**Exiting the National Framework - Minimum Ongoing Covid-19 Controls in Prisons and the Youth Secure Estate (09.05.22)**

**Purpose**

Following Ministerial agreement, we will formally exit the National Framework on 9th May 2022. This document sets out what this means for establishments and the ongoing requirements to manage the risk of Covid.

**Scope**

Points in this guidance are relevant for all prisons in England and Wales, including Youth Offender Institutions (YOIs) and Secure Training Centres (STCs).

**Decision to Exit the National Framework**

We will exit the National Framework on 9th May 2022. This is an important step for us in our recovery from Covid, having been operating under the framework for almost 2 years. From today, there will be a two-week transition period in which establishments will be able to organise arrangements. Support will be offered during this transition period and some further guidance in this period as we finalise the longer-term testing and reverse cohorting policy. This work with UKHSA is ongoing and more specific guidance will follow shortly.

The Government has now set out its ‘Living with Covid’ strategy and the time is right to also move towards a more normalised approach across the prison estate. Going forward, we will rely on a core set of measures that seek to retain our infection resilience while minimising disruption to the delivery of regimes. This will continue to be supported by swift and proportionate local intervention where public health incidents occur, or outbreaks are found, or to respond to significantly escalating risk. Establishments are best placed to manage this locally, in partnership with public health teams, continued engagement with trade unions, with national advice and support available where required, rather than continuing to operate in command mode. We will formally close command mode shortly and will confirm this nationally. In the interim any required authority should be sought via the management line.

The minimum ongoing Covid controlsthat should remain in place, and guidance about the continued management of incidents and outbreaks, are set out below. Continued close joint working with Health Protection Teams, and wider NHS and Public Health partners remains the expectation. National support from the HMPPS Health Liaison Service will continue.

While it is proportionate to now exit the National Framework, followed by transition out of command mode, we will continue to monitor the risks we face and take action at a national level if necessary.

This guidance includes:

* Action establishments need to take now
* Links to the platform page or remaining relevant reference documents and those we have previously issued
* A linked document with Answers to Frequently Asked Questions

**Action Required**

**Regime Delivery**

* Our exit from the National Framework means the removal of regime ‘Stages’ and the 'gateways' between those Stages.
* 'Stage 1', therefore, will no longer exist but the shape and expectations of 'Stage 1' remains the foundation of Future Regime Design.
* Delivery of regimes from the formal exit date should be on a best effort basis as per the prison performance framework, delivering a safe purposeful regime.
* Prisons need to have systems in place for the day-to-day management of staff resources and regime delivery, to ensure that regimes are Safe, Decent, Secure, Resilient and Sustainable. As per PSI 17/ 2017, all sites should have a Regime Management Plan (RMP) in place. The plan must be produced in consultation with stakeholders including service providers and unions.
* As now, Governors and Directors will need to balance the regime offer with the continued management of competing demands such as any training or annual leave backlogs, available staffing resources managed through the RMP, and other important aspects of the recovery priorities, particularly the safety and wellbeing of both prisoners and staff. It is recognised that Privately Managed Prisons do not have RMPs as part of business as usual, therefore Directors should engage with Contract Management Teams where the contract is not able to be delivered in full.
* First and foremost, the regimes we deliver must be safe. Governors and Directors are best placed to judge resources and make use of their RMP where applicable, however it will be critical for PGDs to support Governors in delivery. Separate arrangements are in place in Privately Managed Prisons, however the principle of delivering safe regimes as we exit recovery remains a priority.
* Exit from the National Framework and operating under new minimum Covid control measures, will represent a bigger shift for establishments that were previously further from 'Stage 1' delivery.
* Some establishments with active cases and outbreaks will need to manage those safely first, with advice from public health and healthcare partners and/or Outbreak Control Teams, before being able to expand their regimes.
* As was the case pre-Covid, some regimes will need to be subject to restrictions due to staffing or other operational pressures. Governors must make use of the Regime Management Plan (RMP) to underpin the delivery of their regime where these restrictions are necessary, focussing on delivery of a consistent and predictable regime. PGDs must support Governors in this delivery. In PMPs, contractual levers are in place to manage such incidents, therefore PMPs will revert to pre-Covid arrangements.
* When introducing relevant updates to RMP, which will include reviews of live risk assessments, and Safe Systems of Work, all HMPPS Trade Unions must be consulted, ‘agreeing a log of constructive local engagement for each outcome with trade unions’ as described in PSI 07/2017 on RMPs.
* Establishments will be supported in their future regime design, an initial principles and concepts briefing with supporting documents will be published with today’s guidance.

**Prison Performance**

* The Prison Performance Tool (PPT) has restarted in April 2022 for prisons and YOIs.

**Reversion to Published Policy and PSIs**

* The reversion to underlying policies and PSIs (unless otherwise stated) forms part of this transition towards a normal business planning cycle from April.
* While in command mode and out of operational necessity, a wide range of operational guidance and policy instructions were issued to support our operational response to Covid.
* From the formal exit date, we will revert to published operational policy and PSIs, ensuring to maintain the required Covid safety measures.
* A new Policy Framework is being prepared to provide for the ongoing requirements for isolation of people in prison on health grounds and for the application of Reverse Cohorting where this is required. Reverse cohorting and compartmentalisation continues as per current arrangements, but we expect to revise and change arrangements within the next two weeks.
* The expectation is that sites deliver mandatory minimum controls.
* In areas not covered by a PSI or where current Covid requirements exceed the PSI, the temporary procedure created during Covid remains the live operational instruction until it is replaced.
* The list of key guidance that remains 'live' is set out in the 'supporting guidance' section.
* We are currently reviewing other Operational Guidance that may need to remain in place. For now, the expectation is that unless stated in the ‘supporting guidance’ section below, sites revert to underlying policies.

**Command Arrangements**

* Following our exit from the Framework, we intend to formally exit command mode. This will be communicated separately.
* The [Environmental surveillance hub](https://environ-surveillance-hub.apps.alpha.mojanalytics.xyz/login) provides decision-makers with relevant and timely information to inform local risk assessments whilst managing COVID. Prisons will continue to make use of the data provided in the surveillance hub to inform local decisions where previously directed by the national heatmap panel.
* Governors and Directors must ensure they maintain up to date contact with Local Resilience Forums in case of other operational risks impacting operational delivery, e.g. power outages, fuel problems, supply chain issues, adverse weather.
* PGDs and Contract Managers will play an important role in overseeing the management of regime delivery, including assuring that prisons are balancing regime delivery and the ongoing minimum Covid control measures. PGDs and Contract Managers should further receive regular progress updates in training backlogs and notification from prisons who need support in delivering any remaining controls, such as mass testing.
* The surveillance measures will provide oversight at the national level to support both national and local decision-making. We remain ready to scale up our response quickly and re-implement national controls where necessary (e.g. in response to a new Variant of Concern).
* Following the stand-down of Covid Gold, we will maintain a ‘Prison Operations Team’ to continue to support establishments, provide advice to Governors and Directors, and, where necessary, manage system-level pressures where these cannot be managed at a regional level.
* The Prison Operations Team will also ensure resilience is maintained at a national level and we can move quickly in response to a major shift in Covid risk or other system-level risks.
* HMPPS Incident Management Gold will continue to function as normal in response to serious incidents and support establishments in the maintenance of local contingency and business continuity plans.

**The Minimum Ongoing Covid Controls**

* Establishments are now able to significantly reduce their level of Covid controls.
* However, a continued focus on core infection control measures should be maintained, particularly vaccinations, regular handwashing, ventilation, effective cleaning and hygiene arrangements. Vaccination delivery for people in prison will be supported by booster programmes delivered by healthcare partners.
* Full details of remaining minimum ongoing Covid controlscan be found at **Annex A**. The key information and changes are set out below:
  + **Self-isolation:** If a member of staff tests positive, they should not attend work and should use personal responsibility to isolate at home for the advised period. This will continue to be supported by special leave with pay. HR guidance will be published shortly. In the interim absences will continue to be recorded as they have throughout the pandemic, and staff will continue to be supported. If a prisoner tests positive, they should be required to isolate in their cell for the advised period and should receive appropriate regime provision.
  + **Contact tracing**: Routine contact tracing is no longer required as a minimum ongoing Covid control. Staff and prisoners who are close contacts of a confirmed or suspected Covid case do not need to isolate nor undertake additional testing. Instead, they should minimise contact with the person who has or may have Covid, avoid contact with anyone who is at higher risk of becoming severely unwell if they are infected with Covid, especially those with a severely weakened immune system, and follow the advice regarding testing and isolation if they develop symptoms. During an outbreak, or when investigating whether there is an outbreak, an OCT or IMT may consider additional recommendations on contact tracing and management. The role of Health Resilience Leads will continue to support this.
  + **Reverse Cohorting**: This remains in place for now and separate guidance will follow; however, establishments should plan from the week of 23rd May for reverse cohorting for new receptions to no longer be routinely required. After 23rd May, it is expected that prisoners will be tested on first reception into prison with any new arrivals refusing to take part in testing continuing to be reverse cohorted. Establishments manging an outbreak which may continue beyond 23rd May should seek advice though their IMT / OCT so that the transition is managed safely. OCTs / IMTs may recommend reverse cohorting for transfers out from an establishment in outbreak, or testing those leaving the prison. On receipt of this recommendation, Governors should refer the consideration to PGDs. Governors may stand back up reverse cohorting locally in response to a significant increase in risk or in response to specific IMT / OCT advice.
  + **Testing:** Further guidance will follow shortly. A supply of LFD tests will remain available for ongoing requirements and for where sites need to re-introduce testing in response to increased risk or specific OCT advice. Further guidance will follow within the next two weeks to confirm changes to the current testing policy.
  + **Social Distancing**: Social Distancing is no longer required as a minimum ongoing Covid control. It remains available as an intervention where advised by an IMT / OCT and must be proportionately balanced against the impact on the regime.
  + **Face Masks:** Staff, visitors and prisoners will no longer be required to routinely wear face masks or coverings as a minimum ongoing Covid control. These can still be used in specific circumstances (e.g. during close contact and in aerosol generating procedures) and as an optional measure in particularly vulnerable areas or when managing an incident or outbreak, in consultation with Health partners**.**

**Management of Outbreaks & Covid Reporting**

* Establishments should remain vigilant, monitoring community cases and acting swiftly and proportionately in response to confirmed cases or indication of increased transmission through wastewater surveillance where applicable. Vigilance for communicable disease other than COVID-19 is recommended as there may be heightened risk of other diseases as controls are eased.
* Establishments will continue to be supported in this monitoring through the data provided by the Surveillance Hub and make local decisions based on this data
* As now, establishments will be required to report positive cases to Public Health officials/Health Protection Teams. Establishments are reminded that it remains a statutory responsibility to report cases of notifiable diseases to Health Protection Teams.
* Outbreak Control or Incident Management Team meetings (OCT / IMT) will continue to operate where necessary, managed via our partners in public health bodies, and supported by HMPPS central structures including the Health Liaison Team ([Health@justice.gov.uk](mailto:Health@justice.gov.uk)) in England and Health Covid SPOCs in Wales.
* In line with the latest [UKHSA outbreak guidance](https://www.gov.uk/government/collections/public-health-in-prisons) practical and operational considerations should be taken into account when managing outbreaks. Not all recommendations made by an HPT or OCT may be feasible as initially designed.
* Governors and Directors should work with their local HPT or OCT chair throughout and continue to utilise the defensible decision log where practical or operational requirements mean recommendations cannot be implemented.
* Following our exit from the Framework, establishments, supported by their Health Resilience Leads (HRLs) should refresh their Communicable Disease Outbreak Plans to ensure consistency with this guidance.
* Establishments will still be required, as now, to continue twice-weekly reporting of case-level data, testing data, staff and prisoner or child Covid hospitalisations and deaths.
* As per current practice, Governors and Directors are to ensure the daily Covid returns are updated by a nominated SPOC and submitted to regional offices.

Any queries relating to Covid reporting can be directed to [HMPPSCOVID19@justice.gov.uk](mailto:HMPPSCOVID19@justice.gov.uk)

**Protecting the Vulnerable Population**

* Establishments should ensure personal risk assessments are completed for the most vulnerable, including those who were previously advised to be Clinically Extremely Vulnerable and those eligible for anti-viral treatment.
* Risk assessments should inform a Personal Management Plan where, with consent, reasonable adjustments can be made.
* Options for reasonable adjustments can include the wearing of an FRSM face mask out of cell, adjusted involvement in the regime, temporary shielding/rest-in-cell arrangements and other measures to reduce contact and mixing.
* Establishments can also consider further guidance to staff working with vulnerable prisoners including enhanced testing arrangements and guidance on proximity.
* Further details are in the Personal Management Plan guidance, provided as a supporting document below.

**Staffing challenges**

* Governors and Directors should continue to maximise the availability of staff by utilising contact and symptomatic testing to support staff to return to work and continue to encourage vaccination uptake. Sites will continue to hold a limited stock of test kits in order to support symptomatic testing (and limited asymptomatic staff testing in high-risk areas).
* Covid-related absences are much lower than they have been, but for a range of reasons some establishments may experience staffing challenges, as was the case pre-pandemic, as well as from long-covid absences and fatigue.
* Once we exit the National Framework, restrictions to the regime that are required due to acute staffing shortages should be managed through adjustments to Regime Management Plans (RMP). Separate contractual arrangements are in place for Privately Managed Prisons
* Covid control measures should be used to manage Covid risks specifically. Staffing constraints may affect what we can deliver, but this should not involve a return to a previous ‘Stage’ operating model that was aimed at controlling Covid. RMPs must be used and persistent concerns with regime level delivery should be reported to PGDs and support will be given where necessary.

**Trade Unions**

* The maintenance of constructive national, regional and local industrial/employee relations remains essential.
* All establishments must continue to ensure open and regular communication and consultation with recognised Trade Unions (where local representatives are not available this would be at a regional or national level) through local engagement structures.
* This engagement is particularly important as establishments review RMPs, local regimes, risk assessments, safe systems of work and work to ensure the ongoing safety and well-being of staff, prisoners, children and young people.
* Governors continue to have local discretion to increase and flex the provision of local trade union facility time where this is sensible and supports the resolution of local issues.
* Any concerns which cannot be resolved locally should be raised with the HMPPS Employee Relations team for support and advice

**Supporting Guidance**

In addition, the other guidance that remains live which establishments must follow is set out below. These elements of guidance are familiar to establishments and can be found on a post-National Framework page on the [operational guidance platform](https://pogp.hmppsintranet.org.uk/2022/05/06/post-national-framework/). A webpage will remain with further live guidance should an establishment be advised to increase controls in response to risk, such as mass testing or reverse cohorting.

* The Four Recovery Priorities – these nationally govern the transition period as we restore and recover our delivery: staff capability and wellbeing, prisoner and child wellbeing, sentence progression, and building the pathway to future reform. There should be a focus on future regime design and development.
* The YCS Transformational Delivery Model – covers the YCS 5 priority statements, reform activity (including SECURE STAIRs) and CoRE Research learning.
* Testing Manuals for staff, prisoners or children – setting out ongoing testing requirements and additional tools available to quickly identify cases at a local level and react accordingly. These will be updated shortly with further specific guidance on testing once we have confirmed final details with UKHSA.
* Safe Operating Procedures for Cleaning and Infection Control - setting out the specification of cleaning/disinfection products, the methods of cleaning and disinfection, the areas to clean and the decontamination protocols.
* Ventilation in Prisons and Approved Premises during Covid - setting out the general types of ventilation systems and the use of ventilation measures in prisons and Aps
* Personal Management Plan Guidance for Prisoners – Guidance on development of Personal Management Plans for eligible prisoners, with attached refusal form and plan template
* Personal Management Plan Guidance for Vulnerable Workers – Guidance on development of Personal Management Plans for vulnerable workers.
* Frequently asked questions – FAQs to support overarching Ops guidance in exiting the National Framework

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| **COVID-19 Control Measures** | **Minimum Requirement** |
| **Testing (further detail in testing strategy)** | |
| Wastewater Testing | Yes, in current 60 sites |
| Staff and Prisoner Symptomatic Testing | Yes |
| Staff Asymptomatic Testing | Some asymptomatic testing in high-risk areas. Work with UKHSA is ongoing and more specific guidance will follow shortly |
| Prisoner Asymptomatic Testing | Some reception testing will continue (further guidance to follow). Other prisoner asymptomatic testing (e.g. ROTL) stops. |
| Visitor Testing | No, – unless to protect vulnerable prisoner as part of PMP. Available on request. |
| **Pharmaceutical Interventions** | |
| Vaccinations and antiviral treatment | Yes |
| **Non-Pharmaceutical Interventions** | |
| Social Distancing | No except for those who have it written into their PMP |
| Regime Controls to reduce footfall & mixing | No |
| Reverse Cohorting | Yes, until further guidance is published shortly. Following this, routinely no except for arrivals refusing to test on reception or on advice of IMT / OCT |
| Protective Isolation of positive/symptomatic | Yes, negative test before release |
| Shielding | Personal Management Plans |
| Reduced gatherings/movements | No |
| Face Masks/Coverings (staff and prisoner) | No, local discretion in high-risk areas |
| COVID Monitoring Inspections | No |
| Contact Tracing & Isolation | No, unless recommended by IMT / OCT. Minimise contact with positive cases and avoid vulnerable cohorts |
| PPE when managing symptomatic/positive | Yes |
| Hygiene Provision | Yes |
| New COVID Workplace Risk Assessments | No |
| BAU H&S Risk Assessments | Yes |
| Enhanced Cleaning | Yes, embed Covid best practice into BAU |
| Hand washing and hygiene arrangements | Yes |
| Ventilation measures | Yes |
| **Options for Further Measures** | |
| As now, where necessary in response to significant escalation in risk or on the advice of Incident Management or Outbreak Control Teams, establishments can introduce further measures. These might be increased use/frequency of minimum controls (e.g. increased testing frequency), or the introduction of other controls not required as a minimum (e.g. introduction of face masks for staff). These increases in measures can be determined locally, informed by public health partners and both community [[surveillance information](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/previousReleases)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/previousReleases) and our [Environmental surveillance hub](https://environ-surveillance-hub.apps.alpha.mojanalytics.xyz/login) | |