

ACTION PLAN: HMCIP REPORT
ESTABLISHMENT: HMP FOREST BANK

TIMETABLE	DATE	STATUS OF THIS RETURN
Full Unannounced inspection	8–9, 15–19 February 2016	
Report published	14 June 2016	
Action Plan Submitted	1 September 2016	Attached

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ESTABLISHMENT: HMP FOREST BANK

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				
5.1	Prisoners who are at risk of suicide or self-harm and are segregated, on the basic regime or self-isolating should have access to regular and meaningful contact with staff and prisoners and to activity, in order to reduce their risk of harm. Assessment, care in custody and teamwork (ACCT) documents should clearly reflect the care planning and quality of interaction provided. (S55)	Accepted	<p>Prisoners at risk of suicide or self-harm on reduced regimes will have the following in place:-</p> <ul style="list-style-type: none"> • A dedicated ACCT Case Manager in conjunction with the relevant Residential Manager will review the risk of suicide and self-harm on an individual basis. • A comprehensive care plan managed through ACCT process and their associated regime. • The care plan will include an evaluation of suitable interventions, activities and interactions to reduce risk and distress. • meaningful contact entries in accordance with policy and reviews recorded and documented <p>Prisoners self-isolating or on the basic regime will have the following in place:-</p> <ul style="list-style-type: none"> • A comprehensive re-integration plan managed through the Incentives and Earned Privileges (IEP) scheme. • The plan will include an evaluation of suitable interventions, activities and interactions to encourage improved behaviour. • meaningful contact entries in accordance with policy and reviews recorded and documented 	Head of Safer Custody	31.10.16
5.2	The regime on the basic wing should be improved and, on the basis of risk assessments, should allow more time unlocked and contact with	Accepted	<p>A recent accommodation review has been carried out and work continues looking at the aesthetics of house block F1, the Reward and Rehabilitation unit, a further evaluation and progression of the current model particularly:-</p> <ul style="list-style-type: none"> • Five minute interventions 	Head of Residence	31.10.16

	staff to enable prisoners to demonstrate improved behaviour. Behaviour change programmes should be delivered consistently and reviews should discuss and reflect prisoners' progress. (S56)		<ul style="list-style-type: none"> • Conflict resolution training • Custodial Violence Management Model <p>To achieve behavioural changes, the prison will further develop trusting personal relationships using one to one sessions, Interventions, Education, Offender Managers and the Community Rehabilitation Company (CRC), to achieve:-</p> <ul style="list-style-type: none"> • Collaborative assessment and goal setting • Building and maintaining motivation • Structured supervision <p>This will give prisoners the opportunity to engage with staff and the chance to demonstrate improved behaviour.</p>		
5.3	Primary mental health services should be improved, to ensure that they meet prisoner need. Conditions on the inpatient unit for those with mental health issues should be improved, to ensure that their basic daily needs are met and that they have access to adequate time unlocked and therapeutic activities. (S57)	Accepted	<p>The Primary Care provision at HMP Forest Bank is captured within the contract NOMS has in place with Sodexo as part of the overall Prison Services. Secondary Care Mental Health services are commissioned by NHS England (NHSE) and provided by GMW and discussions will be undertaken with the respective Commissioners and providers to look at ways of developing a seamless stepped care model of mental health delivery. NHSE are informed that a review has been commissioned and the following will ensue:-</p> <ul style="list-style-type: none"> • Full needs assessment • Evaluate resources and current services • Define core day • Review working practices • Consider additional activities • Publish and implement revised programme 	Head of Healthcare	31.12.16
	Recommendations To GEOAmev				
	Courts, escort and transfers				
5.4	Prisoners should be transported to the prison from court promptly once their case has been heard (1.6).	Accepted	<p>The objective of minimising the time prisoners spend waiting in court cells is reflected in the Prison Escort Custody Service (PECS) contract. The contractors are 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 results in more efficient scheduling, with a reduction in prisoner waiting times in</p>	The Prison Escort Custody Services (PECS)	Completed and ongoing

			addition to significant savings to the service. Reducing waiting times is also dependent upon a certain of factors and liaison with stakeholders, notably Her Majesty's Courts & Tribunals Service and also on the times that the prisoners' cases have been dealt with by the courts. PECS will 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.		
5.5	Prisoner escort records should be comprehensive and address all areas of risk. (1.7).	Accepted	The PECS court escort contractors are required to manage the movement of prisoners via the Person Escort Record (PER). The PER records risk based information as well as a history of events. When receiving any prisoner from a stakeholder, the escort staff should expect all identified risks to be clearly documented on the PER and a verbal brief of these risks. Any documentation provided by the prison will also be transported with the prisoner (although the court escort contractor has no contractual responsibility to ensure additional documentation is presented). The escort contractor is reliant on accurate information within the PER from external agencies, to enable them to manage risk both appropriately and instinctively. The PECS court escort contractor is required to maintain a chain of custody, recording, upon the PER, all significant and salient events, fully updating risks if and when these change. PECS Contract Delivery Managers (PECS CDMs) routinely audit PERS and the entries from the contractors and stakeholders. Where PECS CDMs identify poor completion these are addressed with the contractor/stakeholder directly.	PECS	Completed and ongoing
	Recommendations To NOMS				
	Categorisation				
5.6	Convicted sex offenders should be transferred within a short timescale to more appropriate prisons, so that they can progress. (4.24)	Accepted	NOMS' policy is that those convicted of sexual offences who are serving over 12 months are transferred from local prisons to an establishment of the right security category which is commissioned to hold prisoners convicted of sexual offences. HMP Forest Bank manages the allocation of these prisoners held at the prison including requesting appropriate transfers. For some groups, however, particular bottlenecks develop and at this time this appears to be the case for prisoners convicted of sexual offences. It is important that activity to address shortfalls in capacity are co-ordinated and work is already underway to ensure that estate capacity is realigned from 2016/17 to cater for demand for places, including those convicted of sexual offences.	Prison Estate Transformation Programme	2016/17

	Recommendations to the director				
	Early days in custody				
5.7	Delays for prisoners in reception should be reduced and all newly arrived prisoners should be able to shower and settle in to the first night wing, irrespective of their time of arrival. (1.16)	Partially Accepted	<p>All prisoners received into HMP Forest Bank during the core day are generally located onto the Induction wing as soon as it is operationally practicable. The system has been reviewed both medically and operationally. The doctor will for a trial period be relocating to G/H wing clinic room. Prisoners following the initial reception screening will be transferred to G/H wings. This will enable the prisoner to settle in, shower etc. The prisoner will then be escorted down to the GP surgery for their healthcare interview with the doctor at an appointment time. This will remove the waiting period.</p> <p>However, prisoners arriving during patrol state will be given toiletries to enable them to take a wash in their cell. Priority will be given to any prisoners arriving late to shower the following day.</p>	Head of Residence and Healthcare	31.10.16
5.8	Induction information should be provided in a variety of languages and formats. (1.17, repeated recommendation 1.17)	Accepted Subject to Resources	<p>Basic information will be provided in written form in a variety of languages. However, to improve prisoner's access to information and ensure induction information is communicated effectively the following will be actioned:-</p> <ul style="list-style-type: none"> • A viability study will be conducted to facilitate basic information being uploaded onto the kiosks (electronic prisoner information points) in a number of languages, and • Consideration will be given to the provision of visual aids to offer information to prisoners of other languages through sight by picture, photos and symbols. 	Head of Residence and Head of Administration and Performance	31.12.16
	Bullying and violence reduction				
5.9	An effective process for challenging and reducing repeated violent behaviour and for supporting victims of such behaviour should be implemented and managed robustly. (1.25)	Accepted	<p>Prisoners displaying repeated violence and challenging behaviour will be robustly managed using the tools available in the Local Violence Reduction Strategy. But also by progressing the following:-</p> <ul style="list-style-type: none"> • a review of the prisoner support scheme to support victims of violence in custody • Five Minute Interventions • Conflict Resolution Training <p>CVMM Additionally, the revised approach for perpetrators will be</p>	Head of Security and Operations	31.12.16

			<p>multi-disciplinary and will include:-</p> <ul style="list-style-type: none"> • Reward and Rehabilitative measures, and • Internal and external rewards and sanctions <p>Furthermore, the current CVMM pilot that was launched in March 2016 for a six month period, includes Psychological interventions for the duration of the pilot.</p>		
5.10	The risk to young adult prisoners from adult sex offenders should be assessed to reduce their risk of exploitation from adults. (1.26)	Accepted	Standard CSRA processes will be enhanced with a supplementary review into the safety of those young adults accommodated on wings also accommodating sex offender adults. A separate pro-forma will be developed to manage this.	Head of Residence	31.12.16
5.11	Prisoners who require protection should not remain on main location without adequate access to the regime and outdoor exercise. (1.27)	Accepted	<p>Prisoners who require protection and are located on house blocks C2 and H2 in the main are able to access a full regime; however, prisoners located on house block E1 are only able to access a spilt regime. This consists of morning and afternoon association with exercise available in the afternoon. However, house block E1 will return to a full regime once the population increases.</p> <p>Structured movement to work is currently in place and two new workshops opened at the beginning of July 2016 to provide more activity spaces for vulnerable prisoners (VPs).</p> <p>Consideration will be given to:-</p> <ul style="list-style-type: none"> • A review of the Core Day • A review of the activity spaces to evaluate the option of providing further/more activities and opportunities for VPs 	Head of Residence	31.12.16
Self-harm and suicide					
5.12	Staff entries in assessment, care in custody and teamwork (ACCT) documents should be improved. (1.33, repeated recommendation 1.42)	Accepted	<p>A review has been carried out and the following will be actioned:-</p> <ul style="list-style-type: none"> • On-going training for ACCT Case Managers. • Continuing refresher training • Allocation of a fixed/dedicated Case Manager to an individual prisoner from 4 July 2016. (A Case Manager will be allocated until the ACCT process has concluded), or until a prisoner is released or transferred. • Quality Assurance will be provided by the identified Case Manager, with responsibility for on-going quality and 	Head of Safer Custody	31.10.16

			management checks.		
	Safeguarding				
5.13	There should be an adult safeguarding policy which addresses the duty of staff and the local authority to identify, refer and implement care for prisoners requiring safeguarding from abuse and exploitation in the prison and on release. (1.36)	Accepted	<p>An Adult Safeguarding Strategy will be developed in partnership with the local authorities including the Salford Adult Safeguarding Board and Multi-disciplinary approach including the Practice Manager. The local policy will address:-</p> <ul style="list-style-type: none"> • Duties and responsibilities of staff • Duties and responsibilities of local authorities • Care plans/packages for prisoners that require protection from abuse and exploitation in prison and on release. 	Head of Resettlement & In-patient Manager	30.11.16
	Security				
5.14	Prisoners should only be strip-searched on the basis of intelligence or specific suspicion. (1.45, repeated recommendation 1.56)	Rejected	<p>Full searching will be carried out in accordance with the National Security Framework (NSF) and the Local Security Strategy (LSS) which will be reviewed to reflect intelligence led full searching where necessary.</p> <p>National security framework (NSF) Function 3.1/ Prison Service Instruction PSI 67/2011, Searching of the Person, sets out the minimum national searching requirements for prisoners.</p> <p>It requires that male prisoners outside of the high security estate are routinely given a full search on initial reception to prison, on reception on return from ROTL or an outside working party (closed prisons only), on return from a non-prison escort, on transferring to another prison and all other discharges apart from on final discharge and discharge for ROTL.</p> <p>All prisons must comply with the PSI's minimum requirements. Local risk assessments are undertaken in other circumstances and full searches can be conducted at any time on the basis of intelligence or suspicion.</p> <p>Full searching is an essential method used to find items of contraband secreted on the person and to prevent its importation into establishments. NOMS has a duty of care to prevent and deter illicit items from entering establishments which could be used by a prisoner to harm themselves or others.</p>	Security Group/Head of Security and Operations	31.10.16
5.15	Closed visits should only be	Rejected	Prison Service Instruction (PSI) 15/2011, <i>'Management of Security at</i>	Security	31.10.16

	applied where there is evidence of illicit activity relating to visits. (1.46, repeated recommendation 1.55)		<p><i>Visits</i>, provides that closed visits may be imposed in the absence of specific visits-related activity.</p> <p>Closed visits may be imposed as an administrative measure where necessary in accordance with Prison Rule 34 (1) and (3), i.e. for reasons of securing good order and discipline or for the prevention of crime or in the interests of any persons. They should be applied where prisoners are proved or reasonably suspected of involvement in smuggling prohibited items through visits, or are considered to pose a reasonable risk of involvement, or when the application of closed visits is otherwise necessary for the grounds specified in the Prison Rules. In considering the imposition of closed visits, establishments should be able to demonstrate that in deciding to apply closed visits they: (a) have taken into account all the individual circumstances of the case; (b) have acted proportionately; and, (c) have kept the requirement for the closed visit under review.</p> <p>At HMP Forest Bank, closed Visits will only be applied where there is evidence of illicit activity, however:</p> <ul style="list-style-type: none"> • The application of closed visits will reflect the requirements of the NSF function 10 and PSI 15/11 – Management of Security at visits. • Closed visits restrictions will be communicated in person to the prisoner and their right of appeal explained. Closed visits restrictions will be reviewed on a regular basis taking into consideration any positive progression on the part of the prisoner to demonstrate a change in behaviour. 	Group/Head of Security	
	Discipline				
5.16	Less serious offences committed by young adults should be dealt with by the IEP system. (1.53)	Accepted	As part of the review of house block E1 and the formation of the Reward and Rehabilitation Unit, consideration has been given to less serious offences being dealt with via the IEP. For this reason minor reports will be reinstated to facilitate less serious offences being dealt with via the IEP system for young adults.	Head of Residence	31.10.16
5.17	Individualised care and reintegration planning should be developed and implemented for longer-stay prisoners and those with complex needs. (1.63)	Accepted	<p>For prisoners with complex needs and longer stay prisoners the Reintegration Plan booklet has been reviewed and now includes a care plan to provide support and care for prisoners with individual and /or complex needs.</p> <p>For those residing in the Care and Separation Unit there are already</p>	Head of Residence	31.10.16

			a number of comprehensive reviews carried out and documented within the re-integration plan. However, current plans will be reviewed to ensure that individuals are able to access interventions to address their needs and recorded using the appropriate mechanisms.		
	Substance misuse				
5.18	First night treatment for opiate-dependent prisoners should be provided consistently. (1.69)	Accepted	Clinical substance misuse services are directly commissioned via NHS England. The Provider (Sodexo) has advised that this matter is to be referred to and discussed at the Corporate Medicines Management Meeting for further consideration and guidance. The approach outlined in 5.3 will be adopted to test the feasibility.	Head of Healthcare	31.10.16
5.19	Clinical reviews should take place in a respectful environment. (1.70)	Accepted	The Primary Care provision within HMP Forest Bank is within the contract NOMS has in place with Sodexo as part of the overall Prison Services. However, NHS E are advised that to ensure that Clinical Reviews take place in a respectful environment the following will be implemented:- <ul style="list-style-type: none"> • Published reminder to all staff/nurses that reviews and assessments must take place in an environment that conforms to medical in confidence protocols. • Ad-hoc management checks to ensure compliance 	Head of Healthcare	31.10.16
	Residential units				
5.20	Cells designed to hold one prisoner should not be used to hold two. (2.6, repeated recommendation 2.12)	Rejected	In order to provide sufficient places for the current prison population it is necessary for NOMS to maximise the use of all available places across the estate. The occupancy of prison cells is determined by establishments and certified by the Deputy Director of Custodial Contracted Services (DDCCS) in accordance with <i>PSI 17/2012 Certified Prisoner Accommodation</i> , which provides clear guidelines for determining cell capacities. Cells will only be shared where the DDCCS has assessed them to be of adequate size and condition for doing so.	DDCCS	
5.21	Emergency cell call speakers should not be blocked or muffled and calls should be answered within five minutes. (2.7)	Accepted	To ensure that emergency cell calls are dealt with efficiently and effectively the following will be instigated:- <ul style="list-style-type: none"> • A notice to staff will be issued reminding them of the importance of answering cell call bells within five minutes. • Health & Safety Manager will carry out a noise assessment. 	Head of Residence	31.10.16

			<ul style="list-style-type: none"> Business case and costings will consider the implementation of a new emergency cell call bell system. 		
5.22	Communal showers should be refurbished and include privacy screening. (2.8, repeated recommendation 2.13)	Accepted	Funding has been sought to refurbish the communal showers and decoration and drainage work has commenced. An Implementation schedule will be devised by prioritising health and safety risk and decency level.	Head of Residence	31.10.16
Staff-prisoner relationships					
5.23	The quality and frequency of staff (including personal officer) interaction with prisoners should be improved and include assessment of prisoners' well-being, and this should be reflected in meaningful case note entries. (2.12)	Accepted	<p>Prison-NOMIS case note entries are reviewed monthly by Unit Managers to ensure compliance. However, further Quality Assurance will be provided by:-</p> <ul style="list-style-type: none"> the Head of Residence Management Information Report Objective on Performance Development Records (PDRs) 	Head of Residence	Completed
Equality and diversity					
5.24	There should be clear guidance to staff on their responsibilities in relation to the care and support of prisoners with protected characteristics. (2.15)	Accepted	<p>The overarching Diversity Policy will be reviewed and drafted to:-</p> <ul style="list-style-type: none"> Ensure clear and concise guidance for all staff on how they can help and support prisoners with protected characteristics. and The existence of the Policy will be published in all areas to ensure consistency across the site. And Ensure that it is available to prisoners via the kiosks. <p>To ensure compliance with all NOMS policies and legislation the following will be considered:-</p> <ul style="list-style-type: none"> Full Needs Assessment Review of current practices Review of local policy Publish revised Strategy Ensure Prison-NOMIS records are current Implement a Quality Assurance process 	Head of Administration, Equality and Diversity	31.12.16
5.25	Equality data relating to access to the regime and	Accepted	The monthly Diversity, Inclusion Action Team will:-	Head of Administration,	31.10.16

	services, and to the treatment of prisoners with protected characteristics, should be monitored and presented for review at the diversity and inclusion action team meeting. (2.16)		<ul style="list-style-type: none"> • Discuss the Ethnic Monitoring Tool (EMT) • Ensure the data is discussed at the bi monthly Diversity Inclusion Action Team (DIAT) meeting once published on the Performance Hub. • Actions will be identified and agreed by the team and monitored via the same and the monthly Senior Management Team (SMT) performance meeting. 	Equality and Diversity	
5.26	Care and support plans should be multidisciplinary and ensure that appropriate levels of care and support are provided consistently. (2.27)	Accepted	<p>Care plans completed by the Diversity Lead for particularly vulnerable prisoners who identify with a Protected Characteristic (prisoners on Personal Emergency Evacuation plans (PEEPs) or identify with Transgender) will involve multiple departments and available for reference to all staff.</p> <p>The Diversity Lead will also update Prison-NOMIS 'Case notes' following all interactions with prisoners who attend the Diversity Surgery, which takes place three times per week. This will ensure all staff can easily update themselves on what support has been offered by the Diversity team.</p>	Head of Administration, Equality and Diversity	31.10.16
5.27	The personal emergency evacuation plan system should be applied consistently and provide assurance that the safety of all identified prisoners is assured in an emergency. (2.28)	Accepted	<p>To provide assurance that the safety of all identified prisoners is guaranteed in an emergency the following will take place:-</p> <ul style="list-style-type: none"> • Social Care Team will review the current process • Staff awareness will be promoted to ensure the process is executed robustly • Fed into the Safeguarding Sub-group. 	Head of Healthcare	31.10.16
Health services					
5.28	Health services staff should have regular, recorded access to individual management and Clinical supervision, and access to safeguarding training. (2.52)	Accepted	<p>The Primary Care provision within HMP Forest Bank is within the contract NOMS has in place with Sodexo as part of the overall Prison Services. Management and Clinical supervision is already in place however, the following will be revised and implemented:-</p> <ul style="list-style-type: none"> • A Database recording sessions will be kept as supporting evidence. • As per 5.39 Safeguarding training has been identified as priority for Healthcare staff and is scheduled from July 2016 – Feb2017. <p>The Secondary Care Mental Health Service and Clinical Substance Misuse are directly commissioned via NHS England, supervision & safeguarding training are mandated requirements of the Service</p>	Head of Healthcare	28.02.17

			Specifications for these services. To ensure compliance the ad-hoc checks will take place and documented to provide an audit trail.		
5.29	There should be an appropriate waiting room in the health centre for vulnerable prisoners. (2.53)	Partially Accepted	A review of the Core Day is currently underway and consideration will be given to split attendance/access to health services. Prisoners who are vulnerable currently wait in a disused ward. Chairs and refreshments are provided. At present there is no alternative to this practice.	Head of Healthcare	31.10.16
5.30	The emergency resuscitation equipment should be in good order, with an effective monitoring system. (2.54)	Accepted	All emergency bags are checked daily and have a signing-off sheet and contents sheet for reference and evidence. To ensure an effective monitoring system is evident the following will be implemented:- <ul style="list-style-type: none"> • Management checks performed by the Clinical Leads • Database to evidence inspections. 	Head of Healthcare	31.10.16
5.31	Prisoners should be able to complain about health services through a well-publicised, confidential system and all responses to these complaints should be respectful and fully address the issues raised. (2.55)	Accepted	Prisoners are able to complain about health services however, to ensure the process is clear and confidential the following will take place:- <ul style="list-style-type: none"> • Publicise current avenues for complaints to staff and prisoners • Review current practices • Develop a collaborative process to refer complaints to the NHS • Promote revised process • Monthly Management checks to review the quality of responses • Develop a process to improve any deficiencies 	Head of Healthcare	31.10.16
5.32	All new arrivals should receive a comprehensive secondary assessment within 72 hours. (2.64)	Accepted	A review had been completed and dedicated Healthcare Assistant is now in post to ensure:- <ul style="list-style-type: none"> • All new arrivals receive a comprehensive secondary assessment within 72 hours of arrival. In addition a further review will be completed after six months and:- <ul style="list-style-type: none"> • The figures will be reviewed • A scheduling programme will be set up on the Prisoner's kiosk so that they are aware of their appointments. 	Head of Healthcare	31.01.17
5.33	Prisoners should be able to	Partially	It is not possible for prisoners to have 24-hour access to a GP for	Head of	

	access all primary care services within a reasonable timescale and have 24-hour access to a GP for advice and face-to-face assessment. (2.65)	Accepted	advice or face-to-face assessment as part of the Prison contract held by NOMS. However, there is access to an out of hours GP service which is commissioned via the local Clinical Commissioning Group (CCG).	Healthcare	
5.34	All medicines, with the exception of controlled drugs should be supplied from individually labelled patient packs. (2.72)	Partially Accepted	All in possession medication is issued from packs that are individually labelled. Due to the churn rate of prisoners, and the volume of drugs required, stock medicines are used for those not in - possession as it is not cost effective and very time consuming to use individually labelled items.	Head of Healthcare	Completed
5.35	In-possession risk assessments, which consider the risks of the drug as well as the patient, should be routinely and consistently completed in line with the policy and recorded accurately on SystemOne. (2.73)	Accepted	A review of current practices will be carried out and the following checked and confirmed that:- <ul style="list-style-type: none"> • All doctors are doing this compliantly (liaise with Cimarron the GP provider to make certain). • the uploaded template on System1 • The automatic prompt is working with the introduction of e-prescribing. • Ad-hoc checks are carried out to give assurance. 	Head of Healthcare	31.10.16
5.36	The accessibility of all medicines, including controlled drugs and pharmacy stock, should be reviewed and the use of pharmacy stock should be better audited. (2.74)	Accepted	A review will be carried out and the following will be actioned:- <ul style="list-style-type: none"> • Head of Healthcare to liaise with the Pharmacist and Provider, • Analysis of accessibility of controlled drugs • Analysis of accessibility of pharmacy stock • Evaluation of current inventory processes 	Head of Healthcare	31.10.16
5.37	Lockable cupboards should be provided in cells for patients prescribed in-possession medication. (2.75)	Accepted subject to resources	This issue will be raised via Safer Custody Meeting and consideration will be given to the following:- <ul style="list-style-type: none"> • Needs Assessment for in-possession medication • Numbers required • Research lockable cupboards • Business Case with costings 	Head of Residence and Head of Healthcare	31.10.16
5.38	Prisoners' medications should be dispensed at the prescribed time. (2.76)	Accepted	The Core Day is currently being reviewed to ensure that all activities run efficiently and any delays are minimised. Medication times are fixed in line with the Core Day and operational requirements.	Head of Healthcare	31.10.16

5.39	Custody staff should have mental health awareness training, so that they can take appropriate action when a prisoner has mental health problems. (2.85)	Accepted	<p>The Learning and Development Strategy will be reviewed and include Mental Health and Adult Safeguarding training.</p> <p>A revised schedule will be published and staff in key areas including Reception, Care and Separation Unit, Induction, and Healthcare will be prioritised.</p>	Head of Healthcare	30.03.17
5.40	Patients requiring mental health inpatient care should be transferred within two weeks. (2.86)	Accepted subject to resources	<p>This is not always in the remit of the Provider or Prison – Mental Health beds are commissioned via NHS England Specialist Commissioners and CCG's dependent upon level of security.</p> <p>The Secondary Care Mental Health Team (Greater Manchester West) liaises with the hospitals for beds but this can only be facilitated if the beds are provided for the patients within this time frame by the responsible Commissioners.</p>	Head of Healthcare	Completed
Time out of cell					
5.41	The published regime should run to time. (3.4)	Accepted	<p>The Core Day is currently being reviewed to ensure that all activities run efficiently and any delays are minimised. Once ratified it will be published on the kiosk for prisoners to view.</p> <p>The Orderly Officer and Unit Managers will monitor to maintain compliance.</p>	Head of Residence	31.10.16
Learning and skills and work activities					
5.42	Regular quality checks on key learning and skills processes should be carried out, to provide consistency in recording progress and identify further improvements. (3.11)	Accepted	<p>A quality assurance process will be developed following:-</p> <ul style="list-style-type: none"> • The appointment of a Functional Skills Team Leader • The return of the full time Vocational Skills Co-ordinator. • An action plan to investigate inconsistencies in the quality of documentation and the recording of progress • A process for improving deficiencies • Inclusion into PDRs 	Education Manager	31.12.16
5.43	Vulnerable prisoners should have equitable access to regime activities. (3.12)	Accepted	In conjunction with 5.11 prisoners who require protection and are located on house blocks C2 and H2 in the main are able to access a full regime, however, prisoners located on house block E1 are only able to access a spilt regime. This consists of morning and afternoon association with exercise available in the afternoon. However, house block E1 will return to a full regime once the population increases.	Education Manager	31.12.16

			<p>Structured movement to work is currently in place and two new workshops opened in July 2016 to provide more activity spaces for vulnerable prisoners (VPs).</p> <p>Consideration will be given to:-</p> <ul style="list-style-type: none"> • A review of the Core Day • A review of the activity spaces to evaluate the option of providing further/more activities and opportunities for VPs • An increase to the curriculum for VPs to include more personal and social education. 		
5.44	A wider range of vocational courses and progression opportunities should be provided for all prisoners. (3.19)	Accepted Subject to Resources	<p>The Coates Review has inspired HMP Forest Bank to review its learning and skills provision including vocational courses. The review will focus on delivering more vocational courses and to a wider group of prisoners. It will focus on what learning and skills including vocational courses, who will participate, when in the core day and where in the prison they will be delivered.</p> <p>In order to provide a wider range of Vocational Courses and achieve consistency in delivery, staff will need to be qualified and recruited. Currently, this may not be in scope of the current resources and allocated budget, as the budget is yet to be confirmed.</p>	Education Manager	31.03.17
5.45	The achievement and demonstration of key employability skills in workshops should be recorded and recognised. (3.20)	Accepted	<p>The Education Manager in collaboration with the Industries Manager and the Personal and Social Education Team Leader have designed a booklet/passport that provides a record of skills gained in workshops.</p> <p>Consideration will be given to a formal recognition process linked with the Reward and Recognition process currently being developed.</p>	Industries Manager	31.12.16
5.46	Teaching and learning should be improved, to ensure that more teaching is of sufficiently good quality. Teachers should use individual target setting more effectively, to measure and record the progress of learners and provide more written feedback on assessed work so that that learners know what they need to do to	Accepted	<p>See 5.42, in addition the following will also be implemented:-</p> <ul style="list-style-type: none"> • Team Leaders carry out and document regular checks of marking and feedback and this will become part of performance monitoring. • Regular teaching observations will also provide time bound targeted improvements in teaching standards to teachers; • Regular checks on paper work, including the reporting and recording of learner's progress, feedback and marking. 	Education Manager	31.12.16

	improve. (3.25)				
5.47	Peer mentors should be properly trained and accredited for their work. (3.26)	Accepted	<p>To ensure consistency in this area:-</p> <ul style="list-style-type: none"> All Peer Mentors at HMP Forest Bank will receive a standard training package Including additional `specialist training` which will be role dependant. Supervision of the mentors will be undertaken by the home department where they work. This will be overseen by a Peer Mentor Co-Ordinator. 	Head of Resettlement	Completed
5.48	Attendance and punctuality should be improved. (3.31)	Accepted	<p>The Core Day is currently being reviewed to ensure that all activities run efficiently and any delays are minimised. Once ratified it will be published on the kiosk for prisoners to view.</p> <ul style="list-style-type: none"> Unit Managers will play a key role in ensuring that the regimes run on time and that punctuality is improved. None attendance at any activity will be robustly managed via the relevant procedures This will be discussed at the monthly Senior Manager Performance meeting and the Quality Improvement Group (QIG). 	Head of Residence	31.10.16
5.49	The analysis of data should be developed, to allow accurate information to be provided about the overall success rates of all courses. (3.35)	Accepted	<p>Analysis of data will be key in providing accurate information. There is an education module available on Custodial Management System; however; this requires some adjustments in the calculation of retention and achievement.</p> <p>The Education Departments Team Leaders will calculate success rates for courses and the Education Manager will then formulate the results onto the Sodexo College dashboard.</p>	Education Manager	30.03.17
	Strategic management of resettlement				
5.50	The resettlement strategy should set out how the offender management unit should be at the centre of resettlement work, and improve information exchange, particularly with the	Accepted	<p>The Resettlement Strategy is refreshed annually between September and November following the completion of the Annual Needs Analysis.</p> <p>The Resettlement Strategy will provide a detailed outline of how the Offender Management Unit will form the "hub" of resettlement work and provide a framework for information sharing particularly with the</p>	Head of Resettlement	30.11.16

	community rehabilitation company. (4.5)		CRC.		
	Offender management and planning				
5.51	All eligible prisoners should have an up-to-date offender assessment system (OASys) assessment and sentence plan, with objectives focusing on outcomes related to their risk and likelihood of offending. (4.12)	Accepted	The prison has a minimal OASys backlog. However, there is a significant backlog that sits with the National Probation Service (NPS). HMP Forest Bank has implemented a system (using the NOMS approved form) to chase and escalate as necessary. The prison record and evaluate current trends to inform future partnership meetings.	Head of Resettlement	Completed and ongoing
5.52	The multi-agency public protection arrangements (MAPPAs) management level should be confirmed at least six months before release, to promote good information sharing and develop release plans. (4.19)	Accepted	This had been recognised as a concern and all Offender Supervisors have been briefed In addition, a local system has been implemented to identify applicable prisoners at six months prior to release and follow up with the NPS and MAPPAs Lead to develop good information sharing in order to develop release plans.	Head of Resettlement	Completed
	Reintegration planning				
5.53	Pre-release planning should be improved so that all prisoners, regardless of their sentence, are given an effective assessment of need before their release and these needs are met. (4.31, repeated recommendation 4.37)	Accepted	This has been undertaken in partnership with the CRC / NPS. HMP Forest Bank has implemented a Resettlement Release Board where prisoners are discussed to provide an effective assessment of their needs prior to release. Concerns are identified and referrals made to the relevant agencies.	Head of Resettlement	Completed
5.54	The virtual campus should be used to improve the range and levels of prisoners' learning and to give them access to resettlement courses and information. (4.40)	Accepted	This was commissioned last October, but due to numerous delays in relation to the software from the provider (XMA), the NOMS recognised provider, the prison is looking at advancing the provision with access shortly.	Education Manager	31.12.16
5.55	Family visits should be	Partially	Family visits are an earnable privilege available to all prisoners who	Equality,	Completed and

	extended to all prisoners. (4.54)	Accepted	<p>meet the criteria.</p> <p>There is a difference between family days and social visits that family attend.</p> <p>Prison Rules set out a statutory entitlement to two social visits in a 28-day period for convicted prisoners and three a week for unconvicted prisoners, which includes weekends. PSI 30/2013 concerns social visits only and local IEP schemes can affect the number of additional social visits a prisoner may receive on top of their statutory entitlement.</p> <p>Family days are not linked to IEP policy. PSI 16/2011 (Providing Visits and Services for Visitors) sets out that the organisation, availability, style of family days, and prisoner eligibility varies across prisons.</p>	Rights & Decency Group (ERDG)/Head of Security and Operations	ongoing
5.56	A comprehensive strategy for addressing the offending behaviour needs of sex offenders should be developed. (4.58)	Accepted	<p>A comprehensive strategy for addressing the offending behaviour needs of sex offenders will be developed in conjunction with the scheduled review of the Annual Interventions Plan and incorporated into the Resettlement Strategy. This will consist of:-</p> <ul style="list-style-type: none"> • Full Needs Assessment • Evaluate Resources and Current Services • Consider Additional Interventions • Develop and Publish Strategy 	Head of Resettlement	30.11.16

Recommendations		Housekeeping Points	
Accepted	44	Accepted	0
Accepted Subject to Resources /Partially Accepted	8	Accepted Subject to Resources /Partially Accepted	0
Rejected	4	Rejected	0
Total	56	Total	0