



HM Prison &
Probation Service

Action Plan: HMP Elmley

Action Plan Submitted: 29th June 2022

A Response to the HMIP Inspection: 28th February to 11th March 2022

Report Published: 21st June 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 provide 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 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 ELMLEY

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 1.42: Systems to understand and respond to the causes of violence were underdeveloped. Not all violent incidents were investigated and there was little evidence that lessons were learned from those that were. In the sample of investigations we reviewed, there was usually a lack of	Agreed	<p>To ensure that all reported violent incidents are investigated thoroughly, they will be referred through the Challenge, Support and Intervention Plan (CSIP) process where the victims and perpetrators will be supported and challenged appropriately. As part of the daily Operational meeting, the previous day's events and incidents are discussed and the weekly Safety Intervention Meeting (SIM) will identify all outstanding violent incidents. The Head of Safety will have full oversight of the investigation process allocating appropriate staff to investigate and report back findings.</p> <p>The investigation process will identify, why the incident occurred and whether it could have been prevented. Information and lessons learned will feed into the Violence Reduction Strategy and how HMP Elmley manage and co-locate prisoners with conflict issues.</p> <p>As part of the Induction process, there will be greater emphasis on questions around known and potential conflict issues. The Violence Reduction Prisoner representatives will</p>	Governor	<p>September 2022</p> <p>September 2022</p> <p>August 2022</p>



	<p>inquiry into why the incident happened and how it could have been prevented.</p> <p>Recommendation: Investigations into incidents of violence should be sufficiently thorough to understand and respond to the causes of violence, ensuring that perpetrators and victims are managed and supported appropriately. (To the governor)</p>		<p>have a role that helps to identify early problems that helps in future location within the Prison to prevent the risk of contact and conflict.</p> <p>A review and renewal of the Violence Strategy will include a section on the Young Adult population, to better understand the causes and drivers for violence within this cohort. This strategy will draw on the lessons learned, and practices adopted from cohort-specific prisons.</p> <p>Violence Reduction prisoner representatives will have an enhanced role across the Prison that allows for greater engagement with Perpetrators and Victims to help address some of the conflict and mediation processes.</p>		<p>September 2022</p> <p>August 2022</p>
7.2	<p>Key concern 1.43: Use of force documentation was not always fully completed and, although body-worn video cameras were readily available, too many staff failed to activate them during an incident to provide</p>	Agreed	<p>A Senior Manager has strategic responsibility for Use of Force (UoF) across the prison. There will be a renewed focus on briefing staff about the importance of activating Body Worn Video Cameras (BWVC) during incidents and regular events to promote usage including physical management checks in all areas.</p> <p>The weekly use of force meeting will review and follow up incidents when BWVC are worn but not activated, and guidance will be given to staff. The weekly meeting will additionally conduct qualitative checking of completed</p>	Governor	<p>September 2022</p> <p>October 2022</p>



	<p>evidence and support de-escalation.</p> <p>Recommendation: Leaders should make sure that staff routinely switch on body-worn cameras during use of force incidents, and that correlating documentation demonstrates appropriate de-escalation. (To the governor)</p>		<p>paperwork and chase those staff that have not submitted paperwork that week.</p> <p>Good practice will be recognised through the reward and recognition scheme and publicised to the wider staff group to promote and normalise the use of BWVC.</p> <p>It is recognised that ongoing training is necessary to promote the usage of BWVC, therefore, a localised strategy will be implemented by the Control and Restraints (C&R) Instructors to adapt the current training package and ensure key priorities feature in the local use of force training sessions, where the activation of BWVC and use of de-escalation is focused on for all learners.</p> <p>The Regional Use of Force meeting will add an additional layer of scrutiny, but also act as a medium to share good practice and share learning from protracted or difficult incidents.</p>		Ongoing
7.3	<p>Key concern 1.44: There were weaknesses in the governance of adjudications, segregation and security. Minutes of the relevant scrutiny meetings were brief and did not evidence enough attendance by senior managers</p>		<p>Terms of reference for Safety, Security, SMARG (Segregation Monitoring and Review Group) and Adjudication Standardisation meetings will be reviewed to ensure multidisciplinary attendance. Any regular non-attendance will be raised and addressed at the Senior Leadership Team Meeting (SLT) to ensure key people are in attendance. Data analysis and effective action plans will be developed, with SMART actions tracked at each meeting. This will ensure that the demographics and data is consistently analysed across all functions.</p> <p>Data collated will help to inform future regime design, curriculum and intervention delivery.</p>	Governor	<p>July 2022</p> <p>September 2022</p>



	<p>or discussion based on the key strategic priorities. Poor assessment of data undermined the prison's understanding of some of the challenges it faced.</p> <p>Recommendation: There should be effective oversight of all aspects of safety in the prison. Governance meetings should be well attended, and discussion and action should focus on key priorities in each area informed by good data analysis. (To the governor)</p>		<p>HMP Elmley will engage with other sites identified as having best practice for the governance and management of safety in order to identify learning that can be brought back into HMP Elmley.</p>		September 2022
7.4	<p>Key concern 1.45: The absence of a needs analysis and clearly defined equality strategy left leaders without a</p>		<p>A full needs analysis survey will be conducted for the current population. This will, in conjunction with disability questionnaires, form the basis for the establishment's equalities strategy. The resulting action plan will form the agenda for the protected characteristic forum groups, by analysing lived experience feedback from protected group forums and monitor equality data relating to that protected</p>	Governor	August 2022



<p>sense of direction or the ability to monitor progress or assess outcomes for prisoners with protected characteristics. There was little evidence that the needs of these prisoners were understood or met. Recent consultation with protected groups lacked purpose, direction and focus.</p> <p>Recommendation: The prison should have a clear strategy to identify and meet the needs of prisoners from all protected characteristic groups, ensuring there is no disproportionate treatment. (Repeated recommendation S39.) (To the governor)</p>		<p>group (including from Discrimination Incident Reporting Forms, NOMIS records, the Equality Monitoring Tool, local activity allocations, Segregation Monitoring and Review Group and Adjudications Standardisation meetings) This data will be used to prompt informed discussion and promote actions that address disproportionality leading to a more equitable outcome.</p> <p>Progress will be monitored at the monthly Diversity and Inclusion meetings, chaired by the Governor or Deputy Governor, giving them focus and direction in support of minority groups. Regular support will be offered by the Regional Equalities Lead.</p> <p>The Senior Leadership Team will be allocated Protected Characteristic lead roles and commence forums every two months, with prisoners to explore and understand negative perceptions and experiences</p>		<p>August 2022</p>
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7.5	<p>Key concern 1.46: Primary health care was challenged by staff shortfalls and had been forced to prioritise essential services. Waits for routine GP appointments had extended to over four weeks. Primary health managers frequently had to cover staffing deficits and could not always focus on the strategic aspects of their roles, which affected some aspects of governance. There were gaps in the formal managerial supervision of health staff and some mandatory training, as well as the oversight of checks on emergency equipment. Shortage of prison staff had</p>	Agreed	<p>Oxleas commenced delivering integrated healthcare services on the 1st April 2022. Key positions will be in post by August 2022, including the Head of Healthcare.</p> <p>An HR recruitment and business partner is now in post focusing on healthcare vacancies. Hard to recruit roles have been identified by Oxleas and specific actions are being pursued, including;</p> <ul style="list-style-type: none"> • training posts for medicine management technicians, • international recruitment, • Nursing Associate training specific to Isle of Sheppey, • Liaison with universities. <p>Weekly meetings will take place with head of healthcare to review vacancies and staff in recruitment pipeline.</p> <p>Vacancies are escalated to clinical Senate, Trust Board and Drugs Management Team. Staffing will be regularly reviewed with commissioners and HMP Elmley SLT. Whilst Oxleas continue to recruit to vacancies, the current nursing provision allows for essential priority one tasks to be completed. This includes medication, Triage and emergency response, Mental health assessments and caseload management, Day 5, 28 and 13 week Substance misuse reviews. Healthcare staffing and barriers to delivery are a standing agenda on the daily Operational meeting.</p> <p>Regular Governance meetings will be chaired by the Governor to measure and monitor delivery of the healthcare provision, including attendance at clinics, non-attendance rates, and waiting lists.</p> <p>Oxleas Trust policy for Staff supervision is mandatory. All staff receive supervision every 4-6 weeks depending on needs.</p>	Governor/Oxleas	<p>March 2023</p> <p>September 2022</p>
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	<p>also affected prisoner access to internal and external health appointments and other services.</p> <p>Recommendation: Health care staffing should be sufficient to provide a fully functioning primary care service, including robust governance. This should incorporate effective partnership work with the prison to enable patients to attend all clinical appointments, reducing the non-attendance rates that have increased waiting times and wasted clinical resource. (To the governor)</p>		<p>This also includes a yearly Personal Development review (PDR). Supervisions and PDR are monitored and audited monthly.</p> <p>Oxleas have now established both daily and weekly emergency equipment checks. A process is being developed to implement quarterly governance and audits for the checks through the Quality Manager.</p> <p>A clinic Standard Operating Policy is being developed to include a new internal process for clinic appointments this will also include the use of the healthcare representatives to improve attendance. This will include individual movements slips dispatched the day before the appointment. Clinic attendance, including failures to attend, are monitored weekly and through the monthly Clinical Governance meetings and Local delivery Boards.</p> <p>Regime delivery and Staff resources have improved greatly, and the Prison is now out of the previous COVID restrictions. This has allowed a return to the pre-COVID daily hospital escort numbers. Catch up and priority is being reviewed weekly.</p>		<p>March 2023</p> <p>July 2022</p>
7.6	Key concern 1.47: Prisoners received a low quality of	Agreed	A comprehensive post Ofsted action plan and a teaching quality improvement plan has been put in place and this will be managed by the Weston College management team that now has a new Education manager and a new Deputy manager in	Governor	September 2022



<p>education, particularly in classroom and outreach settings. They did not develop substantial new knowledge and skills, and they achieved accredited qualifications at low rates.</p> <p>Recommendation: Leaders should take rapid action to address the poor quality of teaching in classroom-based education, for example through improved training and quality assurance. They should make sure that prisoners have opportunities to develop substantial new knowledge and skills and, as a result, to achieve accredited qualifications at</p>		<p>post. The process will be monitored and assessed by a newly recruited HMPPS Head of Education and Learning & Skills manager.</p> <p>All tutors have been asked to report their areas of improvement and, through teaching observations and learning walks, the management team will provide dedicated Continuous Professional Development to improve the quality of teaching, including the impact on learners.</p> <p>Feedback and quality assurance will be given at the Education Performance Meeting including a statistical breakdown of achievements by prisoners and updates on teaching improvement plans, through the post-Ofsted action plan and via feedback to the Reducing Reoffending meetings to include a month-on-month analysis of completions and achievements for both mainstream education and vocational training by partners. In addition to the above the overall picture will be reported to the Governor and SLT by the Head of Reducing reoffending via the monthly Prison performance meeting.</p>		
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	high rates. (To the governor)				
7.7	<p>Key concern 1.48: Leaders did not use data effectively to monitor the quality of education. For example, they did not adequately track trends in recruitment, retention and achievement, and use this information to tackle weaknesses in the education provision.</p> <p>Recommendation: Leaders should make more effective use of data to scrutinise the performance of learners on education courses. (To the governor)</p>	Agreed	A specialist Head of Education has been appointed to drive performance improvements and will ensure that all data is understood and reviewed at the Education Performance Meeting (EPM). Any trends or risks will be highlighted to both the SLT at the monthly performance meeting and Weston College. An action plan will be put in place to be reviewed at the EPM. This will also continue to be monitored weekly through the Education meetings, where all data will be analysed, including the identification of trends, retention and completion rates.	Governor	October 2022
7.8	<p>Key concern 1.49: Prisoners did not receive a thorough induction to education, skills and</p>	Agreed	A new induction process has been put in place to include a written plan for both Weston College staff and CXK(education, training and skills provider) with a standard script for all new inductions and an increased use of the Virtual Campus system. This will inform and populate individual Prisoner Learning	Governor/Weston College/CXK	October 2022



<p>work or enough information about their education, skills and work options. Staff inhibited prisoners from making choices by discussing their confidential information in front of other prisoners. Leaders did not make sure that allocations to activities matched prisoners' career goals.</p> <p>Recommendation: Leaders should make sure that prisoners benefit from a good-quality induction, carried out sensitively, that helps them to make informed choices about their work or study options, and that allocations to courses match prisoners' career</p>		<p>Plans for their journey through custody and eventual release. This will be delivered by a substantive learning facilitator for continuity.</p> <p>The process will be reviewed by Weston College and the Learning & Skills Manager at the Effective Practice Meeting (EPM), and quality assurance will be given by the Head of Education and reported back to the SLT at the monthly performance meeting. The CXK Management team and the Learning & Skills Manager have put in place a timetable, management plan and audits to ensure good one to one confidential quality conversations are taking place to match referrals to career aspirations.</p>		<p>October 2022</p>
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	aspirations. (To the governor)				
7.9	<p>Key concern 1.50: Prisoners with learning difficulties and/or disabilities received inadequate support and support plans did not identify appropriate strategies. Prisoners who required a more in-depth assessment of their needs had to wait too long for an assessment. Too many teachers lacked the confidence to support prisoners with learning difficulties and/or disabilities effectively.</p> <p>Recommendation: Leaders should make sure that prisoners with learning difficulties and/or disabilities needs receive appropriate support</p>	Agreed	<p>A training plan has been put in place for Weston College staff to ensure that they are confident in using the Learning Difficulties and/or Disabilities (LDD) screen and that teachers understand how learners contextualise information that will enable them to inform lesson planning and provide quality teaching. This process will be overseen by the new Weston College management team and quality assured by the Head of Education.</p> <p>A new Neurodiversity Lead will be recruited to HMP Elmley to ensure appropriate partner support available for learners with LDD are coordinated to ensure the best outcomes for the learner. The Neurodiversity Lead will conduct monthly dip tests of learners identified with LDD to ensure that ongoing support is in place, in addition to this the Neurodiversity Lead will also hold focus groups with learners to identify any issues or changes that need to be made. This information will be fed back to the Senior Leader Team via the Prison Performance meeting and will also be highlighted to the Education Management Team and the Governor as a standing agenda item on the Education Performance Meeting.</p> <p>The Learning & Skills team will focus on LDD support in the month of June, carrying out a 100% check on all learners, ensuring they have a rapid screen in place, context statement which identifies strategies of support and, where needed, an in-depth screener.</p>	Governor	<p>October 2022</p> <p>August 2022</p> <p>June 2022</p>



	that enables them to make good progress in education, skills and work activities. (To the governor)				
7.10	Key concern 1.51: There was insufficient focus on, and opportunities for, sentence progression by prisoners. Contact between prison offender managers and prisoners was too infrequent, and many of the targets in prisoners' sentence plans were not specific about the work they needed to do to reduce their risk. Very few prisoners had been able to complete accredited offending behaviour programmes at Elmley or elsewhere, and POMs did not undertake one-to-one offending behaviour	Agreed	<p>The Offending Behaviour Programme team is now running group work and has diarised courses for the remainder of the year.</p> <p>A backlog of participants has been identified and these will be placed onto appropriate courses taking into consideration their current identified risks and their potential release/parole date.</p> <p>Programmes staff are working with Prison Offender Managers to help ensure prisoners are sufficiently motivated. Programmes staff are attending monthly team meetings with Prison Offender Managers and close liaison is taking place prior to, and during prisoners' completion of accredited programmes.</p> <p>Accredited Intervention Management meetings have now recommenced to ensure the Programmes team are being supported throughout the prison and to address any issues that arise. These meetings also provide an opportunity to review completion rates and any backlog. Records of these are being kept by the Programmes team. Progress and completion rates are then reviewed at both the Reducing Reoffending meeting and the Prison Performance Meeting by the Senior Leader Team.</p> <p>Alongside this, quality assurance work is being undertaken of OASys (Offender assessment System) to ensure that sentence plans adequately address areas related to risk of serious harm and risk of reoffending. The use of new toolkits for one-to-one work has been introduced and will be embedded over the</p>	Governor	<p>July 2022</p> <p>July 2022</p> <p>July 2022</p> <p>July 2022</p>



	<p>work with prisoners.</p> <p>Recommendation: Prisoners should be able to access appropriate offending behaviour interventions to reduce their risk and progress through their sentence. (To the governor)</p>		<p>coming months through team meetings and Head of Offender Management Delivery (HOMD) supervision of individual Prison Offender Managers.</p>		
7.11	<p>Key concern 1.52: Public protection arrangements were inadequate. The scope of the inter-departmental risk management meeting was too limited to consider the risks of all high-risk prisoners approaching release. There was a six-week backlog of phone calls made by high-risk prisoners waiting to be monitored.</p> <p>Recommendation:</p>	Agreed	<p>The Interdepartmental Risk Management Meeting has been reconfigured to ensure that prisoners assessed as posing a high risk of serious harm are now discussed as they approach their release, not just those managed at MAPPA level 2 and 3. The agenda for the meeting will be refined over the coming months so that all relevant cases receive oversight prior to release, appropriate actions are set and followed up. Attendance and contributions from other departments has already improved and efforts will be made to sustain this. The terms of reference for the meeting will be reviewed and will identify mandatory attendees.</p> <p>There has been a significant increase in monitoring demand due to increased numbers of prisoners identified as posing a risk to the public, which has further increased the backlog. A full review of the resource required will be initiated, as the current resource is no longer sufficient to meet the demands. As an interim measure staff on restricted duties have been trained and utilised in an attempt to reduce the backlog.</p>	Governor	<p>July 2022</p> <p>July 2022</p>



	Leaders should enforce robust arrangements to protect the public by identifying and managing effectively the risks posed by all high-risk prisoners in custody and before their release. (To the governor)				
	Recommendations				
7.12	Recommendation 3.22: A senior prison manager should investigate fully all use of batons and PAVA to make sure that use is proportionate and that lessons are learned. (To the governor)	Agreed	<p>A Senior Manager has strategic responsibility for Use of Force across the prison. As part of the role a comprehensive quality assurance process will be implemented to ensure the use of batons and PAVA is scrutinised and recorded. The outcome of each review will be shared with the Senior Leadership Team and actions addressed in a timely manner.</p> <p>Evidence of actions for all incidents of this nature will be recorded and discussed at the Monthly Use of Force meeting and recorded in the minutes.</p>	Governor	July 2022
7.13	Recommendation 3.39: All intelligence reports requiring a cell search should be	Agreed	The searching database will list all searches directed from intelligence reports. This will be rated on a three-point scale to prioritise searches based on risk. Some lower-level searches will be tasked to residential staff. This will support an increased level of searches performed. The search database	Governor	July 2022



	acted on promptly. (To the governor)		will be analysed quarterly against intelligence reports to monitor improvements.		
7.14	Recommendation 3.40: HMPPS should review security incident reporting in Elmley to make sure that all incidents are categorised accurately. (To HMPPS)	Agreed	<p>Incident reporting has been checked against regional comparators and the miscellaneous reporting is linked to reporting on use of force incidents. IRS will now be completed in line with national standards and remain an agenda item in monthly security committee meetings to ensure compliance with reporting categories.</p> <p>Additionally, managers completing IRS reporting will be reminded of the incident categories and the necessity for correct reporting.</p>	Governor/Prison Group Director	<p>July 2022</p> <p>July 2022</p>
7.15	Recommendation 4.76: The transfer of patients to hospital under the Mental Health Act should take place within agreed Department of Health timescales. (Repeated recommendation 2.78.) (To the governor)	Partly Agreed	<p>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 and Improvements (NHSEI) guidance has been fully embedded in practice.</p> <p>Every effort will be made to ensure transfer of patients under MH Act in a timely manner. The strategic direction is to improve efficient use of beds in the system, to ensure appropriate lengths of stay and remission back to prison are appropriate and timely. The recommendation cannot be fully accepted as there are a wide number of external factors at play that could prevent a 100% of placements being made within guidance including availability of a bed.</p> <p>Prison teams will continue to ensure that local referrals for mental health inpatient provision are made on time and access is facilitated for NHS clinician assessment.</p>	Governor	Ongoing



			<p>Oxleas hold an internal referral meeting to discuss delayed transfers. A weekly record of transfers to hospital is circulated to keep staff updated. Oxleas has a dedicated transfer coordinator that follows up the process robustly.</p> <p>NHS England Commissioners chair a delayed referral meeting on a weekly basis. All delayed transfers are referred to this meeting and Commissioners take action as appropriate.</p>		
7.16	<p>Recommendation 4.93: Stock medicines should be audited and reconciled at regular intervals to identify anomalies and investigate them promptly. (To the governor)</p>	Agreed	<p>All Stock medicines are now audited monthly and discrepancies are reported through the Datix system. This is reviewed in Clinical Governance meetings.</p>	Governor	Complete
7.17	<p>Recommendation 4.94: Prison officers should consistently monitor and manage medication administration queues to reduce the opportunities for bullying and diversion, and to maintain patient</p>	Agreed	<p>The supervision of medication queues by operational staff will be strengthened with the introduction of management checks. Results will be discussed at the Drug Strategy meeting.</p> <p>A short briefing/training package will be designed and delivered to all operational and Healthcare staff. This will remind staff about the need to ensure that prisoners do not stand too close to the medication hatch whilst others are receiving medications, to ensure confidentiality and reduce opportunities for bullying and diversion.</p> <p>In conjunction with Healthcare partners, the Head of Drug Strategy will be tasked with developing a procedure for the</p>	Governor	<p>July 2022</p> <p>July 2022</p> <p>July 2022</p>



	confidentiality at the hatch. (Repeated recommendation 2.95.) (To the governor)		management of those identified as persistently attempting to divert their own or others' drugs at medication hatches.		
7.18	Recommendation 5.8: Gym use should be monitored and underrepresented groups encouraged to participate in physical education and fitness provision. (To the governor)	Agreed	<p>Quarterly focus groups will be held by Gym staff on all residential units, In-Patients Unit and the Care & Separation Unit to ascertain what additional physical activities and enrichment can be identified to increase the numbers and range of prisoners using the Gym. This will then be considered at the Reducing Reoffending meeting, where the Gym programme will be reviewed. The collation of data by the Gym will be reviewed to ensure appropriate analysis of attendance that will allow any disproportionality of access to be addressed.</p> <p>A range of new accredited courses will be introduced, in addition to enrichment activities including the Duke of Edinburgh Award and Park Runs.</p>	Governor	August 2022

Recommendations	
Agreed	17
Partly Agreed	1
Not Agreed	0
Total	18

