

CPFIG – RAG RATING FORM

Prison – HMP High down

Date – 12th and 13th July 2018

RAG choice and scoring for each bespoke requirement

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|--------------------------|-------------------------|---------------------------|-------------------|
| 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 not presented with a sufficient range of purposeful information directed at preventing prisoners from fire-setting. | Amber | 2 | 1. The induction package does not include information regarding sanctions and consequences of fire setting. 2. The arson reduction strategy comments on the objective of raising awareness to prisoners and that they must be given a fire safety presentation within the induction process. |

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| Articles 4(1)(a) & (f), 7(6), 8 & 15 | b. The sanctions' system is used effectively to deter prisoners from setting fires. | Green | 0 | <p>1. Referral made to the police for potential prosecution [REDACTED] requested further information from the prison to pursue.</p> <p>2. Evidence observed of loss of IEP, LOE and 14 days loss of privileges for a prisoner [REDACTED] following a cell fire.</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. | Amber | 2 | <p>1. The arson policy dated March 2018 includes some good control measures for controlling arson and specifically identifies a procedure for persons deemed high risk.</p> <p>The fire risk assessment does not apply the appropriate control measures for people with a history of fire setting and those that are at known risk from fire, which the document identifies. [REDACTED]</p> <p>2. When questioned prison staff could not confirm where a prisoner with a history of fire-setting and those at known risk of self-harm through fire should be located.</p> |
| Articles 4(1)(a) & 8 | d. The procedure is followed for managing ignition sources in Healthcare, Segregation where prisoners appear to be at increased risk of self-harming through fire. | Green | 0 | <p>1. HMP High down is a smoke free environment.</p> <p>2. [REDACTED]</p> |
| Articles 4(1)(a) & 8 | e. Adequate arrangements were in place to ensure ignition sources are kept separate from combustible materials. | Green | 0 | <p>1. Observation of laundry rooms to assess (lint) in tumble dryers, when questioned wing orderly would clean out the filter on a regular basis.</p> |
| <p>Information obtained from: - Fire risk assessment, Staff Questioning, Wing observation, Segregation, Works Department, H&S Manager, Fire Adviser, Fire policy, documentation.</p> | | | | |

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 |
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| 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>i. Prisoners were not presented with effective information directed at preventing tampering with fire detectors.</p> | Amber 2 | <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> <p>1. Aspirating in-cell detection provided in [REDACTED].</p> <p>2. Domestic smoke detectors are installed outside of each cell on [REDACTED] Cages have been fitted to DSDs on [REDACTED]</p> <p>3. Audibility would not be problematic due to the location and design of [REDACTED].</p> <p>4. Where faults have been identified on the aspirating system resulting in a delay to repair, DSDs have been installed outside the cells.</p> <p>5. The Fire Risk Assessment failed to identify historic and systemic tampering with Domestic Smoke Detectors, however since the installation of cages there was no evidence of damage observed.</p> <p>i. The induction package does not include any information in relation to fire or the consequences of tampering with fire detectors.</p> <p>Note – Cages have now been installed which has reduced the attrition rate over the last 2 months.</p> |

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| | ii. The sanctions' system is not used effectively to deter prisoners from tampering with fire detectors. | | | ii. No evidence of sanctions being applied to deter prisoners from tampering with fire detectors. When observing flow faults [REDACTED] numerous faults have been cleared on a daily basis and then there has been a reoccurrence within a 24 period. |
| Articles 4(1)(d), 7(6), 8 & 13 | <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 carried out effectively and safely.</p> | Green | 0 | <p>1. Fixed high pressure misting units are provided on [REDACTED] They reach all the cells [REDACTED] [REDACTED] have a fixed high pressure misting unit located in the central core which reaches all the cells [REDACTED]</p> <p>2. RPE hoods are located [REDACTED] for all residential wings.</p> <p>3. ABT are located on [REDACTED].</p> <p>4. Inundation port keys are located [REDACTED].</p> <p>Note – [REDACTED].</p> |
| Articles 4(1)(c), 7(6), 8 & 14 | <p style="text-align: center;"><u>LIGHTING LEVELS FOR SAFE WORKING</u></p> <p>c. Emergency lighting didn't always provide sufficient illumination to ensure safe evacuation [REDACTED]</p> | Amber | 2 | <p>1. Emergency lighting units are denoted with a red label and appeared to be adequate in terms of numbers on the wing observed [REDACTED] The fire risk assessment does not identify any additional units to be installed.</p> <p>2. A survey of the emergency lighting lux levels in the residential wings has not been undertaken [REDACTED]</p> |
| Articles 4(1),(a),(b)(c), 7(6), 8 & 14 | <p style="text-align: center;"><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> | Amber | 2 | <p>1. The fire risk assessment had failed to identify appropriate control measures for the lack of fire resistance or detection to the laundry door in [REDACTED]</p> <p>2. [REDACTED]: The [REDACTED] was not suitably enclosed with fire-resistance, creating the potential for a volume of smoke which is beyond the designed capacity of the current smoke control system to enter [REDACTED]</p> |

| | | | | Note – The fire door survey is incomplete and identified the risk rooms as a P3 PPM check which is annually. This has not been carried out. |
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| Articles 4(1),(a),(b)(c), 7(6), 8 & 14 | <p align="center"><u>SMOKE CONTROL</u></p> <p>e. In the event of a cell fire, the existing smoke control arrangements for areas of [REDACTED] were adequate to prevent smoke from:</p> <p>i. [REDACTED]and</p> <p>ii. [REDACTED]</p> | Amber | 2 | <p>1. The effectiveness of the smoke control provided for the [REDACTED] in [REDACTED] was not demonstrated, and appears to be potentially degraded by the fitting of a pinhole screen in front of the fans.</p> <p>2. No other areas of closed corridor approach.</p> <p>Confirmation required.</p> |
| Information obtained from: - <i>Fire risk assessment, Staff Questioning, Wing observation.</i> | | | | |
| <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 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> | Green | 0 | <p>1. Fixed misting is provided on all residential wings [REDACTED]</p> <p>2. Hose reels are also provided on all residential wings.</p> <p>3. Ancillary equipment [REDACTED] are suitably located on all residential wings.</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. PRMTs have been carried out on all residential wings by the fire advisor with evidence observed that inundation can commence REDACT</p> <p>2. A timed PRMT was undertaken by CPFIG and the HMPPS team to confirm that inundation can be undertaken REDACT of cell fire situation. Due to the current state of stability on the wings this exercise was not demonstrated by staff.</p> |
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| Articles 4(1)(f), 7(6), 8 & 15 | c. The fire response plan was not adapted for circumstances in which [REDACTED] | Red Amber Green | | N/A |
| Information obtained from: - Fire risk assessment, Staff Questioning, Wing observation, H&S Manager, Fire Adviser, Fire policy, documentation. | | | | |
| <p>4. EFFECTIVENESS OF STAFF ACTIONS IN THE EVENT OF FIRE</p> <p><i>FIRE TRAINING – IMPLEMENTATION</i></p> | | | | |
| 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 sufficient theoretical and practical instruction on the use of:</p> <ul style="list-style-type: none"> i. RPE ii. Inundation equipment iii. Inundation port keys | Green | 0 | <p>1. The HMPPS version 4 training package is being delivered to staff.</p> <p>This includes the correct use of RPE, practical and theoretical use of the misting equipment, removal of inundation ports and cell fire response scenarios.</p> |

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| | <ul style="list-style-type: none"> iv. Cell fire response procedures v. Checking for tampering with fire detection systems. | | | <p>2. When questioned, the staff are familiar with the importance of ensuring the aspirating heads are kept clear in the cells to allow the fire alarm to operate. The [REDACTED] highlighted that this information is provided upon the initial training.</p> |
| Articles 4(1)(f), 7(6), 8, 13, 15 & 21 | b. The wing staff would not always be able to implement the cell fire response plan safely and effectively. | Red | 5 | <p>The current figure for operational staff who are in date with their RPE & Cell Fire Training sits at [REDACTED] The figure for OSGs who are in date is [REDACTED]</p> <p>The establishment are in the process of transferring the data for training on to the SOP system. Training/People Hub could not provide an up to date list of operational staff who had completed the initial training.</p> <p>[REDACTED]</p> <p>2 training courses are planned for 25th July and 15th August 2018 [REDACTED] There are no further courses planned.</p> <p>Historical evidence has identified that from June 2017- June 2018, 27 refresher training courses were planned with 17 being cancelled.</p> <p>2. When questioned, a number of wing staff (including OSG's) provided a reasonable understanding of the cell fire response procedures, however due to the location of the misting units on the 2s landing [REDACTED]</p> <p>3. Inspectors spoke with a [REDACTED], who provided a clear description of how he would respond and manage a cell fire situation as [REDACTED]</p> |

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| Articles 4(1)(f), 7(6), 8, 13, 15 & 21 | c. [REDACTED] | Amber | 2 | <p>1. [REDACTED] [REDACTED] [REDACTED] It was confirmed that a proposed exercise is due to be carried out in the next 3 weeks.</p> <p>2. A recall message system is in place to bring in additional staff where required if a bed watch/escort is required.</p> |
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Information obtained from: - *Fire risk assessment, Staff Questioning, Wing observation, People Hub/Detail, Works Department, 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 being tested and maintained in good condition and effective working order | Green | 0 | <ol style="list-style-type: none"> 1. Fire doors – A fire door survey has been undertaken by the previous [REDACTED] this identified numerous doors which the assessor deemed to be fire doors however was inaccurate e.g. final exit doors identified as P1 (monthly) and laundry doors as P3 (annual check). No maintenance of P3 doors has been carried out by FM. 2. Fire alarm system – 25% of each building per visit last done 08/03/18, [REDACTED] beam detection not working, weekly MCP checked, cause and effect monthly. 3. Cell call system- 25% 21/03/18, 25% 03/04/18 now on site for next 25% |

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| | | | | <p>4. Emergency lighting – Monthly records, annual [REDACTED] different dates May/July 2018, faults identified remedial works programmed. No survey LUX levels.</p> <p>5. Inundation Port – more frequent full servicing on a 3 monthly basis in addition to the 6 monthly checks. Records observed.</p> <p>6. Fire Extinguishers – Asset register for FFE, annual 27/10/17 no records for monthly PPM. Hose reels 27/10/17</p> <p>7. Water misting – Fixed misting serviced 12/01/18, mobile unit on reception serviced fireworks 11/01/18.</p> <p>8. Smoke Control Systems – Annual August 2017, 6 monthly last done 6th June 2018 – 6 remedial works [REDACTED] programmed to return 16/07/2018</p> <p>9. Lightning Protection – 26 March 2018 annual.</p> <p>10. Fixed Wire Testing – [REDACTED] 14/06/16, [REDACTED] 01/08/17, [REDACTED] due 03/08/18 – C2 identified and remedial works programmed.</p> <p>11. PAT – 2 year cycle last done 2016, currently in now.</p> <p>12. Items not included on Asset List for PPMS –</p> <p>Fire dampers – Full asset list remedial works to be carried out 10/09/2018. PPM quarterly checks.</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 | <p>1. Hydrants pressure and flow test carried out on 4th July 2018.</p> <p>2. Dry Risers – [REDACTED] 27/04/2018.</p> |
| <p><u>Information obtained from:</u> (*insert/delete where appropriate) – Fire risk assessment, Visual Inspections, testing and maintenance records, works department, staff questioning, SDM, CDM</p> | | | | |

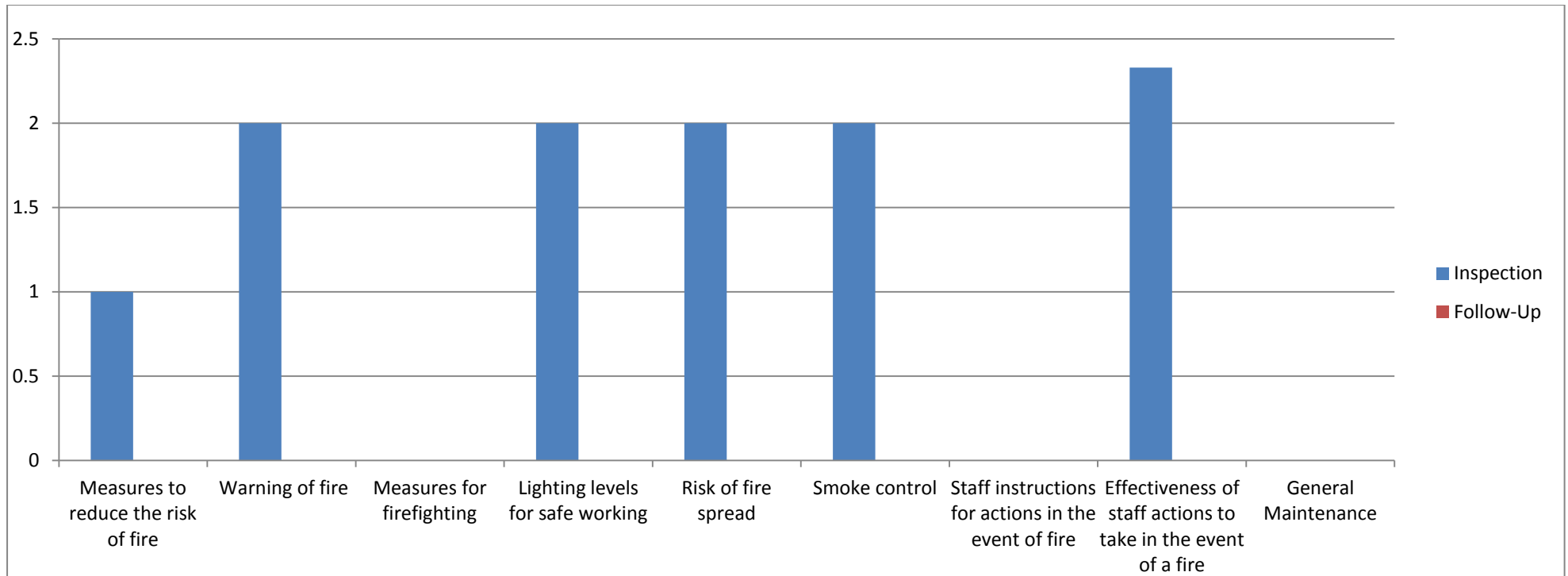
6.FIRE SAFETY MANAGEMENT

| 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 inadequate. | Red | <p>1. There are inadequate arrangements to ensure that action points identified from the health and safety meetings and stakeholder reports are actioned within an appropriate timeframe.</p> <p>2. There has been inadequate active monitoring to ensure that the fire door survey directs works towards those doors and areas of construction which are deemed as higher risk.</p> <p>3. At the time of the inspection the programme for the [REDACTED] functional testing of the Domestic smoke detectors (DSDs) had ceased.</p> <p>4. There are inadequate arrangements to ensure that an up to date action plan has been provided with prioritised dates for completion.</p> <p>5. The [REDACTED] for the last quarter 2018 failed to accurately identify the current level of RPE training provided to staff.</p> |
| Article 22 | b. The responsible person has established suitable co-operation and co-ordination with other responsible persons | Green | <p>1. 2. A monthly meeting takes place [REDACTED] which discusses the delivery of the TFM contract.</p> <p>2. The [REDACTED] chairs the Health and safety meetings with information provided to the SMT performance and assurance meetings</p> |

RAG choice and scoring for each bespoke requirement

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| 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

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|----------------------------------------------------------|-----------------------------------|-------------------------|---------------------|
| 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> |

