

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

TIMETABLE	DATE	STATUS OF THIS RETURN
Full Unannounced inspection	5–16 October 2015	
Report published	9 March 2016	
Action Plan Submitted	02 June 2016	Attached

ACTION PLAN - HMCIP REPORT

ESTABLISHMENT: HMP DONCASTER

POSITION AS AT: JUNE 2016

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	All prisoners should have a private interview on arrival to identify needs and risks, and this should be followed up by systematic support on the first night and during the early days in the prison. (S38)	Accepted	<p>A new interview room was created in reception in January 2016. This room allows cell sharing risk assessment (CSRA) and confidential interviews to take place in private by both reception staff and induction unit staff. This assists in speeding up the process of moving prisoners to the first night centre/induction unit, therefore, reducing the time spent in reception</p> <p>Additional staff resources have been provided to make sure there is closer, more effective link-up between these two areas so early days in custody expectations are delivered. An additional period is required to evidence that processes have been embedded.</p> <p>This area is subject to monthly internal governance checks to make sure documentation and information is appropriately considered.</p>	Assistant Director (AD) Security & Operations	30 June 2016
5.2	Violence should be significantly reduced, and the prison should take a rigorous approach to identifying, investigating and dealing with violent incidents and supporting victims. (S39)	Accepted	<p>The Deputy Director now has personal senior oversight of the safer custody function. Review of any violence location hotspots and reasons takes place daily at the morning senior management meetings, weekly at the designated incident review meeting and monthly at the safer custody meeting. Local data analysis takes place to inform all of these multi-disciplinary meetings, with a focus on follow-up action to determine root causes for specific incidents and appropriate action. To assist the follow-up process, an additional investigator has been recruited to investigate serious incidents of assault. She commenced her role in April 2016.</p> <p><i>Concern files</i> have been implemented for prisoners identified as</p>	Deputy Director	31 December 2016

		<p>engaging in bullying and/or intimidating, threatening behaviour. These files serve as specific behavioural management plans with expectations clearly set and progress reviewed. This is in line with the publication of a revised anti-bullying policy. The <i>concern files</i> can also be opened for the alleged victims with a separate management plan to address their issues.</p> <p>Anti-violence messages are carried throughout the prison in print and electronic form and all prisoners are regularly addressed by the Director to set expectations of behaviour and desistance from violence. Violence is a standing agenda item for the weekly prisoner information and activities committee meeting chaired by the Director and attended by prisoner representatives from all wings.</p> <p>Anti-violence prisoner representatives have been appointed and trained and are managed by the safer custody team. The number of paid supporter positions has increased from eight to twelve so that each wing has a dedicated buddy. They have also been trained in mediation techniques.</p> <p>Additionally, a level 2 award in mentoring is provided by The Manchester College (TMC), the prison's co-commissioned education partner. The Samaritans attend and have trained prisoners to be Listeners. The Sports Academy and Families First interventions each promote anti-violence themes in their respective areas and interventions. The prison newsletter has carried specific articles on violence.</p> <p>Following a needs analysis completed in December 2015 in preparation for submission of the prison's annual intervention plan, the <i>A to Z</i> programme was identified as required. This is a motivational enhancement work designed to encourage prisoners to consider their lives up until now, choices they have made and goals for the future to reduce the likelihood of reoffending. It is suitable for all offender types and is to be delivered to offenders who are perceived or accessed as lacking motivation to change their offending behaviour through focused strategies. This can include incorporating it into the incentives and earned privilege (IEP) scheme for basic regime prisoners and also for offenders who refuse to engage with sentence plan targets. It can be used as a stepping stone for further accredited work and for imminent release offenders.</p>		
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		<p>The prison has also been identified as a pilot site for the delivery of a new non-accredited violence reduction intervention <i>Timewise</i> which has been developed by the National Offender Management Service (NOMS) Interventions Services and is specifically designed to target institutional violence risk for men and women who have been violent in custody. Delivery is anticipated to start in June 2016.</p> <p>The young adult population has been identified as a group involved in the majority of violence and they are housed predominantly on two wings. A specific young adult strategy has been implemented to manage this group effectively through targeted specific interventions, including daily physical exercise supervised by physical education instructors and specific programmes.</p> <p>Operational management of these wings has been revised to increase control and supervision, including controlled unlocks and detailing of additional custody staff for these wings. A split 50/50 regime has been implemented from 17 March 2016 to provide an additional control mechanism. For example, the upper landing of a wing will eat on association in a morning but in their cell in the afternoon, alternating this with the lower landing. This is the same for association and exercise periods where only one landing, or half of the wing, is out at one time, leaving staff better able to control and manage a smaller number. This is a short-term control measure only and will be reviewed subject to other population and operational developments.</p> <p>A separate reintegration unit opened at the beginning of April 2016, accommodating prisoners who have left the segregation unit (The Dock) but require additional behavioural interventions before being located back into the main prison. A specific regime and acceptance criteria has been established and provides prisoners accommodated on the unit access to required constructive activity within the main prison to assist their transition to normal location.</p> <p>Since the inspection Five Minute Intervention (FMI) training has been rolled out to all new initial custody officer training courses, the senior management team and a large number of frontline custody staff. By the end of April 2016 almost all frontline staff</p>	
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		<p>had been trained. This cognitive behaviour-based initiative was piloted in several public sector prisons and saw evidenced reduction in violence owing to its teachings of a different approach to dealing with confrontational situations. FMI aims to improve self-management by helping people to make better decisions and solve problems more effectively. It aims to reduce criminal thinking and help people to think about the impact of their behaviour on themselves and others.</p> <p>This training is in addition to a <i>back to basics</i> approach taken with all frontline staff and relevant others which supports a reduction in violence. This is being achieved through:</p> <ul style="list-style-type: none"> • improved communication between shifts and daily briefings to staff led by managers; • improved operational control in the form of enforced supervision of mass movements in the secure corridor through additional staff; • installation of metal security gates on the secure corridor to restrict movement of prisoners and require staff to control the gates and movement through them – these were installed in April 2016; • improved supervision of stairwells through additional staff; and • improved sharing of (security) information with more focus on violence related objectives in addition to contraband) and more staff involved in addressing security objectives. <p>Additionally, a Director's Notice (DO14/2016) has been issued instructing staff to lock off serveries, cleaning cupboards and laundry rooms during association periods to reduce violence by restricting access to identified areas at times of large numbers of prisoners being unlocked.</p> <p>Unit wing halls are now resourced by Prison Custody Officers (PCOs), not Operational Support Officers (OSOs) to enhance supervision and the internal secure corridor is now resourced with a dedicated PCO patrol. Senior management visibility on the houseblocks has greatly improved with an Assistant Director appointed to each unit to run each as an individual small prison with processes and procedures.</p>		
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			<p>All incidents of violence against staff and cases of serious injury to prisoners are referred to the police and the establishment's adjudication tariff has been amended to be more robust and is in line with other public sector local prisons.</p> <p>Body-worn cameras are to be issued to frontline custody staff by the end of July 2016 following a successful trial in early 2015 and the imagery recorded will be used to bring disciplinary charges against prisoners involved in violence towards both other prisoners and staff.</p> <p>The use of new psycho-active substances (NPS) is a recognised contributor to violence in the establishment and is being addressed through delivery of an NPS awareness package for prisoners, including a locally-produced DVD to outline the dangers and impact of NPS use. To tackle the issue of NPS physical security measures and appropriate resourcing has been vastly improved since the period of the inspection including installation of security window grills on all cell windows to prevent extraction of parcels containing contraband items from being retrieved.</p>		
5.3	Prisoners at risk of self-harm should have effective support, including through quick access to Listeners and appropriate activities. Their care should be guided by effective ACCT processes, and risks should be mitigated by swift implementation and continuing review of all recommendations following deaths in custody. (S40)	Accepted	<p>A Director's Rule will be produced and published detailing the process for prisoners to access the support of Listeners and activities. Provision of activities for prisoners at risk of self-harm will be kept under review as part of their ongoing care, on both an individual basis as part of individual care plans but also collectively.</p> <p>Following establishment-wide redecoration and refurbishment, which began just prior to the inspection, all prisoner housing is fresh and welcoming. Prisoners at risk of self-harm are therefore located in fresh, clean, decent conditions.</p> <p>The Deputy Director will maintain a log of all Prisons and Probation Ombudsman (PPO) death in custody investigation follow-up actions and recommendations and will make sure all actions are closed using established monthly safer custody meetings that discuss such aspects. The monthly safer custody meeting will review a total of five PPO recommendations each month and test them against current practices.</p>	Deputy Director	31 August 2016

			The dedicated safer custody manager will sample five open and five recently closed assessment care in custody and teamwork (ACCT) books per month to justify and report on the effectiveness of the process to feed into continuous improvement.		
5.4	There should be sufficient staff on wings to ensure consistent and confident supervision and care of all prisoners. Staff should challenge inappropriate conduct by prisoners and maintain professional boundaries. (S41)	Accepted	<p>Custodial frontline staff resources have increased 38% since the inspection, allowing for consistent staffing numbers in all areas including the required additional staffing on the young adult wings subject to specific regimes.</p> <p>Staffing is monitored daily and managed by duty operations and Duty Director; there is frequent review of staffing numbers in the context of attrition and courses for additional staff where applicable are planned early to deliver required numbers when needed.</p> <p>An Assistant Director-grade senior manager is now situated on each residential unit to govern responses to inappropriate behaviour and correct use of the Incentive & Earned Privileges (IEP) scheme.</p> <p>Staff are supported to challenge inappropriate conduct by their managers through daily staff briefings led by the residential Assistant Directors and through day-to-day engagements. Professional boundaries are essential and awareness of this is a crucial part of our officer training. Ongoing refresher training in conditioning and more general security awareness is provided frequently.</p>	Residential ADs	30 June 2016
5.5	Prison cells and the general environment should provide clean, safe and decent living conditions for all prisoners. (S42)	Accepted	<p>A prison-wide redecoration and refurbishment programme began at the end of September 2015 with the segregation unit (The Dock) being completed first. The first wing (induction unit) was completed during the inspection, demonstrating how the wing environment would look when completed.</p> <p>This programme has now been completed and the entire residential accommodation has been transformed into a bright, clean and decent environment. Prisoners returning to newly-decorated cells are respecting their fresh accommodation and have been required to sign new cell acceptance and behaviour compacts, making sure that breaches of the required rules and conditions can be challenged. There has been a very notable decrease in incidence of cell damage. HMP & YOI Doncaster is now averaging around ten incidents of damage a month as</p>	Residential ADs	30 June 2016

			<p>opposed to over ten a week at the time of the inspection.</p> <p>Staff conduct daily fabric checks of cellular accommodation and record identified damage or graffiti. This is supported by evidenced management checks of this activity to make sure prisoners are appropriately dealt with using the IEP scheme.</p> <p>Additionally all the units have been renamed/rebranded to move the prison away from the historic term <i>houseblock</i>.</p>		
5.6	All prisoners who are able to participate in activities should be purposefully occupied during the day. Activity places should be filled and attendance significantly increased. Officers should actively encourage prisoners to attend and challenge those who refuse. (S43)	Accepted	<p>Activity places and scheduling processes have been reviewed and a local target of 80% set for attendance against this target.</p> <p>Two periods of off-wing activity are provided daily and on-wing education is being provided for young offenders.</p> <p>Monitoring of attendance is carried out by the Education Manager at each period. Residential managers are given names of prisoners that have not attended for appropriate challenge, including use of IEP process.</p> <p>A Truancy Officer is being appointed in June 2016 to ensure prisoners due to attend are chased up. This will be a PCO-grade position to allow the role to challenge prisoners appropriately and confidently.</p> <p>Custody staff patrol the secure corridor to ensure all prisoners released from the units find their way to the relevant activities.</p> <p>Wing officers are actively encouraging prisoners to attend with evidenced increases in attendance noted.</p>	Residential ADs AD Regime Services & Reducing Reoffending	31 July 2016
5.7	All prisoners subject to multi-agency public protection arrangements (MAPPA) should have their risk level clarified six months before release and be reviewed regularly by the interdepartmental risk management team thereafter. Information should be updated on P-Nomis to ensure that all staff are aware of the risks posed by such prisoners.	Accepted	<p>External agencies set the required multi-agency public protection arrangements (MAPPA) level and therefore hold responsibility to clarify the risk level prior to release. This is not instigated by the prison but by the relevant external agency who then contact the prison to begin appropriate risk discussion in advance of release.</p> <p>Offender managers for both high and medium risk prisoners now attend the weekly and monthly inter-departmental risk managements meetings to discuss ongoing risks and any new risk factors that may occur pre-release.</p> <p>Prison - NOMIS is updated by Public Protection Unit staff and includes any new risk factors recorded in the minuted meeting.</p>	AD Security & Operations	Completed and ongoing

	(S44)				
	Recommendations				
	Courts, escort and transfers				
5.8	Prisoners should not have long waits at court. (1.3)	Accepted	<p>The objective of minimising the time prisoners spend waiting in court cells is reflected in the Prisoner Escort and Custody Services (PECS) contract, with the contractors fully aware of their obligations to escort prisoners from court at the earliest opportunity. The current contract established the use of escort vehicles with a separation capability, which allows different types of prisoners (male/female, adult/young people) to be carried on the same vehicle. The change will result in more efficient scheduling, with a reduction in prisoner waiting times in addition to significant savings to the Service. However, reducing waiting time is also dependent upon the assistance of other stakeholders, notably HM Courts & Tribunals Service and also on the times that the prisoners' cases have been dealt with by the courts. PECS continue to monitor all aspects of the contractors' performance and on occasions where it fails to meet the agreed levels will be raised with the contractor for improvement.</p> <p>PECS escort contractor staff will ensure that prisoners disembark the vehicle as swiftly as possible without compromising the safety and security of prisoners and staff.</p>	Prisoner Escort and Custody Services (PECS)	Completed
	Early days in custody				
5.9	The reception process should be completed quickly, and holding rooms should be more welcoming and contain useful information for prisoners. (1.10)	Accepted	<p>A new interview room created in reception in January 2016 allows CSRA and confidential interviews to take place in private by both reception staff and induction unit staff. This assists in speeding up the process of moving prisoners up to the first night centre/induction unit reducing the time spent in reception.</p> <p>The decoration in holding rooms will be refreshed and appropriate information for prisoners displayed.</p>	AD Security & Operations	31 July 2016
	Bullying and violence reduction				
5.10	Prisoners on the vulnerable prisoner unit should be kept safe and free from abuse at all times, including during periods of exercise or when off the unit. (1.20, repeated recommendation 1.23)	Accepted	<p>Prisoners from this unit are supervised at all times including when being issued medication and on exercise. This includes total escorted movement to off-wing activity, including visits, outside grounds work and library attendance. Staff have been reminded to challenge and report any unsatisfactory behaviour during supervision. This is reinforced through daily briefings by residential management team. Window restrictors have been</p>	AD Residential - Bridges Unit	30 June 2016

			fitted in all pertinent locations that overlook the exercise yard used by vulnerable prisoners. This will reduce abuse and articles thrown from cell windows. Painted cell marks will be introduced to all exterior windows in order for staff to identify the prisoners and their cell location that are directing abuse at vulnerable prisoners on exercise or working in the grounds.		
	Safeguarding				
5.11	The director should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.29, repeated recommendation 1.40)	Accepted	Contact has been established. The prison meets monthly with Doncaster Council Commissioning Managers and the local Social Care Manager for Prisons as part of a South Yorkshire Prison Personal Project Care Planning meeting. The functional head with responsibility for social care aspects including adult safeguarding chairs these meetings. An ongoing action plan of social care and safeguarding protocols, processes and delivery is reviewed at this meeting and informs local written and agreed protocols and processes.	AD Regime Services & Reducing Reoffending	Completed and ongoing
	Security				
5.12	Managers should ensure that staff effectively implement all aspects of procedural and dynamic security. (1.37)	Accepted	<p>Weekly information sharing meetings will be reintroduced by the end of June by the security department and be given time to become embedded practice.</p> <p>Monthly strategic threat assessment is conducted using received intelligence from information reports and follow up findings from incidents. From this an operational assessment is devised and shared with staff within the prison.</p> <p>Staff briefings, security awareness signage and Director's Notices convey the importance of implementing all aspects of procedural and dynamic security. This includes daily briefings to undertake thorough accommodation fabric checks (AFCs) and ensuring accuracy of roll conciliation. From 15 March 2016 a dedicated Movements Officer has managed all movement to ensure Prison - NOMIS is updated appropriately and tallies with physical roll counts. This is an additional control element to reinforce roll checks.</p> <p>Staff are reminded regularly about maintaining professional boundaries and provision of the FMI training has given staff awareness and understanding of boundaries and how to manage situations with confidence and skill. FMI aims to improve self-management by helping people to make better decisions and solve problems more effectively. It aims to reduce criminal thinking and help people to think about the impact of their</p>	AD Security & Operations	30 June 2016

			behaviour on themselves and others. Greater staff numbers introduced to wings has assisted staff confidence and improved ability to manage prisoners decently and respectfully.		
5.13	Security committee meetings should be attended by representatives of all relevant departments, and links between the security department and safer custody should be strengthened. (1.38)	Accepted	Attendance at Security Committee meetings has greatly improved since the inspection with partner agencies now attending routinely to make sometimes valuable contributions to the meetings. Safer custody staff attend, including the Deputy Director who is the functional head for safer custody and who also chairs the Security Committee meeting in the absence of the Director, the primary chair. Attendance issues are addressed directly by the Director or Deputy. Violence statistics are now shared in the Security Committee meeting.	AD Security & Operations	Completed and ongoing
5.14	Mandatory and suspicion drug tests should be carried out promptly on receipt of appropriate intelligence. (1.39, repeated recommendation 1.48)	Accepted	This has been improving in 2016 and the Mandatory Drug Testing (MDT) Coordinator is now provided with daily incident reports to identify those incidents indicating involvement in or presence of illicit substances. Applicable incidents are identified and authority sought from the Assistant Director Security & Operations to conduct appropriate intelligence-based testing. Additional staff are trained in drug testing to provide adequate continuity of MDT services.	AD Security & Operations	Completed and ongoing
5.15	The drug strategy committee should meet regularly and oversee a substance misuse strategy containing detailed action plans and performance measures for both supply and demand reduction initiatives. (1.40)	Accepted	Formal, multi-disciplinary drug strategy meetings began in December 2015 and are now embedded practice. An additional Assistant Director grade recruited in November 2015 is the designated functional head and Drug Strategy Manager. The establishment's drug strategy, completed initially in June 2015 and reviewed further in December 2015, contains detailed action plans and measures for all required initiatives, including supply reduction. The monthly meeting keeps these under review.	AD Regime Services & Reducing Reoffending	Completed and ongoing
	Incentives and earned privileges				
5.16	The incentives and earned privileges (IEP) scheme should motivate prisoners to change the way they behave. It should be applied consistently and fairly, and	Accepted	Following a needs analysis completed in December 2015 in preparation for submission of the prison's annual intervention plan, the 'A to Z' programme was identified as being required. This is a motivational enhancement work designed to encourage prisoners to consider their lives, choices they have made and goals for the future to reduce the likelihood of reoffending. It is	ADs Residential	31 July 2016

	those on the basic regime should be given every opportunity to demonstrate improved behaviour. (1.44)		<p>suitable for all offender types and is to be delivered to offenders who are perceived or assessed as lacking motivation to change their offending behaviour through focused strategies.</p> <p>The programme will be incorporated into the IEP scheme for basic regime prisoners to foster opportunity to motivate them to change. It can also be applied to offenders who refuse to engage with sentence plan targets and can be used as a stepping stone for further accredited work, either in custody or the community.</p> <p>HMP/YOI Doncaster will re-train all managers in the application of the IEP scheme to ensure consistency of awareness and application. Operation of the scheme by managers will be reviewed in July 2016 with a governance process to be implemented to ensure compliance with requirement.</p>		
	Discipline				
5.17	Adjudications should be dealt with promptly and be subject to formal quality assurance. (1.48)	Accepted	<p>Adjudications are now undertaken by assistant directors (ADs) on their individual units; the Director and Deputy Director conduct adjudications to be heard in the segregation unit (The Dock). All adjudications, regardless of hearing location, are opened within 24 hours in accordance with Prison Service Instruction 47/2011. Timeliness of opened hearings is monitored to ensure procedural fairness and effectiveness, underpinned at adjudication review meetings. These are held quarterly and also include in-depth analysis of adjudication activity, including quality assurance of a sample of completed adjudications.</p> <p>A simple information sheet on adjudication statistics will be produced and issued monthly to staff to make them aware of issues and activity around the prisoner discipline process.</p>	Deputy Director	30 June 2016
5.18	Use of force and special accommodation should be justified, fully documented, and subject to quality assurance and rigorous scrutiny at regular use of force meetings. (1.52)	Accepted	<p>The use of force review meetings have now been re-implemented for quarterly occurrence. Specific terms of reference have been agreed to evaluate uses of force with required statistics and trends discussed. This also includes use of special accommodation and quality assurance of procedure and paperwork.</p> <p>All recorded footage is reviewed by a member of the security team and the control and restraint co-ordinator post-incident. The footage is also reviewed in the quarterly meeting.</p> <p>All use of force paperwork is thoroughly checked by the control and restraint co-ordinator, which is an additional check to that</p>	AD Security & Operations	Completed and ongoing

			<p>conducted by the duty custodial operations manager (Oscar 1) on the day. Completion of paperwork within 72 hours is mandated in national instructions and a system is now in place to complete within 48 hours; this is a custodial staff appraisal objective and failure to achieve this can be appropriately challenged with identified staff.</p> <p>Use of force reporting is embedded now and monthly reports are submitted via the NOMS Performance Hub along with the use of force equalities monitoring data.</p> <p>Special accommodation authorisations and paperwork is quality checked by the functional head for the segregation unit (The Dock) and reviewed independently at quarterly segregation monitoring and review group (SMARG) meetings.</p>		
5.19	Prisoners should only be held in the segregation unit pending adjudication or for reasons of self-harm risk if they cannot be safely managed on the wings. (1.57)	Accepted	<p>This issue is reviewed at the quarterly Segregation Monitoring and Review Group (SMARG) meeting and monitored through daily operational visits to the unit by duty senior managers and the AD grade functional head for the area.</p> <p>Staff and managers are regularly reminded as to the acceptable reasons for segregating prisoners.</p> <p>The Director and Deputy Director also monitor this through their weekly visits to the unit.</p>	AD Regime Services & Reducing Reoffending	Completed and ongoing
5.20	Good order or discipline and care and reintegration planning reviews should be attended by staff from relevant departments, address the prisoner's individual circumstances and focus on their reintegration into the prison. (1.58)	Accepted	<p>In line with national policy weekly review boards are conducted by the functional head responsible for this area and staff from relevant departments are notified and invited to attend. Timetabled review boards are now diarised in electronic diaries and published in daily minutes of the morning management meeting to all staff.</p> <p>All prisoners segregated for reasons of Good Order or Discipline (GOOD) have care and reintegration plans as part of the authorisation paperwork and behavioural objectives and targets set are reviewed at the weekly boards. There is a supplemental reintegration care plan completed for all prisoners located in the unit to outline behavioural expectations and objectives to be achieved before being relocated.</p> <p>An additional mechanism for reintegration back to the prison was the opening of a separate Reintegration Unit in April 2016. It accommodates prisoners who have left the segregation unit (The</p>	AD Regime Services & Reducing Reoffending	31 July 2016

			Dock) but require additional behavioural interventions before being located back into the main prison, in line with the reintegration care plan document.		
5.21	The care and separation unit should be well maintained, and the regime should allow prisoners access to constructive activity. (1.59)	Accepted	<p>The unit has been redecorated and partly refurbished since the inspection in response to cellular damage incurred from refractory prisoners accommodated on the unit.</p> <p>The regime is a necessarily restricted routine given the unit's purpose. All segregations under Prison Rules for reasons of establishment order and discipline are appropriately authorised and alternatives to segregation sought wherever possible.</p> <p>Constructive activity is identified as appropriate and may be provided as per PSO 1700 "<i>Segregation of prisoners</i>" though the behavioural nature of some prisoners located on the unit is such that in-cell activity such as packing would simply give them opportunity to use materials to soil or damage their living accommodation.</p> <p>Basic activity material such as puzzle books and education packs can be provided where appropriate.</p> <p>Prisoners segregated for reasons of their own safety clearly would be provided with activity opportunity as appropriate as their location is not led by poor behaviour.</p> <p>Prisoners segregated who are deemed at risk of self-harm may have activity arranged to incentivise them to amend any maladaptive self-harming behaviour and these interventions would be led by Safer Custody.</p> <p>The separate reintegration unit mentioned in recommendation 5.20 has a specific regime and acceptance criteria and will provide prisoners accommodated on the unit access to required constructive activity within the main prison to assist their transition to normal location.</p>	AD Regime Services & Reducing Reoffending	Completed
	Substance misuse				
5.22	An up-to-date needs analysis should be completed and service provision adjusted to meet emerging needs. (1.68, repeated recommendation 1.84)	Accepted	A detailed interventions needs analysis was completed in December 2015 in preparation for producing the annual interventions plan that stipulates the required programmes and interventions needed based on the identified needs of the population. This includes intervention to address substance misuse, however interventions for that sit firmly within the remit	Head of Interventions	Completed

			<p>of the NHS. Needs will be considered as part of monthly multi-disciplinary drug strategy meeting.</p> <p>The prison has a dedicated Recovery Unit providing specialist psycho-social interventions including awareness of the dangers of NPS.</p>		
5.23	Prisoners undergoing opiate or alcohol detoxification regimes should receive a high level of support to ensure safe outcomes. Prescribing regimes should be flexible, based on individual need and adhere to national guidance, and discipline staff should supervise medication administration effectively. (1.69)	Accepted	<p>Patients undergoing alcohol and opiate detoxification receive a high level of support to ensure safe outcomes. All patients identified in reception as requiring support with their substance misuse issues are located on the stabilisation unit where they receive close observation and monitoring according to their presenting clinical needs.</p> <p>Following the initial reduction the prescribing regime is flexible based on individual clinical need / Clinical Opiate Withdrawal Scale (COWS) scores and will be increased or reduced depending on this.</p> <p>Methadone doses are titrated up to the community dose should they present with a clinical need to do so. This is clinically managed through the process of completing COWS and prescribing according to clinical presentation.</p> <p>Prescribing Guidelines for Offender Health have been ratified at the Substance Misuse Quality Innovation Prevention and Productivity Group, which is attended by the Clinical Director, Heads of Healthcare, Matrons, Pharmacists and Non-Medical prescribers. The Guidelines have also been presented at the Offender Health Drugs and Therapeutic Committee and ratified as fit for purpose based on expertise and research based contributions.</p> <p>Nottinghamshire NHS Trust Prescribing Guidelines are based on the 2007 Drug Misuse and Dependence UK Guidelines on Clinical Management. They have been amended in line with subsequent research such as Sudden Unexpected Deaths in Prisons by the National Patient Safety Agency, Safer Prescribing within Prisons and recommendations from Prisons and Probation Ombudsman (PPO) reports of death in custody at HMP/YOI Doncaster.</p> <p>The prescribing rationale is laid down in Prescribing Guidelines; in addition there are Alcohol Management Guidelines and a</p>	<p>Head of Offender Health (Notts HC NHS Trust)</p> <p>Residential ADs</p>	Completed

			<p>number of Standard Operating Procedures to support the Clinical staff in caring for our patients.</p> <p>A written joint protocol has been produced outlining administration and dispensing of medication for healthcare staff and the basic supervision procedures for custody staff in supervising prisoners on wing halls receiving their medication at the dispensaries. This has been ratified in the Health Partnership meeting.</p>		
5.24	Residential units		<p>Cell bells should be responded to quickly and there should be management oversight of response times. (2.8, repeated recommendation 2.9)</p>	<p>Accepted</p> <p>A new cell call system has been installed throughout the prison. The system is linked to the main control room and bells not answered within specifically set timescales by staff on the wing are escalated via urgent direct radio communication by the control room to the staff in the relevant location.</p> <p>This system is now live in all residential areas except two small units (both housing less than 25 prisoners) as these were out of the initial scope of the project. These areas will be linked to the control room by the target date.</p> <p>The system produces a daily management report that is issued daily to each residential AD by the AD of Security and Operations and provides the appropriate oversight to be able to challenge delays highlighted by the report. Individual ADs then use this list to challenge staff as appropriate. A weekly and monthly report is also to be produced to provide additional management information and inform management oversight.</p> <p>All staff have been reminded of the need to respond to cell call bells in a timely fashion and the new system allows effective management information to be collated to monitor response times against pre-set times. The previous system could not do this. A Director's Notice was issued 28 January 2016 detailing the use of the system and the process.</p> <p>Additionally, there has been improved oversight and management of wings since the inspection as ADs and more wing managers have been located on each unit with additional custodial staff resources recruited and allocated. This provides additional management attention, visibility supervision to wings.</p>	<p>ADs Residential</p> <p>31 July 2016</p>
5.25	Equality and diversity		<p>The diversity and equality</p>	<p>Accepted</p> <p>Equalities meetings are now embedded and chaired by the</p>	<p>Head of</p> <p>30 June 2016</p>

	action plan should be implemented, diversity should be promoted, and disparities emerging from equality monitoring data systematically addressed. (2.18)		Director. A local action plan will be implemented to keep under review identified issues with the meetings offering opportunity to discuss, review and update it. NOMS equalities monitoring tool is used in the meetings to inform discussions on emerging issues and possible disparities.	Governance	
5.26	There should be regular consultation with all minority groups and their concerns should be acted on. In particular, the specific needs of the young adult population should be identified and met. (2.25, repeated recommendation 2.31)	Accepted	<p>Equalities meetings are now embedded and chaired by the Director. Supporting these will be smaller focus-group meetings chaired by identified individual senior managers representing each relevant protected characteristic. The first was held in March 2016 and they will be held every two months.</p> <p>A specific strategy to meet the needs of the young adult population was completed in January 2016 and will be used to manage this identified group. Supporting this strategy will be the development of an ongoing action plan of key points and issues to be addressed and managed with this group.</p> <p>Staff have been specifically selected to work with this group and there is a greater focus on physical education and exercise and taking personal responsibility. This is being driven forward by the AD of this unit and the Head of Interventions.</p>	Director	30 June 2016
5.27	Immigration detainees should be transferred to immigration removal centres and not be held in prisons unless an individual risk assessment suggests otherwise. (2.26)	Rejected	<p>Every effort is made to ensure that a foreign national offender's (FNO) removal by deportation coincides with his or her release from prison on completion of sentence or during the Early Removal Scheme period where that applies.</p> <p>Where the removal of an FNO is not possible on completion of their sentence, detention may be continued under immigration powers. FNOs 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.</p> <p>On a local level, a list of detainees held at the prison is sent to the Home Office weekly to inform the risk assessment process. Where concerns regarding the progress or appropriateness of a specific case is identified this will then be escalated to the Functional Head who will communicate these to the Home Office.</p>	Home Office Criminal Casework Directorate	

	Complaints				
5.28	There should be robust quality assurance of complaints that ensures that all responses are handled by the appropriate staff member, and are timely and of good quality. (2.36)	Accepted	<p>Complaint statistical reports are compiled and published monthly with monthly discussion at the senior management team (SMT) meeting of emerging trends and concerns, including issues over timeliness. All complaints against staff are signed off by the Deputy Director.</p> <p>Timeliness of complaint responses is monitored daily and appropriate follow up reminders produced. Referral forms attached to the complaint form carry deadlines and staff sign the referral form as acceptance of the form and acknowledgement of the deadline so there is an auditable trail in the event of late reply that can be challenged.</p> <p>The quality of complaints responses has improved significantly since the inspection and supported by a weekly quality assessment of a sample of completed replies by the Complaints Administrator and relevant functional heads at a weekly business review meeting attended by the senior management team.</p> <p>For transparency, all late complaints are clearly referred to on the monthly statistical report issued to the SMT meeting and customer.</p> <p>Complaints will be added to the standing agenda for the quarterly quality improvement group (QIG) meeting to ensure that trends are considered and strategy put in place to counteract emerging themes.</p>	Head of Governance	30 June 2016
5.29	Health services Staffing shortages and skills-mix gaps should be addressed to ensure clinical services are safe and meet prisoners' health needs. (2.52)	Accepted	<p>Recruitment and retention to NHS services is a national risk and has been a focus for Parliamentary discussion. To address recruitment and retention, events have been held to promote the service and improve staff recruitment. Normal Trust vacancy control processes have been suspended to avoid any delay in recruitment. A recruitment and retention task force has been implemented led by Area Managers.</p> <p>The recent recruitment events have been highly successful in filling the majority of vacancies with posts now having been offered and clearances sought, with the exception of Band 5 registered general nurses (RGNs) where only half of these posts have been filled. Urgent consideration is being given to grade mix and Recruitment Retention Premium (RRP) as incentives for</p>	Head of Offender Health (Notts Healthcare NHS Trust)	31 August 2016

			residual vacancies. A further recruitment event is being organised specifically for RGNs.		
5.30	All clinical areas should fully comply with infection control standards. (2.53)	Accepted	<p>The waiting room for the patients has undergone refurbishment; the floor covering has been replaced to meet Infection Prevention Control requirements (IPC). The room has been redecorated.</p> <p>Health promotion leaflets are on display within the waiting area.</p> <p>Lockable notice board has been purchased to display information within the waiting area.</p> <p>Wipe clean furnishings have been purchased.</p>	Head of Offender Health (Notts Healthcare NHS Trust)	Completed
5.31	Custody staff should be reminded of the emergency protocol and always call an ambulance when required. (2.54)	Accepted	A Director's Order (DO11/2016) was issued detailing the emergency protocol and code system (Red and Blue) for all staff. This includes specific instruction about call for an ambulance.	Deputy Director	Completed
5.32	Prisoners with lifelong conditions should receive regular reviews from appropriately trained and supervised staff that generate an evidence-based care plan. (2.63)	Accepted	<p>SystmOne templates guide the staff through appropriate care planning for patients admitted to HMP/YOI Doncaster with long term conditions. The templates are underpinned by NICE Guidelines. SystmOne is linked to Quality Outcome Framework that is used nationally in all community GP practices. This framework identifies all patients at point of reception and adds the patient to a long term condition (LTC) register. This register is monitored by the clinical matron in physical health who makes sure all patients are seen in clinic and appropriate measures are taken to ensure the patients receives treatment directly related to their LTC. The Quality Outcome Framework is specific and provides the Nurse with advice on treatment expectations for any patient presenting with any LTC condition. All referral procedures are embedded into everyday practice. SystmOne has an automated referral system where tasks to relevant services are automatically generated. To improve safety in managing key clinical conditions at the point of reception a number of 'task alerts' are triggered on the reception screen for palliative care, cancer, LTCs and diabetic (on insulin) patients entering the establishment. These alerts are sent to senior nursing staff on site (i.e. Band 6 and 7 nurses in physical healthcare) to alert them to the admission of a patient in these categories and to prompt action.</p> <p>In addition, all patients entering the establishment with a LTC are</p>	Head of Offender Health (Notts Healthcare NHS Trust)	Completed

			<p>added to appropriate recalls lists for LTC reviews (6 weekly / annual etc.) as per the physical healthcare service model.</p> <p>Case management and complex care reviews have been implemented. The quality is being standardised across the directorate through peer review assurance visits and standardised templates for handover / meetings etc. On a weekly basis, clinical team leaders discuss patients with complex needs; they are assigned a named nurse to the patient who takes responsibility for the patients care. The assigned named nurse is responsible for ensuring all care plans are implemented and evaluated. Updates on the patients care are reported at the weekly case management reviews and recorded in the patients SystmOne medical records.</p> <p>Processes have been refined a number of times to incorporate learning from incidents and serious untoward incidents to improve the quality of case management.</p>		
5.33	There should be adequate escort arrangements for prisoners to attend hospital appointments, and the health care department and the prison should monitor external hospital appointments jointly and robustly. (2.64)	Accepted	<p>At the time of the inspection staff resources were such that non-urgent escorts sometimes had to be cancelled. Since additional resources have been implemented and new staffing profiles introduced, which included expansion of the escort group, this has ensured consistency and adequate escort arrangements. Escort arrangements and planning has been bolstered with new weekly meetings between healthcare and security taking place to discuss priorities and risks.</p> <p>Formal governance exists in the form of monthly joint meetings between the Director, the Head of Offender of Health (Nottinghamshire Healthcare NHS Trust) and their regional senior management. Review of hospital appointments and wider issues are discussed at this meeting.</p>	AD Security & Operations	Completed and ongoing
5.34	Patients should receive their medications promptly to ensure they continue appropriate treatment. (2.70)	Accepted	Medication reconciliation process has been reviewed to minimise risk. A number of different procedures have been implemented and have been audited to ensure compliance. The process will be kept under constant scrutiny.	Head of Offender Health (Notts Healthcare NHS Trust)	31 August 2016
5.35	In-possession medicines risk assessments, which consider the risks of the drug as well as the patient should be completed routinely and	Accepted	<p>The in-possession policy is currently under review with the pharmacy Quality, Innovation Productivity & Prevention (QUIPP) group.</p> <p>The In-Possession Risk Management and In-Possession Audit</p>	Head of Offender Health (Notts Healthcare	31 August 2016

	consistently. The in-possession policy should be robustly followed, and the status and reasons for the determination recorded accurately on SystmOne. (2.71)		Template is located on the SystmOne Clinical Tree. The templates are explicit in terms of procedure therefore it is not possible to complete the procedure incorrectly. Reports are generated on a quarterly basis to ensure all patients with in-possession medication have in-possession risk assessment compliance.	NHS Trust)	
5.36	Lockable cupboards should be provided in cells for patients prescribed in-possession medication, and there should be adequate supervision of all medicines administration to ensure confidentiality and prevent diversion. (2.72)	Accepted	<p>As part of the prison-wide redecoration and refurbishment programme, a significant number of lockable units were ordered; delivery was made after the inspection and since then they have been a key part of the programme. They have been installed in all residential units, except one and installation is due to be completed by the end of June 2016</p> <p>Adequate supervision arrangements are in place to ensure confidentiality and prevent diversion, including detailed written protocol provided in the dispensing stations for nursing staff to consult.</p>	Director	30 June 2016
5.37	Mental health patients should have access to all clinically indicated psychological and group interventions, including professional counselling. (2.80)	Accepted	<p>A new role of an ACCT/segregation support nurse has been implemented. They are responsible for receiving the daily ACCT list, completing assessments and providing additional support on a one-to-one basis to patients who require low level intervention. This role works directly with safer custody.</p> <p>The primary mental health team is complemented with a Psychosocial Wellbeing Practitioner (PWP) working five days a week averaging four to five contacts a day, activity levels at step 2 of the stepped care model. The team benefits with the service of high intensity cognitive behaviour therapist who attends once per week. A psychologist attends once per week.</p> <p>At the time of inspection the secondary mental health service team was operating at 50% capacity, the Primary mental health team was operating at 30% capacity. Two of the senior mental health nurses in post were relatively new to the Band 6 role and were still developing clinically; further training and development requirements have been highlighted and will be taken forward. Interviews are scheduled for May 2016 and it is envisaged that improved resources will enable a wider range of interventions to be facilitated.</p> <p>A band 6 RMN has been recruited also. A newly-appointed Clinical Matron to lead the service and all future initiatives will</p>	Head of Offender Health (Notts Healthcare NHS Trust)	31 July 2016

			develop action plans to address outstanding HMIP expectations. Group work development is underway and is work in progress with the mental health Quality, Innovation Productivity & Prevention (QUIPP) group.		
5.38	Transfers of patients to mental health services should take place within the current time guideline. (2.81)	Accepted	<p>Accepted with acknowledgement that this is sometimes outside the control of the prison and presents as a matter for NHS England Commissioners as there are evidenced issues over spaces and capacity. However, the prison will make every effort to facilitate transfers within the scope of its remit. Where issues exist outside this remit, such as availability of spaces, this remains beyond the control of the prison.</p> <p>England Health and Justice commissioners have escalated this as a national issue and discussions are taking place between NHS England Health and Justice and Specialised Commissioning teams and with NOMS to identify issues and possible resolution.</p>	Head of Offender Health (Notts Healthcare NHS Trust)	Completed and ongoing
5.39	There should be a rolling programme of mental health awareness training for all discipline staff. (2.82)	Accepted	Mental health awareness training will be provided to all discipline staff, beginning with all new starters on the PCO initial training course, and delivered by the prison's mental health team. From this point a rolling programme of training will be implemented. To deliver this package to its full potential a full day's training would be required. Initial training for existing staff would be in specific areas managing prisoners presenting with mental health issues.	Head of Offender Health	30 September 2016
	Catering				
5.40	Acceptable standards of hygiene should be maintained in the kitchen and on food trolleys and the communal microwaves. (2.87)	Accepted	<p>Cleaning schedules are in place in the main kitchen and all wing serveries on the residential units. Daily hygiene checks by the catering manager and support team take place.</p> <p>All prisoners are trained in basic food hygiene and food safety before commencement in employment as server workers. All training is documented on individual learner files. Food trolleys are checked after every meal by staff and prisoners clean them prior to return to the main kitchen.</p> <p>The catering admin staff have been allocated responsibility for wing serveries in terms of checking cleanliness, availability of documentation and equipment. Demonstrable improvement in this area will be evidenced by the target date.</p>	AD Regime Services & Reducing Reoffending ADs Residential	31 July 2016
	Purchases				
5.41	Prisoners' catalogue orders should be processed	Partially Accepted	An additional resource has been employed to manage catalogue orders. All catalogue order are now processed at the same time	AD Regime Services &	Completed and ongoing

	promptly, and they should not be charged for such orders. (2.91)		as local canteen/shop orders. Administration charges for catalogue orders are mandatory under section 7 of PSI 23/2013, and provide a contribution towards the costs incurred in providing this service. It is not subject to local discretion, and is in addition to postage and packing. The catalogue-handling fee may be waived in circumstances where products are being purchased as specific requirements for a protected group, where to charge a handling fee would disadvantage the individual compared to the general population	Reducing Reoffending	
	Learning and skills and work activities				
5.42	Accurate data covering all aspects of learning and skills and work should be available to managers so that they can make timely and informed judgements about all aspects of the provision. (3.9)	Accepted	Monthly QIG meetings will be re-established to discuss all relevant information to inform judgement on provision. This will include scale of need, retention, success rates, allocation, and attendance data gathered from all learning and skills and work areas. The Head of Activities, Learning & Skills will chair the QIG meeting and will drive improvement in quality, success and improving the learner experience.	Head of Activities, Learning & Skills	30 September 2016
5.43	The achievements of young adult prisoners should be monitored and analysed separately from those of adult prisoners, and effective action taken to remedy any underperformance. (3.10, repeated recommendation 3.15)	Accepted	Young adult prisoners will be identified through Prison-NOMIS. The education provider (NOVUS) will identify achievements through data reports and analyse achievement against population. Harder to reach young adults will be identified to be given the opportunity to start their learning on the wing and be given support to move to mainstream education. The workshops and other providers will monitor achievements which will be monitored at the monthly QIG meeting.	Head of Activities, Learning & Skills	30 September 2016
5.44	Tutors should apply higher and consistent standards to the marking of learners' work and the feedback they provide to help them improve. (3.22)	Accepted	A pilot scheme has been launched to implement consistently high standards of marking and feedback and this to be rolled out to all curriculum areas. Tutors will be trained in giving constructive feedback that moves the learner forward.	Offender Learning & Skills Service (OLASS) ASS Manager	31 July 2016
5.45	Prisoners' achievement of English at entry level should be improved so that it is at least good. (3.28)	Accepted	Review of Entry Level English performance to take place. This review to include diagnostic, resources, teaching strategies, delivery and procedures. An action plan will be drawn up and monitored at Novus SMT meetings and the findings fed into the prison wide monthly QIG meeting.	OLASS Manager	30 September 2016
	Physical education and healthy living				
5.46	Managers should ensure that	Accepted	Gym and library sessions have been re-timetabled and the new	AD Regime	Completed and

	prisoners are able to visit the gym and library at their allotted times. (3.37)		<p>times went live in March 2016 with no conflicts identified. All wings have one timetabled library session in the week.</p> <p>Escort and wing resources are now in place to facilitate movement, completed in March 2016.</p> <p>Governance of this in the form exists in weekly Prisoner Activity and Information Committee meetings attended by prisoner wing representatives and chaired by the Director that give wing representative opportunity to raise any issues over timings.</p>	Services & Reducing Reoffending	ongoing
5.47	The PE department should collect and analyse data on gym attendance to identify any groups of prisoners who do not participate in PE and to encourage them to take part. (3.38)	Accepted	<p>The PE department (Sports Academy) has published a timetable of PE activity for all wings and attendance is recorded and monitored. PE staff proactively engage with prisoners to promote PE and encourage participation. PE is widely advertised throughout the prison.</p> <p>The PE staff will target prisoners who are identified as not attending to encourage them to participate using the prison's IT-based Custodial Management System that generates management information.</p>	AD Regime Services & Reducing Reoffending	31 July 2016
	Strategic management of resettlement				
5.48	The prison should develop a clear strategic approach to offender management and resettlement, based on an up-to-date needs analysis that clearly outlines the role of each department, how work should be integrated and how the needs of prisoners can be consistently met. (4.6)	Accepted	<p>HMP/YOI Doncaster will develop a new strategic resettlement document to provide a clear multi-partner approach to delivering resettlement services given the national changes in commissioned resettlement services and wider reliance on commissioned third-party providers. This document will be informed by a local assessment of prisoner needs across the resettlement pathways.</p> <p>This is supported by a bi-monthly meeting for all partner agencies that began in May 2016 to discuss and share appropriate information, learning, issues and concerns. It will provide a platform for these respective organisations and work areas to ensure a cohesive delivery of resettlement services. This includes awareness of, and potential improvements to, services offered, the assessed needs of our prisoners, and analysis of outcomes for our prisoners.</p>	AD Regime Services & Reducing Reoffending	31 August 2016
	Offender management and planning				
5.49	Basic custody screenings, sentence and resettlement plans should include relevant	Accepted	Requests for information will be sent out for all offenders prior to the completion of offender assessment system (OASys) assessments. This information feeds directly into a prisoner's	Service Manager (Catch22)	30 June 2016

	information from all departments, which should centrally record the work that they are undertaking. Prisoners should receive a copy of their plans. (4.14)		<p>sentence plan with appropriate and specific targets to address offending behaviour and levels of risk. Initial information will also be requested from the prison's public protection unit where appropriate to inform the Initial Categorisation & Allocation (ICA) process.</p> <p>Additionally a personal officer scheme has been developed where prisoner have a nominated personal officer who can feed into this process by providing current and informed contributions about specific prisoners to aid the process.</p> <p>Sentence and resettlement plans will be provided to prisoners to maintain their awareness of targets and expectations set.</p>		
5.50	Caseworker professional development should include skills in engagement with prisoners to support work in challenging offending behaviour, assessing risk and reducing likelihood of reoffending. (4.15)	Accepted	Work is to be developed around motivational interviewing skills such as FMI training and bespoke courses in agreement with our programmes department. Training will include motivational interviewing and working with high risk sex offenders.	Service Manager (Catch22)	30 June 2016
5.51	All necessary reports relating to home detention curfew should be completed within agreed timescales, and there should be a process for escalating concerns about delays. (4.16)	Accepted	<p>A receipt form from the discipline office will be signed by the senior case worker to acknowledge receipt and will ensure completion within the desired time frame. Any delay will be escalated through the respective service managers</p> <p>Residential wing conduct reports are issued directly to residential Custodial Operations Manager who sign for them and issue them to wing staff for response. If there is a delay in receipt then it is taken up with the Residential Assistant Director for the relevant houseblock.</p> <p>External agencies are given 10 working days to provide the relevant information. At the deadline point if nothing has been received the initial request is resent, either by fax or by email and requested again. The establishment has very limited control over responses from external agencies though an escalation process now exists to raise the issue of timeliness of information provided by external agencies in the form of the established monthly South Yorkshire Service Integration Group meetings.</p>	Service Manager (Catch22)	30 June 2016
	Reintegration planning				
5.52	The prison should ensure there is clear monitoring data	Accepted	NACRO, the NOMS appointed Community Rehabilitation Company (CRC) chosen to deliver the Through the Gate	AD Regime Services &	30 June 2016

	on prisoners' accommodation on release, and should resolve shortfalls in provision. (4.25)		<p>interventions, have agreed a statistical-based performance reporting structure that will feed data into the senior management via the functional head of this area.</p> <p>Shortfalls in provision of information are addressed directly with the CRC during monthly meetings held with the functional head.</p>	Reducing Reoffending	
5.53	The prison should establish links with a broader range of employers to improve prisoners' employment prospects on release. (4.28)	Accepted	<p>NACRO is engaging with other internal commissioned partners and external agencies to improve employment prospects. NACRO, WISEAbility and the National Careers Service are all embedded and providing a good service. The partner-working has been greatly enhanced with scheduled monthly meetings between these parties (Enablers) chaired by the functional head (AD Regime Services & Reducing Reoffending).</p> <p>HMP/YOI Doncaster will develop a new strategic resettlement document to provide a clear multi-partner approach to delivering resettlement services including employment support. This document will be informed by a local assessment of prisoner needs across the resettlement pathways.</p> <p>Effectiveness of their delivery will be evaluated in these monthly meetings and quarterly QIG meetings. Additional evaluation takes place at monthly service integration group meetings attended by local prisons and the CRC representatives.</p>	AD Regime Services & Reducing Reoffending	31 August 2016
5.54	The management of visitors and prisoners going in and out of the visits hall should be well coordinated and adequately supervised, and all visits should start on time. (4.35)	Accepted	<p>Custodial frontline staff resources have increased 38% since the inspection, allowing for consistent staffing numbers in all areas including the visits department. New staffing profiles and shift patterns have been implemented from the beginning of 2016 and deliver appropriate resources to adequately supervise and coordinate visits activity and therefore reduce the likelihood of late visits.</p> <p>To reduce issues around this aspect fixed sessions are to be introduced that will reduce the volume of movement and therefore aid control and supervision.</p>	AD Regime Services & Reducing Reoffending	30 June 2016
5.55	The number of visits available to unconvicted prisoners should not be restricted. (4.36)	Partially Accepted	<p>Visits are provided in line with Prison Service Instruction 16/2011 <i>Providing Visits and Services to Visitors</i>, whereby unconvicted prisoners must be allowed visits lasting at least one hour on at least three days a week, which includes weekends.</p> <p>Unconvicted prisoners have visits entitlements based on their regime level but all unconvicted prisoners, regardless of regime level, can have three one-hour visits per week, one of which can</p>	AD Regime Services & Reducing Reoffending	Completed

			be on a weekend as per the policy. Additional visits are provided on a first come first served basis with ten additional tables provided in each session for both convicted and unconvicted enhanced regime prisoners.		
5.56	Appropriate vulnerable prisoners should have access to Families First interventions, subject to a risk assessment and where there are no statutory safeguarding restrictions. (4.37)	Accepted	<p>Risk assessment is undertaken for the attendance of vulnerable prisoners in family interventions.</p> <p>Vulnerable prisoners can apply for the following two specific family interventions: the family Social Kitchen and the Treasure Box session for seasonal greeting cards.</p> <p>The Parenting course and Relationship Course are open to all prisoners but dependant on offence. Acceptance of vulnerable prisoners on this course is by documented risk assessment on an individual basis, particularly if a stipulated requirement from external Probation for example.</p> <p>Nature of offence prisoners are excluded from child contact-oriented interventions such as "Daddy Newborn" that teaches all aspects of baby care including bathing and "Daddy Toddlers" in accordance with statutory safeguarding protocols. The prison has a strict duty of care to both visitors, vulnerable prisoners and other prisoners attending such interventions and we will not place any party in any danger through inappropriate acceptance of such prisoners.</p>	AD Regime Services & Reducing Reoffending	Completed and ongoing
5.57	The prison should assess the effectiveness of its current offending behaviour programmes to ensure that they meet the reoffending reduction needs of the population, and seek alternative programmes if necessary. (4.41)	Accepted	<p>A detailed needs analysis was completed in December 2015 in preparation for producing the annual interventions plan. It provided the rationale for requesting re-instatement of the thinking skills programme for local delivery and a medium-risk violence programme. Substance use was also identified as a need, however interventions for that sit firmly within the remit of the NHS. The annual interventions plan was submitted in February 2016 and initial approval given in April 2016.</p> <p>Ongoing assessment takes place via the monthly multi-disciplinary drug strategy meeting and the quarterly QIG meeting as to the effectiveness of the programmes and annual needs analysis assesses effectiveness further.</p>	AD Regime Services & Reducing Reoffending	Completed
5.58	The prison should develop a strategy to address the management of and engagement with prisoners	Accepted	This prison does not run sex-offender treatment programmes (SOTPs) and therefore requires prisoners to be transferred to specific establishments that provide this intervention.	AD Bridges & Head of Interventions	31 July 2016

	convicted of sex offences. (4.42)		A strategy to address the management of these prisoners will be developed between the Interventions and offender management teams to allow more effective engagement with this group to identify their needs and ensure they are addressed.		
	Housekeeping points				
	Faith and religious activity				
5.59	Newly arrived prisoners should be able to see a chaplain. (2.32)	Accepted	A review of Chaplaincy provision has been undertaken to ensure requirements are met with a view to filling the current vacancies in the team with sessional and employed Chaplains so that the team reflects the make-up of the prison population and delivers statutory responsibilities.	AD Regime Services & Reducing Reoffending	31 August 2016
5.60	All prisoners should have an opportunity to wash before Friday prayers in facilities in the faith area. (2.33)	Accepted	A bespoke wudu was installed in January 2016 and allows all Muslim prisoners the opportunity to wash immediately before their Friday prayers. The wudu is situated in a room directly adjacent to the faith area.	AD Regime Services & Reducing Reoffending	Completed
	Complaints				
5.61	Complaint forms should be freely available on all units. (2.37)	Accepted	Complaints forms are delivered to each wing on each unit by the Complaints Administrator as required with checking of stocks taking place daily (Monday to Friday) as part of daily complaints form collection duties. Forms are kept both beside the complaints box and with other wing-based forms. Wing staff will ensure forms are not removed as part of poor behaviour through daily supervision.	Residential ADs	Completed and ongoing
	Legal rights				
5.62	Prisoners should know that they can borrow an 'access to justice' laptop, and the application process should be clear. (2.40)	Accepted	New laptops to facilitate the national Access To Justice scheme have been purchased and application process material, including IT usage compact, obtained. Printed literature on applying for laptops for use in their legal cases will be produced and displayed on all units and in the prison library.	Head of Governance	30 June 2016
	Health services				
5.63	Health promotion material should be displayed in health care waiting rooms and notices displayed informing prisoners that information is available in other languages on request. Barrier protection should also be advertised. (2.55)	Accepted	Although health promotion literature is readily available outside of the waiting room, health promotion leaflet displays have been sourced for inside the waiting area as recommended. All health promotion literature has an instruction on the reverse in seven different languages to request the full literature in their desired language from health care staff. Barrier protection notices are displayed in a number of clinical areas across the establishment.	Head of Offender Health (Notts Healthcare NHS Trust)	Completed

5.64	Health care complaint and application forms should be readily available on the wings, and the process for each well advertised. (2.56)	Accepted	<p>Clearly labelled complaints boxes have been wall-mounted across the establishment, with complaint forms displays to allow easy access to the complaint forms. The displays have been replaced on several occasions due to vandalism. This has been discussed at the healthcare forum to highlight vandalism and the effects this action has on their accessibility to complaint forms.</p> <p>The complaint form displays are replenished three times a week when the complaint boxes are emptied. Complaints, Compliments, Comments and Concern posters have been displayed on all residential areas. All healthcare notice boards on the wings will display up-to-date information.</p>	Head of Offender Health (Notts Healthcare NHS Trust)	Completed
5.65	Heat-sensitive medicines should be stored safely, maximum and minimum temperatures for all medical refrigerators should be recorded accurately, and corrective action taken when necessary. (2.73)	Accepted	Standard operating procedures for the temperature control of medicines, both refrigerated and room temperature have been re-circulated to all staff to make sure compliance with procedure. Robust management checks are in place to make sure staff remain compliant with the procedure. Clear audit trails are in place to ensure any omissions or failings are traced back to hold individuals to account for non-compliance.	Head of Offender Health (Notts Healthcare NHS Trust)	Completed
5.66	Old pharmacy reference books should be discarded to ensure that any information used is up to date. (2.74)	Accepted	All British National Formulary (BNF) Reference Books have been removed.	Head of Offender Health (Notts Healthcare NHS Trust)	Completed
5.67	Entries in the controlled drug register should comply with legislation, patientReturned controlled drugs should be recorded appropriately, and the controlled drug cabinet keys should be kept securely and not accessible to all staff. (2.75)	Accepted	<p>All Controlled Drugs (CD) legislation requirements have been revisited with staff.</p> <p>Competency packages have been completed with all new staff to ensure CD Legislation compliance</p> <p>All medicine keys are to be stored in a new electronic secure key vend (Traka) system to ensure clear audit trail and close monitoring of the medication keys.</p> <p>The Traka system has been purchased and is awaiting installation, expected to take place by the end of June 2016.</p>	Head of Offender Health (Notts Healthcare NHS Trust)	30 June 2016
Catering					
5.68	Wing serveries should be supervised by staff, and servery workers should be correctly dressed. (2.88)	Accepted	Daily briefings to wing staff carry instruction to supervise the wing including the serveries. Additional staffing resources are allowing wing staff to appropriately supervise this area. Staff are reminded to make sure servery workers are correctly attired at all	Residential ADs	Completed and ongoing

		<p>times and during the preparation period before lunch and tea there is ample time within the wing routines for workers to be adequately prepared.</p> <p>Manager daily duty task check sheets are in use and this one identified action for them to check on a daily basis and record the fact. Residential Custodial Operations Managers (COMs) also document checks in servery log books and the checks cover supervision and attire aspects.</p>		
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<i>Recommendations</i>		<i>Housekeeping Points</i>	
Accepted	55	Accepted	10
Accepted Subject to Resources /Partially Accepted	2	Accepted Subject to Resources /Partially Accepted	0
Rejected	1	Rejected	0
Total	58	Total	10