Action plan – Auckland South Corrections Facility

Recommendations to Prison management

I recommend Prison management:	Accept/ Reject	Action plan and timeframes (i.e. what steps will be taken to implement my recommendations and by when), or reasons for rejecting my recommendation
1. Implement ongoing support, training and monitoring for staff to build effective professional relationships with prisoners.	Accept	• To enhance staff capability in building effective professional relationships with prisoners, Serco implemented a targeted programme of support, training, and monitoring within House Block 2, Wings 1 and 4. This initiative was introduced in response to specific challenges in these units, which were exacerbated by the presence of Privacy [redacted] prisoners. These individuals were subsequently relocated to other Department of Corrections sites: this was a strategic decision made in collaboration with Corrections to stabilise the environment and promote staff well-being. Between December 2024 and February 2025, Corrections staff were deployed to House Block 2, Wings 1 and 4 to provide direct, on-the-ground support. Their responsibilities included mentoring, coaching, and shadowing Serco staff. This hands-on approach was pivotal in reinforcing best practice and fostering a culture of professional engagement. Throughout this mutual aid initiative, Serco and Corrections worked collaboratively. Weekly meetings were held to identify and address operational challenges, ensuring transparency, shared accountability, and continuous improvement. This partnership was instrumental in restoring stability and boosting staff confidence in managing complex prisoner dynamics. • 10 SROs have been appointment and 16 on secondments. Started in their roles on 13.10.2025. • Operational Practice Manager / Training Officers conduct ongoing assurance and deliver training/refreshers where needed. • Weekly team briefing and staff/prisoner's forums scheduled and recorded. • 18.03.2026 update: • Ongoing support, training, and monitoring of staff is in place. Staff members are regularly assessed within their respective work areas by training assessors and training officers. This forms part of the evidence-gathering process for staff who are currently completing their NCOM Level 3 or Level 4 qualifications, where workplace observations and practical assessments are required for their unit standards. • In addition, the ASCF Operational Practice Manager is currently conducting weekly training sessions with the SROs, which has produced positive outcomes and has been well received by staff. • Closed.
2. Develop clear staff rostering and allocation criteria that provides sufficient numbers of experienced staff to maintain a safe environment in all wings.	Accept	• The current roster has been in place since approximately 2019, and was developed, in collaboration with the Corrections Association NZ (CANZ), to accommodate required numbers, staff fatigue and appropriate cover. With the arrival of COVID-19 in New Zealand, the Corrections Estate suffered significant challenges with staff retention, and therefore the availability of experienced staff diminished. In ASCF, where areas have been identified as requiring additional staffing, numbers have been increased either temporarily or permanently with the addition of more experienced staff where possible. As noted in the report, at the time of the inspection, 58% of staff had fewer than two years' experience and therefore having a majority of experienced staff in all areas at all times was logistically challenging. Staff retention has been a focus for improvement and is improving year on year, better supporting a wider spread of experienced officers. Additionally, a Senior Reintegration Officer (SRO) position was established, to ensure that experienced and capable staff are permanently assigned to each accommodation wing. • 10 SROs have been appointment and 16 on secondments. Started in their roles on 13.10.2025. • Ongoing.

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		• 18.03.2026 update: • Management holds weekly roster planning meetings to review staffing levels and identify any potential staffing gaps for the upcoming week and weekends. These meetings allow management to proactively make adjustments to ensure that all residential units are adequately resourced with a balanced mix of experienced and developing staff, maintaining a safe and stable environment. • Particular consideration is given to the allocation of senior staff and reintegration officers, ensuring appropriate supervision, operational support, and continuity of care across all units. • In addition, Senior Reintegration Officers (SROs) have been appointed or are currently acting in all residential areas. These SROs are familiar with the operational requirements of their respective wings and the prisoners accommodated within them. They provide day-to-day leadership, guidance, and oversight to staff, supporting professional staff-prisoner interactions and ensuring that operational standards, safety practices, and expected behaviours are consistently maintained. • Closed.
3. Improve searching practices to ensure the safety and security of prisoners and the Prison.	Accept	• ASCF completes cell, area and person searches across the site every day, with prisoners routinely searched on exit and entry to areas. Due to the frequency and number of searches completed daily, there is, inevitably, an ongoing risk of complacency, and ASCF takes measures to prevent this. Assurance takes place in the form of regular observations of searches by the Operational Practice Manager, with ad-hoc and planned coaching for staff as identified. Practice reminders and briefings are utilised to remind staff of the importance of searching. • Security • [redacted] • Closed.
4. Implement a robust process to assess the initial and ongoing suitability of cell-sharing arrangements. This	Accept	• An Induction Wing was established in June 2025 in House Block 1 Wing 4, and all newly received prisoners are initially housed there. All prisoners required to share a cell are subject to a Shared Accommodation Risk Assessment (SACRA) before placement. These assessments. including compatibility assessments, are conducted by the custodial staff assigned to the unit or wing where the prisoner will be housed and are documented in IOMS. During the assessment, staff consult with prisoners to ensure the process is transparent and placements are informed. If risks such as gang affiliations, mental health issues, history of violence, or sexual offending are identified, a "Not to Double Bunk"

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includes monitoring that SACRAs are conducted and documented comprehensively, in consultation with each prisoner in advance of cell placement.		(NTDB) alert is activated in IOMS with a detailed justification. Cell-sharing arrangements are immediately reviewed if there is a change in cellmate, a deterioration in behaviour, a complaint or assault occurs, or new intelligence suggests an increased risk. These reviews are documented, and decisions are communicated to relevant staff. Ongoing training is provided to custodial staff on SACRA procedures, risk indicators, and compatibility guidelines to maintain and enhance the effectiveness of the cell-sharing assessments. • Ongoing training. • Dip sampling on SACRAs by the Operational Practice Manager. • Update 17.03.2026: • To support the safe management of cell-sharing arrangements, a weekly HRAT (High Risk Assessment Team) meeting is held. These meetings are attended by Residential Managers, Case Managers, Mental Health Services, and the Clinical Health Team, ensuring a multidisciplinary approach to prisoner placement decisions. • During these meetings, individual prisoner circumstances and risks are reviewed to determine whether a prisoner should be accommodated in a single cell or assessed as suitable for cell sharing. Where applicable, the Forensic Mental Health Team (FMT) is also present to provide specialist input and identify any potential psychological or behavioral risks that may impact safe placement. • These discussions support the initial and ongoing assessment of cell-sharing suitability, ensuring that decisions are informed by health, behavioral, and custodial risk factors. This process complements the SACRA process, ensuring that assessments are conducted and documented comprehensively prior to cell placement, and that any emerging risks are identified and managed appropriately through ongoing review. • Closed.
5. Review their manual door procedures to ensure that the site can guarantee the safety and wellbeing of people in custody in the event of a failure of the electronic doors.	Accept	• Security [redacted] House Block Master Key Process: The Toolbox for the Master Key Process has been re-issued to staff, formalised and published in the Policy and Procedure Manuals (PPMs) file on SharePoint. This process has been communicated to the custodial team. Process has been revised and robust policy in place to address electronic faults which ensures safety and wellbeing for all. • Closed.
6. Ensure staff provide prisoners a comprehensive induction which includes information on how to	Accept	• Induction Wing at Auckland South Corrections Facility: Establishment: The Induction Wing was set up in June 2025 in House Block 1, Wing 4. All newly received prisoners are initially housed here. Purpose: The wing centralises assessment and evaluates prisoners for appropriate placement within the facility. It also introduces prisoners to the prison environment, expectations, services, and opportunities.

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use the Prison's kiosks and in-cell systems.		Information on how to use the Custodial Management System (CMS) and kiosks is included in the Information Handbook, provided to each prisoner on arrival and available on request from staff. On arrival, prisoners are given their user number to log into the computer in their cell. Induction Process: Duration: 20 business days (4 weeks). Begins the day after a prisoner's arrival. Staff must explain all aspects of the induction programme, confirm prisoner understanding, and document completion. Support from other departments (e.g., Health Services) must be arranged if needed. Documentation is filed, and a note is entered into IOMS upon completion. Induction Schedule: Gym: Monday, 15:00 Chaplaincy: Wednesday, 10:00 Case Manager: Monday, 14:00 Reintegration Hub: Tuesday, 10:00 Employment: Wednesday, 09:30 Cultural team: Thursday 10:00. • In place in induction wing – House Block 1 Wing 4 • Ongoing. • 19.03.2026 update: • In addition to the initial induction process, prisoners who are transferred or allocated to different residential areas receive ongoing support and guidance from wing staff. This includes assistance with the use of kiosks and in-cell systems, ensuring prisoners can access services and information effectively. • This approach supports continuous understanding and engagement, particularly for prisoners who may require further assistance following movement between units and helps ensure consistency in access to services across the site. • Closed.
7. Review induction arrangements for foreign nationals, speakers of other languages, and those with particular literacy	Accept	• During induction at the Receiving Office, ASCF are reliant on the same services that Department of Corrections use, however there were some challenges with this that are actively being addressed. This service will be reactivated. • Until this is resolved, ASCF will continue to utilise staff that can effectively communicate the Induction requirements to speakers of other languages. • 06.03.2026 update:

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or communication needs, and improve these arrangements to ensure these prisoners are fully briefed on the Prison procedures.		• RO has previously attempted to activate the same service as Corrections, with no success. • Serco Commercial team is making enquiries as to expectations around this service, which was always provided by Corrections, rather than Serco. • 17.03.2026 update: • Corrections Commercial team has linked Serco with the Dept liaison for the telephone service so that ASCF can continue to be accommodated under the Departments arrangements. Work in Progress. • Update 14.04.2026: • "Connecting Now" phone interpreting services are live for ASCF from 14 April 2026. Commercial discussions continue, but service is available operationally. • Closed.
8. Implement an organised and transparent hearing schedule, and ensure all prisoners are provided with a proper opportunity to prepare their defence to a misconduct charge.	Accept	• Misconduct hearings must take place within 14 days of a charge being laid, and prisoners are advised of this. They also have in-cell telephony and are provided calls to up to two chosen legal advisers free of charge. • Visiting Justice availability is provided by the Ministry of Justice and is not controlled by Serco. • Given the nature of misconducts and the resources assigned, it is not possible to publish a schedule of hearings more than one week in advance, which could also be subject to delays depending on operational needs and issues. Alternative options are being trialled at ASCF to give prisoners more specificity about the anticipated timings of adjudicated hearings, as well as Visiting Justice hearings. • Monitor. • 06.03.2026 update: • Booked CMS appointments for misconduct hearings were trialled in 2025 and deemed successful. It is now BAU to book them on CMS, which gives prisoner notice of their hearing. • In addition to the notice given at the time of service, that the hearing will take place within 14 days, prisoners are provided with the opportunity to prepare. • Closed.
9. Ensure all use of force events are recorded, reviewed and reported, at least in line with statutory requirements.	Accept	• The Corrections Act requires that the particulars of any Use of Force event are recorded and given by notice in writing to the chief executive. Corrections Regulations require that staff must promptly report the use of force to the manager of the prison and sets out what information should be contained therein. Serco believes that these standards are, predominantly, met. Serco does carry out reviews and is focussed on having these completed in a shorter timeframe. Operational and statutory priorities may delay these from being completed within the preferred timeframes. • All Use of Force (UoF) reviews are up to date. • Weekly meeting to review all UoF Initiated by Security Manager. • Ongoing when UoF occurs.

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		• Update 06.03.2026: • During 2024, there was a backlog of reviews, however that was cleared by Sept and reviews have been maintained within a reasonable timeframe since then. • Weekly UoF review meetings for Instructors to review recent incidents take place, chaired by the Security Manager. • Closed.
10. Update the use of force policy to include suitable time frames for use of force reviews.	Rejected	• Operational and statutory priorities may delay reviews from being completed within the preferred timeframes. • There is no legislated requirement regarding use of force reviews, and therefore Serco considers this to be a best practice approach rather than a policy requirement. • Serco recognises the value of the review process to improve practice and staff competency, and we are working to improve the time frame within which these are completed. • Weekly meetings have been established to review all UoF incidents, and this has been effective in reviewing in a timely manner.
11. Ensure recommendations from use of force reviews are implemented to improve practice.	Accept	• Where recommendations are identified, follow up actions are taken. Incident Recommendation Register is updated and Practice Reminder, communication to staff etc. is ongoing. • Weekly meeting to review all UoF Initiated by Security Manager. • Ongoing when UoF occurs. • Update 12.03.2026: • Operational Performance Manager (OPM) maintains a use of force recommendation register to ensure that recommendations are implemented. • Closed.
12. Ensure prisoners are only restricted or denied the opportunity to associate with others in accordance with the Corrections Act 2004.	Accept	• Operational discretion: Accommodation Managers make decisions about association based on risk assessments and management plans. The practice is consistent with operational safety and security protocols. • Case by case basis. • 19.03.2026 update: • All decisions to restrict or deny prisoners the opportunity to associate are based on identified safety, security, or operational risks. Such restrictions are regularly reviewed to ensure they remain justified and proportionate. Prisoners are informed of any restrictions placed on them, including the reasons for these decisions, where appropriate. Oversight is maintained through management review processes, including residential level monitoring and relevant forums, to ensure that any limitations on association are lawful, necessary, and subject to ongoing reassessment. • This approach ensures that prisoners' rights to association are upheld, while maintaining a safe and secure environment for both prisoners and staff. • Closed.
13. Implement robust systems to record,	Accept	• The process followed by ASCF for Directed Segregation paperwork is in line with PPM 15.01 Direct Segregation (Non-Voluntary) and related documents.

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review and monitor all directed segregation paperwork.		• IOMS access to UoF/Segregation has been enabled, and time-impact assessments will be undertaken. • 19.03.2026 update: • Weekly Direct Segregation meetings are held, where forum members review and discuss all current Direct Segregations, with minutes recorded. Each Direct Segregation has an individual file where all related documentation is maintained. These files are available for management oversight, ensuring segregation decisions are appropriately recorded, monitored, and reviewed. • Closed.
14. Ensure that that all prisoners are able to engage with support services privately and in-person.	Accept	• The concern raised by the Inspectors related to the SRU not having facilities for non-contact engagement between prisoners and support services staff who attended the unit. ASCF is currently investigating the viability of establishing a 'Non-Contact Booth' in the SRU. The SRU contains two Holding Cells, one on each floor, and we are considering converting the ground-level holding cell into a non-contact booth. • Feasibility project underway to convert existing area into non-contact booth. • In progress. • 30.3.2026: • Work is underway to see if feasible to convert the downstairs interview room to a non-contact booth. • Update 22.04.2026: • Work is underway. • Update 25.05.2026: • A study was conducted to assess feasibility, costs, safety, security, and associated risks. The findings indicated that the risks and costs of converting an existing area into a non-contact booth outweigh the benefits of such a conversion. • To address this, arrangements will be made for prisoners requiring private, in-person engagement with support services to be scheduled via CMS for a non-contact booth visit within internal visits. Prisoner movements to internal visits will be managed in accordance with the SRU movement protocols. • Therefore, this action is closed.
15. Ensure that prisoners are not subject to in-cell CCTV surveillance without a clear justification identified through individual risk assessment.	Accept	• In-cell CCTV surveillance exists only in those cells where individual assessment is required to be placed there. Serco accepts that policy and practice on the use of CCTV has changed since the commencement of the contract and will cease in-cell CCTV coverage of 12 x cells in the Separation and Reintegration Unit in September 2025. Only those considered at serious risk of self-harm will be placed in cells where CCTV surveillance is active. The Department of Corrections has a current project on in-cell privacy measures, and ASCF is an active participant. • Only in At-Risk cells. • No further action. • Closed.

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16. Protect prisoners' privacy when using the toilet or showering.	Accept	• CCTV in all cells in SRU have been disabled other than dry cells. Staff are reminded to adhere to privacy of prisoners and prisoners are advised that observation windows must be cleared if requested. Failure to comply is against Directors Rules. • The Department of Corrections has a current project on in-cell privacy measures, and ASCF is an active participant. • Ongoing collaboration with the Department of Corrections. • Update on 23.03.2026: • Ongoing collaboration with the Department of Corrections. • Open.
17. Ensure that prisoners' health information is kept confidential and they are provided privacy during health appointments.	Accept	ASCF is committed to upholding the rights, dignity, and well-being of those in our care. We recognise that health information is sensitive and must be treated with the highest standard of confidentiality, in line with the Health Information Privacy Code and international human rights obligations: To strengthen our practices, we have: • Trained all Health staff to ensure that all prisoners' health records are stored, accessed, and shared only in accordance with strict confidentiality protocols. • Provide appropriate and private spaces for medical consultations so individuals can discuss their health needs without risk of being overheard or observed unnecessarily. • Continued to train staff to respect and protect the confidentiality of health information and to support an environment where prisoners feel safe seeking medical care. • Implemented these measures, we aim to reinforce trust in our health services and uphold the fundamental rights of prisoners to privacy and dignity in their healthcare. • Completed privacy training for all Health staff. • All prisoners' health records are stored, accessed, and shared only in accordance with strict confidentiality protocols. • Facilities Management Manager assessing office space to repurpose for interviews. **Actions Completed to Strengthen Health Information Privacy** • **Privacy Training:** All Health staff have completed privacy training delivered by the ASCF Privacy Manager, focusing on the protection of confidential health information and legislative obligations. • **Health Records Management:** All prisoners' health records are stored, accessed, and shared strictly in accordance with established confidentiality protocols and relevant legislative requirements. All health record requests are managed through the Privacy Team to ensure compliance and appropriate oversight. • **Private Consultation Spaces:** Measures are in place to ensure medical consultations occur in private settings to prevent conversations from being overheard or individuals being unnecessarily observed. These include: o Consulting room doors remaining closed during face-to-face consultations. o Privacy screens maintained and used during assessments requiring comprehensive physical examinations. o Triage windows being closed while consultations are in progress within house block health triage areas. **Actions In Progress / Planned:** • **Office Space Assessment:** The Facilities Management Manager is currently assessing office space for repurposing to support private interviews.

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		• **Ongoing Staff Training & Monitoring:** Refresher privacy training and monitoring compliance have continued as part of routine staff development. • 13.04.2026 – closed.
18. Improve processes for communication between Case Managers and prisoners to support individual management planning, including access to programmes and services, and preparation for parole and transition preparation.	Accept	• Case Management Helpdesk: Established to address prisoner queries between scheduled appointments, supported by a record book to capture concerns and ensure no one is overlooked. "My Case Manager" - Case Management Information Booklet: Distributed to prisoners to provide clear guidance on case management processes and expectations. Regular Wing Talks and FAQ Sessions: These, along with a fortnightly induction for new prisoners, offer multiple opportunities for prisoners to gather information and interact with Case Managers. Future Plans: Development of whānau information sessions scheduled for 2025 to aid in transition planning and strengthen external family connections. These measures aim to enhance transparency, consistency, and accessibility in communication, helping prisoners better understand their rehabilitation options, prepare for parole, and plan for reintegration into the community. • Closed.
19. Ensure staff follow the Prison's established procedures for caring for prisoners formally assessed as being at-risk of self-harm.	Accept	Our prison operates in accordance with At-Risk Policy 11.01 – Prevention of Self-Harm and Monitoring At-Risk, ensuring the safety and wellbeing of all people in our care. Staff are trained and supported to apply these procedures consistently and in line with policy requirements. In practice, this includes: • **High Risk Assessment Team (HRAT) meetings** held weekly to review the safety status, progress, and management plans of prisoners identified as at risk or vulnerable. These meetings ensure coordinated, multidisciplinary oversight and continuity of care. • **Daily welfare checks** for prisoners subject to formal observations, with staff monitoring immediate safety and ongoing wellbeing needs. • Ongoing staff training to ensure consistent application of at-risk procedures, prioritising dignity, safety, and therapeutic engagement. • Implementation of **PPM 19.17 Whare Ora Wing Operations**, supporting structured and safe environments for vulnerable prisoners. Through these measures, the prison seeks to reduce the risk of self-harm, provide timely interventions, and ensure that vulnerable prisoners receive appropriate, coordinated support. **Multidisciplinary Service Contributions to Reducing Self-Harm Risk** The following outlines how each service addresses underlying causes of distress and contributes to risk reduction: 1. **Mental Health Nurses – Referral and Triage** • Same-day triage for all self-harm ideation, significant distress presentations, or custodial concerns. • Comprehensive mental health and suicide risk assessments. • Development of individualised management and safety plans, including identified triggers, coping strategies, and follow-up frequency. • Increased proactive welfare checks for identified at-risk individuals. • Escalation to forensic or acute services where clinically indicated.

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		Impact: Early identification and rapid clinical intervention reduce escalation to crisis point. 2. **Psychotherapy Services** • Structured therapeutic interventions (e.g., CBT-informed approaches, distress tolerance, trauma-informed therapy). • Focus on emotional regulation, trauma processing, and maladaptive coping behaviours. • Regularly scheduled sessions for high-risk individuals. • Collaboration with custodial staff to ensure consistent behavioural management approaches. **Impact:** Addresses underlying psychological drivers of distress rather than providing episodic crisis responses. 3. **Alcohol and Other Drug (AOD) Counsellor** • Assessment of substance dependence and withdrawal-related distress. • Relapse prevention planning. • Psychoeducation regarding substance use and mood dysregulation. • Integrated care planning with mental health clinicians for dual-diagnosis patients. **Impact:** Targets substance-related contributors to emotional instability and impulsivity. 4. **Social Worker** • Practical and psychosocial support (family stressors, legal concerns, reintegration anxieties). • Advocacy and liaison with external agencies where appropriate. • Support for grief, loss, and relationship breakdown. • Assistance with structured coping and problem-solving strategies. **Impact:** Reduces situational stressors contributing to overwhelm and hopelessness. 5. **Mental Health Cultural Support** • Provision of culturally responsive support tailored to individual identity and background. • Engagement strategies to increase trust in services. • Support during crisis interventions where cultural factors influence distress. • Collaboration with whānau where appropriate and with consent. **Impact:** Improves engagement and reduces barriers to help-seeking. 6. **Rongoā Māori Services** • Access to tikanga-informed healing approaches. • Holistic wellbeing focus (wairua, hinengaro, tinana, whānau). • Complementary support alongside clinical interventions. • Strengthening cultural identity and connectedness as protective factors.

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		Impact: Addresses spiritual and cultural dimensions of distress, enhancing resilience and protective factors. **Strengthened System-Level Measures** In addition to individual service provision: • Weekly multidisciplinary case reviews for high-risk individuals. • Integrated care planning between Health and Custodial teams. • Dynamic risk monitoring following incidents. • Increased availability of same-week appointments for acute presentations. • Ongoing staff training in suicide prevention and trauma-informed care. • Update 13.04.2026: • The recently added practice to the ARU involves the completion of a post-revocation care plan by the Mental Health nurses. This care plan is then shared with custodial staff to ensure a follow-up plan is in place for individuals after their time in the ARU. The post-care plan outlines steps for the gradual reintegration of the individual back into the general population. Ongoing reviews are being conducted to assess the effectiveness and make necessary improvements. • Closed.
20. Review the staffing arrangements in Te Whare Ora and take the necessary actions to ensure prisoners in this wing are safe and receive adequate supervision and interaction from staff who have received specific training in how to meet this cohort's needs.	Accept	• Weekly HRAT meetings are held and attended by representatives from Health, Mental Health and Residential and Case Management. In June 2025, House Block 3 staff attended training on suicide warning signs / at risk, delivered by the Operational Practice Manager. Security [redacted] The Prison Director's Rules have also been updated and distributed to all staff on 06.01.2026 to include: Prisoners housed in Whare Ora are not to attempt to pass any object or to communicate with any other prisoner on AT RISK. This will result in a misconduct and possible removal from the wing. • Ongoing work with Mental Health team on site. • Weekly roster meetings to align best fit to area where possible. **Increased Therapeutic and Clinical Presence** To better address root causes of distress: • Mental Health staff are increasing proactive engagement in Te Whare Ora, including informal presence in the unit, not solely appointment-based contact. • High-risk individuals receive structured follow-up and review through weekly HRAT meetings, with clear action tracking. • Case reviews focus on identifying patterns of distress, environmental triggers, relational conflict, or unmet needs contributing to self-harm ideation.

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		• Integrated care plans are developed and communicated clearly to custodial staff to support consistent responses. This approach shifts the focus from reactive crisis management to early intervention and prevention. • Update 13.04.2026: • No Changes from the Mental Health team. • Closed.
21. Urgently address deficiencies in prisoner access to timely healthcare services.	Accept	We acknowledge that timely access to healthcare is a fundamental right of people in custody and a core component of safe and humane operations. We also recognise the seriousness of the concerns raised regarding delays in access to clinical services. ASCF is one of the lowest staffed prisons for Registered Nurses, which has directly impacted service capacity. In addition, the changing cohort profile particularly the increasing number of elderly prisoners and individuals with complex, chronic health conditions have significantly increased clinical demand and case complexity. ASCF now manages one of the largest ageing prisoner populations, with associated comorbidities, disabilities, mobility limitations, and increased reliance on external specialist providers and disability support agencies. In response, the following actions are underway: **1. Workforce Uplift and Resourcing** • A comprehensive Health Services Business Case (2025) is in progress and will be submitted to the Department of Corrections / SecureFuture seeking additional funding to increase Registered Nurse FTE and clinical support roles. • The proposal includes uplift in nursing staff, enhanced chronic care coordination, and additional administrative support to improve clinic flow and reduce wait times. This uplift is intended to restore safe staffing ratios and ensure service delivery meets required clinical standards. **2. Interim Mitigation Strategies** Pending staffing uplift approval, the site has implemented short-term measures to reduce risk and improve timeliness: • Prioritisation and triage refinement to ensure urgent and high-risk presentations are seen within clinically appropriate timeframes. • Increased use of telehealth services for specialist consultations where clinically appropriate. • Review of chronic care registers to proactively identify patients at risk of deterioration. • Strengthened coordination with external providers to streamline appointments for high-needs and elderly patients. • Exploration of agency support where available. **3. Focus on the Ageing and High-Needs Cohort** Recognising the disproportionate demand created by the ageing population: • Enhanced chronic disease management planning is being embedded into routine care. • Collaboration with disability support agencies is being strengthened to ensure wraparound support for individuals requiring assistance with activities of daily living. • Complex case reviews are undertaken to ensure integrated care planning across health, custodial, and external services. • Monthly High-Complex Needs Meetings are held in partnership with the Department of Corrections to review prisoners with significant medical and or, disability-related needs.

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		4. Governance and Monitoring • Healthcare wait times and clinic backlogs are being monitored regularly at site leadership level. • Clinical risk incidents related to delayed access are reviewed to identify systemic gaps. • Progress against staffing recruitment and service improvements is reported through governance channels. • Update 13.04.2026: • Closed.
22. Ensure prisoners are promptly advised of cancellations, and appointments cancelled for reasons outside a prisoner's control are immediately rescheduled.	Accept	• When an appointment is cancelled for reasons outside a prisoner's control, the appointment is immediately rescheduled, and the prisoner is promptly advised of the new appointment via CMS. All cancellations and rescheduling actions are recorded to ensure transparency and accountability. Prisoners are kept informed at every stage through CMS notifications, minimising uncertainty and maintaining trust in the healthcare process. • Closed.
23. Review the practice of paracetamol administration and dispensing and implement robust safety and quality assurance measures.	Accept	We acknowledge the concern raised regarding the allocation of nursing resources and the importance of ensuring that clinical staff are able to operate at the top of their scope of practice, particularly in the context of existing workforce pressures. Following the 2024 review of medication management practices, the administration of paracetamol (Panadol) by Reintegration Officers ceased in order to strengthen clinical governance, ensure appropriate oversight, and align with health service standards within a correctional healthcare environment. To clarify the current model: • Paracetamol is administered during scheduled medication rounds by designated Health Care Assistants (HCAs) operating under the supervision and delegation of Registered Nurses. • Registered Nurses retain responsibility for clinical oversight, including assessment of ongoing need, contraindications, cumulative dosing, and review of effectiveness. • Standing orders and clear clinical protocols guide administration to ensure safe dosing limits and monitoring for potential adverse effects. • All administration is documented in the electronic medication management system to maintain auditability and accountability. • Regular medication audits are conducted to monitor compliance, identify trends in usage, and ensure safe practice. This model allows routine, low-risk medication administration to be managed safely by trained HCAs, thereby preserving Registered Nurse capacity for: • Clinical assessments and triage • Chronic disease management • Acute presentations • Complex care coordination Feedback and internal review indicate improved consistency in medication documentation, strengthened oversight of cumulative dosing, and clearer lines of accountability. Ongoing monitoring and remain in place to ensure the approach remains safe, proportionate, and aligned with workforce capability and clinical demand.

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		This framework seeks to balance medication safety, appropriate governance, and efficient use of limited nursing resources while maintaining quality of care. • Update 13.04.2026: • Closed.
24. Ensure repairs and maintenance are carried out within reasonable timeframes.	Accept	• This is in accordance with the Subcontract Management, and repairs and maintenance are carried out within reasonable timeframes. • Oversight is now effectively managed and controlled by the Facilities Management Team. Planned and unplanned maintenance is carried out in a timely manner to ensure repairs are addressed within the required timeframes. • Ongoing. • Update 22.04.2026: • Everything is fully compliant with the maintenance requirements. • Closed.
25. Ensure the Prison's property management function is resourced sufficiently to prevent prisoners experiencing long delays in receiving their property.	Accept	• The Inspection report notes that ASCF temporarily placed an additional staff member within the property office for a trial period. This was evaluated to have a positive impact on property processing times. An additional property officer position was permanently established in January 2025. • Subsequently a second Property Officer has been appointed. • Closed.
26. Standardise the serving of meals to normal hours, with lunch served between midday and 1.30pm, and dinner served between 5pm and 7pm.	Accept	• To support prisoner wellbeing and align with standard daily routines, Serco will standardise the serving of meals where operationally feasible and in line with normal hours and nutritional expectations. Due to the fixed shift structure (06:00 AM to 06:00 PM): Lunch is normally served daily between 11h30 to 12h00. Dinner will be served as practicable and as close as possible to the end of the day shift. While exact timing may vary depending on operational demands and security requirements, every effort will be made to ensure dinner is served within a reasonable timeframe that supports routine consistency and prisoner wellbeing. Meal service times will be monitored and reviewed regularly to ensure they remain appropriate and responsive to site conditions, with feedback from staff and prisoners informing any necessary adjustments. • Update 26.03.2026: • Some changes have been implemented on site to support the standardisation of meal service times, particularly for dinner in the residential areas. The kitchen now delivers meals approximately 30 minutes later than the usual time, which results in later delivery to the residential units.

I recommend Prison management:	Accept/ Reject	Action plan and timeframes (i.e. what steps will be taken to implement my recommendations and by when), or reasons for rejecting my recommendation
		• Once the meals arrive in hot boxes, staff undertake the standard process of counting the meals first and distributing them to the wings, which takes a further 30 minutes., This creates an additional delay of 1 hour before meals are handed out to prisoners, allowing them to have their meals together in the day rooms. • This process remains under review to assess whether further improvements or adjustments can be made to better align with the required timeframes. This task is ongoing at this stage. • 27.03.2026: • As this is ongoing at this stage. • Update 25.05.2026: • This has been implemented across the site, with continuous improvements being made to streamline the process as needed. • Therefore, this action is closed.

Recommendations to Department of Corrections and Prison management

I recommend the Department of Corrections and Prison management:	Accept/ Reject	Action plan and timeframes (i.e. what steps will be taken to implement my recommendations and by when), or reasons for rejecting my recommendation
27. Consider the resources and accommodation available at the prison, and work together to ensure prisoners placed there can be accommodated safely.	Accept	• Over the past six months, ASCF has experienced cohort stability, with 900 of 960 total population in Voluntary Protective Custody (Voluntary Segregation). This has enabled the site to safely place prisoners in accommodation and revert to the progression model. All wings, apart from one Privacy , are segregated, as is Residence. This has allowed us to place prisoners in appropriate accommodation according to their pathway. • Pathway for all prisoners identified via Induction wing and placed in most suitable location. • Ongoing as dependant on cohort. • Update 26.03.2026: • This work continues in collaboration with the Department of Corrections. Privacy mainstream prisoners were transferred off site to create additional capacity for the Voluntary Protective Segregation cohort. Selection for transfer prioritised mainstream prisoners who were not currently employed or engaged in Industries Privacy Privacy • All prisoners on site at ASCF undergo a comprehensive induction process, during which placement risks are assessed. This includes consideration of non-associations, security classifications, and completion of SACRA (Shared Accommodation Cell Risk Assessments) prior to placement in shared accommodation. • Closed.
28. Urgently address and improve the integrity of	Accept	• CMS Project – loading complaints in progress.

I recommend the Department of Corrections and Prison management:	Accept/ Reject	Action plan and timeframes (i.e. what steps will be taken to implement my recommendations and by when), or reasons for rejecting my recommendation
the complaint system and to enable prisoners to make complaints independently of staff.		Capturing complaints directly onto Custodial Management System (CMS) will simplify the logging process for prisoners and align with the Responsible Prisoner Model at ASCF. Prisoners will have the ability to make complaints independently of staff. • The CMS Apps Tree feature, which includes three dropdown menus (PC.01, Health and Staff Related Complaints), has been successfully rolled out to the entire site on Wednesday 28.01.2026. • Closed.
29. Implement a separate and confidential health complaint process.	Accept	• Health acknowledges the importance of ensuring that health complaints are managed through a separate, confidential, and accessible process. A review of current practices has been conducted, and all health-related complaints will be raised by prisoners directly onto the Custodial Management System (CMS). This change reinforces our commitment to transparency, accountability, and continuous improvement in addressing concerns raised by prisoner families and staff. • The CMS Apps Tree feature, which includes three dropdown menus (PC.01, Health and Staff Related Complaints), has been successfully rolled out to the entire site on Wednesday 28.01.2026. • Closed.
30. Develop and implement individual management plans for prisoners on directed segregation that maximise time outside of cell, access to activities, and opportunities for meaningful human contact.	Accept	• Prisoner placement in the Separation and Reintegration Unit (SRU) is managed under the relevant operational policies and procedures, which align with the Corrections Act and Regulations. Prisoners' detention in the SRU is subject to ongoing monitoring and periodic review to ensure compliance with legal and operational requirements. All decisions regarding the prisoner's management are made with due consideration of their rights and welfare, as well as the safety and security of the facility. All prisoners on Directed segregation have individual management plans and afforded maximum time out of cell. • Ongoing. • Design of management unit limits mixing of prisoners on exercise, but communication with each other if achievable. • 10.04.2026: • Ongoing as mentioned above. • Closed.
31. Ensure disabled prisoners receive care and support from trained practitioners and are accommodated in appropriate physical environments.	Accept	We acknowledge our accountability to ensure that prisoners with disabilities or complex health needs receive safe, dignified, and clinically appropriate care, delivered by trained practitioners and within environments suitable to their level of need. **1. Assessment and Clinical Oversight** We also recognise Corrections' clear position that individuals requiring hospital-level care should not remain in a standard prison environment. Our approach reflects this position. We have strengthened identification and oversight processes to ensure timely recognition of prisoners whose needs may exceed what can be safely delivered within a custodial setting: • All prisoners with significant functional impairment undergo NASC assessment to determine level of support required. • Multidisciplinary case reviews (health, custodial, case management) are conducted for individuals with complex or deteriorating conditions. • Where hospital-level or specialist residential care needs are identified, this is formally escalated through Corrections pathways for consideration of alternative placement.

I recommend the Department of Corrections and Prison management:	Accept/ Reject	Action plan and timeframes (i.e. what steps will be taken to implement my recommendations and by when), or reasons for rejecting my recommendation
		• Clear clinical documentation supports decision-making regarding suitability for continued placement in prison. **2. Current Care Delivery Model** For those assessed as suitable to remain in custody: • Personal care and activities of daily living support are delivered by trained external care providers engaged on site. Currently, ASCF has 8 prisoners who receive care from the external agency, Geneva Healthcare, which visits the site twice a day, seven days a week. • Registered Nurses provide clinical oversight, including chronic disease management, medication review, and escalation of deterioration. • Individualised care plans are developed and regularly reviewed to reflect changing needs. • Accommodation allocation prioritises accessibility (e.g., bottom landing, bottom bunk placement, proximity to facilities, mobility supports). **3. Partnership for Alternative Care Pathways** Recognising that some individuals require care beyond what can appropriately be delivered in prison, ASCF and the Department of Corrections, through Dee Bayley's leadership, have introduced a partnership with Heritage Lifecare. This partnership is now being actively utilised to support: • Assessment and placement of some of the most impaired and chronically unwell prisoners whose needs align with residential aged-care capability. • A structured trial period to evaluate the safety, suitability, and sustainability of external residential care placements. • Coordinated transition planning, including comprehensive health summaries, risk assessments, and medication management planning. • Ongoing liaison between custodial, health, and residential care providers to ensure continuity and oversight. • Update 13.04.2026: • Closed.