



HM Prison &  
Probation Service

Action Plan:

HMP Ashfield

Action Plan Submitted:

16<sup>th</sup> August 2019

A Response to HMIP Inspection:

A Report on an unannounced inspection  
of HMP Ashfield

Report Published:

30<sup>th</sup> July 2019

## INTRODUCTION

HM Inspectorate of Prisons (HMIP) and HM Inspectorate of Probation for England and Wales are independent inspectorates which provide scrutiny of the conditions for, and treatment of prisoners and offenders. They report their findings for prisons, Young Offender Institutions and effectiveness of the work of probation, Community Rehabilitation Companies (CRCs) and youth offending services 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 (Specific, Measurable, 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 <b>must</b> 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 <b>must</b> 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 ASHFIELD

1. Rec No	2. Recommendation	3. Agreed/ Partly Agreed/ Not Agreed	4. Response Action Taken/Planned	5. Responsible Owner	6. Target Date
	<b>Main recommendations</b>				
	<b>To HMPPS</b>				
5.1	All prisoners should have an up-to-date offender assessment system (OASys) assessment, to help them to address their offending behaviour and ensure that their progression is monitored effectively. (S38)	Partly Agreed	<p>This recommendation is partly agreed as the HMCIP Expectation that all prisoners should have an Offender Assessment System (OASys) review at least once per year is not consistent with HMPPS policy PI 15/2014 (<i>Review procedure for serious further offences</i>) only requires a sentence plan review following a significant event. Case management reviews will be conducted in line with HMPPS policy.</p> <p>Under Offender Management in Custody (OMiC) arrangements, HMP Ashfield have been designated one Senior Probation Officer (SPO) and four Probation Officers to manage high and very high risk cases and keep relevant OASys assessments up to date. The latest published timeline for Probation Officers to be recruited into HMP Ashfield by the National Probation Service Divisional Implementation Board is December 2019. Once recruitment has been completed the responsibility for OASys completion will pass from the community probation team to the prison. It is expected that OASys assessments will be up to date at the point of transfer of responsibility, in line with HMPPS current policy.</p> <p>In the meantime, an Offender Administrator will continue to monitor the timeliness of internal/external OASys completions, in line with current HMPPS policy, and alert the HMPPS Offender Managers where a case requires an update. Records of progress/contact with HMPPS will be maintained.</p>	<p>Divisional Director, NPS South West South Central</p> <p>Director</p>	<p>January 2020</p> <p>December 2019</p>

			OASys completion rates will be reported through a standing agenda item at the quarterly Reducing Reoffending meeting, chaired by the Assistant Director Reducing Reoffending, and will be subject to review in quarterly bi-lateral meetings between the Director and SPO (once appointed).	Director	December 2019
	<b>To the Governor/ Director</b>				
5.2	All prisoners should have regular face-to-face contact with an offender supervisor.(S38)	Agreed	Under the OMIC model, expected to commence from October 2019 to December 2019 (subject to national roll-out), Recruitment has commenced for one SPO and four Probation Officers to manage high and very high risk cases. Upon implementation of OMiC, face-to-face contact between the prisoner and their Prison Offender Manager will be monthly or bi-monthly dependant on tier. In the interim, all prisoners will have quarterly pre-planned, meaningful, face-to-face contact with an Offender Supervisor.  Senior case supervisors will conduct and record ten quality checks of contact logs per month, to ensure compliance. The Head of Offender Management Unit (OMU) and/or the Senior Probation Officer will submit a monthly report to the Head of Reducing Reoffending which will be monitored at the quarterly Reducing Reoffending meetings.	Director  Director	December 2019  December 2019
5.3	Offender supervisors should receive specific training in working with prisoners convicted of sexual offences. In addition, they should receive ongoing supervision, advice and guidance from an experienced practitioner, such as a senior probation officer. (S39)	Agreed	In preparation for the implementation of OMiC case management arrangements, a training needs analysis/matrix has been completed for all offender supervisors.  Offender Supervisors have commenced the Prison Offender Management (POM) training package, which includes <i>Module 4 - Introduction to Sexual Offending</i> . All current Offender Supervisors will complete this qualification, which will be recorded on their training records. The recruitment of an SPO and four Probation Officers has commenced. Successful candidates will hold a Professional Qualification in Probation (or equivalent) and attend Prison Offender Management training as required. The Divisional Implementation Board (DIB) have confirmed that they will provide sufficient training places, although no dates are available at present	Director  Director	Completed  April 2020

			<p>for some aspects of the training. Subject to sufficient training places, it is anticipated that all POMS will be fully trained by April 2020.</p> <p>To supplement mandatory national training and meet the specific training needs of staff at HMP Ashfield, locally designed training has been delivered by the Head of Psychology.</p> <p>Under OMiC arrangements, all POMS will receive ongoing supervision from the Senior Probation Officer and/or peer support from an appointed qualified Probation Officer, which will include a standing item relating to advice and guidance. In the interim, Offender Supervisors will receive 6-weekly supervision from a Senior Offender Supervisor.</p>	<p>Director</p> <p>Director</p>	<p>Completed</p> <p>January 2020</p>
5.4	<p>A full range of interventions should be available to meet the needs of the population, including for those prisoners in denial of their offence and those with low-level cognitive skills. (S40)</p>	Partly Agreed	<p>This recommendation is partly agreed because any uplift in the delivery of Accredited Interventions is contingent on an associated contractual change. An initial review of commissioned interventions delivery is planned to take place in October 2019.</p> <p>A detailed Needs Analysis was undertaken in April 2019, including an analysis of the risk profile of the population (as assessed by Risk Matrix 2000 and OASys). Nearly 30% of the population in April 2019 were assessed as low risk on RM2000 and therefore not considered to be in need of accredited offending behaviour programmes. Interventions for this group will continue to focus on developing desistance through enhancing protective factors such as through the Life Skills programme, health interventions and Education Training Employability. 19% of the population are considered to be 'fully treated', having already completed commensurate accredited interventions. For this group (in addition to the above interventions to develop desistance), staff have been trained to deliver the Becoming New Me + following completion of an Accredited Programme. For the remaining population, accredited interventions will continue to be prioritised based on risk, need and factors such as parole eligibility and time left to serve. The Controller will continue to maximise the available budget for</p>	<p>Director/MOJ</p> <p>Director</p>	<p>October 2019</p> <p>Completed</p>

			<p>accredited interventions, through submissions to national interventions meetings and to the Sex Offender Treatment Board.</p> <p>Under OMiC all prisoners will receive weekly keyworking sessions and at least bimonthly contact with their POM during which offence focussed work can take place, including for those in denial of their offences. The quality and content of POM contact will be monitored through bi-monthly supervision. In addition, men who are assessed as 'not ready' for treatment (including due to denial of offences) are visited (every 3-6 months) by a facilitator to try and improve motivation and readiness to complete an intervention. The frequency with which these visits take place depends on individual circumstances.</p> <p>Four programme facilitators have been trained to deliver Becoming New Me + (BNM+) to men assessed as high risk, who face intellectual challenges. Facilitators will be allocated time as part of the delivery schedule to deliver this programme on a one to one basis. A review of delivery will commence in October 2019, to determine the number of BNM+ sessions that will be available.</p> <p>To further support close collaboration between interventions and Offender Management staff, a Business Case has been submitted to co-locate OMU and Interventions, the outcome for which is awaited.</p>	<p>Director</p> <p>Director</p> <p>Director</p>	<p>December 2019</p> <p>December 2019</p> <p>Completed</p>
	<b>Recommendations</b>				
	<b>Early days in custody</b>				
5.5	Prisoners not subject to child protection or harassment measures should be allowed to contact their family on arrival. (1.7)	Agreed	HMP Ashfield use a different Prisoner Telephone System from HMPPS, which means that approved telephone numbers do not automatically transfer with a prisoner. The transfers clerk will make contact with the transferring prison to request a printout out of approved telephone numbers, to ensure that prisoners can make telephone calls to approved numbers, in line with the national prisoner communications policy, on arrival. Where not made available, prisoner records will be checked on arrival by reception staff to identify those not subject to harassment and/or child	Director	September 2019

			protection. A telephone call for those not subject to harassment or child protection measures will be facilitated. The Assistant Director Security will complete and record a monthly check of new arrival records to ensure that this system is embedded.		
	<b>Managing behaviour</b>				
5.6	All violent incidents should be thoroughly investigated, to address violent behaviour and support victims. (1.14)	Agreed	All violent incidents will be investigated by a Custodial Operations Manager (COM) using the new Challenge, Support and Intervention Plan (CSIP) process. This system will investigate the causes of violent behaviour and support the victims and actions taken will be recorded in the plan. The investigation outcomes will be discussed and recorded at the fortnightly Safety Intervention Meeting (SIM) meeting. The SIM will assure the quality of investigations and determine the level of intervention/ support to be provided going forward. Actions will be set to communicate decisions to relevant departments, feedback to staff involved and/or ensure effective dissemination of lessons learned.	Director	October 2019
5.7	The disparity between the low number of violent incidents and prisoners' perceptions of safety should be investigated and addressed. (1.15)	Agreed	The responses to the prisoner questionnaire relating to violent behaviour will be analysed and themes explored and monitored through the quarterly prisoner Violence Reductions forums, Safety Intervention meetings and Safer Custody meeting, chaired by the Assistant Director Residential. Findings will be incorporated into an updated Violence Reduction Strategy.  OMiC Keyworker sessions include a mandatory requirement to discuss perception of safety. A 'snapshot' of all keyworker entries relating to prisoners current perception of safety will be taken and analysed by the Assistant Director residential.	Director  Director	November 2019  October 2019
5.8	Managers should scrutinise all use of force documentation and video footage, to identify good practice and areas for improvement. (1.20)	Agreed	New Terms of Reference have been introduced for the monthly Security Committee meeting, which incorporates a governance review of use of force in the previous month. The Assistant Director of Security and Operations will view all instances of use of force using Body worn video/Closed Circuit Television and will review all associated documentation, to identify areas for improvement to be discussed at the Security Committee Meeting. Identified areas of good practice and improvement will be disseminated to members of staff and the wider staffing group, as appropriate.	Director	October 2019

	<b>Security</b>				
5.9	Intelligence reports should be promptly collated and analysed, and used to identify current and emerging threats. (1.29)	Agreed	<p>The Security department now have two trained intelligence analysts in place who will (with cover from managers at the weekend) promptly collate and analyse all intelligence reports. The Assistant Director Head of Security and/or Security manager will conduct weekly checks to ensure timeliness and provide feedback to the monthly Security Committee meeting.</p> <p>A revised intelligence assessment report is now included as a standing agenda item for the monthly Security Committee meeting, during which intelligence objectives are set and reviewed. Current and emerging threats are also analysed at the fortnightly Tactical Intelligence Meeting.</p>	Director  Director	October 2019  Completed
5.10	The drug strategy should be informed by a comprehensive needs analysis and have a whole-prison approach. (1.30)	Agreed	<p>The Health Care Needs Analysis, including an analysis of substance misuse has been commissioned and is due for completion by the end of October 2019.</p> <p>A revised Terms of Reference for the quarterly Drug Strategy meetings will be published, mandating multi-disciplinary attendance and consideration of emerging trends. An associated Action Plan, including actions to restrict supply, reduce demand and build recovery will be developed, informed by the Health Needs Analysis.</p>	NHS England  Director	November 2019  April 2020
	<b>Safeguarding</b>				
5.11	Investigations into serious acts of self-harm or attempted suicide should be thorough and identify lessons for improvement. (1.37)	Agreed	All acts of self-harm will be examined by the Safer Custody Manager to ensure that all serious incidents are investigated thoroughly, including to identify lessons for improvement. An appropriate level of investigation will be commissioned in each case, in accordance with PSI 15/2014 ( <i>Investigations and Learning Following Incidents of Serious Self-Harm or Serious Assaults</i> ). Outcomes will be discussed and recorded at the monthly Safer Custody Meeting to ensure learning is captured and promulgated. The Terms of Reference for the Safer Custody Meeting will be updated to reflect this requirement.	Director	October 2019



	<b>Daily life</b>				
5.12	Emergency cell call bell data should be monitored and analysed. (2.6)	Agreed	Emergency cell call data reports will be obtained from the electronic cell call system on a weekly basis. These will be analysed at least monthly by the Assistant Director Residence to ensure the timeliness of responses (within 5 minutes), with increased frequency if immediate patterns of concern are identified. The result of this analysis will be discussed to identify trends and address concerns and recorded at the monthly Safer Custody meeting, along with any mitigation actions necessary. The Terms of Reference for the Safer Custody meeting will be updated to reflect this requirement.	Director	September 2019
	<b>Equality, diversity and faith</b>				
5.13	A senior manager should have personal responsibility for leading equality and diversity work. Monitoring data should be regularly scrutinised to identify discrimination in treatment and access to services. (2.20)	Agreed	The Diversity and Equalities Team (DEAT) will be chaired by the Director or Deputy Director. An updated Terms of Reference will be published to ensure data is routinely monitored, analysed and recorded in the minutes. An associated Equalities Action Plan will be developed by December 2019.  A new Equalities and Foreign Nationals Co-ordinator will be in post, commencing August 2019, to improve data provision. The Assistant Director of Governance will have strategic oversight of Equalities and Diversity work and this will be included in their job description.	Director  Director	March 2020  September 2019
5.14	Older prisoners and those with disabilities should have multidisciplinary care plans that outline their needs and identify actions required to support them. (2.28)	Partly Agreed	This recommendation is partly agreed, as HMPPS define “ <i>older prisoners</i> ” as those aged 50 or over and not all prisoners within this definition will have identified care needs requiring multi-disciplinary care.  All prisoners aged over 50 with an identified need and all prisoners with a diagnosed disability will receive a multidisciplinary care plan. This will include contributions from Healthcare, Social Care and Safer Custody. The findings of the ongoing Health Needs Assessment (see Recommendation 5.16) will be cross-referenced to a quarterly mapping exercise, to reconcile those who require plans with those that have them. Governance will take place via a	Director	January 2020

			quarterly standing agenda item on the DEAT meeting Terms of Reference. In addition, the Equalities Co-ordinator will maintain regular reviews of Personal Emergency Evacuation Plans (PEEPs) and Personal Intervention Plans (PIPs) and feedback relevant statistics to SMT daily meetings and report any exceptions at the DEAT meeting.		
	<b>Health, well-being and social care</b>				
5.15	There should be an up-to-date health and social care needs analysis. (2.41)	Agreed	<p>A Health Needs Assessment will be undertaken to provide a sound understanding of current service provision and population health and wellbeing needs. This will help establish a baseline for meeting health needs, leading to agreed priorities and resource allocation that will improve healthcare and reduce inequalities. NHS England are currently procuring Health Needs Assessments (HNA) in the five Bristol Somerset Gloucester Wiltshire prisons. These commenced in July 2019 and will take place over a period of at least three months. Due to changes taking place in the South West prison estate through reconfiguration, NHS England have also procured HNA refreshes during the summers of 2020 and 2021.</p> <p>NHS England have set up a Steering Group to oversee the HNAs, with the first meeting taking place on the 24<sup>th</sup> July 2019. The HNA will inform and improve identification of the full range of health, social care and wellbeing needs, inform staff learning and development, increase understanding around current service configurations and needs for improvement in meeting health and wellbeing needs and also identify areas of good practice.</p> <p>Findings identified through analysis of Social Care needs will be shared with Social Care providers and monitored through Local Health boards between the Director and Head of Healthcare.</p>	NHS England Commissioners	December 2019
				NHS England Commissioners	December 2019
				Director and Head of Healthcare	December 2019
5.16	Trained and supervised peer workers and health trainers should offer health information and support to prisoners. (2.43)	Agreed	A Service User Involvement Lead has been appointed to coordinate, develop, implement and evaluate peer mentor programmes to include role profiles, training/qualifications, mentor/confidentiality agreements and supervision for peer mentors in substance misuse, Hepatitis C, Diabetes and general health and wellbeing promotion. Where appropriate, prisoners will be asked to consider signing	NHS England Commissioners and Head of Healthcare	April 2020

			<p>confidentiality agreements to enable them to fully engage with forums and peer support.</p> <p>Forums such as the Health Improvement Group will advertise these roles, measure outcomes through feedback and explore suggestions for further peer mentors in other areas/conditions that would benefit from the practical support and encouragement of peer mentors. Progress and outcome measures will be monitored through quarterly local governance and delivery/quality board meetings.</p>		
5.17	All prisoners with long-term health conditions should have a care plan. (2.50)	Agreed	<p>Clinical pathways have been developed for each long-term condition; these are currently with the healthcare provider's senior clinical leads, for approval, comment and amendment. Care plans form a key part of these pathways and will provide direction for individualised, evidence based and holistic care and support planning. This will develop the patient knowledge, skills and confidence to support self-management of health conditions, ensure shared decision making and identify health and quality of life targets for those living with long term conditions.</p> <p>Upon approval, care plan templates will be uploaded to SystmOne, to ensure electronic care plans within the patient's medical record for clinicians to complete with patients during long term condition clinic reviews. Reviews will take place at least annually, or more frequently dependant on the stability or control of the prisoner's health condition. In the interim clinicians can use paper care plans to support long term condition management and upload to SystmOne records as a scanned document, with the patient holding a paper copy of their care plan.</p> <p>Long term condition clinics are supported by a robust clinical supervision framework, with care plans reviewed by a multidisciplinary team of healthcare professionals at monthly complex needs meetings to ensure seamless and coordinated care across all aspects of physical, mental and substance misuse health.</p>	NHS England Commissioners and Head of Healthcare	September 2019

5.18	Trauma-informed psychological support should be available for prisoners. (2.61)	Agreed	<p>Subject to availability, all POMs will complete Personality Disorder training, which includes an introduction to trauma informed approaches.</p> <p>A group work manual is to be designed by the Clinical psychologist to meet the needs of men who have had experience of trauma, taking account of HMP Ashfield's primary focus on supporting desistance from sexual offending. The group will consider the nature and consequences of trauma and quickly move on to consider techniques to manage associated symptoms. The manual will be designed by January 2020, training in its delivery (including shadowing of its equivalent at HMP Eastwood Park) will be completed by April 2020 and delivery will commence thereafter. The number of men attending this group will be captured and reported in Health and Justice Indicators of Performance data. Evaluation will be completed by October 2020 to inform its future delivery and to ensure it is meeting patient needs.</p>	<p>Director</p> <p>NHS England Commissioners and Head of Healthcare</p>	<p>April 2020</p> <p>April 2020</p>
	<b>Education, skills and work activities</b>				
5.19	Prisoners should receive advice and guidance when choosing their activities, to ensure that they contribute to long-term resettlement goals. (3.20)	Partly Agreed	<p>This recommendation is partly agreed, as the provision of independent advice and guidance to fully support prisoners in setting career goals and choosing the activities most likely to support progress towards these is contingent on funding being made available.</p> <p>A Business case has been submitted to the MOJ for an Independent Advice and Guidance (IAG) Resettlement co-ordinator, the outcome of which is awaited.</p> <p>In the interim, Ashfield College will provide advice and guidance to prisoners who are selecting their next courses via course tutors and end of course progression forms, taking into account prisoners' employment and skills aspirations. ETE staff will receive professional development and supervision through their line manager, to enhance the quality of advice and guidance provided.</p>	<p>Director</p> <p>Director</p>	<p>Completed</p> <p>October 2019</p>

			Learning Walks by Education managers will be completed within each 16-week cycle.		
5.20	Managers should thoroughly analyse course outcomes, to identify any underperformance by specific groups of learners. (3.21)	Agreed	Ashfield College will refresh the manner in which data is presented to the Quality Improvement Group (QIG), in order to create learner/group success data. This data will be analysed in the QIG, to identify trends and possible gaps in achievement of qualifications by different groups, with corresponding improvement actions ascribed to course tutors via the Quality Improvement Plan (QIP).	Director	November 2019
5.21	Individual targets and progress monitoring should be used in all classes, to ensure that all prisoners can make the progress of which they are capable. (3.29)	Agreed	Use of Virtual Campus to set individual targets and monitor progress is contingent on national agreement and funding arrangements. Therefore, with oversight from their managers, Ashfield College Tutors, will ensure that all learners receive Specific Measurable Achievable Realistic and Timebound targets and that their progress is monitored via <i>LEJER</i> (bespoke learner journey software). This will be at a 10% check every 16 weeks, outcomes minuted within the QIG. This will also be reported at the Reducing Reoffending quarterly meeting.	Director	March 2020
5.22	Teachers' feedback on written work should correct spelling and grammatical errors, and should clearly tell prisoners how they can improve their work. (3.30)	Agreed	Ashfield College will deliver training to both the Skills Development and Employment Development teams on the preliminary marking process of learners' work via a Local Operating Procedure (LOP). All prisoners' learning portfolios are internally and externally verified.	Director	December 2019
	<b>Categorisation and transfers</b>				
5.23	A comprehensive reducing reoffending strategy should be developed, based on a full analysis of offending-related needs and supported by a detailed	Agreed	A full analysis will be completed, drawing on data in relation to the risk, need and sentence planning profile of the population as assessed by Risk Matrix 2000 and OASys. This will be supplemented by additional relevant information, including post-programme data and treatment needs in relation to substance misuse identified through the Health Needs Analysis.	Director	April 2020

	action plan which is monitored and updated rigorously. (4.25)		An action plan will be produced, to be reviewed at each quarterly Reducing Re-Offending meeting. A new Terms of Reference will be produced, mandating multi-disciplinary attendance at the Reducing Re-Offending meeting in order that actions can be rigorously updated. The Reducing Reoffending Action Plan will inform an updated Reducing Re-Offending Strategy, which will be reviewed annually.	Director	April 2020
5.24	All prisoner contacts should be logged and recorded on P-Nomis. (4.26)	Agreed	All prisoner contacts by Offender Supervisors/ POMs will be logged and recorded on pNomis. Senior case supervisors will quality assure a sample of the pNomis entries for ten prisoners per month to ensure compliance.	Director	October 2020

Recommendations	
Agreed	20
Partly Agreed	4
Not Agreed	0
<b>Total</b>	<b>24</b>