

ACTION PLAN: HMCIP REPORT**ESTABLISHMENT: HMP LIVERPOOL**

TIMETABLE	DATE	STATUS OF THIS RETURN
Full Unannounced inspection	11-22 May	
Report published	20 October 2015	
Action Plan Submitted	18 January 2016	Attached

ACTION PLAN - HMCIP REPORT

ESTABLISHMENT: HMP LIVERPOOL

POSITION AS AT: December 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 Governor					
5.01	All use of force should be fully recorded. Managerial oversight should ensure that all uses of force are analysed, patterns and trends are identified and acted on, and that force is always justified and proportionate. (S53)	Accepted	<p>An operational manager is now present on scene to provide authority and oversight for any planned use of control and restraint and personal protective equipment required. All planned interventions are now recorded using video camera equipment. Recordings are reviewed on a random basis by the newly appointed chair of the Use of Force Committee. All incidents involving batons are scrutinised by the committee.</p> <p>Work is ongoing to improve use of force reporting. A new agenda and terms of reference has been created for the Use of Force Committee and the meeting reviews the following:</p> <ul style="list-style-type: none"> •all incidents where batons have been used. •all planned removals where force is used and a random quality check of 20% of all other use of force incidents. •control & restraint(C&R) kit and use. •completion and quality of paperwork. <p>Use of the special cell will be reviewed and monitored via the monthly Use of Force meeting.</p>	Head of Security & Intelligence	Completed and ongoing
5.02	The prison environment should be improved to provide all prisoners with clean and decent living conditions. (S54, repeated recommendation S53)	Accepted	Residential weekly cell and wing inspections have been introduced to monitor and improve cleanliness for wings and communal areas. These inspections will include repair	Head of Residence	Completed and ongoing

			requirements for the environment, specifically broken windows and acceptable, clean exercise areas. Head of Residence has introduced employment of red bands and blue bands. These are risk assessed trusted prisoners who carry out unsupervised specific work roles within the prison to support the establishment's clean-up campaign. Staff will make sure access to cleaning materials is advertised and issued. A Decency committee has been introduced to drive this agenda.		
5.03	Prisoners should have consistent access to the full range of primary care services, including GP appointments, chronic diseases management clinics and screening programmes within community-equivalent waiting times. (S55)	Accepted	A full range of services and clinics are available to all patients and access will be equitable to those offered within the community. Patients are referred within set timescales. These will be managed by the Nurse practitioner team who will manage all clinics. A review of access to clinics will be scrutinised monthly to make sure compliance.	Head of Healthcare	Completed and ongoing
5.04	The daily regime should be published and adhered to. (S56)	Accepted	The core day is now clearly published and being adhered to. The wings and the orderly officer will brief staff of any changes. Prisoners are kept informed of any regime changes via Notice to Prisoners and the Prisoner Consultative Committee.	Head of Residence	Completed
5.05	All eligible prisoners should have an offender supervisor who provides them with regular, focused contact to manage risk, encourage and monitor the achievement of sentence plan targets and secure progressive transfers. (S57)	Accepted	A review of B4 offender supervisor provision has been completed. Provision of offender supervisors has been increased to a resource of 13 B4 Offender Supervisor/Supervising Officer (OSSO). Plans are in place to allocate all B4 OSSO's a caseload of 10 offenders initially and to increase when all offenders in scope will have an offender supervisor.	Head of Offender Management	31 January 2016

	Recommendation to NOMS				
	Equality and diversity				
5.06	Periodic monitoring of all foreign national prisoners should be carried out, to help ensure the equality of outcomes for prisoners in this group. (2.22)	Accepted	<p>The prison will hold quarterly foreign national (FN) focus groups to gauge opinions and provide an opportunity to raise concerns of FN prisoners.</p> <p>The prison will hold regular surgeries in partnership for FN prisoners in partnership with the Home Office, FN prisoners will be encouraged to attend the monthly prisoner's committee meetings.</p>	Head of Safer Prisons & Equalities	Completed and ongoing
	Recommendations to the Governor				
	Courts, escort and transfers				
5.7	Unless there are overriding security reasons, prisoners should be given 24 hours' notice of planned transfers. (1.5)	Accepted	Offenders on routine transfer will be notified 24 hours before the transfer, unless there are overriding security reasons.	Head of Offender Management	31 January 2016
	Early days in custody				
5.8	Prisoners should not be held in reception for long periods. (1.15)	Accepted	<p>Reception managers will proactively manage this area to make sure that prisoners are processed through reception as quickly as possible, with a target of moving to the first night centre within an hour of arrival at reception.</p> <p>In addition, the prison will review current reception processes linked to Healthcare provision to identify if some services currently completed in reception can be moved to the First Night Centre to limit the time in reception.</p>	Head of Operations	31 January 2016
5.9	All showers in reception should be private and vulnerable prisoners should be able to access them. (1.16)	Accepted	All showers within the reception area will be screened for privacy and decency and will be accessible to all prisoners including vulnerable prisoners.	Head of Operations	31 December 2015

5.10	Information should be available in a range of languages and a professional telephone interpreting service should be used when necessary. (1.17)	Accepted	<p>Telephone interpreting services are available in reception and this will be advertised in a range of languages. The prison will provide information in a range of languages to assist FN Prisoners.</p> <p>All wings including the First Night Centre have been provided with a conference phone and instructions on how to use the service to facilitate communication to access interpreting services. This will be advertised on the wings. The induction book will be made available to prisoners in the most common languages.</p>	Head of Safer Prisons & Equalities	31 January 2016
5.11	Vulnerable prisoners should be adequately separated from other prisoners on the first night wing. (1.18)	Accepted	The prison locates all vulnerable prisoners (VP) on the same landing on A wing to make sure they are managed appropriately. After a full risk assessment those who are deemed vulnerable prisoners are then located on the VP Wing. The prison will consider having a risk assessment for VP's in reception.	Head of Residence	31 March 2016
5.12	All prisoners should complete the induction programme, attendance should be tracked and the course content should be up to date and comprehensive. (1.19)	Accepted	<p>A review of the induction package has been completed to make sure it is up to date and fit for purpose and a process will be implemented to make sure all prisoners attend induction in the Welcome Centre.</p> <p>A comprehensive needs analysis has been completed. This will inform the reducing reoffending (RR) strategy and action plan linking the role of the Community Rehabilitation Company (CRC), Offender Management Unit (OMU) and other relevant functions to make sure all departments understand their role in the induction process. This will be enhanced through the development of the Welcome Centre which will be a multi departmental holistic approach. It will include healthcare assessments, basic custody screening tools parts 1 & 2, educational diagnostic assessments, career pathway guidance and access to all other partner agencies including mentoring and Through the Gate. Plans are to partially open in December 2015. Prisoners will be required to attend all induction sessions prior to moving off the Induction unit.</p>	Head of Reducing Reoffending	Completed and ongoing

	Bullying and violence reduction				
5.13	Victims of bullying should be offered support in order to remain on normal location wherever possible. (1.27)	Accepted	An interview questionnaire will be developed for those subject to bullying to explore and identify mechanisms to support them to remain on normal location wherever possible. In addition, the prison will also explore the option of returning to normal location with the prisoner monthly.	Head of Safer Prisons & Equalities	31 December 2015
	Self-harm and suicide				
5.14	More effective assessment care in custody and teamwork (ACCT) procedures should be developed to include consistent and trained case managers and clear care plans that identify what individual support key workers should provide. (1.34, repeated recommendation 1.44)	Accepted	A review of the assessment care in custody and teamwork (ACCT) procedures will be conducted to make sure good quality consistent entries. This will be reviewed at the monthly safer custody meeting. All managers requiring case management training will attend relevant training. The head of safer prisons and equalities will review 10% of safer care plans to make sure quality and that needs are being addressed. A basic checklist for what support key workers should provide will be included in the ACCT document.	Head of Safer Prisons & Equalities	31 January 2016
	Safeguarding				
5.15	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. (1.38, repeated recommendation 1.51)	Accepted	The safer custody lead will represent the Governor at the local safeguarding adults board. The community safeguarding lead will be invited into the establishment to meet with the Governor and provide a presentation to staff on safeguarding. A common strategy in relation to safeguarding should be formalised. The head of safer prisons and equalities will develop a safeguarding policy.	Head of Safer Prisons & Equalities	31 December 2015
	Security				
5.16	The supervision of administration of controlled and general medication by discipline officers should be consistent and involve greater vigilance to reduce diversion. (1.50, repeated recommendation 1.67)	Accepted	Custodial managers and B4 supervising officers will make sure the discipline officers supervise the medication queues making sure visible management during treatment times. This will be monitored through the custodial manager bilat process. Healthcare staff will not issue medication until adequate supervision is in place and	Head of Residence	Completed and ongoing

			maintained.		
5.17	The drug and alcohol strategy and action plan should be updated to reflect and manage robustly the major challenges of drug (both illegal and legal) and alcohol availability. (1.51)	Accepted	The drugs strategy has been updated and an action plan is in place. This is a live document and it is reviewed monthly at the drug strategy meeting and updated monthly to reflect the challenges within the establishment of managing the use and abuse of legal and illegal substances. Risks such as throw overs and tradable medicines are included.	Head of Residence & Head of Security	Completed and ongoing
	Incentives and earned privileges				
5.18	Prisoners on the basic level of the incentives and earned privileges scheme, including those located on the J1 landing, should receive individualised support with a clear focus on changing their behaviour and promoting reintegration. (1.55)	Accepted	All prisoners on a basic regime will be given clear improvement expectations to address their behaviour in order to reintegrate them to normal regime. This will be monitored with the support of personal officers highlighting what behavioural changes are required.	Head of Residence	31 December 2015
	Discipline				
5.19	The segregation unit should be well maintained, with appropriately furnished and ventilated cells, and the exercise yard should provide a suitable environment. (1.66)	Accepted	The segregation team will make sure that all cleaning schedules are robustly adhered to and adequate furniture is provided ensuring damaged furniture is replaced. Ventilation will be checked on daily cell inspections. Broken windows will be repaired as soon as possible or the prisoner will be moved to another cell until the repair is fixed. A brand new exercise yard has been constructed to provide three separate exercise areas which will provide a decent regime.	Head of Residence	31 December 2015
5.20	The regime on the segregation unit should be more purposeful and include access to off-unit activities. Reintegration and care planning should clearly focus on the need to return prisoners to normal location as soon as possible. (1.67)	Accepted	Reintegration and care planning is in place. The segregation manager will review weekly the behaviour and co-operation of those prisoners housed in the segregation unit. Should the review demonstrate that the prisoner can be trusted to interact with some off unit activities this will be added to the re-integration plan with the view to returning to normal location as soon as possible. Activities will also be brought to prisoners housed in the segregation unit but deemed at this point unsuitable for off unit activities.	Head of Residence	Completed

	Substance misuse				
5.21	Prisoners arriving with withdrawal from alcohol or stimulants should be monitored overnight and more frequently during the day during their first five days at the prison. (1.78)	Accepted	A stabilisation unit in reception will be introduced for all offenders identified as experiencing withdrawal symptoms. They will be closely supervised by the Drug Dependency Unit (DDU) team on the stabilisation unit twice daily and overnight for their first five days in prison, with support before locating throughout the establishment.	Head of Residence & Head of Healthcare	31 January 2016
5.22	All prisoners should receive a five day review to ensure early issues are identified and managed. All reviews should be multi-professional with shared working between clinical and psychosocial teams. (1.79)	Accepted	The DDU team will arrange a multi-disciplinary review in partnership with the clinical substance misuse team for every offender within five days in custody jointly facilitated by the clinical substance misuse team and Lifeline services to provide advice on the support and services available to assist them. This support will be ongoing and will include a 13 week review.	Head of Healthcare	Completed
5.23	Vulnerable prisoners should be able to access a range of group interventions. (1.80)	Accepted	The prison has opened the vulnerable prisoner (VP) activity centre and have conducted a VP needs assessment and a range of group interventions will be explored in this area.	Head of Reducing Reoffending	30 April 2016
5.24	Prisoners arriving on a confirmed prescription should be able to receive buprenorphine if, on arrival and subsequent assessment, including pre-release, it would better support their needs. (1.81)	Accepted	The prison will make sure that buprenorphine is held in stock by the prison pharmacist and this is prescribed to offenders who require this support. This will include pre-release prescriptions.	Head of Healthcare	Completed
	Residential units				
5.25	Single cells should not be used to accommodate two prisoners. (2.7)	Rejected	The occupancy of prison cells is determined by establishments and certified by Deputy Director of Custody (DDC) in accordance with PSI 17/2012, which provides clear guidelines for determining cell capacities. Cells will only be shared where a DDC has assessed them to be of adequate size and condition for doing so.	Deputy Director of Custody (DDC)	
5.26	All prisoners should be able to shower daily and the showers on the J1 landing should be refurbished. (2.8)	Accepted	Funding has been approved for the refurbishment and installation of new showers on J Wing. This work is at the planning stage and work is likely to be scheduled to	Head of Residence	31 March 2016

			commence early 2016. Prisoners will have daily access to showers.		
5.27	Cell call bells should responded to immediately, the timeliness of responses should be monitored closely and action should be taken to address delays. (2.9)	Accepted	Daily cell bells checks are completed by the orderly officer and reported to the operational morning meeting. Delays will be highlighted and addressed. The general alarm contract has commenced and the call bell system is being updated as part of this contract. This will make sure that response times are recorded on a central system providing management information to track and address any delays.	Head of Residence	Completed and ongoing
5.28	The applications process should be managed more efficiently, with timely and good quality replies. (2.10)	Accepted	A review of the application process will be conducted. The residential admin support will make sure a quality check of responses is completed and that responses are completed within a reasonable time frame. Trends will be explored and good practice introduced.	Head of Residence	31 December 2015
	Staff-prisoner relationships				
5.29	Wing staff and personal officers should be more proactive in providing support to prisoners by dealing with their day-to-day issues as they arise and interactions should be recorded in case notes. (2.15)	Accepted	Personal officer details will be displayed on residential noticeboards. All conversations / interactions will be recorded in case notes. This will be monitored through the Prison -NOMIS report circulated to residential managers. The personal officer scheme will be reviewed and re-launched.	Head of Residence	31 March 2016
	Equality and diversity				
5.30	Forums to support and consult prisoners across the protected characteristics should be held regularly. (2.23)	Accepted	A needs analysis will be conducted to identify the equality forums required in order to suit the needs of the population at HMP Liverpool. Once completed relevant forums will be set up to meet quarterly and identify any concern of offenders with protective characteristics. Prisoner representative positions will be advertised.	Head of Safer Prisons & Equalities	31 January 2016
5.31	There should be independent quality assurance of completed discrimination incident report forms. (2.24)	Accepted	Discrimination incident report forms (DIRFS) will be assessed at the equality meeting and the prison will look to develop a process to provide independent quality assurance.	Head of Safer Prisons & Equalities	31 January 2016
5.32	The prison should review staff's equality training needs and provide training that meets those needs. (2.25, repeated recommendation 2.27)	Accepted	All equality training is completed via Civil Service Learning and National Offenders Management Service (NOMS) has identified this as the vehicle to provide this. HMP Liverpool will look to develop awareness sessions for staff to address complex equality issues faced by staff as appropriate. The Sefton Community Voluntary Sector will be invited to participate.	Head of Safer Prisons & Equalities	31 March 2016

5.33	Wing staff should make greater use of the telephone interpreting service to communicate with foreign national prisoners who do not speak or understand English. Information about the prison should be translated into common languages. (2.36, repeated recommendation 2.40)	Accepted	The equalities team will assess the needs of the telephone interpreting service and current usage to identify ways to make sure improved usage. All wings have been provided with a conference phone and instructions on how to use the service to facilitate access interpreting services and this will be promoted on all wings. The prison will make sure information about the prison and the service is available in common languages.	Head of Safer Prisons & Equalities	Completed and ongoing
5.34	Foreign national detainees should be moved to an immigration detention centre once their criminal sentence has been served. (2.37, repeated recommendation 2.41)	Rejected	The Home Office only detains with a view to deport / remove and have no wish to detain people for any longer than necessary. Foreign national offenders are deported at the earliest opportunity, some detainees repeatedly refuse to comply with the deportation process, and often lodge multiple appeals. Factors such as these, along with a history of absconding or a risk of harm to the public, can lead to detention being prolonged. Foreign national offenders may continue to be detained in prison for reasons of security or control and where it is assessed that those concerned are not suitable for the more informal environment provided in immigration removal centres. The prison may also accommodate detainees who have been assessed as suitable for transfer to the immigration removal estate but are awaiting transfer.	Home Office	
5.35	The Home Office should serve all decisions to detain a person under immigration powers at least one month before the end of a prisoner's custodial sentence expiry date. (2.38, repeated recommendation 2.42)	Rejected	HMP Liverpool makes sure that all Foreign National detainees paperwork is completed and the Home Office UKBA are notified of dates when the criminal sentence will be served to support this process. Prior to sentence expiry date, this information will be provided at least two months. Every effort is made to make sure that prisoners are aware of the decision to maintain detention at the end of their sentence. Any foreign national offender (FNO) liable to enforcement action will have been advised of potential removal action from the date of their conviction.	Home Office	

5.36	The prison should ensure that screening effectively identifies prisoner disabilities. (2.39)	Accepted	Initial screening at reception includes an assessment of disabilities of prisoners to make sure any reasonable adjustments can be put in place to support individuals. This assessment will be repeated on the induction process.	Head of Safer Prisons & Equalities Head of Residence Head of Healthcare	Completed and ongoing
5.37	Prisoners with disabilities and older prisoners with identified needs should have a personal emergency evacuation plan, a multidisciplinary support plan and, where appropriate, paid carers. (2.40)	Accepted	A Personal Emergency Evacuation Plan (PEEP) will be developed for every prisoner in the establishment as required. PEEPS will be added as an agenda item at the Equalities meeting to make sure regular reviews and updates are completed on PEEPS and any new prisoners requiring a PEEP is provided with one. The wing manager will include PEEP's on the daily briefings. Healthcare has a social care referral process which is followed for any patients identified requiring support. All patients have an assessment and an appropriate care package is put into place to support their needs.	Head of Safer Prisons Equalities	31 December 2015
	Faith and religious activity				
5.38	Prisoners should have consistent access to corporate worship. (2.46)	Accepted	All faith services are published on the wing notice boards. Any alterations to service times are published at the earliest opportunity. The prison monitors attendance and this is improving week on week. The chaplaincy will monitor how many prisoners apply to attend church services and how many actually attend. This will also be researched through the complaints system.	Head of Reducing Reoffending	Completed & ongoing
5.39	Prisoners should be able to attend faith-based classes and groups. (2.47)	Accepted	The chaplaincy team will be increasing faith based groups to focus on restorative justice. This will be Alpha course, amongst other classes.	Head of Reducing Reoffending	31 January 2016
	Complaints				
5.40	All complaints should be responded within the designated timeframe, and a quality assurance process implemented to ensure timeliness. (2.52)	Accepted	A review by the business hub manager to make sure complaints are being responded within the timescale and a quality assurance process is in place to gain assurance of this.	Head of Corporate Services	Completed

			An analysis of complaints takes place monthly and is presented at the senior manager team (SMT) meetings.		
	Health services				
5.41	All health services staff should have access to mandatory training, relevant continuing professional development, and regular managerial and clinical supervision, underpinned by a current performance appraisal. (2.72)	Accepted	Additional IT equipment will be installed to assist access to online mandatory training. Personal development and one to one supervision now up to date and managerial and clinical supervision will be constant.	Head of Healthcare	31 December 2015
5.42	All clinical areas should provide a decent clean environment and be fully compliant with current infection control standards. (2.73)	Accepted	<p>The prison is working with the Infection Prevention Control (IPC) team from Lancashire Care Foundation Trust (LCFT) to make sure compliance is met and training re IPC has been arranged for staff.</p> <p>The prison will make sure that a standard of cleanliness is carried out in the inpatient unit.</p> <p>Healthcare Manager will make sure that audits are taking place in all clinical areas, any issues are escalated to Amey.</p>	<p>Head of Residence</p> <p>&</p> <p>Head of Healthcare</p>	Completed and ongoing
5.43	Prisoners requiring emergency first aid should have prompt access to appropriately trained staff and sufficient well-maintained equipment, including defibrillators. (2.74)	Accepted	<p>A review of the template available on System One used within the establishment will be conducted to make sure they are fit for purpose.</p> <p>A training package is in place which is delivered to make sure staff attend Intermediate Life Support (ILS) training. Equipment efficiency and maintenance checks will take place regularly and this will be recorded by Healthcare staff.</p> <p>The prison will make sure that staff are trained and know how to use equipment including defibrillators.</p>	<p>Head of Residence</p> <p>&</p> <p>Head of Healthcare</p>	Completed and ongoing
5.44	A designated senior health lead should develop health services for older prisoners and those with	Accepted	A dedicated older prisoners nurse has been identified, and systems to co-ordinate support have been developed.	Head of Healthcare	Completed

	disabilities, including prompt assessment and appropriate review. (2.75)		Where appropriate, social care needs assessments are taking place in consultation with patients.		
5.45	Care plans should record all interventions and discussions, and contain individual targets and clear prisoner involvement. (2.76)	Accepted	Inpatient and mental health team are working together to develop care plans for patients located in healthcare, including primary and secondary mental health care, substance misuse, inpatients and primary care services.	Head of Healthcare	Completed
5.46	There should be systematic health promotion throughout the prison, including community equivalent access to all relevant immunisation, vaccination, screening and prevention programmes, barrier protection and smoking cessation support. (2.77)	Accepted	The prison is developing a patient information leaflet relating to health promotion which will be available across the prison. Smoking cessation clinics are in place and a range of vaccinations are available monitored by monthly Health & Justice indicators of performance report. Training is ongoing to develop additional staff in these areas.	Head of Healthcare	31 January 2016 and ongoing
5.47	All new prisoners should receive a comprehensive health needs assessment within 72 hours of arrival. (2.87, repeated recommendation 2.85)	Accepted	The current system reviewed to make sure an integrated assessment for all offenders. This will be attended by the mental health and primary team and will take place within the 72 hour deadline. A weekly monitoring report will be generated to make sure compliance. A secondary health screening report is being produced and is monitored on a weekly basis. This is reported to the Governance Group and Healthcare Commissioners. Handover meetings will make sure that any offenders missed will be seen the next day. In addition, Mental Health Services are working with Substance Misuse team to identify pathways to make sure that secondary mental health assessments take place within timescales.	Head of Healthcare	Completed
5.48	Applications for health services should be collected and processed daily, and prisoners should receive a response. (2.88)	Accepted	All applications are collected from the designated healthcare application boxes on a daily basis by the Healthcare admin team. The prison have systems in place to make sure all applications are processed. Patients are informed of GP appointments through a movement slip. Whilst all applications are processed offenders do not receive a direct response to their application, this process is being	Head of Healthcare	31 March 2016

			reviewed.		
5.49	The non-attendance rates for all clinics should be no higher than those in the community. (2.89)	Accepted	In conjunction with the prison a full review and audit of do not attends (DNA's) will be undertaken to understand the reasons for non-attendance and identify processes to improve the attendance rates. Both function heads will develop a strategy to eliminate the DNA issue.	Head of Healthcare & Head of Residence	Completed and ongoing
5.50	Patients should be admitted to the inpatient unit for clinical reasons and receive a consistent therapeutic regime, regular multidisciplinary reviews and meaningful care plans which include therapeutic regime, regular multidisciplinary reviews and meaningful care plans which include discharge planning. (2.90)	Accepted	An admission and discharge policy will be developed and implemented for the inpatient facility ratified by Lancashire Care Foundation Trust (LCFT), and the Governor. This will be robustly adhered to and include immediate discharge from the inpatient facility back to normal location when there is no longer a medical need. Care plans and regular multi-disciplinary reviews will be in place. Only prisoners with a clinical need will remain with the inpatient function. Personal officers will maintain contact with their prisoners located on the inpatients facility and be involved in their discharge planning.	Head of Healthcare and Head of Residence	Completed and ongoing
5.51	Prisoners should have timely access to external hospital appointments. (2.91)	Accepted	A robust appointment system introduced to make sure management of appointments to external hospitals. This will be agreed with the Head of Operations/Head of Corporate Services who will identify staff optimum timings to arrange when possible appointments around this time. Multidisciplinary work will make sure that this is well managed on a daily basis. A system is in place to record all patients who are unable to attend for hospital appointments due to on the day cancellations. A report is being developed with this information to share with prison partners and commissioners.	Head of Operations & Head of Corporate Services	Completed and ongoing
5.52	Prisoners should receive medication promptly, and medicines should be prescribed, stored and administered in line with current professional standards and maximum clinical effectiveness. (2.98)	Accepted	All medications ordering and storage will be managed by medication management team. Prescriptions are ordered, stored and dispensed in line with policy. Audits to make sure compliance will take place regularly. Ongoing service developments are discussed to make	Head of Healthcare	Completed and ongoing

			sure that prisoners receive medication promptly.		
5.53	Prisoners should have access to a range of pharmacy-led clinics, including medicine use reviews. (2.99)	Accepted	A pharmacy service will be put in place and pharmacy led clinics will be introduced including medicine use reviews. Clinics will be held on a weekly basis initially and reviewed depending on uptake.	Head of Healthcare	31 December 2015
5.54	Prisoners should be supported to maintain adequate self-care by having medication in possession, with secure in-cell storage to keep it safe, following a regularly reviewed and documented risk assessment which considers the individual prisoner and the drug-specific risks. (2.100)	Accepted	All prisoners are supported through the pharmacy service to have in possession medication unless the risk assessment process deems this a risk. The numbers of prisoners supported with in possession medication is increasing. In cell safes will be determined by the prison budget, which the Head of Residence will explore with Amey.	Head of Healthcare Head of Residence & Estates Manager	Completed and ongoing
5.55	Nurses should be trained to administer an adequate range of medicines without a prescription when clinically appropriate, and these should be underpinned by current out-of hours and special sick policies. (2.101)	Accepted	A medication management training planned for nurses to support them to administer a range of medicines without prescription. The prison will also further roll out the use of a Homely Remedies policy. Guidance provided to staff on how they can dispense certain medications without a prescription in partnership with the introduction of nurse led triage clinic.	Head of Healthcare	Completed
5.56	All prisoners, regardless of location, should have timely access to assessment and a full range of well-integrated mental health provision, including counselling, clinical psychology, group therapies and psychiatrist support. (2.115)	Accepted	A fully integrated mental health service will be available which will identify which service the patient needs. Psychological Well-Being practitioners are being deployed to support group therapy sessions and recruitment is ongoing for Psychological Well-Being workers. Offenders have access to psychiatric support. A new service delivery model will be introduced once recruitment is completed.	Head of Healthcare	31 December 2015 and ongoing
5.57	Patients requiring a transfer under the Mental Health Act should be assessed promptly and be transferred within the Department of Health transfer time guidelines. (2.116)	Accepted	A pathway has been developed and implemented which identifies and plans for the transfer of offenders who require a Mental Health Act transfer. This is closely monitored and is included in the contract meeting with commissioners. However, this is dependent on available	Head of Healthcare	Completed

			bed spaces in the estate.		
	Catering				
5.58	Lunch should not be served before noon. (2.123, repeated recommendation 2.117)	Accepted	The kitchen manager now ensures that the set times for collection of meals from the kitchen does not take place ahead of the published schedule. Residential managers undertake checks to make sure that the food service does not commence until 12 noon.	Head of Residence	Completed
5.59	Breakfast packs should be more substantial and served on the day they are to be eaten. (2.124)	Partially Accepted	<p>The current breakfast packs are supplied in line with One3One solutions and content is set by the service. The kitchen manager will conduct a review on feasibility of supplementing the pack with additional items.</p> <p>The serving time of breakfast is at the discretion of the Governor. There is no capacity to serve breakfast to prisoners on the day without severely impacting on the regime. The serving of breakfast packs the evening before offers convenience and is a well-established practice across the prison estate and one which contributes to a swifter start to the morning regime (including start time for work and other activities). The contents of the packs are suitable to be stored in the prisoners' cells overnight.</p> <p>However, the prison will review the core day and re-profile exercise is scheduled to examine the feasibility of the breakfast packs being served on the day.</p>	Head of Residence	31 March 2016
	Time out of cell				
5.60	Prisoners should have access to regular daily exercise and evening association. (3.5)	Accepted	Regular access to daily exercise and evening association is built into the core day regime. The regime has been clearly displayed in all residential areas and management checks will monitor this to make sure access is provided. A review of the provision of evening association will take place as part of the planned profile review.	Head of Residence	Completed and ongoing
	Learning and skills and work activities				
5.61	Strategies should be implemented to minimise	Accepted	The prison will monitor and track attendance at learning	Head of Reducing	31 December

	interruptions to prisoners' scheduled learning and skills and work sessions. (3.13)		and skills and work sessions to minimise interruptions to attendance. A strategy to minimise interruption will be produced.	Reoffending	2015
5.62	The prison should ensure that prisoners who start courses are likely to stay long enough to complete them. Shorter-duration courses should be offered to possible short-stay prisoners. (3.14)	Accepted	Course lengths are mandated by the Skills Funding agency. Prisoners are allocated with sufficient sentence length to complete the courses. The learner record service should allow prisoners to complete learning when they transfer to another establishment. Shorter duration courses will be explored.	Head of Reducing Reoffending	Completed and ongoing
5.63	The prison should provide higher-level courses to allow long-stay prisoners progression opportunities. (3.21)	Accepted	A review has been completed and some vocational courses now offer elements of higher level qualifications. This includes the construction academy offering level 2 as well as transfer opportunities to long stay prisoners to carry on this course.	Head of Reducing Reoffending	Completed and ongoing
5.64	The range and number of vocational training places that lead to qualifications should be increased. (3.22)	Accepted Subject to Resources	The reducing reoffending (RR) team have reviewed the possibility of increasing vocational training places working with N-ergy and other external providers but due to the reduction in Adult Skills funding the provision has been removed nationally. This will be kept under review with a view to increasing vocational places that lead to qualifications and engage with external education providers who may have funding.	Head of Reducing Reoffending	Completed and ongoing
5.65	The Manchester College should continue to improve the teaching of English functional skills so that it is consistently good. (3.30)	Accepted	NOVUS (training provider formally The Manchester College) management team has introduced a new staff development training plan to improve teaching of English functional skills ensuring consistency and a high standard of teaching is delivered.	Head of Reducing Reoffending	Completed
5.66	The occupational and employability skills that prisoners acquire in workshops should be recognised and accredited. (3.35)	Accepted	The prison is engaging with the next phase of Achieve Careers Connect to develop an accredited employment led training package.	Head of Reducing Reoffending	30 April 2016
5.67	Prisoners should have weekly access to the library. (3.40, repeated recommendation 3.40)	Accepted	A review of library attendance and access to the library has been conducted. There is a timetable in place to facilitate attendance for offenders and work in place to increase access and attendance, weekly access is available.	Head of Reducing Reoffending	Completed and ongoing

5.68	The library should better promote the development of literacy skills by introducing more activities. (3.41, repeated recommendation 3.41)	Accepted	The prison has now trained 'Turning Pages' offender mentors through the national programme which is managed by the Liverpool libraries and The Shannon Trust. This is facilitated by prisoner mentors with access to Liverpool Libraries reader packs.	Head of Reducing Reoffending	Completed
	Physical education and healthy living				
5.69	The all-weather pitches should be refurbished and repaired to allow more access to outside team sports. (3.51)	Accepted Subject to Resources	A bid to refurbish and repair the all-weather pitch will be submitted in the next finance round to improve the facilities available to prisoners.	Head of Reducing Reoffending	31 March 2016
5.70	There should be sufficient showers for those using the gym. (3.52)	Accepted Subject to Resources	The establishment has a plan in place which will increase showers through access to shower pods. However, this is subject to additional funding. A bid will be submitted for additional finance to install extra showers.	Head of Reducing Reoffending	30 June 2016
5.71	Prisoners should have regular and predictable access to recreational PE. (3.53)	Accepted	Prisoners are receiving regular and predictable access to the gym. A timetable is in place and this is published on the wing.	Head of Reducing Reoffending	Completed and ongoing
5.72	Vocationally relevant PE programmes should be provided. (3.54, repeated recommendation 3.48)	Accepted Subject to Resources	The prison provides First Step vocational PE programmes. An application for funding for vocationally relevant PE programmes to increase provision was rejected. HMP Liverpool will continue to seek funding to support this recommendation. The prison is making links with Everton & Liverpool in the Community to support this. Research in to what other establishments are providing will be conducted.	Head of Reducing Reoffending	31 March 2016
	Strategic management of resettlement				
5.73	A whole-prison approach to resettlement should be set out in an up-to-date strategy and action plan which sets out effective links between community rehabilitation companies (CRC), the offender management unit (OMU) and other functions. All staff should understand their role and contribute effectively to the new resettlement function. (4.6)	Accepted	A comprehensive needs analysis has been completed. This will inform the Reducing Reoffending strategy and action plan linking the role of the CRC, OMU and other relevant functions to make sure all departments understand their role in the resettlement process. This will be enhanced through the development of the Welcome Centre which will be a multi departmental holistic approach. It will include healthcare assessments, Basic	Head of Reducing Reoffending	31 January 2016

			<p>Custody Screening Tools Part 1 & 2, educational diagnostic assessments, career pathway guidance and access to all other partner agencies including mentoring and Through the Gate.</p> <p>John Moores University will be conducting research into transforming rehabilitation at HMP Liverpool. This has been agreed through the Research and Ethics Committee and will provide periodic feedback which the prison will respond to. All pathways will be represented.</p>		
5.74	Formal multidisciplinary meetings should provide regular oversight of progress against an up to-date reducing reoffending and resettlement strategy and action plan. (4.7)	Accepted	<p>Joint Quality Improvement Group and Reducing Reoffending meetings are scheduled bi-monthly and are in place. The meeting are informed through individual pathway meetings. The prison are in the process of separating these meeting to provide greater strategic focus. This will be achieved by January 2016. These meetings will include all relevant external agencies.</p>	Head of Reducing Reoffending	31 January 2016
	Offender management and planning				
5.75	Risk assessments should include all relevant behaviour, including domestic violence and risks to children, and should be reviewed to reflect changes. (4.15)	Accepted	<p>Awareness training will take place for all Band 4 OSSO to make sure they are aware of the need for effective risk assessments relating to the harm to others and that assessments are regularly reviewed.</p> <p>Cell sharing risk assessments are completed on all new prisoners by reception staff and any public protection issues identified these are forwarded to the offender management unit to form part of the risk assessment process. This will be reviewed as per the policy.</p>	Head of Offender Management	31 January 2016
5.76	Sentence plans should be more specific, reviewed regularly and direct the custodial phase. (4.16)	Accepted	The basic custody screening tool is completed within the first 72 hours in custody. Work is ongoing to build on this to improve the sentence planning process. B4 OSSO awareness training is to take place to ensure a more meaningful sentence plan is in place, concentrating on the custodial phase.	Head of Offender Management	31 January 2016
5.77	The timeliness of home detention curfew assessments should be monitored to identify obstacles to completion and take effective action to ensure that prisoners are released at the earliest opportunity. (4.17)	Accepted	The home detention curfew (HDC) system works well and management checks are in place. A system will be put in place to monitor the timeliness of completions to make sure prisoners are released at the earliest opportunity.	Head of Offender Management	31 March 2016

			A review of all HDC completion dates between December 2015 and March 2016 will be conducted to make sure compliance with policy.		
5.78	Appropriate public protection restrictions should be imposed on all relevant prisoners as soon as possible after arrival. (4.21, repeated recommendation 4.22)	Accepted	Public protection issues are identified as part of the reception process. Any offenders who should be subject to public protection measures have an immediate risk assessment completed and monitoring starts with immediate effect. This is reviewed at the weekly interdepartmental risk management team meetings.	Head of Offender Management	Completed
5.79	Up-to-date multi-agency public protection arrangements (MAPPA) management levels should be recorded on electronic case notes. Confirmation of the level should be sought six months before release and the interdepartmental risk management team should provide better oversight of these cases. (4.22)	Accepted	A monthly meeting has now been put in place which includes all MAPPA cases to make sure all relevant parties are informed within required timescales. Any prisoners due to be released within the next six months will be discussed at this meeting. These are recorded on electronic case notes and this is confirmed via management checks.	Head of Offender Management	Completed and ongoing
5.80	Categorisation reviews should be completed on time and prisoners should be told in person about the outcome, so they can set targets for progression at their next review. (4.26)	Accepted	Initial categorisation reviews are completed on time and offenders are informed of the outcome. The Head of OMU will make sure an effective system is in place when considering recategorisation to make sure risk assessment are completed one month in advance and all re-categorisations are approved by target dates on Prison-NOMIS.	Head of Offender Management	31 January 2016
5.81	More attention should be given to promoting progressive transfers based on sentence plan targets, and category B sex offenders should not be held at the establishment for too long. (4.27)	Accepted	In line with the regional reconfiguration strategy the observation, categorisation, allocation team make sure prisoners are transferred to local community prison allocation for resettlement at least three months prior to release. Consideration will be given on initial transfer taking into consideration sentence planning needs.	Head of Offender Management	31 January 2016
5.82	More support for indeterminate-sentenced prisoners (ISPs) should be provided, including a system to identify and support potential ISPs throughout their remand and trial period. (4.30)	Accepted	A review will be conducted on the strategy of the management of indeterminate sentence prisoners to address offending behaviour and enabling them to progress.	Head of Offender Management	31 January 2016
	Reintegration planning				
5.83	The National Careers Service should develop a systematic tracking process capable of following	Accepted	National Careers Service and Achieve North West have amalgamated. The new company Achieve Careers	Head of Reducing Reoffending	Completed and ongoing

	up prisoners' sustainable education training or employment outcomes after they leave the prison. (4.40)		Connect is focusing on assisting to track prisoners entering employment and education on release from prison.		
5.84	Prisoners with palliative care and end-of-life needs should receive appropriate care that is developed in partnership with the patient and their family, relevant prison staff and community services. (4.44)	Accepted	<p>A HMP Liverpool specific palliative care policy will be developed in partnership with Lancashire Care Foundation Trust and the safer custody team to make sure it incorporates all the HMPS pathway requirements including best practice of end of life care. Work is ongoing to develop this service further.</p> <p>Palliative care link nurse who has completed relevant course co-ordinates care and within the current skill mix there are more experienced palliative care nurses.</p>	Head of Healthcare	31 January 2016
5.85	Through-the-gate support should be provided to those with drug and alcohol problems. (4.48)	Accepted	The drug dependency unit team has an effective system in place to make sure that prisoners released from custody with substance misuse markers are supported for at least 28 days. This includes a discharge planning process for current service users. Healthcare will make sure that offenders have appropriate community appointments on release to make sure that there is continuity of clinical service.	Head of Healthcare	Completed
5.86	All prisoners should be able to receive at least one visit a week for a minimum of one hour. (4.56, repeated recommendation 4.53)	Rejected	The statutory entitlement to social visits for convicted prisoners is two visits in every four week period. NOMS policy allows for a visit on reception and every two weeks thereafter. Extra visits may be earned under local Incentives and Earned Privileges (IEP) schemes. Unconvicted prisoners must be allowed visits on at least three days a week, which includes weekends. All visits should last at least one hour.	Head of Operations	
5.87	There should be no upper limit on the number of visits that an unconvicted prisoner can have. (4.57, repeated recommendation 4.54)	Rejected	The statutory entitlement to social visits for convicted prisoners is two visits in every four week period. NOMS policy allows for a visit on reception and every two weeks thereafter. Extra visits may be earned under local Incentives and Earned Privileges (IEP) schemes. Unconvicted prisoners must be allowed visits on at least	Head of Operations	

			three days a week, which includes weekends. All visits should last at least one hour.		
5.88	Closed visits should be held in private and on any day of the week when domestic visits take place. (4.58)	Accepted Subject to Resources	The prison is exploring how to improve the closed visits booths but there is a financial cost to this. The closed visits timetable will be reviewed as part of the establishment re-profile to identify options to provide closed visits on any day of the week.	Head of Operations	31 March 2016
5.89	The number of places on accredited offending behaviour programmes should meet the needs of the population, including vulnerable prisoners. (4.61)	Partially Accepted	HMP Liverpool has 30 Thinking Skills Programme and 10 Resolve places set by the Commissioners. The structure now requires cross site delivery at Kennet which restricts the ability to increase number of courses. However increase in places will be explored.	Head of Reducing Reoffending	Completed and ongoing
	Housekeeping points				
	Health services				
5.90	Health services staff should be familiar with, and use, all relevant policies, including communicable disease and safeguarding. (2.78)	Accepted	All Healthcare staff attend mandatory training which includes safeguarding levels 1 & 2. In addition to this the safeguarding lead will provide onsite support to all staff. All staff will attend a Liverpool Care Foundation Trust 3 day induction to the trust which includes information on accessing relevant policies. Information on safeguarding and needlestick injuries are located on the team information board within healthcare.	Head of Healthcare NHSE Service Manager	Completed and ongoing
5.91	Prisoners should have easy access to information about the health services available on arrival at the prison and throughout their stay. (2.79)	Accepted	A patient information leaflet for service users has been produced. This will be available for all offenders and will detail the services offered and how to access them. This will be available to prisoners on reception and throughout the prison.	Head of Healthcare	31 December 2015
5.92	Health care consultations should be held in private, with adequate confidentiality. (2.80)	Accepted	Facilities are available for all consultations to be held in private subject to a risk assessment. All services within the healthcare department are conducted professionally, making sure privacy and dignity are maintained i.e. doors closed and personal information discussed in private. This is monitored through staff meetings and through the	Head of Healthcare	Completed

			governance structure within healthcare. Some specialist clinics have chaperones.		
5.93	Prisoners should be able to complain about health services through a confidential system, and all responses to complaints should fully address all the issues raised. (2.81)	Accepted	LCFT have developed and set up a prisoner concerns complaints system providing all prisoners the opportunity to complain through a confidential system. Information on how to make a complaint will be included in the patient information leaflet. Arrangements are in place to share key information and monitor to prison staff, the system has only recently been introduced; a familiarisation period with prisoners is current.	Head of Healthcare	Completed and ongoing
5.94	Up-to-date reference sources should be available in all treatment rooms. (2.102)	Accepted	Up to date medication reference sources are available in treatment rooms.	Head of Healthcare	31 December 2015
5.95	Health services staff should make full and complete records of medication administration, including non-attendance and refusal, and issues relating to drug compliance should be identified, followed up and recorded promptly where appropriate. (2.103)	Accepted	The medication management team is making sure that all staff maintain full and complete records of medication administration in all circumstances including non-attendance. This will be monitored through the medicines management team to make sure compliance and reviewed at the monthly delivery meeting. Each wing has a named pharmacist, pharmacy technician and a pharmacy assistant. Technicians attend wing surgeries during treatment times where possible to assist the nursing staff and make sure compliance with standard working practices.	Head of Healthcare	31 December 2015
5.96	The dental surgery should be repainted. (2.106)	Accepted	The dental surgery will be repainted as part of the healthcare maintenance programme.	Head of Healthcare	31 December 2015
5.97	Mental health clinical records should include a summary of all patient-specific discussions, including allocation and enhanced care review meetings. (2.117)	Accepted	All mental health staff record all information pertaining to patients and their care on System 1 and ensure that this is contemporaneous. Care plans have been developed for all patients which will be available on System1. An audit process is in place to review the recording of information on care plans.	Head of Healthcare	Completed and ongoing
	Learning and skills and work activities				
5.98	The education provider should ensure that individual learning plans fully record prisoners'	Accepted	NOVUS (training provider formally The Manchester College) have developed a new individual learning plan	Head of Reducing Reoffending	Completed

	development needs and goals. (3.31)		process which is being rolled out across all their sites including HMP Liverpool.		
5.99	The supply of materials for adults with low literacy skills should be improved. (3.42)	Accepted	The Shannon Trust Turning Pages programme is now facilitated through the library. This provides training materials to support offenders who are identified with low levels of literacy.	Head of Reducing Reoffending	Completed
	Physical education and healthy living				
5.100	Suitable screening should be provided between the two sports hall areas to allow both to be used at the same time. (3.55)	Accepted Subject to Resources	The prison is seeking a costing to provide suitable screening in the sports hall.	Head of Reducing Reoffending	31 March 2016
5.101	PE staff should monitor who uses the PE facilities each week, to identify attendance frequency and to be able to encourage participation by non-attenders. (3.56)	Accepted	The monitoring of attendance at the gym is undertaken and ongoing. Complaints are monitored and management checks are completed to oversee this. A survey will be undertaken through the prisoner consultative committee to encourage participation. Research will take place to discover the reasons why some prisoners do not use the gym facilities.	Head of Reducing Reoffending	Completed and ongoing
	Strategic management of resettlement				
5.102	The resettlement needs analysis should be informed by local offender assessment system (OASys) data. (4.8)	Accepted	This work has been completed and OASys data has been incorporated into the policy and the information informs the RR strategy.	Head of Reducing Reoffending	Completed
	Reintegration planning				
5.103	The number of prisoners being released homeless should be monitored. (4.36)	Accepted	The number of prisoners released from custody with no fixed abode is monitored through the activities hub in line with the accommodation performance metric. This is now the responsibility of the community rehabilitation companies (CRC) purple futures. However, the prison also is monitoring no fixed abode's to improve and support this.	Head of Reducing Reoffending	Completed
5.104	The virtual campus should be better utilised to support prisoners' job search needs in the last three months of their sentence. (4.41)	Accepted	The use of the virtual campus is now accessible to all partner agencies via a booking system. This will lead to a significant increase in the development of a Resettlement Activity Centre which prisoners will have access three months prior to being discharged.	Head of Reducing Reoffending	Completed and ongoing
5.105	Prisoners should be supplied with an appropriate quantity of medication for any court appearances, transfers or release. (4.45)	Accepted	A partnership agreement will be put in place to make sure that patients are seen by healthcare before leaving the establishment and necessary medication is transported when a prisoner moves location.	Head of Healthcare and Head of Residence	Completed

5.106	Relevant health information, including advice on how to register with community health services, should be given to prisoners before release. (4.46)	Accepted	A healthcare leaflet including relevant health information including how to register with a GP will be developed for prisoners to be given prior to release. Where possible patients due to be discharged will be offered an appointment with healthcare to discuss any ongoing needs.	Head of Healthcare	31 January 2016

Recommendations		Housekeeping Points	
Accepted	76	Accepted	16
Accepted Subject to Resources /Partially Accepted	8	Accepted Subject to Resources /Partially Accepted	1
Rejected	5	Rejected	0
Total	89	Total	17