



Action Plan: HMP & YOI Doncaster

Action Plan Submitted: 7th January 2026

A Response to the HMIP Inspection: 8th – 18th September 2025

Report Published: 8th December 2025

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: HMCIP REPORT

ESTABLISHMENT: HMP & YOI DONCASTER

1. Rec No	2. Concerns	3. Response Action Taken/Planned	4. Responsible Owner	5. Target Date
	Priority concerns			
1	There was a lack of care for prisoners at risk of self-harm. Case management through ACCT also needed to improve.	<p>HMP Doncaster will continue to develop and implement prisoner feedback mechanisms, including surveys and forums, to capture perceptions of Assessment, Care in Custody and Teamwork (ACCT) process. The first survey conducted in January 2026 and forums held quarterly thereafter.</p> <p>The Head of Safer Custody will implement a process for immediate review and corrective action when negative feedback is received. Negative feedback will be addressed within seven days and documented in action logs.</p> <p>In accordance with the new national ACCT case management guidance, new quality assurance (QA) checks will be introduced to ensure compliance and quality of reviews. Locally, this will be measured by QA reports showing a minimum of 85% compliance with internal ACCT standards, with emerging trends and patterns discussed at the monthly Safer Custody Committee meeting. This will include a full review of current processes to ensure that they are robust.</p>	Director	<p>February 2026</p> <p>April 2026</p> <p>February 2026</p>



2	<p>The prison remained very overcrowded and cells being shared were often too small to maintain decency and privacy.</p>	<p>The safety and decency of prisoners is paramount. HMPPS continually monitor prison conditions, and take places on and offline depending on safety, stability, staffing levels and maintenance needs. HMPPS will not take decisions that create unacceptable risks to prison safety – but it is right that we had to explore every measure to deal with capacity pressures, as the public would expect, while we continue with delivering new prison places.</p> <p>In prisons where we have crowding in place we have a cell certification process that ensures that use of cells is subject to a formal assessment of safety and decency.</p> <p>While most single cells in the prison system could physically hold two people, the determination of the maximum crowded capacity of a particular establishment is a matter of operational judgement, considering risks to safety and stability. These standards ensure that prisoners are accommodated safely even when held in crowded conditions.</p>	HMPPS Custodial Capacity, Directorate of Prison Operations	Ongoing
3	<p>Health care clinical governance had not identified risks adequately and these were impacting on some key areas of delivery. This included insufficient oversight of the mental health team, a lack of clinical supervision and training, inconsistent medicines administration and difficulties in accessing appointments.</p>	<p>Key measures, intended to ensure that governance is both thorough and outcome-focused, with clearly defined areas for improvement, include:</p> <p><u>Mental Health Services</u></p> <p>Supervision: Mental Health staff now receive monthly supervision, which is logged and monitored for compliance.</p> <p>Referral and Allocation Forum: A new forum has been established, led by the Mental Health Lead, to review new referrals and ensure equitable case allocation.</p>	Head of Healthcare Mental Health Lead	February 2026 Completed



	<p>Task Management: Mental health tasks are reviewed weekly by the Business Manager and Mental Health Lead to ensure timely completion. Additionally, a monthly audit will be conducted by the Head of Healthcare to confirm compliance.</p> <p>Service Improvement Plan: The mental health service improvement plan will be updated to include time bound actions, as well as actions arising from inspection findings. This plan will be monitored monthly at regional level for assurance.</p> <p>Risk Management: Any staffing deficits within the mental health team will be promptly recorded on the risk register and discussed at Local and Regional Quality Assurance meetings, with clear documentation of actions taken.</p> <p>Data Monitoring: Monthly reviews of the mental health referral tracker will ensure accurate reporting of patient wait times.</p> <ul style="list-style-type: none"> • The SystmOne caseload tab has been updated to prevent duplication and ensure patients are correctly assigned to case workers. • Patients under medication review will be monitored via a dedicated 'Planned Care' ledger. <p>Staff Training</p> <p>Training records: All staff training records will be maintained exclusively within the LMS database. A weekly report will:</p> <ul style="list-style-type: none"> • Confirm training allocation. • Validate completion status. Any training deficits will be reviewed at Local Quality Assurance and SMT meetings. 	Completed Ongoing Completed Completed Head of Healthcare
--	--	--



		<p>Protected time: Staff will be allocated protected time within rotas to complete mandatory training modules, supporting improved compliance.</p> <p>Medicines Management</p> <p>Second Checking Practices: A review of medicines management second-checking practices will be undertaken to ensure a consistent approach aligned with policy requirements. This will include:</p> <ul style="list-style-type: none"> • Verification of signed competencies. • Reinforcement of expected practice standards. • Monthly assurance checks for compliance, including ID verification processes. <p>Out-of-Hours Medication Register: An out-of-hours medication register has been implemented to strengthen governance and accountability.</p> <p>Environmental Controls: Air conditioning units are being procured for medication treatment rooms to maintain appropriate ambient temperatures for medication storage, in accordance with PPG policy.</p> <p>Assurance Monitoring: Weekly checks will be conducted on:</p> <ul style="list-style-type: none"> • Vaccination fridge temperatures. • Ambient room temperatures. These checks will ensure compliance with PPG policy. 	Head of Healthcare and Pharmacy Manager	Completed February 2026
4	There were insufficient places across education, skills and work activities for the population, and leaders had	The prison has initiated a series of measures to address the identified priority areas for improvement. Work has commenced on the development of two 10-bay portacabins, scheduled for completion by March 2026, which will provide capacity for an	Director	February 2026



	not ensured that all current spaces were used fully.	<p>additional 80 prisoners per session. Employment providers are onboard and are prepared to occupy and operate within these facilities once construction is completed.</p> <p>In addition, procurement activity is underway through the Dynamic Purchasing System (DPS) to secure further education spaces, including provision for CSCS Card training and a literacy specialist. This expansion will create an additional 30 purposeful activity places per session.</p> <p>The prison will strengthen its approach to improving attendance to purposeful activity. This will include enhanced daily monitoring of attendance data, with clear accountability for Heads of Functions to analyse trends, identify barriers, and implement timely interventions. Residential and activity staff will work collaboratively to ensure prisoners are prepared and ready for activities promptly, with non-attendance followed up consistently and recorded accurately.</p>		March 2026
5	Seventy percent of prisoners did not have sustainable accommodation on release. One in five were released completely homeless.	<p>The Strategic Housing Specialist (SHS) at the prison has worked to develop close relationships with Local Housing Authority (LHA), who attend the prison to complete assessments face-to-face. Additionally, the SHS has established similar arrangements for a local supported accommodation provider to promote use of this pathway. They continue to engage with LHAs and other key partners, with an additional provider attending from November 2025. The SHS has established and attends pre-release panels with 12 of the 15 local authorities and across the region.</p> <p>To further tackle reoffending and homelessness, HMPPS are also working closely with the Ministry of Housing, Communities and Local Government (MHCLG) and other government departments</p>	Community Accommodation Services (CAS)	Completed



		<p>on the development of a new cross-government strategy to put us back on track to ending homelessness.</p> <p>The future Men's CRS contracts are currently being re-commissioned and will go live in Spring 2027. HMPPS have strengthened the expectations in relation to taking activity on reception to secure existing accommodation, avoid housing-related debt and, where necessary, relinquish tenancies. We also include an expectation that CRS providers undertake a Duty to Refer in custody and support women at any point when a housing related need is identified. For future providers to deliver a responsive service in relation to housing needs, there is a dependency on prisons enabling CRS providers to be based in each prison and to access the necessary IT and to work alongside relevant prison staff and other contracted services.</p>	Commissioned Rehabilitative Services (CRS)	Spring 2027
	Key Concerns			
6	The availability and use of illicit drugs posed risks to the prison's stability and prisoners' health and well-being.	<p>The Drug Strategy will be reviewed and aligned with the new Drug and Alcohol Policy Framework. The Drug Strategy Lead will continue attending regional meetings to gather best practices and insights, which will inform the development of the updated strategy.</p> <p>Review the latest Drone Risk Assessment to ensure it still meets the needs of the establishment.</p> <p>All solicitors and legal firms will be advised to use the national barcode system when submitting confidential legal mail. This measure is being enforced to help identify and prevent fraudulent legal correspondence from entering the prison. Any instances of non-compliance will be escalated to the relevant company directors, and where necessary, the legal mail will be returned to the sender.</p>	Director	April 2026 April 2026 February 2026



		<p>Increase the use of risk based and frequent drug testing across the site.</p> <p>Review of process for handling incoming prisoner property to ensure it robustly minimises the risk of illicit items entering through this route.</p> <p>Introduce random patrols during night state to help deter drone activity. This will be evidenced in the Tier 3 assurance document (internal management QA check).</p> <p>Drug use data to be presented in the Stability meeting and Security meeting. Actions to address causes to be added to the security action plan database and overseen by Head of Security.</p>		Completed April 2026 Completed February 2026
7	Many health screening appointments were undertaken in communal areas , which risked breaching patients' confidentiality and limited the treatment options available.	PPG and the prison will collaborate to review available room space to support Mental Health and Substance Misuse (SMS) services. Identified actions and outcomes will be incorporated into the PPG/Serco Enablement Action Plan to ensure effective implementation and monitoring.	Director & Head of Healthcare	May 2026
8	Patients waited too long to see a dentist. Most prisoners had left the prison before an appointment was offered.	Since the inspection, significant progress has been made through collaborative work between the prison and PPG. These developments have improved patient access and allowed for reductions in waiting times. To maintain this and ensure urgent care continues to be prioritised, we will continue delivering weekly triage sessions.	Dental Service Provider – Time for Teeth	Completed



9	<p>Library services were poorly organised and did not promote literacy well enough.</p>	<p>HMP Doncaster will improve the library and literacy provision through a comprehensive, prisoner-informed improvement plan. Reading materials will be updated and expanded using prisoner voice to ensure the literature provided reflects the interests, needs, and cultural backgrounds of the population.</p> <p>To improve usability and create a more welcoming environment, the library will undergo a light refurbishment to refresh the space and ensure it is comfortable, accessible, and conducive to reading and learning. These changes will be supported by a promotional effort to raise awareness of the updated library timetable, with targeted encouragement for prisoners to attend book clubs and other reading focused activities in line with the national reading strategy.</p> <p>Launched in October 2025, a new prison-wide reading project offers structured literacy support to identified learners. This initiative will run alongside the procurement of further reading support via the DPS, enabling the prison to expand one-to-one sessions, targeted literacy interventions, and specialist provision for prisoners with additional learning needs.</p>	Director	<p>February 2026</p> <p>June 2026</p> <p>March 2026</p>
10	<p>Not all public protection measures were applied robustly. For example, not all risk management arrangements for high-risk prisoners were reviewed prior to release.</p>	<p>The Heads of Offender Manager Delivery and Services have redesigned the Integrated Risk Management Meeting (IRMM), introducing changes to the prisoner cohorts discussed. A triage process is now incorporated into the weekly IRMM, ensuring high-risk individuals are reviewed at this stage and escalated to the monthly meeting if they meet the criteria. This approach has since been audited through the Public Protection Audit, resulting in significant progress.</p>	Director	Completed

