



HM Prison &  
Probation Service

Action Plan: HMP & YOI Doncaster

Action Plan Submitted: 07/02/2020

A Response to the HMIP Inspection 9–20<sup>th</sup> September 2019

Report Published: 30/01/2020

## INTRODUCTION

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

Term	Definition	Additional comment
Agreed	All of the recommendation is agreed with, can be achieved and is affordable.	The response should clearly explain how the recommendation will be achieved along with timescales. Actions should be as SMART (Specific, Measurable, Achievable, Realistic and Time-bound) as possible. Actions should be specific enough to be tracked for progress.
Partly Agreed	Only part of the recommendation is agreed with, is achievable, affordable and will be implemented. This might be because we cannot implement the whole recommendation because of commissioning, policy, operational or affordability reasons.	The response must state clearly which part of the recommendation will be implemented along with SMART actions and tracked for progress. There <b>must</b> be an explanation of why we cannot fully agree the recommendation - this must state clearly whether this is due to commissioning, policy, operational or affordability reasons.
Not Agreed	The recommendation is not agreed and will not be implemented. This might be because of commissioning, policy, operational or affordability reasons.	The response must clearly state the reasons why we have chosen this option. There <b>must</b> be an explanation of why we cannot agree the recommendation - this must state clearly whether this is due to commissioning, policy, operational or affordability reasons.



## ACTION PLAN: HMCIP REPORT

## ESTABLISHMENT: HMP &amp; YOI DONCASTER

1. Rec No	2. Recommendation	3. Agreed/ Partly Agreed/ Not Agreed	4. Response Action Taken/Planned	5. Responsible Owner	6. Target Date
	<b>Key concerns and recommendations</b>				
	<b>Directed to: The Director</b>				
S54	<p>Key concern: Levels of violence had shown a downward trend but they remained higher than at similar prisons, and levels of serious assaults were increasing. There was insufficient analysis to understand the causes of violent incidents, and there was no coordinated plan to monitor which actions had worked, to help to drive a further reduction in violence.</p> <p><b>Recommendation: Actions and processes to understand and reduce violence should be embedded and their effectiveness regularly monitored.</b></p>	Agreed	<p>HMP Doncaster will conduct a re-launch of the Challenge, Support and Intervention Plan (CSIP) to all staff across the prison to create a better understanding of what CSIP does and how it works. This will raise awareness of the principles to enable staff to contribute to the process to gain better understanding and monitoring of the root causes of violence. The re-launch will be done at Director's Hour/Notice to Staff (NTS) and information published on the internal IT system.</p> <p>On a monthly-basis the Safer Custody Team will analyse the available data from a range of sources in order to understand the underlying causes of violence and set appropriate actions to mitigate these. Data sources will include the Violence Diagnostic Tool, Safety Diagnostic Tool, Mercury Information reports, Key worker reports and CSIP data. A set of monthly "violence reduction objectives" will be drawn up and published based on the analysis of data.</p> <p>The actions (violence reduction objectives) taken from the monthly review will only be signed off by the Senior Management Team (SMT) when they have been completed and embedded, as evidenced by audit activity completed by business services on a bi-monthly basis.</p> <p>Custodial Operational Managers (COM) will be retrained in the process of investigating and carrying out CSIP reviews, with support from the National and Regional Safety Teams. This training will also incorporate awareness on how to complete a comprehensive referral, which will then improve the quality to provide</p>	<p>Director</p> <p>Director</p> <p>Director</p> <p>Director</p>	<p>February 2020</p> <p>April 2020</p> <p>June 2020</p> <p>June 2020</p>

			the SMT with the appropriate information so it can make informed decisions about how to deal with acts of violence more effectively based upon the data gathered above.		
S55	<p>Key concern: Levels of self-harm had increased and were much higher than at most other local prisons. The number of prisoners subject to ACCT support made processes difficult to manage and prevented staff in too many areas of the prison from focusing on those at the highest risk. Available data and serious acts of self-harm were not sufficiently investigated to identify underlying causes or emerging trends. Actions to address levels of self-harm and implement Prisons and Probation Ombudsman recommendations were underdeveloped.</p> <p><b>Recommendation: Effective, well-coordinated action should be taken and sustained to reduce levels of self-harm.</b></p>	Agreed	<p>HMP Doncaster will develop a bespoke strategy to address acts of multiple and serious self-harm. The strategy will develop a data model which will gather and analyse the information.</p> <p>A dedicated group, led by the Safer Custody Team, will be introduced, who will facilitate the analysis of self-harming behaviour on a monthly basis. Analysis of the data will be from a range of sources in order to understand the underlying causes of self-harming behaviour and set appropriate actions to mitigate these. Data sources will include the Violence Diagnostic Tool, Safety Diagnostic Tool, Mercury Information reports, Key worker reports and CSIP data.</p> <p>A Near Miss Form will be completed by the Residential Manager for serious acts of self-harm. The information will be used to manage individuals who present as high risk and to gain insight to try and ascertain the under-lying issues. This will then be disseminated to all relevant stakeholders which will provide learning points and identify any areas of improvement.</p> <p>The Near Miss information relating to acts of serious self-harm will be discussed in the weekly Safety Improvement Meeting (SIM) where Case Managers will have the opportunity to draw upon the Multi-Disciplinary Team available to offer them further support with the prisoners they case manage, where they are dealing with complex cases requiring specific case formulation.</p> <p>Prison and Probation Ombudsman (PPO) recommendations will become a standing agenda item at SMT and Safer Custody meetings, where they will be reviewed to ensure effectiveness and compliance with the recommendations. A further level of governance by the pan-custodial SERCO Health Business Partner will be introduced on a quarterly basis to dip test the recommendations to provide assurance that actions taken remain effective, reporting back to the establishment Director.</p>	<p>Director</p> <p>Director</p> <p>Director</p> <p>Director</p> <p>Director</p>	<p>March 2020</p> <p>March 2020</p> <p>March 2020</p> <p>April 2020</p> <p>April 2020</p>



S56	<p>Key concern: As at our last three inspections, wing staff had insufficient authority over prisoners. Antisocial behaviour and infractions of the prison rules too often went unchallenged. On some wings, officers' control was sometimes tenuous.</p> <p><b>Recommendation: Wing staff should have the authority and confidence to challenge inappropriate conduct on, and maintain full control of, all wings.</b></p>	Agreed	<p>The Custodial Operations Managers roster has been changed to cover the wings at key times on their areas of responsibility. By introducing the new roster each wing has a dedicated manger, who will give improved and enhanced guidance and support to the staff to enable them to challenge prisoners' behaviour.</p> <p>Custodial Operations Managers will be given a set of standards with expected requirements to follow across the residential wings to operate a wing safely and in a controlled manner. Failure to meet the standards will be dealt with through managing performance and the Personal Development Record (PDR) process.</p> <p>The Director/Deputy Director will have a one-to-one meeting with all Custodial Operations Managers to ensure a consistent understanding of the expected standards and requirements.</p> <p>The Regime Reset Programme will be re-introduced to address the standards and expectations of staff and prisoner's behaviours. The relaunch will include a memo to all managers and staff and the reintroduction of the reset rules, which will be communicated to all prisoners on the affected wings.</p> <p>A new dedicated post will be introduced for the mentoring of newly trained staff to support, build confidence and give advice. The post holder will work with staff on the Residential Wings when the Initial Training Course (ITC) participants have completed their training. The post holder will provide a monthly report to the SMT, drawing on both qualitative and quantitative data.</p>	<p>Director</p> <p>Director</p> <p>Director</p> <p>Director</p> <p>Director</p>	<p>Complete</p> <p>March 2020</p> <p>February 2020</p> <p>April 2020</p> <p>March 2020</p>
	<b>Directed to: HMPPS</b>				
S57	<p>Key concern: The prison was overcrowded, and almost 700 prisoners were doubled up in cells designed for one prisoner.</p> <p><b>Recommendation: Two prisoners should not be held together in cells designed for one.</b></p>	Not Agreed	<p>Whilst the average number of prisoners held in crowded conditions across the estate has fallen slightly, HMPPS recognises the ongoing concerns raised by the inspectorate in relation to the use of crowded cells. While these places meet HMPPS standards for crowded accommodation, holding two men in a cell designed for one prisoner, in order to accommodate national population pressures, is not desirable.</p> <p>The wider problem of crowding in prisons is a longstanding issue that will not be easily addressed. However, HMPPS welcomes the Government's recent announcement of up to £2.5 billion investment in new prison construction to</p>		



			<p>create up to 10,000 prison places and the opportunity this creates to take steps towards reducing crowding.</p> <p>HMPPS' plan for reducing prison crowding is to replace prisons that are operating over their certified normal accommodation levels with new accommodation that is safe, decent, and uncrowded, and close current (crowded or partially crowded) capacity. The first steps in this direction have already been taken with the opening of 2,100 uncrowded prison places at HMP/YOI Berwyn; 206 uncrowded places in a house block at HMP Stocken; and a commitment to construct modern, decent, uncrowded prisons at the former HMP Wellingborough and HMP Glen Parva sites, which are due to open in 2021 and 2023, respectively, as well as the recent announcement that a new prison will be built at HMP Full Sutton alongside the existing establishment.</p>		
	<b>Directed to: The Director</b>				
S58	<p>Key concern: A substantial proportion of the population, about 30%, was under the age of 25, and data showed potential disproportionalities in the treatment of this population.</p> <p><b>Recommendation: Action should be taken to understand and address the potential disproportionate treatment of younger prisoners.</b></p>	Agreed	<p>The Director will assess the potential impact of introducing a Young Adult's Unit jointly managed by Families First and Operations staff.</p> <p>A new Young Adult's monthly meeting structure will be introduced to address the Young Adult Strategy, specifically using the data to analyse Use of Force, Adjudications and Use of Segregation. Clear actions and expected outcomes will be set at the meeting to try to understand prisoners' behaviour. The meeting will be chaired by the Assistant Director with the lead responsibility for Young Adults.</p> <p>Since the inspection Young Adult mentors have been introduced across the residential function to further support the Buddy system. A formal job description will be written, and subsequent performance against this assessed by the Protected Characteristic Lead for Young Adults.</p> <p>The lead Assistant Director for Young Adults will hold a monthly structured and minuted focus group with Young Adults across all residential wings. The purpose of these focus groups will be to test the new strategy as it is rolled out, seek views on how we can improve on the current strategy and listen to any emerging concerns, acting on them as necessary.</p>	<p>Director</p> <p>Director</p> <p>Director</p> <p>Director</p>	<p>March 2020</p> <p>March 2020</p> <p>March 2020</p> <p>March 2020</p>



S59	<p>Key concern: There were gaps in the provision for prisoners with disabilities, and the needs of many prisoners with mobility issues were not being met. There were not enough reasonable adjustments being made to support these prisoners. There was no effective prisoner carer system, and the management and delivery of personal emergency evacuation plans were weak.</p> <p><b>Recommendation: Prisoners with disabilities should be identified and given good, consistent and organised support based on their needs.</b></p>	Agreed	<p>A formal prisoner carer system will be introduced. A specific job description will be written and a full training package designed and delivered. All prospective carers will be subject to clearance by Security and the Public Protection Unit.</p> <p>Reception staff will be reminded when completing the reception interviews with a prisoner to update NOMIS (Case Management system) when prisoners disclose disabilities.</p> <p>The Early Days Centre Custodial Manager (EDC COM) will introduce a second check on the Induction process to capture any prisoner disabilities that weren't disclosed during the Reception process.</p> <p>The Duty Key worker will record and collate disability information from initial key worker session and to ensure this information is shared with the Reception Operational Support Officer (OSO), who will then update NOMIS.</p> <p>HMP Doncaster will define a process to act on any recommendation made by the Local Authority representative identifying the need for reasonable adjustments. This will be supported by the Assistant Director (Disability Lead).</p> <p>A needs analysis will be completed to identify and assess disability need within HMP Doncaster. This will be used to assess whether sufficient reasonable adjustments are in place currently and what gaps exist. This will be reported back to the SMT.</p> <p>The self-referral process will be publicised to prisoners via the Notice to Prisoners system on the kiosks on the landings.</p> <p>Custodial Operational Managers will be given a set of standards and requirements to ensure a consistent understanding and approach for oversight on maintaining and updating the Personal Evacuation Plans (PEEPs) on their area of responsibility. The disability lead will bring a sample percentage of PEEPs to the Diversity and Equality Action Team (DEAT) meeting where a standing agenda item will be in place to test the quality and report back learning.</p>	<p>Director</p> <p>Director</p> <p>Director</p> <p>Director</p> <p>Director</p> <p>Director</p> <p>Director</p> <p>Director</p>	<p>May 2020</p> <p>January 2020</p> <p>January 2020</p> <p>February 2020</p> <p>May 2020</p> <p>May 2020</p> <p>January 2020</p> <p>April 2020</p>
S60	<p>Key concern: The demand for mental health services was high and the range of</p>	Agreed	<p>Care UK have developed and implemented a new Stepped Model using the following guiding principles:</p>	Director / Director Care UK	Complete



<p>interventions and support provided, particularly for patients needing psychological therapies, had not improved since the previous inspection, and was insufficient to meet need.</p> <p><b>Recommendation:</b>  <b>Mental health services should provide timely, stepped care support through an appropriate range of therapeutic interventions that is sufficiently resourced to meet the high level of demand.</b></p>		<ul style="list-style-type: none"> <li>• Integrated Mental Health Team structure which provides primary care, secondary care, crisis resolution provision and shared care with substance misuse and primary care pathways.</li> <li>• A 'Well-Being Approach' is central to the care delivery with consistent targeted compliance.</li> <li>• A Single Point of Access for all mental health referrals</li> <li>• Role of a Duty Worker to manage day to day crisis work and carry out initial assessments within the prison is well established.</li> <li>• Mental Health (MH) assessments are completed for each initial assessment and are easily accessible electronically</li> <li>• Single discharge assessment and care plans are implemented</li> <li>• Early crisis and management planning established and shared between both prison and healthcare at weekly Safeguarding Meetings</li> <li>• Stepped Model Training is provided to all new Clinicians to ensure initial buy in to the mental health service ethos.</li> <li>• The Mental Health Specification has a clear directive of service delivery expectations. The regional analysis report demonstrates substantial progress against the MH Specification. The regional analysis is reviewed by Senior Regional MH Clinicians on a monthly basis, to ensure consistent compliance.</li> <li>• A contract variation has been issued with an updated audit tool. This will be submitted in January 2020, with the first submission of the audit tool in May 2020.</li> <li>• The Clinical Lead is a member of the Care UK National Mental Health Steering Group which is attended bi-monthly, to discuss new innovation and best practice. Once the new model is fully embedded, there will be a greater emphasis on the movement of patients in and out of the provision with a smarter way of working. This again will allow patients access to the service when it is needed most.</li> <li>• Mental Health Group Work commences January 2020. This will provide 6 sessions on various common issues such as sleep hygiene, emotional regulation and trauma. The patients will be referred in either at triage or following a mental health assessment. This will allow the staff to provide structured interventions to a wider cohort and will in turn free up the rest of the staff to provide more intensive work if required to the patients who are the most vulnerable whether this is through Severe and Enduring Mental Illness or crisis management of suicidal thoughts and serious self-harm.</li> </ul>		
--	--	--	--	--





			<ul style="list-style-type: none"> <li>• Since inspection integrated working for the Mental health and Substance Misuse Team has been a focus. The SMS and Mental Health Team are now integrated and working collaboratively together to deliver a more cohesive and holistic delivery of care to our patients with dual diagnosis.</li> <li>• The Substance Misuse Service (SMS) and MH Team participate in joint attendance at the multi-disciplinary meetings and Multi Professional Complex Case Clinic (MPCCC) to discuss the more complex patients. Management of identified risks is discussed jointly to ensure targeted additional support can be offered for patients identified with dual diagnosis who are experiencing a crisis period.</li> </ul> <p>Recruitment remains a challenge to meet the diverse needs of the mental health patients. A more innovative service delivery has been explored to ensure that changing patient needs are identified and addressed. A Health Care Support Worker (HCSW) with a specialist interest in mental health has been recruited, and is providing additional therapeutic support to the patients with low level mental health needs. The HCSW assists with sharing of information and building collaborative working relationships with the Prison Safer Custody Team.</p> <p>Two additional Registered Mental Health Nurses have been recruited and will be cleared through the vetting process.</p> <p>An Occupational Therapist (OT) will be recruited. The OT will deliver one-to-one work with patients to encourage a more independent lifestyle including social choices.</p> <p>A Cognitive Behavioural Therapist (CBT) has commenced employment. The CBT will provide group work delivery and individual one-to-one interventions</p> <p>Staff support and workforce development is a key service deliverable to ensure a quality service provision. Managerial Supervision and Clinical Supervision is provided on a monthly basis to all clinicians. All Mental Health staff are supported and encouraged to attend courses which will enhance their skills. The skills of the Healthcare workforce are reviewed by a Training Needs Analysis to identify skills gaps. All staff have a personal development plan to</p>	<p>Director / Director, Care UK</p> <p>Director / Director, Care UK</p> <p>Director / Director, Care UK</p> <p>Director / Director, Care UK</p> <p>Director / Director, Care UK</p>	<p>Complete</p> <p>April 2020</p> <p>April 2020</p> <p>January 2020</p> <p>Complete</p>
--	--	--	---	---	---



			address any gaps in skills to ensure they are competent to deliver care to patients at HMP Doncaster.		
S61	<p>Key concern: Too many patients experienced delays in receiving their prescribed medicines following reception, and the integrity of temperature-sensitive medicines was not being assured by effective monitoring procedures.</p> <p><b>Recommendation: Patients should receive prescribed medicines without delay, and effective monitoring procedures should assure the integrity of stored medicines.</b></p>	Partly Agreed	<p>This recommendation can only be partly agreed due to external dependencies within the process. Following reception into HMP Doncaster checks must be made with local GP surgeries to confirm medication prescriptions where a resident has self-disclosed the need for prescribed medication. There can be delays in receiving confirmation of this information as not all GP surgeries are on the System One records system. Delays are also experienced for Out of Hours receptions. Moreover, Care UK has a contract with a local pharmacy to provide medication, but on occasion the pharmacy is unable to provide the requested medications in a timely manner.</p> <p>The Area Manager for Care UK will undertake local stakeholder engagement activity to try to improve their understanding of HMP Doncaster's requirements and seek potential solutions to the issues identified. This will include arranging a formal meeting at the establishment.</p> <p>Having identified a concern with the delivery of medication in a timely manner from Care UK's contracted provider, the HMPPS Senior Contract Manager (SCM) will escalate this issue via the quarterly HMPPS Contract Review Meeting, also attended by NHS England (NHSE) commissioner.</p> <p>Since the HMIP/Care Quality Commission (CQC) Inspection there has been a review of all Medicine Management Local Operating Procedures (LOP), with subsequent new and revised procedures implemented:</p> <p>The Local Operating Procedures key focus ensure the timely administration of medicines by utilising the Summary Care Record and Medicine Reconciliation process at point of admission. Medication Reconciliation is audited monthly to establish compliance, which is currently 76%. As there is not an onsite pharmacy service it is not possible to achieve 100% compliance. The expectation is that HMP Doncaster will achieve 85-90% by April 2020.</p> <p>Pharmacist/senior pharmacy technicians complete baseline audits to ascertain how many patients do not receive their prescribed medication at initial point of</p>	<p>Director / Area Manager, Care UK</p> <p>Director / Senior Contract Manager</p> <p>Director / Director, Care UK</p> <p>Director / Director, Care UK</p>	<p>March 2020</p> <p>January 2020</p> <p>April 2020</p> <p>Complete</p>



			<p>Reception, thereby ensuring that appropriate governance arrangements remain embedded.</p> <p>A Medicines Management Refrigeration and Cold Storage Action plan was implemented in September 2019 with immediate effect during the HMIP/CQC Inspection. All 17 action points identified are now fully addressed.</p> <p>A copy of the completed Fridge Temperature Assurance Audit is sent to the Area Pharmacist and Head of Healthcare weekly for management oversight and governance assurance.</p> <p>Individual calibrated fridge thermometers are in place on all fridges.</p> <p>Every fridge has a laminated flow chart 'Fridge Temperature Checks-What to do in the event of abnormal readings' to make it clear for all members of the healthcare team what to do in the event of a temperature reading outside of required limits.</p> <p>A Local Operating Procedure (LOP) for Glucagon Hypokit has been developed and implemented following the findings of inadequate storage management of the Glucagon. A laminated notice informing all healthcare colleagues of the requirements around storage of Glucagon is displayed. This relates to the revised expiry dates of the product.</p> <p>An Ambient Temperature LOP is in place and embedded into practice.</p>	<p>Director / Director, Care UK</p> <p>Director / Director, Care UK</p> <p>Director / Director, Care UK</p> <p>Director / Director, Care UK</p> <p>Director / Director, Care UK</p> <p>Director / Director, Care UK</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p>
S62	Key concern: There had been a substantial increase in unemployment since the previous inspection, attendance continued to require improvement and there was a lack of sufficient purposeful work for the	Agreed	<p>A comprehensive assessment of the needs of the prisoners within the establishment will be undertaken and will cover all aspects of the 7 pathways to Reducing Re-offending. Assessments from all participating areas will be collated in February 2020. Going forward this assessment will then take place annually between August to October each year.</p> <p>The information taken from the Needs Assessment will be used to inform the Annual Intervention Plan which will be published in March 2020, and interventions will be sourced and commissioned based on the population need. Going forward the Annual Interventions Plan will be reviewed annually between October and December.</p>	<p>Director</p> <p>Director</p>	<p>February 2020</p> <p>March 2020</p>



	<p>large number of prisoners employed as wing workers.</p> <p><b>Recommendation: Leaders and managers should reduce unemployment, improve attendance and provide sufficient and purposeful high-quality learning, skills and work that meet the population's needs.</b></p>		<p>A review of the current HMP &amp; YOI Doncaster prisoner Activity Blueprint will be conducted to ensure that all available activity spaces are always being maximised, reporting to the SMT.</p> <p>HMP Doncaster will undertake a full review of the local prison estate and the current/potential use of the accommodation to identify how and where activity spaces could be increased, in order to meet Prison Service Instruction (PSI) compliance for sentenced prisoners.</p> <p>In line with prisoner need, bids will be placed on Prison Education Dynamic Purchasing System (PEDPS) for additional interventions that will take place throughout the year to provide additional purposeful activity places to prisoners. The use of the PEDPS will be reviewed monthly in partnership with the onsite Prison Controllers Team.</p> <p>Attendance to purposeful activity will continue to be monitored and the new Incentives and Earned Privileges (IEP) system used to both incentivise and promote attendance in all activities. Attendance data will be reviewed at the monthly Quality Improvement Group (QIG) meetings and actions taken where necessary.</p> <p>All prisoner job descriptions will be reviewed to ensure that they are fit for purpose and capture all aspects of the role, ensuring that prisoners are fully engaged for the entire work session. These will be clearly communicated out to both prisoners and staff to ensure that they are fully understood.</p> <p>Through the actions detailed above HMP Doncaster will seek to increase the off-wing offer of meaningful activity for sentenced men. This will lead to a reduction in the current high numbers of wing workers. For those wing workers who do remain, the Cleaning Officer will monitor and manage their work activity in line with the expected requirements of the role, thereby ensuring that these workers remain engaged for the entire work session.</p>	<p>Director</p> <p>Director</p> <p>Director</p> <p>Director</p> <p>Director</p> <p>Director</p>	<p>February 2020</p> <p>April 2020</p> <p>April 2020</p> <p>January 2020</p> <p>February 2020</p> <p>September 2020</p>
S63	Key concern: Prison managers had no accurate data on prisoners' training	Partly Agreed	The South Yorkshire CRC are responsible for collecting data regarding outcomes on men released from HMP Doncaster into the South Yorkshire area. They are not contractually obliged to share this data with HMPPS (Contract Management), who can ensure that the Contract Director (SERCO) has access	Director	June 2020



	<p>and work destinations, which prevented them from evaluating the impact of learning, skills and work.</p> <p><b>Recommendation: Leaders and managers should gather up-to-date information on prisoners' destinations, so that they can evaluate the impact of the curriculum on prisoners' rehabilitation.</b></p>		<p>to this information. This recommendation can therefore only be partly agreed as obtaining the data is subject to third-party agreement. The Contract Director is fully committed to using that data to inform the annual interventions plan.</p> <p>The Assistant Director (Reducing Reoffending) will contact the Service Delivery Manager from HMPPS to request the CRC outcomes data via the Information Sharing Agreement. This outcomes data will be analysed and presented to the monthly Quality Improvement Group (QIG) meeting.</p> <p>HMP Doncaster recognises the need to identify a mechanism for tracking the outcomes for those prisoners released from the establishment to an outside geographical area. Consideration will be given to how Performance Hub data might be used to identify these outcomes, and to this end liaison with Prison and Probation Analytical Services (PPAS) colleagues will be instigated.</p>	<p>Director</p> <p>Director</p>	<p>March 2020</p> <p>March 2020</p>
<p>S64</p>	<p>Key concern: The number of prisoners who completed and passed their courses was too low. Achievements in English and mathematics at levels 1 and level 2 required improvement. Too few prisoners on vocational courses stayed until the end of the course.</p> <p><b>Recommendation: Leaders and managers should increase the proportion of prisoners who achieve a qualification in English and mathematics at</b></p>	<p>Agreed</p>	<p>Sequencing and prioritising of prisoners allocated to attend Functional Skills, English, Maths and any vocational courses, will be based upon enough length of time to attend and complete a course.</p> <p>Monitoring of the allocations process will be conducted by education to ensure sequencing and prioritisation is being applied correctly.</p> <p>Withdrawals from courses will be analysed and monitored by managers to ensure the sanctions policy is applied consistently by delivery staff, and that the removal of individuals from courses is minimised. Changes to the curriculum/barriers to course completion will be addressed as needed, based upon the evidence gathered following the process above.</p>	<p>Director</p> <p>Director</p> <p>Director</p>	<p>April 2020</p> <p>April 2020</p> <p>April 2020</p>



	<b>levels 1 and 2, and, on vocational courses, the proportion who successfully complete their studies</b>				
S65	<p>Key concern: More than half of the population had been assessed as presenting a high or very high risk of serious harm, and about a quarter had been convicted of sexual offences. Many of these prisoners stayed at the establishment for long periods and needed to address their offending behaviour to reduce their risk. Prisoners convicted of sexual offences potentially needed one-to-one work. Offender supervisors lacked the training, confidence and professional supervision to manage these challenging prisoners effectively and drive their sentence progression. There was not enough understanding of risk among the OMU staff group, which did not</p>	Agreed	<p>A Senior Probation Officer (SPO) took up post within the Offender Management Unit (OMU) in February 2019 as part of the Offender Management in Custody (OMiC) model. Since this time, there has been ongoing implementation of new processes prior to OMiC going 'live' in December 2019. As part of this, there has been significant work undertaken by the SPO and the Head of Offender Management to enhance the delivery within the OMU; specifically, the understanding, assessment and management of risk:</p> <p>As part of the OMiC model, by April 2020 there will be 3.5 full time equivalent (FTE) National Probation Service (NPS) Probation Offender Managers (POM) integrated into OMU, increasing the experience and understanding of risk within the department.</p> <p>All Offender Supervisors are currently completing centralised HMPPS Prison Offender Management Training, completing the required workbooks locally (signed off by the SPO) before completing each module. These are as follows-</p> <ul style="list-style-type: none"> <li>• Core Skill and Concepts</li> <li>• Risk assessment, planning and management</li> <li>• Child Safeguarding and Domestic Violence</li> <li>• Adult Safeguarding</li> </ul> <p>These modules are in addition to the OASys Assessor Course that all Offender Supervisors (to be re-named Prison Offender Managers) are already trained in, and alongside other training and development opportunities. Overall this will increase and enhance the Offender Supervisor/Prison Offender Manager group in terms of their understanding of risk.</p> <p>A 'pod' model will be implemented with Prison Offender Managers trained in the management of high risk cases providing additional case management support for the NPS POMs who will be assigned as lead officers to these cases. This collaborative approach between Prison and Probation Offender Managers will</p>	<p>Director</p> <p>Director</p> <p>Director</p>	<p>April 2020</p> <p>March 2020</p> <p>January 2020</p>



	<p>include any probation officers.</p> <p><b>Recommendation: High-risk prisoners and all those convicted of sexual offences should be managed by a well-supported offender supervisor who is trained in risk and can effectively drive their sentence progression.</b></p>		<p>enhance the confidence and professional support for effectively working with prisoners assessed as being a high/very high risk of serious harm.</p> <p>Regular complex case review meetings, led by the SPO, will be delivered, providing holistic support for prison offender managers to support the management of challenging and complex prisoners.</p>	Director	January 2020
S66	<p>Key concern: Procedures to protect the public while prisoners were held at the establishment and on release were ineffective. Decisions about monitoring prisoners' mail and telephone calls were made by staff who had no access to OASys assessments. Decisions about which prisoners should have contact with children while in prison were made by the same team and were not underpinned by assessments of the continuing risk. Where child contact restrictions</p>	Agreed	<p>A senior Multi-Agency team comprising of the Head of OM, Senior Probation Officer (SPO) and Head of Security will make a collaborative decision about any Person Posing a Risk to Children (PPRC) arrangements, including initial monitoring on a weekly basis.</p> <p>All staff within the Public Protection Unit (PPU) will be given Read-Only Access to OASys to better inform decisions about monitoring prisoners' mail and telephone calls, if approved by the Ministry of Justice (MoJ) Controller.</p> <p>The Head of Offender Management/SPO have taken ownership and responsibility of the Interdepartmental Risk Management Team (IRMT) meeting from the Head of Security. A new structure and monthly meeting are now in place to discuss all prisoners assessed as being a high risk of harm, as well as complex prisoners assessed as low-medium risk of harm.</p> <p>Training has been provided, with best-practice examples and support from the SPO continuing, to improve the quality of MAPPA F submissions and increase the understanding of the MAPPA process.</p>	<p>Director</p> <p>Director</p> <p>Director</p> <p>Director</p>	<p>Complete</p> <p>June 2020</p> <p>Complete</p> <p>June 2020</p>



	<p>had been imposed, most were not enforced, potentially allowing victim contact. The interdepartmental risk management team meeting did not review release plans for all high-risk prisoners. The prison did not confirm management levels for MAPPA-eligible prisoners, in order to contribute effectively to multi-agency release planning. Contributions from the OMU to multi-agency public protection panels were inadequate.</p> <p><b>Recommendation:</b>  <b>Prisoners should be subject to rigorous and comprehensive public protection measures which address their risk, both in custody and on release.</b></p>		<p>All staff managing visits will be made aware of prisoners who present a risk to children. It is important that relevant staff are aware of prisoners who are not allowed visits, either from children under level four contact, or from any at all. A Person Posing a Risk to Children (PPRC) risk alert will be assigned to their PNOMIS record. This denotes that they are subject to 'full restrictions' on their contact with all children. Applying a Level flag on PNOMIS in conjunction, highlights that a positive decision has been taken in relation to the specific child listed. This is in place and all flags are added by the Public Protection Unit (PPU) to the Case Management System, which is the system for booking visits.</p> <p>The passport-style photograph provided at primary carer support stage will be used by visits staff to check the identity of the child attending the visit. Staff should be alert to the possibility that an "approved" child could be substituted with another, possibly more vulnerable child. The photograph will have been verified by Children's Services or the Police Children Protection team as part of the multi-agency assessment.</p> <p>All high-risk men located at HMP Doncaster with six months left to serve will be discussed at the monthly Interdepartmental Risk Management Team (IRMT) meeting, to ensure that their Multi-Agency Public Protection Arrangements (MAPPA) levels, alongside sufficient detail of their risk to the public and resettlement needs, have been identified and communicated to an appropriate Offender Manager in the community. Detailed case notes will be held for all cases discussed at the IRMT, and any actions will have a case note or entry made on the Case Management System and Prison-NOMIS system, and an entry made on Visor where a record exists.</p>	<p>Director</p>     <p>Director</p>     <p>Director</p>	<p>Complete</p>     <p>Complete</p>     <p>June 2020</p>
<p><b>General recommendations</b></p>					
<p><b>Directed to: The Director</b></p>					





1.9	Reception staff should use professional telephone interpreting services to communicate with newly arrived foreign national prisoners who speak little English, to ensure that their needs are identified quickly.	Agreed	<p>An office in Reception has been identified for using the language line facility. This is now in use and available to use for all new foreign national prisoners who arrive at the prison. Reception staff will keep a log of its usage as evidence.</p> <p>Reception staff have been briefed and a notice placed in the office informing staff of the requirements of using the Interpreting Services for foreign national prisoners.</p> <p>All Reception Staff have been issued with the instructions and the pin numbers to access the Interpreting Services.</p> <p>HMP Doncaster knows which are the most common foreign languages spoken within the establishment. It will print a series of leaflets and posters to be displayed in the reception area advising prisoners of the right to use the language line facility.</p>	<p>Director</p> <p>Director</p> <p>Director</p> <p>Director</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>February 2020</p>
1.10	All newly arrived prisoners should complete induction at the earliest opportunity.	Agreed	<p>A new Induction Programme has been implemented on the Early Days Centre (HB3) and on House Block 1 (HB1 [Vulnerable Prisoner Wing]). On the Early Days Centre all prisoners will complete Part 1 and Part 2 of the Induction Programme before moving to another wing. By March 2020 it is expected that the process for HB1 will fully mirror that of the Early Days Centre (HB3).</p> <p>It is the responsibility of the Assistant Directors for HB1 &amp; 3 to conduct and sign for weekly checks to ensure all relevant prisoners have completed their Induction Programme. They provide a weekly governance report to the Contract Director.</p> <p>Verbal authority to locate prisoners who are not new receptions to the Early Days Centre must be sought from the Director or Deputy Director.</p> <p>Prisoners who initially locate to the Substance Misuse Wing (HB 3B) will be transferred to the Early Days Centre as soon as they have been assessed by the Health Care Team so they can complete their Induction. This decision will be made by the Substance Misuse Team.</p> <p>The Reception List will be printed daily by the Early Days Centre Custodial Manager/Early Days Centre Staff to ensure all new prisoners have access to the Induction Programme. Prisoners who are located on any other wing other than the Early Days Centre for operational reasons will be moved as soon as a space becomes available.</p>	<p>Director</p> <p>Director</p> <p>Director</p> <p>Director</p> <p>Director</p>	<p>March 2020</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>January 2020</p>



1.19	The victims of violence and perpetrators of antisocial behaviour should be managed effectively.	Agreed	<p>The Custodial Operations Managers roster has been changed to ensure their availability to cover the wings at key times for their areas of responsibility. By introducing the new roster each wing has a dedicated manager who can give guidance and support to the staff to enable them to challenge prisoners' behaviour.</p>	Director	Complete
			<p>In using the tools and knowledge available (i.e. Adjudications, Cell Sharing Risk Assessment, IEP and CSIP Process) managers will support staff via the daily operations briefing to manage perpetrators and victims of anti-social behaviour/violence, through having the responsibility of managing their own house block.</p>	Director	March 2020
			<p>A self-referral process has been implemented for any member of staff to refer prisoners who display anti-social/violent behaviour to the Social Responsibility Unit for consideration. A weekly multidisciplinary panel assesses prisoners' suitability to enter the Social Responsibility Unit Programme.</p>	Director	Complete
			<p>All acts of violence will be investigated by Residential Custodial Operational Managers and the findings will be discussed at the weekly SIM Meeting. Members of the Safer Custody meeting will, on a monthly basis, complete a random assurance check on the quality of the investigations completed in the previous month.</p>	Director	April 2020
			<p>Victims of violence will be supported by using the CSIP process, with an effective Care Map being drawn up which demonstrates that the needs of the victim are being met.</p>	Director	February 2020
			<p>Governance for sanctions relating to acts of violence will continue to be monitored daily by the Director/SMT at the daily operations meeting. A Custodial Manager is identified to ensure all relevant actions are completed in a timely manner.</p>	Director	Complete
			<p>Managers will receive training on the CSIP process which they will then have the responsibility of cascading to all of their staff.</p>	Director	March 2020
			<p>A new process will be introduced across all the Residential Wings for Custodial Operations Managers to ensure all awards/punishments received by prisoners through adjudications are adhered to.</p>	Director	February 2020



			A percentage check on all CSIP paperwork opened will be undertaken by Assistant Directors (Residence) to ensure consistent quality and timeliness of documents.	Director	March 2020
1.20	Prisoners on the social responsibility unit should have access to a full regime.	Agreed	<p>The residents located on the Social Responsibility Unit (SRU [HB2]) have a structured and planned regime on the unit, in line with the Director's Rule and Theoretical Psychology Model for the ethos and running of the Social Responsibility Unit. This moves from a regime where more emotional de-escalation and reflection is encouraged, with guided and supported work in their rooms, psychology reflection sheets, education work and other reflective activities such as sudoku or colouring, to one where more interaction and effective, assertive social behaviour is encouraged and supported. There is a fully published regime for those individuals located on the SRU, and HMP Doncaster will ensure that this regime is adhered to in full. An analysis will be undertaken to establish current compliance levels against this objective, reporting back to the SMT. Following this any remedial action needed to achieve compliance will be agreed.</p> <p>A new governance system has been put in place with the COM monitoring time out of cell weekly. Since the HMIP inspection, any resident who was already engaged in employment or education will continue with this, leaving the Social Responsibility Unit to attend. In September 2019 a new and enhanced clinical model was brought in, which builds on the increased psychological input (since July 2017), in delivering an induction session, Psychology psychometrics, further in-cell reflection work and individual and group work psychology sessions. During the inspection week the practice of serving prisoners on the SRU their meals at the cell door was discontinued.</p>	Director  Director	March 2020  Complete
1.21	The incentives and earned privileges scheme should be effective in addressing individual prisoners' poor behaviour and encouraging them to behave well.	Agreed	<p>The new IEP framework will be implemented in line with the national strategy. A process for prisoner and staff consultation will be introduced, in order to analyse the impact of the new framework on perceptions relating to behaviour management.</p> <p>Custodial Operations Managers are responsible for their wings and will be visible during core times of the day to support staff to confidently use the IEP system to address poor behaviour.</p>	Director  Director	January 2020  Complete



			<p>The Residential Assistant Directors will quality check 10% of the IEP documentation monthly for demotions and promotions. The findings will be fed back and discussed at the monthly SMT meeting. As an additional layer of governance there will be a review of the IEP paperwork by the Deputy Director on a quarterly basis.</p> <p>Custodial Operations Managers will be given a set of standards with expected requirements to follow across the residential wings, to operate a wing safely and in a controlled manner. Failure to meet the standards will be dealt with through managing performance and the Personal Development Record (PDR) process. Within these standards, bespoke actions will be set to ensure that COMs meet this particular action point.</p> <p>An additional agenda item will be added to the weekly prisoner council meeting (PIAC) to consult on with the prisoners concerning all directly matters regarding IEP.</p>	<p>Director</p> <p>Director</p> <p>Director</p>	<p>January 2020</p> <p>March 2020</p> <p>February 2020</p>
1.26	The adjudications system should provide an effective deterrent to antisocial behaviour. (Repeated recommendation 1.44)	Agreed	<p>HMP Doncaster will analyse existing data to identify the reasons which undermine the effectiveness of the adjudication process.</p> <p>HMP Doncaster will subsequently develop an action plan that addresses these concerns.</p> <p>HMP Doncaster will undertake an analysis of the Crime Clinic to determine its impact on the timeliness of referrals to police, and assess whether the adjudicators are correctly referring charges to the police in line with the Memorandum of Understanding between HMPPS/Police/Crown Prosecution Service.</p>	<p>Director</p> <p>Director</p> <p>Director</p>	<p>February 2020</p> <p>April 2020</p> <p>March 2020</p>
1.46	An effective level of support should be available for prisoners in crisis, provided by appropriately trained peer supporters.	Agreed	<p>Since the inspection the local Samaritans team have attended a meeting at the Prison, along with the Regional Safety Lead for HMPPS, Director and the Assistant Director for Safer Custody. The Samaritans stated there was no current scope to be able to re-establish a Listener scheme, due to a lack of volunteers within the community, given Doncaster has four prisons within the local Samaritans jurisdiction; currently they are only able to support one of the four prisons.</p>		



			<p>HMP Doncaster will re-publish role boundaries for buddies so that they do not engage with people in crisis as this could have a detrimental impact on their own well-being. Peers in crisis should instead be referred to members of staff.</p> <p>The Contract Director will investigate what options are in place elsewhere around the Country/abroad to determine what other initiatives/learning exist.</p> <p>HMP Doncaster will analyse data to determine whether to commission bespoke buddies training or commission an entirely new service.</p>	<p>Director</p> <p>Director</p> <p>Director</p>	<p>January 2020</p> <p>January 2020</p> <p>April 2020</p>
2.11	Showers should be clean, well ventilated and in good repair.	Partly Agreed	<p>This recommendation can only be partly agreed as capital investment is needed. The prison is 25 years old and does not meet the needs of the increased population, and so a business case will be submitted to the MoJ to update the shower facilities, to improve the fabric, and to improve the ventilation.</p> <p>A night cleaning party will be implemented to improve the cleanliness of the showers.</p> <p>The frequency of the deep clean to the shower areas will be increased to quarterly, in order to mitigate the known concerns resulting from poor ventilation.</p> <p>A daily fabric check is completed by wing prison custody officers, and defective showers and damaged fixtures are reported via an established reporting mechanism. Check completion is recorded in the daily accountability log.</p>	<p>Director</p> <p>Director</p> <p>Director</p> <p>Director</p>	<p>April 2020</p> <p>March 2020</p> <p>April 2020</p> <p>Complete</p>
2.12	Cell call bells should be responded to within five minutes. (Repeated recommendation 2.8)	Agreed	<p>Cell bell governance will be created and displayed in the boardroom, which will be updated each week. This will show the percentage of all cell call bells which are answered within the 5-minutes and will display 4 weeks' data at a time. This will provide a visual aid to all managers, who will then brief their staff on the importance of improving the response time as appropriate.</p> <p>A Director's Rule has been reissued, reminding staff of the potential consequences of not meeting the expected standard of answering the cell bell calls. This will be repeated every six months.</p> <p>Notice to Prisoners (NTP) will be re-issued quarterly to inform prisoners the consequences of misusing the cell call system. The volume of IEP warnings</p>	<p>Director</p> <p>Director</p> <p>Director</p>	<p>Complete</p> <p>Complete and on-going</p> <p>Complete and on-going</p>



			issued by prison custody officers to prisoners for misuse of the cell call system will be monitored on a weekly basis via the morning operations meeting. IEP warning data will be correlated against response time data, and bespoke actions taken with individual wings/wing managers to address performance issues.		
2.18	Staff should always supervise mealtimes, to ensure that servery queues are well ordered and that food is given out fairly and hygienically. (Repeated recommendation 2.85)	Agreed	<p>The Custodial Operations Managers roster has been changed to cover the wings at key times on their areas of responsibility. By introducing the new roster each wing has a dedicated manger, who will give guidance and support to the staff to enable them to challenge prisoners' behaviour.</p> <p>On a weekly basis Assistant Directors will complete spot checks on the serveries to ensure to the Custodial Managers are present during mealtimes and are supporting staff. This will be recorded and reported to the Deputy Director.</p>	<p>Director</p> <p>Director</p>	<p>Complete</p> <p>February 2020</p>
2.33	Comprehensive equality data should be analysed, to identify and act on any disproportionate treatment of prisoners.	Agreed	<p>A range of data on equalities is available to prisons via the Equalities Monitoring Tool (EMT). There is an on-going review of the tool, which will result in improvements to the availability and frequency of outcome measures by prison. A dashboard has been added to aid analysis, and the next part of the development will result in the monthly analysis of EMT data.</p> <p>HMP Doncaster will amend the Terms of Reference for the Diversity Equalities Action Team (DEAT) to include a requirement to analyse equality data, and identify any trends which arise.</p> <p>Based upon the trend analysis specific actions will be agreed at the DEAT, which is chaired by the Director, and suitable responsible owners allocated. The actions will be monitored via an Action Plan, to be reviewed at each DEAT meeting.</p> <p>To ensure that the perceptions of those prisoners with protected characteristics are fully understood and acted upon, consultation requirements for Assistant Directors with Protected Characteristic lead roles have been set into a process requirement (quarterly), and will also be embedded into PDR objectives for the reporting year 2020-2021.</p>	<p>Deputy Director, Prison &amp; Probation Analytical Services</p> <p>Director</p> <p>Director</p> <p>Director</p>	<p>Ongoing</p> <p>February 2020</p> <p>March 2020</p> <p>April 2020</p>
2.67	Patients should attend health care appointments inside the prison and	Partly Agreed	This recommendation can only be partly agreed as there is a dependency upon factors external to HMP Doncaster. The resourcing of external medical escorts is being resolved in consultation with the SERCO/MoJ/NHS England.		



	externally, as advised by clinicians.		<p>In respect of internal health care appointments: The change of the Custodial Operations Managers roster will ensure managers support staff by enabling prisoners on the daily activity list to attend scheduled internal appointments.</p> <p>A reconciliation of the activity list is to be completed by the Custodial Operations Managers daily and the reasons for all missed appointments will be recorded daily.</p> <p>Outcomes from the daily activity lists (Did Not Attend appointments) will be fed into, and monitored at, the Joint Partnership Operational Group meeting so that necessary changes and improvements can be made.</p> <p>In respect of external health care appointments: A Local Operating Procedure is in place to ensure all patients requiring transfer to secondary care services receive their treatment in a timely manner. All external secondary care appointments are subjected to National Referral to Treat (RTT) targets and are therefore closely monitored to enable timely treatment. The LOP describes a RAG (Red/Amber/Green) rating process to ensure the risk of exceeding RTT targets is minimised.</p> <p>The enabling of patient appointments both internally and externally is a joint and shared responsibility. Governance arrangements are in place to monitor and scrutinise associated access to treatment data at the Joint Partnership Operational Group Meeting</p>	<p>Director</p> <p>Director</p> <p>Director</p> <p>Director / Director, Care UK</p> <p>Director</p>	<p>Complete</p> <p>January 2020</p> <p>February 2020</p> <p>Complete</p> <p>Complete</p>
2.76	Patients requiring admission to hospital under the Mental Health Act should be transferred expeditiously, and within current Department of Health guidelines.	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 several factors such as the completion of appropriate assessments, administrative processes within the National Health Service (NHS), and the availability of accommodation in the mental health estate.</p> <p>NHS England is currently reviewing arrangements for the timely transfer and remission of prisoners to and from secure mental health hospitals. A 10-point plan has been developed that will include a review of current best practice guidance, review of existing service specifications, the testing out of new models</p>		



			<p>of care within prison settings and new navigator roles to support the transfer and remission process.</p> <p>The regional commissioning architecture has also been reviewed so as from October 2017 Health &amp; Justice Commissioners and Specialised Secure Mental Health Commissioners are governed within the same regional team structure facilitating closer collaborations for managing transfers from prison to hospital.</p> <p>As part of commissioning reporting Care UK reports monthly to National Health Service England (NHSE). This informs monitoring against required standards for patients who require sectioning under the mental health act in line with best practice guidance timescales and allows commissioners to identify bed availability issues.</p> <p>The Care UK Policy 'Health in Justice – Escalation of Delays in Mental Health Transfers' (October 2019) provides a standard process for the escalation of delays in transferring mentally ill patients needing hospital in-patient treatment to appropriate secure facilities, regardless of the mental health provider within the prison.</p> <p>The policy is an essential tool to guide clinicians through the escalation pathway and outlines the crucial role of the Mental Health administration team in tracking the progress of referrals and following up on any delays. There are clear governance responsibilities that are strictly adhered to, which includes the reporting of all delays via the incident reporting system.</p>	<p>Director / Chief Executive Officer, Care UK</p> <p>Director / Director, Care UK</p> <p>Director / Director, Care UK</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>
2.91	There should be sufficient professional pharmacy presence to ensure efficient medicines delivery systems, follow-up of patients failing to attend for medicines administration, and the monitoring of in-possession risk assessment rationales.	Partly Agreed	<p>It is recognised and accepted the current Pharmacist provision does not meet the needs of the population. As part of the reconfiguration process there are plans to adapt the Pharmacy to allow a full dispensing service along with increasing the Pharmacist provision at HMP &amp; YOI Doncaster. Building work will commence in May 2020 to make the physical adaptations. Additional funding for second pharmacist, needed to ensure efficient system, is subject to NHSE approval. The business case was initially rejected but is in the process of being re-submitted. It is for this reason that this recommendation can only be partly agreed.</p> <p>A Pharmacist has been recruited, to commence in post in January 2020.</p>	<p>Director / Director, Care UK</p> <p>Director / Director, Care UK</p>	<p>May 2020</p> <p>January 2020</p>





			<p>A Local Operating Procedure for Omitted Doses has been implemented. A daily audit of all omitted doses is discussed at the Clinical Handover. This process involves a multi-disciplinary discussion to establish reasons for missed doses and any clinical risk. The process provides a multi skilled approach the safeguarding of patients.</p> <p>All omitted doses are recorded in the Handover Observation Book, on the audit template and on the patient's medical record, to ensure a clear audit trail of multi-disciplinary discussion and any actions to mitigate patient safety issues. A weekly audit of omitted doses is reviewed by the Senior Pharmacy technicians to establish any themes and monitor medication compliance. Any concerns are escalated to Head of Healthcare and Regional Pharmacist.</p> <p>In possession risk assessments are completed at the point of admission for all patients using the Nationally approved risk assessment tool. The outcomes of this are recorded on the System 1 Medical Record. The outcome is clearly visible to all Prescribers, detailing why the patient may not reach the in-possession criteria. This risk assessment gives clear guidance to Prescribers to make appropriate and informed decisions when prescribing in possession or non-in possession. Audits of patient concordance with their prescribing regimes are completed monthly.</p>	<p>Director / Director, Care UK</p> <p>Director / Director, Care UK</p> <p>Director / Director, Care UK</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>
3.5	Prisoners should be unlocked for at least 10 hours a day. (Repeated recommendation 3.5)	Not Agreed	HMP & YOI Doncaster agrees with the principle of increasing time out of cell, however there is no contractual minimum number of hours out of cell that must be provided. Serco's priority is to deliver a safe and secure environment to all prisoners in its care, achieved by balancing the delivery of time out of cell with purposeful activity spaces. Association as a means of increasing time out of cell would lead to increased violence, and with HMP & YOI Doncaster having been placed into rectification in 2015 due to increased levels of violence, the risk of increased violence is at the forefront when making operational decisions. This recommendation is therefore not agreed.		
3.25	Teachers should pay careful attention to their own spelling when delivering teaching and learning sessions, and	Agreed	The Novus Education Manager will meet with all mathematics teachers to explain the importance of applying mathematical concepts to everyday activities, and set a clear expectation that, with immediate effect, teachers must ensure that the relevance and application of mathematical concepts must form a central part of all lesson plans.	Director	March 2020



	<p>mathematics teachers should improve prisoners' understanding of mathematical concepts better by demonstrating their relevance and application to everyday activities.</p>		<p>Monthly learning walks and twice annual observation of teaching and learning conducted by managers, will be used to monitor teachers' spelling, as well as the effectiveness of their planning for learning, in relation to developing the prisoners' understanding of mathematical concepts better through improved delivery methods that incorporate relevance and application to everyday activities.</p> <p>There has been supportive training and performance management applied to staff where appropriate due care and attention has not been in place.</p> <p>Where learning walks or the observation of teaching and learning has identified areas of concern in relation to spelling or the effective embedding of everyday activities, training and one to one support has been, and will be, continually applied.</p>	<p>Director</p> <p>Director</p> <p>Director</p>	<p>April 2020</p> <p>Complete</p> <p>Complete</p>
4.18	<p>The reducing reoffending strategy should be based on a comprehensive analysis of the needs of the different types of prisoner held at the establishment and should be supported by a detailed action plan which is regularly reviewed to evidence the progress made. (Repeated recommendation 4.6)</p>	Agreed	<p>A comprehensive assessment of the needs of the prisoners within the establishment will be undertaken and will cover all aspects of the 7 pathways to Reducing Re-offending. Assessments from all participating areas will be collated in February 2020. Going forward this assessment will then take place annually between August and October each year.</p> <p>The information taken from the Needs Assessment will be used to inform the annual Reducing Reoffending Strategy that will be published in March. Going forward the Reducing Reoffending strategy will be reviewed annually between October and December each year.</p> <p>The Reducing Reoffending Strategy will be supported by an Action plan that will be reviewed at the monthly Quality Improvement Group (QIG) meetings and will be used to evidence progress made against actions.</p>	<p>Director</p> <p>Director</p> <p>Director</p>	<p>February 2020</p> <p>March 2020</p> <p>May 2020</p>
4.19	<p>Prisoners eligible and approved for home detention curfew should be released on their eligibility date.</p>	Partly Agreed	<p>This recommendation can only be partly agreed, as release on Home Detention Curfew (HDC) at the earliest eligibility date is not possible in every case. Some applications for HDC will be found to be ineligible or refused for a variety of reasons. In other cases, the decision needs to be postponed for enquiries to be made which will inform the assessment and subsequent decision. In some</p>	<p>Director</p>	<p>Completed</p>



			<p>cases, this information must be provided by external professionals over whom HMP Doncaster has no direct control.</p> <p>At the Daily Operations Meeting a process has been implemented to ensure all prisoner address forms are given out to nominated managers. The address forms are then given to the prisoner's key worker and as part of their role they help the prisoner to complete the form, which are returned to the Discipline Department the same day.</p> <p>The HDC Digital Platform has been implemented in the prison. This needs a further period to be fully embedded in line with the national roll out.</p>	Director	June 2020
4.28	Category B prisoners requiring progression should be moved promptly to an appropriate training establishment.	Agreed	<p>Progressive transfers of prisoners are subject to space in the appropriate part of the prison estate becoming available. The speed of transfers reflects this constraint.</p> <p>As part of its plans to transform the prison estate, HMPPS is reconfiguring the adult male estate to better match the type of places available with the needs of the population. HMPs Durham and Holme House were the first establishments to reconfigure, becoming Reception/Resettlement and Training/Resettlement Prisons, respectively. One of the key principles underpinning the successful outcome of reconfiguration, is the need for prisoners to be allocated and moved on promptly to the training estate, but in the case of men categorised as B, this will continue to be challenging until additional training capacity is made available for this cohort. This will be greatly eased by HMPs Manchester and Woodhill re-rolling as category B training prisons and further category C training and resettlement places being created. Woodhill has already become a Training Prison, resulting in 600+ additional category B training places and plans are underway for Manchester to become a category B training prison in 2020.</p> <p>Since the inspection the Director, in conjunction with the MoJ, has taken swift action to secure an increase in the number of Cat B spaces made available by the Prisoner Management Unit (PMU). Since the inspection 45 Cat B spaces have been offered and fully utilised, with an on-going commitment from PMU of additional Cat B spaces.</p>	Deputy Director for Custodial Capacity within the Estates Team	December 2020
4.35	All prisoners convicted of sexual offences should be	Agreed	All prisoners convicted of a sexual offence who transfer into HMP & YOI Doncaster without an RM2000 having already been completed at Court, will	Director	Completed
				Director	March 2020



	<p>assessed, to determine their suitability for an intervention.</p>		<p>have this assessment completed by the NPS POM. Prior to HMP/YOI Doncaster becoming a reception prison, it will complete the RM2000 risk assessment in line with the required timelines to complete an OASys assessment.</p> <p>Training on the completion of the Risk Matrix 2000 assessment tool will take place on site for those staff within the Offender Management Unit, including Probation Offender Managers, who need it. This training can be delivered twice a year, if required.</p>	<p>Director</p>	<p>March 2020</p>
--	--	--	---	-----------------	-------------------

Recommendations		
Agreed	24	
Partly Agreed	7	
Not Agreed	2	
<b>Total</b>	<b>33</b>	



