



National Offender  
Management Service

**Annex to High Security Estate  
Service Level Agreement  
for Prison Services Commissioned  
by the National Offender  
Management Service from the  
Public Sector Provider**

**Between**

**The National Offender Management  
Service as Commissioner and**

**Her Majesty's Prison Service**

**for**

**HMP Whitemoor**

**Local Establishment Annex 2014-15**

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**This document is the Local Establishment Annex 2014-15 to the High Security Estate Regional SLA 2014-17. The Regional SLA, including this Annex, has been agreed between NOMS commissioners and the Deputy Director of Custody and signed by both parties confirming the agreement.**

## **Section 1: Service Overview**

From the **Commencement Date**, **HMPS** will deliver offender services as set out in this **SLA** and applicable **NOMS service specifications**. Additional commissioning arrangements with the YJB will be described within the National YJB SLA.

### **1. Establishment Details**

<b>Table 1: Establishment Details</b>	
Establishment name	<b>HMP Whitemoor</b>
Establishment type	<b>High Security</b>
Specialist function	<b>Dangerous and Severe Personality Disorder (DSPD) unit, Close Supervision Centre</b>
Security Category / Categories:	<b>Category A or lower/ Young Adults suitable for closed conditions or lower including Restricted Status</b>
Annual Operating Price	To be agreed

### **2. Establishment Population**

**HMPS** shall provide the Operational Capacity and Certified Normal Accommodation (CNA) at the **Establishment**, as recorded in the table below. There is a legal requirement for any variations to Operational Capacity or CNA to be approved through the cell certification process set out in PSI 17/2012 Certified Prisoner Accommodation. Where there is a material difference between the commissioned Operational Capacity and CNA recorded in the table below and the certified levels, the **Notice of Change** process must be followed.

<b>Table 2a: Capacity Specification</b>	
Certified Normal Accommodation	458
Operational Capacity	458

Any restrictions in the establishment's allocation criteria must be recorded in the Population Specification in the table below. Material changes to the Population Specification must be agreed between the **Commissioner** and **HMPS** in advance of the change in population, using the **Notice of Change** process.

<b>Table 2b: Population Allocation Specification</b>	
Gender:	Male prisoners only
Age:	Adults (21 and over) and starred up and Restricted status Young Adults (18-21)
Security Category:	Category A or lower/ Young Adults suitable for closed conditions or lower including Restricted Status
Sentence Status:	Sentenced prisoners (High risk remands held)
Sentence Length / Type:	All Cat As, Cat B Prisoners sentenced to 10 years or more, including IPPs with a tariff of 5 years or more Minimum 5 year tariff (IPP/Life) or 10 year determinate sentence
Offence Type:	No restrictions
Nationality:	No restrictions

The assumptions of the **Commissioner** regarding the origins of the **Establishment's** population, the estimated numbers comprising each population segment and any specialist function are as recorded in the tables below. Some variance is always to be expected in the Population Assumptions, but where there is a material change between the assumptions recorded in the table below and the actual population held at the **Establishment**, the **Notice of Change** process must be followed.

<b>Table 2c: Population Assumptions – Origin of the Population</b>
<i>HMP Whitemoor is a High Security dispersal prison holding male prisoners aged 21 and over. The population is mainly comprised of indeterminate prisoners with a substantial number of longer sentenced determinate prisoners. HMP Whitemoor will receive high security remand prisoners under exceptional circumstances. This establishment is a national resource and holds prisoners from any region according to operational need. This establishment has a Close Supervision Centre. As a dispersal prison will receive Adult prisoners sentenced at courts in any regions, allocations will predominantly be those sentenced at courts in East of England and surrounding regions.</i>

<b>Table 2d: Population Assumptions – Estimated Background of the Population</b>							
<b>OCTOBER 2014</b>							
	Cat A	Cat B	Cat C	Cat D	Male YO	Other	Total
Prisoners on remand, convicted unsentenced, or sentenced uncategorised	3	3	0	0	0	0	<b>6</b>
Prisoners sentenced to less than 12 months	0	0	0	0	0	0	<b>0</b>
Determinate prisoners serving 12 months or more but less than 4 years	0	0	0	0	0	0	<b>0</b>
Determinate prisoners serving more than 4 years	41	49	0	0	0	0	<b>90</b>
Indeterminate prisoners	123	238	0	0	0	0	<b>361</b>
Determinate and indeterminate Recallees	0	1	0	0	0	0	<b>1</b>

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Non-criminals	0	0	0	0	0	0	0
Resettlement	N/A	N/A	N/A	N/A	N/A	N/A	0
Discretionary	N/A	N/A	N/A	N/A	N/A	N/A	0
Total	167	291	0	0	0	0	458
Resettlement	No	Reset %		NA	Reset No.		NA
Specialist Function	Dangerous and Severe Personality Disorder (DSPD) unit, Close Supervision Centre						

## SECTION 2: ESTABLISHMENT DELIVERY

Table 3: Local Response to Commissioning Intentions	
CI Title & No.	Response to Commissioning Intention
<p>1a, <b>There is a sense of purpose in relation to rehabilitation, desistance, and progression through a sentence which is shared and understood by all who work with offenders.</b></p> <p><b>And</b></p> <p>1b, <b>All who work with offenders consistently demonstrate behaviours and attitudes that support rehabilitation and desistance.</b></p>	<p>HMP Whitemoor is not a resettlement prison and holds prisoners with very long sentences. The role of Whitemoor in terms of rehabilitation is primarily in ensuring that prisoners settle into their long sentences and this role as more of a settlement prison is a key objective for this commissioning cycle.</p> <p>The Senior management team have developed Whitemoor's business plan and a key part of that was to focus on the role of Whitemoor in the rehabilitation of its prisoners. From this strategic discussion came an agreement of what Whitemoor's purpose is in terms of rehabilitation. This purpose is one of settlement and the importance of all staff's contribution through their daily contact with the prisoners in terms of helping the prisoners to settle into their long term sentences. Key staff involved in this are the personal officers on the wings who work with the prisoners every day and the offender supervisors who manage the prisoner's sentence plans. At present the strength in understanding the prisoner's rehabilitation needs is very focused in the Offender Management Unit and Whitemoor recognises that this needs to be a combined understanding with all who work with the prisoners.</p> <p>The prison has four new strategic priorities for 2014/15 and one of these is "Settlement of long term prisoners – delivering our role in the rehabilitation culture". The first stage of rehabilitation at Whitemoor is for staff to help prisoners to acclimatise to the High Security environment and engage with their personal officer and their offender supervisor. The Offender Supervisor role is changing nationally to one of a combined role which also encompasses Supervisory Officer duties on the wings. This new hybrid role will be planned and subject to formal measurable milestones through (MTT) which is the agreed change vehicle for key deliverables. We will also redevelop the personal officer scheme so that its focus is on the concept of settlement.</p> <p>Whitemoor recognises that prisoner's will have individual needs in terms of rehabilitation and these need to be understood and managed by all who work with them. Senior Managers will drive forward the strategic priority of the rehabilitation culture and ensure it is understood by all staff who work with the prisoners. This will be achieved through staff briefings by the Governor, departmental meetings with function heads, and bilateral meetings with first line managers, inter-departmental meetings, and written guidance on Whitemoor's settlement purpose. Managers will seek assurance that the purpose is being understood through bilateral meetings and consultation with staff. Managers will promote the value of every contact with a prisoner through group meetings and one on one</p>

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	<p>discussion with their staff.</p> <p>The introduction of the Band 4 hybrid Offender Supervisor / Wing Supervisor provides an opportunity to integrate sentence planning with wing supervision and provides opportunities for better exchange of information between Offender Supervisors and Personal Officers.</p> <p>We will continue to develop a regime for long term prisoners which provides activities which enthuse and interest them, and which provides opportunities to change.</p> <p>Please see related development objectives in Table 6.</p>
<p><b>1c, Efforts are made to ensure offenders experience the environment as safe.</b></p>	<p>Staff and prisoner safety is a priority at Whitemoor. There are not high levels of violence within the prison with the rate in line with the average seen in the other four Dispersal prisons. Whitemoor has a zero tolerance to violence and refers a high number of any incidents to Cambridgeshire Police who work very closely with the prison. Whitemoor has had much success in securing further prosecutions of prisoners for being violent in prison. In addition to referring incidents to the Police, the IEP scheme is used as a management tool as well as the adjudications process. The average amount of management responses per prisoner who is violent is currently 1.82.</p> <p>In addition at Whitemoor there is an Unacceptable Behaviour Strategy which when appropriate enables staff to identify potential victims and perpetrators and observe these to establish any specific concerns. An Unacceptable behaviour document (UBD) is created along the lines of an ACCT document whereby managers and staff can monitor behaviour and support the victim and challenge the perpetrator about any perceived unacceptable behaviour. The manager reviews the prisoner's behaviour over a period of time which allows supportive intervention. Any breaches of security or risk are referred to the Offender Supervisor for inclusion in OASys and sentence planning.</p> <p>Violence management data is discussed at the Senior management team meetings and the Business hub are carrying out a data quality exercise to ensure all incidents of violence have been reported. There are no local concerns regarding the accuracy of the data but the quality check is taking place for assurance. Moving forward the Head of Safer Custody will conduct regular checks to ensure the violence data is accurate. Incidents of violence are reported through a dedicated Orderly officer group who ensure the incidents are all recorded on the central computer system. Reminders are issued to staff to report incidents if they are discovered by CCTV after the event or reported by a prisoner.</p> <p>Unexplained injury numbers are low but when they do occur they are investigated by Safer Custody in liaison with the Health and Safety department when the need arises. The prisoner is interviewed to find out what happened. Any trends in unexplained injuries are monitored by the Safer Custody Team and the unacceptable behaviour</p>



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	<p>strategy may be used if a potential perpetrator is identified and a support plan put in place for a potential victim if felt necessary. This strategy includes just observation if felt necessary from unexplained injuries.</p> <p>The Safer Custody meetings focus on and analyses the level of self harm to identify any trends and uses any evidence and learning to help prevent future similar occurrences. The meeting aims to identify any potential areas of high risk to prisoners and establish any common themes. Whitemoor received a 'Good' rating in November 2013 for its Safer Custody Audit which it had also achieved two years earlier. Staff are confident in their management of ACCT documents for those at risk of self harm and these are reviewed with a multi-disciplinary presence.</p> <p>The prison focuses on a predictable regime, safe systems of work and risk assessments of the levels of prisoner groups and the appropriate levels of staff supervision. This all helps to create an environment that aims to keep staff, prisoners and visitors safe. The focus is also on the physical environment being safe with appropriate lighting, risk assessments and extensive CCTV coverage.</p> <p>We review our adjudication data to establish trends in relation to charges for violent incidents such as assaults/fights/threatening and abusive behaviour which helps us identify if we have an increase in any of these and where these areas are and also identify the causes that might be resulting in any increases.</p> <p>Security intelligence supplied by staff is invaluable in many ways, one of these being the ability to monitor any potential loss of order and in particular any potential risk to the safety of prisoners or staff. Using intelligence, prisoners are moved if their safety is felt to be at risk. This can sometimes require prisoners to be located within the Care and Separation Unit which is a secure environment where they are separated from the main prison in order to establish if there is any significant intelligence or risk to the good order of the establishment. The prisoners receive a predictable regime in line with the expectations of the Inspectorate of Prisons. Prisoners who appear to be vulnerable go through a similar process and are housed in the same environment.</p> <p>There is a monthly committee which reviews all use of force issues including reviewing the CCTV of any planned uses of force on prisoners. The committee establishes any safety and training issues that may need to be taken forward in order to support the staff and prisoner in any future uses of force. The committee is chaired by the Head of Safer Prisons and also attended by the Control and Restraint Coordinator and other key managers within the prison. Written use of force reports are also analysed for quality assurance and standards of reporting which highlighting any learning needs and any follow up action to support the prisoner and or staff in reducing any future potential uses of force. Data is also reviewed regarding staff that are in date with their C &amp; R training both in basic and advanced C &amp; R to ensure safe coverage and relevant skills are in place.</p> <p>The perception of prisoners regarding their safety is indicated by the prisoner questionnaire MQPL last carried out in February 2012. Of the prisoners questioned 29.4% feared for their physical safety and 26.4% said that they could relax and be themselves around other prisoners with 27.8% neither agreeing nor disagreeing with this. 52.9% of prisoners felt that they have to be wary of everyone around them and 71.4% said that they have no difficulties with</p>
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	<p>other prisoners at Whitemoor.</p> <p>In terms of bullying, positively, 48% of prisoners felt that bullying behaviour was not tolerated at Whitemoor and 37% neither agreed nor disagreed. Prisoner perceptions continue to be listened to at monthly consultation meetings dedicated to particular issues which include the residential issues, reception and canteen matters and a new faith based forum which has just begun where any faith issues are discussed. Exploring prisoner's perceptions, why they feel a certain way and what can be done to improve negative perceptions continues to be a focus of Whitemoor managers in 2014/15.</p> <p>A well establish prisoner Listener group is in place who are trained by the Samaritans offers an excellent service to prisoners and at the Safer Prisons Meeting the level of access and use of the service is analysed.</p> <p>Currently a Disability Liaison Officer, Equality Officer and a Safer Custody Co-ordinator provide support and advice to prisoners. A Foreign National Prisons Officer networks with the 107 plus prisoners in this remit. Drop in groups and workshops are common and well supported by other agencies and embassies.</p> <p>Please see related development objectives in Table 6.</p>
<b>1d, Good quality risk assessments, risk management systems and information-sharing between partner agencies (where relevant) result in the application of appropriate public protection and security measures, and these ensure the needs of victims are appropriately addressed.</b>	<p>HMP Whitemoor will fulfil a commitment to comply with the instructions set out in the National Security Framework and the Public Protection Manual and provide assurance that our Local Security and Public Protection Strategies will be kept up to date in line with current policy.</p>
<b>1e, Intelligence is gathered, developed and shared in a safe and timely manner.</b>	<p>HMP Whitemoor will fulfil a commitment to comply with the instructions set out in the National Security Framework and the Public Protection Manual and provide assurance that our Local Security and Public Protection Strategies will be kept up to date in line with current policy.</p>
<b>1f, The availability of drugs and mobile phones in prisons is tackled.</b>	<p>HMP Whitemoor will fulfil a commitment to comply with the instructions set out in the National Security Framework and the Public Protection Manual and provide assurance that our Local Security and Public Protection Strategies will be kept up to date in line with current policy.</p>
<b>1g, Prisoners are prevented from continuing criminality from within prisons.</b>	<p>HMP Whitemoor will fulfil a commitment to comply with the instructions set out in the National Security Framework and the Public Protection Manual and provide assurance that our Local Security and Public Protection Strategies will be kept up to date in line with current policy.</p>
<b>2a, There is evidence of effective coordination of delivery of services and integration of providers locally,</b>	<p>All co commissioned services have regular meetings with the relevant establishment lead to discuss mutual targets/delivery, changes to the service provided or any financial issues.</p>

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<p><b>regionally and nationally to maximise outcomes for offenders.</b></p>	<p>With all service providers we have multi disciplinary team meetings to discuss organisational change and communication to prevent services working in isolation.</p> <p>Service providers are encouraged to set up regular consultation/forums with offenders do participate within the establishment prisoner forums.</p> <p>We have completed a Crininogenic Needs analysis in 2012/2013 and this will be used to co-ordinate service providers to meet offender need.</p> <p>There is a bi-monthly Reducing Re-Offending and resettlement meeting in which we focus as a Multi-Disciplinary Team on the following 8 pathways:</p> <ul style="list-style-type: none"> <li>Accommodation</li> <li>Education, Training and employment</li> <li>Health</li> <li>Drugs and alcohol</li> <li>Finance benefit and debt</li> <li>Children and families</li> <li>Attitudes, thinking and behaviour</li> <li>Faith and spirituality</li> </ul> <p>Our focus due to the population mix is on reducing the risk of re-offending and to faciliate progression through the provision of OBPs, work and education.</p> <p>We hold monthly SMT meetings during which we discuss strategic changes that may impact upon delivery, both HMP and that of external stake holders. We then via this meeting monitor the necessary changes to delivery.</p> <p>HMP Whitemoor holds information sharing agreements with all external stake holders.</p> <p>The Mental Health In Reach team have developed in collaboration with primary mental health, clear pathways of accessing the service. Referrals can be received from any member of staff in HMP Whitemoor (including chaplaincy , education, DART's safer custody, and personal officers ) as well as external agencies such as probation, community mental health teams or mental health teams that the prisoner has resided in previous to transfer.</p> <p>Most of the prisoners with severe mental health issues are usually handed over from the previous teams via a verbal telephone call and from forwarding the individuals notes. This also generates a referral from healthcare from the prisoner's initial screening in reception. There is a single point of access for referrals and dependant on urgency they are usually discussed at weekly joint clinical meetings. However if the referral appears to be urgent then the team would endeavour to see within the next twenty four hours and will discuss with the wing staff to</p>
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	<p>ensure that they are supported in the management and safety of the individual with mental health issues. The prisoner would then be triaged by a mental health nurse and then allocated to the most appropriate service whether primary or secondary mental health, or other agencies within the prison. This again would be a multi-disciplinary decision within the team. This also may include a further assessment from the visiting psychiatrist which could possibly result in a further referral for hospital admission.</p> <p>The Mental Health In-Reach Team currently works Monday- Friday (Except Bank Holiday) 09.00-17.00hrs. Out of hours it is recommended that healthcare is contacted so that they can ensure that the prisoner is safe until the earliest a psychiatric assessment can be completed.</p>
<p><b>2b, Facilitate the ongoing operation of mandating day one entry of prison leavers onto the DWP Work Programme and any future changes through the introduction of Universal Credit.</b></p>	<p>As a High Security Establishment we only release Category A prisoners, all Category B prisoners will be transferred to a resettlement prison at least 3 months prior to release, but locally we look at a 6 month period.</p> <p>Our most recent Cat A releases were MAPPA Level 2 nominal's and had a number of restrictive measures on the licence including 'Approved Premises' therefore limited requirement for DWP services.</p> <p>We have a broadband facility located within an interview room within the OMU and had an external stakeholder relationship with an Employment and Benefits agent (EBA) whom operates out of HMP Peterborough and works for the DWP. We can call on that service as required to assist with 'day one' for release prisoners onto the DWP work programme</p> <p>This facility is infrequently used due to our population but available as required</p>
<p><b>2c, In England - work together with NHS England and Public Health England in line with the National Partnership and Co-commissioning Agreement to ensure that NHS commissioned health services (including clinical and non-clinical substance misuse services) in custody support both health and justice outcomes and:</b></p> <p><input type="checkbox"/> <b>Are informed by an up to date Health Needs Assessment<sup>24</sup> taking account of the reconfiguration of the custodial estate including the creation of Resettlement Prisons</b></p> <p><input type="checkbox"/> <b>Support sustainable recovery from addiction to drugs and alcohol and</b></p>	<p>NHS Commissioners have yet to ratify their intentions for 2014/2015 so at present as the Healthcare provider we agree to adhere to NHS terms and conditions and provide a 24 hour nurse led service that is comparative to a similar service found in the community.</p> <p>Regarding any specialist input - whether health or social care - we utilise these services through Cambridgeshire Community Services and Fenland DC on a case by case basis - these specialists include palliative care, smoking cessation, physiotherapy, radiography etc.</p> <p>In March 2014 Whitemoor will be given a year's notice that NHS England intend to tender the Primary Healthcare services out (this includes the Primary nursing team and potentially other specialists, including Physiotherapy, Optician etc., but this has not been confirmed yet) for Whitemoor and Littlehey in Cambridgeshire. The tendering process will take a year, so the new provider should be in place for April 2015. The Head of Healthcare at Whitemoor and the Offender Health Commissioner will begin work on the Service Specification so that it will be ready for the ITT stage.</p> <p>The Partnership Board meetings have started taking place and well attended. Membership and Terms of Reference have been agreed.</p>

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<p><b>improved mental health including dual diagnosis;</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Promote continuity of care from community to custody, between establishments and through the prison gate in partnership with new providers of probation services;</b></li> <li><input type="checkbox"/> <b>Are implemented alongside efforts to reduce the supply of drugs and alcohol in to prisons and the diversion of prescribed medication.</b></li> </ul>	<p>Health needs assessments need to be completed yearly - Emma Watson from Public Health England has been identified to do this and the Head of Healthcare is in the process of arranging a day for her to visit Whitemoor and discuss how we can take this work forward together.</p> <p>The Substance Misuse Service at Whitemoor - Inclusion - is now embedded - regular meetings and briefings take place between Healthcare, Mental Health In reach and their team to ensure joint working and joint caseloads are discussed. The Primary Mental Health Service is still provided by the prison healthcare team but recruitment has been an issue. Discussions between Cambridgeshire and Peterborough Foundation Trust (CPFT) who provide the Mental Health In reach Service, the Head of Healthcare at Whitemoor and NHS Cambridgeshire have taken place where they have considered the primary mental health service being moved over to CPFT using a similar model as HMP Littlehey - whereby both primary and secondary mental health services are provided by the Mental Health In reach Service. These discussions are in early stages.</p>
<p><b>2d, In England - Work together with local authorities to ensure that adult offenders and defendants with care and support needs are appropriately identified, their needs are assessed and they are supported to live with decency and as independently as possible; and that arrangements are made for continuity of care when an individual moves.</b></p>	<p>The Disability Liaison Officer (DLO) will continue to work effectively to offer help and personal care to help offenders cope with impairments such as physical disability, learning difficulties and disabilities, and signpost those we can't directly help/support.</p> <p>The DLO will develop a network between counterparts in the High Security Estate, and introduce a tailored Care Plan for transfer.</p> <p>The DLO will develop contact with the Local Authority Social Care Commissioners in light of intentions for 2015 and also with the Co-commissioning lead for Adult and Social Care, Rupert Bailie at NOMS.</p> <p>We welcome the Social Care Bill as a significant stepping stone to wider reform of care and support and the new duties on local authorities to promote wellbeing, prevention and information and advice, the stronger framework for eligibility and assessment, and new rights for carers. However, the current framework and model for implementation has yet to be agreed - either nationally or locally. Once this has been agreed HMP Whitemoor will have a clearer outlook on the social care services it is expected to provide.</p> <p>HMP Whitemoor has completed the Kings Funded Charity project (as a 'current year' development objective) and the enhanced care cell has been implemented.</p> <p>To begin this process, the primary health care service will be involved in the tendering process beginning April 2014 with a new provider being identified in September 2014. This gives a six month mobilisation time to "go live" in April 2015. To enable the current primary health care service to be ready for this, a comprehensive Health Needs Assessment will be completed by March 2014 together with an updated Service Specification.</p> <p>This Health Needs Assessment will be written by Public Health England who will take into account all areas</p>

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	<p>including social care needs for the population at HMP Whitemoor. The recommendations from this paper will then form a basis with NHS East Anglia and other HMP partners at the county strategic forum to ensure local authorities are aware of their responsibilities in terms of social care provision.</p> <p>Within this interim period, we will continue to access appropriate support alongside the prison support team - whether it be health or social care needs - via our existing partners in the local communities - these include Age UK, Secondary Care providers such as PCH, QE in Kings Lynn, Addenbrookes, Hinchingsbrooke, Doddington Day Services, Fenland District Council, Public Health England, Inclusion Substance Misuse Services and CPFT.</p> <p>Please see related development objective in Table 6.</p>
<p><b>2e, In England - Work with local authorities to promote inclusion of, and maximise benefits to, offenders' families.</b></p>	<p>Information gathered from the Crimogenic needs analysis informs HMP Whitemoor of the number of offenders with family related issues as contributor to their offending history. The establishments reducing reoffending committee focuses on ways of enabling families ties to reduce risk factors of reoffending.</p> <p>Providing family support for offenders that are serving long sentences is a key Reducing Reoffending pathway at HMP Whitemoor. Therefore, local partnership arrangements with our OLASS 4 providers support initiatives such as the Fathers Inside course that is scheduled to be delivered twice in the reporting year.</p> <p>Storybook Dads offers all offenders including foreign nationals the opportunity to record short stories for their children or families.</p> <p>Foreign national offenders can access additional telephone credit as per national guidance. A local procedure is also in place which allows foreign national offenders to send photographs of themselves abroad to their families.</p> <p>For offenders that can receive domestic visits we facilitate the following:  Children's visits (4 per year), allow prisoners to spend time with their own children in a relaxed atmosphere with activities facilitated by the Ormiston trust who attempt to improve interventions and services for offenders and their families by example, i.e. face-to-face contact between families.  Family visit (12 per year), allow prisoners to spend time with their children in a relaxed atmosphere.  Child free visits (12 per year), allow prisoners to spend time with their families in a quieter environment.</p> <p>Children's Link is co-commissioned to run the visitors centre which is managed by Pauline Millen and Sharon Halliwell. Two surveys a year are planned to identify the usefulness of their work.</p> <p>As we are a dispersal prison and do not as a rule release prisoners from Whitemoor and the fact that very few if any of our prisoners are from the local area we do not have relevant links with our local authority.</p> <p>HMP Whitemoor actively encourages prisoners who take part in sentence planning meetings and feedback</p>

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	<p>sessions for the Self Change Programme and Thinking Skills Programme, by inviting families along as part of the closing stages. This approach actively supports offenders on their pathway to reducing risk.</p> <p>The chaplaincy department facilitate three pastoral interventions (Islamic restorative justice, Sycamore tree and Kairos) that help offenders to recognise the impact of their actions and the ways in which this can affect their families. Offender's families are invited to attend feedback sessions at the end of each course.</p>
<p><b>2f, In England - Continue to improve access to a pathway of new and existing services for offenders with severe personality disorders. Services are primarily targeted at men who present a high risk of serious harm to others and women who present a high risk of committing further violent, sexual or serious criminal damage offences. Services are co-commissioned with NHS England Specialised Commissioning to support health and justice outcomes.</b></p>	<p>HMP Whitemoor delivers one of the two Offender Personality Disorder Pathway Services: The Fens Service.</p> <p>The Fens Service forms part of the assessment and treatment stage of the pathway for offenders with personality disorder. Based in HMP Whitemoor, the service works with those offenders that pose the highest risk of harm; often both within custody as well as if they should be released.</p> <p>The Fens Unit's specific aims are to:</p> <ul style="list-style-type: none"> <li>• Reduce re-offending for those released.</li> <li>• Reduce risk to prisoners and staff while in custody.</li> <li>• Ensure a better quality of life for those not suitable for release.</li> <li>• Allow long-term prisoners to be detained in the most cost effective way.</li> </ul> <p>This is a multi-agency service delivered by operational staff from HMP Whitemoor and clinical staff employed by Cambridge and Peterborough Foundation NHS Trust.</p> <p>The service operates at the agreed contract capacity of 70 prisoners, 65 assessment and treatment and 5 progression places. The unit will run at within 10% of this figure unless otherwise agreed with commissioners due to specific circumstances.</p> <p>The pathway aims, for those meeting the criteria, to meet the outcomes described above, by:</p> <ul style="list-style-type: none"> <li>➤ Delivering an evidence-based service; within a safe, supportive and respectful environment; employing a range of skilled, motivated, supported and multi-disciplinary staff; to address offender's personality difficulties and behaviours, leading to: <ul style="list-style-type: none"> <li>• A reduction in repeat serious sexual and/or violent offending;</li> <li>• Improvements in psychological health, emotional stability, wellbeing and pro-social behaviour.</li> </ul> </li> </ul> <p>Each offender has an written and shared assessment, case formulation and sentence/treatment plan</p> <ul style="list-style-type: none"> <li>➤ which enables staff to have a better understanding of the person, risk factors and effective management strategies</li> </ul>

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	<ul style="list-style-type: none"> <li>➤ helps the offender to better understand the risk scenarios and strategies he needs for managing those risks;</li> <li>➤ helps offenders actively engage in evidence-based, gender-sensitive, group and/or individualised treatment activities focussed on improvements in their personality difficulties and anti or asocial behaviours;</li> <li>➤ ensures offenders participate throughout the week in constructive, pro-social living activities that are designed to reflect likely experiences in the community;</li> <li>➤ appropriate interpersonal relationships are developed between offenders themselves and with staff which model skills required in the community;</li> <li>➤ that results in offenders and staff feeling safe in the treatment environment.</li> </ul> <p>The provision of the ASSESSMENT SERVICE will have the following features:</p> <ul style="list-style-type: none"> <li>➤ Referral and assessment processes are designed to ensure that the service appropriately targets the most suitable offenders for this service.</li> <li>➤ Admissions to The Fens Unit Service are in groups of 6 to 8 prisoners.</li> <li>➤ During assessment these prisoners form a group and they remain together throughout the treatment.</li> <li>➤ To meet criteria, the prisoner must: -             <ul style="list-style-type: none"> <li>• be a high risk of reoffending (measured by Risk Matrix 2000, Static 99, VRS,</li> <li>• HCR-20, and SARN)</li> <li>• have a severe personality disorder (measured by IPDE and PCL-R)</li> <li>• have a link between his personality pathology and the offences he commits (assessed by the combination of detailed offence analysis and clinical developmental history).</li> </ul> </li> <li>➤ At the end of assessment, those offenders that meet criteria will be given two weeks to make the decision as to whether they wish to stay to access treatment.</li> <li>➤ Those offenders that do not meet criteria will be returned to the referring prison or will be referred to a more appropriate service. In both cases a full assessment report with recommendations will be sent with the prisoner.</li> </ul> <p>The provision of a TREATMENT SERVICE will have the following features:</p> <ul style="list-style-type: none"> <li>➤ Offenders complete a treatment programme of individual and group work, that increases their motivation to engage in current and future treatment; addresses aetiological factors in the development of personality psychopathology, addresses dysfunctional coping strategies; increases pro-social behaviour; and improves</li> </ul>
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psychological health;

- The service operates an integrated model of care, involving Cambridge and Peterborough Foundation NHS Trust, the PCT, and HMP Whitemoor;
- The model is underpinned by the concept of relational security with a clear understanding of the importance of boundaries;
- There is an over-arching theoretical evidenced based assessment and treatment model that is understood by staff and offenders which is supported by policy and operational practice documentation;
- There is a service user feedback system that ensures offenders feedback is taken into consideration and that they report that the service is useful in helping them to make progress, and that they eventually feel healthier, more stable, and increasingly motivated to engage in current and future treatment;
- The unit aims to provide a psychologically-informed, supportive and respectful environment in which offenders and staff feel safe;
- The treatment programme is 5 years in duration due to the complex nature of these offenders. It consists of individual therapy and group work throughout the 5 years.

	0 - 6 Months	6 - 12 months	12 - 18 months	18 - 24 months	24 - 30 months	30 - 36 months	36 - 42 months	42 - 48 months	48 - 54 months	54 - 60 months
INDIVIDUAL SESSIONS	WEEKLY INDIVIDUAL THERAPY (focuses on the developmental roots of the personality disorder)									DISENGAGEMENT
						Affect Regulation Skills Training				

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Human Relationship (4 – 6 months) Psycho-education								
COGNITIVE INTERPERSONAL GROUP THERAPY (addresses dysfunctional relationships)								
		SCHEMA FOCUSED THERAPY GROUP (addresses thinking errors)						
		AFFECT GROUP dysregulation)	FOCUSED (addresses emotional	THERAPY OFFENCE (summarises work on offending)	FOCUSED THERAPY			
						ADDICTIVE BEHAVIOUR FOCUSED THERAPY GROUP		
						INTERPERSONAL RELATIONSHIPS FOCUSED THERAPY GROUP		

- There is an eventual and overall reduction in adjudications, self-harm, and suicide attempts in this treatment service population;
- There is a joint progression team that involves staff from both HMP Whitemoor and The Fens Unit that works to ensure that appropriate plans are in place for each offender to make a progressive move post-treatment and to enable appropriate follow-up, regardless of the move-on location.

### STAFF TRAINING AND SUPERVISION

The Fens Unit is committed to the training and continuing professional development of all the staff on the unit; clinical, operational and administrative staff. All training is discussed and approved through the Training and Continuing Professional Development Group. All staff are facilitated to undertake the annual mandatory training provided by the prison and the NHS Trust. Equally, within the constraints of time allocation and funding, all staff are encouraged and supported to undertake Continuing Professional Development (CPD).

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	<p>All staff that work on The Fens Unit in whatever role will have supervision. Those staff that have direct prisoner contact will have individual management and individual clinical supervision and team supervision. Those without direct clinical contact with prisoners will have individual management supervision and team supervision.</p>
<p><b>2g, In England - Align services with Offender Learning and Skills Service (OLASS 4) providers in prisons. Put in place local partnership working arrangements and determine what learning opportunities will be offered in each prison. Support initiatives to make prisons places of work and strengthen the focus on employability. Enhance access to mainstream learning and employment services for offenders on return to the community.</b></p>	<p>There are regular partnership meetings with the Regional Head of Learning and Skills, Learning and Skills agency, Lead Governor, Deputy Director of Custody and A4e to provide assurance regarding delivery of the contract. During these meetings establishment and regional funding is discussed to ensure we are spending monies appropriately.</p> <p>Offenders in the High Security Estate are often serving long prison sentences (20-30 years), therefore it is imperative that we provide a flexible activities curriculum that engages prisoners into education and supports them into a regime that is focussed on settlement. In order to achieve this, we carry out an activities annual needs analysis that is used to design a curriculum that meets the needs of the OLASS 4 providers and engages offenders. Additionally we run monthly forums and education sessions on the wings to discuss future developments for our curriculum</p> <p>Quality Improvement Group meetings are held monthly to discuss issues regarding the regime, recruitment, activity attendance, qualification completions and other relevant issues.</p> <p>HMIP/OFSTED inspect approximately every two to three years. The above meetings ensure we regularly monitor contractual milestones.</p> <p>Prisoners are assessed on induction for functional skills needs and meet with our local NCS. All individual action plans are linked to the prisoner's sentence planning process.</p> <p>Offenders located in the Dangerous and Severe Personality Disorder and the CSC units are offered a less intensive version of the curriculum, in order to support the prisoner's needs and to avoid interference with their therapy. This is generally delivered on a one to one basis.</p> <p>Providing family support for offenders that are serving long sentences is a key Reducing Reoffending pathway at HMP Whitemoor. Therefore, local partnership arrangements with our OLASS 4 providers support initiatives such as the Fathers Inside course that is scheduled to be delivered twice in the reporting year.</p> <p>HMP Whitemoor is working with our OLASS 4 provider to support delivery of our PE courses in a payment by results format. Offenders serving long sentences benefit from learning about health and nutrition which results in</p>

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	supporting their well being whilst in custody.
<b>2h, In England - Strengthen partnership working to ensure that offenders have access to support and services to both prepare for and enable access to employment.</b>	<p>As a HSE site we do not release many offenders, all 'Category B' offenders will be transferred to resettlement establishments at least 3 months prior to release.</p> <p>We do have an established link with an Employment &amp; Benefits agent based at HMP Peterborough who works for the DWP.</p> <p>They are able to establish initial options through the job centre+ to start to discuss employment options upon release and provide advice as necessary.</p> <p>We also have opportunities to work with the British Legion for ex-service personnel and other training and employment agencies such as Ingenus/SeeTec</p> <p>As a HSE site we do not consider ROTL or HDC and therefore cohesive relationships with external providers will continue to be limited.</p>
<b>2i, In Wales - Continue to work with the Welsh Government and its devolved agencies to ensure alignment between offender services directly commissioned by NOMS and the Welsh Government's devolved responsibilities, to maximise outcomes for offenders, their families and local communities.</b>	Not applicable
<b>3a, Target resources on evidence-informed interventions and services which are likely to deliver the best outcomes for the investment. This includes targeting factors shown to be related to NOMS intended outcomes and using a service design which will be effective with the groups which receive it.</b>	<p>A criminogenic needs analysis (CNA) was completed in January 2013 and highlighted that the interventions at Whitemoor broadly meet the needs of the population.</p> <p>Our delivery of evidenced based interventions is guided by the current evidence base as reported in the Evidence and Segmentation documentation, analysis of the establishment Segmentation Data (detail as provided in table 4a and 4b). We identify offenders suitable for SCP and TSP using segmentation data and OASys. Low or Moderate OVP prisoners can be considered for a 'clinical over-ride' if they are high or very high Risk of Serious Harm (RoSH). These prisoners would need to be assessed as high risk of serious violence as assessed with an appropriate Structured Clinical Judgement assessment such as the HCR20. We have found that the majority of our SCP prisoners needed the clinical over-ride, and this has put additional pressure on the treatment teams as assessment is more resource intensive.</p> <p>In addition the Violence Reduction Programme (VRP) was implemented 12 months ago on the Close Supervision Centre to provide prisoners on this unit, who do not have access to main stream interventions, with a structured intervention to reduce risk of violence and allow them to progress off the unit. We have faced significant treatment</p>

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	<p>barriers with the prisoner pool e.g. readiness to engage, which has meant numbers have been low.</p> <p>We continue to work in partnership with the NHS to provide the Fens Service to offenders with Personality Disorder (PD), this service includes individualised assessment and case formulation led intervention for PD offenders for whom mainstream rehabilitative services are not adequate. This project will be subject to evaluation through the health provider.</p> <p>We have a local policy for the management of low IQ prisoner which ensure there is early identification of this need and partnership working with education providers and Mental Health in Reach.</p> <ul style="list-style-type: none"> <li>• We offer a motivational programme (A&gt;Z) for a small number of offenders (10) who have not engaged with Sentence Planning and require guided intervention to assist in them seeing the personal benefits for engaging in mainstream offending behaviour courses. Research on the effectiveness of A-Z at HMP Whitemoor has been completed. This compared those who had completed A-Z in the period January 2010 - August 2012 with those who had been referred to this service but not completed the programme. The key finding was that 60% (n=31) of those who completed A&gt;Z demonstrated a positive behavioural or attitudinal shift within six months of completing treatment (in relation to the reason for their referral to the programme). In comparison, only 8% (n=3) of those who did not complete A&gt;Z demonstrated a positive change in behaviour or attitude. The results suggested that in our establishment A-Z has been particularly helpful in motivating individuals to engage in their sentence plan and in improving challenging custodial behaviour, and in supporting some in developing better insight into their offending</li> </ul> <p>In terms of the education needs of the prisoners at Whitemoor, in order to identify these needs, the prison and the local education provider A4E, carry out an annual needs analysis and have bi-monthly forums with students. A4e are measured on performance at our local Quality Improvement Group (QIG) meetings where we assess the level of achievement, success and retention, and local provision. The QIC is attended by NOMS, A4e, Cambridge County Council, and NCS. During the course of these meetings the other areas of learning are also monitored. Additionally to this, within region A4e have partnership meetings with the Skills Funding Agency and NOMS to performance monitor the education provision across the eastern area.</p> <p>Students that have learning difficulties are identified at induction by A4e or through referrals. Once identified, a full assessment is carried out and the student will then become subject to alternative funding that provides learning support. Interim reviews are carried out quarterly.</p> <p>There is an Eastern Region Partnership Meeting carried out between NOMs, A4e and the Skills Funding Agency for overall education provision.</p> <p>The Chaplaincy run two (Sycamore tree and Islamic Guidance) courses that are both accredited through OCN. Prisoners can be referred to the courses or can apply directly to take part in the course. Placement onto the course is dependant on availability and sequencing of the prisoner's sentence plan. Internal verification is carried out</p>
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	<p>locally and the course is externally verified by OCN. The Chaplaincy form part of the QIG, so they're quality assured through lesson observations, self assessment and prisoner feedback.</p> <p>Any courses (accredited or non accredited) are reviewed annually for justification and need.</p> <p>Learner voice meetings, library reps meetings and prisoner reps meetings all form part of an overall action plan called the Quality Improvement Plan. The actions that are agreed are then monitored during the QIG meetings for updates. Any actions that are drawn from HMIP or MQPL also are monitored during these QIG meetings.</p>
<p><b>3b, Have robust quality assurance processes in place to ensure offender services are (i) delivered as they are intended (i.e. with integrity and as planned and designed) and (ii) that they are effective.</b></p>	<p><u>Offending Behaviour Programmes</u></p> <p>All Offending Behaviour Programmes that are accredited by the CSAP (Correctional Services Accreditation programme) have processes in place to quality check delivery. The Violence Reduction Programme is not accredited by the CSAP but there is a treatment model that is being followed and a clear management structure in place which models what we use with CSAP Accredited programmes - this includes a programme manager responsible for the practicalities of the delivery (which includes making sure staff are trained), and a treatment manager who ensure that the quality of the material behind delivered is to a good standard. All sessions are recorded and checked by the treatment team. We also have a clinician from Case Management (CSC national) team who provides some support and quality checking. We have also completed some of our own evaluations but this is limited given that we have not yet had any one complete the course. It includes the completing of pre and post course assessments.</p> <p><u>Drug Services</u></p> <p>The DART service is part of Inclusion, Drug and Alcohol services, which are part of South Staffordshire and Shropshire NHS trust. As they are part of an NHS Trust they are subject to Trust governance, audit and review procedures.</p> <p>This includes:</p> <ul style="list-style-type: none"> <li>• Regular supervision for all staff, managerial and clinical (this is monthly for permanent staff and fortnightly for staff within their probationary period).</li> <li>• As part of staffs supervision client files are checked for compliance against the service specification that we are contracted to deliver and documented feedback is given to ensure the service is delivering what is contracted.</li> <li>• Live supervision for staff (including observation of program delivery).</li> <li>• The program that they deliver is subject to review by their wider organisation (there is a steering group set up solely to review the feedback of prisoners who have completed the course - across all the prisons that they deliver IRP (Inclusion Recovery Program - the course developed by Inclusion) in - and the feedback of facilitators, to ensure that the program is fit for purpose).</li> <li>• Audits are held for both clinical and the psychosocial services - clinical audit is conducted by an external provider.</li> </ul>

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	<p>Inclusion conducts their own set of audits - including audits against a specified business plan (scheduled for summer 2014) and an internal file audit (held in September 2013).</p> <ul style="list-style-type: none"><li>• From Jan 2014 Inclusion required each of their services to complete quarterly service user feedback forms - this commenced in January at HMP Whitemoor and was circulated to all clients who are currently actively involved with the service.</li><li>• Where there are issues with quality or service delivery these are managed in line with Inclusion's Managing Performance Policy, and/or personal improvement plans for individual staff members or service action plans if the issue is service wide. The Head of Reducing Reoffending would be formally notified if this was ever the case, and it would be raised at the prison monthly Drug Strategy Meeting.</li></ul> <p>Information is collated in several different ways by Inclusion:</p> <ul style="list-style-type: none"><li>• Statistics are submitted by each member of staff on a weekly basis</li><li>• Collated by the service manager on a monthly basis</li><li>• Figures are reported monthly to Inclusion, feedback monthly at Drug Strategy meeting, quarterly meetings held with DAAT commissioners who require a matrix of information (including number of prisoners seen, amount/type of groups held, number of those how have local outcome monitoring tool applied, staffing ratios - achievement of targets) to be compiled, who challenge any data anomalies and require clarification on anything that is not clear.</li><li>• Reception screening figures are collected and submitted to PHE and DAAT ensuring that the service meets the needs of the establishment by screening all new receptions.</li><li>• At the end of each program service users complete feedback questionnaires regarding the course.</li></ul> <p>Contingency Plans:</p> <ul style="list-style-type: none"><li>• Leave is managed by the service manager to ensure that the service is adequately covered at all times - this includes staffing levels at weekends and bank holidays to ensure that medication is administered as necessary.</li><li>• 3 staff within the DART team at HMP Littlehey have undergone CTC clearance and are cleared to work at Whitemoor should we have low staffing levels and we need them to work with us.</li><li>• There is a pool of agency nurses, through three different agencies, that are CTC cleared and have undergone both prison induction and a clinical induction with our clinical lead to cover our medication dispensing if necessary.</li></ul> <p><u>DSPD – the Fens Unit</u></p> <p>External evaluation and validation of key aspects of service delivery, and of the outcomes achieved, will be a key component of the programme and treatment service will be a key focus for this opportunity to continue development of the evidence base of what works. External evaluation will be commissioned centrally but treatment services are encouraged to establish regular evaluation and audit arrangements proactively.</p>
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	<p>A full research strategy is in place as part of the Offender PD Implementation Programme and pathway services are expected to participate in relevant research activities. The Fens Unit service will discuss and log research projects with the central OPD Research Team.</p> <p>The Fens Service is part of the Offenders with Personality Disorder Pathway and as such the service will be evaluated as to quality and efficacy of delivery by a set of given criteria. These criteria are set out in a schedule and the specification for this service. The data related to those criteria will be presented quarterly to the SLA and Performance monitoring group which is chaired by the Joint NOMS and NHS commissioners. The required data will be sent to the research group attached to the Pathway who will analyse this data and report of service delivery and efficacy.</p> <p><u>Education</u></p> <p>There are bi-monthly quality improvement group meetings (QIG) with the library service, NCS, A4e, Workshops and the PE department. During these meetings we discuss all quality feedback from each area to standardise improvements. Achievement, success and retention are monitored and performance data checked.</p> <p>We use a quality improvement manual with an established timeline of internal checks which include needs analysis, prisoner forums, lesson observations, inspections and internal verification processes.</p> <p>There are regular visits from examining boards with external verification reports and action plans produced.</p> <p>There is an annual self assessment report produced on all areas of learning and activity.</p> <p>A live Quality Improvement Plan is regularly monitored to ensure all actions from any meetings, forums and audits are kept up to date.</p> <p>Regular prisoner forums with education, library, toe by toe mentors and activities give clear outcomes and strategies. Managers and staff are given an unbiased perspective on the quality of delivery provided to offenders.</p> <p>Attendance to education and activities is monitored daily at the Senior Managers meeting. This allows the SMT to constantly review any sickness or non attendance in these areas to ensure quality of delivery.</p> <p><u>Chaplaincy</u></p> <p>There are Bi-lateral reviews with the staff on monthly basis to help them regarding the courses we run in the chaplaincy.</p> <p>The courses which are accredited with Open College Network they have their own set assessment criterion to pass the course.</p> <p>There are weekly meetings where the chaplaincy managers discuss all quality feedback from each faith based groups to standardise improvements in connection with PSI-Faith and Pastoral Care. Achievement, success and retention are also discussed in relation to the courses.</p> <p>A quality improvement plan is analysed in connection with the application received and the feedback provided from the participants.</p> <p>Some of the courses have clear strategy to measure the mode of religiosity prior to the course and the considerable</p>
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	<p>changes after having gone through the courses or services.</p> <p>For the courses that are accredited we have regular visits from examining boards with external verification reports and action plans produced.</p> <p>There is a quarterly meeting for self assessment on all areas of chaplaincy including, learning and activity in order to rate the areas recent performance.</p> <p>A quality improvement plan is discussed in connection with a strategic generic plan in these meetings in order to monitor and ensure whether all actions are carried out up to date.</p> <p>Regular feedback and course evaluation sessions take place with the prisoner as part of the course. This gives us an unbiased perspective on the quality of delivery provided to offenders.</p> <p>Attendance on the courses is monitored on regular basis and discussed in the team meeting- follow up sessions are arranged if and when required.</p> <p>The Chaplaincy regularly reviews the course curriculums via Chaplaincy meetings, Reducing reoffending meetings and prisoner surveys in order to quality assure the effectiveness of the courses delivered. Recent HMIP inspectors felt the delivery of courses in the chaplaincy department was appropriate which provides us with further assurance that our direction of travel is effectively meeting the needs of our population.</p>
3c, Review delivery where it exceeds the minimum requirements set in the NOMS Service Specifications.	Not applicable since benchmarking.
4a, Use segmentation and local data sources to target resources for rehabilitation services, case management and risk management where they deliver the greatest outcomes for investment.	<p>Resources are targeted on evidence informed interventions and services that are likely to deliver the best outcomes.</p> <p><b>Thinking Skills Programme</b></p> <ul style="list-style-type: none"> <li>Whitemoor has:</li> <li>149 (34%) prisoners with a High likelihood of any reconviction (OGRS 50- 74%);</li> <li>24 (6%) Very high likelihood of any reconviction (OGRS 75-89%);</li> <li>1 (0%) Extremely high likelihood of any reconviction (prolific) OGRS 90-100%.</li> </ul> <p>That is a total of 174 prisoners who are suitable for Thinking Skills Programme based on their OGRS. TSP is not normally offered to prisoners whose index offence is robbery or acquisitive unless an over ride can be justified.</p> <p>Whitemoor has 355 (81%) Indeterminate prisoners - all of which are suitable for consideration of a clinical over-ride. 40 TSP places are offered with a target of 36 completions.</p>

	<p><b>Self Change Programme (SCP) (13 places are offered with a target of 12 completions):</b></p> <p>There are 371 (85%) prisoners at HMP Whitemoor with a violent offence.</p> <p>The SCP Assessment &amp; Evaluation Manual 2012 - SCP Clinical Team assess that The OVP Offender violence predictor is the best risk predictor for this particular programme.</p> <p>Low or Moderate OVP prisoners can be considered for a 'clinical over-ride' if they are high or very high Risk of Serious Harm (RoSH). These prisoners would need to be assessed as high risk of serious violence as assessed with an appropriate Structured Clinical Judgement assessment such as the HCR20</p> <p>We have found that the majority of our SCP prisoners needed the clinical over-ride.</p> <p>To meet the SCP criteria they would also need to have a history of violence. There are 11 (3%) prisoner who meet the initial criteria for SCP (i.e OVP 60-79%).</p> <p>OVP 2 year percentage score of 60% - this programme not assessed by OGRS at all.</p> <p><b>Violence Reduction Programme (VRP) – Only available to prisoners in the CSC (6 Places offered). This is offered to all prisoners in the CSC.</b></p> <p><b><u>Case Management.</u></b></p> <p>All prisoners require a thorough induction to enable them to access the services available to them and progress through their sentence. The induction process is an enabler for all the services/interventions these prisoners require.</p> <p>A structured sentence planning process takes place as part of the core offer to ensure each prisoner's needs are identified and relevant activities are identified and discussed that will help reduce the prisoner's risk. This structured focus is needed by all prisoners irrespective of risk level. We will deliver an initial 16 week sentence plan review on reception to the prison. Pathways out of offending are prioritised based on need and prisoners are directed sequentially through logical steps towards rehabilitation.</p> <p>Sentence plans will be reviewed annually or in the event of a significant event.</p> <p>Oasys and other risk management tools will assess individual ROSH and through the TIER system will prioritise intervention and resource. All prisoners will be expected to have an up to date Oasys. Increased links with external agencies will improve the risk assessment process; to include better use of the video link facility will support enhanced engagement with the probation trusts, parole board, Mappa.</p>
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	<p>'Start of Custody' Oasys is a new priority for us, with the number of newly sentenced prisoners we receive and therefore we will develop better response to initial MALRAP and MARAP meetings and support attendance as required to establish cohesive working.</p> <p>We will embed the 'every contact matters' through the personal officer scheme and with the transition to the offender supervisor specialists (OMU) through training and development of the new role.</p> <p>Prisoners within the CSC are have additional Care and Management Plans which take into account their complex needs, for example the need for individual, bespoke interventions and management approaches.</p> <p><b><u>Low intensity:</u></b></p> <p>There are 125 (28%) of prisoners in the low OGRS band. These prisoners may have healthcare issues linked to their offence. Healthcare needs not met can also be obstacles to prisoners who need to reintegrate into the community following release.</p> <p>Prisoners trying to secure, manage and maintain suitable employment can also face obstacles if there are health needs not being met. Healthcare services in the prison should be equivalent to that in the community.</p> <p>We will not target Living skills interventions for violent prisoners in this group as they are less likely to have an effect on reducing risk than on higher risk offenders.</p> <p>Prisoners in the low OGRS band need support and an understanding of the obstacles to reintegration that ex-offenders face and work to reduce these as far as possible. The prisoners need help to secure, manage and maintain suitable employment. All offence types require help to secure, manage and maintain suitable employment. Prisoners from the Dispersal estate due to the nature offence type are more difficult to find employment for. There is a need for helping prisoners that wish to try and become self employed upon release. Finance awareness and skills are an aid to prisoners maintaining suitable employment.</p> <p>Any prisoners in this group with substance misuse issues. May not be linked to index offence of drugs</p> <p>Prisoners of all offence types could need services to help them cope with life in prison, a long sentence, or help enable them to prepare themselves for the next stage in their own sentence plan. Examples of these enablers are learning to read, being emotionally supported and developing personally with chaplaincy courses. It is important that this group of prisoners maintains contact with family.</p> <p>TACT offenders and prisoners vulnerable to extremism could be any OGRS band. TACT offenders are mainly Indeterminate, but not all. Services provided to these offenders are not therefore determined by the OGRS level.</p>
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92 of the 125 prisoners in this band are indeterminate and therefore suitable for the Thinking Skills Programme. 69 prisoners in this band also have a low OVP (offender violence predictor) so may be suitable for clinical override for the Self Change Programme.

DSPD prisoners could come from any OGRS group although they are mostly Indeterminate sentenced prisoners

**Medium intensity:**

(OGRS25-49) – 139 prisoners in this band, with 109 of these being indeterminate.

In addition for Violence and Acquisitive offences, this group of prisoners have a need for Victim-offender conferencing where there is a clear victim.

Segmentation evidence shows:

- Programmes that address the interaction between alcohol and other causes of violence (such hyper masculine or hostile/aggressive thinking) are promising for those whose violence always or mainly is committed when they have been drinking
- Adding a component that addresses alcohol problems to a Domestic Violence intervention should improve impact for offenders with this need.
- In addition for Drugs offences specifically prisoners benefit from reducing their risk if they complete a structured cognitive skills programme.

Thinking skills Programme (TSP) is offered to those with OGRS 50+ (+/- 3). Over ride for Indeterminate, sex offenders assessed as High using RM2000. 109 indeterminate prisoners in this OGRS band and these prisoners are therefore suitable for the thinking skills programme. 51 have low OVP score and 44 a medium OVP score so they may be suitable for a clinical override for the Self Change Programme.

**High Intensity:**

**OGRS score of 50 +**

Segmentation evidence shows that high risk of reoffending violent offenders are likely to respond well to cognitive skills programmes. Programmes specifically designed for violent offenders should also be effective. TSP and SCP are suitable for those on main location but not for prisoners in the CSC environment as their risk levels are too high.

The Self Change Programme is not assessed by OGRS at all. It is available to those with OVP 2 year percentage score of 60% (The SCP Assessment & Evaluation Manual 2012 - SCP Clinical Team assess that The OVP Offender violence predictor is the best risk predictor for this particular programme.) Low or Moderate OVP

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	<p>prisoners can be considered for a 'clinical over-ride' if they are high or very high Risk of Serious Harm (RoSH). These prisoners would need to be assessed as high risk of serious violence as assessed with an appropriate Structured Clinical Judgement assessment such as the HCR20.</p> <p>There are 149 prisoners (34%) at a high risk of reconviction through the OSGRS score and 132 of these are indeterminate. 6 of these prisoners have a high offender violence predictor score and would therefore be suitable for the Self Change Programme. 30 prisoners have a low OVP and 71 a medium OVP so may be suitable for a clinical override for SCP.</p> <p>There are also 24 (6%) prisoners with a very high risk of reconviction and 20 of these are indeterminate and therefore suitable for the Thinking Skills Programme. Five prisoners have a high offender violence predictor score and would be suitable for the Self Change Programme.</p> <p>There is also low numbers of prisoners with extremely high risk of reconviction who are suitable for the Thinking Skills Programme and the violence predictor scores may be suitable for a clinical override.</p> <p>Violence Reduction Programme (VRP) is available to prisoners in the CSC (6 Places offered), irrespective of their OGRS. The majority of them are indeterminate prisoners.</p> <p>MAPPAs processes are managed in line with National Policies and we share information through the Responsible Authorities and DTC's as required. Pre-release meetings are the precursor for release plans and we will contribute MAPPA F' returns for all MAPP meetings and attend all Level 3 cases and the critical few to contribute towards the Risk Management Plans. Cat B offenders will transfer to a suitable resettlement establishment prior to release; and where possible we will only release Cat A offenders if this is the local area.</p> <p>Internal sharing of information is developed through the security department, Police Intel officer, CTU, OMU, and residential units &amp; externally through ViSOR</p> <p>Identification and assessment of risk to the public is identified through the Public Protection and Community Risk Management meeting and appropriate measures and resources are imposed based on risk. Process is governed through by the public protection manual</p> <p>Consideration is given to suitable allocation of offender if treatment needs are afforded within a different establishment (i.e. lower intensity courses linked to violence – Resolve). Resettlement service providers have a limited use but we have built external stakeholder relationships through the DWP to provide services as required</p> <p>The prison has transitioned into the Managing the Custodial Specification (MTCS) and caseloads and prisoner contact is proportioned inline with the recommendations.</p>
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<p><b>4b, Ensure the use of custodial capacity delivers the most cost-effective configuration of places and meets the MOJ's strategic requirements and the needs of co-commissioning and delivery partners whilst reducing cost.</b></p>	<p>Please see section 1 of this SLA for details on capacity and specialism.</p>
<p><b>5a, Relevant individual needs and characteristics are effectively identified, assessed, and monitored. This information is shared appropriately, proactively and sensitively across the organisation, and with delivery partners.</b></p>	<p>HMP Whitemoor will ensure appropriate Data gaps are filled in regard to the new equality monitoring tool and ensure any missing relevant information is captured on Reception. We will also ensure all relevant data is considered when planning interventions.</p> <p>The Equality Action Team (EAT) committee will identify appropriate information sharing and ensure the Local Equality Action Plan (LEAP) is updated. This information is replicated on the establishment Master Action Plan (MAP) which is monitored and reviewed as part of the managerial bi-lat system for all Heads of Function.</p> <p>The Head of Safer Custody will ensure that this data and other associated monitored data will be considered by the EAT committee and will highlight issues that may prompt an Equality Impact Assessment (EIA).</p>
<p><b>5b, Information regarding individual needs and characteristics is used to adapt and sequence services to meet individual needs and maximise their benefit, and offenders are supported and encouraged to access appropriate services.</b></p>	<p>Protected characteristics data and analysis options have improved with the implementation of the Equality Monitoring Tool (EMT) now located on the national performance hub (from February 2014). This will assist in analysing data to ensure equality characteristics are monitored and measured with any appropriate changes being actioned as a consequence.</p> <ul style="list-style-type: none"> <li>• SMT staff and the training in the use of the new tool will develop the understanding of how the shared information drawn from Nomis will help structure the relevant functions to assess the range of deliverable needs such as prisoner support group development for particular characteristics such as those with disabilities, either physical or mental. Appropriate access to the data will offer the evidence to scope these specific groups and or individual needs in the provision of services, education, prisoner activities, faith provision, dietary needs and so on.</li> <li>• With a 42% Muslim population within Whitemoor and an overall 67% BME population Faith Awareness training for both staff and contracted staff is required across the prison to enable a better understanding of the faith mix and dynamics required and to proportion effective regime, activity, work and education provision around the needs of such groups. Provision for Friday Prayers and the impact on the purposeful activity will be structured within the regime and providers for education, A4E will address and provide necessary provision around the key prayer times for example to minimise disruption and inefficiency in the classroom.</li> <li>• Equality characteristic questionnaires distributed to all prisoners via the Equality officer will capture historical data currently missed on existing Nomis data. Additional groups such as Travellers, Romany, Gypsy (TRG)</li> </ul>

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	<p>prisoners will be identified and the subsequent access to external support providers drawn in from the local community. Peterborough Racial Equality Council will offer external advice and links to community groups for this purpose.</p> <ul style="list-style-type: none"> <li>Well evidenced prisoner/staff consultation groups and forums for, catering, canteen, faith, over 50's, continue to address and highlight equality and provision concerns which are developed and resolved through action planning models. Further improvements to the provision of forums and support for other grouping are being reviewed including ways in which to support gay and transgender prisoners can have access to support and full equality.</li> </ul> <p>Equality Impact Assessment schedules are in place to assess root and branch provision in the following areas and the time bounded outcomes will be managed thereafter through action plans.</p> <ul style="list-style-type: none"> <li><b>Disability:</b> Assurance that all prisoners can access the regime and areas of the establishment.</li> <li><b>IEP:</b> Analysis of the Issuing of warnings and of negative Nomis entries issued to prisoners. All prisoners to be provided with IEP paperwork on conclusion</li> <li><b>Equalities:</b> Lack of consultation with Specific stakeholder groups. Re-assess the Facilities List</li> <li><b>Religion:</b> Access and understanding to various religions for prisoners and staff.</li> </ul>
6a, Continue to identify, assess and manage extremist offenders by engaging with existing local structures and ensuring that training and awareness is embedded among key staff groups. Ensure referral, where appropriate, to interventions, structured assessment and structured interventions and faith-based programmes according to offender risk and need.	<p>In relation to NOMS' approach to the identification, assessment and management of extremist offenders, HMP Whitemoor will ensure delivery in the key thematic areas of Intelligence Gathering &amp; Management; Offender Management and Public Protection; and Interventions &amp; Resettlement, as assessed by NOMS HQ.</p> <p>HMP Whitemoor will also ensure that any recommendations related to the identification, assessment and management of extremist offenders which are identified in year through the NOMS assessment process are implemented within reasonable timescale.</p>
6b, Deliver victim-offender conferences (Restorative Justice) where capacity exists and develop partnerships and a supportive environment to enable delivery where it does not.	<p>Although Whitemoor is not able to participate fully in RJ conferencing at this stage, we have created an environment to encourage participation in Victim Awareness and RJ work with prisoners. Many of the prisoners at Whitemoor are too early in to their sentence to be able to look at the end stage of RJ conferencing, we aim to pursue this by delivering a clear pathway bringing together a number of strands under the RJ heading, these being the current courses operating within the establishment namely the Victim Awareness day (currently operating twice a year), the Sycamore Tree project, Justice Awareness and Restorative Justice.</p>

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	<p>We have developed a pathway for this work attached in Annex A to help deliver this and it aims to start the process by raising awareness with all prisoners of Victim awareness work through our victim awareness days and then develops tailored paths for all prisoners that will feed in to sentence planning and progressive moves if applicable.</p> <p>In addition Whitemoor has just started to make plans to begin the restorative justice work with prisoners own families and encouraging them to attend the last sessions of the victim Awareness programmes currently available. This will feed in to the reducing reoffending pathways, OAsys and sentence planning with an aim to improve family ties and encourage further participation and work.</p> <p>A number of community links have been formed over time including the Restorative Council and CALM (Confidential and local mediation service) further links include Probation and Victim liaison Officers, all of which are encouraged to attend the Victim awareness days in order to adopt a multi- agency approach. The OMU manager, an identified Offender Supervisor and a member of the Chaplaincy team have attended Restorative Justice training, with one of the Prison Chaplains attending separate RJ conferencing training from restorative solutions.</p> <p>The establishment is in an embryonic stage regards RJ, however has put into place an infrastructure which supports it's commitment to the project. This includes</p> <ol style="list-style-type: none"><li>1. A named point of contact – Programmes manager</li><li>2. Process to contribute to suitability and risk assessments – Completed by interview process/ HCR 20 / OASys</li><li>3. Gate procedures for victim entry into the prison – The establishment works closely with the Victim Liaison Officers to make the entry procedure a smooth experience for the victim</li><li>4. Staff awareness of RJ – This will be undertaken via SMT briefings, Full staff briefings and the publication of both posters and a Staff Information notice</li><li>5. Appropriate rooms for conferences to take place – these are provided in different areas that are suited to both parties</li><li>6. When appropriate RJ will be integrated into the prisoners sentence plan - Where a prisoner has undertaken a course outlined in annex A, the report following the course forms part of the sentence plan process</li></ol> <p><b>Annex A</b></p> <p><b><u>RESTORATIVE JUSTICE PATHWAY HMP WHITEMOOR</u></b></p>
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**VICTIM AWARENESS DAY**

*Twice a year  
Targeted on Sentence Planning Board*



<b>Sycamore Tree Project Target on SPB</b>	<b>Justice Awareness Target on SPB</b>	<b>Restorative Justice</b>
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**Follow up meeting to discuss each prisoner who has undertaken above course**  
**OMU lead**  
**Reducing Re – Offending Lead**  
**Chaplaincy**  
**Individual prisoner pathways to be established. As follows**



**PATHWAYS**

<b>Victim Contact</b> <ul style="list-style-type: none"> <li>Assessed as suitable for victim contact work either indirect or direct including RJ conferencing</li> <li>Work to pass to OMU to identify with VLO.</li> </ul>	<b>Repeat course</b> <ul style="list-style-type: none"> <li>Prisoner identified as starting to benefit and a repeat of the course will consolidate this.</li> <li>OMU to target on sentence plan and refer to chaplaincy</li> </ul>
<b>Other OBPs/Needs</b> Attendance has identified other needs or has motivated prisoners to attend other OBPs <ul style="list-style-type: none"> <li>Anger</li> </ul>	<b>Other RJ work</b> <ul style="list-style-type: none"> <li>Charity support</li> <li>Community repayment work</li> <li>Work towards Victim awareness –</li> </ul>

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	<ul style="list-style-type: none"> <li>• Drugs/alcohol</li> <li>• MHIR referral</li> <li>• DSPD</li> <li>• Finance</li> <li>• Violence</li> <li>• Thinking</li> </ul>	<ul style="list-style-type: none"> <li>• presentations, art work, posters</li> <li>• DVD's</li> <li>• Gang work</li> <li>• Working with others in groups</li> </ul>	
	Pathways to be fed in to sentence planning and OASys and individual prisoner records to be kept.		
<b>6c, Ensure the efficient use of prison places through development and implementation of local bail strategies and use of HDC for appropriate offenders, including making full use of Bail Accommodation and Support Service.</b>	N/A – as a High Security Establishment we will not consider prisoners for HDC or ROTL and therefore local bail strategies are not a provision we will need to develop.		
<b>6d, Increase the amount of commercial and economically beneficial work in prisons undertaken by prisoners.</b>	<p>See table 8a</p> <p>At HMP Whitemoor during the financial year of 2014 to 2015 the Head of reducing Re-Offending (via middle managers &amp; One3One Solutions) will actively pursue recycling work from and external company (Elite Solutions). The work will be beneficial to prisoners and attract revenue for the establishment. Initially it is anticipated that this will involve 8 prisoners. Once established work will continue with Elite Solutions to increase the capacity and diversity of work.</p> <p>HMP Whitemoor will also ascertain if it is feasible to set up a recycling workshop to process waste from within the establishment. The aim being to help meet national green agenda targets increase beneficial work available for prisoners, reduce costs (landfill) and attract revenue. The numbers of prisoners that could be involved in this work is uncertain as to date we have not completed a scoping exercise.</p> <p>During the year of 2013 to 2014 the Head of Reducing Re-Offending was a member of the Cambridgeshire Chamber of Commerce (CCC). Despite pro-active attendance at events and a magazine article we received no interest. Due to this the membership has not been renewed. If the economic climate changes significantly during the year the Functional Head will re-join the CCC with a view of attracting commercial viable work.</p>		
<b>6e, Support the delivery of efficiencies across the criminal justice system by increasing the use of prison video links.</b>	<p>Whitemoor will continue to use its video link as much as possible for court links, meetings by the Offender Management Unit, the DSPD Unit as well as other management meetings.</p> <p>The courts ask for a prisoner to be produced in court and the Population Management Team at Whitemoor provides justification for the use of Video Link on the grounds of costs and security. The Video Link diary is published on the</p>		

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	<p>local intranet which is utilised by OMU and the DSPD unit on the understanding that the courts will take priority at all times. We have very few court cases at Whitemoor.</p> <p>Data - 1st January - 3rd December 2013 - 163 VL for Courts, 24 prisoners produced to Court.</p> <p>For the future OMU have plans to use it for the following uses:</p> <ul style="list-style-type: none"><li>• Parole hearings.</li><li>• Sentence planning/Offender manager interviews.</li><li>• Pre-release meetings.</li><li>• Mappa meetings/MALRAP multi-agency lifer risk assessment panels (mainly for new prisoners).</li></ul> <p>The Video Link is also used for some meetings between the Governor and the Deputy Director of Custody.</p> <p>The prison will promote its use further and this is reflected in the Development Objective at 6e.</p>
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### Table 4a: Rehabilitation Services

This table should reflect all NOMS Commissioned and NOMS Co-Commissioned services delivered as part of the Core Rehabilitation Offer. It is assumed all the services described below are available to all prisoners with an identified need: therefore targeting information is not applicable to this section. It is understood that these services may change in year as a result of the Through The Gate competition and tendering process.

Changes to this table will be managed through existing NoC mechanisms.

<b>Rehabilitation Services in Custody</b>	<b>Name of Service Service Description</b>	<b>Commissioning Arrangements</b> <small>(NOMS Locally, Regionally or Co-Commissioned)</small>
Staff support and encourage prisoners to participate fully in rehabilitation services	<p><u>Induction</u></p> <p>All new receptions at Whitemoor receive a two-week induction on the induction spur, except those going onto a specialist unit or the CSU which deliver their own packages. Prisoners remain unlocked for association throughout this two-week period. A full induction programme is delivered which includes staff from various departments visiting and speaking with the prisoners:</p> <ul style="list-style-type: none"> <li>• Education / skills assessment</li> <li>• Substance Misuse</li> <li>• Fire Safety</li> <li>• Food hygiene</li> <li>• Safer Custody / Listeners</li> <li>• Diversity / Foreign Nationals</li> <li>• Mental Health In Reach</li> <li>• Offender Management Unit</li> <li>• Interventions</li> <li>• Gym Induction- manual handling, drug awareness</li> <li>• National Careers Service work skills assessment</li> <li>• Toe by toe</li> </ul> <p><u>Sentence Planning for all offence types</u></p> <p>Prisoners in this group will be encouraged to take up activities and interventions to reduce risk through sentence planning, forums, One to Ones and OASys. The offender supervisors (OS) identify what would be of benefit, refer the prisoners, help motivate and encourage and for these not suitable for interventions they work with them to look at good first steps such as motivation, Victim awareness or education. Sentence plan reviews are carried out within 16 weeks of reception and then every 12 months as a minimum or reviewed after a significant event. OASys - they are completed annually where possible if OS lead or changed in line with a reduction or increase in risk or as a result of a significant event. Initial ‘start to custody’ Oasys is a key priority with more offenders arriving newly sentenced and we are actively engaged in the MALRAP &amp; MARAP process with our stakeholder agencies</p>	Local and Co commissioned by A4e
	Establishing a Rehabilitation Culture	Local

	<p>Prisoner's antisocial attitudes, thinking and behaviour is addressed by staff through pro-social modelling and positive staff interactions</p> <p>Every contact matters will continue to develop under the changes to the offender supervisor specialist role across the establishment under our New ways of Working; and the personal officer scheme</p> <p>We have an integrated new national IEP scheme focusing on supportive measures to engage prisoners into the 'changing lives' theory by engaging in the rehabilitation process and creating a community environment</p> <p><u>Staff/prisoner relationship focus</u></p> <p>Staff are requested to call prisoners by their preferred title.</p> <p>Prisoner forums operate for residential, canteen, activities, and foreign national's and reception matters to be discussed with staff.</p> <p>Drop – In centre provide an informal avenue of information sharing in for prisoners in a variety of topics relating to their 'settlement' 'sentencing planning' and 'progression' needs</p> <p>Foreign national events and religious festivals take place.</p>	Local
Prisoners are made aware of their responsibilities in engaging with and accessing services	<p><u>Induction</u></p> <p>All new receptions at Whitemoor receive a two-week induction on the induction spur, except those going onto a specialist unit or the CSU which deliver their own packages.</p> <p>Prisoners remain unlocked for association throughout this two-week period. A full induction programme is delivered which includes staff from various departments visiting and speaking with the prisoners:</p> <ul style="list-style-type: none"> <li>• Education / skills assessment</li> <li>• Substance Misuse</li> <li>• Fire Safety</li> <li>• Food hygiene</li> <li>• Safer Custody / Listeners</li> <li>• Diversity / Foreign Nationals</li> <li>• Mental Health In Reach</li> <li>• Offender Management Unit</li> <li>• Interventions</li> <li>• Gym Induction- manual handling, drug awareness</li> <li>• National Careers Service work skills assessment</li> <li>• Toe by toe</li> </ul> <p><u>Sentence Planning for all offence types</u></p> <p>Prisoners in this group will be encouraged to take up activities and interventions to reduce risk through sentence planning, forums, One to Ones and OASys. The offender supervisors (OS) identify what would be of benefit, refer the prisoners, help motivate and encourage and for these not suitable for interventions they work with them to look at good first steps such as motivation, Victim awareness or education.</p> <p>Sentence plan reviews are carried out every 12 month. New receptions have one within 3 months of arriving if targets are not reflective of current need. OASys - they are completed annually where possible if OS lead or changed in line with a reduction or increase in risk or as a result of a significant event.</p>	<p>Local and Co-commission by A4e</p> <p>Local</p>

	<p><u>Establishing a Rehabilitation Culture</u>  Prisoner's antisocial attitudes, thinking and behaviour is addressed by staff through pro-social modelling and positive staff interactions  Every contact matters will continue to develop under the changes to the offender supervisor specialist role across the establishment under our New ways of Working; and the personal officer scheme  We have an integrated new national IEP scheme focusing on supportive measures to engage prisoners into the 'changing lives' theory by engaging in the rehabilitation process and creating a community environment</p>	
Prisoners anti social attitudes, thinking and behaviours are addressed by staff through pro social interaction and engagement	<p><u>Establishing a Rehabilitation Culture</u>  Prisoner's antisocial attitudes, thinking and behaviour is addressed by staff through pro-social modelling and positive staff interactions  Every contact matters will continue to develop under the changes to the offender supervisor specialist role across the establishment under our New ways of Working; and the personal officer scheme  We have an integrated new national IEP scheme focusing on supportive measures to engage prisoners into the 'changing lives' theory by engaging in the rehabilitation process and creating a community environment</p> <p><u>Staff/prisoner relationship focus</u>  Staff are requested to call prisoners by their preferred title.</p> <p>Prisoner forums operate for residential, canteen, activities, and foreign national's and reception matters to be discussed with staff.  Drop – In centre provide an informal avenue of information sharing in for prisoners in a variety of topics relating to their 'settlement' 'sentencing planning' and 'progression' needs  Foreign national events and religious festivals take place.</p>	
Prisoners can access appropriate services that enable them to seek suitable employment and/or training for release.	<p><u>Job Centre Plus (JC+)/Citizens Advice/Relate Age UK</u>  Any prisoner who is within their last 6 months of sentence is offered the opportunity to speak with the JC+/Employments &amp; benefits agent (EBA) in preparation for release. Most of the work undertaken 'Day1' is primarily aimed at those offenders who are within the last 5 weeks of sentence (no prisoner currently planned for release 13/14).  HMP Whitemoor continues to work with the Citizens Advice Bureau and Relate – Age Uk &amp; the Royal British Legion to see what they can offer prisoners.</p> <p><u>Education and Employment within the prison</u>  HMP Whitemoor will seek the opportunity through the CCC to provide real work opportunities in the prison to prisoners in partnership with an external organisation by 31March 2015.  Courses which provide prisoners with qualifications (delivered by NOMS) that will help enable them to find employment as instructors/personal trainers: Healthy Living, Gym Instructor, Circuit trainer, First aid at work, basic health and fitness, kinetic lifting and Health and Safety course.  A wide range of education courses provided by Contracted Provider A4E from basic skills to higher level qualifications. Information provided on opportunities for becoming self employed.</p>	<p>Co commissioned</p> <p>Co-commissioned</p>

	<u>Toe by Toe</u> – helps prisoners learn to read	
Prisoners can access services that enable them to manage housing needs created as a result of their custody.	<p><u>Guidance to prisoners in managing their finances</u>  The Education Contractor A4E provides a course called 'Managing personal finance' which is registered with NOCN and prisoners receive a certificate after completion. Other courses run relate to employability and business studies. A DWP agent is available for all Employment &amp; Benefit concerns based at HMP Peterborough whom we have an established link to provide a service as required. CAB are available for advice and guidance.</p> <p>We have established a new stakeholder relationship with the Royal British Legion who are able to provide support in relation to housing/accommodation and storage of personal artefacts for ex-military personnel whom have been incarcerated</p> <p>Enterprise Housing Solutions – CIC are available for prisoners to contact and the OMU team will discuss this pathway on sentence planning reviews/induction to consider if a prisoner has a housing concern</p> <p>Library services are able to provide contact details of local authorities in relation to social housing concerns</p>	Co-commissioned
Prisoners can access services that enable them to seek settled and suitable housing for release.	<p>We transfer all Category B prisoners to a suitable resettlement establishment with a minimum 8 weeks to release but generally a lot sooner.</p> <p>Pre-release meetings will consider home settlement areas in conjunction with the Offender Manager. MAPPA meetings will indicate what conditions of release require to include 'Approved Premises' or whether it's appropriate for a home address on release.</p> <p>We rarely release any Cat A's – but we do have an established link with an employment and benefits agent through the DWP based at HMP Peterborough. These services are available to us on request, and we would be able to seek relevant direction as required</p>	Local Co-commissioned
Prisoners can access services to enable them to address personal financial management issues created as a result of their custody.	<p><u>Guidance to prisoners in managing their finances</u>  The Education Contractor A4E provides a course called 'Managing personal finance' which is registered with NOCN and prisoners receive a certificate after completion. Other courses run relate to employability and business studies. CAB services are available to assist</p>	Co-commissioned
Prisoners can access available services which enable them to address their family welfare and family support needs.	<p><u>- Family Support Visits</u></p> <p>Family Days and Children's Visits take place, assisted by Ormiston Trust</p> <p>For offenders that can receive domestic visits we facilitate the following:  Children's visits (4 per year), allow prisoners to spend time with their own children in a relaxed atmosphere with activities facilitated by the Ormiston trust.  Family visit (12 per year), allow prisoners to spend time with their children in a relaxed atmosphere.</p>	Co-Commissioned

	<p>Child free visits (12 per year), allow prisoners to spend time with their families in a quieter environment.</p> <p><u>Foreign National offenders</u> We hold a Photo-day for foreign national prisoners, which allow foreign national offenders to send photographs of themselves abroad to their families.</p> <p>Foreign national offenders can access additional telephone credit as per national guidance.</p> <p><u>Fathers Inside</u> The Fathers Inside course can contribute to reducing the risk of re-offending by supporting the maintenance of healthy family relationships, increase educational and employment opportunities and increase participants' ability to change their behaviour and attitude. Offenders' families are invited along to course reviews and presentations by the Governor.</p> <p><u>Storybook Dads</u> Storybook dads offers all offenders including foreign nationals the opportunity to record short stories for their children or families.</p> <p><u>Sentence Planning</u> HMP Whitemoor actively encourages prisoners who take part in sentence planning meetings and feedback sessions for the Self Change Programme and Thinking Skills Programme, by inviting families along as part of the closing stages. This approach actively supports offenders on their pathway to reducing risk.</p> <p>The chaplaincy department facilitate three pastoral interventions (Islamic restorative justice, Sycamore tree and Kairos) that help offenders to recognise the impact of their actions and the ways in which this can affect their families. Offender's families are invited to attend feedback sessions at the end of each course.</p>	Co-commissioned
Prisoners have equivalence of access to health services in custody as in the community.	<p><u>Healthcare service</u> provided by a mixture of Prison Service staff and external agencies. This service includes primary and secondary mental health care and treatment.</p> <p>A new commissioned service is to be developed from April 2015. NHS Commissioners have yet to ratify their intentions for 2014/2015 so at present as the Healthcare provider we agree to adhere to NHS terms and conditions and provide a 24 hour nurse led service that is comparative to a similar service found in the community. Regarding any specialist input - whether health or social care - we utilise these services through Cambridgeshire Community Services and Fenland DC on a case by case basis - these specialists include palliative care, smoking cessation, physiotherapy, radiography etc.</p> <p>In March 2014 Whitemoor will be given a year's notice that NHS England intend to tender the Primary Healthcare services out (this includes the Primary nursing team and potentially other specialists, including Physiotherapy, Optician etc., but this has not been confirmed yet) for Whitemoor and Littlehey in Cambridgeshire. The tendering process will take a year, so the new provider should be in place for April 2015. The Head of Healthcare at Whitemoor</p>	Co-commissioned



	<p>and the Offender Health Commissioner will begin work on the Service Specification so that it will be ready for the ITT stage.</p> <p>Health needs assessments need to be completed yearly - Emma Watson from Public Health England has been identified to do this and the Head of Healthcare is in the process of arranging a day for her to visit Whitemoor and discuss how we can take this work forward together.</p> <p>The Substance Misuse Service at Whitemoor - Inclusion - is now embedded - regular meetings and briefings take place between Healthcare, Mental Health In reach and their team to ensure joint working and joint caseloads are discussed. The Primary mental health service is still provided by the prison healthcare team but recruitment has been an issue. Discussions between Cambridgeshire and Peterborough Foundation Trust (CPFT) who provide the Mental Health In reach Service, the Head of Healthcare at Whitemoor and NHS Cambridgeshire have taken place where they have considered the primary mental health service being moved over to CPFT using a similar model as HMP Littlehey - whereby both primary and secondary mental health services are provided by the Mental Health In reach Service. These discussions are in early stages.</p>	
Prisoners can access treatment, services, advice and support around drug and alcohol needs.	<p><u>Substance Misuse Interventions</u>  Substance Misuse Intervention - The Contracted Provider Inclusion will provide the core phase of the Inclusion Recovery Programme for substance misuse issues. The Inclusion Recovery Leads and Caseworkers will carry out assessments and referrals to the programme and deliver it as well as the post-course reviews and reports for the programme.</p> <p>The programme provides a cognitive skills approach alongside a more holistic approach (e.g. harm minimisation) to substance misuse</p>	Co-commissioned
Prisoners who have experienced domestic violence, rape or abuse can access services that offer them advice and support.	<p>Samaritans – provide direct emotional support  Mental Health in Reach services  Chaplaincy services  Clinical therapy &amp; intervention on the Dangerous &amp; Severe Personality Disorder Unit (DSPD)  CAB services can provide further details of specific external agencies</p>	Co-commissioned local
Prisoners who have been sex workers can access services that offer them advice and support.	<p>Samaritans can provide emotional support  Mental Health in Reach services  Chaplaincy services  Clinical therapy &amp; intervention on the Dangerous &amp; Severe Personality Disorder Unit (DSPD)  CAB services can provide advice and guidance to external agencies  Where appropriate, prisoners are provided with contact details of existing appropriate community based services that support sex workers and that this information is shared with key members of staff involved in their case to ensure support and consistent information sharing when appropriate.</p>	

**Table 4b: Rehabilitation Services - Additional Services Offer**

Using segmentation and local data sources to target resources where they will deliver the greatest outcomes for investment - this table should reflect the case management activity, risk management activity and rehabilitative services and interventions, delivered within the establishment which are **additional** to the core offer

Segment	<b>Total no. of Prisoners within Segment</b> <ul style="list-style-type: none"> <li>Use the segmentation data tool on the NOMS Performance HUB to get the numerical data you need to populate this column</li> </ul>	<b>Strategic approach to meeting the needs of the segment</b>  <b>Title and description of rehabilitative services/interventions and case management activities</b> <ul style="list-style-type: none"> <li>Give the title and a brief description of the case management activities offered to offenders in each segment</li> <li>Give a brief description of the range of rehabilitative services and interventions offered to offenders by segment. Include any accredited programmes on offer.</li> <li>Use the guidance on targeting in Commissioning Intention 4a</li> <li>If a service or intervention is available across more than one segment (for example – TSP may be available to both sex offenders and violent offenders) then state in each applicable box, making clear in the next column the number of completions relating to each segment.</li> </ul>	<b>Indicate whether the service or intervention is commissioned or co-commissioned and the number of offenders who will be able to access the intervention or service annually</b> <ul style="list-style-type: none"> <li>For accredited programmes give the number of completions</li> <li>It is not necessary to record volumes for case management activities</li> </ul>
All Offenders – where service targeted by need rather than risk		<p><b>Cognitive Functioning Assessment e.g. WAIS</b> (Wechsler Adult Intelligence Scale).</p> <p>Assesses a persons cognitive functioning ability in three domains : intelligence (the Capacity of the individual to act purposefully, to think rationally, and to deal effectively with their environment); learning (The process of acquiring new information) and Memory (The persistence of learning in a state that can be revealed at a later time)</p> <p><b>A&lt;Z (10 places)</b> - motivates prisoners to enable them to engage in their sentence plan and complete other targets.</p> <p><u>Referrals to DSPD and hospital</u> – for prisoners who it is deemed need to be in special hospital psychological services complete the necessary assessment and referral reports for those individuals.</p> <p><u>Fathers Inside</u> The Fathers Inside course can contribute to reducing the risk of re-offending by supporting the maintenance of healthy family relationships, increase educational and employment opportunities and increase participants' ability to change their behaviour and attitude. Offenders' families are invited along to course reviews and presentations by the Governor.</p> <p><u>Storybook Dads</u> Storybook dads offers all offenders including foreign nationals the opportunity to record short</p>	<p><b>Depended on need</b></p> <p><b>10 Places</b></p> <p><b>Dependent on need</b></p>

		<p>stories for their children or families.</p> <p><u>Family Support Visits</u></p> <p>Family Days and Children's Visits take place, assisted by Ormiston Trust For offenders that can receive domestic visits we facilitate the following: Children's visits (4 per year), allow prisoners to spend time with their own children in a relaxed atmosphere with activities facilitated by the Ormiston trust. Family visit (12 per year), allow prisoners to spend time with their children in a relaxed atmosphere. Child free visits (12 per year), allow prisoners to spend time with their families in a quieter environment.</p> <p><u>Guidance to prisoners in managing their finances</u> The Education Contractor A4E provides a course called 'Managing personal finance' which is registered with NOCN and prisoners receive a certificate after completion. Other courses run relate to employability and business studies. CAB services are available to assist</p>	
Sexual Offenders	15 (3%)	<p><b>SVR-20 (sexual violence risk) assessment.</b> - The SVR-20 is a 20-item checklist of risk factors for sexual violence that were identified by a review of the literature on sex offenders. The checklist was developed to improve the accuracy of assessments for the risk of future sexual violence. Sexual violence is defined broadly as "actual, attempted, or threatened sexual contact with a person who is non-consenting or unable to give consent."</p> <p><b>Thinking skills Programme (TSP)</b> OGRS 50+ (+/- 3). Over ride for Indeterminates, sex offenders assessed as High using RM2000</p>	40 places
Violent offenders	371 (85%)	<p><b>VRS</b> – The Violence Risk Scale is a structured clinical judgement tool used to assess an individuals risk level, and, the treatment targets or criminogenic needs (including motivation to change). It is designed to be used to be administered pre and post treatment to assess progress in an individual progress in addressing their criminogenic needs.</p> <p><b>HCR-20</b> - The Historical, Clinical, Risk Management-20 (HCR-20) is an assessment tool that assesses a person's probability of violence. The HCR-20's assists decisions regarding the treatment and management strategies for potentially violent, mentally disordered individuals, including parolees, forensic mental health patients, and others.</p> <p><b>IPDE</b> – The International Personality Disorder Examination is an assessment of personality traits and disorders – pervasive, persistent, and pathological (i.e. long standing</p>	50 violence risk assessments (VRS or HCR20) on average are completed each year.

<sup>1</sup> All risk assessments and treatment planning will be done collaboratively with the prisoner and with the multidisciplinary team working with him.

		<p>characteristics). Treatment recommendations are made based on assessment (e.g. it is one criteria for DSPD). It can also recommend management strategies based on assessment e.g. CSC</p> <p><b>The Millon Clinical Multiaxial Inventory III (MCMI-III or MILLON)</b> – is an assessment of personality patterns and pathology (i.e mental health) issues AND clinical syndromes (i.e mental illness). It is a solid assessment to advise/refer to MHIR, hospital, DSPD, TC and/or personality disorder specialist services. It is also helpful in gaining improved understanding of personality/ mental health issues that may impact on behaviour and management of that behaviour in prison.</p> <p><b>PCL-R</b> – the Psychopathy Checklist Revised is an assessment of psychopathy. A score of between 0-40 is given following extensive review of collateral and where interviews where consent is given. Over 30 considered psychopathic in UK. Between 25-30 would indicate worrying traits that are likely to interfere with treatment. It is one criteria for consideration by DSPD. It will predict likelihood of particular behaviours and response to management of these and therefore recommend management strategies based on assessment.</p> <p><b>Self Change Programme (12 completions):</b> OVP 2 year percentage score of 60% - this programme not assessed by OGRS at all. (The SCP Assessment &amp; Evaluation Manual 2012 - SCP Clinical Team assess that The OVP Offender violence predictor is the best risk predictor for this particular programme.)</p> <p>Low or Moderate OVP prisoners can be considered for a 'clinical over-ride' if they are high or very high Risk of Serious Harm (RoSH). These prisoners would need to be assessed as high risk of serious violence as assessed with an appropriate Structured Clinical Judgement assessment such as the HCR20</p> <p><b>Thinking skills Programme (TSP)</b> OGRS 50+ (+/- 3). Over ride for Indeterminates, sex offenders assessed as High using RM2000 <b>36 Completions</b></p> <p><b>Violence Reduction Programme (VRP)</b> – Only available to prisoners in the CSC (6 Places offered)</p> <p>Provision of Psychological intervention for prisoners detained within the CSC at HMP Whitemoor Forensic Psychologists remit working with CSC prisoners will be to: To provide a lead on psychological risk assessment and treatment planning and provision to co-located prisoners. To attend monthly and quarterly case reviews and sentence planning and review boards. To contribute towards the CSC care and management planning</p>	<p><b>5 specialist assessments (IPDE; MILLON; PCLR) are completed each year.</b></p> <p><b>14 places</b></p> <p><b>40</b></p> <p><b>6</b></p>
	<p><b>OVP 60-79% = 11 (3%)</b></p> <p><b>OVP low 151</b> <b>OVP medium 30-59% = 131 (35%)</b></p>		

	<p><b>Indeterminates: 355 (81%).</b></p> <p><b>CSC prisoners (up to 10)</b></p>	<p>To contribute towards CSC referrals, selection assessments and de-selection assessments To contribute towards psychologically informed development of the regime including supervision &amp; debrief to F wing staff running three non-VRP group work sessions a week (the social and moral issues group (SMIG) Tues pm; Thursday afternoon group, and Future Me Fri am).</p> <p><b>Know Your Prisoner Profiles</b> Know your prisoner profiles will be completed for every prisoner detained within the CSC at HMP Whitemoor to provide advice on their care and management.</p> <p><b>Care and Management Plans</b> Psychological Services will work in collaboration with the prisoners and the rest of the multi-disciplinary team within the CSC to implement and review the care and management plans. This may include conducting specialist psychological risk and need assessments<sup>1</sup> as appropriate, such assessment can be used to inform:</p> <p><b>Social and Moral Issues Discussion Group</b> Once a week The aims of these sessions are to offer prisoners with an opportunity to interact in a structured group environment to discuss social and moral issues in society, using films, documentaries, radio programmes or tape recordings of topical issues. The use of audio visual media was chosen to ensure the group is as inclusive as possible as there are some members of the CSC who are unable to read or write. This group is intended to develop key social skills such as perspective taking, tolerance, respect, verbal communication skills, and non-verbal communication skills. This group is accessible to all prisoners risk assessed as safe to attend. Supervision is provided by psychological staff to F wing staff to enable this group to run.</p> <p><b>Future Me Group.</b> Once a week The aim of this group is to build on the development of social skills, and gently encourages prisoners to a) being to think about what their pro-social future will be like b) to begin to feel comfortable talking about themselves in a group environment and c) to learn some basic self management and emotional regulation skills. This group is considered to be a stepping stone towards VRP, and as such is key in the preparation pathway for all potential VRP prisoners to be able to attend this group when they are assessed as being ready.</p> <p><b>Individual intervention and risk assessment work.</b> This is available to all co-locating prisoners on F wing, and is considered to be a vital element for these prisoners regarding developing their readiness to be able to engage in further high intensity violence reduction treatment such as VRP at a later date. This provision is overseen by the lead psychologist for the CSC. The resource is provided from HMP Whitemoor's psychological services group.</p> <p><b>Behaviour Monitoring Analysis and Feedback</b> (see behaviour monitoring strategy document for full details). Psychological Services will support the implementation of the national CSC have developed by providing advice and guidance on the key risk areas for each prisoner which need to be monitored by staff.</p>	
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		Specifically we will: Link behaviour monitoring targets to treatment need targets identified on the prisoners CSC care and management plans Provide staff training on how to apply this protocol on a daily basis. Provide regular supervision to staff using this protocol.	
Indeterminate Sentenced Prisoners (ISPs)	<b>355 (81%)</b>	<b>Thinking skills Programme (TSP)</b> OGRS 50+ (+/- 3). Over ride for Indeterminates, sex offenders assessed as High using RM2000 <b>36 Completions</b>	<b>40</b>
Low likelihood of any reconviction OGRS 0-24%	<b>125 (28%)</b>  92 of these are indeterminate and therefore suitable for TSP. 69 have low OVP and 5 a medium OVP so may be suitable for clinical override for SCP. A further 17 have not yet had a sentence plan completed.	TACT offenders: For Offenders convicted under the Terrorism Act (TACT), and TACT-related offences, domestic extremist offenders, and those vulnerable to engaging in extremism we will: <ul style="list-style-type: none"> <li>• deliver and embed policy and/or project development through existing regional structures;</li> <li>• ensure that training and awareness is embedded among key staff groups;</li> <li>• Ensure appropriate use of OM interventions including ERG22+ and Healthy Identity Interventions both Foundation and Plus</li> </ul> Deliver faith programme pilots including Tarbiyah and Ibanaa  <u>DSPD</u> Dangerous and Severe Personality Disorder – (DSPD) Programme of assessment and treatment over a 5 year programme	
Medium likelihood of any reconviction OGRS 25-49%	<b>139 (32%)</b>  109 of these are indeterminate and therefore suitable for TSP. 51 have low OVP and 44 a medium OVP so may be suitable for clinical override for SCP. A further 25 have not yet had a sentence plan completed.	All as for low OGRS plus:  <u>victim awareness and victim offender conferencing</u> Sycamore Tree Course available to all offence types providing victim awareness. Aims to help the prisoner understand the victim and their experience and the need for forgiveness. Teaches the principles of restorative justice. HMP Whitemoor aims to engage constructively with Criminal Justice Partner Agencies to support where requested and appropriate, victim-offender conferencing for victims and offenders of violent or acquisitive crimes where there is a clear victim and where the offender is a medium or high risk of re-offending. Opportunities meeting those criteria will be enabled where appropriately trained staff are available to ensure safe and compliant delivery and the Head of Reducing Reoffending at HMP Whitemoor will hold overall responsibility for this.  <u>Violence Reduction</u> Violence Reduction Programme specifically aimed for prisoners in the CSC who are very	

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		high risk of being violent and not able to take part in violence interventions on normal location.	
High likelihood of any reconviction OGRS 50- 74%	<b>149 (34%)</b>  132 of these are indeterminate and therefore suitable for TSP. 6 have a High OVP and would be suitable for SCP. 30 have low OVP and 71 a medium OVP so may be suitable for clinical override for SCP. A further 28 have not yet had a sentence plan completed.	As for low and medium OGRS, plus TSP (see sexual and violent offenders above). And SCP for violent offenders	
Very high likelihood of any reconviction OGRS 75-89%	<b>24 (6%)</b>	As for high likelihood 20 of these are indeterminate and therefore suitable for TSP. 5 have a High OVP and would be suitable for SCP. 1 has low OVP and 10 a medium OVP so may be suitable for clinical override for SCP. A further 8 have not yet had a sentence plan completed.	
Extremely high likelihood of any reconviction (prolific) OGRS 90-100%	<b>1 (0%)</b>	As for High likelihood.  This person is an indeterminate so is suitable for TSP and has a medium OVP who may be suitable for clinical override for SCP.	

Table 5: Accredited Programmes provided in the establishment		
Does this establishment deliver NOMs Commissioned accredited programmes?		Yes
Name of accredited programme	Number of agreed starts (expected for 2014-15)	Number of agreed completions (planned total for 2014-15)
<b>Living Skills Programmes</b>		
Thinking Skills Programme <b>(TSP)</b>	40	36
Self Change Programme <b>(SCP)</b>	13	12
<b>Total</b>	<b>53</b>	<b>48</b>



Table 6: Development Objective

CI Title & No.	Objective: Describe a SMART objective including what you want to achieve how you will measure your success and key milestones	Does this contribute to a regional objective (yes/no)
<b>1(a).</b> There is a sense of purpose in relation to rehabilitation, desistance, and progression through a sentence which is shared and understood by all who work with offenders.	<p>To engage the Hybrid Band 4 OMU specialists with Personal Officers on the wings so that they are taking a more interactive and integrated approach to managing the daily engagement with prisoners through compliance to the regime and also develop better relationships in taking an active interest in the sentence planning and risk reduction process. OMU managers and Residential Governors will lead on this through the benchmark process - by Autumn 2014</p> <p>Progress for this will be measured via ongoing communications/bilateral between the Custodial Managers and the new hybrid B4s.</p>	Yes
<b>1(b).</b> All who work with offenders consistently demonstrate behaviours and attitudes that support rehabilitation and desistance.	<ul style="list-style-type: none"> <li> <b>To develop a local strategy that details how we intend to develop a <i>Rehabilitative Culture</i> over the next 3 business years and identify areas of priority / weakness for action. This strategy will be reviewed annually and include approaches to; <i>Every Contact Matters</i>, communications strategy, coaching and training support, fairness and consistency, inclusivity, and Prisoner Consultative Committee's.</b>  <b>Target date 30/9/2014</b> </li> </ul> <p style="text-align: center;"><b>Progress towards this will be monitored locally and reviewed quarterly. QSLAM quarterly reporting &amp; monitoring will also track progress.</b></p> <ul style="list-style-type: none"> <li> <b>To Create an Action Plan</b> to address identified needs in progressing towards a <b><i>Rehabilitative Culture</i></b>.             </li> </ul> <p style="text-align: center;"><b>Progress towards this will be monitored locally and reviewed quarterly. QSLAM quarterly reporting &amp; monitoring will also track progress.</b></p> <p><i>(The lead for Rehabilitative culture at HMP Whitemoor is the Head of Reducing Reoffending and Head of Residence)</i></p>	Yes

<p><b>1(c).</b> Efforts are made to ensure offenders experience the environment as safe.</p>	<p><b>I. Maintaining a safe environment</b> - To implement the recommendations of the Review of Front End Searching carried out in November 2013 in line with published time frames <b>[when confirmed]</b>.</p> <p><b>II. Improving staff and prisoner confidence in safety</b> - To introduce Body Worn Video to staff working in Segregation Units. <b>[roll out timescales to be confirmed]</b></p> <p><b>III. Promoting a zero tolerance to violence</b> - To <u>increase local awareness</u> amongst staff, prisoners and visitors of the NOMS policy of zero tolerance to violence. This approach must include publication of Violence Management data and this data must have adequate local assurance arrangements in place to ensure its accuracy.</p> <p style="text-align: center;"><b>Quarterly review – Local Monthly monitoring &amp; reporting to SMT.</b></p> <p style="text-align: center;"><b>QSLAM quarterly reporting &amp; monitoring will also track progress as well as DDC and Regime Manager Assurance Visits</b></p> <p style="text-align: center;"><b>Local lead is the Head of Safer Prisons</b></p> <p><b>IV. Preservation of life</b> - To ensure the Local Assurance frameworks reflect the accepted recommendations arising from the murders of Mr Colin Hatch and Mitchell Harrison and any future recommendations arising from the investigation into the murder of Mr Subhan Anwar. Quarterly assurance fieldwork should be undertaken also covering compliance with the HSE Population Strategy – Strategic Management and Transfer of Prisoners document and an evidence file maintained for potential inspection by the DDC or Commissioners.</p> <p style="text-align: right;"><b>Target date – Quarterly review.</b> <b>Local lead Head of Safer Prisons</b></p> <p><b>V. Extremist Prisoners</b> – To ensure that individuals that seek to impose extreme views or ideologies on others are robustly managed in order to minimise their ability to be able to impact on the safe operating of establishments, individual offenders or groups of offenders. <b>How.</b> A range of management options will be explored in order to both minimise the effect this offender</p>	<p>Yes</p>
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	<p>type may have and to offer developed interventions in order to address their views. <b>Measure.</b> Through competitive analysis of related intelligence from NOMS and partner agencies in order to assess any changes in dynamics following management strategies having been agreed and put in place.</p> <p style="text-align: right;"><b>Under constant operational review</b></p>	
<p><b>1(d).</b> Good quality risk assessments, risk management systems and information-sharing between partner agencies (where relevant) result in the application of appropriate public protection and security measures, and these ensure the needs of victims are appropriately addressed.</p>	<p><b>Promoting Public Protection</b> - In 2013 Audit &amp; Corporate Assurance Unit identified inconsistent information sharing between Security and Public Protection departments, specifically the transfer of information from IR's onto ViSOR. Local arrangements and monitoring to ensure that information is transacted on a timely basis between these two systems.</p> <p><b>Target date – Quarterly review</b>  <b>Local lead: Head of Security and Head of OMU</b></p>	Yes
<p><b>2(d)</b> Work together with Local Authorities to ensure that adult offenders and defendants with care and support needs are appropriately identified, their needs are assessed and they are supported to live with decency and as independently as possible; and that</p>	<p>HMP Whitemoor's Head of Healthcare will take the lead on working with the Local Authority and developing this relationship in relation to social care.</p> <p>This will include taking to the Prison Health Partnership Board the view of inviting the Local Authority to attend these meetings.</p>	

<p>arrangements are made for continuity of care when an individual moves.</p>		
<p><b>2(f).</b> In England - Continue to improve access to a pathway of new and existing services for offenders with severe personality disorders. Services are primarily targeted at men who present a high risk of serious harm to others and women who present a high risk of committing further violent, sexual or serious criminal damage offences. Services are co-commissioned with NHS England Specialised Commissioning to support health and justice outcomes.</p>	<p><b>(PD Site Specific):</b></p> <ol style="list-style-type: none"> <li>1. In conjunction with the HSPG lead to develop a High Secure Personality Disorder Brochure detailing a basic overview of all of the HS PD services currently offered for men within the HSE suffering from a PD. <b>Target date 30/9/2014</b></li> <li>2. In conjunction with the HSPG lead to develop a combined Referral Information Document which provides information which allows the referring establishment to make an informed and meaningful decision as to which is the most appropriate site to refer to. <b>Target date 30/9/2014</b></li> </ol> <p><b>(HSE &amp; PD Sites)</b></p> <ol style="list-style-type: none"> <li>3. To maximise opportunity to identify appropriate referrals for all HS OPD sites.</li> </ol> <p><b><u>Offender Personality Disorder (OPD) Pathway for Close Supervision Centre prisoners</u></b></p> <ol style="list-style-type: none"> <li>4. For CSC &amp; HS OPD Leads to develop an agreed pathway procedure model and/or criteria for moving prisoners across the specialist OPD Pathway services</li> <li>5. For CSC &amp; HS OPD Leads to review current Referral Guidelines for each service and incorporate information pertaining to the variety of OPD Pathway options available to the CSC populations.</li> <li>6. CSC and HS OPD Unit staff to attend relevant meetings regarding current and future referrals across services to ensure closer links.</li> <li>7. For HSE staff to be aware of the HS OPD Pathway model, and feel able to make informed and meaningful decisions regarding appropriate referrals to, and across the PD Pathway. <b>Progress will be reviewed by the HSPG lead by 30/9/2013</b></li> <li>8. For HSE staff to continue to make meaningful and informed referrals identifying the most appropriate Pathway service, including CSC and/or HS PD Units for HS prisoners</li> </ol> <p><b><u>Offender Personality Disorder (OPD) Pathway for Subversive Disruptive Prisoners</u></b></p> <ol style="list-style-type: none"> <li>9. Diversion of a small number of STG nominal's who 1) are involved in prison violence, disorder or subversion, and 2) who present in a way that is likely to reflect psychopathic traits, towards the</li> </ol>	

	<p>HS Offender Personality Disorder Pathway .</p> <p>10. For Pathfinder and HS OPD leads to establish closer working links.</p> <p>11. For consideration to be given on completion of PCL-R and/or IPDE assessments (or at least screening, in the first instance) of STG nominal's involved in prison violence and persistent subversive activity. Upon completion of such assessments an HS OPD referral considered.</p> <p>12. STG/Pathfinder Nominal's who potentially meet HS OPD criteria to be considered for suitability for such services.</p> <p>13. Where cases are considered suitable and consent to moving to a HS OPD unit, CT advice and consultancy to HS OPD offered to ensure that both general criminogenic and specific extremism risks are addressed as effectively as possible by HS OPD interventions and that all the relevant risks are continually assessed.</p> <p>The Clinical Director of the Offenders with Personality Disorder Pathway Service; is the Lead for this area. Working alongside the Wing Governor and the SMT for this Service, they will ensure that the targets set by the HSPG Lead are met. Targets for this service are reviewed monthly at The Fens Service SMT and 3 monthly in the SLA and Performance Review meeting. This is Chaired by the OPD NOMS and NHS Commissioners who report to the HSPG Lead. The Clinical Director and Wing Governor of The Fens Service reports on the performance related to all targets set for this service at that meeting. The targets include all those nationally agreed Key Performance Indicators for each of the HS OPD Services.</p>	
<p><b>3(a).</b> Target resources on evidence-informed interventions and services which are likely to deliver the best outcomes for the investment. This includes targeting factors shown to be related to NOMS intended outcomes and using a service design which will be effective</p>	<ul style="list-style-type: none"> <li>The Senior Management Team to develop their understanding and use of Segmentation data and use it to review against their prisons current population profile, and ensure that interventions provided to this population remain relevant and appropriate.</li> </ul> <p style="text-align: right;"><b>Target date – Quarterly review.</b></p> <p>To review our ability to increase our Self Change Programme completion target in line with what is expected for a full time treatment team as and when we are able to recruit and train staff. Target date - quarterly review dependent upon benchmarking, recruitment and access to training.</p> <ul style="list-style-type: none"> <li>The Offender Management Unit to review the population segment that scores Low on both OGRS score and OVP (Offender Violence Predictor) score. Complete a brief review considering the justification for this cohort of prisoners being appropriately placed within the HSE.</li> </ul> <p style="text-align: right;"><b>Target date – Quarterly review.</b></p>	Yes

with the groups which receive it.		
<b>4(b).</b> Ensure the use of custodial capacity delivers the most cost-effective configuration of places and meets the MOJ's strategic requirements and the needs of co-commissioning and delivery partners whilst reducing cost.	<p><b>To work constructively with PMU to ensure that our population profile is managed to achieve the outcomes required by the Reconfiguration Project which is currently in the detailed planning stages.</b></p> <p>From the perspective of the HSE the main areas of high level evaluation are that the Category C prisoners currently held in Core Locals could be relocated to Category C prisons to be replaced by appropriately allocated Category B prisoners from elsewhere around the Prison Estate. This approach will also see a focus on ensuring appropriately risk assessed progressive moves from the HSE to non-HSE estate to ensure that HSE spaces are preserved for those prisoners presenting the highest risks of escape or to order and control.</p> <p><b>Monitoring of progress – Progress against this Development Objective will be tracked quarterly and linked to the QSLAM reporting cycle. High Security Prisons Group will maintain overall oversight. Locally oversight will be maintained by the Population Management Unit.</b></p>	Yes
<b>5(b).</b> Information regarding individual needs and characteristics is used to adapt and sequence services to meet individual needs and maximise their benefit, and offenders are supported and encouraged to access appropriate services.	<p>NOMS expects providers to take account of the specific needs and characteristics of individuals and that providers are able to evidence and articulate how they will ensure offenders are supported and encouraged to access appropriate services, with reference to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Learning Disability and Difficulty</li> <li><input type="checkbox"/> Physical health and disability</li> <li><input type="checkbox"/> Mental health</li> <li><input type="checkbox"/> Maturity, including capacity for taking responsibility for and understanding consequences of one's actions, and attitudes to risk taking</li> <li><input type="checkbox"/> Family circumstances (e.g. relationship breakdown, caring responsibilities, financial difficulties etc)</li> <li><input type="checkbox"/> Protected characteristics including: Gender, Sexual orientation, Race, Age, Faith, Gender re-assignment, Pregnancy and maternity</li> </ul> <p>Examples of how offender services should be tailored include adapting materials and interventions, adjusting communication style and adding resources such as targeted one to one support.</p> <p>As well as considering an individual's specific characteristics, providers will need to demonstrate that they are able to make any reasonable adjustments required by the law. Where reasonable adjustments require partnership working, co-commissioned approaches should be looked at.</p>	Yes

	<p><b>With regard to the above establishments should develop a local Strategy document that details specifically how provision is made for each of the above criteria and identifies gaps in provision / areas for improvement that can then be included in the Local Equalities Action Plan and also potentially inform transition planning for the transfer of lead responsibility of Social Care to local authorities from April 2015. This must also include how local monitoring and management oversight is maintained. This should be published and available to staff and prisoners.</b></p> <p><b>Target date – Quarterly review</b> <b>Local lead: Head of Safer Prisons</b></p>	
<p><b>6(a).</b> Continue to identify, assess and manage extremist offenders by engaging with existing local structures and ensuring that training and - awareness is embedded among key staff groups. Ensure referral, where appropriate, to interventions, structured assessment and structured interventions and faith-based programmes according to offender risk and need.</p>	<ul style="list-style-type: none"> <li>• In relation to NOMS' approach to the identification, assessment and management of extremist offenders, all High Security Prisons will ensure delivery in the key thematic areas of Intelligence Gathering &amp; Management; Offender Management and Public Protection; and Interventions &amp; Resettlement.</li> <li>• All High Security Prisons will ensure that any recommendations related to the identification, assessment and management of extremist offenders which are identified in year are implemented within reasonable timescale.</li> </ul> <p><b>Progress to be monitored Quarterly via the QSLAM process</b></p>	Yes
<p>6d, Increase the amount of commercial and economically beneficial</p>	<p>HMP Whitemoor will seek the opportunity through the CCC to provide real work opportunities in prison to prisoners in partnership with an external organisation by 31March 2015.</p>	

work in prisons undertaken by prisoners.	Investigating the possibilities during 2014/15 of formally delivering training to prisoners about being self employed.  <b>Target Date – Quarterly review</b> <b>Local lead Head of Reducing Reoffending</b>	
<b>6(e).</b> Support the delivery of efficiencies across the criminal justice system by increasing the use of prison video links.	<p>To monitor prison video link utilisation and work to achieve an increase in its use compared with 2013-14. This approach may see increased engagement with Court User Group Meetings / Magistrates visits / variation in operating hours and stakeholder groups but may also consider other innovation that reduces cost and risks to security such as showcased by HMP Frankland when they were previously able to innovatively bring 'the court to the prison'.</p> <p><b>Target date – Quarterly review.</b> <b>Local lead: Head of Operations 1</b></p> <p>In addition HMP Whitemoor will develop a strategy for extending use of video conference facilities by 30 June 2014 consistent with the NOMS Video Action Plan, ensuring that use is consistent with type of establishment and makes maximum usage of existing/planned facilities. The Head of Operations 1 will be the establishment lead for the NOMS video action plan and will establish and maintain relationships with the relevant stakeholders.</p>	Yes



**Table 7a: Mandatory Service specifications applicable under this Local Annex**

**The following specifications are mandatory for all establishments.**  
**For the full list of NOMS Service Specifications, please refer to the Ministry of Justice website:**  
<http://www.justice.gov.uk/about/noms/noms-directory-of-services-and-specifications.htm>

	<b>Service Specification</b>	<b>Implementation detail</b>	<b>Notes</b>
1	Early Days & Discharge – First Night in Custody	Existing service specification which remains in force	
2	Early Days & Discharge – Induction to Custody	Existing service specification which remains in force	
3	Early Days & Discharge – Reception In	Existing service specification which remains in force	
4	Early Days & Discharge – Discharge	Existing service specification which remains in force	
5	Cell and Area Searching	Existing service specification which remains in force	
6	Catering	Existing service specification which remains in force	
7	Visits – Services for Visitors	Existing service specification which remains in force	
8	Visits – Visits Booking	Existing service specification which remains in force	
9	Visits – Conduct Visits	Existing service specification which remains in force	
10	Prisoner Property Services	Existing service specification which remains in force	
11	POSOE – Communication & Control Rooms	Existing service specification which remains in force	
12	POSOE – Gate Services	Existing service specification which remains in force	
13	POSOE – Internal Prisoner Movements	Existing service specification which remains in force	
14	Residential Services	Existing service specification which remains in force	
15	Nights	Existing service specification which remains in force	
16	Prisoner Discipline and Segregation – Prisoner Discipline Procedures	Existing service specification which remains in force	
17	Prisoner Discipline and Segregation – Segregation of Prisoners	Existing service specification which remains in force	
18	Immigration, Repatriation and Removal Services	Existing service specification which remains in force	
19	Faith and Pastoral Care for Prisoners	Existing service specification which remains in force	
20	Physical Education	Existing service specification which remains in force	
21	Mandatory Drug Testing	Existing service specification which remains in force	
22	Prisoner Communications Services	Existing service specification which remains in force	
23	Management of Prisoners at Risk of Harm to Self or Others	Existing service specification which remains in force	
24	Security Management	Existing service specification which remains in force	
25	Activity Allocation	Existing service specification which remains in force	
26	External Movements and Appearances	Existing service specification which remains in force	
27	Manage Prisoner Finance	Existing service specification which remains in force	
28	Prisoner Retail	Existing service specification which remains in force	

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29	Enablers of national co-commissioned services in prisons	Existing service specification which remains in force	
30	Processing and Resolution of Prisoner Complaints	Existing service specification which remains in force	
31	Manage the Custodial Sentence - Categorisation & Allocation for Custody	Existing service specification which remains in force	
32	Manage the Custodial Sentence - Manage the Sentence Pre & Post Release from Custody	Remains in force until all outputs in new specification (Manage the Custodial and Post Release Periods) go live	
33	Manage the Custodial & Post Release Periods <sup>+</sup>	Some provisions go live April/May 2014, others from contract award	Outputs 22, 22a and 23 (relating to the new risk escalation process), output 8 (which covers the resettlement needs screening of prisoners and for remand prisoners was previously an output in the Rehabilitation in Custody Specification) and outputs 53/54 (jurisdiction is transferred in/out) will go live April/May 2014. The remainder of the specification will go live at the date of CRC contract award.
34	Rehabilitation Services - In custody	Go live April/May 2014	
35	Bail Accommodation Services (BASS)	Go live April/May 2014	
36	Prisoner Employment, Training & Skills	Existing service specification which remains in force	

<sup>+</sup> Note: 'Manage the Custodial & Post Release Periods' will replace 'Manage the custodial sentence - Manage the sentence pre & post release from custody', once new legislation in force and CRC contracts awarded.

**Table 7b: Service specifications applicable under this Local Annex**

For the following specifications, indicate which are applicable to the establishment by confirming Yes or No			
37	Specialist Units (HSE)	Yes	Existing service specification which remains in force
38	Bail Services	Yes	Go live April/May 2014
39	Deliver Accredited Programmes	Yes	Go live April/May 2014
40	Mother & Baby Unit	No	Existing service specification which remains in force
41	Deliver Victim Offender Conferencing (Restorative Justice)	No	Go live April/May 2014

**Table 7c: Service Options, above the national minimum**

(which are commissioned under this SLA)

Service specification	Output(s) commissioned	Service Option Commissioned [ YES / NO]
Cell & Area Searching	A risk assessed programme of routine area searching is agreed, documented and completed correctly. <b>HSE only</b>	Delivered as minimum in HSE
Cell & Area Searching	Assurance is sought through a risk assessed programme of covert testing. <b>Non HSE</b>	Delivered as minimum in HSE
Early Days & Discharge - First Night in Custody	One-to-one welfare support is provided within courts/custody suites to address immediate needs of the prisoner.	No
Visits - Conduct Visits	There are facilities for children to participate in supervised play whilst visiting a prisoner	Yes
Visits - Services for Visitors	Visitors are able to purchase snacks and hot/cold drinks prior to the visits period.	Yes
Visits - Services for Visitors	Visitors are able to purchase a meal and hot/cold drinks prior to the visits period.	Yes
Visits - Services for Visitors	Private meetings can be facilitated between visitors and Partner Agencies.	Yes
Visits - Services for Visitors	There are facilities for children to play whilst waiting to visit a prisoner.	Yes
Visits - Services for Visitors	Visitors receive information through a variety of media regarding relevant support services.	Yes
Visits - Services for Visitors	A Family Support Worker is available to support families.	No
Faith and Pastoral Care	Prisoners have access to a Resettlement Chaplaincy Scheme.	No
Mandatory Drug Testing	Prisoners found guilty of misuse of Class B and/or Class C drugs or who frequently refuse to comply with MDT testing may be subject to a Frequent Testing Programme.	Yes
Mandatory Drug Testing	Prisoners may be subject to Reception testing.	Yes
Prisoner Employment, Training & Skills	Prisoners have the opportunity to gain industry recognised and accredited qualifications through employment, training and skills according to risk and need.	Yes
Prisoner Employment, Training & Skills	Qualifications gained are aligned with market needs and within the Qualifications and Credit Framework	Yes
Deliver Accredited Programmes	Competent staff are contributed to the national training provision as agreed by the commissioner. <b>Output wording subject to revision</b>	Yes

**Table 7d: Agreed delivery hours for specified services**

Service Specification	Output	Agreed hours	Rationale (where hours are agreed above the minimum set within specifications)
Residential Services	Daily time in open air [minimum 30 minutes] (row 21 of the specification )	30 minutes daily in winter 1 hour in summer	Open air time planned to continue as in 13/14 for prisoners. HMIP expectation is 1 hour all year. Decency. 1 hour in summer possible due to longer daylight hours. No extra resources required.
Physical Education	Minimum number of PE Hours [per week] (row 1 of the specification) (as calculated using the SBC published spreadsheet product)	4 hours weekly	Minimum for High Security Estate

## 8. Activity Places (Work and Prison Services)

Table 8a: Agreed Activity Allocations Places										
INDUSTRIES (ONE3ONE)	HMP Whitemoor									
INDUSTRY SERVICE CODE	WORKSHOP NAME	Maximum number of prisoner places per activity (planned per week total for 2014-15)	TOTAL STAFF NUMBERS	CORE HOURS PER WEEK	Annual Internal Soft Charged Sales Predictions	Charged Sales Predictions	Annual External Sales Predictions	Annual Internal Soft Charged Materials Predictions	Charged Materials Predictions	Annual External Materials Predictions
Industries - Cleaning BICS	Industrial Cleaning Workshop 8	12	1	20.25	£0	£0	£0	£0	£0	£0
Industries - Enterprise/Contracts Services	Workshop 1	30	2	20.25	£0	£0	£35,000	£0	£0	£10,000
Industries - Laundry	Laundry	12	2	20.25	£36,000	£0	£0	£4,000	£0	£0
Industries - PICTA	PICTA	30	2	20.25	£0	£0	£750	£0	£0	£4,500

**Table 8b: Services (not industries)**

Table 8b CU095b (Hours Worked in Services) – this should contain services that are measured under this specific metric			
Activity Service Code	Service Description	Maximum number of prisoner places per activity (planned per week total for 2014-15)	CORE HOURS PER WEEK
HU1 Wing Activities			
HU2 Wing Activities			
HU3 Wing Activities			
HU4 Wing Activities			
HU5 Wing Activities			
HU6 Wing Activities			
Kitchen		20	20.25
Orderly Cleaners	Including HCC Orderly, Chapel Orderly, Library Orderly, Gym Orderly, Red bands	13	20.25
Recycling Activity			
Weekend Activity	Incorporated in to wing cleaning and orderly jobs		
Works Department			
Wing Cleaning	Including Wing Cleaners, Yard Cleaners, Wing Gym Cleaners, Centre 2's Cleaners	51	20.25
Other Occupations	Including Wing Servery, Wing Laundry, Wing Painters, CES workers	30	20.25
<b>Sub total</b>		<b>114</b>	

**Table 8c- other permanent activity places**

This will include other permanent weekly activities including OLASS activity places, ROTL places

<b>Table 8c: Other Activities</b>			
<b>This should contain activities that are not in scope of either CU095a (Hours Worked in Industry) or CU095b (Hours Worked in Services) metrics.</b>			
<b>Activity Service Code</b>	<b>Activity Description</b>	<b>Maximum number of FTE prisoner places per activity (planned per week total for 2014-15)</b>	<b>CORE HOURS PER WEEK</b>
Basic Key Skills up to level 2	Functional Skills E2 to L2	18	20.25
Core Education Classes	Music tech, ICT, Sports diploma, Media, ESOL, Business Studies, Mentoring, GCSE's, EPD	105	20.25
Education Induction Assessment		4	1
Education leading to accreditation	OU	1	20.25
PE Leading to QCA Qualifications	Active IQ Levels Entry, L1 & L2.	12	9
Skills training leading to Accreditation	Catering, Painting & Decorating, Plastering. (Laundry, BICS and PICTA hours captured in table 8a)	36	20.25
ROTL			
Prison Induction Courses/Interviews	NCS Interviews	4	1
Other	Over allocations, applicable in shops 1/2/4/8/5. (Note: Zero hours recorded for these spaces, as these prisoners simply back-fill space to ensure maximum capacity. Spaces are actual vacancies.)		0
<b>Sub total</b>		<b>191</b>	
<b>Table 8 Total</b>		<b>389</b>	

### Section 3: Regime Outline

The master record of the establishment's regime is on the NOMS Performance Hub and is subject to appropriate governance and change control. This table will document a "snapshot" of the agreed regime set following negotiations between HMPS and the Commissioner and effective at the commencement date of the SLA.

Guidance and Technical Notes relating to the Commissioned Regime Return will be available on the NOMS Performance Hub.

#### Out of cell session time summary by day

Day	Activity	Association	Domestics	Meal	Movement	Total Time Out of Cell
Mon	2h 22m	1h 33m	0h 03m	0h 24m	0h 15m	4h 39m
Tue	2h 20m	1h 40m	0h 03m	0h 24m	0h 15m	4h 44m
Wed	2h 07m	1h 23m	0h 30m	0h 24m	0h 16m	4h 42m
Thu	2h 22m	1h 32m	0h 03m	0h 24m	0h 16m	4h 40m
Fri	0h 17m	1h 49m	0h 08m	0h 08m	0h 00m	2h 24m
Sat	0h 57m	4h 21m	0h 04m	0h 46m	0h 10m	6h 20m
Sun	0h 57m	4h 54m	0h 04m	0h 41m	0h 15m	6h 53m

#### 5 day average time out of cell

Type	Activity	Association	Domestics	Meal	Movement	Total Time Out of Cell
5-day	1h 54m	1h 35m	0h 10m	0h 21m	0h 12m	4h 14m

#### 7 day average time out of cell

Type	Activity	Association	Domestics	Meal	Movement	Total Time Out of Cell
7-day	1h 37m	2h 27m	0h 08m	0h 27m	0h 12m	4h 55m

## Section 4: SLA Delivery Requirements and Levels at Commencement Date

The master record of the Delivery Requirements and Levels for this SLA is on the NOMS Performance Hub and is subject to appropriate governance and change control. This template will document a “snapshot” of the SLA Delivery Requirements and Levels set following negotiations between HMPS and the Commissioner and effective at the commencement date of the SLA.

Guidance and Technical Notes relating to the SLA Delivery Requirements will be available on the NOMS Performance Hub.

### Secure and Decent Custody

		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Total	Q1	Q2	Q3	Q4	National
CU001	Discharge to Court	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	100.00 %
CU003	Absconds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CU006	CAT A Escapes													0	0	0	0	0	0
CU007	Escapes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CU016	Mandatory Drug Testing (MDT)	4.75 %	4.75 %	4.75 %	4.75 %	4.75 %	4.75 %	4.75 %	4.75 %	4.75 %	4.75 %	4.75 %	4.75 %	4.75 %	4.75 %	4.75 %	4.75 %	4.75 %	
CU031	Control & Restraint (C&R) Training	80.00 %	80.00 %	80.00 %	80.00 %	80.00 %	80.00 %	80.00 %	80.00 %	80.00 %	80.00 %	80.00 %	80.00 %	80.00 %	80.00 %	80.00 %	80.00 %	80.00 %	
CU060	Tornado Commitment																		17.00
CU074	MQPL BME Score	16.50	16.50	16.50	16.50	16.50	16.50	16.50	16.50	16.50	16.50	16.50	16.50	16.50	16.50	16.50	16.50	16.50	16.50
CU056a	Security Audit - & Corporate Assurance (A&CA)	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	3.56
		3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
CU057a	Self Harm Audit	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	3.40



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	(A&CA)	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
CU067	HMIP Resettlement	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	2.95
		3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
CU075	HMIP Respect	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.79
		3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
CU077	HMIP Safety	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	2.92
		3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
CU078	HMIP Purposeful Activity	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	2.58
		3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
CU076	MQPL Safety	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	2.86
		3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
CU079	MQPL Decency	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	2.83
		3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
CU088	Violence Management																		

## Offender Management

		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Total	Q1	Q2	Q3	Q4	National
CU002	Release on Temporary Licence (ROTL)	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	100.00 %
CU043	Generic Parole Process (GPP)	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %
CU083	OASys Quality	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %
CU086A	Return of MAPPA Forms	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %
CU089	ViSOR Effectiveness (Prison)	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %

## Interventions

		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Total	Q1	Q2	Q3	Q4	National
CU019	Sex Offender Treatment Programme (SOTP) Completions																		942
CU021	Offending Behaviour																		
														48.00	48.00				6,456.00

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Programme  
(OBP)  
Completions

## Regimes

		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Total	Q1	Q2	Q3	Q4	National
CU013	Settled Accommodation on Discharge	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	90.00 %	
CU014	Training / Education on Discharge	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	
CU015	Employment on Discharge	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	
CU095a	Hours Worked In Industry																		

## General

		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Total	Q1	Q2	Q3	Q4	National
CR003	Staff Sickness Absence																		
CU036	Correspondence Response Times	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	95.00 %	94.44 %
CU063	Water Consumption																		
CU094	Energy Efficiency (CO2e)																		
CU081	Prison Cost Analysis (PCA)	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3