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| HMPPS Prison Gold Command Learning Briefing  001 / 21: Consideration of physical zoning and staff cohorting in HMPPS Settings  January 2021  ical Zoning and Staff Cohorting in HMPPS Settings  January 2021 | | |
| In December 2020 Public Health England made two formal recommendations to HMPPS to consider in light of escalating COVID-19 outbreaks in the community:   1. to consider the viability of **staff cohorting** & 2. to introduce **physical zoning** within our settings   The overall objective of both recommendations is to minimise mixing between “people who would not normally meet”, which is a fundamental principle to prevent the spread of a virus.  HMPPS has already undertaken significant work to minimise mixing including the **compartmentalisation** of prisoners and service users into households and cohorts, **restricted regime models** to minimise points of contact, **Safe operating procedures (SOP)** & **local operating procedures (LOP)** for heightened risk tasks and a suite of **physical controls** such as screens, floor markings and one-way systems.  This briefing therefore does not describe existing measures. Instead we have undertaken two snapshot reviews with a view to sharing good practice in **physical zoning** and **staff cohorting:**   1. A review of **physical zoning** by H&S and CTLs 2. A review of **staff detailing practices** (op. staff only)   In this briefing we wil share examples of good practice from these reviews, PHE and HMPPS H&S advice. Examples are shared as high level summaries for local establishment consideration. This briefing is provided for information and does not therefore mandate formal action or response. Physical Zoning Consider a local review to **devise a heat map** of the site identifying points of high footfall and areas where groups of staff or residents would routinely mix or congregate including indoor/outdoor spaces and thoroughfares.  Review the **purpose and usage of spaces**; review higher risk rooms/areas and set a maximum occupancy limit. Close higher risk areas and remove furniture to create space to support distancing. Clearly display the prescribed maximum capacity on the door or point of entry.  Consider **functional areas** and ask staff who do not work in these areas not to attend them unless it is for a business critical task or part of emergency response. Sites have set parameters on who can enter different functional areas or zones.  Spaces deemed too small to enable multi-occupancy use should be **re-designated for sole occupants** and could be potentially reserved for higher risk individuals or those who would not normally mix with other teams.  **Relocate priority meetings and briefings** to larger spaces such as visits halls and gymnasiums to create ‘best efffort’ distancing, discourage use of smaller rooms for this purpose.  Consider a local review of **common movement routes**. Many will be set – eg walkways or corridors. However where possible set different movement routes for individuals who would not normally meet to follow.  Reduce **natural footfall around site** by engaging with third sector partners, sessional staff and other partners to ensure that movements around site, particularly onto residential units are limited to those serving a specific defined purpose.  Where safe and practical to do so, bar or discourage staff from using functional area as a cut-through to other areas.  **The overall aim is to create maximised physical distancing on a best effort basis.** Staff Cohorting We recognise that some of the following measures are dependent on staffing resources to be effective. We recognise the resourcing challenges in many sites mean that their ability to consider these steps at this stage are limited though this will change over time. The following ideas are taken from establishments and shared for general consideration.  Consider **cohorting staff groups** into functional areas and organising work patterns, movement routes and timings to minimise mixing. As stated the overall aim should be to remove points of contact between “people who would not normally mix”.  Some sites have organised **health teams into two divisions** or functional groups so that staff work in high risk areas (e.g. PIU, RCU, Reception) are separated from standard risk areas and tasks. This is superseded by exceptional circumstances such as sudden staff shortages or emergency response requirements.  Consider introducing measures that **stagger timings and create increased distance.** Measures to stagger start timesreduce footfall through common thoroughfares and onentry into the site. Consider asking non-operational staff toarrive outside of these peak periods. Consider a rota orsystem for calling staff to the Gate to exit in functional orgeographical areas to reduce pressure at roll correct.  Some sites are already utilising **My Detail to reduce cross Deployment**. Sites are asked to ensure that staff default to their “home” areas, resourcing allowing and work consistently within the same group where possible. Cover activities such as tea and lunch cover should be confined to a home residential function where possible.  More specific My Detail guidance is provided overleaf. Managers responsible for non-operational or contracted areas are encouraged to utilise flexi-time and other localised systems and rotas to ensure that staff contact is minimised. Where contact is required (eg an OMU Hub) sites should try to **establish contact windows** – periods for a specific purpose for instance (eg licences to be signed so that steps can be made to maximise controls at these times. Marginal gains from ‘My Detail’ **The following guidance is drawn from a review of detailing at 13 prisons both during COVID generally and in the period preceding a significant outbreak. The review was undertaken by the HMPPS Prison Resourcing Team for COVID-19 prisons Gold Command.**     * Allocate pre-existing My Detail to employees using selections (Cohort U – Z) to help grouping of staff into cohorts. Decide locally which activities best fit into which cohort and how many staff are required in each cohort group. * Add work to A shifts first, then L, then E, then M shifts, then allocate PP cover, ensuring the longest shifts are worked in one area wherever possible. * When completing the detail, break the work schedule down into bite size chunks starting with residential units and schedule them in sequence, using the least amount of staff/shift combinations. Move onto other activities, those requiring more staff would be easy to fulfil first. * Identify shifts that complement each other e.g. E shift that start early and L shift that finish late will allow for minimum crossover but fulfil a large proportion of work. * Consider asking staff to double up E and L shifts, to reduce the days spent in the prison, reduce the risk of working across different areas (effectively an exchange of duties). Attention would be required to ensure lunch patrol periods can still be covered and may have impact of the ability to utilise PP if there is a heavy reliance on this resource. * Consider XOD only allowed within cohort group. Payment plus or Toil should be worked when possible in the area where staff have been working as part of their schedule duties this includes B4 and B5 staff. * Cohort on a rolling basis, rather than day to day. Assurance checks carried out on detail 48 hours before ‘go live’ to check cohorting can still be delivered.   **This briefing has been produced by the COVID Gold**  **Command Operational Guidance Cell for HMPPS.** | Key Definitions:  [**Staff**](#_Article_One_(Heading) **Cohorting:** organising staff and working patterns in a way that limits the number of others they come into contact with, limiting opportunities for transmission between staffing groups.  [**Physical**](#_Article_Two_(Heading) **Zoning:** designating individual areas for use by a particular group of staff and prisoners to minimise natural contact.  For further advice and guidance, please contact: [COVID19.Regimes&OpsGuidance@justice.gov.uk](mailto:COVID19.Regimes&OpsGuidance@justice.gov.uk)  For social distancing resources, please visit:  https://hmppsintranet.org.uk/ersd-guidance/2021/01/18/signage/  **Summary of learning points: Physical zoning**  **Create a heat map of site to identify high footfall areas and those where staff congregate**  **Set max. Occupancy & usage for heightened risk each areas.**  **Consider creating functional areas and encourage staff not to enter those they are not based in.**  **Designate spaces for single occupancy staff who do not form part of a work cohort (see below)**  **Relocate any briefing or meeting to the largest available space.**  **Create a set of separated movement routes serving different functional areas where possible.**  **Summary of learning points: Staff Cohorting**  **Cohorting of staff groups is recommended by PHE though we recognise resourcing challenges.**  **Look to separate staff into functional areas (e.g. health divisions) and/or create staggered times for movements**  **Consider the list of My Detail marginal gains for local implementation**  **Look to create safer contact windows where contact is required – e.g. signing of licences in OMU, look to reduce ad-hoc contact and focus controls around these windows – displace this activity to most advantageous place e.g. finance hub with screen.**  **The overall aim is to minimise opportunities for contact between people who would not normally mix.**  **Summary of learning from My Detail review: Dec 2020**  **Allocate staff to cohorts based on home areas or functional groups**  **Add work on a hierarchy basis, filling A shifts first then shorter shifts, to ensure continuity of detailing**  **Break the work-schedule down into bite size chunks and use the smallest viable combination of shifts to fulfil them.**  **Identify shifts that complement each other to fulfil chunks of time and a large proportion of work with minimal cross deployment**  **Where possible restrict XOD to within-cohorts and/or specific “home” locations & detail in advance where possible, current limitations allowing.** |