



HM Prison &
Probation Service

Action Plan: HMP Peterborough (Male)

Action Plan Submitted 28 January 2019

A Response to the HMIP Inspection 9-19 July 2018

Report Published 27 November 2018

INTRODUCTION

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

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

1. Rec No	2. Recommendation	3. Agreed / Partly Agreed / Not Agreed	4. Response Action Taken/Planned	5. Responsible Owner	6. Target Date
	Main Recommendations to the Governor				
5.1	Managers should ensure that poor behaviour is consistently challenged and that there are appropriate and effective sanctions for perpetrators of violence. (S43)	Agreed	<p>During the weekly Violence Reduction meetings, staff monitor and discuss violent incidents and action is taken to manage perpetrators of violence. This includes the effective use of Challenge Support Intervention Plan (CSIP is a case management model for managing those who are violent or pose a raised risk of harming others through violent behaviours.). CSIP can be implemented where repeated violence has been used by individuals, this includes effective use of the Challenge, Support and Intervention Plan (CSIP). CSIP is a case management model for managing those who are violent or pose a raised risk of harming others through violent behaviours.</p> <p>Trend analysis is undertaken at the monthly Violence Reduction Steering Group which includes monitoring outcomes of adjudications relating to violence and results of Independent Adjudications.</p> <p>Behaviour expectations will be outlined to prisoners during their induction and standards publicised on residential units. Staff will be re-briefed about challenging behaviour and making use of appropriate sanctions, including verbal challenge, applying the Incentive and Earned Privilege (IEP) and Prison Discipline Procedures policies when appropriate.</p> <p>At the Decency meeting actions in relation to behaviour will be prioritised and circulated to all managers. IEP warnings will be analysed against current priorities for improved behaviour. The Decency meeting will also include Residential Managers' findings of quality assurance outcomes to encourage ongoing development and embed best practice.</p>	<p>Director</p> <p>Director</p> <p>Director</p> <p>Director</p>	<p>Completed and ongoing</p> <p>Completed</p> <p>February 2019</p> <p>February 2019</p>
5.2	The governance and clinical oversight of health care should be strengthened to	Agreed	The governance and clinical oversight of healthcare has been reviewed. The prison has introduced nurse managers, daily and	Director Sodexo Justice Services	Completed



	improve systems and processes and reduce risk. (S44)		<p>weekly clinical oversight checklist(s), covering critical areas of the healthcare delivery including record keeping. The audit checklists are shared with Head of Healthcare for compliance and monitoring actions. The Head of Healthcare holds a monthly assurance meeting with the Director of HMP Peterborough, providing a written report on the audit checklist. Clinical governance and Medicines Management meetings have changed from quarterly to monthly to embed and review improvements introduced. Clinical supervision arrangements have also been improved along with feedback from service users.</p> <p>A full review of the pharmacy governance procedures was undertaken with the pharmacy provider. Corporate and local healthcare governance and leadership structures have also been reviewed and improved.</p>		
	Recommendations				
	Early Days in Custody				
5.3	All initial reception interviews should be confidential. (1.14)	Agreed	All staff conducting first night interviews where it is safe to do so will facilitate a closed door policy. When it is not safe to do so the prisoner and resources will be assessed to establish whether the risk preventing the closed door for first night interview can be addressed through having additional staff present in the room. An instruction will be sent to Early Days in Custody (EDIC) staff making them aware of this procedure.	Director	Completed
5.4	Prisoners who speak little English and those allocated to Royce wing should have specific induction sessions, to ensure equivalent provision. (1.15)	Agreed	<p>Prisoners allocated to Royce wing will receive an equivalent induction package. A tracking document to enable managers to review data on induction completions and timeliness of induction for both those allocated to Royce wing and those who speak little English will be put in place and quality assured by the EDIC Manager.</p> <p>Prisoners who speak little English will receive a specific induction session through the assistance of translation services. This will be completed by induction staff and quality assured by the EDIC Manager.</p>	<p>Director</p> <p>Director</p>	<p>Completed</p> <p>Completed</p>
	Managing Behaviour				
5.5	Prisoner debriefs should take place after all incidents. (1.28)	Agreed	It is agreed that debriefs should be conducted by an independent manager following a use of force (UoF). Forms have been	Director	Completed



			<p>introduced for staff to record debriefs. Debriefs are recorded on the daily briefing sheet and non-compliance will be discussed the following morning.</p> <p>Control and Restraint (C&R) paperwork and associated documents will be subject to a monthly quality assurance at the C & R meeting.</p>		
5.6	Staff should receive further training in de-escalation, to ensure that force is used only as a last resort. (1.29)	Agreed	<p>This recommendation is the key principle of C & R training which is undertaken by all operational staff. Force should only ever be used as a last resort and this is already embedded into the Initial Training Course (ITC) and the refresher training course delivered by C&R instructors.</p> <p>A Head of Resident Safety role has been created to provide a strategic oversight and a consistent approach to UoF standards. This includes the use of Body Worn Video Cameras and effective incident management. The Duty Manager (DM) reviews regularly camera footage of UoF incidents and where there are concerns individual guidance and further training is provided if necessary.</p> <p>At the Decency meeting discussions will take place about what needs to be included as further guidance to staff on the use of guiding holds, as these account for a significant proportion of UoF incidents.</p> <p>HMP Peterborough will conduct a review of how UoF and supporting interventions such as the Five Minute Intervention, Key Worker role, Being Trauma Informed (BTI) are delivered on the ITC and consideration of the sequencing of the training to maximise the effect of de-escalation. After the review consideration will be given as to how the key element of this package can be used for existing staff.</p>	<p>Director</p> <p>Director</p> <p>Director</p>	<p>Completed</p> <p>February 2019</p> <p>March 2019</p>
5.7	Segregation unit cells and toilets should be kept clean. (1.36)	Agreed	<p>Cleaning schedules are in the process of being revised for all residential areas, including the Segregation Unit. Work is underway to source a suitable and safe method to deep clean toilets. Frequency of cleaning will also be agreed to ensure good standards are maintained.</p>	Director	February 2019
	Security				
5.8	Strip-searching should be appropriately identified as such, properly authorised and	Agreed	<p>HMP Peterborough will review the establishments risk assessment in relation to strip searching. Strip searching in the</p>	Director	February 2019



	recorded, and undertaken only when a risk assessment shows it to be necessary. (1.42)		Separation and Care Unit (SCU) will be based on an individual risk assessment on the prisoner and documented in the prisoners file. Staff will be briefed in accordance with the Local Security Strategy that is aligned with risk assessment.	Director	Completed
5.9	Prisoners should have an effective means of reporting concerns to the police. (1.43)	Agreed	A new system will be put in place to allow prisoners to submit a request to see a Police Liaison Officer (PLO) through either submission via the application system or the complaints system.	Director	Completed
	Safeguarding				
5.10	Staff from all relevant departments should be involved in assessment, care in custody and teamwork (ACCT) reviews and record observations and conversations in ACCT documents, where appropriate. (1.52)	Agreed	The Assessment, Care in Custody and Teamwork (ACCT) quality assurance checklist completed by DMs will be revised for staff to endorse whether reviews have been attended by relevant departments. A notice to staff will be published reminding staff that if they have any significant dealings with a resident on an ACCT that they document this in the ACCT book All ACCT books will be subject to quality assurance checks by the Safer Prisons Team.	Director	February 2019
	Daily Life				
5.11	Communal areas should be kept clean. (2.10)	Agreed	To manage cleaning of communal areas new cleaning schedules have been created. A plan to re-floor the area is in place and is progressing. Painting in some communal areas has commenced.	Director Director	Completed April 2019
5.12	Cells designed for one prisoner should not be shared. (2.11. repeated recommendation 2.7)	Not Agreed	This recommendation is not agreed due to national policy. Prison cell occupancy is determined by establishments and certified by the Prison Group Director (PGD) accordance with Prison Service Instruction (PSI) 17/2012- Certified Prisoner Accommodation, which provides clear guidelines for determining cell capacities. Cells will only be shared where a PGD has assessed them to be of adequate size and condition. All accommodation is compliant with the certified cell certificate. For the foreseeable future, and in common with other prisons, it will be necessary for some prisons to operate with an operational capacity that involves a level of crowding above its Certified	Head of Custodial Contracts	



			Normal Accommodation (CNA). As part of prison reforms the long-term goal is to reduce overcrowding, while maintaining sufficient capacity in the prison estate to manage the demands of the courts and the sentenced population as efficiently as possible. This level is kept under constant review, taking into account fluctuations in the prison population and useable capacity across the estate. HMP Peterborough ensures that this level of operational capacity is set to reflect the provision of safe and decent accommodation and the operation of suitable regimes and that levels of crowding in prisons are carefully managed.		
5.13	Ventilation in cells should be improved. (2.12, repeated recommendation 2.8)	Not Agreed	The accommodation is compliant with Ministry of Justice specifications.	Ministry of Justice, Director Estates	
5.14	Young adults should not share cells with adults. (2.13)	Partly Agreed	This recommendation is partly agreed due to operational reasons as occasionally this sharing arrangement might need to be applied. If so, this will be authorised by a manager to ensure all risks have been appropriately assessed.	Director	Completed
5.15	Staff should supervise and control the serving of meals, to ensure that all prisoners receive their allocated meals. (2.24)	Agreed	Staff will supervise the serving of meals on wings for the purpose of order and control and will check that prisoners receive their chosen meal by cross checking against the meal order sheets. Quality assurance checks will be conducted through regular management presence.	Director	March 2019
5.16	The evening meal should not be served before 5pm. (2.25)	Partly Agreed	This recommendation is partly agreed due to operational reasons. The weekend core day does not facilitate the serving of meals after 5pm. The implementation of the weekend core day has been structured so prisoners receive a hot meal for lunch and cold meals wrapped and served at 16.15pm. Prisoners can choose when they eat their packed meal. Meals are served after 5pm during the weekdays.	Director	Completed
5.17	All prisoners should be issued with in-cell kettles. (2.26)	Not Agreed	This recommendation is not agreed due to operational reasons linked to onsite electricity supply resilience and storage.	Director	
5.18	Prisoners should be consulted about the range of goods available from the prison shop. (2.27)	Agreed	HMP Peterborough has been working with User Voice (an independent organisation who set up structures to enable productive consultation between service users and service providers) to enable prisoners to have consultations with staff about their needs and their views of the prison shop.	Director	April 2019
5.19	Prisoners should be regularly consulted about prison life and given the opportunity to	Agreed	A new monthly consultation meeting has been introduced which is attended by prisoner representatives from all wings, Residential Managers and other managers. Prisoners are given an	Director	Completed



	present any areas of grievance or dissatisfaction directly to managers. (2.36)		<p>opportunity to raise any grievance / dissatisfaction. Monthly recorded action points are drawn up and circulated to prisoners and managers of responsible areas. There is a standard agenda for the monthly meeting.</p> <p>HMP Peterborough is in the process of setting up a prisoner council made of elected prisoners who will have direct contact with the Director.</p>	Director	April 2019
	Equality, Diversity and Faith				
5.20	There should be effective consultation with prisoners from all the protected characteristics, and prisoners from each of the protected characteristics should be able to receive the help that they need. (2.42)	Agreed	<p>HMP Peterborough will put in place a programme of focus groups for protected characteristics to participate in and these will be held at different frequency levels dependent on need. These will be fed into the Diversity Inclusion Action Team (DIAT) meeting and minutes, including any actions that come out of the focus groups to ensure these prisoners receive the help that they need.</p> <p>The Decency Manager will publish information on the diversity notice board to sign post sources of support for each protective characteristic.</p> <p>The effectiveness of the consultations will be measured by outcomes in assurance audits and standard inspections.</p>	Director	February 2019
5.21	Diversity representatives should receive sufficient training, including awareness training relating to sexual orientation, and any discriminatory attitudes should be challenged. (2.50)	Agreed	<p>The Decency Manager will put together a training package which will include awareness training relating to sexual orientation. The training package will be provided to Diversity Representatives (DRs) prior to their start date to enable them to familiarise themselves with the material.</p> <p>The setting of expectations about non-discrimination will be covered in the training and outlined in job descriptions and challenged if not being met.</p>	Director	February 2019
	Health, Well-Being and Social Care				
5.22	Prisoner engagement should be developed, to obtain patient feedback that influences service development. (2.71)	Agreed	<p>Recent prisoner surveys have been analysed and actions taken as a result. Further consultation has taken place through User Voice.</p> <p>The prison have agreed new patient consultation arrangements with Healthwatch and these will be introduced at the earliest opportunity.</p>	Director	<p>Completed</p> <p>March 2019</p>



5.23	All treatment rooms should be cleaned regularly and meet recognised standards for infection prevention and control. (2.72)	Agreed	The Head of Healthcare organised for all treatment rooms to be deep cleaned through external professional cleaners and has worked with Sodexo Healthcare colleagues on a full review of ongoing cleaning requirements including appropriate cleaning products, equipment and cleaning schedules. The recommendations of the review included provision for a dedicated team of healthcare cleaners. In the meantime, new cleaning schedules have been put in place which currently meet infection prevent and control standards. Recruitment campaign for additional cleaners has commenced.	Director	Completed March 2019
5.24	There should be effective monitoring to ensure that emergency equipment is in good order. (2.73)	Agreed	The process for monitoring equipment was reviewed. Weekly checklists have been introduced and completed by clinical nurse managers to ensure emergency equipment is in good order. The new changes to the monitoring of emergency equipment have been communicated to the healthcare teams.	Director	Completed
5.25	There should be systematic health promotion activity linked to relevant national and local health campaigns. (2.80)	Agreed	The Head of Healthcare has introduced a Health Promotion Action Group (HPAG) chaired by the Head of Healthcare. The HPAG is responsible for promoting health and activities linked to local and national campaigns.	Director	Completed March 2019
5.26	Condoms should be easily available and well advertised, both during custody and on release. (2.81)	Agreed	The Head of Healthcare will review the availability and accessibility of condoms in custody. A process will be implemented by the Integrated Substance Misuse Service for condoms to also be made available on release.	Director	February 2019
5.27	All prisoners should have a secondary health screen within seven days of arrival at the prison. Any secondary health screens not completed within seven days should be prioritised based on patient risk. (2.91)	Agreed	The backlog of secondary health screening has been cleared. All secondary health screens are completed within five days of arrival at HMP Peterborough and are prioritised based on patient risk.	Director	Completed
5.28	Prisoners with long-term conditions should receive personalised care planning which is recorded in their medical record, to ensure that their needs are met. (2.92)	Agreed	All prisoners with long term conditions are identified at Reception and referred to a nurse responsible for long term conditions. A personalised care plan is produced and recorded on SystmOne (clinical records system). An additional Long Term Conditions nurse has been sourced through an agency to ensure that the waiting lists to see the nurse following a referral is kept to a safe and acceptable level.	Director	Completed



5.29	Escort data should be closely monitored and appropriate action taken to reduce cancellations. (2.93)	Agreed	Escort data is closely monitored by the Clinical Governance committee. The Director has given guidance to relevant managers on the procedure and level of authority required prior to the cancellation of escorts.	Director	Completed
5.30	Prisoners on the inpatient unit should have consistent access to therapeutic activities to support their recovery. (2.94)	Agreed	A review of the therapeutic activities available on the inpatient unit will be undertaken to enhance the provision allowing for activity in cell / in the day room.	Director	February 2019
5.31	Relevant information and social care plans should be shared appropriately, in order that all those involved in the care of prisoners receiving social care are aware of their needs. (2.97)	Agreed	Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) will ensure social care plan processes are reviewed. The revised process will be presented to the Head of Healthcare and local Clinical Governance committee for approval. This will ensure social care plans and relevant information are shared appropriately to all those involved providing social care.	Director of Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)	March 2019
5.32	Missed appointments for mental health services should be analysed and the results should inform an action plan to reduce them. (2.107)	Agreed	CPFT will conduct an analysis of missed mental health service appointments and from the findings will prepare an action plan for reporting and monitoring at the Clinical Governance committee and shared with the Head of Healthcare.	Director of CPFT	February 2019
			Some actions are already in place to reduce the number of missed appointments. Do Not Attends (DNAs) are analysed monthly to identify any trends and subsequent actions are raised to reduce the number of DNAs.	Director of CPFT	February 2019
5.33	The transfer of patients to hospital under the Mental Health Act should occur within Department of Health transfer target timescales. (2.108, repeated recommendation 2.90)	Partly Agreed	<p>This recommendation is partly agreed. 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 NHS and the availability of accommodation in mental health hospitals.</p> <p>NHS England (NHSE) has developed a plan to improve services for prisoners with mental health issues, and includes specific reference to timely transfer and remission of patients and information about how this will be implemented and sustained. The Prison Transfer and Remission Guidance published by the Department of Health in 2011 has not been agreed by NHS England (NHSE). NHSE will be consulting on refreshed guidance in relation to transfer and remissions with timescales that consider clinical urgency and need.</p>	National Director of NHSE	2019-2020



			Locally, CPFT continues to report on exceptions to transfer target times, and issues escalated to the Head of Healthcare and to the local Clinical Governance meeting.	Director	Completed
5.34	Prisoners requiring stabilisation or detoxification should receive appropriate 24-hour monitoring and observation, which is recorded in their medical record. (2.120)	Agreed	HMP Peterborough has introduced a revised template on SystmOne for completion by staff to ensure the appropriate level of observation and monitoring is carried out. A weekly audit process is in place to monitor full completion of templates and it demonstrates that staff are monitoring and observing prisoners in stabilisation or detoxification within a 24 hour period.	Director	Completed
5.35	The high rates of non-attendance at groups should be investigated, to ascertain the reasons for these, and action taken to reduce them. (2.121)	Agreed	A new group session timetable will be devised and published, attendance will be monitored and weaknesses will be discussed at the Integrated Substance Misuse Strategy monthly meeting. A record of none attendance will be recorded and analysed, any trends that arise will be investigated to ascertain the reasons for these. Non-attendance at focus groups will be followed up with individual consultation to understand reasons for non-attendance. This will then inform a programme of action.	Director	February 2019
5.36	The administration of medicines to patients should be confidential. (2.122)	Agreed	Development of the healthcare waiting room is part of the reconfiguration project plan which is currently on schedule, which will include having a more discreet area for the administration of medicines to patients.	Director	April 2019
5.37	Prescribers should have easy access to the latest in-possession risk assessment. (2.131)	Agreed	HMP Peterborough has reviewed the current in-possession risk assessment process. Risk assessment information has been provided to all prescribers and displayed beside SystmOne terminals.	Director	Completed
5.38	Medicines should be stored safely and securely, and in manufacturer's boxes or in patient-labelled containers. (2.132)	Agreed	A full review of all medication storage and procedures has been undertaken, resulting in new systems in place for the safe and secure storage of medicines. All medication is now stored in manufacturer boxes or in patient -labelled containers. Medication trolleys are secured when not in use. Additional secure medication storage has been provided.	Director Director	Completed Completed
5.39	The medicines and therapeutics committee should review the use of general stock. Named-patient medication should be used wherever possible and general stock should	Agreed	The medicines management and therapeutics committee have undertaken a review of the general stock process. A named-patient medication model will be implemented as soon as physical	Director	April 2019



	be used only if unavoidable. (2.133, repeated recommendation 2.76)		alterations have been made. New cabinets are being installed in medication storage areas.		
5.40	Access to the pharmacy and controlled drugs cabinets should be audited, as should any medicines taken from the pharmacy room; all checks should be recorded. (2.134)	Agreed	Access to the pharmacy and controlled drugs cabinets is restricted only to identified staff. New weekly recorded audit checks are carried out to monitor compliance.	Director	Completed
	Time Out of Cell				
5.41	All prisoners should have the opportunity to spend one hour a day in the open air. (3.13, repeated recommendation 3.5)	Not Agreed	<p>This recommendation is not agreed as national policy PSI 75/2011-Residential Services stipulates that prisoners are to be afforded a minimum of 30 minutes in the open air daily. This provision is mandatory subject to weather conditions and the need to maintain good order and discipline. "Time in the open air" means time spent in a situation where the prisoner is able to benefit from fresh air and natural light. The time in the open air does not have to be spent in a single period, but must be in no more than two periods, which can include time in the open air moving between activities.</p> <p>At HMP Peterborough prisoners are offered exercise for 30 minutes in the mornings and, weather permitting, may be offered a further period of exercise in the evening. Movement to work also offers additional access to outside air. Prisoners located in Healthcare and Segregation Unit who do not have access to the daily prison regime will be offered daily exercise.</p>	Director	
5.42	Stock within the library should be adequately maintained, to reflect the interests of the population. (3.14)	Agreed	HMP Peterborough will hold consultative meetings with prisoners to establish the interests of the population in terms of library stock. Library staff will order necessary stock and keep track to ensure it is adequately maintained.	Director	March 2019
5.43	All prisoners should be given the opportunity to attend the library. (3.15)	Agreed	<p>A review of the library timetable will be conducted. The revised timetable will be published and displayed on all residential units to ensure that prisoners are given an opportunity to attend the library. A notice to staff will be published to promote the use of the library.</p> <p>Library data will be collected and monitored through the Quality Improvement Group (QIG). Data will be analysed and should low usage of a particular group be identified action will be taken to encourage usage.</p>	Director	March 2019



	Education, Skills and Work Activities				
5.44	Prison managers should use reliable data on prisoners' release destinations and regional skills shortage information to inform the development of the education, skills and work provision. (3.26)	Agreed	<p>Head of Learning and Skills will complete an employment needs assessment on the regional and national labour market to inform a local curriculum strategy based on education, skills and work provision. Data on job market shortages will be obtained from Job Centre Plus and national companies to support the needs assessment.</p> <p>HMP Peterborough will continue to work with external partners to understand the job market and plan provision.</p>	Director	April 2019
5.45	All vulnerable prisoners should be engaged in suitable purposeful activity. (3.27)	Partly Agreed	<p>This recommendation is partly agreed due to operational reasons. The space available to prisoners on Royce wing is limited.</p> <p>The Head of Learning, Skills and Employment will undertake a review of access to education and work placements. The aim is to have the same percentage of vulnerable prisoners with access to purposeful activity as the rest of the population.</p>	Director	June 2019
5.46	Prisoners should attend appropriately synchronised pre-release activities, including use of the virtual campus, to improve their potential for successful rehabilitation. (3.28)	Partly Agreed	<p>This recommendation is partly agreed due to operational reasons. An outcome is awaited on the provision of virtual campus internet web access for prisoners to community education, training and employment opportunities and to help prisoners prepare and build their CVs and participate in pre-release activities.</p> <p>A tutor is available who supports prisoners into education, training and employment and helps co-ordinate activities.</p>	Director Director	July 2019 Completed
5.47	Tutors should provide learners with sufficiently detailed written feedback and ensure that learning activities challenge the less and more able prisoners to attain fully. (3.35)	Agreed	<p>External verifiers attend HMP Peterborough on a regular basis and provide feedback to prisoners and tutors. Also through learning activities challenge the less and more able prisoners to attain fully. This ongoing governance arrangement is managed through the QIG.</p> <p>Training provided by Education Training Foundation will be delivered to teaching staff on providing clear and constructive written feedback.</p>	Director Director	Completed February 2019
5.48	Tutors should ensure that prisoners' progress reviews help them effectively to develop their personal and employability skills during work or vocational training. (3.36)	Agreed	Tutors will utilise prisoners' Individual Learning Plans (ILPs) and Personal Development Plans (PDPs) to identify skills learned and any learning deficiencies. These will be to help prisoners effectively develop their employability skills during work / vocational training. Employment support will enter evidence into	Director	March 2019



			the prisoner's PDP. Skills will relate to personal and social development as well as qualifications gained.		
5.49	In education classes, tutors should routinely identify the skills and knowledge that prisoners need, to help them to improve rapidly. (3.37)	Agreed	Recommendations 5.47 to 5.49 are all interlinked: the training received described in the response to 5.47 will support the work through 5.48 and 5.49 and then through ongoing observations to continue prisoners' development growth.	Director	Completed
5.50	Tutors should routinely track and plan the development of prisoners' personal and employability skills in work and vocational training. (3.42)	Agreed	Tutors will provide regular development reviews on prisoners' personal and employability skills in work and vocational training as part of the ILP. Also, ensuring feedback is effective and developmental. Managers will carry out quality assurance checks during classroom observations.	Director	February 2019
5.51	Tutors should ensure that all prisoners make the progress expected in developing new skills and knowledge. (3.46)	Agreed	Tutors will provide regular progress reviews as part of the ILP and will ensure feedback is effective and developmental. Managers will carry out quality assurance checks during classroom observations. Tutors will identify new skills and on induction record such requirements in the PDP. Progress monitoring will be individualised and tailored for each prisoner and quality assured.	Director	February 2019
	Reducing Risk, Rehabilitation and Progression				
5.52	All contact and information on the management of prisoners should be recorded on P-Nomis, to ensure that all departments are aware of issues and progress being made. (4.22)	Partly Agreed	This recommendation is partly agreed due to operational reasons as it is not practicable to have all contact recorded. HMP Peterborough will move to having meaningful contact and information on the management of prisoners recorded on P-Nomis (prisoner database of electronic case notes). A notice to staff will be published setting out expectations to all departments about updating case notes on P- Nomis and documenting issues and progress. Offender management logs will continue to be used to record sensitive information that Offender Supervisors feel would not be suitable to record on P-Nomis. The logs will be made available to staff in other departments on request.	Director	February 2019
5.53	Offender supervisors, particularly those managing high risk of harm cases or those involving child protection issues, should have	Partly Agreed	This recommendation is partly agreed. Monthly case management supervision workshops are offered to Offender Supervisors who have ownership of complex cases, although attendance is not a mandatory requirement Offender Supervisors can attend at their	Director	Completed



	regular case management supervision. (4.23)		own discretion. Regular team meetings are held with Offender Supervisors where complex cases are discussed.		
5.54	The interdepartmental risk management team meeting should review all prisoners assessed as presenting a high risk of harm in the six months before their release. (4.24)	Agreed	Prisoners identified through the public protection database as presenting a high risk of harm will be reviewed at the Interdepartmental Risk Management Team meeting within six months prior to release.	Director	Completed
5.55	Managers should ensure that they receive confirmation of the multi-agency public protection arrangements (MAPPA) management level for all those subject to MAPPA six months before their release date. (4.25)	Partly Agreed	<p>This recommendation is partly agreed as multi-agency public protection arrangements (MAPPA) levels are not decided by HMP Peterborough's management team, the prison would therefore not be in position to be able to guarantee that those subject to MAPPA will be confirmed six months before a prisoner's release date.</p> <p>Although MAPPA guidance states that prisons should be informed of the level at which a MAPPA offender will be managed at least six months before the prisoners' release. The prison is merely the recipient of this communication. An escalation process has now been agreed between the HM Prison Service, MAPPA coordinators and the National Probation Service to address this issue</p> <p>Offender Supervisors contact community Offender Managers six months prior to release to establish MAPPA levels. HMP Peterborough has systems in place to identify Offender Managers of potential MAPPA cases and outstanding decisions are informed and chased six months prior to release.</p>	<p>HM Prison and Probation Service, Public Protection Group</p> <p>Director</p>	<p>Completed</p> <p>Completed</p>
	Interventions				
5.56	Post-release outcomes regarding accommodation should be monitored, to ensure that support and resources can meet need. (4.36)	Partly Agreed	<p>The Community Rehabilitation Company (CRC) providers are responsible for accommodation outcomes, the prison has no control of this post release.</p> <p>However, HMP Peterborough will continue to work with CRC collaboratively ensuring information needed by the CRC is provided. The prison will continue to monitor the outcomes of prisoners being released without accommodation and such issues will be raised via relevant forums.</p>	Director	Completed and Ongoing



			<p>This recommendation is partly agreed because through Prison Reform, HM Prison and Probation Service (HMPPS) will pilot a performance measure in 2018 /19 which will hold prisons jointly to account for the number of prisoners in safe accommodation on release, together with Probation providers.</p> <p>Since October 2018, Prisons and Probation providers have been subject to a legal 'Duty to Refer' anyone who is homeless or at risk of becoming homeless to the Local Authority. This change means that offenders will receive meaningful housing assistance at an earlier stage, irrespective of their priority need.</p>	HMPPS, Executive Director Rehabilitation and Assurance	
5.57	Work identified to support prisoners and reduce their risk of harm and reoffending should be coordinated, to ensure that interventions are sequenced appropriately. (4.37)	Partly Agreed	This will be sequenced appropriately (individualised on residents sentence plans, with actions prioritised in numerical order) ensuring prioritisation of objectives in relation to the risk of harm and likelihood of reoffending, for prisoners' eligible for a sentence plan, this is not always operationally possible	Director	May 2019
	Release Planning				
5.58	Information in resettlement plans should clearly indicate the work that has been undertaken by prisoners while in custody and any outstanding work to address their risk of harm and reoffending. (4.44)	Agreed	<p>The CRC providers are responsible for producing resettlement plans. HMPPS has no current plans to change resettlement plans within the requirements of the new Through The Gate (TTG) specification. However, as a number of the TTG outcomes will be checked against what is captured in the Basic Custody Screening Tool and resettlement plans, there are plans in place to refresh CRCs about their meetings with prisoners and how to complete the qualitative elements of resettlement plans to ensure they cover the new specification activities and outcomes.</p> <p>However, HMP Peterborough will continue to work collaboratively with the CRC and share information during multi-disciplinary pre-release boards to ensure effective sharing of information in resettlement plans.</p>	HMPPS, Executive Director Rehabilitation and Assurance	April 2019



Recommendations	
Agreed	44
Partly Agreed	10
Not Agreed	4
Total	58

