

ACTION PLAN: HMCIP REPORT

ESTABLISHMENT: HMP FRANKLAND

TIMETABLE	DATE	STATUS OF THIS RETURN
Full Unannounced inspection	22 February – 4 March 2016	
Report published	29 June 2016	
Action Plan Submitted	6 September 2016	Attached

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1. Rec. no	2 Recommendation	3. Accepted / Rejected	4. Response Action Taken / Planned	5. Function Responsible/ Policy Lead	6. Target Date
	Main recommendations To NOMS				
5.1	NOMS should ensure prompt transfers to suitable prisons for prisoners who have demonstrated a reduction in risk and are suitable for a progressive move, and those who qualify for accumulated visits. (S43)	Accepted	<p>HMP Frankland, like other prisons, strives to create good working relationships with other establishments to make sure that transfers of prisoners are progressive, appropriate and are carried out in a timely fashion.</p> <p>Enabling progressive transfers of prisoners is subject to space in the appropriate part of the prison estate becoming available. The speed of transfers, therefore, reflects the constraints on the availability of places in a particular location or of a particular type. The National Offender Management Service (NOMS) remains committed to making the most effective use of the estate to support prisoners' needs, including, seeking to hold prisoners in the most appropriate security conditions and in prisons that are able to meet the need presented by their individual case.</p> <p>Action is being taken to develop better working relationships with other establishments. This will allow prompt transfers to suitable prisons for prisoners who have demonstrated a reduction in risk and are suitable for a progressive move, and those who qualify for accumulated visits. The Head of Offender Management Unit (OMU) is actively working with other establishments to build relationships to support the transfer process. Monitoring will take place through the recorded progressive transfer statistics.</p>	Heads of Offender Management Unit (OMU) & Security	31 December 2016
	Main recommendations To the governor				
5.2	The prison should develop an equality and diversity policy that clearly explains the needs of prisoners in each of the protected groups, and states the treatment and support they should expect to receive. All staff should operate in accordance with their responsibilities under the policy. (S40)	Accepted	<p>HMP Frankland will review the local policy taking in to consideration this recommendation. A further review will take place post publication.</p> <p>All staff will operate in accordance with their responsibilities under PSI 32/2011 Ensuring Equality policy, failing to do so could possibly result in disciplinary procedures.</p>	Head of Equalities	31 December 2016

5.3	There should be an up-to-date in-possession medications policy that reflects current best practice guidance on the prescribing of highly tradable medicines. In-possession risk assessments should be routine and should adequately consider the risks of both the patient and each drug, and the reasons for the determination recorded. (S41)	Accepted	<p>The Head of Healthcare (HoHC) is liaising with the Head of Medical Operations (North East Prisons for Spectrum) in support of developing and deploying the process / policy that will guide the arrangements for clinicians risk assessment of in possession medication and the undertakings of supporting staff and adopt terms of reference from the guidelines.</p> <p>A regional in possession medication policy is currently in draft format and is under consultation with Spectrum and other key providers, who will be involved in the management of the medication. This will be then approved at the Regional Clinical Governance. Work will commence from August 2016 with the New Chief Pharmacist for Spectrum to make sure that the prescribing formulary is embedded into clinical practice whilst making sure that best practice against current evidence based guidelines are followed and there is clear documentation regarding clinical rationales against prescriptions as well as robust management plans.</p>	<p>Spectrum CIC</p> <p>Head of Healthcare</p> <p>Head of Residence & Services</p>	March 2017
5.4	The prison should develop a reducing reoffending strategy, based on an assessment of prisoner need, which explains the services needed at Frankland and how these will be delivered. The strategy should promote understanding of how these services are managed, and how they can facilitate prisoner progress to lower security conditions. (S42)	Accepted	<p>A reducing reoffending strategy, based on an assessment of prisoner needs (drawn through Prison Nomis via offender management system) is currently being prepared. The strategy will explain the services needed at HMP Frankland and how they will be managed, delivered and how they can facilitate prisoners' progress to lower security conditions.</p> <p>The National Offender Management Service (NOMS) is currently undertaking a review of end to end case management and the offender journey through custody and post release to explore and identify options to improve the management of an offender throughout the custodial sentence.</p>	<p>OMU /</p> <p>Governor</p>	31 December 2016
	Recommendations To the governor				
	Early days in custody				
5.5	Health care reception screening should take place in private. (1.7, repeated recommendation1.11)	Accepted	<p>Patients screening currently takes place inside a small room within reception. The room has a door that can be closed to maintain privacy. Patients' rights confidentially is paramount along with the safety of nursing staff. The door will remain closed until the completion of the consultation, the only exception being if the nurse calls for assistance and is responded to in accordance with the risk assessment for that area.</p>	<p>Head of Healthcare</p> <p>Head of Residence & Services</p>	Completed and ongoing
	Bullying and violence reduction				
5.6	The prison should investigate and take prompt action to address the underlying	Accepted	<p>The proforma for investigations into acts of violence has been amended to make sure that the investigating officer identifies where possible the reason behind the incident. All investigations</p>	<p>Head of Safer Prisons</p>	Completed and ongoing

	reasons for increases in violence. (1.14)		are quality assured by Head of Safer Custody and returned for further information if required. The information from the investigation is then used to update the Incident reporting system so that the Violence Diagnostic Tool is categorising incidents correctly. The Head of Safer Prisons and team are using the Violence Diagnostic Tool (VDT) to communicate information at key forums and to report, identify, address underlying reasons and trends.		
Self-harm and suicide					
5.7	Prisoners should be able to speak to Listeners and telephone the Samaritans at any time of the day or night. (1.20)	Accepted	<p>Managers have been reminded that if a prisoner requests the support from the Listeners or from the Samaritans that this facility should be available at any time of the day or night. Managers were issued with the updated Listeners Protocol in March 2016 with the instruction to brief staff making sure that the Emergency Control Room (ECR) were notified.</p> <p>The establishment is now keeping an electronic log of all requests for the use of the Listeners suite which is being monitored on a daily basis to make sure that all requests are recorded.</p> <p>All staff were informed via Notice to Staff (NTS) which was published on 24/02/2016 of the process for requesting Listeners and a reminder email was sent to all residential managers on 18/07/2016.</p> <p>Additional digital phones which also address the issue of signal drop out are being acquired to ensure prisoners in all areas can have contact with the Samaritans. The decision whether to provide the Listeners service or Samaritans phone will be made on a case by case Risk Assessment basis. The duty manager will make the decision based on the need of the prisoner, any identified risk to others and any other operational issues in the establishment at that time.</p>	Head of Safer Prisons	31 October 2016
Safeguarding					
5.8	The prison should identify a clear lead officer for safeguarding to take this work forward. (1.22)	Accepted	<p>HMP Frankland has identified a safeguarding lead – the Head of Residence and this is detailed in the Safeguarding policy.</p> <p>A NTS will be issued to notify them of this recent change in post holder and promote staff awareness of the Safeguarding policy. The Head of Residence & Safety will also attend the regional safeguarding meetings when required.</p> <p>Suitable staff training has yet to be identified or facilitated.</p>	Head of Residence and Safety	30 September 2016

	Security				
5.9	MDT should be appropriately staffed to ensure all testing is carried out within identified timescales and without gaps in provision. (1.31, repeated recommendation 1.43)	Accepted	<p>Discussion will take place with key personnel with a view to removing mandatory drug testing (MDT) staff from Regime Management Plan or at the very least reducing their commitment for redeployment in order to make sure all testing is carried out within prescribed timescales. Outcomes will be monitored by the policy lead on a weekly basis to make sure that the monthly testing requirement is achieved.</p> <p>A bid will be submitted for the refurbishment of the vulnerable prisoner MDT suite.</p>	Head of Public Protection	30 November 2016
	Discipline				
5.10	Use of force reports should be completed promptly and reviewed quickly to ascertain if force was used proportionately and as a last resort. (1.38)	Accepted	<p>A Use of Force (UoF) pack has been introduced for Orderly Officers, which outlines the mandatory actions in PS0 1600 Use of Force and PSI 30 / 2015 Amendments to the UoF policy, which includes all relevant documentation, Annex A Supervisors pack, Use of Force Continuum, Statement Aide Memoire in line with the new Use of Force Power Point presentation, to send to individuals after Use of Force incidents. The effectiveness of this system will be reported on through the Use of Force quarterly meetings and Segregation Monitoring and Review Group (SMARG). Timely submissions of UoF paperwork will be reviewed regularly by Management Progression Unit (MPU) management team and will be escalated to Head of Residence where delays appear to arise.</p> <p>There has been an improvement in the returns of UoF paperwork and this is being monitored closely by the MPU Custodial Manager and Head of Residence.</p>	Head of Residence & Safety	31 October 2016
5.11	Care planning for segregated prisoners should have specific targets that reflect their individual circumstances, and plans should be updated at each review. (1.44)	Accepted	<p>Care plans are in place at the establishment. To improve these plans a multi-disciplinary team overview is being implemented and taken forward by the MPU Custodial Manager and with key psychology and residential input.</p> <p>A meeting took place to identify requirements, psychology now have input into care plans and will continue to work closely with MPU managers and staff.</p>	Head of Residence & Safety	31 October 2016
5.12	The regime for prisoners in the segregation and health care units should be improved with risk-assessed access to daily activities, including education, which meets their needs. (1.45)	Accepted	<p>Discussions are on-going with education due to funding restrictions.</p> <p>NOVUS (the Education provider) is not contracted to provide educational support. However, they will provide support for a limited/specific period if an individual is in a period of crisis. There is no contractual obligation to provide in cell learning. MPU prisoners can however apply to undertake distance learning.</p>	Head of Residence & Safety	31 December 2016

			The regime within the MPU is to be considered as an on-going development. Issue and discussions are taking place with other HSE Segregation Units as to what they offer and how this is achieved. Good practice will be adapted and implemented at HMP Frankland where possible. This may include enhanced exercise facilities in the form of cardiovascular equipment.		
	Substance misuse				
5.13	New arrivals requiring opiate-substitute treatment should receive it promptly. (1.51)	Accepted	<p>The Head of Healthcare (HoHC) is working to make sure the clinical Drug and Alcohol Recovery Team (DART) nurse prescriber currently based at HMP & YOI Low Newton becomes the DART nurse for both establishments. In addition new nurse prescribers will be supported to write bridging prescriptions to make sure there is continuity of care for new receptions.</p> <p>There are GPs and Non-Medical Prescribers across the cluster who can be contacted to make sure that opiate-substitute treatment (OST) is continued.</p>	Spectrum CIC Head of Healthcare Head of Residence & Services	Completed
	Equality and diversity				
5.14	Discrimination incident reporting forms should be readily available to prisoners on all wings. (2.12)	Accepted	<p>The Band 3 Administrative Officer will attend all units on a daily basis (Monday – Friday) to collect the forms from the deposit boxes and restock. In addition, extra blank forms will be made available at prisoner information desks and will be responsible to make sure the stock is not depleted over the weekend period.</p> <p>A NTS will be issued reminding staff of the legal requirement to use the personal pronoun 'she' when addressing transgender prisoners.</p>	Head of Equalities	Completed and ongoing
5.15	Prisoners with disabilities should have equitable access to all elements of the regime, including the library and education classes. (2.21)	Accepted Subject to Resources	Staff at HMP Frankland currently support prisoners with disabilities by escorting them to classes etc. The Health and Safety lead conducted an assessment of the accessibility of all areas of the establishment and submitted a bid for funding for stair lifts, ramps etc to gain suitable access to education facilities, the library and the video link.	Head of Equalities	March 2017
	Health services				
5.16	All clinical areas should comply fully with current infection control standards. (2.38)	Accepted Subject to Resources	The floors in treatment areas in wings A, B, C and D fail to comply with infection control requirements and the worst affected is B wing. This matter will form part of the local delivery group's agenda. The establishment is developing a business case to renovate the floors in these wings to the required standard. Head of Residence to request that the current works provider to review and provide an estimate of costs which will then be submitted for consideration to the Head of Finance.	Head of Healthcare Head of Residence & Services	August 2017

			Improved lockable storage and security in these areas will also be considered.		
5.17	A strategy for health promotion should be developed and information should be made widely available to prisoners. (2.39, repeated recommendation 2.57)	Accepted	<p>The Head of Healthcare (HoHC) has appointed two nurses as health trainers. Their work is supplemented and consists of close collaboration with community health trainers (strategy to reflect the standards of service delivered in community). In addition to this, the local Delivery Board have appointed a Multi-Disciplinary Team / Group to develop a health improvement action plan for the prison. HMP Frankland will also be adopting the NHS health improvement calendar to run monthly health promotions on a range of topics throughout the year.</p> <p>External health trainers will train prisoners to be health advisors. Their work will be mentored by the existing 11 health trainers at HMP Frankland and coordinated by two nurses trained as health trainers. The health advisors will be recruited and trained by the end 2016.</p> <p>The aims of the Health Improvement Strategy (HIS) will be communicated and informed by the health advisors.</p> <p>The health improvement materials used within this initiative will be sourced through the 'Wellbeing for Life Service' commissioned by Durham County Council, as well as the NHS and partner providers within healthcare. The materials will be displayed and be made available from the wider healthcare team, as well as the aforementioned health trainers, and advisors across all locations within the prison. A collaborative partnership between healthcare and education will make sure the prison develops the capability to cultivate its own materials, and as a consequence enhance the sustainability of supply outlined.</p> <p>HIS action plan is an agenda item in Local Delivery Board. A task group will be set up with representatives from all providers.</p> <p>The current wait for smoking cessation services is up to 12 weeks. The establishment has recently appointed two nurse health trainers that will be trained to city and guilds level in the forthcoming months. The nurses have met with the establishment existing prisoner health trainers and are in the process of scoping their current capabilities and access to materials, supervision and ongoing development. The plan for the future is to have the remaining prisoner health trainers' act as mentors to newly trained prisoner health advisors. The plan has been developed as a consequence of our new close working collaboration with the community health trainers who have agreed to support the establishment with health improvement materials, training, and placements.</p>	Head of Healthcare Head of Residence & Services	31 December 2016
5.18	Prisoners should not routinely	Accepted	Every effort will be made to make sure patients are seen within	Head of Healthcare	August 2017

	wait in health care for excessive periods before and after appointments. (2.46)		<p>treatment rooms within their residential locations. HoHC will continue to make sure that the list of patients to be seen within healthcare are mapped to the unit's safe holding capacity. The HoHC will also endeavour to make sure all treatments start on time and will work with other healthcare deliver partnerships to make sure their interventions start on time.</p> <p>Operational staff overseeing the healthcare waiting rooms will make sure that patients seen by medical team are escorted back to their respective wings where operationally possible to do so and without further delay. This process will be monitored through feedback and via the local delivery group meetings.</p>	Head of Residence & Services	
5.19	Prisoners should receive their in-possession medication in a timely manner. (2.51)	Accepted	<p>The HoHC will work with other providers specifically Spectrum to make sure that medicine reviews and repeat prescriptions are completed in good time to enable pharmacy to receive and process prescriptions and get the medications to the wing on time for issue. Patients will be encouraged through health promotional activity to take greater responsibility for the early order of repeat prescriptions to support this process.</p> <p>All repeat prescription request forms clearly identify the response time for submitting their requests. There are times when medication is required to be ordered in and there are times where the patient does not collect their medication at the designated time, which sometimes results in the medication being transferred back to Pharmacy for safe storage.</p> <p>HMP Frankland is doing all they can to try and make prisoners more responsible for their health and decisions made that enable health improvement and disease management. The process mirrors the community bases where patients on repeat prescriptions make applications to their GP to have their medication continued a week or more prior to the continuation date.</p> <p>Prisoners do often forget and if they do staff make sure any break in the continuity of prescribing is to a minimal. HMP Frankland will explore options that could enable health care and prescription issues to be completed in or close to the workshops and gyms, in order to improve access and efficiency in this area.</p>	<p>Spectrum</p> <p>Head of Healthcare</p> <p>Head of Residence & Services</p>	<p>October 2016</p> <p>August 2017</p>
5.20	Prisoners should have access to routine dental appointments within six weeks. (2.53)	Accepted	<p>Dentist Burgess and Hyder have reduced the dental waiting list for access to treatment to 8 weeks. The target of 6 weeks is yet to be achieved. Their progress and actions in this area as well as their performance in ongoing treatments (currently 18 weeks) is monitored and supported through the local delivery group meetings. Burgess & Hyder have previously deployed extra resources to assist in reducing the waiting list. Unfortunately, the extra resource is no longer available. Dentist waiting lists times are currently being monitored through the local delivery Board and</p>	<p>Burgess & Hyder (through Head of Healthcare)</p> <p>Head of Residence & Services</p>	August 2017

			the risk register.		
5.21	Custody staff should have mental health awareness training so that they can take appropriate action when a prisoner has mental health problems. (2.58)	Accepted	The establishment is exploring various avenues to identify relevant and quality mental health awareness training. This will be reported quarterly. Initial sourcing and approval will be targeted for the end of October 2016. Training in trauma has recently taken place.	Head of Corporate Services / Human Resources Business Partner	31 October 2016
5.22	Patients requiring mental health inpatient care should be transferred promptly and within the required timescales. (2.59)	Accepted	This is a national issue regarding the length of time it is taking to transfer patients into secure hospitals due to waiting times. NOMS is engaging with NHSE Specialised Commissioning and clinical leads to consider how improvements can be made. NOMS Mental Health Casework Service, who deal with transfer warrants for prisoners sent to secure hospitals, consistently deliver warrants for such transfers within 24 hours of all the relevant information being provided.	Mental Health Team Tees, Esk, Wear Valley Head of Residence & Services	31 March 2017
	Catering				
5.23	Breakfast should be served on the day that it is to be eaten, and food portions should be adequate. (2.64)	Rejected	There is no capacity to serve breakfast to prisoners on the day without severely impacting on the regime. The serving of breakfast packs the evening before is a well-established practice across the prison estate and one, which contributes to a swifter start to the morning regime, including start time for work and other activities. The contents of the packs are suitable to be stored in the prisoners' cells overnight. Portions are in line with national catering standards for food portions.	Head of Residence & Services	
	Time out of cell				
5.24	All exercise areas should have seating. (3.3)	Accepted Subject to Resources	All exercise yards were reviewed by wing managers which included additional seating being purchased and placed in certain areas to standardise them all across the establishment.	Head of Residence & Services	31 October 2016
	Learning and skills and work activities				
5.25	The process for observing teaching, learning and assessment should include all activities, and should focus more on learning and learners' progress. (3.9)	Accepted	A process of 'Standardisation of Observations' will be introduced in-line with the feedback of the inspection. Guidance to be provided to all tutors prior to commencement of the 2016-2017 observation schedule.	Head of Reducing Reoffending / HOLS / NOVUS Manager	30 November 2016
5.26	Distance learners and Open University students should have good access to computers and the opportunity to work together, with staff support. (3.13)	Accepted	Virtual Campus will be installed in both the main and J wing. Prisoners will have access to these computers whenever they attend these areas. Study skills support / tutorials will be provided by Open University with on demand support which will be provided by National Careers staff.	Head of Reducing Reoffending	31 December 2016

			Distance learning champions to be recruited and support learners and they will have access to education and resources on request.		
5.27	A higher proportion of learners should achieve functional skills qualifications in mathematics. (3.24)	Accepted	Monthly performance monitoring and support to be in place for all tutors and additional interactive and innovative resources will be purchased to support learning. Success rates will be monitored and reviewed by NOVUS to make sure skill qualifications increase.	Head of Reducing Reoffending / Head of Learning & Skills / NOVUS Manager	30 April 2017
	Physical education and healthy living				
5.28	The PE department should provide a range of appropriate vocational qualifications to enable prisoners to develop their employability skills and support staff in instructing and promoting health and well-being. (3.31)	Accepted Subject to Resources	Funding is being sought to reinstate the establishment as an accredited centre to run the health trainers course. This qualification will provide skills for prisoners to signpost and advise others on health and well-being. The Physical Education curriculum will continue to promote and provide a personal and social development course which contributes to personal growth and employability prospects. Facilitators will monitor the success of each course and amend the course content accordingly. Plans are in place to introduce an accredited Heart Start qualification (an external recognised first aid qualification).	Head of Reducing Reoffending/ Head of Learning & Skills / NOVUS Manager	31 December 2016
	Offender management and planning				
5.29	There should be routine management oversight of assessment and sentence planning in all high risk of harm cases, to ensure the quality of the work and provide active support to staff. (4.12)	Accepted	A procedure is in place to give management oversight of assessment of all sentence planning in all risk of harm cases (not just high), to make sure the quality of the work and provide active support to staff. The OMU Custodial Manager checks all sentence plan work and will feedback to Offender Supervisors highlighting any good practice or shortfall in certain areas of the work. There are also four probation staff on secondment working within the OMU department who support staff in relation to quality of work and advice. Following the Offender management Review, a training programme is under development within NOMS to support staff within OMUs and wing based prison officers. This includes a review of what skills and knowledge are required by staff within OMUs, what training is currently available and what is needed to fill any identified gaps. The review includes consideration of training and or guidance to support best practice within OMU's. A training package for prison officers is currently in the early stages of development.	Head of Offender Management Unit	Completed and ongoing
5.30	All prisoners should have an	Partially	The OMU department are working with Offender Managers within	Head of Offender	31 December 2016

	up-to-date OASys review. (4.13)	Accepted	<p>the community who are responsible for high risk determinate sentenced prisoners and imprisonment for public protection (IPP) prisoners. Approximately 85% of HMP Frankland's out of date offender assessments (OASys) reviews are the responsibility of the outside team.</p> <p>Ongoing work in relation to the loss of profiled hours is being conducted to address the 15% shortfall. Members of the Senior Manager Team, Detail Office and the Prison Officers Association (POA) have looked at the regime management plan to try and address this. OMU Managers will continue to monitor the shortfall within the detailed hours to better manage the allocation of work reference the OASys reviews and the sentence planning process.</p> <p>NOMS continues to review the OASys backlog and the prioritisation criteria remains in force, which is to make sure the highest priority cases are completed in full, with a reduced assessment for those lower risk cases. Public sector prisons are currently pursuing further proposals to target specific prisons with the highest backlog numbers. Alongside this, a revised operating model, using the principles of the recent Offender Management review as its firm basis is being developed. This will ensure there is increased time for building effective relationships with prisoners, and also a more robust approach to prioritising assessments in the future. Including making sure initial OASys are routinely completed.</p> <p>Outcomes from HMIP Inspection were fed back to the Offender Management Team who have been made aware of the importance of setting meaningful sentence plan targets, including short term objectives. A 'Planned Progressive Pathway' strategy is currently being developed. This initiative is specifically aimed at long term prisoners who are committed to maximising their potential for rehabilitation and progression, and aims to minimise the potentially destructive impacts of long-term imprisonment.</p>	Management Unit	
	Reintegration planning				
5.31	Prisoners who do not receive visits should receive active support and encouragement to re-establish or maintain contact with their family and friends. (4.25)	Accepted	<p>Residential Managers to publicise and drive good practice in line with the Personal Officer Scheme policy to make sure prisoners are maintaining family links. If they are not, Personal Officers to encourage through other communication methods for example, by letter or telephone.</p> <p>A system to monitor the frequency of family contact will be explored.</p>	Head of Residence & Services Head of Offender Management Unit	31 October 2016

Recommendations		Housekeeping Points	
Accepted	25	Accepted	0
Accepted Subject to Resources / Partially Accepted	5	Accepted Subject to Resources /Partially Accepted	0
Rejected	1	Rejected	0
Total	31	Total	0