



HM Prison &
Probation Service

Action Plan: HMP Gartree

Action Plan Submitted 13 June 2018

A Response to the HMIP Inspection 13–23 November 2017

Report Published 14 March 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 |
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| 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

| 1. Rec No | 2. Recommendation | 3. Agreed / Partly Agreed / Not Agreed | 4. Response Action Taken/Planned | 5. Responsible Owner | 6. Target Date |
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| | Main recommendation To health commissioner and health provider | | | | |
| 5.1 | The commissioner and health provider should ensure that there are effective governance processes and sufficient competent and well-supported staff to provide a safe health service that promptly identifies and meets prisoners' health and social care needs. (S55) | Agreed | <p>The Healthcare Manager at HMP Gartree, in collaboration with NHS commissioners, will ensure a robust Governance Framework is in place which includes regular Governance Meetings, held bi-monthly and monitoring and trend analysis of complaints and incidents.</p> <p>NHS England (North Midlands Health and Justice Team) have:</p> <ul style="list-style-type: none"> • Issued a Contract Remedial Notice to the Healthcare Provider, highlighting the requirements outlined in the Care Quality Commission (CQC) report and requesting a specific remedial action plan. • Held two remedial meetings with the Healthcare Provider in January 2018 and initiated monthly review meetings to review overall performance. • Held an extraordinary "Board to Board" meeting with the provider to gain assurance that issues raised by the CQC and through the Contract Review process are resolved in a timely manner • Requested assurance that robust continuity plans are in place for subcontracted service arrangements, accepting that self-delivery of services is an acceptable solution, Commissioners have requested evidence of robust plans to ensure the continuity of key services including Mental Health and GP sessions • Requested the Healthcare Provider undertake a review of services including Target Operating Model against current provision. • Acknowledged the Healthcare Provider has initiated a rolling staff training programme, with governance processes in place to record training and highlight training needs through Individual Staff Training Plans and completion of mandatory training. This will also include regular staff departmental meetings and opportunities for peer review, shared learning and overall feedback to the Senior Management Team and monitored through Contract Review | <p>Governor</p> <p>Director of NHS England North Midlands Health and Justice Team</p> | <p>Completed and ongoing</p> <p>Completed and ongoing</p> |



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| | | | <ul style="list-style-type: none"> Requested that the healthcare provider addresses skills mix and competency of all staff including sub-contractors, . Requested the Healthcare Provider provide assurance that clinical audits are in place, to include infection control. Review overall clinic provision including the provision of a range of long term conditions (LTC) clinics to ensure management of LTC. Undertaken a review of mental health provisioning including one to one therapeutic interventions, group therapies, designated protected staff team to ensure provision. | | |
| | Main recommendation To HMPPS | | | | |
| 5.2 | Gartree should have sufficient staff to be able to run its full and predictable regime. (S56) | Agreed | <p>HMPPS and HMP Gartree are committed to the delivery of a full and predictable regime by reaching and maintaining sufficient staffing levels, linked to improved recruitment and retention.</p> <p>A review of the staffing pressures at HMP Gartree has been conducted by the Governor and Executive Director of the Long Term and High Security Estate (LTHSE). From February 2018 HMP Gartree's staff-in-post figure meets the target staff figure and the regime is now more stable and predictable. A Payment Plus Bonus Scheme has been introduced to provide additional hours for staff to support regime delivery. However, in the short term, a scheduled wing closure rota (from April 2018) remains in place and is operated as necessary on week days, this affects education and work attendance.</p> | Director of Prisons (HMPPS) | Completed |
| | Main recommendations to the governor | | | | |
| 5.3 | A comprehensive violence reduction strategy and action plan should be developed and shared with staff. Actions should be monitored for their effectiveness in making the prison safer. (S53) | Agreed | <p>The Head of Safety at HMP Gartree will review the local Violence Reduction (VR) strategy to incorporate and implement the Challenge, Support, and Intervention Plan (CSIP) which includes assessment and actions to address factors contributing to violence at HMP Gartree. This local violence assessment and action plan will be published to staff and prisoners. The monitoring and management of violence through the action plan will be discussed at a range of forums including the Safer Custody / Segregation review / Complex Needs meetings, and management bi-laterals. The local violence reduction action plan will also include a section for monitoring the effectiveness of each action, consider trends and incorporate feedback from staff, prisoners and other relevant stakeholders.</p> <p>A Safety intervention weekly meeting was set up in April 2018, which covers complex needs, CSIP, prisoners located in segregated conditions and long term basic prisoners.</p> | Governor | September 2018 |
| | | | | Governor | Completed |



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| 5.4 | The reasons for the dramatic rise in self-harm should be investigated and understood, and actions implemented to reduce it. The management and care of prisoners subject to assessment, care in custody and teamwork (ACCT) procedures should be improved, with consistent case management and effective use of care plans with achievable goals and targets. (S54) | Agreed | <p>The Head of Safety at HMP Gartree will lead a review of self-harm incidents to identify trends and issues. The review will incorporate healthcare provider views, and a local self-harm reduction action plan will be developed and include a section for monitoring the effectiveness of each action. A new database will be set up to record trends for Self Harm incidents and this will be linked into the Safer custody monthly meetings agenda. HMP Gartree's Safer Custody Team will work with psychological services and the Offender Management Group to introduce a more integrated multi-disciplinary approach to men who have been in crisis for 28 days or more.</p> <p>Additional Suicide and Self-Harm (SaSH) training delivered throughout 2018/19 will include a focus on effective management of care plans. Further ACCT assessors will be trained by May 2018 to build resilience.</p> <p>All Assessment, Care in Custody and Teamwork (ACCT) documents will continue to be allocated a consistent Case Manager and monitored by the Head of Safety, with management checks by the Custodial Manager.</p> | <p>Governor</p> <p>Governor</p> <p>Governor</p> | <p>July 2018</p> <p>April 2019</p> <p>June 2018</p> |
| Recommendations to HMPPS | | | | | |
| Reducing risk, rehabilitation and progression | | | | | |
| 5.5 | Progressive transfers of indeterminate-sentenced prisoners should not be delayed because of a lack of places in suitable prisons or a lack of available escort transport. (4.20) | Not Agreed | <p>This recommendation is not agreed as enabling progressive transfers of prisoners will necessarily be subject to space in the appropriate part of the prison estate becoming available. The speed of transfers is therefore limited by constraints on the availability of places in a particular location or of a particular type. HMPPS remains committed to making the most effective use of the estate to support prisoners' needs. This includes holding prisoners in the most appropriate security conditions and in prisons that are able to meet the need presented by their individual case. HMPPS cannot commit to always avoiding delays.</p> <p>Prison Escort Contracted Services (PECS) and Population Management Unit have agreed levels of escort resources to meet inter-prison service requirements. This capacity currently meets HMPPS demands. PECS constantly monitor and challenge all aspects of the escort contractors' performance and have regular meetings to review operational issues.</p> | <p>Director of Estate Transformation (HMPPS)</p> <p>Director of Prisons (Prison Escort Contracted Services)</p> | |
| Interventions | | | | | |
| 5.6 | The range of offending behaviour programmes should fully reflect the needs of the changed population at the establishment. (4.26) | Agreed | <p>Since September 2017 MoJ Commissioners have been working with the Long Term and High Security Estate (LTHSE) regional team and the individual prisons, to better tailor the provision of offending behaviour programmes to offender need. This work is now complete and the suite of programs put forward by HMP Gartree for delivery in 2018-19 is now a better fit for the</p> | <p>Director General, Offender Reform and Commissioning Group (MoJ)</p> | <p>Completed</p> |



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| | | | <p>overall population and for their place within the LTHSE. The details for the exact number of completions being offered is still being negotiated. The range and type of programs, both accredited and non-accredited is now agreed and addresses the issues raised within the local needs analysis.</p> <p>A review of Offending Behaviour Programmes (OBPs) offered across the LTHSE is currently underway. This will result in a revised offer for the delivery of OBPs for the next commissioning year. This review is based on needs analysis and the range of programmes offered will therefore better reflect the needs of the population.</p> | Director General Offender Reform and Commissioning Group (MoJ) | June 2018 |
| Recommendations to the governor | | | | | |
| Early days in custody | | | | | |
| 5.7 | All new arrivals should be supported by staff and peer workers during their reception and first night, receive a thorough first night safety assessment and be located in clean, fully equipped cells. (1.8) | Agreed | HMP Gartree will re-establish a dedicated Induction / First Night Unit. Residential Managers will ensure that the induction wing accommodates all new prisoners who arrive at Gartree and the needs of this group are thoroughly met and cells are clean and fully equipped. The induction will be delivered by competent staff and will include a range of Peer Mentors who will assist the process. | Governor | September 2018 |
| 5.8 | All new arrivals should receive a comprehensive and coordinated induction, with good peer worker involvement overseen by staff. (1.9) | Agreed | The Head of Residence will re-establish a dedicated Induction / First Night Unit and Induction package. The comprehensive induction package will be delivered by both staff and Mentors. | Governor | September 2018 |
| Managing Behaviour | | | | | |
| 5.9 | Comprehensive support plans for victims of violence and antisocial behaviour, including those who are self-isolating, should be introduced and monitored routinely. (1.17) | Agreed | A self-isolating policy will be created, this will include the use of individual support plans. Consultation with staff and prisoners regarding implementation will be undertaken. A revised Violence Reduction Strategy (as referenced at 5.3) will include support measures for victims of anti-social behaviour and/or violence and will be monitored through Safer Custody meetings. | Governor | July 2018 |
| 5.10 | Analysis of adjudication data should be improved, to identify deficiencies in the process, and the adjudications standardisation meeting should implement and monitor a clear plan for recovery. (1.21) | Agreed | Adjudications Standardisation Meeting will revise its terms of reference with specific regards to data analysis to ensure trends, deficiencies and concerns are addressed. A plan to address identified deficiencies will be included on the agenda of the Adjudication Standardisation Meeting and reviewed thoroughly each quarter. | Governor | June 2018 |
| 5.11 | The use of force monitoring meeting should be sufficiently multidisciplinary and frequent, to ensure good oversight | Agreed | The Terms of Reference for the Use of Force (UoF) Monitoring Meeting will be reviewed to ensure attendance at meetings are multi-disciplinary. The Deputy Governor will chair these monthly meetings and ensure special accommodation and all UoF incidents are analysed. The Governor will review | Governor | June 2018 |



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| | of all uses of force and special accommodation. (1.27) | | all special accommodation paperwork as soon as possible to ensure use is appropriate and take further action, as necessary. | | |
| 5.12 | Prisoners segregated for longer than four weeks should have a care plan, including purposeful activity, to prevent their psychological deterioration. (1.31, repeated recommendation 1.57) | Agreed | <p>The HMP Gartree care plans are in place for all individuals segregated for longer than 4 weeks. The care plans are discussed and updated weekly at the Safety Intervention meeting. This is a multi-disciplinary approach to the progression and care of prisoners under segregated conditions.</p> <p>Specific purposeful activities will be developed in consultation with the Head of Reducing Reoffending and Head of Healthcare. All such activities will be thoroughly risk assessed and detailed in care plans and will aim to prevent psychological deterioration. Some In-cell work has already been made available in the form of packing tea packs and education is on offer dependant on the learning needs of the prisoners. They are encouraged and allowed to attend work, education and offending behaviour programmes at the designated place of work dependant on a risk assessment.</p> | Governor Governor | Completed October 2018 |
| 5.13 | All segregated prisoners, regardless of location, should have access to the statutory segregation regime. (1.32) | Agreed | HMP Gartree will review the process by which individuals segregated, regardless of location, receive the statutory segregation regime to ensure equivalence is provided. | Governor | August 2018 |
| | Security | | | | |
| 5.14 | The prison should be able to account for all prisoners at roll checks promptly and accurately. (1.41) | Agreed | HMP Gartree have introduced a management check system to account for wing rolls at all times, including roll checks. A process has been introduced to identify errors and necessary actions and guidance has been provided to relevant staff. | Governor | Completed |
| 5.15 | There should be an up-to-date and detailed drug supply reduction strategy and supporting action plan, which should be monitored actively to ensure that all required actions, including drug testing, take place. (1.42) | Agreed | <p>HMP Gartree introduced a revised drug supply reduction strategy and associated action plan. There will be regular monitoring and trend analysis of finds and Mandatory Drug Testing (MDT) positive figures with action(s) taken. Lessons were learned from the March 2018 inquest of a drug related death by misadventure that has been used to develop a drug supply strategy and action plan to evaluate effectiveness.</p> <p>These will be monitored at the monthly Drug Strategy Meeting. The Terms of Reference for the Drug Strategy Meeting will be revised to ensure monthly monitoring of random and suspicion testing rates/completions.</p> | Governor | Completed |
| | Safeguarding | | | | |
| 5.16 | Prisoners requiring constant supervision should be located in | Partly agreed | This recommendation is partly agreed due to affordability and as only partial funding has been secured. Business cases have been submitted, and continue to be submitted. However, until funding is secured the ability to | | |



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| | appropriate environments which support recovery. (1.49) | | develop new constant supervision cells on residential locations is severely limited and therefore cannot be fully agreed. Funding has been secured to develop gated cells, which can be used for constant supervision at HMP Gartree's smallest residential unit (1 wing). This work will be completed by December 2018. | Governor | December 2018 |
| 5.17 | Managers should regularly scrutinise the reasons for prisoners on open ACCT documents to be held in segregation and assure themselves that the location is due to exceptional circumstances and for the shortest time possible. (1.50, repeated recommendation, 1.55) | Agreed | All Operational Managers use defensible decision logs to ensure prisoners subject to the ACCT process are only segregated under exceptional circumstances, which is reviewed at the daily briefing meeting. Further oversight is provided by Head of Specialist Units / Head of Safety, then analysed and reviewed at the Segregation Monitoring and Review Group (SMARG) and the Adjudication Standardisation meeting. A weekly Safety Interventions meeting is held to review segregated prisoners, including those on ACCT documents, to consider if segregation remains appropriate and to plan reintegration. | Governor | Completed |
| 5.18 | The prison's emergency response procedures should implement national HM Prisons and Probation Service guidance. (1.51). | Agreed | The Staff Information Notice referring to emergency response procedures (number 141/2016) has been reviewed against the relevant Prison Service Instruction (PSI) guidance and republished to staff. | Governor | Completed |
| 5.19 | Formal procedures to protect adults at risk of harm, abuse or neglect should be implemented. (1.53) | Agreed | The Head of Safety will engage with the local adult community safeguarding board, regularly attend these meetings, develop, publish, and implement a local Safeguarding Policy. Information regarding definitions of safeguarding issues and who to report safeguarding concerns to has been shared at the April 2018 Full Staff Briefing and published to staff. | Governor | Completed |
| | Staff-prisoner relationships | | | | |
| 5.20 | Residential staff should be visible on all wing landings, to support and supervise prisoners. (2.5) | Agreed | HMP Gartree have urgently reviewed staffing figures with the Executive Director in an effort to increase residential patrol capabilities, with 14 officers added to the prisons profile to facilitate this. The Governor will ensure staff understand the expectations regarding visibility and supervision in all areas. Safe, Decent and Secure Operating levels (SDSL) proposals will enable residential staff visibility and patrol of all landings. Timescales for implementation of the proposals will be subject to re-profiling and recruitment of additional staff. | Governor Governor | Completed March 2019 |
| | Daily life | | | | |



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| 5.21 | Residential units and outside areas should be kept clean and free of litter and debris. (2.11) | Agreed | HMP Gartree have increased management supervision of cleanliness in all areas. A Supervising Officer assurance document has been introduced, covering all work to be completed in Residential Units each day focussing on cleanliness. Action will be taken to address issues with individuals (officers and prisoners) not fulfilling their roles in achieving this. Prisoners employed as cleaners will receive an education based cleaning course which will increase their skill and capability. | Governor | Completed |
| 5.22 | Shower areas should be decorated and have privacy screening and sufficient ventilation. (2.12) | Partly Agreed | This recommendation is partly agreed on the grounds of affordability. Funding for a full shower ventilation and upgrade programme is highly unlikely. Bids will continue to be developed and submitted in partnership with the facilities management provider. In the interim HMP Gartree will continue to improve shower facilities on a rolling programme with Public Sector Prison Industries (PSPi) to make suitable shower doors for residential areas. | Governor | March 2019 |
| 5.23 | Halal and non-halal items should be stored and prepared separately in the kitchen. (2.19) | Agreed | A new freezer has been installed which will allow the old freezer to be used to store halal food separately. Halal food is prepared in a designated area with separate tools and boards. HMP Gartree will continue to ensure separate storage for both frozen and cooked food and that Safe Systems of Work (SSOW) are adhered to in order to prevent halal/non-halal contamination in all areas of the kitchen. | Governor Governor | Completed Completed |
| 5.24 | Self-catering facilities should be clean, with equipment that is fit for purpose. (2.20) | Agreed | Residential Managers will check the cleanliness of self-catering facilities on a weekly basis and ensure daily checks are carried out by Residential Staff. New self-catering equipment has been purchased and installed. | Governor | Completed |
| 5.25 | The applications process should be tracked, to ensure that prisoners receive timely responses. (2.27) | Agreed | HMP Gartree have produced a new application process including a tracking system. Residential management checks will ensure that prisoners receive timely responses and take action to challenge individuals where necessary. | Governor | Completed |
| 5.26 | Responses to complaints should be processed within required timescales. (2.28) | Agreed | HMP Gartree have taken action to implement a system for logging and issuing acknowledgements to complaints within 24 hours. The Complaints Clerk expedites relevant cases on a daily basis. Any responses that are due/late are reported at the Governors Morning Meetings. | Governor | Completed |
| 5.27 | Prisoners should be able to have a private legal visit. (2.29) | Partly Agreed | This recommendation is partly agreed as HMP Gartree have not secured sufficient funding to build suitable private legal visit facilities. HMP Gartree will however submit the relevant business cases to propose the development of separate legal visit booths with adequate CCTV or alternative private facility. | | |



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| | | | To improve privacy in this area, as part of their interior design course agenda, De Montfort University will review how to make this area more private. | Governor | October 2018 |
| | Equality, diversity and faith | | | | |
| 5.28 | There should be an equality and diversity policy that outlines how the needs of all protected groups will be recognised and addressed. (2.35, repeated recommendation 2.19) | Agreed | HMP Gartree will develop a local equality and diversity policy and associated action plan to meet the needs of protected groups. The effectiveness of the plan will be monitored through the bi-monthly Equalities Action Team. The new Senior Management Team (SMT) leads for each protected group have been assigned and their duties clarified through the annual appraisal process. | Governor | July 2018 |
| 5.29 | Prisoners' treatment and conditions, including access to employment and offender management, should be monitored and analysed, to ensure equal outcomes for all protected groups. (2.36) | Agreed | The Head of Safety and Equalities will develop systems to monitor prisoner treatment and conditions, including access to employment and offender management. The data from this monitoring will be analysed at the Equalities Action Team meetings and Protected Group Meetings to identify and address concerning trends. | Governor | July 2018 |
| 5.30 | Prisoner forums for all protected characteristics should be advertised and take place regularly. (2.42) | Agreed | Protected characteristic forums have been redesigned and are in place on a quarterly basis, led by the SMT strand lead. Equalities support the meeting. The forums are advertised to all prisoners. | Governor | Completed |
| 5.31 | The prison should investigate and address the reasons for protected groups' negative perceptions. (2.43, repeated recommendation 2.31) | Agreed | Equalities surveys will be issued in May 2018 with all results will be placed into an action plan and linked to the protected characteristic forums and the Equalities Action Team. The negative perceptions of Black and Minority Ethnic (BME) and Muslim prisoners regarding victimisation by staff will be explored at the Race and Religion forums by the SMT strand leads, and action plans developed to address the issues. | Governor | August 2018 |
| 5.32 | Reasonable adjustments should be made for prisoners who need them, and all prisoners requiring a personal emergency evacuation plan should have an up-to-date plan which is clearly identifiable to wing staff. (2.44) | Agreed | HMP Gartree will review all current Personal Emergency Evacuation Plans (PEEPs) to ensure they are up to date and reflective of personal need. The Head of Safety will conduct a review with Equalities and Healthcare colleagues to ensure all prisoners requiring a PEEP are identified and plans are clearly published to staff. A reasonable adjustment committee will be established with Healthcare and Social Care providers and Equalities, Residential, Facilities Management, Security and Operations team representatives, to provide reasonable adjustments are identified and met. | Governor Governor | July 2018 July 2018 |
| 5.33 | Buddies should have appropriate oversight, including a job description | Agreed | The Head of Safety will have oversight and responsibility of the buddy system and will ensure buddies have a job description which outlines their expected | Governor | July 2018 |



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| | outlining their duties, and regular supervision. (2.45) | | duties and to support individuals providing a buddy service. The St Giles level 3 advice and guidance training will be implemented and other training will be provided as necessary. | | |
| | Health, well-being and social care | | | | |
| 5.34 | There should be a programme of regular clinical audits, including infection prevention and control. (2.63) | Agreed | An annual audit cycle has been completed and agreed. The audits are separated into two categories – specific monthly infection prevention control audits such as hand hygiene, environmental. Secondly, generic healthcare audits such as documentation audit. Each month has an audit from both categories. To date they have been completed on time and shared via our local Governance Meeting. | Governor | Completed |
| 5.35 | Health promotion material should be available throughout the prison, in a variety of languages and formats, to meet the needs of the prison population. (2.68) | Agreed | The Head of Healthcare will review existing health promotion materials and ensure a wider range of materials are available in all residential areas. Where required, these will be available in a range of languages and formats according to the needs of the population. | Governor | June 2018 |
| 5.36 | Prisoners should have consistent access to NHS health checks, and disease prevention and screening programmes. (2.69) | Agreed | HMP Gartree will implement NHS Health checks and ensure all patients aged 35-74, as set by the community criteria, are able to access the service. All screening programmes will be accessible and available within the establishment. HMP Gartree will also review current access to applicable vaccinations and ensure the relevant vaccinations are available to the target group. This will be those identified by Public Health England and included within the Vaccinations Guidance. | Governor | August 2018 |
| 5.37 | Condoms should be easily available and well-advertised. (2.70) | Agreed | Condoms are widely available but this will be further advertised. | Governor | Completed |
| 5.38 | Prisoners should be provided with information about health services on reception. (2.79) | Agreed | A revised Healthcare Reception Booklet to be produced and provided to new arrivals to the establishment. | Governor | Completed |
| 5.39 | Prisoners with long-term conditions should be clearly identified and receive personalised care planning, to ensure that their needs are met. (2.80) | Agreed | All patients with a diagnosed long term condition have been identified using SystemOne (electronic patient record system) and included in the appropriate Quality and Outcomes Framework (QoF) disease register. Nurse led clinics have been established and are held Monday-Friday. The patients are being invited to attend for annual reviews, in line with QoF requirements utilising National Institute of Clinical Excellence (NICE) guidelines. At the time of patient consultation and review, joint care planning is undertaken and individualised care plans reflected, where needed within the patient record. | Governor Governor | Completed Completed and ongoing |



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| 5.40 | There should be a palliative care policy, to ensure that patients with a life-limiting condition are identified and cared for appropriately. (2.81) | Agreed | The End of Life Protocol has been completed and ratified through local and organisational governance processes. | Governor | Completed |
| 5.41 | A memorandum of understanding should be formally agreed between the social care provider, the prison and the local authority, to ensure that social care needs are met consistently. (2.86) | Agreed | The Local Partnership Agreement currently in place will be reviewed and replaced by a Memorandum of Understanding. A final draft has been produced and the new memorandum is to be agreed and signed by the prison, Local Authority, and Healthcare provider by the end of May 2018. | Governor | July 2018 |
| 5.42 | Prisoners with social care needs should have a personalised care plan with clear goals, which is reviewed regularly. (2.87) | Agreed | All patients in receipt of a Social Care Package have an individualised Care Plan with clear goals and review dates. These are reviewed at the monthly social care meetings attended by Leicestershire Social Care Team, Head of Healthcare and Head of Safety. Assessments and referrals are also discussed and reviewed at the meeting. | Governor | Completed |
| 5.43 | Patients with mental health problems should have prompt access to an appropriate range of support that meets their identified needs, including one-to-one support, group work and psychologically informed interventions, through a regularly reviewed and individualised care plan. (2.94) | Agreed | <p>Following a mental health assessment an individual's care plan is developed for the patient. This is reviewed by the Key Worker assigned to the patient. Interventions include one to one support and psychology informed interventions. This is reviewed following any change in the health of the patient. A dedicated Mental Health Team has been introduced following this inspection to prioritise and support patients with mental health problems.</p> <p>A Mental Health rota is in place with allocated time for caseload work. Care plans have been designed involving patients through face to face discussions to reflect individual needs</p> <p>All patients requiring Mental Health interventions will be reviewed to ensure their needs have been identified. Upon completion of a caseload review the prison will ensure an appropriate range of support needs are in place and reflected in individual patient care plans.</p> | Governor | Completed |
| 5.44 | Patients requiring transfer under the Mental Health Act should be assessed and transferred within agreed Department of Health time frames. (2.95) | Partly Agreed | <p>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, administrative processes within the NHS, and the availability of accommodation in mental health hospitals and other related issues.</p> <p>Where time frames have not been met or identified as unlikely to be met, HMP Gartree have and will continue to escalate this to the commissioners and/or</p> | Governor | Completed |



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| | | | relevant Specialist Commissioners. HMP Gartree endeavour to achieve a timely resolution but this is not always the case. | | |
| 5.45 | Prisoners with substance use issues should have easy access to a comprehensive range of interventions to meet their assessed needs, including high-intensity group work, peer support and family work. Clinical support should be underpinned by locally agreed and regularly reviewed policies and pathways which reflect national guidance. (2.103) | Agreed | <p>A review of available interventions will be completed with recommendations for additional interventions required based on the patients required needs. The local policies will be developed to reflect available national guidance.</p> <p>All prisoners have access to one-to-one support with a dedicated Short Term Assessment and Re-ablement Team (STaRT) Worker and peer supporters are trained to further support all prisoners</p> <p>The clinical support is underpinned from the substance misuse strategy based on national guidance, this pathway is reviewed monthly at the substance misuse meeting. The interventions are discussed and reviewed at the meeting and in contract meetings, with the Healthcare provider.</p> | Governor | August 2018 |
| 5.46 | In-possession risk assessments, which consider the risks of the drug as well as the patient, should be completed routinely, in line with the policy, and recorded accurately in patient records. (2.116) | Agreed | All patients will have an up to date risk assessment recorded within their clinical notes. A 'Medication Usage Review' appointment will be made for all patients receiving prescribed medications which will reflect local and national guidance. This will include a review of In-Possession status and completion of a risk assessment tool. Priority will be given to patients who are prescribed medications that are open to abuse or tradable. The prison will ensure this is followed through the medicines management meeting and actions from the meeting are communicated to all key stakeholders. | Governor | June 2018 |
| 5.47 | Medications given on the segregation unit and on residential wings should be transported securely and administered appropriately. (2.117) | Agreed | Medication is safely administered to those patients located in segregated conditions in line with organisational policy and relevant professional guidelines/standards. A medication cabinet has been installed within the segregation to ensure appropriate administration and minimise transportation of medication within the establishment. | Governor | Completed |
| 5.48 | A medicines management committee should be convened regularly, to ensure that patient safety and professional standards are maintained. (2.118) | Agreed | A Medicines Management Committee has been established and meet bi-monthly. The team consists of Head of Healthcare, Head of Mental health, Head of Safety, Head of Residence and Specialist Units, Head of Reducing Reoffending, and residential Custodial Managers. | Governor | Completed |
| 5.49 | A wider range of medicines should be available for nurses and pharmacy staff to administer without a prescription, when clinically appropriate. (2.119) | Agreed | <p>A full review of 'over the counter' medications has been completed to expand the range currently available. Additionally, Patient Group Directions have been developed according to clinical need and prescribing data.</p> <p>The medicines management review meetings will periodically review, where clinically appropriate, what medicines are safely available without prescription.</p> | Governor | Completed |



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| | Time out of cell | | | | |
| 5.50 | Daytime recreational PE should not be timetabled for prisoners who should be attending work or training. (3.10, repeated recommendation 3.41) | Agreed | HMP Gartree will review the gym programme to provide all gym time for learners and workers outside the core day, other than those attending the gym for vocational training or specialist sessions. Normal recreational gym during the core day will only be for workers required to work at evenings or weekends. | Governor | September 2018 |
| 5.51 | The library and PE departments should gather sufficient data to enable them to understand trends and ensure that all groups within the prison population have equal access to their facilities. (3.11) | Agreed | HMP Gartree will carry out 6 monthly prisoner surveys in partnership with the gym and library to gather information, including protected characteristic data where self-declared. This data will be analysed to understand and address trends within the attendance and ensure all groups have equal access to the facilities subject to local policies. | Governor | January 2019 |
| | Education, skills and work activities | | | | |
| 5.52 | There should be sufficient full-time activity places for the prison population, and all eligible prisoners should attend. (3.23) | Partly Agreed | <p>This recommendation has been partly agreed as HMP Gartree is not able to engage the entire population in full time activity. To achieve this the prison will require financial investment in equipment and is also subject to affordability. HMP Gartree will however continue to develop links to businesses, charities, and the third sector to introduce new activities and will also seek to extend the education provision.</p> <p>HMP Gartree will implement a robust and effective activity management process in the Activity Hub, ensuring all eligible prisoners have the opportunity to attend activities. The local Incentives and Earned Privileges (IEP) policy will be utilised to address non-attendance. Functional managers will work together to identify and address any underlying issues hindering individuals from attending activities e.g. mental health, physical health, learning disability, personality disorders, substance misuse, bullying.</p> | Governor | September 2018 |
| 5.53 | Staff supervising prisoners working in industries should systematically record and assess the progress that prisoners make in developing their practical skills and in improving their behaviour. (3.31) | Agreed | HMP Gartree will ensure monthly assessment on prisoner's progress is entered on the prison service database (NOMIS), led through Reducing Reoffending and Industries leads. Management assurance checks will be undertaken on a monthly basis to monitor the quality of entries. | Governor | July 2018 |
| 5.54 | Teachers should promote English skills in vocational lessons and workshops more effectively, to enable prisoners to improve and apply their language and written skills in the workplace. (3.32) | Agreed | Milton Keynes College (MKC) tutors currently promote English skills in their lessons. This to be further evidenced and clearly identified on all Individual Learning Plans (ILPs), lesson plans and Schemes of work particularly in vocational subjects such as Painting and Decorating. | Governor | December 2018 |



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| | | | MKC English tutors will attend weekly to offer advice, guidance and recommendations to instructors. A short ILP will be set up per workshop employee to evidence progress being made. The new Learning and Skills Manager will monitor embedding and progress being made together with regular learning walks which will be supported by Education staff to ensure continuous, regular and effective embedding is taking place demonstrating prisoners' improvement in language and written skills in the workplace. | | |
| 5.55 | The prison should provide opportunities for prisoners employed in prison industries to gain an appropriate qualification. (3.37) | Agreed | HMP Gartree will work closely throughout 2018-19 with the Education Department to provide a qualification in Horticulture, Fine Cell work and Waste Management, and any other areas possible, building on the 20% currently available. | Governor | December 2018 |
| 5.56 | The prison should further promote distance learning courses. (3.38) | Agreed | HMP Gartree will carry out further promotion work of distance learning courses through induction, workshops and the new Reducing Reoffending Mentor. More visual promotion will be implemented through the prisoner council, work and education mentors and also the drop-in centre will be set up. | Governor | September 2018 |
| 5.57 | Prison and college managers should identify the reasons for any differences in achievement rates between different groups of prisoners and take appropriate steps to minimise these disparities. (3.44) | Agreed | HMP Gartree will carry out reviews to evaluate all learners from different groups. A report will be submitted every month to the Head of Reducing Reoffending of achievement rates against any protective characteristics or disparities such as; non-attendance, poor attendance, low attainment or equality issues. Any identified concerns will be investigated and appropriate steps will be taken to evaluate the reasons through interviews and feedback forums. The issues identified will be addressed and monitored through an Education Equalities Action Plan at the Education Contract Meeting. HMIP have found the level of achievement for prisoners from a Gypsy or traveller background were below that of others prisoner groups. An Education Representative will attend the quarterly Gypsy Romany Traveller (GRT) forum and introduce an education peer specifically to support these prisoners. | Governor | September 2018 |
| | Reducing risk, rehabilitation and progression | | | | |
| 5.58 | Oversight of offender management should be improved and a strategy to prioritise offender supervisor workloads should be implemented. The work should be of consistently high quality, with meaningful contact and a clear focus on motivation and progression. (4.19) | Agreed | HMPPS Offender Management in Custody model (OMIC) allows for an increase to 10.5 probation Offender Managers and 2.5 prison Offender Managers for HMP Gartree. This will reduce caseloads considerably, and allow for prioritisation of workload according to risk. Greater management oversight will come from two full time functional Managers in the roles of Head of Offender Management Delivery – Senior Probation Officer and Head of Offender Management Services – Prison Service Manager. | Governor | September 2019 |



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| | | | In the interim, HMP Gartree Offender Supervisors will prioritise their workload to ensure those prisoners who are over tariff or those who engage in disruptive behaviour, that impedes their motivation or progression will be managed more regularly with allocated time set aside for more meaningful contact. Within the Risk Management Program (RMP) review, consideration will be given to how to secure suitable levels of Offender Supervisor time to ensure consistent delivery of workloads. | Governor | Completed |
| | Interventions | | | | |
| 5.59 | The range of offending behaviour programmes should fully reflect the needs of the changed population at the establishment. (4.26) | n/a | Please see response at 5.6 above (duplicate recommendation). | n/a | n/a |

| Recommendations | |
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| Agreed | 52 |
| Partly Agreed | 5 |
| Not Agreed | 1 |
| Total | 58 |

