

Action Plan: HMP High Down

Action Plan Submitted 18 December 2018

A Response to the HMIP Inspection 8 – 17 May 2018

Report Published 4 September 2018

INTRODUCTION

HM Inspectorate of Prisons (HMIP) is an independent inspectorate which provide scrutiny of the conditions for and treatment of prisoners. They report their findings for prisons and Young Offender Institutions across England and Wales to Ministry of Justice (MOJ) and Her Majesty's Prison and Probation Service (HMPPS). In response to the report HMPPS / MOJ are required to draft a robust and timely action plan to address the recommendations. The action plan confirms whether recommendations are agreed, partly agreed or not agreed (see categorisations below). Where a recommendation is agreed or partly agreed, the action plans provides specific steps and actions to address these. Actions are clear, measurable, achievable and relevant with the owner and timescale of each step clearly identified. Action plans are sent to HMIP and published on the HMPPS web based Prison Finder. Progress against the implementation and delivery of the action plans will also be monitored and reported on.

| Term | Definition | Additional comment | | |
|---------------|---|--|--|--|
| Agreed | All of the recommendation is agreed with, can be achieved and is affordable. | The response should clearly explain how the recommendation will be achieved along with timescales. Actions should be as SMART (Spec Measureable, Achievable, Realistic and Time-bound) as possible. Actions should be specific enough to be tracked for progress. | | |
| Partly Agreed | Only part of the recommendation is agreed with, is achievable, affordable and will be implemented. This might be because we cannot implement the whole recommendation because of commissioning, policy, operational or affordability reasons. | The response must state clearly which part of the recommendation will be implemented along with SMART actions and tracked for progress. There mus t be an explanation of why we cannot fully agree the recommendation - this must state clearly whether this is due to commissioning, policy, operational or affordability reasons. | | |
| Not Agreed | The recommendation is not agreed and will not be implemented. This might be because of commissioning, policy, operational or affordability reasons. | The response must clearly state the reasons why we have chosen this option. There must be an explanation of why we cannot agree the recommendation - this must state clearly whether this is due to commissioning, policy, operational or affordability reasons. | | |

ACTION PLAN: HMCIP REPORT

ESTABLISHMENT: HMP HIGH DOWN

| 1. Rec No | 2. Recommendation | 3. Agreed/ Partly Agreed/ Not Agreed | 4. Response Action Taken/Planned | 5. Responsible Owner | 6. Target Date |
|-----------------|--|--|---|-------------------------|--------------------------|
| | Main recommendations to the Governor | | | | |
| 5.1 | Reception and first night | Partly Agreed | This recommendation is not fully agreed as HMP High Down cannot ensure that all elements are deliverable. A full review of the initial reception processes will take place to ensure they are | Governor | January 2019 |
| | processes should be efficient. Vulnerability risk assessments on new arrivals should be robust. | | more efficient and this will include developing the vulnerability risk assessments to ensure they are robust. This will be completed by a working group including the Head of Residence, Head of Operations and Head of Safety. Overall responsibility for this review will sit in the Residential Function. Dip-testing of risk assessments will be completed by an assurance lead in the Business Hub. | | |
| | Before being locked up for the night, prisoners should be welcomed, informed and supported by peers and staff. | | Whilst HMP High Down will utilise prisoner peers where appropriate to support all new arrivals, this may not always be possible or appropriate for late receptions. This will be based on a risk assessment and review of staff profiles. | Governor | January 2019 |
| | Cells should be clean, well prepared and fully equipped, and prisoners should be able to shower. (S52) | | A deep clean of the First Night Centre cells has been carried out and daily checks by Custodial Managers are now in place to ensure sufficient standards with a further auditable check to be developed for assurance purposes which will be completed by the Duty Governor. This check will involve ensuring the cell is in a decent condition, has all of the appropriate kit as per the standard level of Incentives and Earned Privileges (IEP) scheme. A review of available kit and its allocation has also been completed – there is sufficient stock in place and allocated to the induction areas on a daily basis. | Governor | Completed and ongoing |
| | | | Whilst every effort will be made to offer all prisoners a shower on arrival, this is dependent on arrival times and operational staffing availability as there are no showers in reception. A prisoner can shower on his residential unit at unlock in the morning if unable to shower on his first night. | Governor | Completed and ongoing |

| 5.2 | Improved oversight and leadership of the segregation unit should ensure that prisoners | Agreed | A strategic review of the Segregation Unit has taken place, led by the Group Safety Team and the actions identified will be implemented by the senior manager responsible for the Unit. | Governor | February 2019 |
|-----|--|---------------|--|----------|---------------|
| | have good living conditions and a consistently decent regime. | | Segregation accommodation is checked by the Segregation Custodial Manager every day they are on duty and is seen daily by Duty Governors during their rounds. Cells are regularly painted and prisoners are now provided with flasks so they can have hot water throughout the night. | Governor | Completed |
| | | | A temporary operational manager has been introduced to increase managerial oversight of the Unit, who now reports to the Head of Safety. Segregation unit staff have been reminded via one to one discussions of the importance of delivering a consistent regime and the regime has been circulated. | Governor | Completed |
| | All decisions should be appropriately authorised. | | The Senior Management Team (SMT) has also received local training on appropriate decision making and clear guidance will be published. A dip testing process has been implemented of documents on a monthly basis, led by the Deputy Governor, to ensure improvements are made and maintained. | Governor | Completed |
| | There should be robust governance to monitor and maintain improvements. (S53) | | The Terms of Reference (TOR) for the Segregation Monitoring and Review Group (SMARG) meeting has been reviewed and the meeting now provides improved governance through better data collection and analysis, as well as attendance by all managers with authority to segregate. It will be used to monitor and make use of data to improve performance with the aim of reducing the average length of time spent in segregation and the average number of men held in segregation. | Governor | Completed |
| 5.3 | There should be sufficient purposeful activity to meet the needs of the population. | Partly Agreed | This recommendation is partly agreed as it will not be possible or affordable to undertake to meet all of the differing needs of the population. HMP High Down will continue to ensure however that the regime is maximised wherever possible and that careful consideration is given to providing appropriate activity for the key prisoner cohorts upon site reconfiguration. | Governor | January 2019 |
| | All prisoners should be allocated to a suitable activity and all prisoners should attend their activity on time. (S54) | | A group review of the activities hub will take place to identify any issues with the allocations process, identify areas of good practice and, once new systems are in place, an assurance process will be developed, led by the Deputy Governor. In order to ensure timely attendance, and limit disruption due to late roll checks, the prison is focused on ensuring that all staff understand the need to complete this task promptly, providing increased oversight at orderly officer and Duty Governor level. | Governor | February 2019 |

| - 4 | Duisen and vials of harms to | Armand | The First Night interview will be undeted to include an approximation of the sec | Covernor | January 2010 |
|-----|--|---------------|--|--|-----------------------|
| 5.4 | Prisoners' risk of harm to others should be routinely assessed on arrival, and appropriate mail and telephone monitoring applied as required. (S55) | Agreed | The First Night interview will be updated to include an assessment of risk of harm. A review of mail and telephone monitoring processes will take place and the feasibility of increased resourcing in that area will be assessed to ensure appropriate risk based monitoring. | Governor | January 2019 |
| | Recommendation to the Home Office | | | | |
| | Equality, Diversity and Faith | | | | |
| 5.5 | The Home Office should serve all decisions to detain a prisoner at least one month before the end of their sentence. (2.42, repeated recommendation 2.35) | Partly Agreed | This recommendation is partly agreed as there will be cases where it is not practicable or possible to give 30 days' notice to the individual, including to those serving shorter sentences and prisoners who are time served on remand. The Home Office and HMPPS Service Level agreement (SLA) recognises this issue and requires service seven days before Conditional Release Date (CRD) if possible where timescales are short. However, The Home Office understands the impact that late service of detention decisions can have on individual foreign national offenders (FNOs) and is working with HMPPS to ensure the service of immigration detention decisions in all cases, where practicable and appropriate, is 30 days before CRD. This is included in the HMPPS/HOIE SLA to ensure that, going forward, performance is jointly monitored by both departments. | Home Office | Completed and ongoing |
| | Recommendations to HMPPS | | | | |
| | Reducing Risk, Rehabilitation and Progression | | | | |
| 5.6 | The number of Bail Accommodation and Support Services hostel places should be increased, to enable the timely release of prisoners on home detention curfew. (4.23) | Partly Agreed | This recommendation is partly agreed as procurement is subject to available housing as well as key stakeholders including Police and local authorities (LA) being supportive. A new Bail Accommodation and Support Services (BASS) contractor was appointed from June 2018 and a high percentage of the existing estate has been retained. The new supplier is therefore currently performing over contracted levels, but has to date not secured further bed spaces and is unlikely to meet its December target. This is largely due to properties identified failing Police and LA | Executive Director Community Interventions | March 2019 |

| | | | checks. The supplier continues to liaise with relevant Police and LAs and is confident that it will bring the required property level into service in the first quarter of 2019. There are currently 15 properties nationally progressing through the procurement process. With the new contract London is listed as priority sourcing area and the supplier is commencing the procurement processes to achieve this. The BASS Senior Contract Manager (SCM) met with the HMP High Down Head of Offender Management on 23 October and confirmed that additional BASS bed space will be requested for the South East and London areas, including Surrey. The new national contract has some provision to expand further after December within the current resource level. Should the demand levels continue at current | Executive Director Community Interventions Executive Director | January 2019 April 2019 |
|-----|--|--------|---|--|----------------------------|
| | | | levels this option will be exercised. | Community Interventions | |
| 5.7 | Risk management planning in preparation for the release of high-risk prisoners should be given a greater priority. Offender managers should work closely with prison-based staff in the six months leading up to release, to put in place clear risk management plans, including confirmation of the multi-agency public protection arrangements (MAPPA) management level where relevant. (4.28) | Agreed | The MAPPA Guidance has been revised to include an escalation process and template for prison staff to use if there is a delay in receiving MAPPA levels from the community offender managers. This is being used within the local system. This should encourage earlier assignment and communication of the MAPPA level to the prison, which will ensure better pre-release planning. The escalation process can also be found in the Prison Service Instruction (PSI) 18/2016 Public Protection Manual. The Head of Offender Management Unit (OMU) and Senior Probation Officer (SPO) will conduct quality assurance checks of risk management planning. This will be a dip test on a monthly basis that forms part of the agenda of the Interdepartmental Risk Management (IDRM) meeting. | Executive Director of Prisons Governor | Completed January 2019 |
| | Interventions | | | | |
| 5.8 | The proportion of prisoners provided with suitable and sustainable accommodation shortly after release from custody should be monitored, to establish the number who remain homeless or in | Agreed | HMPPS will collect data to track prisoners' accommodation on release and consider how to use it to measure the performance of both prisons and probation services to provide incentives for them to work together more effectively in the future. Through Prison reform, HMPPS will pilot a performance measure in 2018/19 to hold prisons to account for the number of prisoners in safe accommodation on release; this will be a joint performance measure with Probation Providers. | Executive Director of Community Interventions / Executive Director of Probation & Women Offenders | April 2019 |

| | transient accommodation. (4.33) | | | | |
|------|---|--------|---|-----------------------|---------------|
| | Recommendations to the Governor | | | | |
| | Early Days in Custody | | | | |
| 5.9 | A comprehensive induction should be delivered to all prisoners | Agreed | A review of the induction process has taken place and the process is now appropriately resourced to deliver to all prisoners. | Governor | Completed |
| | in a suitable environment, and attendance monitored. (1.8) | | Basic Skills Assessments are now completed in the education department. The initial induction talk is now conducted in a side room of the resettlement centre, providing a quieter environment. | Governor | Completed |
| | | | Attendance at Induction is now monitored by the education department and incentives to complete the basic skills element of the induction programme are being identified. | Governor | January 2019 |
| | Managing Behaviour | | | | |
| 5.10 | Actions designed to reduce violence should be fully implemented and embedded. (1.16) | Agreed | Case management for those at risk of violence has been introduced, further delivery will be underpinned by the implementation of the Offender Management in Custody (OMiC) where key worker hours will provide further resource to support violence reduction work with individuals. | Governor | May 2019 |
| | | | An assessment of the progress made against the Violence Reduction Action Plan will be completed by the Deputy Governor and progress tracked through the Violence Reduction Taskforce on a monthly basis. | Governor | February 2019 |
| | | | A scoping exercise will take place across the London Prisons Group to assess the need for interventions to reduce violence. | Prison Group Director | March 2019 |
| 5.11 | The management of perpetrators of bullying or violence should be improved and a formal system to support victims should be implemented. (1.17, repeated recommendation 1.18) | Agreed | Challenge, Support and Intervention Plan (CSIP) will be rolled out across the prison during 2019 in line with HMPPS guidance. A complex case management system is in place and HMP High Down are reviewing resources to enable the implementation of CSIP for those prisoners who involve themselves in acts of violence of bullying, so that they have individual case plans which address their behaviour, supported by a key worker. Victims of violence will also be supported in the same way. | Governor | March 2019 |

| 5.12 | The prison should introduce an effective scheme to incentivise good behaviour. (1.18) | Agreed | A community reward scheme had been produced at the time of the inspection, but was not embedded. The full revised IEP scheme will be implemented alongside the Offender Management in Custody model and reconfiguration, and key workers will be integral to the success of the scheme. | Governor | May 2019 |
|------|---|--------|--|----------|---------------|
| 5.13 | Adjudication charges should be appropriate and necessary, and the process should be concluded without | Agreed | A Quality Assurance process has been introduced to ensure that adjudication charges are appropriate and necessary, and includes managerial sign off by a Supervising Officer before a charge is laid. This has been communicated to staff via notices and briefings. | Governor | Completed |
| | unnecessary delay. (1.20) | | Adjudication data is now reviewed at the adjudication standardisation meetings and feedback is given to individuals who are submitting the adjudications and laying the charges. This meeting is chaired by the Deputy Governor on a quarterly basis with feedback to staff given by the operational manager with responsibility for the Segregation Unit. | Governor | Completed |
| | | | Adjudication timings have been changed and prisoners will be unlocked earlier to ensure the process can begin on time and a review of the scheduling of adjudications will take place to ensure reporting officers are on duty. | Governor | February 2019 |
| | | | Body Worn Video Camera and CCTV footage, where available, will be routinely used in the adjudication process to further reduce delays and ensure all relevant evidence is available. | Governor | December 2018 |
| 5.14 | A member of the health services team should be present for all planned use of force interventions. (1.25) | Agreed | A member of the health services team is now present for all planned Use of Force interventions. The incident statement documents which members of staff are present at each incident. This is enabled by 24 hour healthcare on site. | Governor | Completed |
| 5.15 | Use of force dossiers should be completed within the required timeframes. (1.26) | Agreed | Training will be given to all staff to ensure they understand their responsibilities in completing Use of Force (UoF) dossiers, including adherence to required timescales. | Governor | January 2019 |
| | | | A Quality Assurance process, managed by the Deputy Governor, will be implemented to check the reports and provide feedback where not completed in the required timeframes. These cases will be escalated by the UoF Co-Ordinator and reviewed at the monthly UoF meeting. | Governor | January 2019 |
| 5.16 | The disproportionate use of force against black and minority ethnic (BME) | Agreed | A local project team will explore the specific issues identified and will report their findings to the Governor. This is being completed as a piece of research to consider factors relating to a restraint on all prisoners to establish if there is a | Governor | February 2019 |

| | prisoners should be explored and addressed. (1.27) | | reason why force is being disproportionately used or if it is proportionate to the situation/incident. Dependent on these results, the Governor will take appropriate action. This will be monitored at the monthly Use of Force and Equalities meetings. | | |
|------|--|---------------|--|---|---------------|
| | Security | | | | |
| 5.17 | Prison managers should ensure that roll counts are consolidated accurately and promptly, to enable prisoners to attend activities on time. (1.39) | Agreed | The Governor has ensured that HMP High Down has refocused attention on all roll counts. Due to the high numbers of new officers, issues with accuracy have been identified and training has been offered to all staff to ensure they are aware of their responsibilities during a roll check. All wing books have been updated and the performance of individuals in a roll | Governor | Completed |
| | activities on time. (1.59) | | count is being monitored. Roll times are monitored daily at the morning briefing. | Governor | Completed |
| 5.18 | All strip-searching of prisoners should be intelligence led or based on a specific suspicion. (1.40, recommendation repeated 1.39) | Partly Agreed | This recommendation is partly agreed due to all searching at HMP High Down being conducted in line with the National Security Framework (NSF), and therefore Local Security Strategy (LSS), which requires the use of full searching in a local prison. PSI 07/2016: 'Searching of the Person National Security Framework, Function 3.1', mandates a random full search of a percentage of prisoners leaving visits and all prisoners under certain criteria (e.g. on initial reception, Transfers out, Release on Temporary Licence returns). The percentage levels are agreed as part of the local security strategy. The Head of Security will review the risk assessment for routine full searching in line with PSI 2016/07 and will consider reducing the rate of full searching. The LSS will also be updated to ensure that the full searching of prisoners from | Executive Director Security, Order and Counter Terrorism/ Governor | February 2019 |
| | Safeguarding | | another prison will be on intelligence led basis. The full searching of all new receptions will continue in line with the NSF. | | |
| 5.19 | A member of the health services team should attend all initial assessment, care in custody and teamwork (ACCT) case reviews. (1.46) | Agreed | There is a nurse on every house block between 8:00-17:00 and they are able to attend any initial ACCT review that needs to take place unless there is a clinical emergency which takes priority. Where they are unavailable when the initial ACCT review is scheduled the healthcare duty manager or the mental health team will be contacted to arrange a healthcare representative to attend. A list of daily ACCT reviews for all areas is published daily as a briefing sheet. | Director of Central and North-West London NHS Trust (CNWL) | Completed |



| 5.20 | Incidents of self-harm should be followed up, to inform learning and improve support for prisoners in crisis. (1.47) | Agreed | For all cases of serious self-harm, a quick time learning process will be completed and appropriate actions taken as a result. This will be conducted by a member of the Safer Custody department. | Governor | Completed |
|------|--|------------|---|---|------------------------------|
| 5.21 | Listeners should be able to see prisoners confidentially during the first night process, and access prisoners on the segregation unit, subject to a risk assessment. (1.48) | Agreed | Listeners are able to access prisoners in the Segregation Unit based on a risk assessment. This process has now been reinforced with staff and will be documented in their segregation files by the Head of Segregation. A full review of prisoner accommodation will take place to ensure the listener suites across HMP High Down, especially in reception, are a confidential space. | Governor Governor | January 2019 January 2019 |
| 5.22 | Adult safeguarding referrals should be recorded, and progress and outcomes monitored. (1.50) | Agreed | A recording system is now in place, managed and monitored by the Safety team. Progress is also monitored and a quality assurance system is in place, managed by the Deputy Governor. This involves checking the quality of the referral in conjunction with the SPO and updates and monitoring will form part of the monthly Safer Prisons meeting. | Governor | Completed |
| | Daily Life | | | | |
| 5.23 | Single cells should not be used to accommodate two prisoners. (2.10, repeated recommendation 2.7) | Not Agreed | This recommendation is not agreed as for the foreseeable future, and in common with other prisons, it will be necessary for HMP High Down to operate with an Operational Capacity that involves a level of crowding above its Certified Normal Accommodation As part of prison reforms the long-term goal is to reduce crowding, while maintaining sufficient capacity in the prison estate to manage the demands of the courts and the sentenced population as efficiently as possible. This level is kept under constant review, taking into account fluctuations in the prison population and useable capacity across the estate. The prison ensures that this level of operational capacity is set to reflect the provision of safe and decent accommodation and the operation of suitable regimes and that levels of crowding in prisons are carefully managed. | Executive Director Prison Estate Transformation | |
| | | | The occupancy of prison cells is determined by the Governor of each prison and, where cells are proposed for sharing when they were originally designed for single occupancy, this is certified by the relevant Prison Group Director in accordance with PSI 17/2012, which provides clear guidelines for determining cell capacities. | Prison Group Director/ Governor | |

| 5.24 | Communal showers on the older units should be refurbished and provide sufficient privacy. (2.11) | Agreed | Funding has been provisionally secured for showers on Houseblocks 1-4 to be refurbished during the 2019/20 financial year which will include installation of privacy screens. | Governor and Executive Director Prison Estate Transformation | February 2020 |
|------|---|---------------|---|---|---------------|
| | | | Remedial work is taking place to ensure the current showers are fit for purpose which includes the introduction of a cleaning schedule, painting programme and management checks. | Governor | December 2018 |
| 5.25 | Prisoners should be unlocked to collect their lunchtime meal. (2.19) | Agreed | This will be implemented as part of the staffing re-profile that will take place following reconfiguration, and the roll out of the OMiC model. | Governor | April 2019 |
| 5.26 | Staff supervision during the serving of meals should be improved, to ensure better portion control and compliance with basic hygiene | Agreed | Safe Systems of Work for the serving of meals have been reviewed by the Deputy Governor in conjunction with the POA (Union representing Uniformed Prison Grades), and all staff have been informed of the outcome of these. Supervision has been improved and a review of portion control has taken place which has resulted in better management of this system. | Governor | Completed |
| | requirements. (2.20) | | All servery workers will receive basic hygiene training and specific residential staff will be responsible for ensuring compliance with basic hygiene requirements. This is monitored by the activities team. | Governor | January 2019 |
| 5.27 | Prisoners should have access to a full prison shop order within a week of arriving at the prison. (2.21) | Partly Agreed | This recommendation is partly agreed, as access to a full prison shop is not achievable with the ordering times set within the current contract with the provider. A process has been implemented to ensure prisoners have access to essential items until they can complete a full canteen order. These essential items are included in the reception pack. | Governor | Completed |
| | | | The London Prisons Group will engage with procurement colleagues to establish if ordering times can be improved contractually across London. | Governor and Prison Group Director | January 2019 |
| 5.28 | Complaints data should be analysed to identify and address emerging trends. (2.26) | Agreed | A full review of complaints data will take place by the Head of Business Assurance and a process for analysing trends will be identified and implemented. | Governor | January 2019 |
| | | | Review of identified trends and overall quality assurance will take place at the monthly performance board. | Governor | January 2019 |
| | Equality, Diversity and Faith | | | | |
| 5.29 | Prisoners with protected characteristics should be | Agreed | The Equalities Advisor will conduct a full review of the management of equalities including access to consultation meetings for all protected characteristic groups. | Governor | December 2018 |

| | consulted regularly, and their needs, concerns and any unfair treatment identified and addressed. (2.30) | | The London Prisons Group Equalities Advisor will support HMP High Down in identifying any good practice already in place for assessing any perceived unfair treatment. They will also ensure a needs assessment is completed in conjunction with the prison and any specific interventions identified following the needs assessment process. | Prison Group Director | April 2019 |
|------|---|---------------|---|--|---------------|
| | | | Equalities data will be discussed, analysed and monitored at the monthly Equalities meeting, chaired by the Governor. | Governor | February 2019 |
| 5.30 | Foreign national prisoners' nationality should be checked and confirmed on arrival. (2.41) | Partly Agreed | This recommendation cannot be fully agreed as assurance cannot always be given that this will be confirmed on arrival. Although clarity will be sought during the first night interview, this may often be late at night and HMP High Down will not be able to seek confirmation until the following day. There is a single point of contact based in the Offender Management Unit who completes the necessary checks. | Governor | January 2019 |
| 5.31 | Personal emergency evacuation plans should be kept up to date and readily available to residential staff in an emergency. (2.43) | Agreed | A Personal Emergency Evacuation Plan (PEEP) will be put in place for all prisoners that require one. Residential Managers will ensure that these plans remain up to date and a rolling programme of dip tests will be introduced. All residential officers will be informed of which prisoners have a PEEP and this will communicated at the start of each shift alongside the location of the PEEP. Residential managers will work alongside the equalities adviser to identify the most effective way to monitor this. | Governor | December 2018 |
| | Health, well-being and social care | | | | |
| 5.32 | Clinical and managerial supervision should be provided consistently to all health care practitioners. (2.58) | Agreed | Prior to the inspection there had been a recent review of primary care structures which led to a period where line management structures were unclear. All Central and North West London (CNWL) staff for Primary Care Mental Health now have an assigned line manager and will be expected to have clinical and management supervisions in line with trust policy. | Director of Central and North-West London NHS Trust (CNWL) | Completed |
| | | | NHS England will ensure that staff have access to clinical supervision and there is a clear up-to-date policy that describes the arrangements for supervision, including clinical supervision, and how this is implemented and delivered. NHS England commissioners will monitor delivery and compliance of this policy through Quality Boards, contract reviews and local commissioner reviews using workforce data, appraisal rates, training, complaints, Serious Untoward Incidents and staff feedback. | Director of Central and North-West London NHS Trust (CNWL) | April 2019 |

| 5.33 | Local health care | Agreed | NHS England commissioners will monitor the effectiveness of the complaints | Director of Central and | December 2018 |
|------|---|---------------|---|--|----------------|
| | complaints processes should be quality assured, and written replies should indicate how concerns can be escalated if a | | process and how complaints data is being used to improve services. This will be completed via quality assurance checks of complaint responses at the monthly Quality Boards, and findings will be reported at the High Down Care Quality meeting. | North-West London NHS Trust (CNWL) | |
| | patient remains dissatisfied with the response. (2.59) | | The complaint response template used by healthcare now has a closing sentence outlining the escalation process and copies of the trust Patient Support Service's contact details are enclosed in complaint responses. | Director of Central and North-West London NHS Trust (CNWL) | Completed |
| 5.34 | A prison-wide health promotion strategy should be developed that | Agreed | Health representatives from both Primary Care and Mental health attend the User Voice forum. NHS England has patient experience leads in place and have prison healthcare reps working on the wings. | Director of Central and North-West London NHS Trust (CNWL) | Completed |
| | engages prisoner health representatives effectively. (2.61) | | The Healthcare team will utilise these close links with service users to develop a health promotion strategy and a calendar of events based upon the strategic objectives of the Commissioner, the prison and feedback from the residents. This will be shared prison-wide. | Director of Central and North-West London NHS Trust (CNWL) | March 2019 |
| | | | Engagement will be encouraged via council meetings, questionnaires, bespoke consultations, and open space events, which the Commissioner will continue to attend. | Director of Central and North-West London NHS Trust (CNWL) | March 2019 |
| 5.35 | Prisoners should be able to access podiatry appointments within | Partly Agreed | This recommendation is partly agreed as HMP High Down cannot currently commit to the delivery of additional services until local needs are clear, and any associated costs will be subject to funding approval. | | |
| | community-equivalent waiting times. (2.71) | | A review of the reasons for podiatry Did Not Attend (DNAs) will take place to ensure the service is as efficient as possible. This will be reviewed by the Commissioner and Governor in partnership, to identify and understand the cause of delays, and to identify appropriate actions to reduce the number of DNAs. | Director of Central and North-West London NHS Trust (CNWL) | September 2019 |
| | | | Podiatry waiting lists will also be reviewed by the Commissioner and Governor at every Quarterly Contract Review. Should the service not be able to meet the demand then this will be escalated to NHS England to consider additional sessions, with a view to bringing podiatry waiting times down to a community equivalent of six weeks by March 2019. | Director of Central and North-West London NHS Trust (CNWL) | March 2019 |
| 5.36 | All waiting lists should be regularly monitored and reviewed to ensure their accuracy, and non- attendance rates for all clinics should be | Agreed | The Nurse practitioner role will be developed to have a team of clinicians overseeing clinics. This team will review all waiting lists and carry out routine audits of non-attendance. | Director of Central and North-West London NHS Trust (CNWL) | March 2019 |

| | continuously evaluated and addressed. (2.72) | | Commissioners will review the waiting lists at quarterly contract reviews as well as conducting deep dive audits into unacceptable waiting list lengths, as required, using clinical experts. | Director of Central and North-West London NHS Trust (CNWL) | March 2019 |
|------|--|---------------|---|--|---------------|
| | | | Findings from these investigations will be shared with the providers and Governor and a joint action plan developed to improve the service. Implementation will be monitored by the Quality Board. | Director of Central and North-West London NHS Trust (CNWL) | March 2019 |
| | | | CNWL's analysis of the reasons for non-attendance and the actions taken to improve performance will be reviewed by the Commissioner and Governor at the quarterly contract reviews to ensure all partners contribute to reducing ongoing DNAs | Director of Central and North-West London NHS Trust (CNWL) | March 2019 |
| 5.37 | A dedicated clinical lead should be identified for the inpatient unit, and a discrete multidisciplinary | Agreed | There is a named clinical lead for in-patient unit who chairs the new, multi- disciplinary meetings. The Commissioner monitors that these meetings are minuted, actions produced and followed up in subsequent reviews. Actions are escalated as required to the Quality Board. | Director of Central and North-West London NHS Trust (CNWL) | Completed |
| | team meeting implemented to review all cases. (2.73) | | A weekly Ward Round to discuss all patients with the wider multidisciplinary team has been set up to review all cases on a weekly basis. | Director of Central and North-West London NHS Trust (CNWL) | Completed |
| 5.38 | Prisoners needing treatment in hospital under the Mental Health Act should be transferred within established NHS guidelines. (2.80) | Partly Agreed | This recommendation is partly agreed as although every effort is made to expedite transfers and assess patients promptly, transfers are dependent on a number of factors such as the completion of appropriate assessments, administrative processes within the NHS and the availability of accommodation in mental health hospitals. A weekly conference call with providers and commissioners will start in October with a view to addressing delayed discharges and expediting Mental Health transfers across NHS organisations. | NHS England Commissioning South | Completed |
| | | | The referral of patients in need of assessment will continue to take place within a timely manner as specified within the Department of Health (DOH) guidance. Concerns will be escalated to the receiving hospitals/trusts and gate keepers and monitoring of timeframes for such transfers will continue and information provided to commissioners as requested. | NHS England Commissioning South | Completed |
| | | | NHS England continues to work with partners across the criminal justice system to improve services for offenders with mental health difficulties and is reviewing the current Prison Transfer and Remission Guidance published by the Department for Health in 2011. A particular focus of the work will be to ensure that the most appropriate timescales are developed and implemented in relation to prison transfers and remission, taking into account clinical urgency and need. It is | NHS England Commissioning South | December 2018 |



| | | | anticipated that revised timescales for transfer from prison to hospital will be developed by the autumn to enable the current Guidance to be reviewed by the end of the year. | | |
|------|---|---------------|--|--|-----------------------|
| 5.39 | Drug- and alcohol- dependent prisoners should receive treatment on their first night without delay. (2.88) | Agreed | Patients identified on their first night screen as having a dependence on drugs or alcohol will be highlighted to discipline staff for referral to the substance misuse team for initial assessment. The substance misuse team are engaged in discussions with the Governor and Head of Healthcare in order to relocate to the reception area to speed up the process. | Governor/ Director of Central and North- West London NHS Trust (CNWL) | April 2019 |
| | | | The current delays in the referral process have been raised with Governors during relevant meetings and at the Health Improvement Partnership (HIP) meetings. Current and future capacity and demand for healthcare services are currently being reviewed by Commissioners, MoJ, Public Health England and the Governor as part of the preparation for HMP High Down's re-role. There is a particular focus on the prison reception processing and the regional/local role of the in-patient unit. The prison management has announced that, following a re-role, the prison will stop taking receptions from the court. This will significantly impact on the time service users spend in reception before receiving treatment. | Governor/ Director of Central and North- West London NHS Trust (CNWL) | April 2019 |
| | | | Substance Misuse Service management will continue to monitor reception times, and the wait for service users in reception prior to being assessed, feeding this back in relevant senior management and team meetings. | Director of Central and North-West London NHS Trust (CNWL) | Completed and ongoing |
| 5.40 | Custodial staff should supervise the medicine administration queues adequately to maintain patient confidentiality and reduce potential bullying. (2.95, repeated recommendation 2.82) | Partly Agreed | This recommendation is partly agreed as, although supervision of medication queues will be reviewed, in order to increase supervision levels at these times, resources will need to be reallocated from other areas. As such, this will be included in the re-profile expected to be carried out in December 2018. Full implementation is dependent on those resources being identified and available. | Governor | January 2019 |
| 5.41 | Prisoners should be able to access dental appointments within community-equivalent waiting times. (2.101) | Agreed | Commissioners, the Governor, Head of Healthcare and the dental provider will review the dentistry model match including the triage of current waiting lists, a review of capacity with demand, and a model redesign to provide improved access. Commissioners with HMPPS will review the resources required to achieve this. | Director of Central and North-West London NHS Trust (CNWL) | January 2019 |
| | | | Waiting times for appointments are reviewed at the Healthcare Quality Review meeting (attended by Governor or Deputy Governor). A range of actions will be taken including a review of the clinic utilisation, analysis of DNAs and opportunities to reduce DNAs, review of clinical days and times to ensure they are | Director of Central and North-West London NHS Trust (CNWL) | December 2018 |

| | | | the best fit with operational requirements, maximising demand/capacity via an effective triage system. | | |
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| | | | In addition, non-attendance data is scrutinised by the Commissioner and Governor on a regular, more informal basis to enable appointment efficiency to be at its best. Findings are shared with CNWL and the dental provider and joint improvement actions agreed which are reported back to the Quality Board. | Director of Central and North-West London NHS Trust (CNWL)/Governor | Completed |
| 5.42 | The dental surgery should comply with best practice standards for dental infection control. (2.102, | Agreed | NHS England will identify gaps where action is required to comply with best practice standards. This will include reviewing the maintenance contract for all dental equipment, including the dental chairs. | Director of Central and North-West London NHS Trust (CNWL) | January 2019 |
| | repeated recommendation 2.87) | | A new Dentist Chair has been installed in August 2018 which will aid in dental infection control. | Director of Central and North-West London NHS Trust (CNWL) | Completed |
| | Time out of cell | | | | |
| 5.43 | All prisoners should have daily access to an hour in the open air. (3.11) | Not Agreed | This recommendation is not agreed due to the current regime and staffing levels. The core day provides the mandatory requirement within Prison Service Instruction (PSI) 75/2011 – Residential Services, of a minimum of 30 minutes time in open air per day. | Governor | |
| 5.44 | Prisoners' access to time out of cell should be increased and prisoners should be unlocked for at least 10 hours each day during weekdays. (3.12) | Not Agreed | This recommendation is not agreed as there are insufficient activity places to safely facilitate a full unlock of all prisoners for 10 hours per day. HMP High Down will always seek to deliver a safe, consistent purposeful regime subject to cohort requirements, resource and risk assessment. | Governor | |
| 5.45 | The prison should offer a full programme of recreational PE that meets all prisoners' needs. (3.13, repeated recommendation 3.40) | Partly Agreed | This recommendation is partly agreed due to staffing shortages in the PE department. Funding is available to meet this requirement, however, two recruitment campaigns have taken place in the last 12 months and these have proved unsuccessful in attracting and appointing candidates to the roles. A further recruitment programme is currently underway and if the department is fully resourced, a full programme will be offered. | Governor | May 2019 |
| 5.46 | Data on prisoners' participation in PE should be routinely collected and analysed, to ensure that all prisoners have equal access to recreational PE and that their needs are | Agreed | Data on participation in PE is now being routinely collated and will be added to the agenda for the Quality Improvement Group (QIG) meeting for analysis. Data on who is attending, from which residential area and their basic demographics will be collected. This information will be made available for the Equalities team and the Reducing Reoffending department to make use of at the relevant meetings. | Governor | January 2019 |

| | met fully. (3.14, repeated recommendation, 3.42) | | Any identified gaps in provision based on the needs of individuals and any issues with unequal access to PE will be addressed by the Head of Reducing Reoffending once the department is appropriately resourced. | Governor | January 2019 |
|------|--|---------------|---|---|---------------|
| 5.47 | The prison should offer a range of accredited programmes to provide prisoners with skills and qualifications that will help | Partly Agreed | This recommendation is partly agreed as there are no accredited programmes currently running within the gym due to insufficient staff within the team to deliver anything other than compulsory gym. If full staffing levels are achieved then programmes can be considered for introduction. | Governor | March 2019 |
| | them gain appropriate employment on release. (3.15, repeated recommendation, 3.41) | | HMP High Down are focussing on increasing the number of prisoners who access formal qualifications such as British Institute of Cleaning Science (BICS), WAMITAB (Awarding organisation in waste management and recycling, cleaning and street cleansing, facilities management and parking), and Horticulture at Level 1 and 2. Using the Dynamic Purchasing System (DPS), the prison will involve more partners in the delivery of employer recognised qualifications. Information, Advice, Guidance (IAG) continues to be delivered at Level 3. Prisoners working in the Call Centre will be required to complete a Customer Service qualification and the prison is moving to make these qualifications mandatory in some other areas of work. Recruitment is also underway for a band 4 multi–skills Instructor to deliver formal qualifications whilst areas of the prison are repaired and a Band 3 Instructor to prepare prisoners for work. | Governor | March 2019 |
| | Education, skills and work activities | | | | |
| 5.48 | Senior leaders and managers should identify and implement appropriate datasets which underpin an efficient and accurate performance management system. (3.28) | Agreed | The Head of Reducing Reoffending will work with the education provider and Learning and Skills manager to produce a dataset that is appropriate and can underpin a performance management system. Due to a potential change in the education provider, these will be put in place for the 2018/19 financial year. This dataset will then be monitored and reviewed at the monthly Senior Leaders Team (SLT) meeting. Once the dataset is in place, the Head of Reducing Reoffending and the Education manager will work together to implement any necessary actions needed to make improvements. They will jointly lead on addressing any concerns. | Governor and Chief Executive of Novus | April 2019 |
| 5.49 | Effective pre- and post- release support should be provided, to help prisoners to enter education, training or employment. (3.29) | Agreed | Support is currently provided by the Community Rehabilitation Company (CRC). London and Kent, Surrey & Sussex Contract Management Teams undertake periodic reviews of Through the Gate Services delivered by the CRC at HMP High Down. Reviews of the service include visits to the prison to monitor performance and obtaining feedback from both CRC and HMPPS staff, speaking with service users to gather feedback and regular monitoring of Management Information. There are also Service Integration Meetings which include the Contract Management Team, CRC and Probation Services that take place on a quarterly | Governor and Chief Executive Kent, Surrey and Sussex (KSS) CRC | December 2018 |

| | | | basis whereby HMP High Down can attend and discuss performance, share best practice and highlight issues that may be affecting service delivery. Novus has employed an Employment Broker who visits the prison to engage with job ready candidates prior to release, and will also offer post-release support to help them into employment. | Chief Executive of Novus | Completed |
|------|--|---------------|---|--|-----------------------------|
| 5.50 | The induction process should introduce all prisoners to the full range of opportunities in education, vocational training and work. (3.38) | Agreed | A full review of the education element of the induction process will take place. This review will be led by the Head of Residential and will included working alongside key departments. A tour of all available opportunities in education, vocational training and work will be introduced to enable prisoners to see what is available for them. Following the implementation of OMiC, key workers will be used to support this model and also to encourage prisoners to attend suitable work. | Governor | March 2019 |
| 5.51 | All prisoners should have timely skills assessments and be allocated swiftly to activities that meet their future employment or training needs. (3.39) | Agreed | Timely skills assessments are dependent upon prisoners attending the assessment sessions. A review of the current process will be undertaken to ensure all involved are aware of their responsibilities in ensuring prisoners attend the sessions and this will be reinforced with relevant staff, and overseen by residential managers with support of reducing reoffending staff. A new process has been identified to ensure that the provider identifies which prisoners to allocate, and the Activities Hub makes the necessary entries on Prison NOMIS (an electronic prisoner reporting system). This will be assessed as part of the overall review of the activities hub. | Governor and Chief Executive of Novus Governor | December 2018 April 2019 |
| 5.52 | Teachers and tutors should be consistent in setting challenging targets in individual learning plans, and progress reviews should relate to prisoners gaining job- related skills. (3.40) | Agreed | The provider will continue to develop staff skills so that target setting and reviews are consistently good by: Holding "lunch & learn" training sessions Sharing good practice Drilling down into targets and reviews during learning walks and observations Providing clear feedback about what needs to improve, and checking that improvements have been sustained | Chief Executive of Novus | April 2019 |
| 5.53 | The proportion of prisoners who start a course, complete it and gain the qualification should be increased. (3.48) | Partly Agreed | This recommendation is partly agreed as whilst HMP High Down will continue to drive improvements to processes, due to the turnover and transfer of prisoners, it is not currently possible to provide assurance that withdrawals will significantly reduce. The Head of Reducing Reoffending will produce a withdrawals protocol in | Governor | January 2019 |

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| | | | conjunction with the education provider and this will be shared with all relevant staff. The Head of Reducing Reoffending will track all withdrawals, identify trends in the | Governor | April 2019 |
| | | | reasons for withdrawals and address these where possible. It is expected that once the prison re-roles to a Category C, withdrawals should reduce. | | |
| 5.54 | Prisoners' achievements should be improved in all courses, particularly in English and information technology qualifications. (3.47) | Agreed | The success rates for all courses are intrinsically linked to item 5.52 above. Steps that will be taken to maximise success rates are: Better utilisation of IT and business courses Stabilise staffing of English courses Make non-OLASS activity dependent upon having increased Functional English attainment to at least Level 1 Improving attendance at education Ensuring Education is open consistently by ensuring the department is fully staffed and the prison regime can facilitate regular attendance. Ensuring education ties in with induction and sentence planning | Governor and Chief Executive of Novus | January 2019 |
| | Reducing Risk, Rehabilitation and Progression | | | | |
| 5.55 | The strategic oversight of reducing reoffending should be informed by a detailed analysis of the needs of the current population and progress measured against a comprehensive action plan. (4.20) | Agreed | A needs analysis is currently being undertaken and, once the data is available, a strategic review of reducing reoffending will be completed. An action plan will be developed and reviewed regularly at the Reducing Reoffending meeting. | Governor | February 2019 March 2019 |
| 5.56 | The quality of offender management should be improved, to ensure that all prisoners receive adequate support, including timely completion of offender assessment system (OASys) assessments | Agreed | The Head of Offender Management will conduct a review of the current offender management department with the aspiration of improving the current provision. Four Prison Offender Managers have been recruited and the introduction of OMiC will enable the HMP High Down to improve all aspects of offender management work however, the case management element of the OMiC model will not be implemented until 2019 in line with national timescales. Delivery of the OMiC model remains subject to ongoing recruitment. | Governor | March 2019 June 2019 |

| | and regular, meaningful contact which is aimed at progression and risk reduction. (4.21) | | | | |
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| 5.57 | Basic Custody Screening Tool 1 resettlement screenings should be completed on time. (4.22) | Partly Agreed | This recommendation is partly agreed as, currently, the Offender Supervisor staffing resource in post is not sufficient to enable all BCST1s to be completed on time. Efforts have been made to recruit to target staffing levels but these have not been successful to date. | | |
| | | | A review of the current resources will take place to look at the feasibility of an improvement in this before the implementation of the OMiC model. | Governor | May 2019 |
| 5.58 | Information gained from monitoring mail should be comprehensive, providing detailed evidence about the content and any concerns that could inform risk management. (4.27) | Agreed | Briefings will be provided to all mail monitoring staff to ensure they are aware of what is required of them when producing evidence and information.A Quality Assurance (QA) process, managed by the Head of Offender Management, will be implemented to monitor and feedback on the quality of information and evidence produced. | Governor Governor | Completed January 2019 |
| | Interventions | | | | |
| 5.59 | The prison should implement a strategy to manage prisoners convicted of sexual and domestic violence | Agreed | A strategy will be produced by the Head of Reducing Reoffending, involving consultation with psychology colleagues, to support the management of these offenders. This will include the feasibility and affordability of offending behaviour work to be delivered at HMP High Down. | Governor | February 2019 |
| | offences which provides for either specific offending behaviour work at High Down or progression to another prison to access accredited programmes. (4.34) | | If it is decided that offending behaviour work will not be introduced at HMP High Down, a protocol for transfer to access programmes at other prisons where appropriate will be implemented and this will be managed by the Head of OMU. | Governor | March 2019 |
| | Release planning | | | | |
| 5.60 | All prisoners should have a resettlement plan on arrival to address their immediate problems, and reviews should be | Agreed | A BCST2 assessment is completed within five days of arrival that addresses immediate needs and forms the basis of the resettlement plan. Reviews are undertaken with the prisoner via a further meeting from 12 weeks before release to ensure the resettlement plan is up to date in order to be fully effective. | Governor and Chief Executive KSS CRC | Completed |

| undertaken well enough ahead of release to be fully effective. (4.38) | The improvement in BCST2 completion is dependent on the completion of BCST1 within the required timeframe. A full review of the Induction process is currently under way which will include a review of the completion of BCST1 and the resources available for this. | Governor and Chief Executive KSS CRC | February 2019 |
|---|---|---|---------------|
| | Monthly meetings now take place between the CRC and the Head of Reducing reoffending to assess the progress being made to ensure that all prisoners have a review prior to release. Tripartite meetings are in place involving the prison, CRC and MoJ Contract Management Team to ensure that quality checks are in place and to feedback on findings. | Governor and Chief Executive KSS CRC | Completed |

| Recommendations | |
|-----------------|----|
| Agreed | 43 |
| Partly Agreed | 14 |
| Not Agreed | 3 |
| Total | 60 |

