



HM Prison &
Probation Service

Action Plan: HMP Frankland

Action Plan Submitted: 23 June 2020

A Response to the HMIP Inspection: 13 - 24 January 2020

Report Published: 05 May 2020

Actions against target dates are likely to be delayed due to COVID-19 disruptions to service delivery.

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, 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 must 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.

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ACTION PLAN: HMIP REPORT

ESTABLISHMENT: HMP FRANKLAND

1. Rec No	2. Recommendation	3. Agreed/ Partly Agreed/ Not Agreed	4. Response Action Taken/Planned	5. Responsible Owner	6. Target Date
	Key concern and recommendations				
5.1	<p>Key concern (S41):</p> <p>In our survey, significantly more prisoners than in similar prisons told us it was easy to get illicit drugs. This was reflected in the prison's positive drug test results, which had increased since the previous inspection. The prison did not monitor the effectiveness of technology such as body scanners. There was no supply reduction action plan, and we could not be assured that required actions were effectively tracked and</p>	Agreed	<p>The Drug Strategy for HMP Frankland will be reviewed in its entirety. The review will include the Strategy Document, Meeting, Terms of Reference and Membership. It will encompass Frankland's approach to supply reduction, and be inclusive of how we will monitor the effectiveness of supply reduction technology we have in place. The Drug Strategy will include a clearly communicated action plan.</p> <p>The Bi-Monthly Drug Strategy Meeting will have the action plan as a standing agenda item. The plan will be discussed in relation to current trends, which will be identified from input from key stakeholders and available data, and will be monitored, along with any actions planned for their effectiveness.</p> <p>The Monthly Security Tactical and Security Meetings will additionally analyse the effectiveness of the strategy, through Mandatory Drug Testing figures, intelligence, finds from searches (physical and technological) and report these outcomes back into the drug strategy meeting from its own planned actions. These meetings will also provide monthly security communications to staff, through briefings and notices on how to reduce supply and demand within the prison.</p>	Governor	August 2020

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	<p>completed. (Directed to: the governor.)</p> <p>Recommendation: Actions to reduce the supply and demand for drugs should be recorded in a plan, which is clearly communicated and tracked to ensure delivery of the drug strategy.</p>				
5.2	<p>Key concern (S42): The self-harm rate was very high. Assessment, care in custody and teamwork (ACCT) documentation was too variable, despite efforts to improve it. Attendance at the monthly safer custody meeting was poor, and therefore useful data which might have helped staff understand and manage the levels of self-harm was not effectively shared. (Directed to: the governor.)</p>	Agreed	<p>The Deputy Governor will ensure appropriate functional attendance at the monthly Safer Prisons meeting is made mandatory for specific Senior Managers/ Functional Heads, and key stakeholders. This will be formalised through new Terms of Reference. The strategic outcomes and actions will be communicated through Senior Management Team (SMT) meetings, to ensure that all Senior Managers have a clear understanding of the strategic approach to reducing self-harm and suicide. Actions will be cascaded to all staff by Senior Managers through briefings and communications.</p> <p>The weekly Safety Intervention Meeting (SIM) will underpin the monthly Safer Prisons Meeting, to discuss enhanced case reviews for prisoners where there is identified risk of harm, so additional support can be offered where appropriate. Vulnerable prisoners who are self-isolating will also be tracked and discussed through this forum, to identify any increased risk, and to offer this group any additional support.</p> <p>The Safer Custody Team and People Hub (Training Department), will produce a training plan focussing specifically on Suicide and Self-Harm</p>	Governor	August 2020

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	<p>Recommendation: Prisoners at risk of self-harm or suicide should receive effective, well-documented care which reduces harmful behaviours.</p>		<p>(SaSH) training, to greatly improve the staffs understanding and response to supporting prisoners who are at risk of self-harm or suicide.</p> <p>HMP Frankland Safer Custody Team will produce a Case Manager Awareness Guide, which will be published to all Custodial Managers (CM's) and Supervising Officers (SO's) who Case Manage prisoners on Assessment, Care in Custody and Teamwork (ACCT's). The guide will improve knowledge, direct and assist Case Managers who undertake Case Reviews, to understand and manage risks relating to self-harm or suicide, convene quality Case Reviews with an appropriate multi-disciplinary team, and compile quality CAREMAP actions and objectives, which are linked to the associated risks and triggers.</p> <p>This will be underpinned by monthly quality assurance management checks on ACCT Documents and Case Reviews, carried out by the Safety & Equalities Manager. Feedback and improvement actions are reported back to wing managers/ functional heads to address.</p>		
5.3	<p>Key concern (S43): Equality and diversity work was still not given sufficient priority. Senior managers did not attend the diversity and equality action team regularly, data were not always analysed well enough to be meaningful, and there was insufficient investigation of potential discrimination. Some policies were out of date. Responses to</p>	Agreed	<p>The Deputy Governor will ensure appropriate functional attendance at the monthly Diversity and Equality Action Team (DEAT) meeting is made mandatory for specific Senior Managers/ Functional Heads and key stakeholders, and include prisoner DEAT Representatives. This will be formalised by the Equalities Team through new Terms of Reference. The outcomes, actions, and data analysis from DEAT meetings will be communicated through the SMT, to ensure that Senior Managers are involved in a coordinated strategic approach to equality and diversity work.</p> <p>The Governor will identify and assign a SMT member to lead on each Protected Characteristic (PC). A quarterly meeting schedule will be embedded for PC Meetings, with the SMT Lead in attendance. All PC meetings will be diarised and minuted, with any findings discussed at the monthly Equality Meetings where actions will be captured on the</p>	Governor	August 2020

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			<p>prison population survey using the same questionnaire annually, to capture any additional need. The Equalities Team will ensure they have regular contact with the regional Equalities Lead to keep abreast of changes, training opportunities and to glean and share good practice.</p> <p>The Equalities Team will introduce a procedure where DIRFs will be answered within policy timeframes by the appropriate person/ manager. Where DIRFs cannot be answered in this time, an interim response must be issued to the prisoner to advise them. DIRFs will be tracked daily through the daily operations meeting, and those DIRFs which are due a response communicated through the SMT leads/ Functional Heads.</p> <p>The Equalities Team will issue guidelines of best practice and expectations with every DIRF, to improve the level of investigation, response and outcomes. DIRF's will be quality checked by the Deputy Governor before being returned to the prisoner. SMT leads/ Functional Heads will oversee DIRF's which have failed the quality check because of poor quality responses/level of investigation, to address the long-term quality issues and to speed up the process of the DIRF being returned to the prisoner. A community organisation will be identified to carry out quality assurance on DIRFs.</p>	<p>Governor</p> <p>Governor</p>	<p>August 2020</p> <p>August 2020</p>
5.4	<p>Key concern (S44): Prisoner concerns and complaints about health care were not properly managed. Of the 208 complaints made directly to the health department between July and December 2019, 56 had not yet had a response.</p>	Agreed	<p>HMP Frankland has changed their contract and service provider to Spectrum, and their complaints system Ulysses will be adopted. This will make the system more manageable, ensuring there this is one system operating for all complaints raised in the department, and managed through the reporting platform Ulysses.</p> <p>This complaints system complies with expectations in line with NHS guidance on managing complaints. Statistics and analysis will be incorporated into the establishment SMT Prisoner Complaint's report for discussion at the SMT meeting.</p>	Governor	August 2020

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<p>Complaints submitted through the prison complaints system were not included in monitoring and review within the health complaints system, which affected the analysis of health complaints overall. Many responses did not fully address the issues raised, and apologies were not always offered. The CQC has issued requirement notices about the management of complaints to G4S and Spectrum Community Health CIC. (Directed to: the governor.)</p> <p>Recommendation: All responses to prisoner complaints about health care, however raised, should be made on time and in line with NHS guidance on handling health care complaints.</p>		<p>Healthcare Managers will quality assure all complaints, and ensure they are all in line with NHS guidance. They will be discussed in the healthcare governance meetings with the Governor, as a standing agenda item. Where issues are identified and not rectified, they will be escalated accordingly.</p>		
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5.5	<p>Key concern (S45): The prison had conducted a prisoner needs analysis but had not done enough to analyse or implement the findings. While several departments focused on reducing reoffending, there were no reducing reoffending meetings to coordinate the work and ensure that action was taken to address some unmet need. (Directed to: the governor.)</p> <p>Recommendation: Work to reduce reoffending should be coordinated and result in the delivery of a measurable action plan to ensure that needs are met.</p>	Agreed	<p>The Head of Reducing Reoffending (HoRR) will develop Terms of Reference and convene quarterly meetings with the Heads of the Offender Management Unit (OMU), Psychology and Programmes, Education, Drug and Alcohol Recovery Team (DART) and other relevant departments to analyse current prisoner needs, identify any gaps in provision, and ensure a comprehensive consolidated action plan to address unmet need is in place. The HoRR will develop a strategy following the Population Needs Analysis (PNA), the results of which will be thoroughly analysed and its findings consolidated into an action plan, to ensure all information is fully aligned. The PNA will be reviewed annually to ensure the prison is working with the most up to date information.</p> <p>The consolidated action plan will ensure that all key departments are responsible for implementing the actions raised and agreed within the meetings. The HoRR will coordinate this, and ensure that timescales and actions are delivered on time so that outcomes can be measured effectively.</p>	Governor	October 2020
	General recommendations				
5.6	<p>Recommendation (1.7): Risk interviews for new arrivals, including health care interviews, should take place in private with</p>	Partly Agreed	<p>This recommendation is partly agreed, as to achieve the necessary changes it is subject to a Business Case which will be submitted by July 2020. If successful it will provide a fit for purpose interview room, that provides an environment which provides confidentiality and privacy for the individual.</p>	Governor	July 2020

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	the door closed. (Directed to: the governor.)				
5.7	Recommendation (1.8): Peer supporters and Listeners should be available in reception to meet all new arrivals. (Directed to: the governor.)	Agreed	The Safety Team will introduce a new Listener rota which will include Reception duties. Nominated Listeners will be detailed and deployed to attend Reception, to meet new prisoners transferring into the establishment.	Governor	August 2020
5.8	Recommendation (1.9): There should be additional first night safety checks on all new arrivals and those whose circumstances have changed. (Directed to: the governor.)	Agreed	<p>All new arrivals and those whose circumstances have changed (i.e. court outcomes), will be seen by reception staff, who will identify any increased risk through reception processes, and they will be provided Peer Mentor support by the Listeners now located in reception. Additionally, they will be seen by first night wing staff on the wing once located, who will also check for any increased risk. If received out of normal reception hours, this will fall to the Night Orderly officer or their assist. This will be ratified by a Prison National Offender Management Information System (P-NOMIS) entry, which will act as a handover for oncoming staff. Any concerns will be acted upon accordingly.</p> <p>The Safety Team will introduce a 'First night safety check' document for newly arrived prisoners, or those prisoner's whose circumstances have changed, to ensure that welfare checks are conducted every hour for the first night. A Governors Order will be published to communicate the introduction of the 'First night safety check', and the associated procedures to be followed. It will be the responsibility of wing managers/ Orderly Officers/Duty Governors to ensure that 'First night safety checks are in place for newly arrived prisoners, or those whose circumstances have changed. Completed 'First night safety check' documents will be monitored by Safer Custody to ensure they have been completed.</p>	Governor	September 2020

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5.9	Recommendation (1.18): Attendance at safer custody meetings should be improved to support effective information sharing and action planning to reduce violence. (Directed to: the governor.)	Agreed	The Deputy Governor will ensure appropriate functional attendance at the monthly Safer Custody Meeting is made mandatory for specific Senior Managers/ Functional Heads and key stakeholders. This will be formalised by the Safer Custody Team through new Terms of Reference. Compliance will be monitored on a quarterly basis, to address any non-attendance and monitor and track strategic outcomes.	Governor	August 2020
5.10	Recommendation (1.26): The prison should routinely scrutinise documentation and video footage from all incidents involving the use of force. (Directed to: the governor.)	Agreed	The Use of Force (UOF) monthly meeting will include a review of both planned and spontaneous incidents resulting in UOF, including a sample of all paperwork and video footage. This will include whether activation of a Body Worn Video Camera (BWVC) was considered, and utilised. Individual advice and guidance will be given when considered appropriate by the committee where body worn cameras have not been used.	Governor	August 2020
5.11	Recommendation (1.27): There should be greater scrutiny and oversight of the use of special accommodation and associated procedures to ensure that there is sufficient justification for its use in all cases, and that it is used for the shortest possible time. (Directed to: the governor.)	Agreed	All Special Accommodation paperwork will have a 100% monthly management check, conducted by the Functional Head of the Management and Progression Unit (MPU). The Deputy Governor will also complete a 20% monthly assurance management check of all special accommodation paperwork, and will provide feedback on any identified good practice, concerns or issues, and additional support if required, to all operational managers. To ensure that the use of special accommodation, and the documentation, is compliant with Prison Service Order (PSO) 1700.	Governor	Completed
5.12	Recommendation (1.33): Prisoners should only be segregated with proper authority and safeguards,	Partly Agreed	This recommendation is partly agreed, due to national operational capacity pressures that are out of HMP Frankland's control. Exit strategies for segregated prisoners may at times be prolonged, but	Governor	Completed and Ongoing

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	and for the shortest period possible. (Directed to: the governor.)		<p>population management will continue to work with other prisons in the Long Term High Security Estate (LTHSE) to reduce any delays.</p> <p>All prisoners segregated will have the correct documentation completed on arrival to the MPU, which will demonstrate and evidence that the correct authority and safeguards have been obtained, in line with national guidelines as set out in PSO 1700.</p> <p>HMP Frankland will continue to explore individual exit strategies for segregated prisoners, to reduce the negative impacts of long-term segregation. This includes the MPU pilot that has been introduced, which is a new psychologically informed case management system for selected prisoners, supported by a multidisciplinary tripartite team, that includes mental health staff and prison officers.</p> <p>All vulnerable prisoners who are considered a risk to themselves or others, will have individual plans, these will be signed/authorised by an appropriate manager. They will be reviewed and discussed at the weekly SIM, to determine re-integration plans. Their assigned key worker will work closely with them, to encourage and support them back into a full regime.</p>		
5.13	Recommendation (2.48): All clinical environments should comply with infection-control standards. (Directed to: the governor.)	Partly Agreed	This recommendation is partly agreed, as it to meet infection control standards some of the clinical rooms will need to be refurbished, which will require additional funding. The bid for additional funding will be submitted by August 2020, its progress will be monitored at local monthly Healthcare Governance Meetings.	Governor/Head of Healthcare	August 2020
5.14	Recommendation (2.49): Patient records should contain all relevant clinical information and details of	Agreed	The healthcare team will discuss implementation with their staff, and ensure that this becomes routine practice when recording clinical interventions, which will include the details of chaperones.	Governor/Head of Healthcare	August 2020

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	chaperones. (Directed to: the governor.)		The team will develop an internal audit to measure compliance, which will be completed initially bi monthly to monitor improvements. Once embedded there will be a phased reduction to quarterly monitoring.		
5.15	Recommendation (2.51): The prison should work with health providers to develop a joint health promotion strategy. (Directed to: the governor.)	Agreed	A joint Health Promotion Strategy will be developed through the Local Delivery Board (LDB). It will be monitored and reviewed at the SMT meeting, where appropriate communications will also be decided, and subsequently published. The Health Promotion strategy will take account of all aspects of an individual's health, and membership will include managers from Healthcare, Kitchen and Drug Strategy.	Governor/Head of Healthcare	August 2020
5.16	Recommendation (2.58): Secondary health screening of new arrivals should be undertaken as per the National Institute for Health and Care Excellence guidance. (Directed to: the governor.)	Agreed	The Healthcare team will introduce a process that ensures secondary health screening takes place within seven days of reception. Performance will be monitored through the local Healthcare Governance meetings.	Governor/Head of Healthcare	August 2020
5.17	Recommendation (2.59): Prisoners' concerns about pain management should be addressed through a multi-disciplinary approach. (Directed to: the governor.)	Agreed	The Head of Healthcare will work with partners to establish a multi-disciplinary approach to pain management with the doctors working within the department. There is a strategic piece of work currently in process within Spectrum that will enable this to be addressed. The national project is in draft phase, and will go out for consultation with practitioners. Once finalised it will be communicated to staff and patients. This will be monitored through prescribing data on red list drugs, and levels of complaints that focus on prescribing dissatisfaction.	Governor/Head of Healthcare	September 2020

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5.18	Recommendation (2.60): Admissions to the inpatient facility should be in line with the admissions policy and for clinical care only. (Directed to: the governor.)	Partly Agreed	This recommendation is partly agreed, ideally admissions to health care would be clinically based, however there are occasions when space is required for operational reasons. This option is only used when all other avenues have been exhausted, and it will never be to the detriment of a prisoner requiring a space for clinical reasons. This is in accordance with section 4:3 of the Admissions Policy, which will be reviewed in conjunction with new provider. Non- clinical admissions will be subject to an initial risk assessment, and monthly review. The review will be a Multi-Disciplinary approach, including Healthcare and Residence, and other functions as appropriate.	Governor/Head of Healthcare	September 2020
5.19	Recommendation (2.64): Prisoner peer workers should receive training for their role, and regular supervision and support. (Directed to: the governor.)	Agreed	An accredited Prison Buddies scheme that meets the requirements of Durham county council social care needs has been developed, and will be introduced to all the prison Buddies. This will include training, supervision and support to every Buddy. This scheme will be rolled out, and implemented by September 2020.	Governor	September 2020
5.20	Recommendation (3.16): Leaders and managers should ensure that learning provision meets needs, particularly for speakers of other languages and learners at level 3. (Directed to: the governor.)	Agreed	The Learning and Skills manager has reviewed and implemented a robust English for Speakers of Other Languages (ESOL), and Level 3 action plan around the year 2 curriculum delivery, which will address the needs of all learners within HMP Frankland. Robust needs analysis and data analysis has been completed, to ensure the core curriculum delivery is suitable to address the population at HMP Frankland. Yearly curriculum reviews in line with commercial guidance will take place, to include prisoners feedback and learner voice reports. Ensuring changes are agreed and implemented by the learning and skills manager and provider, and where required within the curriculum so that learners are not disadvantaged.	Governor	Completed

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			Diagnostic tools and screening tests have been implemented to ensure that all prisoners' needs are met from their starting point, and the Information Advice Guidance (IAG) service will provide further support through careers action plans. This will be monitored in monthly governance meetings chaired by the Governor, or Deputy Governor.		
5.21	Recommendation (3.17): Leaders and managers should provide enough purposeful activity places to engage all prisoners full time. (Directed to: the governor.)	Not Agreed	<p>This recommendation is not agreed due to the level of investment that would be required by way of building, infrastructure and resources to provide every prisoner with a full-time activity place.</p> <p>The Head of Reducing Reoffending will review the current provision available in the establishment to maximise activity places, along with the efficient use of buildings within the establishment. Where identified, a business case will be submitted to request additional funding for staffing and infrastructure. Upon the review, and if any funding is made available, the Head of Reducing Reoffending will implement and create as many additional places as possible, to maximise the number of prisoners in full time activities.</p>	Governor	November 2020
5.22	Recommendation (3.31): Leaders and managers should improve prisoners' access to helpful information, advice and guidance so that they can develop realistic plans for their time in custody. (Directed to: the governor.)	Agreed	<p>To improve prisoners access to helpful information advice and guidance, the Learning and Skills manager has commissioned another 12-month IAG contract. Milton Keynes college are the new supplier, and will drive forward the action plans across the whole establishment, providing realistic plans for prisoners within custody. Additionally, there are seven fully trained Level 3 IAG prisoners, who will commence work when the prison returns to business as usual following COVID restrictions, to support and advise other prisoners.</p> <p>The performance will be monitored through the monthly Dynamic Purchasing System (DPS) governance boards, chaired by the HoRR.</p>	Governor	August 2020

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5.23	<p>Recommendation (3.34): Far more prisoners should achieve their qualifications in English and mathematics so that the proportion who do is at least good. (Directed to: the governor.)</p>	Agreed	<p>The learning and skills manager has implemented a robust action plan to bring back all learners who have failed functional skills classes, so they attend revision clubs to support the learners to achieve qualifications.</p> <p>Plans have been implemented to have ESOL cohorts in the year 2 delivery, which will support learners who speak a foreign language. To improve the standards of teaching within the functional skills classes, and support the action plan, a new maths specialist tutor has been recruited who will commence work on resumption of business as usual following COVID restrictions. Arrangements have been made for all tutors who deliver functional skills to attend Peterlee College, who have been graded as outstanding for their functional skills, to share best practice and develop skills which will lead to improvement in standards.</p> <p>The learning and skills and education managers will carry out monthly quality walks, and observations will be carried out by Milton Keynes managers with a focus on improving the teaching, to ensure learners are making good progress. The Key Performance Indicator targets set for functional skills will be robustly monitored through monthly governance meetings chaired by the Governor or Deputy Governor, which will drive forward the improvement for our learners to achieve their qualifications in mathematics and English.</p>	Governor	September 2020
5.24	<p>Recommendation (4.6): Prisoners, especially those who do not receive visits, should receive effective help to develop and maintain constructive contact with family and friends. (Directed to: the governor.)</p>	Agreed	<p>HMP Frankland have appointed a new NEPAC's (a charity that supports prisoners and their families) Family Support Worker. This role will support prisoners in rebuilding family relationships, and strengthening family ties. They will work closely with the Public Protection team and Prison Offender Managers (POMs), to ensure all relationships are appropriate, and comply with any restrictions placed upon the prisoner.</p> <p>OMU Managers will generate a bi-monthly report from P-NOMIS, highlighting those prisoners who do not receive any visits at all. This will be shared with the POMs and relevant Key Workers, to ensure they are</p>	Governor	July 2020

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			having regular discussions with these men about what support is available, and how to access it.		
5.25	Recommendation (4.13): Prison offender manager contact with prisoners should be frequent, meaningful and sufficiently focused on their progression. (Directed to: the governor.)	Agreed	<p>Phase 2 case management of the Offender Management in Custody (OMiC) model has now been implemented, and all prisoners not identified as being high risk now have an allocated Prison Officer POM. They cannot be redeployed to other tasks in the prison, and are therefore present in the OMU full time, so prisoner contact will be more frequent and meaningful from this point.</p> <p>The POM will maintain at least quarterly contact with the prisoners on their caseloads. It is expected that for some prisoners this level of contact will be increased, but this is dependent on their needs and point of sentence, i.e. if they are in the parole window and or approaching release. These contacts will be for approximately one hour, and will focus on sentence planning and re-categorisation discussions, to ensure all prisoners have a clear identified treatment pathway. All contacts will be recorded on P-NOMIS. POM's will also review the assessment and sentence plan following a change in circumstance, to ensure sentence plans reflect current circumstances.</p> <p>OMU managers will carry out monthly dip sampling to ensure such contacts are taking place, and record their monitoring on a management database to evidence actions taken. All relevant feedback and required actions, will be shared and discussed with the POMs during their one to one supervision sessions.</p>	Governor	July 2020
5.26	Recommendation (4.14): Sentence plans should be reviewed regularly to ensure that objectives are up to date and reflect current circumstances, and	Agreed	Offender Assessment System (OASys) reviews of sentence plans will be updated by the POM for standard determinate prisoners every two years in line with OMiC guidance, and every three years for indeterminate prisoners.	Governor	December 2020

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	that prisoners are aware of what they need to do to progress. (Directed to: the governor.)		<p>Additionally, a Sentence Planning Review will be completed by the POM following any significant change in circumstances. Such changes include a re-categorisation review, completion of an accredited programme and/or any significant increase in the use of violence and/or self-harm. Reviews will be monitored through tracking of programme completions, monitoring OASys/Sentence Plan reviews, and through one to one supervision sessions when cases are discussed.</p> <p>A new sentence planning tool will be implemented to improve the efficiency of the sentence planning process.</p> <p>OMU managers will monitor progress against the Sentence Plan, which will be reviewed on a quarterly basis by the POM, and ensure compliance monthly.</p>		
5.27	Recommendation (4.23): There should be a systematic approach to ensure that prisoners are involved in all re-categorisation decisions. (Directed to: the governor.)	Agreed	<p>Face to face discussions will take place between POMs and the prisoner, at the point of their re-categorisation review. The prisoners' views will be clearly documented within the re-categorisation paperwork (RC1). The manager approving the re-categorisation will ensure this is clearly evidenced.</p> <p>The POM will also document the discussion with the prisoner on P-NOMIS case notes, and the manager will check this has been done as part of their approval process.</p>	Governor	October 2020
5.28	Recommendation (4.27): Category A and vulnerable prisoners should have prompt access to an accredited high-risk domestic abuse programme. (Directed to: HMPPS.)	Partly Agreed	<p>This recommendation is partly agreed, due to provision of accredited interventions being configured at a regional level within the LTHSE. Through the regional reconfiguration needs analysis process, it has been shown that the cohort of Vulnerable Prisoners (VP) and Category A men with high risk related need in Intimate Partner Violence is too small to sustain delivery of a Kaizen (An offending behaviour programme for violent or sexual offences) IPV strand for these groups. The low numbers within these cohorts appears to be an anomaly within</p>	HMPPS/Governor	Completed and Ongoing

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		<p>the LTHSE, and this has been highlighted with Intervention Services National Specialist Leads for further investigation.</p> <p>Identified individual need for IPV interventions within these cohorts is currently met on a case by case basis. Where an individual's presents with mixed offending; violence/sexual/IPV, a clinical decision is taken in collaboration with the individual, as to whether they could safely and constructively engage through a Kaizen Violence, or Kaizen Sexual strand. In these cases, their work is supplemented with additional relevant information packs to meet their individual risk and need. In cases where this is not possible, consideration is given to providing the intervention on a one to one basis.</p> <p>Where HMP Frankland cannot offer an appropriate accredited programme, options will be explored within the LTHSE, and a transfer will be arranged wherever possible so that the prisoner can address his offending behaviour.</p>		
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Recommendations	
Agreed	22
Partly Agreed	5
Not Agreed	1
Total	28

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