



HM Prison &
Probation Service

Action Plan: HMP/YOI Peterborough (Women)

Action Plan Submitted: 19th March 2024

A Response to the HMIP Inspection: 6th – 16th November 2023

Report Published: 26th February 2024

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 His 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 priority and key concerns. Action plans provide specific steps and actions to address the priority and key concerns, that are clear, outcome focussed, 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.



ACTION PLAN: HMIP REPORT

ESTABLISHMENT: HMP/YOI Peterborough (Women)

| 1. Rec No | 2. Concerns | 3. Response Action Taken/Planned | 4. Responsible Owner | 5. Target Date |
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| | Priority concerns | | | |
| 1 | Not all services and support were sufficiently focused on addressing the specific needs of women in prison. One exception to this was the work to promote contact with children and families which had benefited from the expertise of an external advisor. | <p>The Strategic Safety Meeting, Use of Force, Adjudications Standardisation and SMARG (segregation monitoring and review group) meetings are now gender specific for the female prison to focus on the needs of women in prison.</p> <p>The local Diversity and Inclusion, Reception, First Night, Induction, Self-harm, Violence Reduction and Incentives & Earned Privileges policies will be re-written and implemented to focus more on the needs of women. Heads of Functions of the aforementioned policies will ensure policies are reviewed and amended, including good practices to improve standards for staff and prisoners. Policies will be reviewed annually to encourage up to date practices are being implemented prison wide.</p> <p>A new case management process will be implemented specifically for women to increase the safe support and risk management of individuals posing the greatest concerns. Proactive and holistic decision-making by managers to avoid escalating concerns and to prevent further concerns post Use-of-force and self-harm incidents. To measure the effectiveness of this, leaders will continue to monitor the frequency and severity of incidents.</p> | <p>Director</p> <p>Director</p> <p>Director</p> | <p>Completed</p> <p>June 2024</p> <p>April 2024</p> |
| 2 | Mental health support was limited and did not meet the high level of need. There were delays in | A daily triage meeting takes place to prioritise patients in respect of clinical need and risk. Healthcare will continue to look at the pace of | Northamptonshire Healthcare Foundation Trust | May 2024 |



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| | <p>assessments being completed and care being provided.</p> | <p>screening, assessment, and discharge where appropriate through our weekly team meeting and case load reviews in supervision.</p> <p>A review of the duty worker has taken place. This role aligns to seeing patients who are deemed urgent, attendance of ACCT reviews and segregation.</p> <p>The healthcare team will record any delays and liaise with the prisoners to keep them informed. Staff will communicate by either writing, face-to-face where possible, or use the phone to call their cell with an update regarding medical concerns.</p> <p>Group supervision for staff is now taking place to improve working practices.</p> <p>Recruitment is ongoing and under continuous review to ensure the correct compliment of staff is achieved to meet the needs of the prison population.</p> <p>Healthcare will review the operational policy to ensure the systems and processes in place will achieve to a lean service. Develop triage standard operation procedures to improve pace and consistency with triaging referrals. Training will be delivered to officers to reduce unnecessary referrals.</p> <p>Once patients are triaged, according to their need and of risk, various self-help packs matched to their clinical need will be sent out. There are two trauma stabilisations courses of 10 self-help packs routinely sent out.</p> | | <p>Completed</p> <p>May 2024</p> <p>April 2024</p> <p>Ongoing</p> <p>July 2024</p> <p>April 2024</p> |
| 3 | <p>Support for some protected and minority groups was too limited. There were too few adapted cells for women with physical disabilities and foreign national prisoners could not access some key progression opportunities.</p> | <p>There has been significant investment made at HMP Peterborough to increase the number of accessible cells for women in the last few years. Working in partnership with the healthcare provider, leaders will continue to assess the need for further investment.</p> | Director | July 2024 |



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| | | <p>A clinically led needs analysis will be undertaken to identify what is required to improve the care for women with physical disabilities. A supply of disability aids will be kept in stock for women arriving into custody with disabilities so the appropriate aid can be supplied once they have been assessed clinically. A monthly assurance check will be in place to ensure stock levels are maintained by the clinical lead.</p> <p>Consultation forums for protected characteristics will be scheduled for the year and held bi-monthly chaired by the Senior Leadership Team (SLT) Lead. Feedback and issues raised will be reviewed at the bi-monthly Diversity & Inclusion Action Team (DIAT) meetings.</p> <p>The use of translation services is to be more widely used during the reception process and documented during confidential discussions, such as Assessments, Care in Custody and Teamwork (ACCT) case management reviews. Translation services will be used, as required, throughout a prisoner's journey through HMP Peterborough.</p> <p>A resettlement strategy will be developed and communicated to prisoners. This will highlight the progression pathways which are available for foreign nationals in terms of Release on Temporary Licence (ROTL), Home Detention Curfew (HDC) and open conditions. To improve the understanding and confidence in the HDC and ROTL process, keyworkers will be briefed around accessing and support available of these processes. As part of the Foreign Nationals forums, issues regarding HDC and ROTL will become a standing agenda item to allow discussions and issues to be actioned.</p> | <p>Director & Northamptonshire Healthcare Foundation Trust</p> <p>Director</p> <p>Director</p> <p>Director</p> | <p>May 2024</p> <p>April 2024</p> <p>April 2024</p> <p>July 2024</p> |
| 4 | <p>The education, training and work curriculum did not meet women's needs. It did not help them develop the knowledge, skills or behaviour they needed to prepare them for release.</p> | <p>A full comprehensive needs analysis will be conducted, which will inform the curriculum to ensure that it provides the employability skills for prisoners upon release.</p> | <p>Director</p> | <p>May 2024</p> |



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| | | <p>Education, Skills and Work assessments will be effectively used to inform planning, allowing challenge and progression. This will be monitored through learning walks, staff CPD (continuous professional development), Lesson Observations, Lesson Plans, Developmental Feedback and Schemes of Work</p> <p>Progression within all work areas will be identifiable and tracked. Learners will be able to articulate their progression, and this will be recorded in Individual Progress Booklets which will have the learners Curriculum Pathway mapped out. Head of Education will quality check 10% of Individual Progress Booklets to ensure it is effectively being used by staff and prisoners.</p> | <p>Director</p> <p>Director</p> | <p>May 2024</p> <p>May 2024</p> |
| | Key concerns | | | |
| 5 | <p>Patient safety was being undermined by weaknesses in health care. For example, record keeping was poor, incident reporting was not embedded, and some aspects of medicines management did not meet national guidance.</p> | <p>The importance of a high standard of record keeping has been included in daily team briefings. Leaders have shared the Nursing and Midwifery Council code of conduct and professional standards and discussed with registered staff, their role in ensuring good record keeping practice.</p> <p>The Head of Operational Support is aligning all the audits and new audit cycle and will continue to audit record keeping on a monthly basis.</p> <p>Clinical leads have been briefed regarding how to report incidents and have liaised with their staff to ensure that staff understand the importance of reporting all incidents via the Datix system. All Datix reports are flagged and discussed in the wider trust's Early Warning System weekly meeting. Concerns and emerging themes are discussed and escalated to senior trust colleagues in this forum.</p> <p>Training for the team will be facilitated by the Trust Patient Safety Team. The training will focus on patient safety culture, systems and</p> | <p>Northamptonshire Healthcare Foundation Trust</p> | <p>April 2024</p> <p>April 2024</p> <p>April 2024</p> <p>July 2024</p> |



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| | | <p>processes and the importance of reporting incidents and escalating concerns.</p> <p><u>Medicines Management</u> Mental Health Team will have a register of depot medication on System One/Whiteboard to review.</p> <p>The Mental health Team has a daily hub meeting and discuss any concerns in relation to medication compliance for their case load, based on clinical need.</p> <p>The frequency of the review of non-attendance to be discussed in the medication management meeting to improve oversight.</p> <p>Medication compliance and vulnerability is discussed in the weekly Safety Intervention Meeting (SIM) to foster operational support where needed.</p> <p>All medicines management issues form part of the agenda and are discussed in the monthly medicine management meeting. The Lead Pharmacist and Lead General Practitioner attend the meeting and will review how to ensure that national guidance is consistently followed.</p> | | <p>May 2024</p> <p>April 2024</p> <p>June 2024</p> <p>April 2024</p> <p>April 2024</p> |
| 6 | <p>Women did not receive effective careers education, information, advice and guidance. This meant they could not make informed decisions about the opportunities available in the prison.</p> | <p>Develop an induction process that actively promotes curriculum pathways within HMP Peterborough. Virtual Campus will be utilised to upload the Digital Prisoners Learning Plans (DPLPs) and to screen Functional skills. Head of Education will quality check 10% of DPLPs to ensure it is effectively being used by staff and prisoners.</p> <p>The curriculum and the choice of pathways will be made readily available to all learners. Each learner will have a learner plan that is comprehensive and fully understood by the learner which will outline their next steps.</p> | <p>Director</p> <p>Director</p> | <p>May 2024</p> <p>May 2024</p> |



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| 7 | <p>Leaders had not implemented a reading strategy to improve women’s skills or widen their reading interests.</p> | <p>To improve the delivery of a reading strategy, dedicated education staff are now trained in phonics and introduced a Reading Screener during the induction process. All prisoners are now screened during induction which allows for appropriate and required support to be offered.</p> <p>All education and work areas adapt a reading zone to promote reading and there is now a separate reading strategy for the female population.</p> <p>Classes are effectively timetabled for sessions within the library which adopts a system that actively records the impact of easy read and number of books borrowed since the strategy was implemented. Attendance and usage data of the library is monitored as part of the quality improvements group.</p> | <p>Director</p> <p>Director</p> <p>Director</p> | <p>Completed</p> <p>May 2024</p> <p>April 2024</p> |
| 8 | <p>Women serving long sentences received too little support from their offender manager.</p> | <p>Each Prison Offender Manager who is allocated a long-term serving prisoner (women serving 10 years or more), will be required to document one meaningful communication per month in line with Offender Management in Custody recording on Digital Prison Services. Monthly 10% assurance checks will be completed by line managers.</p> <p>Offender Management Unit (OMU) is now fully staffed with 23 Prison Offender Managers who will have a caseload of 30. Training programme is now in place.</p> <p>A team of Prisoner Offender Managers are currently being developed for gender specific delivery. Cross deployment will be managed through a Minimum Staffing Levels to ensure continuity.</p> | <p>Director</p> <p>Director</p> <p>Director</p> | <p>April 2024</p> <p>Completed</p> <p>June 2024</p> |
| 9 | <p>Some public protection measures were not robust or fully effective. For example, not all high risk of harm cases were reviewed before release, which meant important information might have</p> | <p>A risk screening document will be implemented and used for each new reception to help identify risk alerts and refer to the monthly Interdepartmental Risk Management Meeting (IMRT) ensuring all high-risk women are appropriately managed.</p> | <p>Director</p> | <p>April 2024</p> |



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| | been missed. Restrictions on contact with children were not always applied robustly. | Information will be updated weekly to give staff access to the most up-to-date information regarding the safeguarding of children. A review of our local processes will be undertaken to ensure staff who are completing checks, receive the appropriate training and have access to information which is updated regularly to enable them to manage the risk effectively. | Director | April 2024 |
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