

CPFIG – RAG RATING FORM

Prison: HMP Wymott.

Date: 5th & 6th September 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 prisoner induction package includes a list of possible outcomes for a deliberate act of arson. This includes being awarded a minimum sentence of 5 years. 2. The induction package is delivered by two [REDACTED] . Inspectors spoke with [REDACTED] to confirm the contents and method of delivery. 3. The fire safety policy states that for all suspected cases of arson/deliberate ignition, an adjudication should be opened to consider evidence. Where necessary, the adjudication can be adjourned for the case to be considered by the Police. If a prosecution is not pursued, the adjudication can be re-opened and dealt with under PSI 47/2011 – Prison Disciplinary Procedures.

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. Several examples of adjudications awarded for deliberate acts of fire-setting:</p> <ul style="list-style-type: none"> • [REDACTED] . Outcome: Forfeit of Privileges & Cellular Confinement 14 days. • [REDACTED] . Outcome: Cellular confinement 7 days. • [REDACTED] . Outcome: Additional days on sentence of 17 days. • [REDACTED] . Outcome: Forfeit of Privileges & Cellular Confinement 14 days. <p>Note: [REDACTED] .</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 generally located in cells where they are most appropriately safeguarded from fire.	Green	0	<p>1. [REDACTED] . [REDACTED] [REDACTED]</p> <p>2. An arsonist list is circulated on a daily basis. [REDACTED]</p>

Articles 4(1)(a) & 8	d. The procedure is always followed for managing ignition sources [REDACTED] where prisoners appear to be at increased risk of self-harming through fire.	Green	0	1. HMP Wymott became a smoke free prison on 30/10/2017.
Articles 4(1)(a) & 8	e. Inadequate arrangements were in place to ensure ignition sources are kept separate from combustible materials.	Amber	2	<ol style="list-style-type: none"> 1. [REDACTED] – The washing machine & tumble dryer located [REDACTED] , are not enclosed within fire resisting construction. 2. [REDACTED] – Combustible materials were being stored under [REDACTED] . 3. [REDACTED] – 2 x fridges in the [REDACTED] were connected to the power supply via an extension lead. 4. Generally good housekeeping was viewed on [REDACTED] [REDACTED] 5. Generally good housekeeping was viewed in [REDACTED] .
<p>Information obtained from: - Fire risk assessment, Staff Questioning, Trusted Prisoner questioning, Wing observation, Fire Sponsor, Security, Segregation, H&S Manager, Fire Adviser, Fire policy and 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
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. [REDACTED]</p> <p>ii. [REDACTED]</p>	<p>Amber</p> <p>2</p>	<p><i>Domestic fire detectors can be used to mitigate the risk where there is currently no automatic in-cell fire detection. This can offer an acceptable interim measure whilst an automatic fire detection system is procured.</i></p> <p>1. Domestic smoke detectors are installed within the corridor and rooms on [REDACTED]</p> <p>2. An automatic fire alarm system is installed which consists of point detection located within the cells on [REDACTED] .</p> <p>3. Aspirating detection is provided within the cells on [REDACTED]</p> <p>i. [REDACTED] .</p> <p>[REDACTED]</p> <p>Note – A sample identifying the suitability of the DSDs located within the rooms on [REDACTED] provided positive with no damaged or missing devices noted.</p> <p>[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 carried out effectively and safely.</p>	<p>Green</p>	<p>0</p>	<p>1. There is a total of 7x Mobile 8 portable misting units and 9 fixed modular. The fixed modular units are located on the 2s landing of [REDACTED] which provides adequate coverage to all cells on the 1s and 3s.</p> <p>2. There is adequate coverage on [REDACTED] with the mobile units.</p> <p>i. RPE hoods are adequately located across all residential wings[REDACTED] [REDACTED] wing offices.</p> <p>Hose reels are appropriately located to augment the water supply for the Mobile 8 units.</p>
<p>Articles 4(1)(c), 7(6), 8 & 14</p>	<p style="text-align: center;"><u>LIGHTING LEVELS FOR SAFE WORKING</u></p> <p>c. Emergency lighting [REDACTED]</p>	<p>Red</p>	<p>5</p>	<p>1. The following observations were noted:</p> <p>[REDACTED] had some sealed emergency lighting units at the entrance to the corridor but it was difficult to observe if the LED indicating if a power supply was present. Some of the sealed units did not have an LED light illuminated. [REDACTED] had a new LED non-maintained emergency light bulkhead installed to replace the sealed unit, this was only at the entrance to the corridor.</p> <p>[REDACTED] – There was no emergency escape lighting present in the residential accommodation on this wing. One LED non-maintained unit was located in the 2s wing office. Standby lighting is provided in the event of a power failure which operates the generator. [REDACTED]</p> <p>[REDACTED] [REDACTED] – Adequate provision of emergency escape lighting</p> <p>[REDACTED] – Adequate provision of emergency escape lighting</p> <p><i>Note – A survey has been conducted for the NW regions to review and assess the provision of emergency lighting across the site commencing the 18th September 2018.</i></p> <p>No survey on the adequacy of the emergency lighting for task working (Cell fire response) in corridor approach areas has been undertaken.</p> <p><i>Note 2 – Dragon lamps were provided on [REDACTED] on the evening of the 5th</i></p>

				September but were not available the following day. [REDACTED] indicated that they have now been placed there and will remain. In the brief the governor stated that [REDACTED]
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>	Red	5	<p>1. The following observations were noted:</p> <p>a. [REDACTED] – The wings are self-evacuating to the end of the spur, the room doors appear to be of a substantial construction (nominal FD), but are not fitted any self-closing devices. The transoms above room doors have been covered over (same construction/design as [REDACTED] although the material used is unknown.</p> <p><i>Note – Confirmation that the amendments made for fire safety provisions in the works improvement plan includes self-closing devices on [REDACTED] .</i></p> <p>b. [REDACTED] , the room doors appear to be of a substantial construction but are not fitted with any self-closing devices. The transom lights above the room doors have no FR construction preventing smoke from entering the corridor.</p> <p>c. [REDACTED] All room doors appear to be of solid construction and are fitted with appropriate self-closing devices.</p> <p>[REDACTED] have been identified as requiring upgrading in the fire risk assessment.</p> <p>There was minimal fire loading within the [REDACTED] .</p> <p>Housekeeping was of a good standard with a process for [REDACTED] .</p>
Articles 4(1),(a),(b)(c), 7(6), 8 & 14	<p style="text-align: center;"><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> <p>i. [REDACTED] ; and</p>	Red	5	<p>1. [REDACTED] No smoke control systems installed in the [REDACTED] of these wings, [REDACTED]</p> <p>[REDACTED] – 16 Colt seefire roof mounted louvre vents</p> <p>[REDACTED] – 16 Colt seefire roof mounted vents</p> <p>[REDACTED] – 10 Colt seefire roof mounted louvre vents</p>

	ii. [REDACTED]			<p>[REDACTED] – No smoke control or clearance system, [REDACTED]</p> <p>[REDACTED] – prisoners can self-evacuate to outside and away from the building.</p> <p>[REDACTED] – Colt roof mounted extract vents, no mechanical smoke control in corridor approach areas. (O & M manuals needed to confirm operation of the system).</p> <p>[REDACTED] – corridor approach; mechanical smoke control system installed.</p>
<u>Information obtained from:</u> - Fire risk assessment, Staff Questioning, Wing observation, Segregation, Works department				

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 at any cell fire [REDACTED]</p> <p>i. Effective procedures have been established for staff to sustain a water misting attack [REDACTED]</p>	<p>Green 0</p>	<p>1. Mobile 8 water mist is located on the following landings in [REDACTED] on the 1s and 2s with sufficient Hose Reels to augment the water supply.</p> <p style="padding-left: 40px;">[REDACTED] 2x Mobile 8 [REDACTED] 2x Mobile 8 [REDACTED] 2x Mobile 8</p> <p>2. Fixed misting units are located on the 2s landing of following [REDACTED] (original hose reels on all landings)</p> <p style="padding-left: 40px;">[REDACTED] 1 x fixed unit [REDACTED] 1 x fixed unit [REDACTED] 1 x fixed unit [REDACTED] 1 x fixed unit [REDACTED] 1 x fixed unit [REDACTED] 1 x fixed unit</p> <p>[REDACTED] , Full self-evacuating wing.</p> <p>[REDACTED] –</p> <ul style="list-style-type: none"> • We were unable to confirm the smoke control arrangements. PAS 79 identifies issues with system in 16.2. Believed to create a negative pressure and results in delayed smoke clearance. • 1 x Mobile 8 misting unit. • 2 x fixed (modular) misting units on 2s landing of both spurs. • AFD – in-cell aspirating.

				Staff are trained to use water mist as initial attack instead of the hose reels which are also available.
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 not been validated through a practical test.</p>	Amber	3	<p>1. PRMT exercises are time based, the information is not contained within the FRA it was provided for the inspection as additional information.</p> <p>[REDACTED]</p> <p>2. During the debrief the [REDACTED] advised that he had validated the PRMTs by carrying out practical tests of using staff on all wings. This needs to be confirmed.</p>
Articles 4(1)(f), 7(6), 8 & 15	c. The fire response plan was not adapted for circumstances in which [REDACTED]	Red	6	1. Residents on [REDACTED] can self-evacuate their rooms to the end of each spur [REDACTED]
<p><u>Information obtained from:</u> Fire risk assessment, Staff Questioning, Wing observation, H&S Manager, Fire Adviser, Training records, Fire policy, documentation</p>				

4. EFFECTIVENESS OF STAFF ACTIONS IN THE EVENT OF FIRE

FIRE TRAINING – IMPLEMENTATION

RELEVANT ARTICLE OF THE ORDER	REQUIREMENT	OVERALL OUTCOME AND RISK SCORE	FINDINGS AND OBSERVATIONS
Articles 4(1)(f), 7(6), 8, 13, 15 & 21	<p>a. The training delivered to staff provided sufficient theoretical & 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>Amber 1</p>	<p>i – iv Comprehensive training delivered which includes familiarisation of equipment on wings during a walk round.</p> <p>New staff from POELT training also receive induction from [REDACTED]</p> <p>v. Checking for tampering with fire detection systems:</p> <ul style="list-style-type: none"> • [REDACTED] • [REDACTED] • Where fixed in-cell AFD is provided, [REDACTED]
Articles 4(1)(f), 7(6), 8, 13, 15 & 21	<p>b. The wing staff would be able to implement the cell fire response plan safely and effectively.</p>	<p>Green</p>	<p>When questioned, a significant 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>The number of Officers in date with their training is [REDACTED] The number of OSGs in date with their training is [REDACTED]</p>

Articles 4(1)(f), 7(6), 8, 13, 15 & 21	[REDACTED]	Green	[REDACTED]
<u>Information obtained from:</u> - Fire risk assessment, Staff Questioning, Wing observation, People Hub/Detail, Fire Sponsor, Security, Works Department, Contract 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	Amber	2	<p>1. Fire doors –</p> <ul style="list-style-type: none"> A fire door survey has been completed by the [REDACTED] and passed on to works departments to commence PPM checks (P1-P3). Previously they have been carrying out P1 checks to all doors. The survey identifies some fire doors in [REDACTED] in similar locations [REDACTED] ranging from a P1 to a P3 check. The fire doors to the rooms in the [REDACTED] wings are not included or recorded as fire doors and therefore are not frequently checked. <p>2. Fire alarm system –</p> <ul style="list-style-type: none"> The weekly functional testing regime for the manual call points has been reviewed, with a new asset register and log book system implemented. This now provides the location of each test and allows for monitoring to ensure that all points are tested in rotation. <p>Note: The historic PPM arrangement did not identify the location of the call point which had been the subject of the weekly test on the residential wings.</p> <ul style="list-style-type: none"> The annual servicing regime is split into quarterly visits which delivers a 25% service of each system. [REDACTED] <p>[REDACTED] Further evidence showed that [REDACTED] had identified that various detectors were [REDACTED]</p> <p>3. Cell call system.</p> <ul style="list-style-type: none"> The service schedule is aligned to that of the service visits for the automatic fire detection & warning systems.

				<p>4. Emergency lighting –</p> <ul style="list-style-type: none">• PPM generated for monthly checks of the emergency lighting units and recorded, records show emergency lighting checked in [REDACTED] but does not have E/L.• 3-hour annual discharge recorded and remedials identified resulting in replacing bulk heads. <p>5. Inundation Port –</p> <ul style="list-style-type: none">• PPM 6 monthly with good records, [REDACTED] <p>6. Fire Extinguishers –</p> <ul style="list-style-type: none">• Annual test record observed 21/11/17, monthly PPMs observed. <p>7. Hose Reels.</p> <ul style="list-style-type: none">• Annual service completed on 25/01/2018. 6 monthly PPM completed. <p>8. Water misting –</p> <ul style="list-style-type: none">• Annual service for all equipment on the 11/12/17, weekly electrical and mechanical check on PPM. Remedials work completed 22/08/18 <p>9. Smoke Control Systems.</p> <ul style="list-style-type: none">• Annual service of the natural smoke control systems [REDACTED] on 17/07/2018.• Confirmation is required that the mechanical smoke control system [REDACTED] has been the subject of an annual service. Note: Confirmed during inspection debrief by FM Site Manager, but no date provided.• Records identify that a monthly PPM, involving a functional test and oil check, is conducted on [REDACTED]• Confirmation is required that a monthly PPM test is also conducted [REDACTED] <p>10. Lightning Protection – Annual test carried out 5-7/03/18 remedials work completed</p>
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				<p>11. Fixed Wire Testing –</p> <ul style="list-style-type: none"> • Sample of testing carried out 09/02/19 resulting in unsatisfactory outcome, no C1 failures. C2 failures remedials carried out and completed 25/08/18 <p>12. PAT –</p> <ul style="list-style-type: none"> • PAT carried out April 2018. <p>13. Dampers and kitchen ductwork –</p> <ul style="list-style-type: none"> • A survey has been carried out in December 2017 with recommendations made to install 23 vision panels and test the system. Work programmed to commence November 2018 • Ductwork clean carried out 16/08/2018 including cleaning of and replacement of filters where necessary.
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. A survey on the location of the hydrants has been carried out with an asset list provided.</p> <p>The most recent records identify a flow and pressure test was carried out on the 08/09/2017.</p> <p>Confirmation is required on the accuracy of the information that is recorded i.e. 27 -30 bar and 250 – 350 Lts per minute flow.</p> <p>The records show that [REDACTED] the contract manager indicated this has been addressed and the next testing is imminent.</p>
<p><u>Information obtained from:</u> – Fire risk assessment, Visual Inspections, testing and maintenance records, works department, staff questioning, SDM, CDM</p>				

6.FIRE SAFETY MANAGEMENT

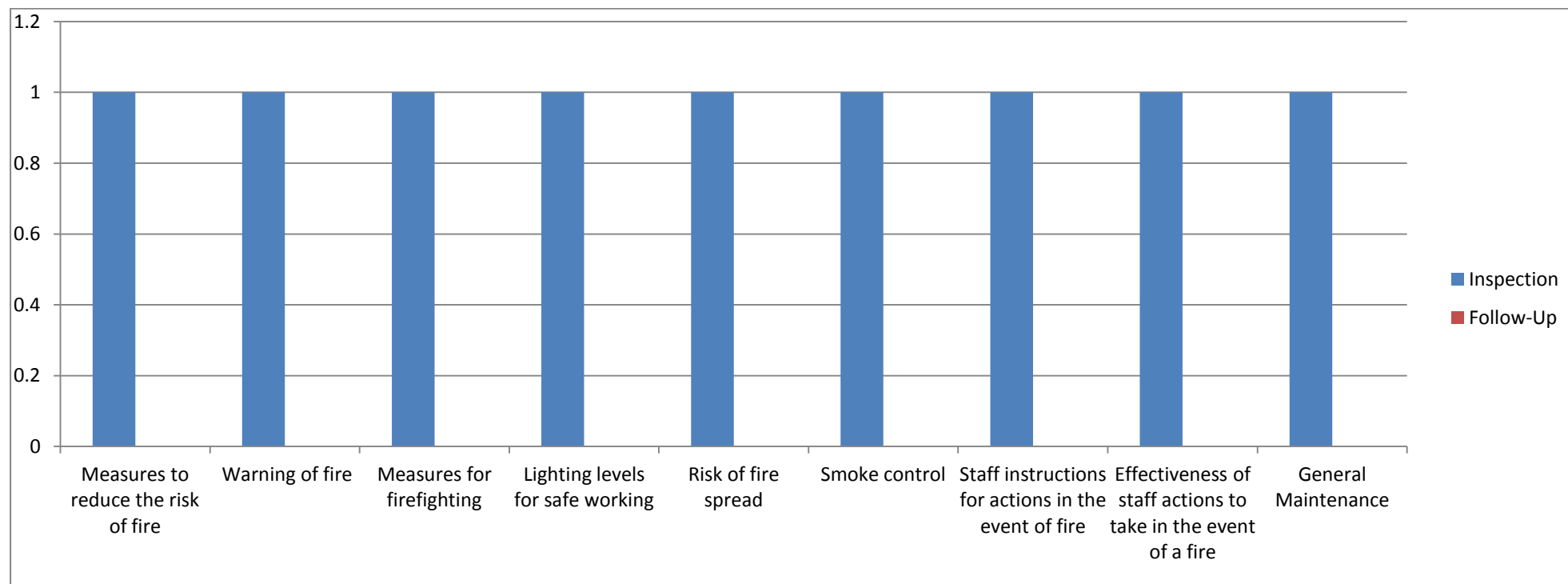
RELEVANT ARTICLE OF THE ORDER	FINDING	OVERALL OUTCOME AND RISK SCORE	OBSERVATIONS AND COMMENTS
Article 11	a. The day to day arrangements for fire safety management were inadequate.	Amber	<ol style="list-style-type: none"> 1. HSF Meetings are held on a quarterly basis. Minutes from these meetings provided updates on RPE Figures, numbers of fires experienced, [REDACTED] & proposed exercise arrangements with Lancashire FRS. 2. Norcet reports also provided to demonstrate training figures etc. 3. A capital bid has been submitted for a MOJ Improvement Plan [REDACTED] 4. A Fire Door survey has been completed, but there has been no progress with the required remedial/replacement works that have been identified in the survey. 5. An emergency lighting survey is scheduled for late September 2018. The estates team had conducted their own rudimentary survey based on the knowledge of the on-site electricians. The outcomes had been plotted on the locking drawings for each wing. No interim measures had been taken to mitigate for [REDACTED] . 6. The risk in [REDACTED] had been identified in the FRA, but not been acted on and no bid submitted to rectify. 7. The risk in [REDACTED] for the [REDACTED]has not been adequately identified or addressed. The need for self-closing devices was identified in the FRA with a deadline of 1 months to rectify, but that was 9 months previously with no plan to progress. <p>It was unclear if this information had been passed to the Governor to allow for interim action to considered. The emergency lighting provision</p>

			was not sufficiently assessed within the Fire Risk Assessments and the action plan did not include any required actions regarding this issue.
Article 22	b. The responsible person has potentially established suitable co-operation and co-ordination with other responsible persons	Amber	1. The SDM confirmed that regular meetings are held with SMT to provide updates on the delivery of the TFM contract by Amey. Note: No minutes were viewed to confirm details of these meetings; confirmation is required.
<p><u>Information obtained from:</u> - Fire risk assessment, Health and Safety meeting minutes, Senior management meeting minutes, Staff Questioning, Security, Segregation, Works Department, Contract Delivery Manager, 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>

