ACTION PLAN: HMCIP REPORT

CLOSE SUPERVISION CENTRE SYSTEM

TIMETABLE	DATE	STATUS OF THIS RETURN
Full Announced inspection	9 - 20 March 2015	
Report published	25 August 2015	
Action Plan Submitted	4 December 2015	Attached

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CLOSE SUPERVISION CENTRE SYSTEM

POSITION AS AT: NOVEMBER 2015

1. Rec. No.	2. Recommendation	3. Accepted/ Rejected	4. Response Action Taken/Planned	5. Function Responsible/ Policy Lead	6. Target Date
	Main recommendations To the governor				
5.1	The central team needed to have a greater level of input into the recruitment of managers and staff and the day-to-day running of the CSC units to ensure the system was delivered consistently. (S40)	Accepted	1) Recruitment of individual Unit Operational Management to be joint process between Population Strategy & Specialist Units Manager (PSSUM) to ensure motivation, skills and experience are relevant to the role. 2) Review of CSCMC (Close Supervision Centre Management Commitee) agenda, to ensure best use of the forum, and that issues of consistency are discussed and standards set. 3) Site visits by PSSUM to include Quality Assurance (QA) of regime , and meetings with Operational Manager, (and Governor or Dep where available).	PSSUM & Governing Governors PSSUM PSSUM	March 2016 Nov 2015 Nov 2015
5.2	Key decisions regarding the selection and deselection of prisoners and the need to continue to hold them in the CSC system should be open to robust, independent scrutiny and meaningful challenge from out side the prison system; they should also be subject to a formal appeals process that prisoners can easily access. (S41)	Partially Accepted	The range and methods of external scrutiny will be reviewed and will include further consultation with HMIP to validate the overall utility of oversight these represent. However final decision relating to prisoner selection / de-selection to remain with CMG (Central Management Group) / CSCMC. This is due to the high level of risk associated with such decision making, which warrants the current level of experience and expertise offered by the CMG and committee. Legal representation allows for challenge on behalf of the prisoner, and consideration of this will continue to form a key part of the CMG's role.	PSSUM	March 2016

			The IMB are invited / included within CSCMC, which will continue.		
5.3	Data across a range of key areas should be collated for specific CSC units and the CSC management team should use it centrally to identify and address any emerging trends or patterns. (S42)	Accepted	The performance data set that should underpin CMG monitoring will be revisited and a structure recommended that captures the relevant quantitative and qualitative measures, which will then be presented to, and discussed at CSCMC on a Quarterly basis.	PSSUM / Clinical Lead	March 2016
5.4	Prisoners should be able to fill their time out of their cell with activities likely to benefit them and support progression. They should be encouraged to use time locked up as constructively as possible. (S43)	Accepted	1) Visits by PSSUM to QA regime provision and discuss any concerns with local management. TOR for visits to be set to include this. 2) Work towards Enabling Environment (EE) award which will enhance the regimes available and progression opportunitites for prisoners, in terms of activities / spending time purposefully in and out of cell. 3) CSCMC agenda to be reviewed to include site information such as regime, for consistency across sites. 4) Local Managers to review current regime provision and purposeful activity, in conjunction with providers on site. Updates and best practice to be shared via CSCMC / EE steering meeting. 5) Implementation of relevant recommendations from the clinical review (some subject to resources / funding) (Some may be subject to available resources)	PSSUM Clinical Lead / PSSUM / Unit Operational & Clinical Leads PSSUM Unit Operational & Clinical Leads Clinical Lead	Nov 2015 Sept 2016 Nov 2015 March 2016 Sept 2016
5.5	Designated cells should only be used for the shortest possible period and only in exceptional circumstances. Rule 46 prisoners in designated cells should receive equivalent care to those held in units. (S44)	Accepted	1) Initial and ongoing use of Designated Cells (DC) to be considered and documented at CMG and ratified at CSCMC for any prisoner allocated there, ensuring details demonstrate that justification / need meets the standards of the Operating Manual. (Every prisoner is presently discussed at each monthly CSCMC in	PSSUM	Nov 2015

			accordance with the Operating Manual, and has opportunity to provide representation). 2) Information to be collated from each site, as to what regime is available to prisoners located in a DC there, after which work to be undertaked centrally with a view to standardisation and meeting the expectations of the Operating Manual, for prisoners held in DCs.	PSSUM / Unit Operational Leads	March 2016
5.6	Communal areas and exercise yards in all units should be improved to make them less oppressive and austere. (S45)	Accepted subject to resources	Due to the age and build of many of the sites, it is limited in terms of what can be done with the exercise yards to make them less austere, without a great deal of additional cost. They are also restrictive due to their role within a CSC / High Secure establishment. However the ongoing EE work will consider whether anything can be done to make them a functional yet less austere environment. (some may be subject to available resources)	Unit Operational / Clinical Leads	Sept 2016
5.7	The reasons why the number of black and minority ethnic and Muslim prisoners in the CSC system was so high needed to be better understood to ensure there was no discriminatory practice. (S46)	Accepted	1) Richard Vince will formally request a review of the impact assessment into CSC and MCBS practice by EDRG 2) TOR to be set and issued to initiate a piece of work / research to be undertaken to look at the proportion of prisoners according to BME group / by religion within CSC, and possible reasons for any disproportion that can be fed back into establishments / CMG procedures. 3) Data metric to be devised to include data relevant to demographic of population, to be reviewed and discussed at CSCMC on a Quarterly basis (as per 5.3).	DDC Clinical & Operational Leads PSSUM	March 2016 Dec 2015 March 2016
	Recommendations				
	Strategy, selection and review				
5.8	The purpose, processes and regimes to support	Accepted	1) Re-promotion of MCBS throughout High Secure	Complex	June 2016

	the centrally managed MCBS prisoners should be clear; they should support the strategy's main aim of diverting prisoners away from the CSC system back to mainstream prison units. (1.10)		Estate (HSE). Effective use of MCBS will act as both an intervention prior to reaching the need for CSC, and also a step down option for some progressing on from CSC.	Cases Manager	
			2) Review of resources allocated to MCBS, including the SIU at HMP Manchester and Woodhill HU 6C.	PSSUM / Complex Cases Manager	March 2016
	Children, families and contact with the outside world				
5.9	There should be a CSC-wide strategy to encourage and support prisoners to maintain contact with family and others in the community, and to involve them in key decisions. (2.30)	Accepted	1) Devise a strategy as per recommendation	PSSUM / Clinical Lead	June 2016
			2) All sites to incorporate involvement of significant others where appropriate into individual CMP (Care Management Plan), ACCT management and reviews.	Unit Operational & Clinical Leads	Dec 2015
	Escorts and early days in custody				
5.10	Induction arrangements should be improved and the restricted regime at Whitemoor should be reviewed. (3.6)	Accepted	1) Induction procedures to be reviewed across the system, and non Unit-specific components to be standardised.	PSSUM / Clinical Lead & Unit Operational & Clinical Leads	June 2016
			2) HMP Whitemoor to review the use of restricted regime, particularly in relation to early days on the Unit.	Operational Lead, HMP Whitemoor CSC	January 2016
	Behaviour management				
5.11	Governance and oversight of the use of high control cells should be improved. (3.18)	Accepted	1) Communication via CSCMC and circular to establishments, that use of High Control Cells to be risk assessed, and documented accordingly at each site. Evidence of consideration for / need	PSSUM	Nov 2015

			for ongoing use to be documented at each site. 2) Data to be included in monthly submissions (as per 5.3) to assist in governance oversight.	PSSUM / Unit Operational Leads	March 2016
	Self-harm and suicide prevention				
5.12	Strip-clothing should only be used as a last resort and subject to a risk assessment. (3.28)	Accepted	Communication via CSCMC and circular to establishments, that use of strip clothing should be considered for cases of constant supervision and /or use of special accommodation, and if risk assessed as necessary, documented on an ACCT plan / Special Accommodation paperwork.	PSSUM	Nov 2015
	Safeguarding				
5.13	Arrangements for initiating contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes should be implemented for all men held within the CSC system. (3.31)	Accepted	1) The need is recognised to develop local safe guarding processes for CSC prisoners, and arrangements will be made to ensure that CSC prisoners needs are linked into establishment Safeguarding processes and partnerships. 2) Invite ASS directors to the Units and discuss reporting processes and the remit of the ASS overview. Within that communication, to include the means by which we already provide assurances that neglect and abuse is countered. (We will seek some type of written agreement from respective DASS that they are happy with our arrangements and that they have an open invitation to visit and discuss any issues of specific prisoner concern with managers in person).	Unit Operational Leads Unit Operational Leads / PSSUM	Dec 2015 March 2016
	Security				
5.14	Strip-searching, the use of handcuffs and closed visits should only be applied subject to an individual risk assessment. (3.37)	Accepted	1) Operating procedures for CSC will be revisited in light of HMIP recommendations and recent cuffing litigation inconsistencies. Need for documented risk assessment to be communicated via CSCMC and circular to establishments.	PSSUM	Nov 2015

			2) PSSUM to Quality Assure a sample of documentation on site visits.	PSSUM	Nov 2015
	Staff-prisoner relationships				
5.15	All staff working in the CSC system should be offered regular individual professional development sessions. (4.17)	Accepted	1) IPD will be offered to all staff within CSC / MCBS working environments every 6 weeks. Collaboration between Wellbeing Manager and Unit Managers to establish a timetable / plan for this. 2) Use of IPD to be monitored and discussed within monthly CSCMC.	Unit Operational Leads / Wellbeing Strategy Manager Wellbeing Strategy Manager	March 2016 Dec 2015
	Health services				
5.16	Health care practitioners undertaking medicines management and administration in the CSCs should comply with their respective professional guidance and not secondarily disperse medications. (4.45)	Accepted	Local Unit Managers to liaise with Primary Care provider regarding the recommendation, and put a procedure in place to ensure medication is dispensed in accordance with professional guidelines. As such to be raised and documented at Local Operational Governance Meetings.	Unit Operational Lead, in conjunction with Local Primary Care Provider	Dec 2015
5.17	There should be an information-sharing protocol to ensure the prompt exchange of prisoner information, and provide a mechanism for resolving disagreements. (4.46)	Accepted	CMG to establish an information sharing protocol between Mental Health and Psychology departments, in consultation with professionals at the various sites. This will be subject to individual Provider guidelines and procedures.	Clinical Lead & CMG Mental Health Lead (in conjunction with local Mental Health Provider)	March 2016
5.18	The care programme approach should be continued wherever the patient is in the prison system until such time as a documented multi-disciplinary review concludes otherwise. (4.47)	Accepted	All transfer of MCBS / CSC prisoners to include handover information of those prisoners subject to a CPA, prior to transfer. All sites to be informed of this, and to include CPA information within the handover process.	PSSUM / CMG Mental Health Lead / Site Leads	Nov 2015
5.19	Patients requiring mental health services should be transferred expeditiously in line with transfer guidelines. (4.48)	Accepted	We accept the recommendation, however much of this is for action by the NHS hospital sites. 1) To be raised at the Joint NOMS / NHS meeting, with a view to obtaining clarification and understanding on timescale.	PSSUM	Dec 2015

			2) Draw up a protocol to ensure sites provide transfer information promptly to hospital sites, once transfer is agreed.	CMG Mental Health & Clinical Lead	March 2016
			3) List of those prisoners awaiting a transfer to Mental Health Services to be held, and discussed at CMG.	PSSUM	Dec 2015

Recommendations	
Accepted/Existing Practice	17
Accepted Subject to Resources /Partially Accepted	2
Rejected	0
Total	**19**