



HM Prison &
Probation Service

Action Plan: HMP Lindholme

Action Plan Submitted 14 June 2018

A Response to the HMIP Inspection 2 – 6 October 2017

Report Published 6 February 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 LINDHOLME

1. Rec No	2. Recommendation	3. Agreed/ Partly Agreed/ Not Agreed	4. Response Action Taken/Planned	5. Responsible Owner	6. Target Date
	Main recommendations to the Governor				
5.1	There should be a whole-prison approach to drug supply and demand reduction. A dedicated action plan should be in place and the effectiveness of measures should be monitored constantly. (S55)	Agreed	<p>A Drug Supply and Reduction Strategy will be written and linked to HMP Lindholme's Security Strategy. An action plan will be developed linking to both the Security meeting and the Drug strategy meeting objectives.</p> <p>The Drug Supply and Reduction Strategy (substance misuse strategy) will be driven by:-</p> <ol style="list-style-type: none"> 1- The monthly security committee meeting which will oversee use of a range of available reduction options such as enhanced supervision, searching on visits, working jointly with the police to run operations both within the establishment and externally to reduce the supply of drugs into the prison and prosecute individuals responsible, increased fence line patrols, intelligence led searching and the use of drug dogs. 2- Treatment and recovery meeting – this meeting will review treatment options available via the Healthcare provider for those prisoners willing to engage in treatment and also look at recovery opportunity's for those individual prisoners highlighted as being suitable by their substance misuse worker for placing on the recovery programme located on 'A' wing. <p>The actions and feedback from these two elements will then feed into the overarching sub regional drug strategy meeting that is due to commence from June 2018 (Sub regional drug strategy meeting attended by Drug Strategy leads from HMP Lindholme, Moorland, Doncaster and Hatfield).</p>	<p>Governor</p> <p>Governor</p> <p>Director of Care UK</p> <p>Governor</p>	<p>June 2018</p> <p>June 2018</p> <p>June 2018</p> <p>June 2018</p>



5.2	There should be sufficient regular and consistent GP provision to ensure that a full and safe service is provided, and all prisoners should be able to access routine appointments within two weeks. (S56)	Agreed	Since October 2017, the GP Provision in place at HMP Lindholme has seen waiting lists reduced to meet the required Care UK and NHS England (NHSE) guidelines (which currently stands at two weeks)	Director of Care UK / Governor	Completed
			The increased number of GP's has also been supported by GP's and an Advanced Nurse Practitioner (ANP). The combination of these factors, along with a review of processes and procedures has meant that waiting times to see the most appropriate service / practitioner has reduced.	Director of Care UK	Completed
			Care UK have sent a letter to all patients at HMP Lindholme to specifically invite them to discuss with healthcare if they felt their appointment had been missed with a route to discuss and be referred for specialist investigations and treatment.	Director of Care UK	Completed
			A GP provision is in place to ensure that a full and safe service is provided, and all prisoners are able to access routine appointments within NHSE guidelines.	Director of Care UK	Completed
			Monitoring of this provision is included in the monthly meeting with the GP Practice (contracted provider of GPs to HMP Lindholme).	Director of Care UK	Completed
5.3	Managers should be proactive in implementing effective systems for checking and monitoring health and safety in the workshops. (S57)	Agreed	The Head of Reducing Re-offending will ensure that processes will be put in place to ensure all areas meet Health and Safety standards and routine management checks will be provided. This will be discussed at the Prison Health Operation Group Meeting (PHOG).	Governor	June 2018
5.4	All prisoners should have regular and meaningful contact with their offender supervisor, to enable effective management of risk (particularly pre-release), promote progression and challenge offending behaviour. (S58)	Agreed	The implementation of the Offender Management in Custody (OMiC) model is in two phases and it will not apply to all prisoners until the completion of the national roll out. The first phase is the introduction of key work to all prisoners. The second phase is a revised approach to case management where all prisoners who are high risk and/or are serving longer sentences will receive specialised offender management from skilled prison staff or probation officers. This will include revised requirements in relation to risk assessment, sentence planning and provision of on-going support with an emphasis on targeting resources, and a focus on the crucial period just before prisoners re-join the community.	Executive Director, North Public Sector Prisons (PSP)	July 2019



			<p>The Offender Management Unit will ensure that all prisoners as part of their induction will meet their offender supervisor. As part of the OMiC model, which has a 'Go Live' date of September 2018, the prison will have a dedicated group of Prison Officer Offender Managers and extra staffing resources to support interaction with prisoners.</p> <p>The current Interdepartmental Risk management Team (IDRMT) meeting will be developed further, separating the current meeting which focusses predominantly on monitoring of mail and phone calls and the supporting of restraining orders etc, into a separate much more comprehensive risk management meeting which will take into account current and future risks when planning for release and supporting Multi-Agency Public Protection Arrangements (MAPPA) level identified offenders.</p> <p>Promotion of progression will be via identified risk via OASys and Offender Supervisor/Offender manager interaction coupled with key worker intervention and identified emerging barriers to reducing re offending and identifying opportunities for progression to a lower category establishment with further opportunities for strengthening family ties and employment or training preparation. There are 82 staff trained as key workers and the training is taking place regularly.</p>	Governor	September 2018 (OMiC Go Live date)
	Recommendations to HMPPS				
	Reducing risk, Rehabilitation and Progression				
5.5	All prisoners arriving at the establishment should have an up-to-date offender assessment system (OASys) assessment and sentence plan. (4.21)	Partly Agreed	<p>This recommendation can only be partly agreed at this time, as this is currently unfunded work for Category C prisons.</p> <p>The Prison Group Director for Yorkshire has briefed all Reception prisons in this region insisting offender assessment system assessment (OASys) are completed prior to allocation to HMP Lindholme. Any slippage will be highlighted.</p> <p>The review of OMiC addresses the issues prisons currently face in completing OASys reports. The new model will transfer the resource for OASys report completion from local reception prisons to the training/resettlement estate where there is more time for engagement with the offender and to devise the sentence plan. Roll out of the new offender management (OM) model has commenced</p>	<p>Prison Group Director</p> <p>Executive Director North, PSP / Governor</p>	<p>Completed</p> <p>September 2019</p>



			within the ten pathfinder sites along with HMP Berwyn. HM Prison and Probation Service (HMPPS) is currently working through the schedule for roll out into the wider estate and it is envisaged the new OM model will be in place in all closed prisons by September 2019.		
	Release planning				
5.6	Prisoners from outside the local area should be able to move to the resettlement prison in their own release area, to access support in preparation for their release. (4.35)	Partly Agreed	<p>This recommendation is partly agreed as it isn't always possible to transfer offenders to their home area, in some cases because the offender is unwilling or states it is unsafe for them to transfer.</p> <p>Offender Managers will ensure that all prisoners who can be released to their local area are being facilitated where possible. HMP Lindholme is now funding a provision within the resettlement team who ensure prisoners not released to their local area are given all relevant information and contact points prior to discharge.</p>	Governor Governor	Completed
	Recommendations to the Governor				
	Early days in custody				
5.7	The timetable for the full induction programme should be clearly displayed. (1.7)	Agreed	<p>The Head of Residence and Safety will ensure that a timetable for the full induction programme will be clearly displayed on the Induction wings notice boards and within the induction booklet.</p> <p>This will be displayed and will be incorporated into the monthly residential manager's check to ensure it is still relevant and displayed.</p>	Governor Governor	June 2018 June 2018
	Managing behaviour				
5.8	A comprehensive action plan, based on evidence from the monitoring and analysis of violent incidents, should be established, to address the underlying causes and further reduce the high levels of violence. (1.16)	Agreed	<p>An Intelligence Analyst, a newly developed post, will ensure triangulation of information and look at trends and patterns which occur taking into account VDT (a violence diagnostic tool). This will be discussed at the weekly Safety Integration Meeting (SIM).</p> <p>A comprehensive violence action plan was completed in April 2018 which identifies and reviews processes and methods of assurance. This will require a whole establishment approach, which will be led by the Governing Governor. The VDT was used to compile this action plan to ensure that it is based on evidence.</p>	Governor Governor	June 2018 Completed



5.9	The incentives and earned privileges scheme should be applied consistently, with timely reviews and a clear focus on incentivising good behaviour, through effective and consultative target setting. (1.17, repeated recommendation 1.35)	Agreed	Posters outlining behaviours indicative of each incentives and earned privileges (IEP) level will be displayed on all Residential Units alongside privileges available for each status. The information contained within these posters will be used by managers to assure consistency in the correct assignment of IEP levels following review.	Governor	June 2018
			Assurance will be derived from an auditable 10% monthly management check. These checks will also act to ensure timeliness and target setting appropriate to exhibited behaviours.	Governor	June 2018
			Prisoner forums are held bi-monthly with IEP forming part of the standing agenda. This offers prisoners the ability to singularly or collectively raise issues with wing managers.	Governor	Completed and ongoing
			The local IEP scheme will recognise and reward good behaviour through key earnable and additional privileges. Progression and regression data will be monitored, scrutinised and analysed as a SMT agenda item.	Governor	Completed
5.10	All adjudications should be heard and adjudicators should demonstrate sufficient enquiry before a finding of guilt. (1.22)	Agreed	The adjudication process has been reviewed. A notice to staff detailing expectations around appropriate use of IEP and adjudications has been published with a view to reducing volume.	Governor	Completed
			Systems monitoring reasons for adjournment have been developed and will be discussed at the Quarterly Adjudication Standardisation meetings with a focus on the address of contributing factors. Additional sittings will also be considered where a backlog has occurred.	Governor	June 2018
			A full time Adjudication Liaison officer has been appointed to minimise the likelihood of delay or dismissal of adjudications based on technicalities linked to timeliness issues. A further staffing arrangement is now in place to cover delays relating to non-attendance at adjudication.	Governor	Completed
			In order to ensure that sufficient enquiry has been demonstrated before a finding of guilt, the quarterly standardisation meetings are held and reviews carried out along with a sample size that are checked by the Deputy Governor. Deficiencies and results of the sample checked are tackled with individuals.	Governor	Completed
			In addition, Director's feedback will be provided to individuals who fail to conduct sufficient enquiries.	Prison Group Director	June 2018



5.11	The increase in the number of use of force incidents should be explored, and action taken to reduce it. (1.27)	Agreed	<p>A Use of Force (UoF) meeting takes place monthly chaired by the Deputy Governor. This includes quality assurance of Use of Force paperwork, planned UoF, video footage, CCTV footage and any use of a baton. Analysis of UoF data is undertaken monthly which assists in looking at trends and patterns and early data suggests high levels of use of ratchet handcuffs due to the large, open footprint of the establishment which inflates the establishments overall use of force.</p> <p>UoF advice will be circulated to all staff outlining UoF principles, handling confrontational incident situations, and report writing in order to try and reduce the number of incidents.</p>	Governor	Completed
				Governor	June 2018
5.12	Data relating to segregated prisoners should be monitored and analysed locally, to identify trends and provide better quality assurance. (1.32)	Agreed	<p>Segregation management and Review data systems will be put in to place with a daily management check of completion assigned to the Segregation Supervising Officer.</p> <p>This data will be collated and analysed to identify trends, ready for discussion at the Quarterly Adjudication Standardisation meeting, which will be renamed as the Adjudication Standardisation and SMARG meeting to give clear focus to both aspects.</p> <p>Conclusions from discussions will form part of a strategic Segregation action plan which will be recorded and monitored for progress through the Consolidated Action Plan (CAP) and will give the site more assurance.</p>	Governor	June 2018
				Governor	June 2018
				Governor	June 2018
	Security				
5.13	Closed visits should be imposed only for visits-related activity. (1.40, repeated recommendation 1.30)	Not Agreed	This recommendation is not agreed as appropriate intelligence, as outlined in Prison Service Instruction (PSI) 15/2011- Management and Security at Visits is used to underpin all decisions at HMP Lindholme about the use and review of closed visits. Closed visits are reviewed regularly and only continued when the risk is still evident.	Governor	
5.14	Mandatory and suspicion drug testing should be adequately resourced to undertake the full range of	Partly Agreed	This recommendation can only be partly agreed prior to further, detailed work to consider the resources required to meet this recommendation in full, and whether that is affordable. Random mandatory testing will be adequately resourced.	Executive Director of Prisons	March 2019



	testing. (1.41, repeated recommendation 1.31)		Work will commence to monitor mandatory drug testing hours given over to the monthly testing for drugs and the staff needed in order to fulfil this and subsequent work completion figures. This will be used to predict staffing levels required for the full range of testing with a view to incorporating this level of resourcing, or as much of it as is affordable, into the new work profiles developed as part of the OMiC model introduction.	Governor	June 2018
	Safeguarding				
5.15	Assessment, care in custody and teamwork (ACCT) reviews should be multidisciplinary and care maps should identify objectives to address all issues related to the risk of self-harm. (1.46)	Agreed	Staff are currently being trained in Suicide and Self-Harm (SASH). A new Quality Assurance process has been devised to ensure that within 72 hours and then weekly an independent QA is completed by the safer prisons team. An action plan will be published by the end of April 2018 outlining recommendations to review processes and Quality Assurance methods to ensure care maps are appropriate. The process for arranging ACCT reviews is currently being reviewed to allow for a multidisciplinary approach including the most relevant healthcare professional, i.e. substance misuse, physical health or mental health. Other agencies such as the chaplaincy and Offender supervisors will also be invited. The quality assurance methods referred to above will allow for analysis as to whether the new process for arranging ACCT reviews to allow for a more multi-disciplinary approach is successful and any appropriate action to therefore be taken.	Governor	June 2018
5.16	A Listener suite should be available 24 hours a day. (1.47)	Not Agreed	<p>This recommendation is not agreed as it will compromise the safety and security of the prison to provide suite access 24 hours a day.</p> <p>The requirement from the Samaritans is that a room is be available whereby the person in distress feels at ease (this is inevitably the room / cell where the person lives). Listeners are available 24 hours a day and Samaritans can be contacted by telephone. Each pair of listeners can only stay with a person in crisis for a maximum of four hours.</p> <p>HMP Lindholme currently has a care suite available for overnight stays. Listeners, prisoners and staff will be made aware of its location. However, the prison will consider scoping the cost and feasibility of having a room available on each wing but this is not expected to be a sufficient priority to take place in the short to medium term.</p>	Governor	



5.17	Staff should be trained in adult safeguarding, to improve their understanding of their responsibilities and increase their confidence in identifying safeguarding concerns. (1.51)	Partly Agreed	<p>This recommendation is partly agreed as there are no mandatory requirements to further train staff in safeguarding.</p> <p>However, further exploration with partners such as probation and healthcare will take place to look at suitable training to deliver to staff to increase confidence. If suitable this will be incorporated within the establishment's training plan.</p>	Governor	August 2018
	Staff-prisoner relationships			Governor	
5.18	The reasons for prisoners' much more negative perceptions of respectful treatment by staff should be explored and action taken to improve this. (2.4)	Agreed	The Safer Prisons team will complete exit questionnaires and interview prisoners on discharge to ascertain actions which can be taken to improve prisoner / staff relationships and understand why there are negative perceptions. These questionnaires will be reviewed on a bi-annual basis. Five Minute Intervention training has been introduced to support prisoner / staff relations.	Governor	June 2018
5.19	Electronic case note entries by staff, including personal officers, should be regular and meaningful. (2.5, repeated recommendation 2.13).	Agreed	<p>Staff are being trained in the Key Worker role which will replace the Personal Officer scheme, and generally up-skill operational staff in making regular and meaningful case note entries. To date a total of 82 officers have been trained.</p> <p>The Head of Residential Services will ensure quality through a monthly 10% management check, feeding back to individuals where improvements are required or quality work has been observed. The frequency of electronic case notes will be monitored monthly via the Prison NOMIS dashboard to track the number of entries.</p>	Governor	December 2018
	Daily life			Governor	December 2018
5.20	Cells should have lockable storage and all toilets should have a lid and adequate screening. (2.11)	Agreed	<p>Lockable storage has been ordered for all cells / rooms within the prison and will be rolled out when deliveries arrive from Branston (HMPPS central stores service). Toilet lids will be provided locally for cellular accommodation and adequate screening provided.</p> <p>A revised living conditions & decency matrix will be implemented to ensure the improvements to living conditions are maintained against our expectations are achieved by robust daily, weekly and monthly management checks.</p>	Governor	December 2018
				Governor	December 2018



5.21	Cell call bells should be answered within five minutes. (2.12)	Not Agreed	<p>The recommendation is not agreed as the Residential Services PSI 75/2011 does not provide a specified time frame in which staff must respond to cell call bells. Paragraph 2.8, Output No. 8 states that 'Prisoners are able to summon assistance from within their living accommodation' with residential staff responding 'promptly to calls for assistance'. Paragraph 3.2 sets out that Governors must ensure that prisoners have a means of calling for assistance available to them within their cells.</p> <p>A management check of electronic cell call response times will be introduced in order to check that cell bells are answered promptly in order to ensure compliance promptly across all residential units in line with PSI.</p>	Director Prisons Policy / Governor	
5.22	Prisoners should be able to access their stored property within 14 days of their application. (repeated recommendation 2.9)	Agreed	<p>HMP Lindholme reception staff will call prisoners up to reception within 14 days of the prisoner's application to access their stored property if the item they are requesting from their stored property is on the facilities list and the prisoner has not exceeded volumetric control limits.</p> <p>This process will be monitored and overseen by the Operations custodial manager with oversight from the Head of Operations.</p>	Governor Governor	June 2018 June 2018
5.23	Breakfast packs should be enhanced and should be distributed on the morning they are to be eaten. (2.19, repeated recommendation 2.74)	Not Agreed	<p>This recommendation is not agreed as the contents of breakfast packs are suitable to be stored in prisoner accommodation overnight. The serving of these packs during the evening aids in delivery of a timely morning regime, helping maximise activity and rehabilitation working hours whilst remaining compliant with catering prison service instruction.</p> <p>Whilst HMP Lindholme seek to enhance any strand in our delivery where appropriate, breakfast packs are provided by The Food Packing Services (FPS) team, part of Public Sector Prison Industries (PSPI) and as such, it is deemed that these packs are sufficient to the needs of the population.</p>	Executive Director of Prisons / Governor	
5.24	Prisoners should be able to receive their first full shop order within a few days of arrival. (2.20, repeated recommendation 2.78)	Not Agreed	<p>This recommendation is not agreed as commissioned policy stipulates that there is one standard order and one following delivery day per week for each prison. It is not financially viable to fund additional deliveries for new arrivals outside of this schedule. New arrivals are offered the option to purchase smokers' or non-smokers' reception packs on arrival. An order from the full local range can then be placed on the next usual ordering day.</p> <p>On a local level, prisoners are issued with enough goods to allow them to fit into the scheduled canteen delivery weekly with DHL (the provider). Options will be</p>	HMPPS Commercial Director / Governor	



			explored to provide essential items prior to the DHL order being able to be placed		
5.25	Prisoners should be provided with a timely and helpful response to all applications. (2.26)	Agreed	<p>The Application process is now being split between functions. The Business Hub collates and track the majority of the applications. The Offender Management Unit (OMU) collate and manage the Applications within their function.</p> <p>A process whereby the Prisoner Information Desk (PID) worker logs all submitted applications will be introduced. The applications will be sent to relevant departments for answer and return before being logged back in by the PID worker. A weekly list of applications that have not been answered will be collated and passed to the Head of Residential Services for addressing. For confidential applications, logging and responses will be completed by a member of staff.</p> <p>The response and timeliness to applications will be subject to a 10% random sample quality assurance by the Heads of Residence(s) incorporating a scrutiny panel (involving prisoner representatives) to dip test replies to applications.</p>	Governor Governor Governor	Completed June 2018 June 2018
	Equality, Diversity and Faith				
5.26	Equality monitoring should generate regular reports and cover all protected characteristics, to enable a thorough investigation of issues and address disproportionate access to the regime. (2.30)	Agreed	The national Equality Monitoring Tool (EMT) produces historical data. Current data will be collected and monitored locally which will allow better identification and then ability to address all protected characteristics and any issues. This will be discussed at monthly Prisoner Equality Action Group Meeting (PEAT). The Safer Custody Analyst is working with the equality administrator to produce the current data. HMP Lindholme will start analysing patterns and trends, including any disproportionate access to the regime, at the end of May at the PEAT.	Governor	June 2018
5.27	All prisoners with disabilities should have their needs fully addressed, including the provision of care and evacuation plans for those who need them. (2.37,	Not Agreed	<p>This recommendation is not agreed. HMP Lindholme cannot commit to address all the needs of prisoners with disabilities, given that no assessment of affordability has been undertaken. The Head of Safety and Equality is responsible for ensuring personal emergency evacuation plans (PEEPs) are identified for all individuals. The Head of Residence will ensure all plans are completed.</p> <p>On reception prisoners are asked if they have a disability and whether they require support. An alert is placed on the prisoner's electronic file. The Safer</p>	Governor	



	repeated recommendation 2.24)		Prisons team run a weekly report identifying the people who require assistance and place the report in the daily briefing file. The residential staff print the reports and a PEEP is able to be completed on an individual basis by residential managers. This process and guidance was recirculated to all staff at the end of March 2018. All prisoners on arrival are screened by Care UK to assess physical, mental and well-being needs to identify issues and / or adjustments to assist with self-management to support independent living. This information will be shared and considered as part of PEEP safeguarding.		
5.28	Foreign national prisoners should have access to independent legal advice. (2.38)	Not Agreed	This recommendation not agreed as the border force team at HMP Moorland (an adjacent prison) provides an ad hoc service to the prisoners at HMP Lindholme, but it is not a standing, independent service. This team will answer individual queries by application and is a service comparable to what is offered at other prisons.	Governor	
5.29	Prisoner buddies and peer representatives should receive adequate supervision, training and support in their role. (2.39 repeated recommendation 2.25)	Agreed	HMP Lindholme as part of the OLASS (Offender Learning and Skills Services) Governance and curriculum review will evaluate the effectiveness of peer mentor training to ensure a qualification supported delivery of peer support.	Governor	June 2018
	Faith and Religion				
5.30	Chaplains should be issued with cell keys. (2.43)	Agreed	Chaplains will be issued with cell keys following a renewed key briefing by Security.	Governor	June 2018
	Health, Well-Being and Social Care				



5.31	Effective and robust governance structures should be implemented, to ensure that all aspects of health delivery meet the needs of prisoners and are safe, and that lessons learned, including from service user feedback, drive improvement. (2.53)	Agreed	Processes and procedures have been reviewed since Care UK began providing healthcare during September 2017 at HMP Lindholme. The NHSE Commissioners are satisfied that services across healthcare at HMP Lindholme have improved since inspection, with new process in place to ensure that all aspects of health delivery meet the needs of prisoners and are safe and effective.	Director of Care UK	Completed
			Information and advice regarding health services is available to new patients in Reception and on residential units, via posters, leaflets and wing based health representatives. Prison Health Operational Group (PHOG) governance arrangements in place to monitor, challenge and identify learning as part of the contract commissioning specification.	Director of Care UK	Completed
5.32	All clinical areas, waiting rooms and facilities should comply with current infection prevention and control standards, and provide a decent environment. (2.54)	Agreed	HMP Lindholme now has a robust Infection and Prevention policy and daily checklists are now in place to ensure Healthcare / Clinical areas meet the required standards required to comply with current infection prevention and control standards, and provide a decent environment.	Director of Care UK	Completed
			The prison has support from AMEY (commissioned cleaning service) services to ensure healthcare clinical areas, waiting rooms and facilities are cleaned and tidied. Additionally, a Care UK housekeeper is employed to ensure the day to day stock control and cleaning is at a high standard.	Director of Care UK	Completed
5.33	Prisoners should be able to raise complaints and concerns through a clear and well-understood system, and receive prompt replies that address all issues raised. (2.55)	Agreed	HMP Lindholme now has a process available for all prisoners to raise complaints and concerns regarding any aspects of the healthcare provision and care. Poster advertising the complaints process and complaints paperwork is now available in prisoner accessible areas (e.g. Healthcare waiting rooms, Reception, Residential Units).	Director of Care UK	Completed
			Prisoner Information Desk (PID) peer workers are now assisting the process by signposting prisoners to appropriate complaint options, and informing staff where complaints paperwork or promotional material needs replacing or replenishing.	Governor	Completed
			Patients are seen face to face within the five days of healthcare receiving a complaint. A dedicated member of the admin team co-ordinates the complaints / SARs (Subject Access Reviews, which are redacted notes for compliance with potential litigation processes) and all new complaints are logged on a database	Director of Care UK	Completed



			<p>and Datix (a Healthcare Information Reporting system) which will assist with assessing what lessons or concerns are being highlighted.</p> <p>Additionally HMP Lindholme will be holding dual drop in clinics three times per week to allow the prisoners to discuss any issues, concerns and requests they may have, which can be rectified at the point of care.</p> <p>This process will be a standing item at the monthly PHOG meeting.</p>	Director of Care UK	Completed
5.34	Patients should have timely access to all primary care and secondary health services. (2.65)	Agreed	<p>The Head of Health and Social Care Liaison is working with all providers to develop robust systems to lower the 'do not attend' rates, to ensure patients are able to have access to primary care services and improve clinical waiting lists in line with community waiting times.</p> <p>Appointments and Application systems are now greatly improved since the inspection with a range of specialised clinics, drop in clinics, a reduction in daily sick clinics and Nurse Triage sessions. The introduction of wing based treatment sessions and effective application management at HMP Lindholme has contributed to this improvement.</p> <p>Secondary services, such as Smoking Cessation have also improved and HMP is now a 'Smoke Free Prison'. Support services are now provided across all specialisms including Abdominal Aortic Aneurysm (AAA) screening, Bowel screening and Diabetic Retinopathy services.</p> <p>Prisoners' needs prior to release are now reviewed and monitored on their release plan and release lists are obtained from the Offender Management Unit. Care UK has now provided a dedicated administration staff member and has implemented a dedicated Escort & Bed Watch coordination role, overseen by the Head of Healthcare, alongside the Primary Care Practice Nurse supporting the external appointments and bed watch process.</p> <p>Patients returning from hospital are now routinely reviewed by Reception Nurses, or by special arrangement if returning out of hours.</p> <p>Gaps between GP Clinics have been reduced and appointment backlogs reduced due to introducing GP clinics, Nursing Practitioner clinics and Physiotherapy sessions six times a week.</p>	<p>Governor</p> <p>Director of Care UK</p> <p>Director of Care UK</p> <p>Director of Care UK</p> <p>Director of Care UK</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>



5.35	Prisoners with mental health problems should have prompt access to a comprehensive range of one-to-one and group interventions that meet their individual needs and risks. (2.78)	Agreed	<p>A new process to reduce the waiting lists has been introduced with written application or telephoned referrals being received through a Duty Worker (a mental health/secondary mental health worker). There are now no waiting lists and patients are triaged by the daily Duty Worker to prioritise the need of both the response and actions for the prisoners and HMP Lindholme.</p> <p>New Mental Health nurses are currently undertaking new trauma and Post Traumatic Stress Disorder (PTSD) courses which will be an additional support to the service and prisoners with mental health needs.</p> <p>Patients with significant mental health needs are regularly monitored by a psychiatrist and mental health practitioner on a priority basis. HMP Lindholme has a dedicated Psychiatrist and Psychology team now in post, which ensures that the mental health service meets individual needs and risks.</p> <p>A comprehensive range of interventions have been introduced including (where applicable to mental health issues): Substance Misuse and related issues, (group and one to one interventions), anxiety, sleep, relaxation, yoga and acupuncture.</p> <p>Care UK will be reviewing the service provision during April 2018 and over the following 6 months in order to assess the reduction in waiting times for interventions and assessing if the previously reported 12-16 week average wait has reduced as a result of the introductions made</p>	<p>Director of Care UK</p> <p>Director of Care UK</p> <p>Director of Care UK</p> <p>Director of Care UK</p> <p>Director of Care UK</p>	<p>Completed</p> <p>December 2018</p> <p>Completed</p> <p>Completed</p> <p>October 2018</p>
5.36	Patients with significant mental health needs should only be cared for on the segregation unit in exceptional circumstances and for the shortest time possible, with regular recorded consideration of alternatives. (2.79)	Agreed	<p>Patients with significant mental health needs are only cared for in the Segregation Unit in exceptional circumstances and are monitored by a psychiatrist and mental health practitioner on a regular basis whilst awaiting transfers to secure beds or any other agreed relocation.</p> <p>Any prisoners requiring transfer, but housed on the Segregation Unit will have their safety needs assessed daily by a psychiatrist during the week. This provision will be expanded to a seven days service from June 2018</p>	<p>Governor/ Director of Care UK</p> <p>Director of Care UK</p>	<p>Completed</p> <p>June 2018</p>
5.37	Patients requiring transfer to hospital under the Mental Health Act should	Partly Agreed	This recommendation is partly agreed as although every effort is made to expedite transfers and assess patients promptly, transfers are dependent on a number of factors such as the completion of appropriate assessments,	National Director of NHS England (NHSE)	Completed



	be assessed promptly and transferred within the current transfer guideline. (2.80)		<p>administrative processes within the NHS and the availability of accommodation in mental health hospitals.</p> <p>NHS England (NHSE) has developed a plan to improve services for prisoners with mental health issues, and includes specific reference to timely transfer and remission of patients and information about how this will be implemented and sustained.</p> <p>The Prison Transfer and Remission Guidance published by the Department of Health in 2011 has not been agreed by NHSE. NHSE hopes to publish guidance in Spring /Summer 2018, with timescales that take into account clinical urgency and need. All guidelines are followed as part of Mental Health Act and provisions to ensure patients at HMP Lindholme are assessed and transferred in a timely manner to secure premises.</p>	<p>National Director of NHSE</p> <p>National Director of NHSE</p>	<p>Completed</p> <p>June 2018</p>
5.38	Prisoners should have easy access to a range of high-intensity group interventions that meets their needs. (2.88)	Agreed	<p>Care UK have implemented a range of high intensity group work, utilising skills and experience of previous Building Skills for Recovery (BSR) workers and also new psychosocial workers. The BSR contract ended however program elements are still being delivered by the trained practitioners and Care UK is ensuring that Tier 3 and 4 high intensity programs are being run.</p> <p>HMP Lindholme has a well-integrated BSR / Interventions services which has been providing high intensity group and one to one interventions that meet both the needs of prisoners and the establishment.</p> <p>A new specification of intensive interventions is due to be proposed from NHSE from Spring / Summer 2018.</p>	<p>Governor/ Director of Care UK</p> <p>Director of Care UK</p> <p>Director of Care UK</p>	<p>Completed</p> <p>Completed</p> <p>June 2018</p>
5.39	All medicines should be supplied in a timely manner and be administered at clinically appropriate times, in line with current professional standards and guidance. (2.94)	Partly Agreed	<p>This recommendation is partly agreed as HMP Lindholme is currently bidding for a 24 hour nursing provision to dispense medicines, so this recommendation cannot be fully agreed, although it already generally mirrors regular in-hours dispensary times in the community.</p> <p>Care UK has support via the area pharmacist and medications are supplied and reviewed in a timely manner, with a robust medicines management and audit process in place.</p> <p>This issue will continue to be discussed at the monthly PHOG meeting.</p>	<p>Governor/ Director of Care UK</p> <p>Director of Care UK</p>	<p>Completed</p>



5.40	Systems to prevent the diversion of prescribed medicines should be robust, including appropriate prescribing, effective officer supervision of medicines administration queues, and regular compliance checks. (2.95)	Partly Agreed	<p>This recommendation is partly agreed as J and K residential wings are currently being piloted for full dispensing supervision, with diversionary outcomes being discussed and analysed at the PHOG meeting along with ongoing monitoring at monthly SMT meetings. Outcomes will be evaluated between April and June 2018 meetings, however until the pilot is concluded it is not possible to fully agree this recommendation.</p> <p>There had not been effective officer supervision for medication dispensing at the time of the inspection, however, this is now being monitored by the Head of Healthcare. Ongoing discussion regarding new areas to provide medication dispensary are being looked into to support medicines administration queues, and regular compliance checks.</p> <p>Compliance checking on the monthly diversion audit/divertible medications and Reducing Medication reports are being undertaken by the area Pharmacist for Care UK, and lead GP.</p>	<p>Director of Care UK</p> <p>Governor</p> <p>Director of Care UK</p>	<p>June 2018</p> <p>June 2018</p> <p>Completed</p>
5.41	Surfaces in the dental suite should be cleaned of clutter and there should be an uninterrupted flow from dirty to clean (2.98)	Agreed	<p>The superfluous equipment has now been minimised from the Dental Suite to reduce clutter and the computer system has been relocated to a more appropriate area.</p> <p>Daily cleaning and checks are now being conducted by Dental team and the cleaning logs are now being audited by Time4Teeth (Provider) on a monthly basis.</p>	<p>Director of Care UK</p> <p>Director of Care UK</p>	<p>Completed</p> <p>Completed</p>
	Education, skills and work activities				
5.42	All prisoners should arrive promptly and be ready to start work or training activities at the start of sessions. (3.24, repeated recommendation 3.27)	Partly Agreed	<p>This recommendation can only be partly agreed as the volume of movement and size of the area to supervise creates a natural obstacle against fully ensuring that all prisoners always arrive to activities on time.</p> <p>The Head of Reducing Reoffending will conduct a review with the Head of Residence supported by Novus and Industrial Managers to develop a coherent strategy to ensure that the movement of prisoners to their education and work activities is conducted as quickly as possible. A pilot staffing profile of three additional supervisors on the prisoners' movement route will be implemented.</p>	Governor	June 2018



			<p>This review will consider staff deployment, action required by staff sending prisoners, staff supervising movement, staff receiving prisoners in the workplace. The routes that prisoners take to activities are lengthy and cover multiple directions towards workshops and activities in a variety of locations over a large area so can be difficult to fully supervise. The IEP scheme will be used to incentivise prisoners to manage their route to activities quickly.</p> <p>HMP Lindholme will continue, throughout this review, to ensure that activities start promptly.</p>	Governor	Completed
5.43	Managers should ensure that consumable materials required for training are supplied in a timely manner, so that learners' progress is not impeded. (3.25)	Agreed	<p>The Head of Reducing Reoffending will ensure that the Novus OLASS Manager completes a full review of material ordering procedures with the Construction Team Leader and Business Support Manager as well as with Novus Finance Team.</p> <p>Measures will be implemented to ensure that materials in this area are ordered on time and delivered to the appropriate areas after arrival in the prison as soon as possible. The Head of Reducing Reoffending has conducted a review of the machinery in the Novus workshops and a programme of repair has been instigated. This will be discussed at the OLASS Governance monthly meeting.</p>	Governor Governor	June 2018 June 2018
5.44	Prisoners should achieve accreditation for the employability and work skills developed. (3.26)	Agreed	<p>The Head of Reducing Reoffending will review with Novus and Industrial Managers the accreditation opportunities available in Prison Workshops. Welding course were established in the 'Flatracks' Workshop December 2017. Passport to Employment (a soft employment skills record) will be reassessed and embedded as a vehicle to capture the range of soft skills relevant to employers that prisoners can demonstrate and develop in their prison workplace.</p> <p>Over 40 prisoners have been assessed on the Passport to Employment scheme since the inspection, with an expectation that most eligible prisoners will be assessed by October 2018. This will be discussed at the OLASS Governance monthly meeting.</p>	Governor Governor	June 2018 October 2018
5.45	Prisoners taking distance learning or Open University courses should have the opportunity to improve their academic writing and thinking skills. (3.27,	Agreed	The Novus Offender Learning and Skills Service (OLASS) Manager will undertake a review of the Virtual Campus (VC) and Open University (OU) arrangements with oversight of the Head of Learning and Skills. A revised Terms of Reference will include the amount of OU provision provided by Novus staff, expanding the use of VC facilities (now upgraded to the hybrid system with multiple locations available) across multiple prison functions rather than just the Education Department, and effective ways that support can be given to higher	Governor	June 2018



	repeated recommendation 3.16)		level learners to improve their writing and thinking skills. This will be discussed at the OLASS Governance monthly meeting.		
5.46	Teachers of classroom-based courses should develop a greater range of learning resources and methods. (3.33)	Agreed	<p>The Novus OLASS Manager to work with the Novus Functional Skills Team and Regional support to develop Functional Skills provision to reflect best practice in teaching and to minimise reliance on worksheets. This is already reflected in the Action Plan resulting from the Prison Health Check in May 2017 but further progress is necessary.</p> <p>Education and Training Foundation (ETF) training on Functional Skills delivery was held at HMP Lindholme during December 2017. This focused on making lessons more interesting and Novus have sourced ETF resources for use in Functional Skills lessons.</p> <p>Further development of the quality of written assessment feedback will also be progressed as examples of good practice at HMP Lindholme that can be shared and ensure that all learners can benefit in terms of clearer guidance to help them improve. This will be discussed at the OLASS Governance monthly meeting.</p>	Governor Governor Governor	June 2018 Completed June 2018
5.47	Prison instructors should effectively challenge prisoners' poor attitudes to work. (3.37)	Agreed	<p>The Head of Reducing Reoffending is working with Industrial Managers to ensure consistent practice across all prison workshops in terms of prisoner attitude and enthusiasm to work so that the good practice in many areas is mirrored in those where improvement was required. The Passport to Employment program will be embedded in all areas identified as requiring improvement will be prioritised as this can help to make the time spent in the workshop more meaningful to learners and improve their attitude and behaviour.</p> <p>This will be discussed at the OLASS Governance monthly meeting.</p>	Governor	Completed



5.48	Outcomes for learners on English and mathematics courses at level 1 and vocational courses at level 2 should be improved. (3.40)	Agreed	<p>The Novus OLASS Manager will ensure that the Functional Skills Action Plan from the May Prison Health Check is fully implemented after a thorough review following the inspection findings. Cooperation with other prisons in the Region, the Regional support for Functional Skills and the ETF will facilitate better and more interesting teaching to improve success rates on Level 1 courses.</p> <p>The Head of Reducing Reoffending will work with Novus OLASS Manager to investigate those Vocational courses with poor pass rates with a focus on minimising withdrawals due to avoidable reasons (e.g. courses allocated to imminent transfers and early releases). This will be discussed, along with the tracking of the number of outcomes, at the OLASS Governance monthly meeting so that early intervention can occur where deficiencies are identified.</p>	Governor	June 2018
	Children and families and contact with the outside world				
5.49	Additional weekend visits should be provided. (4.6, repeated recommendation 4.38)	Not Agreed	This recommendation is not agreed as it would be reliant on additional resources which have not yet been reviewed or resourced. In any event, the prison have reviewed the figures for visits booking and at present there is not a need for additional visits to be provided.	Governor	
	Reducing risk, rehabilitation and progression				
5.50	The interdepartmental risk management team should provide oversight of high-risk cases due for release, to promote high-quality multi-agency risk management planning. (4.22)	Agreed	<p>Interdepartmental Risk Management Team (IDRMT) meetings are chaired by the Head of Offender Management Unit and these meetings are convened weekly which facilitate the requirement to plan for high risk cases due for impending release.</p> <p>The Deputy Governor by the bi-lat (performance management) process will ensure meaningful and timely outcomes as well regular and appropriately multi-disciplined attendance.</p>	Governor	June 2018
5.51	The quality of re-categorisation reviews should be improved, including more	Agreed	Staff training has been facilitated and more information gained to ensure the appropriate risk assessment is completed. This has led to an improvement in the quality of reviews.	Governor	Completed



	comprehensive risk assessments. (4.23)		Quality checks will be completed by Head of Offender Management. Revised processes will be put in place to ensure that categorisation reviews are carried out by an operational manager and appeals heard by the Deputy Governor are in place.	Governor	August 2018
	Interventions				
5.52	The number of accredited offending behaviour programme places provided should be increased, to address the substantial shortfall in need. (4.29)	Agreed	<p>From a commissioning perspective 2017-18 was intended to be a foundation year which established an in-house delivery team at HMP Lindholme, fully trained and delivering a small number of completions in TSP and Resolve, with the ambition to build up to optimum delivery in 2018-19. It was also intended that an assessment of need within the establishment was undertaken with a view to accurately informing the level and type of delivery going forward, acknowledging that any increase beyond the optimum delivery for one team will require additional investment. The establishment is exploring the options for future delivery expansion which includes the suite of CSAAP accredited programmes to be delivered by the Lindholme Programmes team and others such as Kainos.</p> <p>Activity to agree volumes of accredited offending behaviour programmes for 2018/19 to meet priority offender need, will be taken forward as a collaborative exercise between Ministry of Justice (MoJ) and HMPPS recognising that the current commissioning model is under review and changes to the nature of the relationship between MoJ and HMPPS are likely.</p>	<p>Ministry of Justice (MoJ) Director Commissioning, Prison & Probation Inspectorates & Ombudsman / Governor</p> <p>MoJ Director Commissioning, Prison & Probation Inspectorates & Ombudsman / Governor</p>	<p>June 2018</p> <p>June 2018</p>
5.53	Prisoners should be able to set up benefit claims before release, and prisoners should be able to open a conventional bank account. (4.30)	Partly Agreed	<p>This recommendation is partly agreed as it is not currently possible, for technical reasons, to set up benefit claims (e.g. the need to access a personal e-mail account to make a claim). MoJ, Prison Policy are working closely with Department of Works and Pension (DWP) to overcome these technical issues and hope to have an advance claim process in place over the coming months.</p> <p>The Resettlement team will endeavour to develop links with high street Banks/Building Societies to allow prisoners to open accounts prior to release. This will be dependent upon the willingness of banking organisations and advice from Department of Works and Pension. Prisoners do, however, have the option to open a credit union account, which is transactional and allows the payment of salaries or benefits.</p>	<p>MoJ Director Prison Policy / Governor</p> <p>Governor</p>	<p>June 2018</p> <p>June 2018</p>
	Release planning				
5.54	Resettlement staff should follow upon action taken, to	Agreed	The OMiC and the OM delivery model will ensure the accountability and responsibility for offenders is communicated with the National Probation Service	Governor	September 2018 (OMiC Go Live date)



	ensure that positive outcomes are achieved; promote good risk management planning; and ensure that, alongside the offender supervisor, the offender manager has a clear risk management plan well ahead of the prisoner's release. (4.36)		or Community Rehabilitation Company to support offenders during pre-release stage.		
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Recommendations	
Agreed	37
Partly Agreed	9
Not Agreed	8
Total	54

