

ACTION PLAN: HMCIP REPORT

ESTABLISHMENT: HMP NORTHUMBERLAND

TIMETABLE		STATUS OF THIS RETURN
Unannounced inspection	1 - 12 September 2014	
Report published	27 January 2015	
Action Plan submitted	9 April 2015	Attached

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POSITION AS AT: MARCH 2015

1. Rec. No.	2. Recommendation	3. Accepted/ Rejected	4. Response Action Taken/Planned	5. Function Responsible/ Policy Lead	6. Target Date
	Main recommendations to the director				
5.1	Support for new arrivals should be improved, and all prisoners should receive a full and comprehensive induction. (S43)	Accepted	A new prisoner led induction programme has been introduced on House Block 3 and House Block 11. The power point presentation is delivered by Induction Orderlies/Insiders the day after reception. A Prison Custody Officer quality checks each individual's progress to ensure all elements have been delivered prior to the prisoner moving off the unit. Prisoners will not leave the induction wing until their induction is complete (with the exception of gym induction). Further developments will include a review of the induction unit and improved initial assessment of individual needs and risks	Deputy Director	30.04.15
5.2	The prison should take action to understand and reduce the high levels of violence and prisoners' negative perceptions of their safety. (S44)	Accepted	A full "violence reduction" action plan will be finalised and implemented, and reviewed on a monthly basis. This will drive a more proactive approach. An Anti-Bullying survey has been completed, and an analysis of the results will be undertaken. A "Perception of Risk" survey was also completed with an 82% return rate, the results of this survey will be collated alongside the Anti-Bullying Survey. A follow up survey will be conducted in September 2015	Director	31.08.15
5.3	There should be sufficient activity places to ensure all prisoners are purposefully engaged during the core day. (S45)	Accepted	This will be increased in accordance with timescales set out in the Work Prisons Project Plan. Improvements will be made to activity scheduling, with a regular review of availability versus uptake. Improvements will also be made to activity allocation.	Director	31.7.15

5.4	The prison should implement a clear strategy to meet the needs of both sex offenders and indeterminate sentenced prisoners. (S46)	Accepted	HMP Northumberland is commissioned to deliver SOTP by NOMS and is a commissioned service. NOMS commission on the Needs of HMP Northumberland's population from segmentation data. The programmes team at HMP Northumberland are developing a Regional Sex Offender strategy board to ensure that men who are Programme ready are transferred from the feeder prisons. This will commence fully in April 2016, once assessments have taken place.	Deputy Director	31.10.15
Recommendations to NOMS					
5.5	Prisoners should be transferred to HMP Northumberland with an up-to-date offender assessment system (OASys) assessment. (4.18)	Accepted	<p>Good practice and policy support the completion of OASys prior to a transfer and see OASys integral to public protection, the rehabilitation of offenders and the successful outcome of their sentence plan. NOMS recognise that there have been issues within prison establishments that have left some prisoners transferred without an up to date OASys. NOMS is currently considering appropriate targets around the completion of OASys, and ensuring that a sensible prioritisation of cases occurs where necessary.</p> <p>NOMS Business Development Group (BDG) is monitoring the OASys backlog. The Deputy Director of Public Sector Prisons wrote to all Governors and Directors asking them to start to address the backlog of OASys assessments. The letter set out six steps that can be followed to assist them including using payment plus payments for OASys work.</p>	NOMS Offender Management and Public Protection Group (OMPPG)/ NOMS Business Development Group (BDG)	Completed
5.6	In conjunction with the national probation service, there should be an agreed protocol to ensure that multi-agency public protection arrangements (MAPPA) risk levels are identified at the earliest opportunity, and within the last six months of a sentence, to ensure appropriate management is in place before a prisoner's release. (4.23)	Accepted	A protocol arrangement with national probation colleagues is in place and forms part of the MAPPA Guidance 2012. The requirement to set MAPPA levels and communicate this to a prison at least six months before a prisoner is released can be found in the current MAPPA Guidance. Findings of non-compliance will be raised at both the Heads of Public Protection meeting and the MAPPA Improvement Group as an operational issue.	NOMS Offender Management and Public Protection Group	Completed and ongoing
Recommendation to NOMS and Prisoner Escort and Custody Services					
5.7	Except for planned moves for indeterminate sentenced prisoners and those who require sex offender treatment, prisoners should not be transferred to Northumberland if the distance prevents them maintaining family ties, and prisoners should be given advance notice of planned transfers. (1.4)	Partially Accepted	As a designated resettlement prison, the primary aim of HMP Northumberland is to hold offenders serving sentences of between one and four years who originate from the Northumbria contract package area. As far as possible, NOMS endeavours to place prisoners as close to their home area as possible. However, a number of factors are considered in the allocation of each prisoner, including; location of prisons, court appearance, security concerns - both for the individual and for others at the establishment, suitability of establishment to the prisoners'	NOMS Strategy and Stakeholder Management Team	Completed

			needs (such as interventions set out in his sentence plan), regimes and services offered. Normally any transfer is discussed with the prisoner before any move takes place to enable closeness to home concerns to be taken into account, keeping in mind the other factors set out above. NOMS also endeavours to ensure prisoners are given sufficient advance notice of a transfer as operationally possible.		
	Recommendations to the Director				
	Self-harm and suicide				
5.8	Safer custody meetings should be reinstated to discuss and monitor all aspects of safer custody and contribute to keeping prisoners safe. (1.22)	Accepted	Monitoring systems and meetings have been re established. The multi-disciplinary Safer Prison meeting is now held monthly, and chaired by the Deputy Director. Key indicators from this meeting are cascaded at the performance senior management team (SMT) meeting on a monthly basis.	Head of Safer Custody	Completed
5.9	Prisoners who are solely at risk of self-harm and in need of close supervision should not be held in the segregation unit. (1.23, repeated recommendation 1.46)	Accepted Subject to Resources	HMP Northumberland is looking into moving the Care and Separation Unit (CASU) to another location. If this happens, the safer cell will no longer be in the CASU. If the CASU cannot be relocated, other options will be explored to relocate the close supervision cell to one of the House blocks.	Head of Safer Custody	31.08.15
	Safeguarding				
5.10	The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.26, repeated recommendation 1.52)	Accepted	Meetings with DASS are scheduled in the Director's diary.	Director	Completed
5.11	Personal and social care for prisoners should be provided by appropriate professional staff. (1.27)	Accepted	HMP Northumberland will liaise with Northumberland County Council and NHS England to establish what is required in Social Care Act and how this will be implemented. Numerous meetings have taken place during the last six months and relevant interested parties have visited the prison. HMP Northumberland has a clear understand about what will be provided, and are waiting direction from commissioners as to how it will be facilitated.	Deputy Director	31.08.15
	Security				
5.12	Mandatory drug testing (MDT) should be appropriately staffed to ensure tests are completed within prescribed timescales. (1.33, repeated recommendation 1.60)	Accepted	Revised staffing arrangements were implemented in November 2014 , which have ensured that tests are completed within timescales	Head of Security and Operations	Completed
	Incentives and earned privileges				
5.13	The incentives and earned privileges scheme should be applied fairly and consistently. (1.37)	Accepted	The incentives and earned privileges (IEP) scheme will be reviewed and re-launched. This review will encompass the differentials between the IEP levels. Once complete it	Head of Residence	31.03.15

			will be communicated to prisoners via the kiosk and to families via family induction. A Staff Information Notice will be issued to staff to ensure those less familiar with the process are aware. Application will be audited by the Performance Management Unit		
	Discipline				
5.14	The quality of adjudication records and quality assurance should be improved. (1.41)	Accepted	A system is now in place where the Deputy Director checks a random percentage of completed adjudications on a monthly basis.	Deputy Director	Completed
5.15	There should be improved governance and accountability for the use of force. The completion of documentation should be thorough. Planned interventions, usage of special accommodation and use of batons should be subject to better review and supervision. (1.45)	Accepted	This is a standing agenda item at the Safer Custody Meeting, and Use of Force is a standard agenda item at the monthly Security Committee Meeting, discussed at the SMT Performance Meeting. Every use of force will be reviewed by the Head of Security with improvement actions identified and tracked through the Security Committee. Every use of batons (including drawn) will be reviewed by the Deputy Director (or Director in his absence) as soon as practicable after the incident to ensure appropriateness and identify learning. The special accommodation policy will be reviewed and re-launched. Awareness sessions will be delivered to Orderly Officers/Duty Managers and CASU Staff.	Head of Security and Operations	31.03.15
5.16	The regime and environment in the segregation unit should be improved. (1.52)	Accepted	A review of the CASU regime will be undertaken. There is an ongoing maintenance programme in this area due to its extensive use. A decision on CASU relocation will be made by 31.03.15. Discussions will take place with Manchester College regarding education provision.	Head of Facilities Management and Head of Residence	31.03.15
5.17	The special cell should be refurbished or decommissioned. (1.53)	Accepted	The special cell will be redecorated. Observation hatches have been cleaned/ replaced.	Head of Residence	Completed
	Substance misuse				
5.18	Buprenorphine treatment should be made available to prisoners in accordance with national guidance. (1.61)	Accepted	National guidelines 2007 advise that methadone is the first line treatment for substitute opioid prescribing. Due to data indicating the significant misuse of buprenorphine within North East prisons, methadone is the first line treatment although alternatives are considered. Symptomatic relief and Naltrexone are also considered. From April 2015, the GP Services will be contracted to Spectrum. Discussions will be held with the new provider to explore the use of Buprenorphine at HMP Northumberland.	Gateway to Recovery Manager	31.10.15
5.19	The recovery unit should only be staffed by specially selected and trained officers. (1.62)	Accepted	Staff from the Recovery Unit and the Drug Recovery Unit are now trained in the Royal College of General Practitioner Level 1 Substance Misuse. As part of newly commissioned Offender Health Substance Misuse Services across the North East estate, Northumbria University have been commissioned to undertake a full substance misuse workforce audit which will highlight the specific needs of Officers and other staff working the	Gateway to Recovery Manager	01.12.15

			specialist units. Other staff may be redeployed subject to needs of the service.		
5.20	Waiting times for secondary detoxification should be significantly reduced. (1.63, repeated recommendation 1.94)	Accepted Subject to Resources	HMP Northumberland has a responsibility to receive prisoners on clinical treatment from its feeder establishments. This is an area of development that the Commissioner of the prison's DART service is aware of and is part of the specification for the new DART Providers. The contract commences on 1 April.	Gateway to Recovery Manager	01.04.15
	Residential units				
5.21	Cells should have screened toilets, curtains and lockable storage. (2.7, repeated recommendation 2.12)	Accepted	This is an ongoing project and will be programmed into the plan of works for 2015. A new cell furniture company has been sourced and the first order has been submitted for lockers.	Head of Facilities Management	31.08.15
5.22	Prisoners should have sufficient basic items, such as clean bedding and towels. (2.8)	Accepted	A stock check will take place and procedures will be reviewed. A business case will be prepared for any additional stock that is required. An "accommodation services" approach will be implemented to improve consistency of availability.	Head of Facilities Management	30.06.15
	Staff-prisoner relationships				
5.23	Personal officers should make regular and comprehensive records of contacts with their prisoners, and support them to achieve their sentence plan targets. (2.13)	Accepted	The identification of each prisoner's personal officer has recently been recorded on the kiosk for prisoners to view. Personal Officers will record positive / negative behaviours. A minimum of a fortnightly entry on Prison NOMIS will be expected. Unit managers will carry out quality checks of these entries on a monthly basis. The Personal Officer Scheme will be reviewed in Summer 2015.	Head of Residence	31.7.15
	Equality and diversity				
5.24	Equality and diversity issues raised by prisoners should be addressed promptly via regular consultation with minority groups. (2.20)	Accepted	Diversity and Inclusion Action Team meetings take place monthly and are attended by Diversity representatives.	Head of Safer Custody	Completed
5.25	The prison should identify prisoners from all minority groups and ensure their individual needs are being met. (2.21)	Accepted	Diversity and Inclusion Meetings are now in place, and action will be taken to improve provision for all minority groups. Reception and induction procedures will be improved to ensure identification at the earliest opportunity.	Head of Safer Custody	30.04.15
5.26	The prison should investigate results of local equality monitoring data that are out of range and take remedial action where appropriate. (2.22)	Accepted	Resources have now been provided and monitoring systems put back in place. Meetings now take place monthly, and two meetings have been held so far. These are multi-disciplinary and information from them is cascaded to the Performance SMT Meeting.	Head of Safer Custody	30.04.15
5.27	Discrimination incident report forms (DIRFs) should be freely available and all incidents of alleged discrimination should be thoroughly investigated. Quality assurance should be effective and include external scrutiny. (2.23)	Accepted	The DIRF process will be reinstated for prisoners and will be incorporated into local processes.	Head of Safer Custody	01.07.15
5.28	All prisoners who require a care plan and/ or a	Accepted	A review of reception procedures will take place to ensure	Head of Safer	30.04.15

	personal emergency evacuation plan (PEEP) should have one, and they should be reviewed regularly. (2.30)		these prisoners are identified, and a plan drawn up immediately.	Custody	
	Faith and religious activity				
5.29	There should be adequate faith provision with good access for prisoners. (2.36)	Accepted	The recruitment process for a new sessional Anglican Minister is ongoing.	Head of Safer Custody	30.06.15
	Complaints				
5.30	Responses to complaints should be on time, and a senior manager should thoroughly investigate those complaints about staff. (2.40)	Accepted	The backlog has since been cleared by functional heads. A robust system is in place via the SMT performance meeting. A log is sent to HR on a monthly basis and complaints are copied to relevant senior staff to ensure formal investigation is commissioned as appropriate.	Deputy Director	Completed
	Health services				
5.31	All clinical environments should comply with infection prevention standards. (2.52)	Accepted	There are two infection control leads within the Health department who carry out a monthly infection control audit internally and a company head office inspection and report is collated yearly. Carpeting in the "Area 1 health centre" will be replaced.	Head of Facilities Management	30.6.15
5.32	Clinicians should maintain prisoners' privacy and confidentiality during assessments and treatment. (2.53)	Accepted	Clinic doors are now closed during consultation, and relevant healthcare staff have been informed of the need to maintain privacy.	Head of Healthcare	Completed
5.33	Prisoners with lifelong conditions should receive regular reviews that generate an evidence based care plan delivered by appropriately trained and supervised staff, and a lead clinician to oversee care arrangements should be considered. (2.54)	Accepted	A clinical Complex Case Register is now in place. Multi Disciplinary team meetings are held monthly to discuss the individuals on this register; they are all allocated a Named Nurse and a Named GP. Potential patients for the complex case register are also discussed within the safer custody meeting to ensure a holistic care approach is taken. Care plans are devised holistically for each person on the register at the MDT meetings. This process is led by a senior nurse, a GP, the mental health manager and the prison safer custody manager.	Head of Healthcare	Completed
5.34	The complaints system should be well advertised and responses should consistently address all the issues raised. (2.55)	Accepted	A Staff Information Notice and Prisoner Information Notice have been issued. Posters have also been supplied to all house blocks explaining the Healthcare complaints system. An assessment of prisoner understanding will be monitored via User Voice.	Head of Healthcare	Completed
5.35	All prison staff should receive an annual update on the use of defibrillators as part of mandatory training requirements. (2.56)	Accepted	Training is being arranged to refresh certain staff in 'Train the Trainer' for defibrillators. The Health and Safety Manager will conduct a risk assessment process to identify which operational staff will receive defibrillator training as a priority. Orderly Officers, Oscar 2 staff will be a high priority. Others will be identified as part of the risk assessment process and a training plan will be developed. The risk assessment and training plan will be compiled by March, and training for the priority group by end of October 2015.	Head of HR and Training	31.10.15
5.36	All new arrivals should receive a	Accepted	All prisoners are seen on the induction unit the day after	Head of	Completed

	comprehensive health assessment within 72 hours. (2.61)		reception into the establishment	Healthcare	
5.37	Prisoners should not have to experience excessive waits to attend health appointments, and should be returned promptly to their wing or activity afterwards. (2.62)	Accepted	New profiles have just been introduced and resources have been allocated to alleviate sticking points in new working arrangements.	Head of Operations and Security	Completed
5.38	Prisoners should attend external hospital appointments within clinically appropriate timescales. (2.63)	Accepted	When an individual requires a hospital appointment they are transferred within 24 hours for an arranged transfer prison to prison. Patients are taken to emergency appointments immediately.	Head of Healthcare	Completed
5.39	The pharmacist and pharmacy technicians should be better supported to develop pharmacy led clinics and medicine use reviews for prisoners. (2.71)	Accepted	The pharmacy has received funding for a further 22 hours of pharmacy technical support. Interviews have taken place and an offer made. It is proposed that when that further support is in place that the pharmacist will be able to make time to set up pharmacy led clinics.	Head of Healthcare	30.04.15
5.40	The in-possession policy should include a list of medicines suitable for in possession and the maximum supply for certain medicines. (2.72)	Accepted	All medications are suitable for in possession; it is the individual that is risk assessed for suitability and capability.	Head of Healthcare	Completed
5.41	The administration of medicines should be adequately supervised, and medical confidentiality should be ensured for prisoners during drug administration. (2.73)	Accepted	New profiles have just been introduced and as a consequence resources have been allocated in new working arrangements. Evaluation of supervision efficacy will form part of the prison security audit programme.	Head of Operations and Security and Head of Healthcare	Completed
5.42	All prisoners should have prompt access to dental treatment. (2.77)	Accepted	New profiles have just been introduced and as a consequence resources have been allocated to alleviate sticking points in new working arrangements. The prison will liaise with Health Commissioners to explore ways to address backlogs.	Head of Healthcare	30.04.15
5.43	The dental surgeries should have separate areas for decontamination of equipment. (2.78)	Accepted	A separate "clean" bench has been fitted within each dental suite and they are now compliant with this standard.	Head of Healthcare	Completed
5.44	The dental chair in the main dental suite should be replaced immediately. (2.79)	Accepted	A new dental chair is now in place.	Head of Healthcare	Completed
5.45	Mental health provision should include prompt access to clinical psychology services, including counselling and group therapies. (2.83)	Accepted	A change of provider will be implemented in April and this matter will then be discussed with the healthcare commissioner.	Head of Healthcare	30.04.15
5.46	All prisoners with complex severe and enduring mental health difficulties should be fully managed and supported in line with the care programme approach. (2.84)	Accepted	All individuals who come into the establishment on a Care Programme Approach remain within that system. The prison mental health in-reach team meets with the community Care Programme Approach Multi Disciplinary Team six monthly and a meeting is held prior to release.	Head of Healthcare/ Mental Health Manager	Completed
5.47	The transfer of patients to external health care beds should be expedited and occur within Department of Health transfer target timescales. (2.85, repeated recommendation 2.122)	Accepted	When an individual requires transferring they are transferred within 24 hours for an arranged transfer prison to prison. Patients are taken to emergency appointments immediately.	Head of Healthcare	Completed
	Catering				

5.48	Staff should always supervise the serving of food to ensure equitable portions. (2.90)	Accepted	A full review of catering delivery has been commissioned. A review of staffing supervision at food points will be held particularly House blocks with two staff on duty.	Head of Facilities Management	31.05.15
5.49	All prisoners should be able to eat their meals out of their cell in a communal dining area. (2.91)	Accepted Subject to Resources	Only prisoners in the Gateway Unit have access to communal dining. A review will be undertaken to identify which House blocks can facilitate this provision, and a business case will be prepared if appropriate.	Head of Facilities Management	30.06.15
	Purchases				
5.50	Prisoners should not be charged an administration fee for catalogue orders. (2.94, repeated recommendation 2.135)	Rejected	The national catalogue fee was introduced with board approval, and brought in as part of Prison Service Instruction 53/2011 <i>Prisoner Retail</i> , following consultation. There is provision within the PSI for the catalogue handling fee to be waived in circumstances where products are being purchased as specific requirements for a protected group, where to charge the handling fee would disadvantage the individual compared to the general population. The charge is only a contribution towards the cost of providing this ordering service for prisoners, and is mandatory across all prisons.	NOMS Commissioning Group	
	Time out of cell				
5.51	All prisoners should spend more time out of their cells and should be gainfully occupied during the working day. (3.4, repeated recommendation 3.4)	Accepted	HMP Northumberland complies with the requirements of the contract for time out of cell. A regime review will be commissioned to ensure consistency of application. This is linked to 5.3.	Director	31.7.15
	Learning and skills and work activities				
5.52	The learning, skills and work provision should be based on an analysis of prisoner need. (3.10)	Accepted	A needs analysis will form part of the curriculum review.	Head of Regimes and Employability	31.3.15
5.53	More vocational training should be available, and vulnerable prisoners should have equal access. (3.11)	Accepted	Accredited vocational training at National Vocational Qualification (NVQ) Level 2 has been reintroduced to Catering, Horticulture, Textiles and Engineering. Vocational training is delivered as part of an embedded learning model, via the OLASS provider. Of the vocational training that has been re-introduced, the NVQs in Horticulture are available to exclusively to vulnerable prisoners. Catering qualifications and Performing Manufacturing Operations are available to both Mainstream and VPs. The prison is seeking to introduce an appropriate qualification in waste management, which would be available to both mainstream and vulnerable prisoners by year end.	Head of Regimes and Employability	31.8.15
5.54	The prison should make better use of data and associated targets to inform performance management. (3.12)	Accepted	The Manchester College data book records are being utilised by the Head of Regimes to record achievement and successes within work areas in line with recording systems in OLASS provision.	Head of Regimes and Employability	31.03.15
5.55	Prisoner allocation to activities should make appropriate use of their sentence plans. (3.18)	Accepted	The Head of Commercial Development has met with the Head of Offender Management Unit (OMU) to implement a communication system between OMU and the Central	Head of Regimes and Employability	31.03.15

			Activity Hub. This ensures appropriate allocations are made to meet prisoner needs. The Central Activity Hub will check that prisoner applications are aligned to the individual's sentence plan. The work application process has been amended to allow this to take place. Internal auditing is being introduced to ensure best practice		
5.56	Short-term targets and learning diaries should focus on proposed and acquired learning respectively. (3.23)	Accepted	The Head of Regimes has worked with the OLASS Manager on site to ensure that all learner targets are SMART and reviewed regularly. The Individual Learning Path audit system is in place.	Head of Regimes and Employability	Completed
5.57	The education induction should be more effective and include a prospectus accessible to prisoners with limited literacy. (3.24)	Accepted	The Head of Regimes is working with the OLASS Manager on site to monitor that the provider is reviewing the induction process regionally, and ensuring that equality and diversity issues are included throughout the provision. OLASS Regional Managers are also implementing observation schedules. Student support workers have reviewed the information, and this will be an ongoing process, as The Manchester College continually reviews its materials.	Head of Regimes and Employability	Completed
5.58	Arrangements should be introduced to ensure prisoners' understanding of equality and diversity is effectively raised. (3.25)	Accepted	The OLASS Learning and Skills coordinator now attends the monthly Equality and Diversity meeting. Equality and Diversity is now included in lesson plans and as part of the Education Induction process.	Head of Regimes and Employability	Completed
5.59	Attendance rates at education classes and punctuality in general should be improved. (3.28)	Accepted	This data is routinely reviewed by both the prison and the OLASS provider. A review of prisoner movements has been carried out and a number of actions taken to improve efficiency. This will be reviewed on an ongoing basis.	Head of Regimes and Employability	Completed
5.60	Prisoners in work should be able to gain vocational qualifications and/or recognition of their work skills achievement. (3.29)	Accepted	Vocational qualifications have been reintroduced to Textiles, Engineering, Catering and Horticulture. Further opportunities are being explored for the Waste Management sector.	Head of Regimes and Employability	31.03.15
5.61	The prison should ensure that all prisoners can access the library as planned, and monitor library use and stock loss. (3.33)	Accepted	A monitoring tool is being developed and will be in place by March 2015. New stock has also been ordered.	Head of Regimes and Employability	31.03.15
5.62	Library staff should work with education department tutors to identify and meet the needs of prisoners with literacy needs. (3.34)	Accepted	The Librarian will inform the student support worker about any prisoners with literacy needs and direct to functional skills support as appropriate.	Head of Regimes and Employability	30.06.15
	Physical education and healthy living				
5.63	Accredited PE qualifications should be offered to prisoners. (3.39)	Accepted	The Head of Regimes and Employability is working with OLASS provider to incorporate this into the OLASS curriculum.	Head of Regimes and Employability	31.7.15
5.64	The prison should analyse data on PE attendance and use it to ensure equitable access and engage non-users. (3.40)	Accepted	A prisoner survey has been carried out and will be analysed. Action has been taken as part of the curriculum review and will continue to be reviewed at the monthly Quarterly Improvement Group (QIG).	Head of Regimes and Employability	Completed
5.65	The leaking gym sports hall roof should be	Accepted	All work has been reflected in the Lifecycle plans. This	Head of Facilities	31.12.15

	repaired, and the broken changing and shower facilities mended. (3.41)		work needs to be undertaken during better weather conditions and will be given priority once the in-cell work is complete. It is expected to commence from June 2015 onwards.	Management	
	Strategic management of resettlement				
5.66	The prison should undertake a regular needs analysis of the population, which includes data drawn from offender assessment system (OASys) assessments, and ensure that offender management and resettlement provision is sufficient to match need. (4.7)	Accepted	A 'needs analysis' will be conducted for INSCOPE/NON in SCOPE offenders based on OASys targets and resettlement pathways. This data has been analysed and work is underway to formulate the needs analysis.	Deputy Director	31.05.15
5.67	The work of resettlement services and offender management should be better integrated to ensure an effective service for prisoners. (4.8)	Accepted	The action plan will be finalised at the Reducing Re-offending Strategy meeting in March 2015. This revised timing will allow for effective integration with Community Rehabilitation Company (CRC) structures.	Head of Offender Management	31.05.15
	Offender management and planning				
5.68	Quality assurance in the offender management unit (OMU) should be extended to ensure that the quality and frequency of prisoner contact and engagement is effective and meaningful. (4.19)	Accepted	This will take place in line with transforming rehabilitation developments. New OASys arrangements define contact levels to direct effective contact. A review will be completed in June 2015.	Head of Offender Management	30.06.15
5.69	The numbers of prisoners released late on home detention curfew should be routinely interrogated and the reasons behind this logged. The reasons for any undue delays in the process should be communicated to prisoners. (4.20, repeated recommendation 4.12)	Accepted	A log has been introduced to monitor eligibility dates and record reasons for any delay. This is analysed and produced for the controller, then fed back through practice meetings.	Head of Offender Management	Completed
5.70	There should be regular events to enable life sentenced prisoners and those on indeterminate sentences for public protection to progress towards eventual reintegration. (4.26, repeated recommendation 4.46)	Accepted	This was referred to the Reducing Reoffending Strategy meeting in February and deferred for final approval at the March meeting. The strategy will consider options within current resources to enable delivery of additional support for IPS offenders.	Head of Offender Management	31.05.15
	Reintegration planning				
5.71	All prisoners should have a pre-release plan developed in good time for any outstanding issues to be addressed. (4.29, repeated recommendation 4.53)	Accepted	A review of pre-release planning will be undertaken in the context of CRC/Transforming Rehabilitation (TR) introduction and in partnership with CRC and National Probation Service colleagues. Revised procedures will be introduced and reviewed regularly through the Service Implementation Group (SIG).	Head of Offender Management	30.06.15
5.72	Working arrangements between agencies should ensure that prisoner information is shared effectively. (4.34)	Accepted	This was referred to the Reducing Reoffending Strategy meeting in February and deferred for final approval at the March meeting.	Head of Offender Management	30.06.15
5.73	The virtual campus should be available to prisoners. (4.35)	Accepted	The OLASS IT Manager is liaising with the Sodexo IT Manager to try to overcome the technical issues relating to broadband and the provision of the virtual campus.	Head of Regimes and Employability	30.04.15
5.74	Opportunities for prisoners to carry out	Accepted	There are projects for prisoners on ROTL in both	Head of	30.6.15

	voluntary work on ROTL should be further developed. (4.36)		voluntary and commercial sectors. A finalised programme will be signed off with ongoing reviews	Commercial Development	
5.75	Prisoners should be able to access inter-prison and accumulated visits. (4.45)	Accepted	A system is now in place for prisoners.	Head of Operations and Security	Completed
5.76	The prison should identify and address the offending behaviour of prisoners. (4.47)	Accepted	All accredited programmes are commissioned by NOMS and the targets have been set for 2015/2016 from segmentation data. In order to collate information regarding the non accredited programmes, a full needs analysis will need to be completed. A contract has been agreed to commence in April 2015 with an independent Psychology firm who have the resources to complete this analysis.	Gateway to Recovery Manager	30.04.15
	Housekeeping points				
	Substance misuse				
5.77	Prescribers and nursing staff should ensure that prisoners are properly informed of the reasons behind clinical decisions, especially the withdrawal of previously prescribed medication. (1.64)	Accepted	Each prisoner is seen individually by a healthcare professional and prisoners informed of decisions, Information is also updated on the medical record system (System 1). Healthcare staff will be reminded of the importance of informing prisoners	Head of Healthcare	Completed
	Staff-prisoner relationships				
5.78	Minutes of the prisoner consultative committee should record action taken and responses to issues. (2.14)	Accepted	The User Voice Prisoner Council is now established, chaired by Director/Deputy Director. Minutes have been agreed and published.	Director	Completed
	Equality and diversity				
5.79	The prison should ensure that peer supporters are trained and supported to undertake their role. (2.24)	Accepted	Training will be sourced and given to peer support prisoners.	Safer Custody Manager	31.08.15
5.80	Foreign national prisoners should be made aware of their entitlement to a free monthly telephone call. (2.31)	Accepted	Foreign National prisoners will be informed of the entitlement of a free telephone call upon induction.	Deputy Head Residence	31.03.15
	Legal rights				
5.81	The legal visits booking line telephone number should be updated on the prison's website. (2.45)	Accepted	Legal visits are now booked using an email address which has been included on the intranet update and sent to NOMS Communications to be uploaded, the prison will pursue progress with NOMS Communications.	Head of Business Management	31.03.15
	Health services				
5.82	Records should indicate that clinical decisions are accurately communicated to prisoners and that they have been given opportunities to discuss treatment options. (2.64)	Accepted	Records are updated at the time of consultation when a discussion takes place with the prisoner. All clinical staff are reminded of the importance of ensuring that this documented.	Head of Healthcare	Completed

Recommendations		Housekeeping Points	
Accepted	71	Accepted	6
Accepted Subject to Resources/Partially Accepted	4	Accepted Subject to Resources/Partially Accepted	0
Rejected	1	Rejected	0
Total	76	Total	6