p>
Articles 4(1)(f), 7(6), 8, 13, 15 & 21	b. [REDACTED]	Amber	<p>2</p> <p>1. When questioned, a number of wing staff demonstrated an adequate understanding of the cell fire response plan, to ensure that they could work safely and effectively.</p> <p>E.g. Staff on [REDACTED] provided a clear description of their actions</p>

				<p>when undertaking a cell fire response. This included the use of RPE, Water Mist & raising the alarm.</p> <p>[REDACTED]</p> <p>A member of staff was also able to demonstrate the effective removal of inundation port bungs with an IP Key.</p> <p>This standard was replicated by staff on [REDACTED].</p> <p>E.g. Staff on [REDACTED] provided a clear description of their actions when undertaking a cell fire response. This included the use of RPE, Water Mist & interrogating the fire alarm panel.</p> <p>They also described how they [REDACTED].</p> <p>A member of staff was also able to demonstrate the effective removal of inundation port bungs with an IP Key. Although 2 of the bungs checked were found to have been overtightened and required maintenance.</p> <p>2. A member of staff on [REDACTED] was less clear in their description of what actions they would take when responding to a cell fire. Specifically, the [REDACTED]</p> <p>The removal of inundation port bungs by staff was not effectively demonstrated on [REDACTED].</p> <p>3. During the previous, post fire investigation visit on [REDACTED], inspectors spoke with 3 members of night duty staff (OSO'S). [REDACTED] demonstrated a good understanding of the procedures for cell fire response. [REDACTED]</p> <p>4. Of a total of [REDACTED] operational staff, there are currently [REDACTED] members of staff who are out of date with their refresher training. [REDACTED] of these staff do work on nights. [REDACTED]</p> <p>All night duty OSO grade staff are in-date with their refresher training.</p> <p>There is currently no process for ensuring that all staff, that are selected to</p>
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				undertake night duties, are in-date with this training before doing so.
Articles 4(1)(f), 7(6), 8, 13, 15 & 21	c. [REDACTED]	Green	0	<ol style="list-style-type: none"> 1. Staff are able to respond from other locations during night state to support intervention and evacuation. 2. The PRMT exercise undertaken during the inspection demonstrated that staff would be able to respond safely and effectively from elsewhere in the establishment. 3. Staffing levels on night duty are: [REDACTED] 4. Detail confirmed that there is an [REDACTED] , which can be used when staffing levels drop as a result of an escort or bed-watch duty.
Information obtained from: Fire risk assessment, Staff Questioning, Wing observation, People Hub/Detail, Safety & 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	Amber	2	<ol style="list-style-type: none"> 1. Fire doors – <ol style="list-style-type: none"> a. No PPM checks have been carried out on fire resisting doors.

			<ul style="list-style-type: none"> b. Fire Doors historically repaired as remedial actions, which have not been identified as safety work, or had any priority attached to achieve prompt repairs. c. Response to requirement for effective maintenance: <ul style="list-style-type: none"> i. A survey has been done to identify which doors are fire resisting doors, although identification of which doors need to be fire doors has not been done by FRA. ii. Priority has been attached to each door for PPM purposes. iii. [REDACTED] have recently become qualified to test fire doors. <p>2. Fire alarm system –</p> <ul style="list-style-type: none"> a. Weekly functional testing appears to include a test of all manual call points in each House Block, with each Block being tested on successive days. [REDACTED] b. Fixed system: 4 PPM inspections per year are being carried out, 2017 identified as visits 1 (Nov17), 2(Jan17), 3(Jun17) & 4(Aug17). No plan to confirm if 100% of the system is inspected. Contractor is [REDACTED] c. Domestic Smoke Detectors: daily actuation test by wing staff during CFC. Findings result in remedial repairs (replacement) being made. This was introduced since 13th January. <p>3. Cell call system (integral part of interim fire alarm warning):</p> <ul style="list-style-type: none"> a. Checked daily by staff during Cell Fabric Checks. b. System is not monitored, but shares a back-up supply with EML. c. H&S minutes indicated historic problem of cell call system failures. d. Faults are rectified by in-house electricians once reported (evidence seen of 15+ faults rectified during January). e. Business case has been developed for a replacement system
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			<ul style="list-style-type: none">4. Emergency lighting –<ul style="list-style-type: none">a. Annual test 22-23 November 2017 ([REDACTED]) with all units passing the discharge test.b. Functional testing is not recorded.5. Inundation Port – All IP's are tested monthly by [REDACTED]. Serviced during 6 monthly PPM by works department.6. Water misting – (18x Mobile 8 units on site)<ul style="list-style-type: none">a. 6 monthly tests carried out by [REDACTED]; 31-Jul-17 & 16-Jan-17.b. Records show weekly and monthly checks of all 18 units carried out in-house, although no indication of what is being checked.7. Hose reels – in-house PPM, every 2 months; July 17, Sep17, Nov 17 & Dec 17 records seen. No indication of how many units are on site or what the test involves. All H/R units recently replaced, verbal information, but no documentation seen.8. Fire Extinguishers – No plan/schedule seen of what FFE is provided, but certificates seen confirmed that 53 extinguishers were serviced on 14-Jul-17 and 250 extinguishers were serviced on 15-Jun-17 by [REDACTED]8. Smoke Control Systems –<ul style="list-style-type: none">a. Site-wide service by [REDACTED] 20-22 March 2017.b. [REDACTED]passed;c. [REDACTED]required flat batteries to be replacedd. [REDACTED] required remedial work for a seized ram.e. Although [REDACTED] smoke control, no remedial works ordered until 11th October 2017. No evidence was provided that the work has been completed.9. Lightning Protection – work done by [REDACTED]. 2 x pass certificates 18-Oct-17. Anomalous record, with contradicting entries for the protection provided at [REDACTED].
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				<p>10. Fixed Wire Testing –</p> <ul style="list-style-type: none"> a. Testing carried out across the site in June 2017 by PHS. b. Sampled results from [REDACTED]– Some C1s and C2s. No records provided to confirm verbal statements that these had been addressed. <p>11. PAT – Awaiting confirmation from site; believed last conducted during 2017.</p> <p>12. Fire Dampers -</p> <ul style="list-style-type: none"> a. Tested by [REDACTED] 20-23 February 2017 b. [REDACTED]passed, along with [REDACTED] c. [REDACTED]could not be accessed, which was also the case for some dampers in [REDACTED]. <p>13. Sprinklers (fitted in [REDACTED]) – tested and passed 3/02/2017 and 11/08/2017</p> <p>14. RPE Hoods – Checked and recorded monthly.</p> <p>While visiting wings, inspectors noted examples of visible damage to the following equipment:</p> <ul style="list-style-type: none"> 1. Whilst questioning staff on [REDACTED], 2 x IP Ports were found to be seized. This matter had been addressed by Day 2 of the inspection. 2. It was noted that the anti-barricade device on some cell doors had, in some cases, been painted over with a significant amount of paint.
Article 38	b. The facilities, equipment and devices installed for the protection of fire-fighters are always subject to a suitable system of maintenance.	Green	0	<ul style="list-style-type: none"> 1. Fire Hydrants – full service by [REDACTED]5/10/17. Satisfactory. 2. Dry Risers – Full test 24 August 2017 by [REDACTED]. Satisfactory.

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

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. A corporate commitment to the provision of fully automatic (in-cell) fire detection and warning systems has yet to be made. 2. The [REDACTED] Fire Risk Assessment dated 5/09/2017 contains a number of findings which refer the establishment back to the building fire strategy document for solutions, rather than assessing and identifying the solutions required to meet the risk. 3. The fire risk assessment does not ensure that those managing fire safety have a suitable and sufficient analysis of the risks and existing control measures or always identify suitable action points. In particular: <ol style="list-style-type: none"> 3.1. The assessment of the smoke control arrangements noted that “<i>the system is designed to deal with a large cell fire with hot buoyant smoke, which is no longer expected due to the introduction of water mist</i>”, but did not suggest the appropriate control measures or action point; 3.2. The assessment inherently, but incorrectly presents [REDACTED]. 3.3. The requirement for in-cell fitted automatic fire detection [REDACTED]; 3.4. The fire risk assessment information and action points were not presented in a format which best suits the effective management of

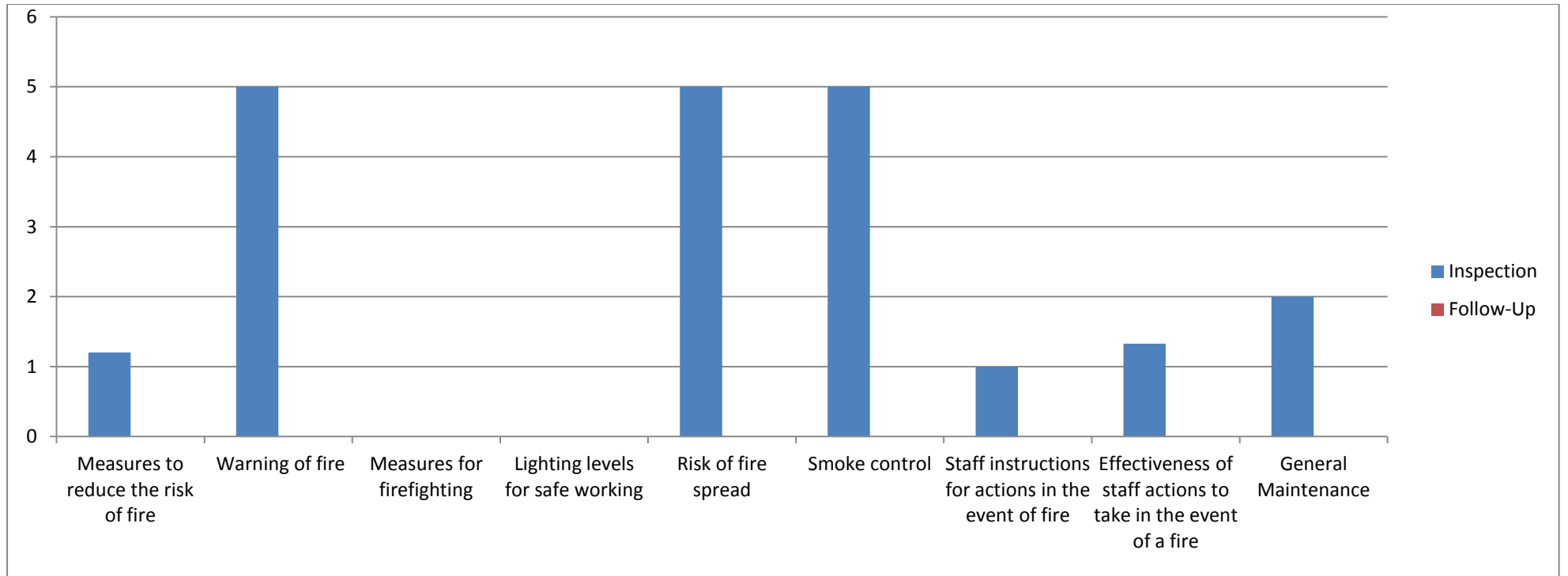
			<p>fire safety.</p> <p>3.5. The actions from the risk assessment did not have time scales for completion.</p> <p>4. Some arrangements for fire safety were not adequately planned or implemented e.g.</p> <p>4.1. [REDACTED];</p> <p>4.2. Suitable arrangements for cell fabric checks, to ensure that DSDs and cell calls were always operative;</p> <p>4.3. Arrangements for reliable warning of fire to be received by staff [REDACTED]</p> <p>4.4. Arrangements to protect residents at higher risk of harm through fire; and</p> <p>4.5. Arrangements for suitable practical training for cell fires.</p> <p>5. Good local engagement was being pursued with the emergency services, with direct contact and joint emergency planning under way.</p> <p>6. [REDACTED]</p> <p>7. The minutes of the Health & Safety Meeting showed that a number of practical initiatives to improve the fire safety arrangements were commenced in September 2017 following an internal audit [REDACTED] and have been progressively implemented. These include initiatives concerned with improving the identification and location of residents at higher risk from fire, information for residents about the DSDs in their cells, introducing more practical training for staff, improved reporting of fire safety matters to SMT and plans to upgrade the cell call system.</p> <p>8. The Fire Action Plan was reviewed in February 2018.</p>
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Article 22	b. The responsible person has established suitable co-operation and co-ordination with other responsible persons	Green	<ol style="list-style-type: none"> 1. The information exchange with the [REDACTED] has only recently included the information required for independent monitoring of the success of the arrangements. 2. The [REDACTED] is now in a position to monitor effective performance on the ground across a range of key fire safety requirements – e.g. that Cell Fabric Checks are completed and that failures are reported where required - and to take action in the event of non-performance. 3. Inspectors were informed by the [REDACTED] that the delivery of the fire safety action plan is now the subject of a financial penalty, should it not be delivered by the establishment. 4. An interim estates meeting (implemented by the [REDACTED]) is held on a monthly basis. 5. Good evidence was obtained of the general assurance provided by the facilities' management provider. However, faults were not always remedied in an appropriate timescale E.g. Replacements for the flat batteries [REDACTED] were not ordered for over six months, and there was the same delay in ordering remedial work for [REDACTED] smoke control system.
<p>Information obtained from: Fire risk assessment, Building Fire Strategy, Health and Safety meeting minutes, Senior management meeting minutes, Staff Questioning, Works Department, Safety & Fire Adviser, MOJ Controller, 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 residents) 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>

