



HM Prison &
Probation Service

Action Plan: HMP & YOI Downview

Action Plan Submitted: 16th November 2021

A Response to the HMIP Inspection: 12th July – 23rd July 2021


Report Published: 27th October 2021

Actions with future target dates are likely to be delayed due to Covid-19 related disruptions to service delivery.

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.



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ACTION PLAN: HMCIP REPORT

ESTABLISHMENT: HMP & YOI DOWNVIEW

1. Rec No	2. Recommendation	3. Agreed/ Partly Agreed/ Not Agreed	4. Response Action Taken/Planned	5. Responsible Owner	6. Target Date
	Key concerns and recommendations				
7.1	Key concern (1.34): As at the previous inspection, women reported that some staff were rude, unsupportive and inconsistent, leaving them feeling they had been dealt with unfairly. We observed some staff inappropriately addressing women by their surname and interactions that were not supportive of a trauma-informed and rehabilitative culture.	Agreed	<p>Key principles of a trauma responsive environment at HMP Downview will be developed and published. Middle managers will deliver briefings in relation to the key principles. Delivery and assurance will be monitored through the Rehabilitative Culture Committee Meetings which take place bi-monthly and are chaired by the Rehabilitation Culture Lead. Any concerns will be addressed by managers through the bilateral process.</p> <p>The prison will ensure that a minimum of 80% of staff are Being Trauma Informed trained. This will be monitored through the business hub and monthly training meeting.</p> <p>Rehabilitative culture themes will be promoted throughout the prison, including a trauma-responsive approach and the key elements of the local action plan. Monitoring will be through the Rehabilitative Culture Committee Meetings</p>	Governor	February 2022

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	Key recommendation: Staff's relationships with women should reflect a rehabilitative and trauma-responsive approach. (To the governor)				
7.2	Key concern (1.35): Support to help women maintain or develop positive relationships with their children or families had been severely limited during the pandemic. Family days and group-work sessions were no longer available and the number of prisoners receiving social visits had declined significantly. Many women we spoke to reported that long periods of time without contact with	Agreed	<p>A Custodial Manager has been appointed to oversee our family and significant others provision. They will provide oversight of delivery and performance. Monthly family and significant other stakeholder meetings will be held, focusing on the objectives identified in our strategy and driving progress.</p> <p>Concerns relating to Prison Advice Care Trust (PACT) delivery will be discussed and escalated through the contract management meeting which takes place every quarter and is chaired by The Head of Reducing Re-offending.</p> <p>Family/extended visits will be reintroduced when social distancing requirements are removed within the custodial environment.</p> <p>Contact visits with a negative Lateral Flow Test have now been implemented for all social visitors.</p>	Governor	February 2022




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	<p>their loved ones had adversely affected their well-being.</p> <p>Key recommendation: The prison should ensure that women receive sufficient support to help them maintain and develop positive relationships with their children, family members and other people significant to them. (To the governor)</p>				
7.3	<p>Key concern (1.36): Inconsistencies in how the daily regime was applied caused frustration among many women and staff. Recent changes to the regime had taken place without sufficient consultation and were poorly communicated to staff and prisoners.</p>	Agreed	<p>Prisoner and staff communication and consultation will be carried out through notices, noticeboards, briefings, bilats, local unions, Wayout TV, User-voice forums and wing representatives. The Deputy Governor will be the staff lead and Head of Residence will be the prisoner lead. This will be monitored through the Downview Forum and union meetings.</p>	Governor	February 2022

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	Recommendation: The prison should improve consultation and communication to ensure women and staff are aware of changes that affect their daily lives. (To the governor)				
7.4	Key concern (1.37): The prison failed to consult the local health quality board sufficiently about changes affecting patient care. Although the board identified limited patient access to services, the problem had not been resolved 12 months on. We saw approximately a quarter of GP appointments being missed because there were not enough officers to escort	Partly Agreed	<p>This action is partially agreed as we acknowledge that overrunning medications processes are impacting on attendance on GP appointments, however there are enough officers to deliver if medications processes run to time.</p> <p>The local Care and Quality Board which takes place bi-monthly and quarterly will be used as a forum for sharing all relevant health and prison information that may impact on healthcare delivery and services. Assurance will be sought from the prison and health providers that services are effective and that women are able to make their allocated appointment times.</p> <p>A review of medication processes will be completed by the Deputy Governor and recommendations implemented and monitored through the Care and Quality Board.</p>	Governor and Central North West London NHS Trust (CNWL)	March 2022



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	<p>prisoners to their appointments.</p> <p>Recommendation: Local partners and prison leaders should use the local quality and delivery board and contracts meetings to improve communication and consultation.</p> <p>Assurances that health services are effective should be sought and there should be sufficient staff to escort women to their appointments. (To the governor and Central and North West London NHS Foundation Trust)</p>				
7.5	<p>Key concern (1.38): There was insufficient clinical oversight of patient applications, electronic tasks, the GP waiting list and long-term conditions,</p>	Agreed	<p>Clinical staff oversee patient applications, electronic tasks, the GP waiting list and long-term conditions, to optimise women’s health outcomes.</p> <p>Healthcare Assistants carry out administrative tasks such as collating and entering records as detailed in the Local Operating Procedure and allocated on the daily allocation sheet. Assurance</p>	CNWL	February 2022

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	<p>which meant that women might not have had their needs met promptly.</p> <p>Recommendation: Enough clinically qualified staff should be available every day to oversee patient applications, electronic tasks, the GP waiting list and long-term conditions, to optimise women's health outcomes. (To the governor and Central and North West London NHS Foundation Trust)</p>		<p>will be provided by Healthcare Senior Managers carrying out quality assurance checks on System 1 and these being monitored through the weekly Healthcare Senior Management Team. Refresher training for auditing assurance checks will be provided to those who carry out this task.</p>		
	Recommendations				
7.6	<p>Recommendation (3.17): A strategy and action plan should be developed to provide effective oversight of the</p>	Agreed	<p>The 5Ps (People, Physical, Population, Partnerships and Procedural) Safety Strategy has been reviewed and published. An action plan will be put in place and reviewed at the Safety and Senior Leadership Meetings, which take place every month and are chaired by the Governor or Deputy Governor. Data will be available and discussed, and actions identified to reduce incidents. The weekly Safety Intervention Meeting will discuss</p>	Governor	January 2022

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	level of self-harm and to reduce its incidence. (To the governor)		drivers of self-harm and actions that can be put in place to assist reduction in individuals. This information will be disseminated to wing staff through daily briefings.		
7.7	Recommendation (3.20): Adult safeguarding work should be promoted through training for staff and links with the local authority. (To the governor)	Agreed	<p>The local Adult Safeguarding lead will attend the community safeguarding board.</p> <p>Staff Safeguarding Champions will be appointed to support and promote the safeguarding agenda.</p> <p>The provision of Safeguarding training for key staff will be explored with the local authority.</p>	Governor/Local Authority	June 2022
7.8	Recommendation (3.32): The incentives scheme should reward positive behaviour and motivate women. (To the governor)	Agreed	<p>The current COVID restrictions and requirement for social distancing do not allow full implementation of rewards that would otherwise be available. When these restrictions are lifted, further enhanced rewards will be available. These will include cooking facilities, use of communal areas and additional social visits.</p> <p>Consultation with women through quarterly Incentives Forums will inform rewards available through the Incentives Policy. The monthly Downview Forum will include discussion relating to how effective these rewards are, and what others may motivate the women. Assurance will be carried out via the quarterly IP Forum.</p>	Governor	February 2022




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7.9	Recommendation (3.47): Use of force incidents should be effectively recorded and monitored, as well as regularly scrutinised. (To the governor)	Agreed	<p>Staff will be reminded of the correct process for recording Use of Force Incidents via briefings, email and Notice to Staff (NTS). A data quality check will be added to the agenda for the monthly Use of Force meeting and recorded in the minutes. The meeting is chaired by the Deputy Governor.</p> <p>The Use of Force Coordinator is now allocated time in order to catalogue filmed footage and log incident paperwork. Use of force debriefs are now in place following and are carried out following any incident.</p> <p>Body worn cameras are currently limited and new cameras will be provided for staff, this will see a significant increase in the numbers available. Staff will be reminded through a notice to staff of the importance of picking up and using body worn video cameras. Managers will carry out assurance checks at the morning briefings.</p> <p>Control Room staff will be required to announce the need to deploy BWCs when they are alerted of any incident.</p>	Governor	January 2022
7.10	Recommendation (3.53): There should be a multidisciplinary approach to reducing the drug supply that links with a demand	Agreed	<p>The local Substance Misuse Strategy will be reviewed to ensure that it meets the current need and addresses any risks.</p> <p>The Substance Misuse Committee, which is chaired by the Head of Reducing Re-offending, will meet bi-monthly with multi-disciplinary attendance and will review progress against the strategy and action plan. Mandatory attendance will include suitable representatives from security, residence, Safety, Forward Trust and CNWL. Drug testing is being re-introduced and will be monitored through the Substance Misuse Committee.</p>	Governor	February 2022

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	reduction strategy. (To the governor)		Identified trends through this monitoring will be used to form our approach to reducing the drug supply and understanding demand. We will work with our stakeholders to provide support and interventions targeted at these identified needs.		
7.11	Recommendation (4.3): Women should have confidence in the complaints process, which should be effective, timely and appropriately managed. (To the governor)	Agreed	<p>The complaints process will be publicised throughout the establishment via noticeboards and wing representatives.</p> <p>Wing representatives will be consulted to gain their views relating to the complaints system.</p> <p>Quality Assurance templates will be provided to those managers who answer complaints to ensure that responses fulfil the requirements.</p> <p>Quality Assurance by SLT will continue through the monthly 10% check and feedback process.</p> <p>Quality assurance will focus on timeliness, procedural justice and ensuring that full responses are provided. Findings from the QA will be discussed at the Senior Leadership Team meeting, which takes places every month and is chaired by the Governor.</p>	Governor	January 2022
7.12	Recommendation (4.26): Women should be able to access their stored property promptly. (To the governor)	Agreed	<p>Since the inspection during which time, COVID restrictions had led to limited opening hours in reception at times, the property backlog has now been cleared.</p> <p>Any outstanding property to be processed will be reported to the operational morning meeting on a weekly basis. A review of the</p>	Governor	November 2021



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			level of complaints relating to property will be carried out at the Senior Leadership Team Meeting.		
7.13	Recommendation (4.39): An overarching health promotion strategy should be established to support women to improve their health and well-being. (To the governor)	Agreed	<p>Subject to the continuation of restrictions being lifted in custodial settings, Health promotion will be taken forward.</p> <p>A prison wide Health Promotion Strategy will be drawn up and published. The associated action plan will be reviewed through the Health Improvement Board which takes place bi-monthly and is chaired by the Governor/Deputy Governor.</p>	Governor/CNWL	March 2022
7.14	Recommendation (4.63): Women should have access to appropriate psychological interventions to meet their identified mental health needs. (To the governor)	Agreed	<p>At the time of the inspection there was a reduced capacity within the team that delivers psychological interventions. A successful recruitment campaign has been completed with the vacancy now filled.</p> <p>A range of interventions is available through HMPPS and CNWL.</p>	CNWL	Complete
7.15	Recommendation (4.81): Medicines should be administered at the right times for	Partly Agreed	This recommendation is partly agreed as the benchmark Core Day and hours that CNWL are contracted to work make it impossible to administer some medication in line with the recommended intervals between medicine doses. The Healthcare	Governor, CNWL and NHSE	February 2022

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	optimum therapeutic effect. (To the governor)		<p>provider undertakes risk assessments and provides in possession medication where it is safe to do so.</p> <p>Where it is not safe to issue medication in possession, consideration will be given to whether an individual needs to be transferred to an establishment with 24-hour healthcare provision.</p> <p>Central and North West London (CNWL) Trust will review all medications to ensure they meet medicine dose intervals and liaise with prison staff to ensure compliance, if this is not possible an assessment will be made relating to whether a transfer to a prison with 24 hour health provision is required.</p> <p>CNWL and HMPPS will submit a business case to NHS England commissioners to attempt to secure funding for evening nursing cover.</p>		
7.16	Recommendation (4.80): Women should have the same access to paracetamol as they would in the community. (To the governor)	Agreed	CNWL's policy will be reviewed through the Medicines Management Meeting which is held quarterly and is chaired by the Lead Pharmacist for Surrey Prisons in CNWL. Local decision making will be agreed through this forum in order to increase access to paracetamol.	Governor and CNWL	December 2021
7.17	Recommendation (4.81): Women given medication to hold in their	Agreed	CNWL have an In Possession (IP) medications policy, which requires that individuals are reviewed upon reception as well as at a minimum of every 6 months and with an identified change in risk. An IP compliance check audit will be carried out by end of	CNWL	November 2021

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	possession should be monitored regularly to be sure this remains safe, especially following their transfer to the prison. (To the governor)		<p>end of December 2021 and the findings will be discussed at the med</p> <p>A monthly 5% in possession medication check will be carried out to assure managers that women are compliant with the policy. Any concerns will be reported using the intelligence reporting systems. Findings will also be discussed at the Medicines Management Meeting.</p> <p>Assurance is provided through the weekly SIM meeting and ACCT reviews.</p> <p>This policy is adhered to by CNWL staff.</p>		
7.18	Recommendation (4.88): The prison should produce, regularly review, and act on, up-to-date equality data. (To the governor)	Agreed	The Diversity and Inclusion report will include information from local databases such as Safer Custody data, Segregation data, Complaints data and DIRF records. This will be reviewed at the Diversity and Inclusion Team meeting, which takes place every two months and is chaired by the Governor, and will be recorded in the meeting minutes. The most up to date Equalities Monitoring Tool data will be used. Where there are concerns, a deep dive into the data will be commissioned, findings will be discussed at the DITM and relevant actions will be identified and fed into the Diversity and Inclusion Action Plan for monitoring and assurance. The meeting minutes will document discussions and findings and be published to all staff.	Governor	December 2021
7.19	Recommendation (4.94): Women with protected and	Agreed	Diversity and Inclusion protected characteristic forums will be held with women for each characteristic bi-annually. The forums are to be recorded so any issues that cannot be resolved immediately	Governor	March 2022


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	minority characteristics should be consulted regularly to ensure their individual needs are met. (To the governor)		are added to the Diversity and Inclusion Action Plan. The action plan will be reviewed at the Diversity and Inclusion Team meeting. Any changes or improvements are to be shared with all staff via email, Notice to Staff or through team briefings.		
7.20	Recommendation (4.97): Muslim prisoners should be able to attend services in the chapel or multi-faith room. (To the governor)	Agreed	<p>Muslim women can attend the chapel or multi-faith facility. Facilitating this with current COVID restrictions is challenging, therefore a fortnightly rotation is in place.</p> <p>Upon removal of social distancing requirements in custodial settings, Muslim women will be able to access the facility on a weekly basis.</p>	Governor	January 2022
7.21	Recommendation (5.11): Indoor association should be resumed and should offer women a range of social and recreational activities, facilities and equipment. (To the governor)	Agreed	Indoor association will be resumed once social distancing restrictions are removed. A range of structured wing activities will be put in place for women to access, these will include Women's Institute, book clubs, evening gym sessions faith groups and community meetings. These will be available Monday to Thursday evenings and weekends.	Governor	January 2022
7.22	Recommendation (5.12) Error!	Agreed	Gym access was made available in the evenings from August 2021. Priority access is given to those women that are working during the day.	Governor	Complete



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	Reference source not found.: Gym provision should be extended into the evenings, particularly for those working during the day. (To the governor)				
7.23	Recommendation (5.28): Leaders and managers must make sure that women retain and reinforce their knowledge. They should introduce strategies to help women catch up with lost learning when planning their return to face-to-face lessons and work areas. (To the governor)	Agreed	<p>Weston College are now providing individual context statements for each learner in order to accurately recorded the level of learning and ensure that future teaching is provided at the right level.</p> <p>Compliance with this action will be monitored through Quarterly Performance Meetings that are chaired by the Governor, as well as a newly introduced assurance method conducted by the managers within the Reducing Reoffending function. A random sample of learner documents will be quality assured each month to assess the quality of context statements, ILP's, teacher feedback, advice and guidance, progression and allocation.</p> <p>Those individuals returning to face to face lessons have an assessment to identify learning needs and gaps in knowledge from where they left off.</p>	Governor and Weston College	November 2021
7.24	Recommendation (5.29): Leaders and managers must	Agreed	Downview's information, advice and guidance (IAG) provision has been re-commissioned and a service is in place 4 days per week	Governor and IAG provider	Complete



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	make sure that women receive helpful advice and guidance so that they feel well-informed when choosing their education, skills and work activities. (To the governor)		At the time of the inspection, there was no IAG provision. Recruitment is complete and the two onsite advisors are in post.		
7.25	Recommendation (5.30): Leaders and managers should make sure that staff provide feedback on women's work that helps them to improve and assist those engaged in work activities with any learning needs. (To the governor)	Agreed	Weston College will provide balanced feedback through Individual Learning Plans (ILPs), focusing on providing constructive criticism as well as positive feedback. Compliance with this action will be monitored through Quarterly Performance Meetings which are chaired by the Governor, as well as a newly introduced assurance method conducted by the managers within the Reducing Reoffending function. A random sample of learner documents will be quality assured each month to assess the quality of context statements, ILP's, teacher feedback, advice and guidance, progression and allocation.	Weston College	November 2021
7.26	Recommendation (6.17): The reducing reoffending strategy and action plan should be in place to drive	Agreed	The Reducing Reoffending Strategy and Action Plan will be reviewed and published using the findings of our comprehensive needs analysis and segmentation data. Assurance will be provided through the Reducing Re-offending Strategic meeting and Partners Forum, which takes place bi-	Governor	November 2021

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	improvement and ensure evidence of success can be recorded. (To the governor)		monthly. Findings will be discussed at the meeting, which is chaired by the Head of Reducing Re-offending.		
7.27	Recommendation (6.18): The oversight and coordination of the range of interventions available across the prison should be improved and communicated to relevant staff and women. (To the governor)	Agreed	<p>A document will be drawn up detailing all available interventions, content, target audience and frequency. This will be shared across the establishment both to staff and to women.</p> <p>Interventions will be coordinated through the Partners Forum and ETE Committee.</p>	Governor	November 2021
7.28	Recommendation (6.19): All OASys documents should be up to date. (Repeated recommendation, 4.17) (To the governor)	Not Agreed	<p>Offender Management in Custody (OMiC) introduced a change to the yearly review requirement; all determinate sentence prisoners, with 10 months or more left to serve at point of sentence, will have their OASys reviewed every two years. Those serving indeterminate sentences will be reviewed every three years. A review will be carried out following a significant event between these times. Assurance will be provided through monthly NAP reports to the Senior Leadership Team and the bilateral process.</p> <p>The appropriate Offender Manager (POM/COM) provision will be provided in order to achieve this.</p>		

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7.29	Recommendation (6.20): The prison should make better use of ROTL for education or for paid or voluntary work placements. (To the governor)	Agreed	<p>Those identified as eligible for Release On Temporary Licence (ROTL) will risk assessed at the earliest stage in order to maximise opportunities.</p> <p>Applications for ROTL will encouraged and the process published to women.</p> <p>Keyworkers will be provided with information in order to enable them to discuss types of ROTL and opportunities with individuals.</p> <p>Relationships with employers and education providers will continue to be developed in order to maximise opportunities.</p>	Governor	February 2022
7.30	Recommendation (6.33): Prison officer operational POMs should have sufficient time to work consistently and support women on their caseloads. (To the governor)	Agreed	<p>Prison Officer Operational POMs are cross deployed as minimally as possible, however the lack of trained ACCT Case Coordinators has meant that some cross deployment has been necessary.</p> <p>ACCT Case Coordinator training will be prioritised in order to reduce cross deployment.</p> <p>Managers will be informed that POMs must not be redeployed without the authority of the Governor or Deputy Governor.</p> <p>Weekly monitoring of cross deployment will be put in place.</p>	Governor	December 2021
7.31	Recommendation (6.34): Women serving long or indeterminate sentences should	Agreed	<p>The Head of Offender Management Services will implement and chair quarterly forums for indeterminate sentenced prisoners.</p>	Governor	February 2022



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	receive appropriate advice and support to enable them to progress in custody. (To the governor)		Indeterminate sentenced prisoners will be allocated to POMs and/or Keyworkers who will be upskilled to provide improved support and advice.		
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Recommendations	
Agreed	28
Partly Agreed	2
Not Agreed	1
Total	31



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