

CPFIG – RAG RATING FORM

Prison: HMP Leicester.

Date: 15th & 16th May 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	<ol style="list-style-type: none"> 1. The induction package includes information regarding sanctions and consequences of fire setting. 2. Prisoners are required to sign a compact during induction regarding the misuse of kettles and consequences. 3. Notice to staff 14/18 – staff reminded to place prisoner on report if any damage caused to electrical equipment. 4. The induction package is delivered by [REDACTED]

Articles 4(1)(a) & (f), 7(6), 8 & 15	b. The sanctions' system is not always used effectively to deter prisoners from setting fires.	Amber	2	<ol style="list-style-type: none"> 1. A number of adjudications have been awarded to prisoners for fire-setting. 2. 3 adjudications have been referred to the police, but remain outstanding. 3. The Fire Safety policy states that all examples of fire-setting should be adjudicated against, or be referred to the Police. In practice, not all examples are being referred [REDACTED]
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	<ol style="list-style-type: none"> 1. 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. 2. [REDACTED] The report identified that these individuals were housed in various locations around the prison - [REDACTED] - and not always in accordance with the findings from the Fire Risk Assessment. 3. [REDACTED], had been annotated to identify 2 prisoners with an index offence for arson. 4. Arson Reduction Strategy – states that [REDACTED]
Articles 4(1)(a) & 8	d. The procedure is generally followed for managing ignition sources in [REDACTED]	Green	0	<ol style="list-style-type: none"> 1. HMP Leicester is a smoke free prison. 2. Prisoners [REDACTED] can be provided with electrical appliances on a risk assessed basis.
Articles 4(1)(a) & 8	e. Inadequate arrangements were in place to ensure ignition sources are kept separate from combustible materials.	Red	5	<ol style="list-style-type: none"> 1. Portable electric convector heaters were being used in cells on [REDACTED] 2. Electrical apparatus including: photocopiers, kettles, microwaves, toasters, fridges etc. were located in wing offices and common areas of corridor approach wings [REDACTED]
Information obtained from: - Fire risk assessment, Staff Questioning, Wing observation, Segregation, Fire policy, Significant Findings Fire Action Plan, 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>Amber 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. Domestic Smoke Detectors are installed outside of each cell on all residential wings. 2. No smoke tests have been undertaken to confirm that the detectors have been installed within the smoke leakage path from cells. <p>Records of cell fires confirmed the following:</p> <p>14/02/18 – [REDACTED] 13/12/17 – [REDACTED] 14/11/17 – [REDACTED] 5/10/17 – [REDACTED] 4/09/17 – [REDACTED]. 22/07/17 – [REDACTED] 18/07/17 – [REDACTED]</p> <ol style="list-style-type: none"> 3. Audibility of Domestic Smoke Detectors appeared sufficient following a practical test on [REDACTED] 4. [REDACTED] The audibility of an activated Domestic Smoke Detector is not likely to be problematic. 5. A member of staff stated that it is difficult to identify the location of an activating Domestic Smoke Detector [REDACTED]

	<p>i. Prisoners were presented with effective information directed at preventing tampering with fire detectors.</p> <p>ii. The sanctions' system is not used effectively to deter prisoners from tampering with fire detectors.</p>			<p>6. The common areas of residential wings are covered by Automatic Fire Detection and manual call points.</p> <p>7. It was stated that HMP Leicester is the subject of a MOJ Fire Safety Improvement Project. Initial assessments have been undertaken to identify the requirements, which includes automatic in-cell fire detection.</p> <p>8. The Fire Risk Assessment identified historic and systemic tampering with Domestic Smoke Detectors, however there was limited evidence of tampering seen during the inspection.</p> <p>i. 1st Night Centre information booklet – states that if a prisoner is found to have tampered with or damaged a detector, they will be placed on report. If found guilty on adjudication, the cost of repair/replacement will be recouped from their prisoner money account. The policy states that a prisoner would - initially - be placed on report if found to have tampered with a Domestic Smoke Detector and further tampering, would result in loss of IEP.</p> <p>ii. There was no evidence of any sanctions being awarded for tampering with Domestic Smoke Detection.</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</p>	<p style="text-align: center;">Green</p>	<p style="text-align: center;">0</p>	<p>1. All residential wings are furnished with sufficient water misting units and hose-reels.</p> <p>2. All residential wings are furnished with sufficient RPE Hoods, with 6 spare hoods [REDACTED].</p> <p>3. IP Keys are located [REDACTED].</p> <p>4. All equipment was held in appropriate locations.</p>

	cell fire response plan to be carried out effectively and safely.			5. AB Tools are held in [REDACTED].
Articles 4(1)(c), 7(6), 8 & 14	<p><u>LIGHTING LEVELS FOR SAFE WORKING</u></p> <p>c. [REDACTED]</p>	Amber	2	<p>1. Although inspectors witnessed functional testing on [REDACTED] it could not be determined from these tests, whether the emergency lighting will provide sufficient illumination [REDACTED]</p> <p>Significant Finding Fire Action Plan: 16/03/18 – Contractor on site to assess measures in place, report with recommendations to be provided. 3/05/18 – [REDACTED] still not received report. Report currently sits with [REDACTED]</p> <p>Note: The Fire Risk Assessment has identified need to confirm that [REDACTED]</p> <p>The estates team confirmed that no survey of the emergency lighting systems has been completed. Costings have been received for a survey, which is in the region of [REDACTED]</p>
Articles 4(1),(a),(b)(c), 7(6), 8 & 14	<p><u>RISK OF FIRE SPREAD</u></p> <p>d. [REDACTED]</p>	Red	5	<p>1. [REDACTED] – UPVC Door and enclosure are both non-fire resisting and house a washing machine and tumble dryer.</p> <p>2. [REDACTED] – glazing and construction is non-fire resisting.</p> <p>3. Laundry door – [REDACTED] – Fire Door not closing (stuck open position).</p> <p>4. [REDACTED] are stuck in the open position. Without any smoke control system, this hinders the option of Progressive Horizontal Evacuation from the [REDACTED]</p> <p>5. [REDACTED] – No self-closer on fire door to room housing tumble dryer.</p>

				6. Distribution Boards on [REDACTED] are not enclosed within FR construction and are located on a designated escape route. Note: These matters were identified at a CPFIG inspection during April 2014.
Articles 4(1),(a),(b)(c), 7(6), 8 & 14	<u>SMOKE CONTROL</u> e. In the event of a cell fire, the existing smoke control arrangements for areas of [REDACTED] were inadequate to prevent smoke from: i. [REDACTED] ; and ii. [REDACTED] .	Red	6	1. There are no automatic smoke control systems installed in residential wings areas of [REDACTED] Note: It was stated that HMP Leicester is the subject of a MOJ Fire Safety Improvement Project. Initial assessments have been undertaken to identify the requirements, which includes the provision of smoke control systems. 2. The Fire Risk Assessment identifies the following: [REDACTED]

Information obtained from: - Fire risk assessment, Staff Questioning, Wing observation, Significant Findings Fire Action Plan, Estates team.

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	a. Effective procedures have been established for staff to deploy and use water mist equipment at any cell fire [REDACTED] i. Effective procedures have been established for staff to sustain a	Green	0 1. Water misting is provided on all residential wings and can be topped up with hose reels to permit a sustained attack for [REDACTED] 2. Ancillary equipment [REDACTED] are suitably located on all residential wings.

	water misting attack [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	<p>1. PRMT exercises, with timings, have been completed on [REDACTED], to confirm that inundation can be achieved at the cell door within the required time.</p> <p>2. During the inspection, a timed exercise was conducted to confirm that intervention staff [REDACTED] could respond in a timely fashion to assist a [REDACTED] response to a cell fire on [REDACTED] during night state.</p> <p>This exercise demonstrated that [REDACTED]</p>
Articles 4(1)(f), 7(6), 8 & 15	c. The fire response plan was not adapted for circumstances in which prisoners can [REDACTED]	Red Amber Green		
<p>Information obtained from: - <i>Fire risk assessment, Staff Questioning, Wing observation, Fire Sponsor, H&S Manager, Fire Adviser, Training records, Fire policy, Significant Findings Fire Action Plan, documentation.</i></p>				
<p>4. EFFECTIVENESS OF STAFF ACTIONS IN THE EVENT OF FIRE</p>				

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	a. The training delivered to staff provide sufficient theoretical & practical instruction on the use of: <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. 	Green 0	<ol style="list-style-type: none"> 1. When questioned, wing staff on [REDACTED] were able to demonstrate a sufficient understanding of the cell fire response plan. 2. Staff were able to confirm the location of water misting equipment, the need to operate a Manual Call Point to raise the alarm (and operate smoke control systems) and the location of ancillary equipment (RPE, IP Key & AB Tool) when questioned. 3. Staff on [REDACTED] were able to competently demonstrate the removal of Inundation Ports. 4. The HMPPS Version 4 (RPE & Cell Fire Response) package is being delivered to staff. 5. Newly qualified POELT staff do receive bespoke practical and theoretical training to allow them carry out the local instructions for cell fires, taking into account local conditions, building types and the availability of wing and intervention staff. 6. Prison staff members working on the residential wings confirmed that they have received suitable training on the fire detection system to be able to carry out meaningful checks on whether it has been tampered with and whether an attempt has been made to defeat it. 7. [REDACTED], with damaged or missing detectors reported on Planet FM.

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.	Green	0	<ol style="list-style-type: none"> 1. The current figure for operational staff who are in date with their RPE & Cell Fire Training sits at [REDACTED] 2. When questioned, a number of wing staff (including OSG's) provided a clear understanding of the cell fire response procedure. 3. Inspectors spoke with a Custodial Manager, who provided a clear description of how he would respond and provide access for responding staff, to support the single member of staff in dealing safely and effectively with a cell fire on [REDACTED] during night state 4. People Hub and Training have liaised effectively, to ensure that there has been a significant improvement in the number of operational staff in date with training. 5. People Hub were able to confirm the plan for ensuring that staff rostered for night duty are in date with RPE & Cell Fire Response training. Those who are not in date cannot undertake night duties. 6. There is a plan – moving forward - to ensure that staff do not fall out of date with their training at the same time.
Articles 4(1)(f), 7(6), 8, 13, 15 & 21	c. [REDACTED] .	Red	5	<ol style="list-style-type: none"> 1. [REDACTED]. 2. [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Information obtained from: - Fire risk assessment, Staff Questioning, Wing observation, People Hub/Detail, Fire Sponsor, Segregation, H&S Manager, Fire Adviser, Training records, Fire policy, Significant Findings Fire Action Plan, 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	<p>1. Fire doors – A fire door survey has been completed. The survey does not direct remedial works towards those doors and areas of construction which are located within high fire risk areas and rooms.</p> <p>P1 – P3 checks conducted as per PPM. A member of the estates team has recently received training to the undertake a competent inspection of fire doors.</p> <p>2. Fire alarm system – Weekly testing undertaken of MCPs. Annual servicing has been completed. Last 25% inspection – 16/02/2018. Satisfactory.</p> <p>3. Cell call system – [REDACTED] completed 25% system inspection/annum. Last test 16/02/2018. Next 25% test due 16/05/18 – engineers on site.</p> <p>4. Emergency lighting –</p> <ul style="list-style-type: none"> • Monthly – Sample from records: [REDACTED] April 2018 included remedials completed following tests & [REDACTED] April 2018. Functional tests satisfactory. • 6 Monthly (Hour PPM) – Records identify that a test was completed but no outcome was recorded. • 3 Hour (Full Duration) – No 3 hour tests have been completed. There is a plan in place to address this over the next 12 weeks. <p>Functional testing was undertaken on [REDACTED] Testing on [REDACTED] proved satisfactory. The test on [REDACTED] proved unsatisfactory, as one lamp failed to illuminate, with the remaining 3 providing limited illumination.</p> <p>5. Inundation Port – Annual check completed 19/04/2018. Arrangements are</p>

			<p>now in place for a 3-monthly visual inspection and a 6-monthly check and lubricate.</p> <p>6. Fire Extinguishers – Monthly visual PPM completed. Annual service completed March 2018.</p> <p>7. Water misting – Monthly visual PPM completed. Asset list includes 9 units; missed off an additional Mobile 8 acquired from HMP Glen Parva. 23/05/17 – 8 Mobile 8 units and 1 fixed misting unit. June 2017 – [REDACTED] called in to complete full service of additional Mobile 8 acquired from HMP Glen Parva. 30/11/17 – [REDACTED] completed 8 plus 1 service. Jan 2018 for remedials. [REDACTED] attending 17/05/18 to complete next service.</p> <p>8. Hose-Reels – Serviced 6/02/2018.</p> <p>9. Smoke Control Systems – Annual service completed on 7/02/2018. Link between AFD & smoke control included.</p> <p>10. Lightning Protection – Completed 3/04/2018.</p> <p>11. Fixed Wire Testing – 20% every 5 years. Main Building completed 20/01/18 – Unsatisfactory: C2s identified; remedial works carried out, with more programmed.</p> <p>12. PAT – 05/06/2017. Prisoners personal electrical items tested whilst housed in reception.</p> <p>13. Items not included on Asset List for PPMS -</p> <p>While visiting wings, inspectors noted examples of visible damage to the following equipment:</p> <p>14. Ansul Kitchen Suppression – Serviced 26/10/2017</p>
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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	1. Hydrant ring main tested October 2017. Flow rates confirmed.
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Information obtained from: – Fire risk assessment, visual inspections, functional testing, testing and maintenance records, estates team, staff questioning, Significant Findings Fire Action Plan, Fire Door Survey, SDM.

6.FIRE SAFETY MANAGEMENT

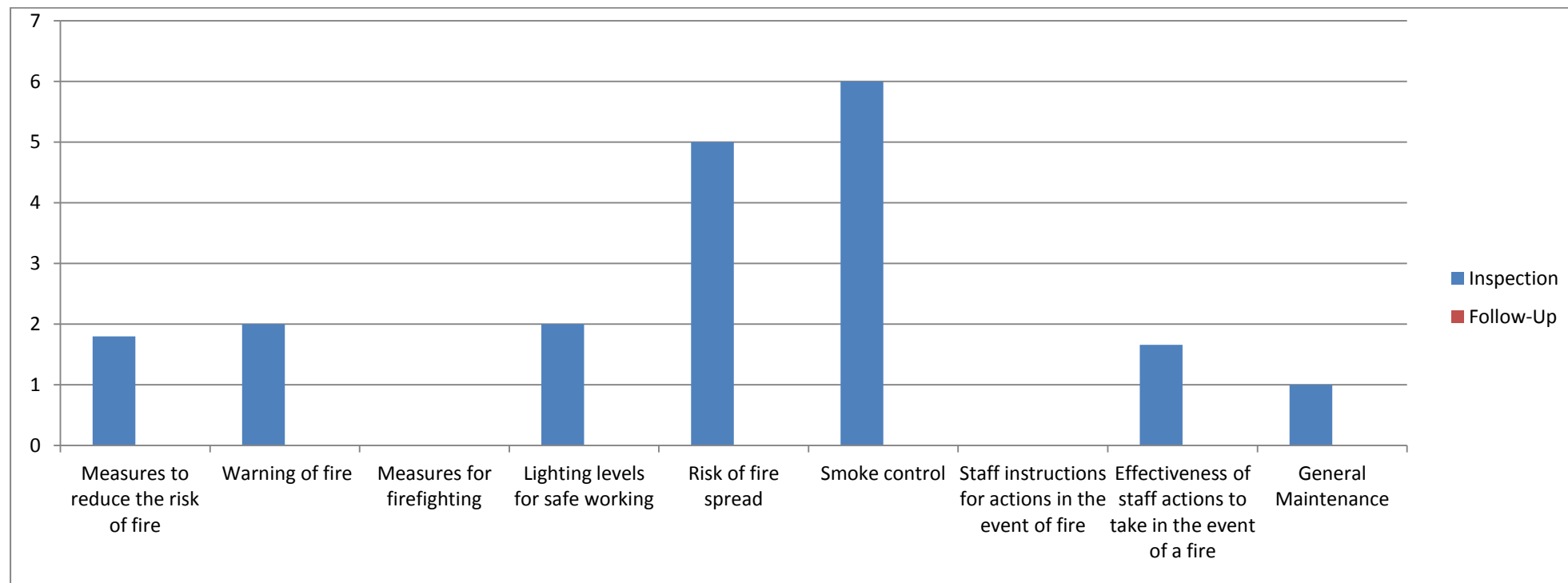
RELEVANT ARTICLE OF THE ORDER	FINDING	OVERALL OUTCOME AND RISK SCORE	OBSERVATIONS AND COMMENTS
Article 11	a. The day to day arrangements for fire safety management were inadequate.	Amber	<ol style="list-style-type: none"> 1. There are inadequate arrangements to ensure that all “high priority” action points arising from the fire risk assessment are acted upon. 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 located within high fire risk areas and rooms and are prioritised for repair, or replacement, in accordance with the significant findings of the Fire Risk Assessments. 3. At the time of the inspection it was observed that a cell [REDACTED] was involved in a [REDACTED] resulting in the domestic smoke detector being damaged. REDACT had failed to identify any remedial work to replace the DSD. [REDACTED] were of the understanding that the cell was unoccupied therefore it had not been replaced. When visiting the wing, the cell was back in use. 4. The Significant Finding Fire Action Plan provides a thorough and current, dated action section, which confirms a timeline of progress and actions taken to date.

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. A monthly fire safety working group meeting has been implemented, this is chaired by the fire sponsor. 2. A monthly meeting takes place [REDACTED] which discusses the delivery of the TFM contract. 3. The bi-monthly Senior Management team meeting (SMT) includes health and safety as a mandatory item.
<p><u>Information obtained from:</u> - Fire risk assessment, Health and Safety meeting minutes, Senior management meeting minutes, Significant Findings Fire Action Plan, Fire Door Survey, Staff Questioning, Security, Segregation, estates team, Service Delivery Manager, H&S Manager, Fire Adviser, 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>

