



HM Prison &  
Probation Service

Action Plan: HMP Send

Action Plan Submitted: 18<sup>th</sup> January 2019

A Response to the HMIP Inspection: 18<sup>th</sup>- 29<sup>th</sup> June 2018

Report Published: 21<sup>st</sup> November 2018

## 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 SEND

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 the Governor</b>				
6.1	Managers should develop and implement a robust and well-informed strategic plan for the development of the learning, skills and work offered, so that training and learning opportunities are maximised across all activities and women have better opportunities to develop their personal and employability skills, and gain qualifications which will be useful on release. (S48)	Agreed	A three-year strategic plan for education, learning and skills will be developed to maximise learning, skills and work offered. This will include a review of current provision, reflecting on Labour Market Information data and the needs of the women, to include progression routes into Release on Temporary Licence (ROTL) and employment on release.	Governor	December 2019
	<b>Recommendations</b>				
	<b>Safe and supportive relationships</b>				
6.2	Staff should receive training in mediation. (1.17)	Agreed	Formal training in mediation, delivered by an external organisation, will be organised for staff working in Safer Custody and relevant Senior Officers. This will be extended to other staff subject to resourcing.	Governor	October 2019
	<b>Disciplinary procedures</b>				
6.3	Governance arrangements for use of force should be robust, and all associated paperwork and all video recordings should be examined by senior managers. (1.39)	Agreed	Use of force (UoF) governance will be overseen at Deputy Governor level, supported by a committee including the UOF Coordinator, a member of Black, Asian and Minority Ethnic (BAME) staff, and subject to availability - a representative from the Independent Monitoring Board (IMB). The committee will meet at least quarterly they will oversee all UOF, consider trends and identify and address any issues of concern. Minutes of Use	Governor	September 2019



			<p>of Force governance meetings will be taken with actions recorded.</p> <p>All planned interventions will be examined at Deputy Governor level along with downloaded footage from CCTV and Body Worn Video Cameras (BWVC) from spontaneous incidents that give cause for concern.</p>		
6.4	De-escalation should always be used to full effect, and force used only as a last resort. (1.40)	Agreed	<p>Greater emphasis will be placed on the importance of de-escalation at all mandatory annual UOF training. UOF Instructors will add guidance into the annual training that all de-escalation techniques used during an incident should be included within the official paperwork.</p> <p>Staff will be reminded to switch on BWVC evidence promptly at the commencement of any potential incident to ensure all de-escalation techniques are recorded. Note, the policy on the use of BWVC, highlights that they do not need to be switched on all the time.</p>	Governor	April 2019
	<b>Substance misuse</b>				
6.5	Substance misuse and mental health services should develop and implement a care pathway to improve joint care planning and care coordination for women with coexisting substance and mental health-related problems. (1.50)	Agreed	<p>The Mental Health In-Reach Team (MHIRT) and Forward Trust are working in partnership to develop and implement a care pathway for 'dual diagnosis' patients, women with co-existing substance misuse and mental health difficulties. As many as 75% of patients under the care of MHIRT are also engaged with Forward Trust, making partner agency work crucial to improving patient care and providing a more holistic and streamlined approach.</p> <p>The Central North West London (CNWL) Healthcare Lead will chair the Local Quality Board and develop a clear pathway and easy read patient care planning document to assist with joint care planning where Mental Health and Substance Misuse Service (SMS) is identified. This will be shared with the wider prison stakeholders and with patients through User Voice for comment and review.</p> <p>The pathway will include:</p>	Central North West London NHS Foundation Trust / Forward Trust	September 2019



			<ul style="list-style-type: none"> <li>• That all complex cases will be discussed at the weekly healthcare multi-disciplinary team meeting to provide a coordinated approach to care.</li> <li>• Bi-monthly meetings to discuss the most high-risk patients under the care of each team</li> <li>• Joint assessments of new patients identified at primary reception as being dual diagnosis</li> <li>• A model for allocating patients – this is jointly decided by the practitioners undertaking the assessment and brought back to teams for review.</li> <li>• Forward Trust to provide an acupuncture clinic for any MHIRT referrals of patients with anxiety diagnosis</li> <li>• Co-staffing of the MHIRT Friday afternoon creative group, with one session dedicated to dual diagnosis patients only</li> </ul>		Completed
					Completed
					Completed
					Completed
					Completed
					Completed
	<b>Equality and diversity</b>				
6.6	Managers should investigate the reasons why younger and black and minority ethnic women feel less well respected by staff than their counterparts and develop a plan to meet their needs. (2.26)	Agreed	<p>The Safer Custody Lead will undertake prisoner surveys and additional focus groups with BAME and young people to explore the reasons behind their perceptions. This will then be used to identify actions to improve these poor perceptions. Actions will be added to the Equalities Action Plan and monitored by the Equalities Action Team at bi-monthly meetings.</p> <p>Quarterly focus groups for BAME women will continue and will be introduced for young people.</p>	Governor	December 2019
					April 2019
	<b>Legal rights</b>				
6.7	Women should not routinely be required to open Rule 39 correspondence in front of staff. (2.40)	Agreed	A notice to staff will be issued to confirm proper procedures for the management of Rule 39 correspondence. This will be reinforced in departmental staff meetings.	Governor	March 2019



			Procedures for the management of Rule 39 correspondence will be added to the local Operational Support Grade (OSG) training package will be created.		November 2019
	<b>Health services</b>				
6.8	Evidence-based care plans should reflect the individual needs of the patient and be reviewed regularly. (2.57)	Agreed	<p>CNWL have a clear Care Planning Policy and process. The care plans will be developed for long term conditions, ensuring this is tailored to the individual needs, prioritising the prisoner's decisions and personal goals. Care planning will be structured in SystemOne (Patient electronic medical record system) so templates will have greater flexibility and will also allow increased qualitative information to be recorded, with regular reviews scheduled and conducted by suitably trained healthcare professionals. A copy of the care plan will be made available to the prisoner both during their time at HMP Send and as part of the discharge planning process to ensure continuity of care post release.</p> <p>CNWL have annual audits that are a requirement, these results are made available through the Local Quality Boards and NHS England contract review meetings. The areas for improvement are then added to the overarching Healthcare Service Development Plan for implementation.</p>	Governor / Central North West London NHS Foundation Trust	October 2019
6.9	All women receiving night sedation should have their medication at an appropriate therapeutic time. (2.69, repeated recommendation 2.74)	Partly Agreed	<p>All Patients are risk assessed for In-Possession (IP) medication, which is then supplied based on their level of risk. Where there is high risk, night sedation may be supplied on a daily IP basis. Medicines not appropriate for IP (Controlled Drugs for example) are supplied and supervised in the afternoon.</p> <p>CNWL operates a commissioned Healthcare Service at HMP Send seven days a week until 6.30pm – after this time emergency healthcare issues are supported through the GP Out of Hours Service. It is not possible to provide supervised night sedation medication later in the day within the current contract. To do so would require an extension to contract provision, requiring additional funds from NHS Health and Justice Commissioners. During the next primary care</p>	Governor / Central North West London NHS Foundation Trust	April 2020



			procurement round, the governor will work with NHS commissioners in an attempt to resolve this matter.		
6.10	In-possession medication should be prescribed, reviewed and administered by health care professionals adhering to a policy and robust risk assessment of the patient and the medication. (2.70)	Agreed	<p>All medication including IP medication at HMP Send is administered under strict CNWL Medicines Management Policies and Procedures (including, prescribing, administration, risk assessment and review). This is administered and reviewed by the in house Pharmacy Team in partnership with NHS England Commissioner General Practitioner (GP) Service to ensure consistency.</p> <p>An IP risk assessment template is utilised within SystmOne. The IP status is recorded on SystmOne as recommended nationally. All healthcare professionals are trained on identifying IP statuses and refer to these when prescribing and or administering medication. The IP medication is reviewed 6 monthly or earlier if there is a change in circumstances.</p> <p>Quarterly audits will be undertaken by the Surrey Lead Pharmacists to review compliance, process and adherence to CNWL policy and procedure. The findings and actions will be shared at the Local Quality Board and NHS England contract review meeting.</p> <p>All medication issues are reported on the internal DATIX system and pharmacy issues are over seen by CNWL Lead Pharmacist for review and action.</p>	Central North West London NHS Foundation Trust / NHS England Commissioner	September 2019
6.11	Women should have access to routine dental treatment within six weeks. (2.74)	Partly Agreed	<p>This recommendation is partly agreed because the dental treatment services are commissioned directly by NHS England.</p> <p>HMP Send Primary Healthcare has a robust dental triaging system, which identifies the level of dental treatment required and streamlines the dental referrals accordingly. The dental waiting lists are monitored closely, where the women are unlikely to have a routine dental appointment within 6 weeks, this will be passed to Health and Justice Commissioners for consideration of purchasing additional sessions.</p>	NHS England  Governor	June 2019



	<b>Catering</b>				
6.12	Women should have access to kitchens, to cook and prepare their own meals. (2.87)	Partly Agreed	<p>This recommendation is partly agreed because there are insufficient facilities to allow all women to cook their own meals and also due to affordability reasons.</p> <p>There is currently limited cooking facilities which are primarily for the provision of vocation training. A review of these limited cooking facilities will be undertaken by the Head of Residence to identify possible options to allow women to prepare some of their own meals. This includes considerations of security matters, risk assessments, Incentives and Earned Privilege (IEP) levels and rota options.</p>	Governor	March 2020
	<b>Purchases</b>				
6.13	Women should be able to place their first canteen order within 24 hours of their arrival and receive it within a reasonable period after the order has been placed. (2.91, repeated recommendation 2.91)	Not Agreed	<p>The recommendation is not agreed as the time frame for canteen orders are dictated by the national contract with DHL.</p> <p>HMP Send offer induction packs to women at Reception, which allows for the purchase of essential items that may be needed. The prison issue essential hygiene items which are freely available on each wing and emergency PIN credit is available should the prisoner make a request.</p>	Governor	
	<b>Learning and skills and work activities</b>				
6.14	Managers should ensure that there are effective processes for women to make realistic plans for their employment ambitions on release and to conduct research and job searches. An effective information, advice and guidance service should be re-established. (3.12)	Agreed	<p>An interim provision has already been put in place so that all women have access to an Information, Advice and Guidance Service. This is delivered by Ixion / Co-Financing Organisation (CFO)3 provider and peer mentors.</p> <p>The Learning and Skills Manager will procure a suitable Information, Advice and Guidance Service through the Dynamic Purchasing System to meet the needs of the prisoner.</p> <p>The women can access the virtual campus to conduct research and job searches.</p>	Governor	Completed  December 2019





			<p>A system to allow women to book virtual campus access will be introduced for those within their last 12 weeks in custody.</p> <p>The primary responsibility to provide support for women into suitable employment rests with the CRC. The CRC has also implemented a new Custody Cohort model that provides a single point of contact with the community Offender Manager whilst a prisoner is in custody, and coordinates the resettlement work as a prisoner approaches release. The prison will work with the CRC to integrate them into sequencing and progression planning and support the women's progression through their sentence, through CRC attendance at the Quality Improvement Group (QIG) and other meetings.</p>	London Community Rehabilitation Company / Kent, Surrey and Sussex CRC	September 2019
6.15	Evaluation of the activities provision should be improved, by using data to identify women's progress and achievements and the quality of the teaching, learning and assessment they receive. (3.13)	Agreed	<p>The quality of education and learning provision will be monitored by a revised quality calendar which will ensure all aspects of providing a quality service are reviewed and discussed at the QIG on a cyclical basis. Elements of the quality calendar include the Self-Assessment report, Learner Surveys, Activities focus Groups, Course reviews, Lesson Observations, Individual Learning Plans and learning walks.</p> <p>The QIG agenda will be refreshed and strengthened to ensure adequate documented scrutiny of both Progression and Achievements data for all education and learning provision on a bi-monthly basis.</p> <p>A monthly Education Service Delivery Meeting will be introduced to monitor delivery of all education against contracted requirements. They will review feedback from the Individual Learning Plan (ILP) audits and other quality matters and monitor progress and achievements.</p>	Governor	<p>December 2019</p> <p>September 2019</p> <p>Completed</p>
6.16	The quality improvement plan should be appropriately challenging, so that it directs managers' actions to implement the improvements identified in the self-assessment report. (3.14)	Agreed	The regional Learning and Skills Manager will monitor the Quality Improvement Plan (QIP) on a quarterly basis to ensure it is sufficiently stretching, action oriented and appropriately challenging. To also complete improvements identified in the self-assessment report.	Governor	September 2019



			<p>Progress on delivery will be monitored by the QIG and the Regional Learning and Skills manager.</p> <p>The progress on achieving the QIP actions related to the main Offender Learning and Skills Service (OLASS) provider will also be monitored at the monthly Education Contract Delivery Meeting.</p>		
6.17	There should be better liaison between offender supervisors and education, training and employment staff to ensure that learning, skills and work activities are given sufficient priority when offender supervisors sequence interventions. (3.19)	Agreed	<p>The Offender Supervisors will receive local training on the role and importance of learning and skills in sentence planning. Where learning and skills is an identified need in a women's Offender Assessment System (OASys), it will be sequenced but balanced with other identified sentence plan targets to reduce the risk of re-offending.</p> <p>A system will be set up to ensure initial Skills Plan are routinely sent to relevant Offender Supervisors to consider when reviewing sentence plans and sequencing purposeful activity for women on their caseload. The education provider will be required to send all initial skills plans within 14 days of the assessment. The Custodial Manager of the Offender Management Unit will dip test this on a bi-monthly basis to ensure compliance and any gaps in provision will be highlighted to the Learning and Skills Manager.</p>	Governor	November 2019
6.18	Women should be effectively supervised in vocational training and work, to ensure that they remain occupied during the working day and that they develop good employability skills (3.27).	Agreed	<p>All directly employed Vocational Instructors will attend training on developing their resilience to include effective supervision of women in work and training.</p> <p>All directly employed Vocational Instructors will be given a Staff Development and Performance Report objective to ensure women are suitably occupied throughout work sessions. To also ensure women are working towards and progressing against objectives in their individual learning plans.</p> <p>Managers will ensure that both supervision and pace of learning is appropriate through the introduction of regular scheduled learning walks.</p>	Governor	Completed  June 2019



			Employability skills will be recorded for all learners by staff when devising Individual Learning Plans.		
6.19	Tutors and managers should routinely monitor the progress that women make in all their activities, including in English and mathematics, to ensure that all groups of learners achieve as well as they can. (3.34)	Agreed	<p>Education tutors and vocational instructors will include English and Maths in Individual Learning Plans where appropriate and use regular reviews to assess progress against the objectives.</p> <p>A system of management checks by the Learning and Skills Manager will be introduced to quality check the Individual Learning Plans to ensure that progress is being achieved and documented against all objectives, including English and Maths. This will be feedback to the bi-monthly QIG meeting.</p> <p>The Vocational Instructors will attend training organised by the regional team to help Instructors embed Maths and English into activities.</p> <p>The relevant Managers will attend Observations of Teaching and Learning, also learning walk training to ensure quality can be monitored.</p> <p>The Head of Reducing Reoffending will implement a progress and skills development tracking system to record learning and monitor skills. This will be monitored through the QIG.</p>	Novus (Education provider) /Governor	<p>December 2019</p> <p>December 2019</p> <p>Completed</p> <p>April 2019</p> <p>December 2019</p>
6.20	Managers should ensure that women attend their learning, skills and work activities regularly and complete their courses. (3.35)	Agreed	<p>The system for checking and challenging non-attendance at purposeful activities will be strengthened to promote and drive attendance at activities. Any non-attendance at work or education activities will be checked and challenged by the relevant Instructor or Tutor and the Incentives and Earned Privileges (IEP) Scheme applied. A monthly dip test on attendance will be completed by Reducing Reoffending managers to ensure non-attendance is being appropriately challenged. The course completion trends will be monitored at the QIG and any issues will be addressed as required. Governor.</p>	Governor	<p>October 2019</p> <p>December 2019</p>



			The local IEP policy will be updated and reissued to positively drive attendance by introducing a system of rewards for women on the completion of courses and exams.		
	<b>Physical education and healthy living</b>				
6.21	A full programme of physical activities that include a full range of qualifications, and activities to promote healthy living, should be implemented. (3.42)	Agreed	<p>A full programme of physical activities has been re-introduced now that staffing is in place. This includes recreational activities such as such as body pump, spinning, running club, team games etc. Substance Misuse, Psychologically Informed Planned Environments (PIPE) and Therapeutic Community (TC) interventions are supported with fitness sessions. The programme also includes Gym induction, First Aid, weight management clinic and exercise referral for treatment of injuries.</p> <p>Vocational qualifications, including Level 1 physical activity, Level 2 gym Instructor, Level 2 kettlebell Instructor, Level 2 indoor cycling Instructor, Level 2 circuit Instructor and distance learning pathway to Level 3 Personal Trainer. This also includes wider wellbeing activities to promote healthy living, such as the Healthy Living and Eating in Prison course, Personal Emotional Wellbeing course and drop in clinics.</p>	Governor	Completed
	<b>Offender Management and planning</b>				
6.22	Women subject to multi-agency public protection arrangements (MAPPAs) should have their management level confirmed by the community responsible officer at least six months before release. (4.16)	Agreed	<p>The MAPPAs Guidance states that the prison should be informed of the level at which a MAPPAs offender will be managed at least six months before the prisoner is released. An escalation process has now been agreed between the Prison Service, MAPPAs coordinators and the NPS to address this issue.</p> <p>Prison staff should make reasonable attempts to establish the level from the Offender Manager if they have not received the information within the correct timeframe. If the issue persists, the prison should follow the escalation process set out in the custody chapter of the MAPPAs guidance, using the new documentation issued for the purpose.</p>	Governor	October 2019



	Reintegration planning				
6.23	Children visiting women with child contact restrictions should be positively identified. (4.36)	Agreed	<p>All staff managing visits should be made aware of prisoners who present a risk to children. It is important that relevant staff are aware of prisoners who are not allowed visits, either from children under level four contact, or from any at all. A Person Posing a Risk to Children (PPRC) risk alert should be assigned to their PNOMIS record. This denotes that they are subject to 'full restrictions' on their contact with all children. Applying a Level flag on PNOMIS in conjunction, highlights that a positive decision has been taken in relation to the specific child listed.</p> <p>The passport-style photograph provided at primary carer support stage should be used by visits staff to check the identity of the child attending the visit. Staff should be alert to the possibility that an "approved" child could be substituted with another, possibly more vulnerable child. The photograph will have been verified by Children's Services or the Police Children Protection team as part of the multi-agency assessment.</p> <p>The Security at Visits policy PSI 15/20111 states that gate staff, or other staff receiving visitors, must be made aware of the names of any children who are allowed to visit prisoners who present a risk to children and any other restrictions that may be in place. These visits must be closely supervised, and staff must intervene when any child is actively considered to be at risk.</p> <p>A process has been agreed to ensure that that all women at HMP Send with child contact restrictions must provide four photos of any children approved to visit. Where no such photos exist, visits will not be permitted. The OMU Hub Manager will implement and undertake a monthly management check to ensure that processes remain in place and are being used correctly.</p>	Prison Public Protection Policy Group, HMPPS	
6.24	Women should be able to use the telephone in private. (4.37)	Not Agreed	<p>This recommendation is not agreed because to fully achieve this, the prison would need to have in cell telephony, which is not currently funded or affordable.</p>	Security, Order and Counter Terrorism Directorate	March 2019
				Governor	



			All telephones are situated away from cells to provide as much privacy as possible. All telephones have phone hoods to limit sound travel. However, a prisoner can request to use the telephone during times of no prisoner movement, should they have a particularly sensitive matter to discuss.		
6.25	All women should have sustainable accommodation on release. (4.45)	Not Agreed	<p>This recommendation is not agreed as it is dependent on suitable sustained accommodation being available in the community.</p> <p>Although this is recognised HMP Send will hold an internal meeting with the Community Rehabilitation Company (CRC), OMU and Reducing Reoffending function to ensure best efforts are made to support all women to suitable sustained accommodation on release.</p> <p>Primary responsibility to provide support for women into suitable accommodation rests with the CRC. They have also implemented a new Custody Cohort model that provides a single point of contact with the community offender management whilst a prisoner is in custody, and coordinates the resettlement work as a prisoner approaches release.</p>	Governor	
6.26	Prison managers should seek feedback from employers, to monitor the skills that women develop during release on temporary licence placements and to allow the women to use this information on release as a record of their achievements. (4.49)	Agreed	The Activities Hub Manager will introduce a monthly Release on Temporary License (RoTL) employer feedback mechanism. This will include skills monitoring. The ongoing record will be shared with the prisoner, Personal Officer or Key Worker and Offender Supervisor, this can be used in constructing a Curriculum Vitae for release	Governor	December 2019

Recommendations	
Agreed	20
Partly Agreed	3
Not Agreed	3
<b>Total</b>	<b>26</b>

