**Recovery Readiness Assessment 1.8**

The following checklist should be completed to assess the readiness for an establishment to transition to the next stage of the recovery process. Please add brief comments to each requirement where applicable to explain what has been completed.

**Establishment:**

**Proposed Regime Stage:**

**Date of Completion by Establishment:**

**Completed by (name & role and contact details):**

**Preservation of Life**

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| --- | --- |
| **Requirement** | **Check** |
| Has your establishment either a) not had an outbreak of Covid19 or b) had an outbreak of Covid-19 but the outbreak has been declared over by the OCT or OCT chair?An outbreak in prisons & IRCs is defined as “*two or more cases of infectious illness arising within the same 48-hour period in prisoners, detainees, residents and/or staff and among whom transmission is likely to have occurred within a 14 day period* | [ ]  |
| If your establishment has had a recent Covid-19 outbreak, is it at least 14 days since onset of symptoms in the most recent case? If the most recent case was asymptomatic, please check the box if 14 days since the date of swab test in the most recent case. | [ ]  |
| Your establishment does not have a declared outbreak of any other communicable disease? | [ ]  |
| Are you satisfied that the Operating Procedures in the Recovery Regime Management Plan (RRMP) have sufficiently identified and addressed the need for social distancing and hand washing/cleansing? | [ ]  |
| Are you satisfied that distancing, hand washing and other controls can be maintained taking into account the cumulative effect of all regime services being restored? *For example consider the impact of additional movement in / out of the establishment and all internal movements.* | [ ]  |
| Are you satisfied that the establishment has an effective Cohorting strategy in place which meets the requirements of current HMPPS guidance? | [ ]  |
| Do you have confirmation from the healthcare provider that arrangements are in place to observe and test all symptomatic prison residents? | [ ]  |
| Are you satisfied that any additional cleaning requirements arising from the transition can be adequately met as per current HMPPS guidance? | [ ]  |
| Is there sufficient PPE on site to deliver the proposed regime and have supply lines been confirmed to maintain stocks? | [ ]  |
| Are you satisfied that the establishment has effective Contact tracing arrangements in place which meet the requirements of current HMPPS guidance? | [ ]  |
| Have you discussed and agreed your RRMP with your Healthcare provider (including any OPD Pathway services your prison has)? | [ ]  |
| Does your RRMP include all healthcare services that can be safely delivered as agreed  | [ ]  |

**Engagement and Partnerships**

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| **Question** | **Check** |
| Has an Equalities Analysis been carried out with all outcomes addressed, including equality considerations for the clinically vulnerable / extremely vulnerable? | [ ]  |
| Are you satisfied that your communications strategy has delivered effective engagement with: |
| *Local Recognised Trade Unions and Staff Associations (POA, PGA, NTUS ((FDA, GMB, PCS, Prospect, Unite))**Have trade unions had opportunity to see and comment on risk assessments, operating procedures and RRMP and can you evidence this engagement?**Please name TU reps who have been engaged:* | [ ] [ ]  |
| *Local Healthcare Service provider and Regional NHSEI Health & Justice Commissioner or Local Health Board (Wales)**Please name contacts:* | [ ]  |
| *Local health protection lead or Regional PHE lead or PHW (Wales)**Please name contacts:* | [ ]  |
| *All staff including non-directly employed:* | [ ]  |
| *Prison Residents* | [ ]  |
| *Partners whose workforce or facilities are required to support the delivery of this Stage of the Regime*  | [ ]  |

**Maintain Safety, Stability and Security in the broadest Sense**

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| **Requirement** | **Check** |
| Has your RRMP been fully completed and agreed at PGD level? | [ ]  |
| Have any remedial works required to support the operation of the regime been completed? | [ ]  |
| Is there a regular Resource and Regime Planning meeting in place which includes healthcare provider representation? | [ ]  |
| Has the Resource Calculator been completed, identifying the necessary resource to deliver the required Regime Stage? | [ ]  |
| Do staffing projections indicate there will be sufficient resource to maintain the regime stage? | [ ]  |
| Have sufficient resources been identified to support the Safety function, including violence reduction, suicide, self-harm and wellbeing? | [ ]  |
| Are you satisfied based on the available data and operational feedback that the stability of the establishment will tolerate the movement to the proposed Regime Stage? | [ ]  |

**EDMs being implemented:**

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| **EDM** |  | **Date of proposed implementation** |
| Regimes – Industries and Employment (NFN) | [ ]  |  |
| Regimes – Social Visits | [ ]  |  |
| Regimes- Professional Visits | [ ]  |  |
| Rehabilitation – OMU’s | [ ]  |  |
| ROTL – open estate | [ ]  |  |
| Regimes – Accredited OBP’s and Psychological interventions  | [ ]  |  |
| Regimes – Education inc Libraries | [ ]  |  |
| Regimes - ROTL Open/Closed estate | [ ]  |  |
| Regimes – Structured Wing Activity including time in the open air | [ ]  |  |
| Regimes - Drug Testing | [ ]  |  |
| Safety – Early Days | [ ]  |  |
| Services – Physical Education | [ ]  |  |
| Services – Chaplaincy & Worship | [ ]  |  |
| Services – Substance Misuse | [ ]  |  |
| YCS- Education | [ ]  |  |
| YCS- CuSP | [ ]  |  |
| YCS- Interventions | [ ]  |  |
| YCS- Resettlement | [ ]  |  |
| YCS- ICRAS | [ ]  |  |
| Health Services- Primary care | [ ]  |  |
| Health Services- Escorts and Bed-watches including telemeds | [ ]  |  |
| Health Services- Mental health and substance misuse (psychosocial services) | [ ]  |  |
| Health Services- Medicines management (including opiate substitution) | [ ]  |  |
| Health Services- Dentistry | [ ]  |  |
| Health Services- OPD Pathway | [ ]  |  |

**Although there is no single EDM for Through the Gate (TTG) services, please can you clarify here whether you have enabled TTG services at Stage 3** [ ]

**PGD Name:**

**Sign off date:**

**Proposed date for implementation of Regime Stage Change:**

PGD to confirm appropriate engagement with trade unions and health partners, suitable risk assessment and EA, plus appropriate RRMP and resourcing, with reference to documents checked.

**PGD Comments:**

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**EXECUTIVE DIRECTOR Name:**

**Sign off date:**

**Outcome:**

**ExD Comments:**

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| --- |
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**If supported send to GOLD via** HMPPSCOVID19@Justice.gov.uk