

Action Plan: HMP ALTCOURSE

Action Plan Submitted: 28 March 2022

A Response to the HMIP Inspection: 1–2 and 8–12 November 2021

Report Published: 18 February 2022

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 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 .GOV.UK website. 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 mus t 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 ALTCOURSE

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				
	To the Director				
7.1	Key concern (1.40): Despite a review of early days procedures, there was evidence that amongst newly arrived prisoners not all risk factors were always identified or adequately addressed. Some new prisoners were allocated to cells that were not equipped with basic furniture or equipment, such as a working	Agreed	New admissions, first night and induction paperwork will be reviewed and redesigned with a greater focus on identifying and responding to risks and vulnerabilities. Prisoners feedback on the quality of the required material will be sought via a new feedback form with results and trends discussed and acted upon within the monthly Safer Custody meeting.	Director	May 2022
	telephone or kettle. The frequent redeployment of safer custody staff meant that a significant number of new arrivals had not received important elements of their induction. Recommendation: The vulnerabilities and risks of newly arrived prisoners should be properly assessed, and adequate support and interventions offered.		The Safer Custody Team will review the induction process (including classroom-based induction) to ensure it meets the needs of new receptions. Safer Custody Managers will complete weekly in person spot checks and pro-formas will be developed in order to carry out monthly quality assurance checks on Early Days documentation. Safer Custody Officers will be ring-fenced to deliver a consistent induction process as the establishment progress through Covid-19 Recovery Plans.	Director	August 2022

	All new prisoners should be properly inducted into the requirements of prison life.		Weekly assurance checks have commenced to ensure all new prisoners are provided with the necessary basics in their cell. This complements current routine cell checks undertaken by First Line Managers and the Senior Management Team. Preoccupancy cell checks will be reinforced, providing a clear documented list of what must be in a cell prior to occupancy.	Director	Completed
7.2	Key concern (1.41): Although the rates of violence and self-harm had reduced since our last inspection, both remained high in comparison to similar prisons. There had been a recent spike in incidents of violence and four self-inflicted deaths in the previous 12 months. Too many assault investigations were categorised as gang-related	Agreed	HMP Altcourse will review the Safer Custody Department's resources to clarify if it meets the establishments current needs and explore options to conduct a detailed analysis of data on a regular basis, which may include creating an Analyst Role. A business case will be submitted if additional resources are felt necessary to ensure data is used more robustly to improve safety across the establishment.	Director	May 2022
	violence, without the analysis or evidence to support this assumption. Quality assurance data did not identify weaknesses in early days procedures, such as prisoners who had not received an induction. There		The way data is presented will be reviewed for the bi-weekly Stability meeting and the Monthly Safer Custody meeting. Best practice guidance will be requested from the Regional Safer Custody Team to strengthen data analysis at HMP Altcourse.	Director	May 2022
	had been no analysis of the poor quality of defensible decision logs justifying the segregation of prisoners at risk of suicide and self-harm. Overall, the quality and analysis of data was not used well to		The Head of Residence will carry out monthly quality assurance checks on the justification of prisoners being segregated that are at risk of suicide and self-harm.	Director	June 2022

	understand and reduce violence and self-harm. Recommendation: Leaders should conduct a detailed analysis of data on a regular basis to inform more effective plans to improve the safety of prisoners and staff.				
7.3	Key concern (1.42): Although leaders had identified the drug supply as one of the prison's main threats, their response was not robust. Random drug testing had only recently resumed, returning a	Agreed	Intelligence led searching and drug testing will resume by 31st July 2022. Enhance Gate Security staff have been used more robustly since January 2022 to increase intelligence led searching.	Director Director	July 2022 Completed
	19% positive rate. There was still no intelligence-led drug testing and requests for intelligence-led searches often failed to happen because of staff shortages. There was no documented discussion at key meetings about the impact of this or plans to address it.		Intelligence led searching figures will be tracked on the bi-weekly Stability meeting and the monthly Security meeting.	Director	May 2022
	Recommendation: Leaders should resume intelligence- led drug testing and ensure that all intelligence-led searches are carried out to further reduce the supply of illicit items.				
7.4	Key concern (1.43): Levels of self- harm remained high and there had	Agreed	The Safer Custody Action Plan has all the recommendations from early learning reviews and	Director	June 2022

	been eight self-inflicted deaths since the previous inspection. Actions identified in early learning reviews following self-inflicted deaths were not transferred into a longer-term safety plan or processes to prevent further failures. On residential units, cell emergency bells often went unanswered for long periods of time.		Safer Custody meetings and is used to inform training requirements and strategic decisions within the establishment. Communication and learning bulletins will be sent out to staff. The prison and healthcare operate a joint Prison and Probation Ombudsman action plan that records all recommendations and ensures that actions are monitored, reviewed and completed within the monthly Safer Custody meeting.		
	A prisoner being supported on ACCT had their level of observations amended without an appropriate multidisciplinary case review. Safer custody staff were frequently		The Safer Custody Team will continue to have regular contact and visits from Regional and National Safer Custody teams to share learning.	Director	Complete
	redeployed to other duties which affected the support they could provide to vulnerable prisoners.		As part of the Recovery Plans a Safer Custody Prison Officer has been ring fenced to support prisoners assessed as vulnerable.	Director	Complete
	Recommendation: There should be action to reduce self-harm and self-inflicted deaths, drawing on previous learning and quality assurance findings.		Covert testing now takes place to monitor cell bell response timeliness. Staff will be provided with learning if necessary and further disciplinary action may take place if there are repeat failures to answer cell bells promptly. Staff have been advised to use the Incentives Framework scheme where prisoners are known to be misusing the emergency cell bell.	Director	August 2022
7.5	Key concern (1.44): Staffing challenges had a detrimental impact on the delivery of primary care, mental health and pharmacy	Agreed	A Healthcare needs analysis has been completed and HMP Altcourse will adjust the delivery to meet the health needs of the population in line with national guidelines. The Head of Healthcare will	Head of Healthcare	September 2022

services. This meant prisoners experienced long delays for a mental health assessment, and reviews of their ongoing treatment and prescribed medicines did not take place. Medicines administration was prioritised, which led to frequently cancelled mental health and primary	lead on this review/implementation and monitor the data to make sure it is delivering reduced waiting times and clinic cancellations. Alternative roles, including Pharmacy Technicians, have been advertised to support medication administration to free up nursing staff for clinic appointments and assessments.		
care appointments. The lack of structured clinical supervision meant that the safety and effectiveness of care was not being addressed. Recommendation: Prison leaders should make sure there are sufficient health care staff to meet	HMP Altcourse have recruited more Mental Health Nurses on the nurse bank to support more timely Mental Health assessments. The Mental Health Lead for the Primary Care Mental Health Team sends weekly data to the Head of Healthcare and Operations Director to monitor waiting times of assessments.	Head of Healthcare	Completed
the health needs of the population in line with national guidelines.	Vacancies across the Primary Care Mental Health Team have now been recruited to. Arrangements have been made with Local Nursing Agencies for more accessibility as a contingency when vacancies arise. Flexible working hours and overtime rates have also been reviewed to improve staff retention.	Head of Healthcare	September 2022
	The Head of Healthcare monitors clinical supervision with data collected monthly for assurance that clinics are consistently held. Healthcare staff meetings have reconvened twice weekly allowing for staffing levels to be reviewed in advance. Recruitment/Rota calls are held weekly with G4S Health Senior management team to	Head of Healthcare	September 2022

			support improved management oversight of staffing levels and vacancies. Review of staffing/workforce is monitored via the monthly Clinical Governance meeting and Quarterly Contract Review meetings.		
7.6	Key concern (1.45): Patients requiring a transfer to secure mental health inpatient services so they could receive specialist care continued to wait far too long for a bed, often in conditions that were worsening their mental health and well-being.	Partly Agreed	This recommendation is partly agreed, in the Reforming the Mental Health Act White Paper the Government have committed to introduce a statutory time limit of 28 days for transfers to mental health hospitals. This is to be commenced once revised National Health Service England (NHSE) and Improvements guidance has been fully embedded in practice.	NHSE	Completed
	Recommendation: The local delivery board, in conjunction with NHS England and NHS Improvement, should take urgent steps to make sure prisoners		Prison teams will continue to ensure that local referrals for mental health inpatient provision are made on time and access is facilitated for NHSE clinician assessments.	Director	Completed
	requiring a transfer to hospital are moved within the national timescale of 28 days.		The monthly Integrated Governance meeting will escalate extended delays to NHSE Health & Justice Commission. The Quarter Contract Review meeting will review this data and escalate accordingly to the Health Care Commissioner.	Director	Completed
7.7	Key concern (1.46): Leaders and managers had not allocated all the education, skills and workplaces that were available and there were insufficient education spaces to meet demand. Attendance in too many education classes was poor and staff	Agreed	Plans within HMP Altcourse's contract meetings have been agreed to expand the provision both in the main Education building and outreach. This will provide enough activity space to offer at least a part time space for all prisoners.	Director	September 2022

	absences meant that not all classes were running. Recommendation: Leaders should		The Head of Activities will work with education partner agencies to ensure staff absences cause minimal disruption to the regime and prisoners learning.	Director	Completed
	make available sufficient education, skills, and work spaces to meet the demand and allocate spaces promptly. They should make sure that attendance improves significantly in education and that they have enough staff to run all the classes outlined in their curriculum plan.		HMP Altcourse have reviewed the process for notifying those who are required to attend education. Attendance lists are now printed the evening before prisoners are required to attend education. Staff advise newly allocated prisoners, each evening they are required to attend education. Unit staff will maintain the escort of prisoners directly to education to ensure timeliness, any failure to attend will be investigated and challenged by the Unit Manager.	Director	September 2022
			Daily attendance lists are now shared with the Head of Residence and Head of Industries to allow the Senior Management Team to track attendance and intervene when negative trends are identified. Attendance will be scrutinised within the monthly Performance meeting.	Director	Completed
7.8	Key concern (1.47): POMs were regularly redeployed which affected their ability to support the prisoners on their caseloads. Recorded levels of contact with prisoners were among the lowest we have seen in 2021, and many prisoners we interviewed could not name their	Agreed	The Head of Offender Management Delivery will implement and embed the Offender Management Unit (OMU) National Standards 2021. Newly sentenced prisoners will have three face to face meetings within the first twelve weeks with at least one meeting to discuss and agree the prisoners OASys sentence plan. Subsequent face to face	Director	August 2022

	POM. Most prisoners had a custody plan, although in our survey, only 14% of prisoners knew they had one. We found no evidence of POMs undertaking one-to-one work to help prisoners make progress with their plan. Recommendation: All eligible prisoners must receive regular, meaningful contact from POMs to help them make progress against their sentence plan.		meetings will be based on 'need' or at least every three months. Management assurance of (OMU) National Standards compliance will be undertaken during regular Prison Offender Manager (POM) accountability meetings and via dip sampling of offender case notes.	Director	August 2022
7.9	Key concern (1.48): Many prisoners were subject to restraining orders or child contact restrictions, yet very few were subject to monitoring arrangements. There was no	Agreed	Staff have been resourced to address the backlog of call monitoring, alongside a review of the necessary resources required to meet the increased demand.	Director	August 2022
	oversight of call monitoring and the calls of some prisoners had not been dealt with for two months. This meant the prison's ability to identify when prisoners might use the phone to cause harm was limited, undermining other risk-based decision making. POMs had not attended the IRMT meeting for many		A review of the public protection screening and ongoing monitoring process has been undertaken. Responsibility for initial authorisation and review of monitoring arrangements now sits within the OMU and a process map will be created to clarify staff responsibilities. An internal audit process will be established to provide assurance that call monitoring is kept up to date.	Director	August 2022
	months and the staff could not confirm if action set at this forum had been implemented.		The newly established Public Protection Steering Group, who meet quarterly, will provide an	Director	August 2022

	Recommendation: The prison should immediately put in place robust arrangements to make sure that the public protection risks posed by prisoners are identified and managed effectively.		overarching level of governance of public protection procedures and responsibilities. The monthly Interdepartmental Risk Management Meeting (IRMM) will be improved by the introduction of an Action Log with clearly attributable and timebound actions, which will be reviewed during each meeting. Where actions are not completed within the required timescales this will be escalated to the Head of Offender Management Delivery as Chair. Attendance of POMs at the IRMM will be an expectation when shift pattern allows; if staff are not able to attend in person a written contribution will be provided using a prescribed template. Ongoing quality assurance of these inputs will be completed by the Head of Offender Management Delivery and monitored during POM accountability meetings.	Director	May 2022
7.10	Key concern (1.49): Changes within the probation service meant that unsentenced prisoners were no longer provided with formal resettlement support. In our survey, more than half of those who expected to be released in the following three months said they needed support with accommodation and finances, yet only very few said they were receiving support. Despite	Agreed	Under the new resettlement approach all resettlement prisons including HMP Altcourse, have an embedded resettlement provision (managed by or otherwise linked to a Probation Delivery Unit (PDU)). The embedded pre-release teams in HMP Altcourse are providing immediate resettlement needs and pre-release support for all people in prison, including for the unconvicted and for out of area cases. The minimum service is to identify and action any immediate needs in preparation for specialist support via	HMPPS	Completed

promising recent work to improve	Commissioned Rehabilitative Services (CRS),		
accommodation support, too many	liaising with the Community Offender Manager		
prisoners were still being released	(COM) or Short Sentence Function as allocated		
without an address to go to. Support	and provide a point of contact for CRS suppliers		
to help prisoners with their finances,	seeking to engage with the individual.		
benefits and debts was limited to			
informal advice from the resettlement	HMPPS plans to extend CRS accommodation	HMPPS	August 2022
team and prisoners could not open	support contracts to all prisoners, including those		
bank accounts.	on remand, in all Resettlement Prisons (and		
	women's prisons) that receive people on remand in		
Recommendation: All prisoners,	England and Wales by Summer 2022.		
including those who are			
unsentenced, should be able to	HMPPS have begun commissioning services for	HMPPS	October 2022
access resettlement advice and	finance, benefit and debt support, which will be		
support to prepare them for their	available to both remanded and sentenced		
release into the community.	prisoners in reception prisons by the Autumn 2022.		
	In the meantime, the embedded pre-release teams		
	continue to provide pre-release services not		
	currently available via CRS including signposting		
	people in prisons to Finance, Benefit and Debt and		
	accommodation services and providing support		
	services to remanded and sentenced people in		
	prison. The minimum is to assess and undertake		
	specialist immediate needs work and refer to		
	specialist services where appropriate.		
	The Delivery of the Actual Control	LIMPRO	0
	The Delivery of the Accommodation service at	HMPPS	Completed
	HMP Altcourse has been challenging, not least		
	because of the rapid throughput of receptions and		
	discharges. There is close and intensive work		
	being undertaken between the CRS provider,		

			Contract Management Team, Homelessness Prevention Team and the Prison Pre-Release Resettlement Team to maximise the benefit of the service and to provide a co-ordinated approach. The Prisoner Banking Programme is managed by HMPPS' New Futures Network. It enables serving prisoners who are within the last six months of their sentence to apply for a basic bank account for use on release (other eligibility criteria apply).	HMPPS	Completed
			Since November 2021, funding has been made available to all prisons across England and Wales to purchase identification documents for serving prisoners. This can include a birth certificate, provisional / renewed / replacement driver's licence, or replacement biometric resident permits for foreign nationals. In January 2022, prisons including HMP Altcourse were offered further funding to resource delivery of both programmes.	HMPPS	Completed
	Recommendations				
	To the Director				
7.11	Recommendation (3.17): Investigations into violent incidents should be conducted promptly and in sufficient detail so that managers can determine the causes of	Agreed	A permanent Violence Reduction Manager will be appointed to provide consistent management oversight of the completion of Violence Investigation Reports in a timely manner.	Director	June 2022
	violence, identify action to be taken and maintain the safety of the prison.		All Safer Custody Managers will be trained to cover the Violence Reduction Manager role to provide	Director	June 2022

			continuity for absences and prevent any single point of failure. Violence Investigation Reports will be redesigned to capture sufficient and relevant data including the triggers for violence. Safer Custody Managers will quality assure all Violence Investigation Reports.	Director	August 2022
			A review will be conducted of the Safer Custody Department's resources to see if it meets the current needs and to explore how violence data can be better scrutinised and used to help maintain the safety of the prison.	Director	May 2022
7.12	Recommendation (3.24): Body-worn video cameras should be worn and activated during all incidents involving force	Agreed	The Establishment will introduce ongoing awareness campaigns and focus on Body Warn Video Cameras (BWVC) during initial and refresher training. The Use of Force (UoF) Scrutiny Panels will reinforce the expectation of activation of BWVC's for any escalating incident through ongoing briefings.	Director	June 2022
			The Residential Management Team will work with the Safer Custody Team to reinforce the use of BWVC's and their use to de-escalate incidences. The Head of Residence and the Residential Cluster Managers will challenge staff that do not comply with the BWVC policy.	Director	June 2022
7.13	Recommendation (3.25): Regular use of force scrutiny forums should	Agreed	A full time and permanent UoF Coordinator has been appointed and weekly scrutiny panels will	Director	April 2022

	be reinstated to identify any immediate lessons to be learnt and provide assurance that any incidents involving force are proportionate and justified.		take place with all relevant staff invited to attend, including Independent Monitoring Board members and Controllers to provide independent scrutiny and to hold the provider to account. Minutes are circulated to those that were unable to attend and actions followed up by the UoF Coordinator. The Safer Custody Cluster Manager will retain oversight of the entire process and provide quality assurance to the establishment.		
7.14	Recommendation (4.18): Staff should make sure that when a prisoner is moved from a cell, their property is promptly and accurately accounted for so that it can be kept safe.	Agreed	The current arrangements regarding cell clearance certificates have been reviewed and are considered an accurate method of providing accountability for prisoner's property. To improve staff's adherence to the use of cell clearance certificates the Head of Residence now receives monthly data from the Complaints Team in relation to the removal and safe transportation of prisoner's personal possessions in order to track trends and identify slippage in the process. The cell clearance process has been reiterated in unit briefings and staff meetings and will be monitored by unit managers. Where necessary, learning will be provided to staff who deviate from the approved process.	Director	June 2022
			From March 2022 feedback will be sought from prisoners via the Prisoner Engagement Council to provide assurance that any continued problems in this area are addressed promptly.	Director	March 2022

7.15	Recommendation (4.37): Equality data should be analysed regularly to identify disproportionate treatment and to enable appropriate responses to be developed.	Agreed	The monthly Equality Action Team agenda will be revised to include Equalities data from non-Safer Custody areas of the prison to identify and analyse potential disproportionality. A new Equalities database will be created to track establishment wide data and it will be discussed, and action taken within the monthly Safer Custody meeting.	Director	May 2022
7.16	Recommendation (4.71): Patients in the inpatient unit should have access to therapeutic and constructive activities to maintain their well-being and promote recovery.	Agreed	A full review of the In-Patient Unit Admission policy will be conducted and will include therapeutic activities. The Mental Health Leads will introduce a therapeutic activities schedule for patients within the unit and for this schedule to consider all patients and their needs.	Director	June 2022
			A new in-patient regime will be introduced following engagement with all stakeholders.	Director	June 2022
7.17	Recommendation (4.77): Prisoners' social care needs should be met consistently and plans to provide an integrated health and social care model should be expedited.	Agreed	The Local Authority recognises challenges with the current social care provision. Liverpool City Council remains committed to pursuing an integrated health and social care model, at the earliest opportunity, subject to the healthcare provider's commitment and ability to implement.	NHSE/Liverpool City Council	September 2022
7.18	Recommendation (4.96): Effective, joined-up non-clinical substance misuse support should be available for prisoners.	Agreed	Following a period of staff training and upskilling, the substance misuse team will resume its prepandemic service delivery of effective, joined-up non-clinical substance misuse support.	Director	September 2022

			The in-cell Intuitive Recovery Course remains available for prisoners to undertake. The Well consultancy will stay in contact and support prisoners who are reducing from methadone and work with HMP Altcourse to support release planning.		
7.19	Recommendation (4.104): In- possession risk assessments should be carried out in line with the policy and secure storage provided in cells for prisoners' in-possession medication.	Partly Agreed	This recommendation is partly agreed. The Head of Residence in consultation with the Head of Healthcare will trial the use of secure storage (for the secure holding of medication in possession within double occupied cells) from March 2022 on Melling residential unit. If the trial is successful it will be rolled out across the prison.	Director	October 2022
			The Head of Medicines Management has introduced changes to the types and quantity of In Possession (IP) medication, following a review undertaken by Healthcare.	Head of Healthcare	Completed
			All prisoners have an IP risk assessment completed upon arrival as part of the first reception Health Screen; a weekly report/audit is completed to monitor prisoners having had a risk assessment completed. The specific IP risk assessment introduced during Covid-19 has now been discontinued.	Head of Healthcare	May 2022
7.20	Recommendation (4.105): CD administration should be governed effectively to make sure the drugs	Agreed	A review of the administering of all Controlled Drug (CD) medications has taken place and is on-going. Only trained staff will administer controlled drugs.	Head of Healthcare	June 2022

	are being given in accordance with documented policies and appropriately trained staff are witnessing administration.		The Head of Medicines management has delivered and continues to deliver CD training sessions and reiterates the CD policy and expectations.	Head of Healthcare	June 2022
			For assurance and monitoring purposes weekly auditing has commenced by Healthcare managers.	Head of Healthcare	Completed
			A review of the location of methadone will be carried out and agreed with the Deputy Director.	Head of Healthcare	August 2022
7.21	Recommendation (4.106): The dispensing of medicines should be carried out legally, safely and in line with established policy.	Agreed	Medicine administration policy documents have been shared with all healthcare staff with particular attention made to NMC (Nursing and Midwifery Council) codes of practice, including examples of poor practice.	Head of Healthcare	Completed
			The onsite pharmacist has reviewed the Blister pack process and introduced a SOP (Standard Operating Procedure) to ensure safe administration.	Head of Healthcare	Completed
7.22	Recommendation (5.13): Access to purposeful activity and recreation should be extended at the weekend to limit the amount of time prisoners spend locked in their cells.	Agreed	In line with recovery plans, HMP Altcourse will increase capacity and access to regimes on a weekend this will include visits, library, Chapel services and Gym. This will increase current time out of cell and purposeful activity levels.	Director	September 2022
7.23	Recommendation (5.14): The library, which should be managed by	Agreed	Two HMP Altcourse staff will enrol on an 18-month Librarian Assistant apprenticeship in April 2022.	Director	April 2022

	suitably qualified staff, should reopen so that prisoners can attend.		The Library will continue to allow prisoners to order books on the Custodial Management System (a local internal intranet system used by staff and prisoners) and have these delivered to cells.	Director	Complete
			Attendance at the Library will be allowed in line with post Covid-19 Recovery plans from May 2022.	Director	June 2022
7.24	Recommendation (5.15): The stock of books in languages spoken by prisoners should be significantly increased.	Agreed	Following engagement with wider suppliers and foreign national prisoners, HMP Altcourse will expand the library stock by August 2022 to better represent the needs of the population including those where English is not their first language.	Director	August 2022
7.25	Recommendation (5.35): Leaders should provide vulnerable prisoners with the same opportunity to participate in education and vocational training as the general population, in suitable accommodation.	Agreed	HMP Altcourse have undertaken focus groups with vulnerable prisoners to better understand their needs. HMP Altcourse will extend the education and vocational training for vulnerable prisoners to ensure equitable access for all.	Director	August 2022
7.26	Recommendation (5.36): Leaders should provide support for all prisoners with additional learning needs so that they can make the progress they are capable of in education, skills, and work activities.	Agreed	HMP Altcourse's educational provider will recruit an additional Learning Difficulty and Disability (LDD) Support Officer. The LDD Strategy will be reviewed to ensure resources and processes are meeting the needs of the LDD population.	Director	September 2022

			The LDD Strategy Group has commenced a "This is Me" (TIM) card pilot on the vulnerable prisoner unit, prior to expanding across the establishment	Director	June 2022
			Neurodiversity Staff Training commenced in March 2022 to ensure staff have the skills to best support LDD prisoners.	Director	June 2022
			Complex Case meetings will be implemented to ensure HMP Altcourse are providing LDD learners with focused support. Within Complex Case meetings, the Prison, Healthcare and G4S will take a multi-agency approach to progressing learners who have LDD needs and produce a focused support plan to target timely progress.	Director	June 2022
7.27	Recommendation (5.37): Leaders should improve prisoners' prospects of progressing to education, training, or employment on release by making sure the careers advice and	Agreed	All prisoners will complete a Virtual Campus Personal Learning Plan (PLP) which identifies their long-term career goals. This has commenced onsite with approximately 50% of learners now with a PLP.	Director	August 2022
	guidance they receive focus sufficiently on their long-term career and educational goals.		The Education Provider on site will provide training to Information Advice Guidance (IAG) staff to develop their skills in the identification of short- and long-term goals.	Director	May 2022
7.28	Recommendation (6.7): Prisoners should be able to access all the visiting sessions they are entitled to	Agreed	As HMP Altcourse progress through the Covid-19 recovery stages, Visits capacity will return to prepandemic delivery.	Director	September 2022

	at appropriate times throughout the week.		In February 2022 evening visits were reintroduced on two days a week with numbers limited to 20 prisoners on each session.	Director	Completed
			From March 2022 all prisoners were allowed their full Statutory Visits Entitlement, proportionate to their status, including evening sessions. Weekends will be included as part of the Covid-19 Recovery plan over the coming months.	Director	June 2022
7.29	Recommendation (6.21): Work to rehabilitate prisoners should be effectively coordinated to avoid duplication, identify gaps in provision, and support sentence progression.	Agreed	The Head of Offender Management Services will commission a Prisoner Survey and through response analysis, gaps in the current provision will be identified. An Establishment Reducing Reoffending Action Plan will be produced, which will involve both internal and external key partners.	Director	August 2022
			Bi-monthly Reducing Reoffending meetings will re- commence in April 2022. This will support the completion of the Reducing Reoffending Action Plan and will be used to update the existing establishment Reducing Reoffending Strategy.	Director	April 2022
	To the HMPPS				
7.30	Recommendation (6.29): All prisons should abide by nationally agreed criteria to ensure prisoners are transferred without delay to support their progression.	Agreed	The National Allocation Protocol ensures the optimum flow of prisoners through the whole custodial system. Prisons should operate in line with their population specification and the offender flows and must not impose local population restrictions without agreement with the Population	HMPPS	Completed

Management Unit (PMU). Any prison experiencing an issue with a receiving prison who refuses to accept a transfer should escalate via their operational line and Prison Group Director (or equivalent).	
--	--

Recommendations	
Agreed	28
Partly Agreed	2
Not Agreed	0
Total	30