



Action Plan: HMP/YOI Peterborough (Women)

Action Plan Submitted: 23 March 2018

A Response to the HMIP Inspection of 11-21 September 2017

Report Published: 23 January 2018

INTRODUCTION

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

Term	Definition	Additional comment
Agreed	All of the recommendation is agreed with, can be achieved and is affordable.	The response should clearly explain how the recommendation will be achieved along with timescales. Actions should be as SMART (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.



ACTION PLAN - HMCIP REPORT

ESTABLISHMENT: HMP/YOI PETERBOROUGH (WOMEN)

1. Rec. No.	2. Recommendation	3. Agreed / Partly Agreed / Not Agreed	4. Response Action Taken/Planned	5. Responsible Owner	6. Target Date
Main recommendations to the Director					
5.1	Strip-searching should only be used when current intelligence indicates the need for it. (S46)	Agreed	<p>As set out in PSI 07/2016 "Searching of the Person" women may be full searched at any time on intelligence or suspicion that contraband is secreted on the person which may be revealed by the search. Full searching is an essential method used to find items of contraband secreted on the person and to prevent its importation into establishments. HMPPS has a duty of care to prevent and deter illicit items from entering establishments which could be used by a prisoner to harm themselves or others.</p> <p>The Head of Security and Operations will ensure that full Searching of women is intelligence based and a revised system of authorising and monitoring is now in place to record all searches and any finds. This includes authorisation from a Duty Manager for the search to take place, a new revised form that documents the rationale for the search, items found, location, and level of search. This form includes the procedures for searching for both level 1 and level 2 full searching. This form is kept in security once completed. The data from full searching is discussed in the new monthly Female Decency Meeting chaired by the Director or Deputy Director.</p>	Director	Completed
5.2	Prison managers should understand the reasons for bullying and antisocial behaviour, and develop a range of interventions to address the perpetrators and support victims. (S47)	Agreed	<p>The Head of Security and Operations will conduct a review of previous incidents and consultation with residents will be used to understand the reasons for bullying and anti-social behaviour. This will help to inform what Interventions for perpetrators and victims will be developed. This will be led by the Violence Reduction Manager.</p> <p>Focus groups have been held with residents in January to discuss perceptions of safety; this was completed by an external Manager to encourage residents to disclose any concerns they may have. The prison has introduced a Manager dedicated to all aspects of safer custody on the female side. Any further interventions that may be required is dependent on the results of the consultation exercise recently held. Plans</p>	Director	May 2018



			are being put in place to introduce peer support for victims of violence / bullying / antisocial behaviour, and incorporate this with Restorative approaches. The prison is also introducing the Challenge, Support and Intervention Plan (CSIP) model across the establishment.		
5.3	Leadership of health care should be strengthened and governance arrangements improved so that the provision can be developed and reassurance provided about the care offered. (S49)	Agreed	<p>A clinical supervision rota is now in place, and is now part of the Healthcare performance group meeting. The Head of Healthcare is responsible for the delivery of this plan.</p> <p>All complaint replies are reviewed by the Head of Healthcare and this is also a standing agenda item at the Healthcare Performance meeting.</p> <p>A new process for the completion of Serious Incident Report Forms has been introduced. Completed investigations and reports will be referred to the Clinical Governance meeting.</p> <p>There is now a tracker for monitoring serious incident report forms, to ensure that these are completed in a timely manner. The Head of Healthcare has completed all outstanding reports.</p> <p>Health specific Death in Custody (DIC) Action Plans are already considered by the Clinical Governance Meetings and the next meeting will also review past DIC Action Plans to check that actions remain implemented. This will also be completed as an independent check by the Performance Delivery Unit (PDU).</p> <p>PDU now have an annual compliance check against Prisons and Probation Ombudsman (PPO) action plans for all DICs at Peterborough since opening, and this includes healthcare related recommendations. The work against these checks has started and will continue. The Clinical Governance Meeting in December did not consider recent health specific DIC PPO report recommendations but this is scheduled for the next meeting.</p> <p>Nursing and Midwifery Council (NMC) guidance on record keeping and the NMC code of conduct has been given to each nurse. All nurses have received a copy of the guidance and the prison has an auditable acknowledgement from each nurse. Training of all nurses on record keeping has also been completed</p> <p>10% random monthly audits of patient records on each side by the relevant Clinical Nurse Manager, with feedback given on supervision as required.</p>	Director	Completed



			The prison has completed one 10% check on patient records; however to provide additional assurance external resources have been hired to complete these checks each month for six months.		
5.4	The primary health care provision should meet patients' needs. (S50)	Agreed	<p>The care plans are in place for all residents with long term conditions. All care plans are held on the Healthcare drive in the Out Reach Care Plan Folder and are available for all Healthcare staff. The new receptions with long term conditions are highlighted on admission by the reception nurse and referred to the Clinical Nurse Manager. There is also a Chronic Disease Register on SystmOne.</p> <p>The Care Pathway flow charts are currently in reception complete with the identification of critical medication which must remain or be prescribed for the patient from reception for the following conditions:</p> <ul style="list-style-type: none"> • Diabetes • Asthma • COPD • Epilepsy • Heart Failure • Hypertension <p>Full in depth Care Pathways for the above six conditions are currently formatted in draft in line with National Institute for Health and Care Excellence (NICE) and other guidance and the Consultation has taken place.</p> <p>The patient held Care Plans are in place. Other long term conditions identified by reception will have Care Planning and access to critical medication through individual assessment.</p> <p>Patients identified with long term Mental Health issues will be referred to the on-site Mental Health In-Reach Team.</p> <p>From recent data analysis the waiting times to see the dentist is currently four weeks and this will continue to be monitored. The Podiatry and Optician waiting times have been reviewed. Extra clinics have been sourced for dental and podiatry appointments, the prison is in negotiations for additional optical clinics. These are now monitored in the weekly Healthcare Performance Meeting. The Did Not Attend (DIA) statistics are scrutinised daily, with clinical and operational input.</p>	Director	Completed



			<p>Care pathways for long-term conditions have been reviewed, and are accessible through SystmOne. Patients with long-term conditions are highlighted from Reception, and placed on the relevant clinic waiting list on SystmOne. These patients will then be seen in clinic by the nurse with responsibility for the chronic disease in question.</p> <p>The Quality and Outcome Framework (QOF) templates are used as care plans for long-term conditions within chronic disease management. Individual supported living plans have been developed for these patient groups, and the named nurse is highlighted to patients. This is now in use.</p>		
	Main recommendation To HMPPS				
5.5	HM Prisons and Probation Service should develop more specialist provision in the women's prison estate so that intensive work can be undertaken with women who have complex needs and very challenging behaviour.	Partly Agreed	<p>The Women Offender Personality Disorder strategy (WOPD), jointly implemented by HM Prison and Probation Service (HMPPS) and NHS England provides an integrated model of psycho-social services to improve offending behaviour and mental wellbeing. It delivers a pathway approach across prisons and community, increasing availability of and access to specialised personality disorder services. Access to these services is available to all women as assessed but the benefits can only be realised where the woman is able to engage.</p> <p>To support establishments a CCSS operates, the principle of this is to provide centralised multidisciplinary support to prisons, not to replace the prison's role in the care and management of prisoners. This helps to provide effective use of resources and interventions throughout the Women's Estate. The CCSS was formally launched in 2015, alongside Prison Service Instruction 23/2015 (CCSS for restricted status women, and women with complex needs). A series of awareness sessions, to refresh establishments about the role and benefits the CCSS can give, is being arranged.</p> <p>This recommendation is partly agreed because whilst HMPPS will be refreshing prisons' awareness of the CCSS, this was already in place at the time of the inspection, as was the provision that HMCIP recommends.</p>	HMPPS / National Director of NHS England Director	December 2018 December 2018
	Main recommendation To the MoJ and HMPPS				
5.6	The Ministry of Justice and HMPPS should commission a review of accommodation outcomes for women being released from prison to gain a better understanding of the issues and develop solutions to improve outcomes.	Partly Agreed	This recommendation is partly agreed because there are currently no plans for a specific review of accommodation outcomes. The Ministry of Justice (MoJ) is already taking forward work to consider how to improve access to the accommodation provision for women as part of the developing female Offender Strategy.	Executive Director	Completed and ongoing



			<p>The MoJ special interest group will explore the barriers people in contact with the Criminal Justice System experience when trying to access appropriate accommodation, how they might differ geographically and whether there are unique barriers facing specific groups, including female offenders. The eligibility for Bail Accommodation and Support Services (BASS) has been expanded to include those low risk offenders who are released from prison without accommodation. In addition, some of those offenders allowed on Home Detention Curfew can reside for a longer period in BASS to maximise the opportunity of their moving on to suitable accommodation. Through the Prison Safety and Reform agenda, the MoJ is introducing a performance measure which will hold Prison Governors to account for the number of individual's released from custody to safe accommodation within the first 24 hours. The MoJ is working with the Ministry of Housing, Communities and Local Government on a number of their housing priorities including the implementation of the Homelessness Reduction Act (2017). Through the duty to refer, all Prisons and Probation providers will be subject to a new duty to refer to the local housing authority someone who they support who might be at risk of becoming homeless.</p>		
	Recommendations to the Director				
	Courts, escort and transfers				
5.7	Women should be transported separately from male prisoners and the time between their last court appearance and their arrival in reception should be substantially reduced. (1.3, repeated recommendation 1.5)	Partly Agreed	<p>This recommendation is partly accepted as the current contract established the use of escort vehicles with a separation capability, which allows different types of prisoners (male/female, adult/young people) to be carried on the same vehicle. The objective of minimising the time prisoners spend waiting in court cells is reflected in the PECS contract. The escort contractors are fully aware of their obligations to escort prisoners from court at the earliest opportunity and of the risks posed by late arrivals, with every effort being made to ensure that vehicles arrive within the latest reception time. It would be incorrect to state that all prisoners would be returned to prison as soon as their cases had finished, as this would not be logistically possible.</p> <p>Where a late arrival is unavoidable, the escort contractor ensure that the prison is informed of delays and agreement is sought in advance for the safe receipt of any late arrivals.</p> <p>The Director Prisoner Escort and Custody Service (PECS) / Director will continue to monitor all aspects of the contractors' performance and on occasions where it fails to meets the agreed levels will be raised with the contractor for improvement.</p>	Prisoner Escort and Custody Service (PECS)/Director	Completed and ongoing



5.8	Women should not routinely be required to wear handcuffs during escorts. (1.4, repeated recommendation 1.7)	Agreed	<p>The PECS Contract Staff must comply with the local security strategy of the prison. Where there are specific risks associated with the movement of an offender from a vehicle to reception escort staff must liaise with the prison staff in order to agree the level of restraints for this.</p> <p>The Head of Security and Operations ensure that women are not routinely cuffed during escort and any cuffing will be justified from a risk assessment conducted by the Security Staff. The risk assessment will take into account risk levels, disabilities, medical conditions and ability to escape. Every escort will be individually risk assessed and any use of cuffs will be fully justified.</p> <p>A dip test of this was completed by the Head of Performance which evidenced not all women were routinely handcuffed on escort.</p>	Executive Director Director	Completed and ongoing Completed
	Early days in custody				
5.9	All women should have the opportunity to speak to a Listener on their first night in custody. (1.11)	Agreed	<p>The Head of Security and Operations will ensure women have the opportunity to speak to a listener on their first night. A listener is now present in reception for new arrivals. The Early days in Custody (EDIC) Manager has worked in partnership with Safer Prisons to embed this. The Prison has now put a system in place where the names of the Listener on Duty will be recorded providing evidence this is being met and can be monitored.</p>	Director	Completed
	Safe and supportive relationships				
5.10	The prison should monitor incidents involving behaviour such as abuse, threats and intimidation and women should be surveyed and consulted on safety at regular intervals. The prison should analyse the outcome of these measures and respond appropriately. (1.20)	Agreed	<p>A perceptions survey was completed in December 2017, with focus groups following the survey in January 2018. This work is now being taken forward after a change in structure to allow women's violence to be managed independently from the male prison. The new Female side Decency Meeting monitors female side safer custody matters.</p> <p>The Safer Custody team are now expanding the use of Restorative Approaches for all levels of anti-social behaviour, and work is under way for victim support. Violent incidents are now monitored at the Violence Reduction Steering group established in January 2018, and the weekly violence reduction meeting.</p>	Director Director	Completed Completed and ongoing
	Self-harm and suicide prevention				
5.11	ACCT care planning should be sufficiently focused on family contact and, where appropriate, referrals should be made to the Family Matters team. (1.30)	Agreed	<p>The Head of Female Residence has formulated a notice to staff which has been sent to all Case Managers informing them about the services the Family Matters Team offer and also how these can link in with care plan targets during Assessment, Care in Custody and Teamwork (ACCT) reviews. During the monthly Questions and Answers (QA) which is completed by the Safer Prisons team, triggers and discussion points</p>	Director	Completed



			raised during these reviews will be cross referenced with care map entries to ensure referrals are being made where appropriate.		
5.12	Women should not be located in special or unfurnished accommodation or placed in strip-clothing except as a last resort and for the shortest possible time after it has been authorised by a senior manager. Women held in these conditions should be monitored at frequent and irregular intervals and be reviewed by a multidisciplinary team every day. (1.31)	Agreed	<p>Special accommodation is authorised by the Duty Director/Controller.</p> <p>The prison has placed women in safer clothing, and this is authorised at an enhanced case review, which is chaired by a Duty Manager or above. These cases are also multi-disciplinary and are shown on the daily briefing sheet to ensure all Managers are aware of those in Safer Clothing. The Director or Deputy Director now completes weekly rounds in the HCC units as an additional layer of assurance.</p> <p>A document has already been circulated to all Duty Managers, which gives clear guidance and direction with authorising women to be placed into safer clothing. After each Safer custody meeting, operational managers review ACCT documents that have been closed in order to quality check them. No manager will check documents they have case managed.</p>	Director Director	Completed Completed
	Safeguarding (protection of adults at risk) and women with complex needs				
5.13	Information about vulnerabilities, such as learning disabilities, should be formally communicated to custodial staff and unit care plans should be used to ensure women's safeguarding needs are met. (1.37)	Agreed	<p>The EDIC Manager and Head of Healthcare Manager will identify vulnerabilities during the reception screening by EDIC staff and / or during the first night health assessment by the Reception nurse. Referrals will then be made as appropriate to relevant departments.</p> <p>Care plans to ensure safeguarding needs are used dependent on the individual need. Key information affecting residents is recorded on CMS during the reception process and is available for all staff including induction staff. Learning difficulties are identified during the education induction process. Supported living plans for those with long term health conditions are in place and the care plans for those on our complex needs caseloads have care plans that are accessible to staff.</p>	Director	Completed
	Disciplinary procedures				
5.14	Force should only be used as a last resort and after de-escalation has been attempted. (1.53)	Partly Agreed	<p>Where possible de-escalation will be used however this is not always possible dependant on the incident.</p> <p>Use of force (UOF) is reviewed monthly by the UOF Committee and paperwork is subject to a QA process by the UOF instructors. Any planned UOF will be recorded, De-escalation will feature on annual control and restraint refresher.</p> <p>The UOF instructors are now delivering the annual refreshers using scenario based training that emphasises the de-escalation of situations to</p>	Director	Completed



			develop staffs skills within the establishment. A quality assurance form has been developed and is in process, this will be led by the use of force coordinator. The Director has hosted a discussion looking at key issues surrounding UOF. The Director has held a discussion with a variety of staff and managers around the drivers for use of force. A formal notice to staff will be sent out. Any incident on review that is not satisfactory will be subject to a fact finding investigation.		
5.15	All incidents involving force should be video-recorded and recordings should be rigorously analysed. (1.54)	Agreed	The Head of Security and Operations will ensure all planned UOF is recorded as a matter of routine. This will be led by Duty Managers and Orderly Officers. The use of Body Worn Cameras (BWC) at the women's prison will be embedded further and cameras will be activated at the earliest opportunity to record all incidents. The Operations Manager will analyse and report findings back to the UOF committee.	Director	Completed
5.16	Women should be able to provide input into their care plan and agree any behavioural targets. (1.60)	Agreed	The Head of Female Residence will ensure women located in Separation and Care Unit (S&C) for longer than 72 hours will have an individual care plan agreed. This will include behavioural targets and their access to regime. Women will be encouraged to participate in the formulation of this document and will be offered a copy.	Director	Completed
	Substance misuse				
5.17	The drug strategy committee should develop and implement a women-specific recovery strategy, informed by a substance misuse needs analysis in consultation with women service users. It should ensure that sufficient interventions are available to meet the assessed needs of the population. (1.64)	Agreed	The Head of Healthcare and Recovery Team has reviewed the drug strategy and is developing a women specific Recovery Strategy. A substance misuse needs analysis is being developed in consultation with women service users and this will inform both the Recovery Strategy and the interventions that are made available.	Director	April 2018
	Residential units				
5.18	Women in shared cells should each have a lockable cabinet. (2.6, repeated recommendation 2.7)	Agreed	A possible solution has been sourced to ensure women in shared cells each have a lockable cabinet. The consultation and risk assessment are in progress prior to installation. The prison has risk assessed the use of an appropriate lockable cabinet and will be trialling this on the male prison in shared cells.	Director	May 2018
5.19	Cells designed for one should not be shared. (2.7, repeated recommendation 2.8)	Not Agreed	For the foreseeable future, and in common with other prisons, it will be necessary for some prisons to operate with an operational capacity that involves a level of crowding above its Certified Normal Accommodation. As part of prison reforms the long-term goal is to reduce crowding, while maintaining sufficient capacity in the prison estate to manage the demands of the courts and the sentenced population as efficiently as possible. This level is kept under constant review, taking into account fluctuations in the prison population and useable capacity across the estate. The prison ensures that this level of operational capacity is set to reflect the provision of safe and decent accommodation and the operation	Executive Director for Prisons, HMPPS	



			of suitable regimes and that levels of crowding in prisons are carefully managed. The occupancy of prison cells is determined by the Director of each establishment and, where cells are proposed for sharing when they were originally designed for single occupancy, this is certified by the relevant Prison Group Director in accordance with PSI 17/2012, which provides clear guidelines for determining cell capacities.		
	Equality and diversity				
5.20	The DIAT should consider data for all protected characteristics. (2.17)	Agreed	<p>The Head of Male Prisons has ensured that the Diversity Inclusion Action Team (DIAT) now records all the points raised for all nine protected characteristics and records these in the minutes of actions taken.</p> <p>The prison has a programme of focus groups for all protected characteristics. These are all fed into the DIAT meeting and recorded in the minutes, and include any actions that arise in the focus groups.</p>	Director	Completed
5.21	There should be external support groups for all protected characteristics. (2.18)	Agreed	HMP/YOI Peterborough is currently seeking external support groups for all nine protected characteristics. The Prison currently have five supportive agencies available and are continuing to source the remaining four. The prison is currently trying to obtain support through Age concern and for LGBT advice.	Director	April 2018
	Complaints				
5.22	A quality assurance process should be established to monitor staff responses to complaints. (2.38)	Agreed	The prison has engaged with the Local Hate Crime Officer who has visited HMP Peterborough and completed quality assurance of the DIRFs and provided feedback to the Decency Manager. This process is ongoing bi-monthly.	Director	Completed
	Health services				
5.23	Only women with clinical needs should be accommodated in the inpatient unit. (2.65)	Agreed	The Local Operations Policy has now been published and is in use. Only women with clinical needs will be placed in the Healthcare Unit. .	Director	Completed
5.24	Officers who work in the inpatient unit should receive regular, formal support and appropriate training. (2.66)	Agreed	<p>The prison has started a three month programme to give staff working in our inpatient unit Mental Health Awareness training. The package has been put together and is being delivered by the onsite Mental Health Team.</p> <p>Group supervision for operational staff working in the in-patients unit now takes place each month with the help of In-Reach staff.</p>	Director	Completed
5.25	The in-possession risk assessment should be updated and the in-possession agreement should be accurate. (2.76)	Agreed	The Head of Healthcare has developed risk assessment templates for in-possession medication and an in-possession agreement which are now available on SystmOne. Staff have been trained in the completion of these templates. This went live in January 2018.	Director	Completed
5.26	The medicines reconciliation process should be clearly defined. (2.77)	Agreed	The Head of Healthcare has reviewed the medicine reconciliation process with the pharmacist and Boots Governance Manager. The prison has increased pharmacy technician hours in order to provide more time for the pharmacist to deliver clinical aspects of practice, including medicines reconciliation. A governance audit tool has been developed, which is	Director	Completed



			employed weekly by the Pharmacist, and reviewed at the weekly Healthcare Performance and Quality meeting.		
5.27	A system should be put in place to identify critical medicines so vital medication is continued appropriately. (2.78)	Agreed	The system for identifying critical medicines at Reception has been reviewed by the Head of Healthcare, with formal guidance for Regional Nurses (RNs) and General Practitioners (GPs) in development. This issue has also been raised at clinical staff briefings, where the scope of such medicines has been discussed and direction provided. A governance audit tool has been developed, which is employed weekly by the Pharmacist, and reviewed at the weekly Healthcare Performance and Quality meeting.	Director	Completed
	Time out of cell				
5.28	All women prisoners should have the opportunity to spend one hour a day in the open air. (3.4, repeated recommendation 3.5)	Partly Agreed	<p>HMPPS policy, as set out in PSI 75/2011: Residential Services, is that prisoners are afforded a minimum of 30 minutes in the open air daily, as defined in the SLA/Contract. This provision is mandatory subject to weather conditions and the need to maintain good order and discipline. "Time in the open air" means time spent in a situation where the prisoner is able to benefit from fresh air and natural light. The time in the open air does not have to be spent in a single period, but must be in no more than two periods, which can include time in the open air moving between activities. The policy covers all prisoners and does not make any differing provision for women prisoners.</p> <p>At HMP/YOI Peterborough the women are offered exercise for 30 minutes in the mornings and, weather permitting, may be offered a further period of exercise in the evening. Women located in Healthcare and S&C who do not have access to the daily prison regime will be offered 60 minutes of exercise per day.</p>	Director	December 2018
	Learning and skills and work activities				
5.29	Teachers' written feedback should be clear and constructive and help learners to improve their work. (3.26)	Agreed	Training has been completed to teaching staff on how to give written feedback to ensure feedback is constructive and clear. External Verifiers attend the establishment regularly and provide feedback. The ongoing governance arrangement is done through the Quality Improvement Group (QIG).	Director	Completed
5.30	Achievement rates in English and maths at all levels should be improved. (3.39)	Agreed	The Head of Learning and Skills has reviewed the education provision and changed the awarding body to City & Guild portfolios. This has already seen a positive increase in achievement rates in English and Maths. This is now embedded and the outcomes are positive with current results are between 95-100%. This is monitored and Learning and Skills managers meeting, quarterly governance at QIG, and with the contractor at the quarterly contract review meetings.	Director	Completed



5.31	Managers should provide all teachers with training and development to help them build learners' English and maths skills. (3.40)	Agreed	The Head of Learning and Skills will work with the Education and Training foundation to provide training for staff to help tutors be confident in embedding Maths and English into their subjects. The training has been scheduled for March 2018.	Director	April 2018
5.32	The prison should analyse data on library use by different groups to ensure all women can access the facilities regularly. (3.48, repeated recommendation 3.42)	Agreed	<p>The Head of Learning and Skills will collect data and analyse the use of the Library with information from the City Library and the local information Case Management System (CMS). Consultative meeting to be held with those groups identified not using the Library subsequent actions to be developed to address this. To be monitored through quarterly QIG meetings.</p> <p>The identified groups have now been established and focus groups are being arranged to develop subsequent actions.</p>	Director	April 2018
	Physical education and healthy living				
5.33	Staff should monitor which groups of women attend the gym and promote the facilities to any underrepresented groups. (3.56)	Agreed	A Consultative meeting is to be held on a bi-monthly basis with those groups identified not using the gym and actions taken to address this. This is to be monitored through quarterly QIG meetings.	Director	April 2018
	Offender management and planning				
5.34	Offender supervisors, particularly those managing high risk of harm cases or those involving child protection issues, should have regular case management supervision. (4.12)	Partly Agreed	<p>High risk women are supervised by an NPS Offender Supervisor contracted to HMP/YOI Peterborough. Case supervision will be provided through this contract, which includes dedicated management and Supervisor through a Senior Probation Officer.</p> <p>Offender Supervisors directly employed by Sodexo will be offered case management supervision through the NPS contract on a voluntary basis.</p> <p>High risk case management is completed by subcontracted NPS Probation officers, who have direct supervision by a Senior Probation Officer as part of this contract.</p> <p>The prison has an offender management policy that stipulates minimum levels of contact dependant on Risk. A quality assurance process involving the Senior Prison Custody Officer (SPCO) checking that the minimum level of contact is taking place (in 10% of cases).</p>	Director	Completed
5.35	Managers should ensure they receive confirmation of the MAPPA management level for all those subject to MAPPA six months before their release date. (4.19)	Agreed	The prison has systems in place to evidence that Offender Managers of potential MAPPA residents and outstanding decisions are informed and chased six months prior to release. The introduction of the Offender Management in Custody model later in 2018 will also provide dedicated Prison Offender Managers that will further reduce the OASyS backlog.	Director	June 2018
5.36	Women should routinely be able to contribute to categorisation and allocation reviews. (4.22)	Agreed	The Head of Rehabilitation ensures women are sent a contribution form prior to allocation reviews. This then forms part of the allocation review.	Director	Completed



5.37	Foreign national women should be considered for open conditions whether or not they face deportation. (4.23, repeated recommendation 4.23)	Agreed	All women including Foreign national women are considered and reviewed for open conditions which is evidenced through re-categorisation paperwork.	Director	Completed
	Reintegration planning				
5.38	All women should have a review of their resettlement plan prior to release. (4.34)	Not Agreed	It is in CRC contract that they need to deliver a resettlement plan prior to release; the prison do not commission this contract. The prison will request an update at the next tripartite meeting with the CRC and the authority to get an update regarding performance against resettlement plans prior to release.	Director	
5.39	The closed visits rooms should be improved. (4.44, repeated recommendation 4.46)	Agreed	A redecoration plan has been submitted and approved and the prison will ensure that the closed visits rooms are redecorated, and the soft furnishing improved.	Director	April 2018
5.40	Patients should be given a printed summary of care for their GP on release. (4.56)	Agreed	There is a process in place for this to be completed, in which the resident receives an automatically populated discharge summary. The prison is awaiting a SystmOne printer to allow this process to start, which is subject to an external source providing this. These printers will be in reception to provide up to date information on release. Once this has been installed the prison can then start the process of providing letters summarising their care for their GP on release.	Director	April 2018

Recommendations	
Agreed	32
Partly agreed	6
Not agreed	2
Total	40

