



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 Frankland

Local Establishment Annex 2014-15

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This document is the Local Establishment Annex 2014-15 to the High Security Estate 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

Table 1: Establishment Details	
Establishment name	HMP Frankland
Establishment type	High Security
Specialist function	Westgate Personality Disorder Treatment Service (WPDTS) unit; Close Supervision Centre designated cells, SOTP available, PIPE
Security Category / Categories:	Category A or lower/ Young Adults suitable for closed conditions or lower including Restricted Status
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.

Table 2a: Capacity Specification	
Certified Normal Accommodation	808
Operational Capacity	808

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.

Table 2b: Population Allocation Specification	
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.

Table 2c: Population Assumptions – Origin of the Population
<i>The population is mainly comprised of indeterminate prisoners with a substantial number of longer sentenced determinate prisoners . This establishment is a national resource and holds prisoners from any region according to operational need and has the Westgate Personality Disorder Treatment Service (WPDS) unit. As a dispersal prison will receive Adult prisoners sentenced at courts in any region, allocations will predominantly be those sentenced at courts in North East and surrounding regions. HMP Frankland will receive high security remand prisoners as required.</i>

Table 2d: Population Assumptions – Estimated Background of the Population

OCTOBER 2014							
	Cat A	Cat B	Cat C	Cat D	Male YO	Other	Total
Prisoners on remand, convicted unsentenced, or sentenced uncategorised	0	5	0	0	0	0	5
Prisoners sentenced to less than 12 months	0	0	0	0	0	0	0
Determinate prisoners serving 12 months or more but less than 4 years	0	0	0	0	0	0	0
Determinate prisoners serving more than 4 years	32	139	0	0	0	0	171
Indeterminate prisoners	202	420	0	0	N/A	N/A	622
Determinate and indeterminate Recallees	2	8	0	0	0	0	10
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	236	572	0	0	0	0	808
Resettlement	No	Reset %		NA	Reset No.		NA
Specialist Function	Westgate Personality Disorder Treatment Service (WPDTS) unit; Close Supervision Centre designated cells, SOTP available, PIPE						

SECTION 2: ESTABLISHMENT DELIVERY

Table 3: Local Response to Commissioning Intentions

CI Title & No.	Response to Commissioning Intention
<p>1a:</p> <p>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>	<ul style="list-style-type: none"> • Commitment to continue to engage all offenders and review their sentence plan with them at least annually drawing on all areas of the establishment to contribute to this process • Visibility of Senior Managers around the establishment who are able to satisfy themselves that all offenders at least know and have met their Offender Supervisor and have a current sentence plan • Categorisation and allocation decisions made on clear assessments of current risk with the emphasis on supporting a reduction in these • Frankland uses the IEP scheme to reward offenders who go that extra mile to help create a supportive, progressive and safe environment for all • Frankland facilitates a range of PCC meetings which help foster meaningful staff interactions with prisoners • Frankland facilitates and encourages Peer support networks such as Toe by Toe, Buddies, Listeners, OBP peer mentors • Senior Managers actively promote the rehabilitative culture through Zero Tolerance approach to violence and ensuring Equality through the SMT • Monitoring of the Equality Action plan by SMT, including ensuring strategies are in place to deliver across core business in line with Equalities legislation across all protected characteristics thus promoting a safe and decent environment • Safer Custody Manager holds prisoner forums to explore negative perceptions of safety. • Areas of weakness/non compliance addressed through consolidated action plan, briefings to staff / notices etc • Responsibilities for DLO widened to include all Residential Custodial Managers giving a whole prison approach and ensuring better understanding and support for offenders with identified needs. • Scrutiny of responses to DIRFs by external partner agencies and IMB support quality assurance checks by Head of Diversity. • Partnership working with Prison Probation and Care UK to ensure continuity of Care for prisoners on transfer / discharge • HMP Frankland will offer a range of accredited OBPs, guided by relevant segmentation data and local waiting lists demonstrating appropriate levels of risk and need. Completion targets are detailed in Table 4, evidencing the proposed delivery of Core SOTP, Extended SOTP, Becoming New Me, TSP, RESOLVE and SCP, demonstrating HMP Frankland's commitment to ensuring opportunity for prisoners across the establishment to access appropriate interventions, and to encourage motivation for rehabilitation in a predominantly longer term population.

- When any prisoner is segregated staff will engage with the offender from the first point of contact, this will be to establish and build a good working relationship. This first contact will be the building block for on-going constructive dialogue between the offender and the member of staff which will encourage the offender to “think about his actions and any potential consequences in the future”. Staff will contribute to Sentence Planning reports and boards when required to do so which will ensure risk and the needs of the offender is appropriately managed throughout sentence. Segregation Unit staff will actively assist offenders to address their offending whilst in custody by sign posting them to the correct departments for advice and assistance. Staff will ensure information is cascaded to all the relevant departments when new information comes to light about the offender, including Offender management, security department and psychology department. Staff will endeavour to ensure offenders located in the segregation unit are encouraged to demonstrate responsible patterns of behaviour daily this will encourage them to address their own behavioural issues and become part of the rehabilitative culture. Staff encourages offenders to participate / engage in OASys reports and sentence planning boards.
- Again, in line with zero tolerance of violence in Frankland and in support of MQPL and HMIP expectations the safety of the prisoner whilst in segregation and in Frankland generally is of paramount importance.

Westgate Unit and PIPE:

The Westgate Unit has applied for an Enabling Environment award. In doing this, staff are aware of the core standards required for a rehabilitative and therapeutic culture, and works towards embedding the Every Contact Matters. The PIPE unit have already achieved this award. Evidence will continue to be gathered within 2014-15 to ensure that all standards are maintained.

Both Westgate PD treatment service and PIPE have clear business plans that details outputs relating to rehabilitation work. Both unit hold daily staff briefings and all staff are trained to specifically work in a therapeutic way with personality disordered prisoners (e.g. PD and risk awareness, Managing self-harm, Mental Health first aid, Working with psychopathic offenders, Attachment Training, Conditioning and manipulation training, etc).

Multi-disciplinary case conferences and progression reviews (tied into sentence planning) are held for each prisoner. Each prisoner is assessed for their suitability for either PIPE or Westgate treatment interventions. For treatment, a full needs analysis is completed with the prisoner and shared with staff, and an individualised treatment pathway is developed. The Westgate unit operates a Good Lives and Development scheme (GLAD), which is a motivational tool, aimed to encourage prisoners to take responsibility for their own development, set treatment related goals, and monitor their own progress towards these. Each prisoner has a GLAD officer, who will support them in working towards their goals. GLAD reviews are held monthly, where a multi-disciplinary staff team will provide constructive feedback to the prisoner regarding their behaviour in relation to their goals, and the prisoner shares their view of their development.

Clinical management meetings are held monthly with senior members of the clinical and operational staff team. This is to discuss prisoner's individual treatment pathways, and make any necessary amendments to this. Decisions made in these meetings are communicated to staff and prisoners via prisoner's clinical case managers and staff briefings.

1b:

All who work with offenders consistently demonstrate behaviours and attitudes that support rehabilitation and desistance

- Senior Managers lead by example and ensure a high visibility in areas of prisoner activity especially residential areas during full unlock
- SMT fully support a whole prison approach to embracing the standards of practice of an 'enabling environment'
- Analysis of SMART data around Protected characteristics.
- Involvement of Prisoner Reps in pre meetings of DEAT. Safer Custody Manager works with Reps to identify any issues which may be resolved through joint approach. This works well and has significantly reduced the number of routine "issues" coming forward.
- Staff Performance and Recognition meeting consider nominations and ensure appropriate recognition given to staff who support the rehabilitation / desistance culture.
- Safer Custody Manager holds prisoner forums to explore negative perceptions of safety, something identified as a weakness by MQPL (score of 2 achieved in 2012 assessment)
- Approach to palliative care, ensuring prisoner patients are well supported and can attend Multi Disciplinary Team Meetings
- Training of staff in Palliative Care and Dementia is achieved and ongoing
- Responsibilities for DLO widened to include all Res Custodial Managers giving a whole prison approach and ensuring better understanding and support for offenders with identified needs.
- Establishment working with Health Trusts to improve provision of Services for Offenders with Gender Dysphoria.
- Involvement of families in supporting prisoners at risk of suicide / self harm
- Joint working with OLASS / Library providers to support events across the year across a variety of Diversity strands to support the rehabilitative culture. These are planned and reviewed to ensure Value for Money.
- Awareness sessions for staff and prisoners on the management of Transgender prisoners
- All staff who work in the segregation unit are selected via an interview and assessment process. Staff are assessed and selected on the basis of their competence to deal with difficult situations and their ability to form constructive relationships with prisoners positively and to encourage reasoned changes in prisoner behaviour.
- The maximum period an officer can serve on the segregation unit is 3 years but is subject to annual review. HMP Frankland recognises that working in segregation can be demanding for staff and appropriate support plans are put in place. Staff are trained and supported to be competent and knowledgeable in areas such as Race awareness / Diversity/Equality, suicide prevention and Mental health issues.
- Whilst a prisoner is segregated (removal from the wing) HMP Frankland will review the prisoners risk to others and the establishment for continued participation in a structured normal regime. Activities may include work, education and PE if deemed safe to do so. Segregation management and staff will also work with other providers within the establishment such as Healthcare, Drug and Alcohol Referral services , Mental Health staff and Manchester college to ensure an offender has the best possible management plan in place to progress back out of the segregation and back onto general population, whether that is at this establishment or another.

Westgate Unit and PIPE:

Westgate and the PIPE units have the following in place to ensure that the rehabilitative culture is supported, staff who work with prisoners are appropriately trained and are aware of the intended culture of the units, and staff-prisoner relationships are maintained in line with Every Contact Matters:

- All staff have to apply and are interviewed to work on each unit

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- Only staff that demonstrate an ability, and willingness, to work in a rehabilitative way with prisoners are selected to work on the unit
- Interviews are conducted by both operational and clinical staff to provide an MDT approach and viewpoints
- All staff, once selected to work on the unit, are asked to attend a Development Centre – an event which includes role-plays, interviews, and a report writing exercise. This is to further determine each staff member's ability to work in a therapeutic way with prisoners, and to assess their competence in doing so. From this, staff are appropriately placed on the unit in relation to the therapy they will be involved in and an individualised development/training plan is developed. Staff are supported through this plan by their line manager, the Programme Manager and Operational and Clinical Leads.
- All staff are required to attend training in: Personality Disorder and Risk Awareness; Working with Psychopathic Offenders; Mental Health First Aid; Working with Self-Harm; Attachments; Conditioning and Manipulation; Enabling Environments; KUF; Motivational Interviewing; Westgate/treatment Awareness in order to provide an awareness of the populations on both units and effective ways of working with such prisoners in a way that encourages participation within structured activities, and offence-focussed work.
- Staff's engagement in the therapeutic regime on both Westgate and PIPE units are detailed within individual SPDR's
- Staff who facilitate interventions are specifically trained to do this.
- Selected staff are trained to support interventions in the prisoner's living environment to encourage and consolidate their learning from formal therapy.
- Staff are made aware that all behaviour is to be understood and discussed – staff receive training and supervision to do this in collaborative, rehabilitative ways.
- Therapy staff receive supervision and counselling (as per audit requirements). Counselling is open to all staff. Within 2014-15, Westgate aims to develop supervision processes for all staff working on the unit, whether involved in formal therapies or not. PIPE staff are already offered this service.
- A Westgate specific PCC is operational, allowing prisoners to provide feedback to staff and raise any arising issues.
- The PIPE unit operate prisoner-led discussion sessions (including staff involvement), which also allows for feedback to be given to staff and issues to be raised in a safe and therapeutic way.

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<p>1c: Efforts are made to ensure offenders experience the environment as safe.</p>	<ul style="list-style-type: none"> • Measuring of compliance with ACA / Management Integrity checks to ensure delivery and monitoring of relevant action plans including HMIP / MQPL / are done via SMT and Safer Prisons meeting, briefings / Notices / Governor's Orders to staff produced as required. • Violence management data is quality checked by Safer Custody lead, any inaccuracies are followed up directly with relevant staff and reported to SMT on monthly basis. Published to staff and prisoners in appropriate format • Safer Custody issues discussed on daily briefings with custodial managers, coaching of staff as necessary. • Daily review of Intelligence Reports highlights any issues for information or action by Safer Custody managers. • Safer Prisons Meeting reports and monitors relevant information, analysing data and initiating action where relevant. • Promotion of Zero Tolerance policy to ensure that staff are confident to exercise their authority and there is consistency across the establishment. • Well embedded procedures for Multi disciplinary approach to identification and management of those "critical few" offenders who raise concern that they present a raised risk of significant harm to staff / prisoners/ themselves • Prisoner forums held to explore and consider negative perceptions of Safety (as highlighted by MQPL)
<p>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.</p>	<ul style="list-style-type: none"> • Funded Operational Band 8 as Public Protection Functional Head with responsibility for full compliance with Public Protection Management • Public Protection operational team embedded in Offender Management Unit acts as single point of contact/ advice point for establishment staff and interested agencies • Joint working by ViSOR trained staff in both OMU & Intel departments • All Risk Management Plans informed by wider risk assessments undertaken on profile offenders and subject to Multi-Disciplinary Team (IDRMT) discussion as part of their formulation • Emerging concerns raised through Incident Reporting are forwarded to the Public Protection team by Intel analysts for IDRMT consideration • All offenders are subject to an annual multi-disciplinary sentence plan review that assesses current risk and determines categorisation and allocation for the following year
<p>1e: Intelligence is gathered, developed and shared in a safe and timely manner.</p>	<p>HMP Frankland 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>

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<p>1f: The availability of drugs and mobile phones in prisons is tackled.</p>	<p>HMP Frankland 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>
<p>1g: Prisoners are prevented from continuing criminality from within prisons.</p>	<p>As above</p>
<p>2a: There is evidence of effective coordination of delivery of services and integration of providers locally, regionally and nationally to maximize outcomes for offenders</p>	<p>Frankland continues to work in partnership with NHS England to strengthen and develop delivery of social care to prisoner groups with need specifically older prisoners and those with learning difficulties</p> <p>Frankland have regular Partnerships meetings with agencies and third party providers that feed into the culture of rehabilitation. Actions falling out of these meetings are shared and progressed across the prison as appropriate thus contributing further to a rehabilitative culture through staff and prisoner engagement.</p> <p>Frankland continues to work in partnership with health providers through the commissioning cycle, undertaking strategic commissioning to assess needs and decide on priorities, specifically the strengthening and development of delivery of social care to older prisoners and those with identified Learning Disabilities. Monitoring of outcomes is through regular Partnership meetings with agencies and third party providers.</p> <p>New ways of working are embraced with identified providers by involving them in service development with all internal/ external stakeholders, providers are treated as equal delivery partners and are invited to contribute to service development/ innovation to meet prisoner's needs and reduce cost. In a number of commissioned services, seconded HMPS staff work alongside partners to support and facilitate delivery i.e. Healthcare and visitor centre services.</p> <p>Shared working arrangements are detailed in local policies and procedures, e.g. partnership agreements with NHS providers and a number of memorandums of understandings with external partners. The communication of joined up working targets with delivery partners is key, this is achieved by presentations at full staff meetings, shared protocols, use of the internal communication system and the inclusion of all partnership staff at all relevant establishment meetings including the security committee meeting.</p>

	<p>To support our partners to deliver within the High Security setting of Frankland we adopt a flexible risk based approach to support delivery for prisoners without compromising the security aspect of our business.</p> <p>Frankland promotes a culture of enterprise and employability through a local strategy. In conjunction with our education partners, job descriptions have been created for all prisoner work activities to set expectations and career progression opportunities. These will help to up-skill the workforce to be able to meet production targets, and where there is evidence of below entry level learning, prisoners will be signposted to the Enterprise Studio on a day release basis to help improve learning. Awareness sessions to communicate the strategy have been completed with OMU staff to ensure the 'fit' with the sentence planning process. Substance Misuse Services are delivered by NHS contracted suppliers that assess need for all prisoners on arrival and deliver both 1 to 1 and group interventions as required aimed at supporting good health and enabling access to all aspects of the prisoner journey as experienced at HMP Frankland.</p>
<p>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.</p>	<p>Few prisoners are released from Frankland into the community. Those that are, are subject to strict MAPPA considerations that will determine what activities it will be safe for the offender to access on release.</p> <p>PERTEMPS & DWP have access to all but broadband communication systems as these are not technically available at Frankland.</p> <p>Transforming Rehabilitation and Universal Credit will have little if any impact on Frankland.</p>
<p>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</p>	<p>Substance misuse services commissioned by NHS on a North East regional basis and delivered locally by a number of service providers under the DART umbrella.</p> <p>'Addaction' currently co-ordinating the work of service providers on behalf of commissioners and provide a co-ordinator on site full time for this purpose.</p> <p>Operational Manager Band 8 oversees delivery on behalf of the Governing Governor and chairs the local drug strategy team who ensure all areas of the establishment co-ordinate their work in this area. Governing Governor is a member of the Frankland Partnership Board that oversees all health provision into the establishment including that of substance misuse recovery.</p> <ul style="list-style-type: none"> • There are Prison Partnership Steering Groups held every quarter which incorporates the key stakeholders / commissioners in relation to healthcare / substance misuse delivery. This includes Health providers, NHS Commissioners / Public Health

<p>substance misuse services) in custody support both health and justice outcomes</p>	<p>England / Substance Misuse Commissioners and HMPS. This forum is to discuss strategic issues which influence the delivery of healthcare services on the prison and prison delivery on healthcare services. This forum helps to influence change and manage conflicts of interest proactively in order to achieve the aims and objectives for each key performance targets.</p> <ul style="list-style-type: none"> • There are Service Level Agreements and Service Specifications in place between NHS Commissioners and HMPS for both Healthcare and Substance Misuse delivery. • Work has commenced between NHS / NOMS Commissioners in relation to the interim management of Social Care Provision in the North East and how the service is proactively developed for when funding is allocated via Local Authorities. It has been established that NOMS Commissioners are responsible for ensuring this provision is developed, however NHS England are providing support to NOMS regarding initial social care assessments and packages of care with Local Authorities, for NOMS Commissioners to support and provide from provision and funding perspective. • Re procurement of the Offender Health Contract is currently underway for the North East Region. This remains in the early stages, however will continue to work with NHS Commissioners in relation to this procurement process and current healthcare provider in order to maintain clinical standards and delivery during this procurement period. NHS England Commissioners are engaging with Governing Governors regarding this process. • Drug Strategy forum held every month with key stakeholders i.e. Care UK, HMPS (residential wings, dedicated search teams, Security) and Substance Misuse Partnership Manager. This is a useful forum where information sources can come together to share information regarding intelligence, illicit drug use, and problematic individuals where they are involved in other areas of intelligence across the prison. • There is a Medicines Management agenda in helping to reduce the diversion of tradable prescription medication across the prison. This agenda includes establishing the key infrastructure and pathways within the medical records, medication compliance checks, appropriate prescribing including consultations, clinical examinations and prescribing practices. GPs are appropriately being challenged regarding prescribing practices. All in possession risk assessments have been completed, with all IP compacts being signed. Work is underway with the Gymnasium regarding activities which prisoners are undertaking in the gym, but a clinical medical condition / injury could be affecting what activities they participate in and individuals are taking high levels of pain killers to help them achieve their physical requirements, however compromising their diagnosed medical conditions. All this information is reflected in Drug Strategy minutes and Local / Regional Medicines Management meeting minutes.
<p>2d: In England – Work together with local authorities to ensure that adult offenders and defendants with care and</p>	<p>Establishment to scope work currently undertaken by NHS, contact the Local Authority and begin exploring how to ensure services are not interrupted due to this change</p> <p>Some work has been completed with the local authority in regarding those identified as being vulnerable adults. The work of identifying, assessing and supporting prisoners with wider social care needs cannot progress further until the Care Bill is passed; the Care Bill seeks to promote equivalence of care for offenders. Unfortunately, until this Bill has passed, it makes the prospect of achieving the minimum expectation for every prison to have arrangements for suitably qualified staff to assess prisoners social</p>

<p>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</p>	<p>care needs, increasingly difficult without additional funding. It also makes the ability to accurately assess the level of need within the establishment more difficult.</p> <p>Please also note paragraph 2c point 3 re social care and current NHS involvement.</p> <p>We do have well established arrangements for the provision of urgent personal care services to individuals with a high level of need such as the need for assistance with day to day essentials (i.e. eating,). This includes assistance with collection of meals, washing clothing, pushing wheelchairs to Healthcare appointments etc. Quite often this is provided by another prisoner formally employed on the Buddy Scheme following strict risk assessment. Alternatively, staff and nurses provide any support that is required. There is a designated landing within the VP estate to accommodate individual specific needs relating to their disability, illness or the aging process. The landing houses 36 prisoners within a residential unit, the Buddies scheme is well utilised on the landing to assist older prisoners. There are two association rooms on the landing; one is used as a communal area to for out of cell activities away from the rest of the wing population. The other association room is used for wing based work area to make cards, this allows for on site work activates for specific needs prisoners. Prisoners on this landing have difficulty in accessing gainful employment due to current illness and age related health concerns. Although these prisoners are unable to access the general workshops etc because of their health concerns they are still able to carry out lighter duties in the card shop. There are a number of support groups for the older prisoner population including a nostalgia group to allow prisoners to get together and share life experiences. The PE department include scheduled sessions for the older prisoner population within the PE programme. At present there are 71 prisoners located at HMP Frankland aged 65 and over, the oldest being 76</p> <p>A needs assessment has been completed historically that led to both physical and operational changes being undertaken. Some of those that required significant capital have yet to be achieved. We currently have four cells which are specially designed to assist prisoners with specific needs. These cells are located on J wing and have appropriately placed in-cell alarms, disabled shower facilities and disabled toilet facilities.</p> <p>The Health care department have recently converted two cells into one to ensure a fully functional Palliative care suite is on site. This facility will cater for prisoners who are on the palliative care register and require high levels of nursing care, or for patients on the End of Life pathway. This facility enhances the existing facilities due to accommodating end of life care management, where prisoners are not granted ROTL or ERCG. This facility can accommodate visiting families / significant others, again when patients are palliative or on the end of life pathway.</p>
<p>2e: In England - Work with Local Authorities (LA's)to</p>	<p>Chaplaincy Team now includes a 'Family Link Worker' to act as the interface between prisoners and their families in a manner that does not compromise Public Protection and Safeguarding Children measures.</p>

<p>promote inclusion of, and maximise benefits to, offenders' families</p>	<p>NEPACS facilitate regular prisoner visitor forums.</p>
<p>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</p>	<p>Please see Table 4b for details of the services offered within both PIPE and Westgate PD services.</p>
<p>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</p>	<ul style="list-style-type: none"> • Working together with Lead Governors, Regional Heads of Learning & Skills, OLASS Management and other key partners to continue to develop and implement local delivery arrangements for Educational Services at Frankland. This includes the continued development and implementation of Local strategies and plans in supporting educational outcomes for prisoners. • Yearly curriculum review meetings are planned and are attended by all key stakeholders to discuss and agree the curriculum for each academic year. Suitability of all courses are reviewed against demand and learner need. Performance and Funding data including allocation, attendance and efficiency is analysed. • Good Partnership working with internal stakeholders including Offender Management Unit will assist the establishment to focus on prisoners basic educational needs and set targets via the Sentence Planning Process. Job Descriptions for all Prisoner work activities are being adhered to with a view to mirroring employability expectations and progression opportunities that are

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<p>strengthen the focus on employability. Enhance access to mainstream learning and employment services for offenders on return to the community.</p>	<p>available outside of custody, helping better prepare prisoners.</p> <ul style="list-style-type: none"> Quarterly Quality Improvement Group Meetings are held throughout the year to review performance and help towards continuous improvement of services and delivery. These meetings are attended by key stake holders responsible for both in scope and out of scope provision.
<p>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.</p>	<ul style="list-style-type: none"> Main focus is on internal employment market either at Frankland or at other establishments. Business innovation centre employs Frankland offenders in undertaking administrative work that supports the regional prisons business strategy IEP scheme closely linked to encouraging all prisoners to work at Frankland Commercial & Contracts Manager active in sourcing suitable commercial contracts to both up-skill workforce and embed working ethos
<p>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.</p>	<p><u>Psychology & Programmes</u></p> <p>The proposed delivery plan for 2014 – 2015 is driven by local need determined via segmentation data and local waiting lists.</p> <p><u>SOTP</u> – whilst suitability in terms of risk is assessed via RM2000, the fact that segmentation data identifies 183 of the 221 sexual offenders are MEDIUM or higher on OSP evidences a sufficient need for SOTP delivery.</p> <p><u>RESOLVE</u> – 228 of the 474 violent offenders fall within the optimum OVP range for RESOLVE. It is also likely that some offenders who fall within the LOW OVP will be suitable for override for the programme due to the ROSH assessment, given the nature of our offending population within High Security.</p> <p><u>SCP</u> – 47 of the 474 violent offenders are 60% or higher on OVP, suggesting a need for SCP. Similar to RESOLVE, it is likely that due to ROSH assessment and more comprehensive assessment of the risk of violence through HCR20 that SCP will also be appropriate for offenders who currently fall within the lower OVP bands.</p> <p>TSP – 273 prisoners are currently assessed as higher than 50 on OGRS. It is likely, in line with other programmes, that there will also be prisoners who may be appropriate for override to allow them the opportunity to participate in TSP.</p> <p>Further details regarding interventions are noted in Tables 4b and 5.</p>

Westgate Unit:

The Westgate clinical framework was developed under the What Works principles in relation to addressing offending behaviour, and with consideration to research exploring effective practices in treating individuals with personality disorder.

The Westgate unit offers accredited interventions – Chromis, including:

- Motivation and Engagement
- Problem Solving
- Handling Conflict
- Creative Thinking
- Chromis Schema Therapy

The Westgate also offers non-accredited interventions – all of which are evidence based, have theory and practice manuals, and are internally audited. These include:

- Psycho-education (Boundary Setting, Introduction to Treatment, PD and Risk Awareness)
- Social Competence
- Relationship and Intimacy Skills
- Emotion Modulation
- Iceberg (Substance misuse)
- Progression Maintenance

The Westgate unit also offers a range of therapies, designed to address responsivity issues that prevent prisoners from engaging in the above offence-focussed work. These include:

- Substance misuse and stress management
- Skills rehearsal groups
- Dialectical Behaviour Therapy (DBT)
- Cognitive Behavioural Therapy (CBT)
- Eye Movement Desensitization Reprocessing (EMDR)

Westgate also offer complimentary therapies, such as parallel therapy (exercises designed external to formal treatment to help prisoners practice skills) and GLAD (motivational tool designed to encourage prisoners to take responsibility for their own development in treatment by setting treatment related goals, which is shared with staff in order that they can support prisoners in working towards their goals).

	<p>All prisoners will undergo a full assessment of risk and personality to determine their suitability to engage with treatment on the unit (in relation to risk and severity of disorder). All prisoners who meet criteria will have a treatment plan developed based on their individual formulations of risk and need.</p> <p>With regard to Westgate - all non-accredited interventions run on the unit are evidence based, are internally audited by the Programme Manager and Treatment Lead, and researched as to their effectiveness. Results of audits are delivered within SLA meetings with PD commissioners and central team. All have theory manuals that link with the practitioners guide for delivery.</p> <p>Frankland will deliver the Healthy Identity Intervention and pilot the Ibaana Programme when developed to help address risk for the extremist population and in addition deliver faith programmes including Tarbiyah to help promote non extreme understanding of the Islamic faith. We are committed in supporting any national evaluation of these interventions and welcome the opportunity to do so.</p> <p>Substance misuse services are designed using evidence based interventions as defined by NHS NICE guidance and best practice currently delivered both on a dedicated wing and as outreach activity in line with the recovery and abstinence agenda for drugs, alcohol, and prescription medication. Service supported by the principles of mutual aid and peer mentorship.</p> <p>We are committed to provide only cost effective and evidence based accredited interventions, which are likely to deliver the best outcomes for offenders. We deliberately chose not to deliver the non-accredited Sycamore Tree programme during 2013/14 due to the lack of evidence to support its efficacy and the fact that NOMS were commissioning an external evaluation of the course.</p> <p>Frankland's psychology department can provide 1 to1 motivational / engagement intervention sessions based on clinical need</p>
<p>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.</p>	<ul style="list-style-type: none"> • All Accredited Programmes are audited in line with national guidelines thus ensuring consistency with regard to quality. • Any issues raised during audit are action planned and followed up as part of the national process. • Issues from both MQPL and HMIP inspections are also action planned and both locally and centrally monitored.

3c	N/A
<p>5a: individual need and characteristics are identified, assessed for significance and monitored</p> <p>5b: information on individual need and characteristics is used to sequence and adapt service to individual need</p>	<ul style="list-style-type: none"> • Good partnership working with OLASS and Library Services to assist in identification / assessment of offenders with Learning difficulties / and or disabilities through a range of assessment techniques. Aids / support provided as required. • Concern about individuals raised with Head of Safer Custody and IDRMT (Interdepartmental Risk Management Team) initiated where necessary to ensure appropriate management / care plans put in place. (involving internal departments and external services where appropriate) • Analysis of SMART data around Protected characteristics and monitoring of SMT • Involvement of Prisoner Reps in pre meetings of DEAT (Diversity & Equality Action Team) Safer Custody Manager works with Reps to identify any issues which may be resolved through joint approach. This works well and has significantly reduced the number of routine “issues” coming forward. • Staff Performance and Recognition meeting consider nominations and ensure appropriate recognition given to staff who support the rehabilitation / desistance culture. • Awareness sessions for staff and prisoners on the management of Transgender prisoners • Reception & First night procedures identify specific needs and characteristics • Education screening conducted on all Inductees • Diversity group meets at least monthly and cover needs and analysis of offenders falling into protective characteristic groups • Specific needs staff/ prisoner consultation groups facilitated as needed e.g. Foreign National Prisoner Forum • Sentence planning processes used to ensure effective sequencing of services • Education curriculum, range of activities and OBPs tailored to meet specific need
<p>6a:</p> <p>Engage with existing local structures and ensure that training and awareness is embedded among key staff groups, in order to deliver on the identification, assessment and management of extremist offenders. Ensure referral, where</p>	<p>In relation to NOMS’ approach to the identification, assessment and management of extremist offenders, HMP Frankland will ensure delivery in the key thematic areas of Intelligence Gathering & Management; Offender Management and Public Protection; and Interventions & Resettlement, as assessed by NOMS HQ.</p>

<p>appropriate, to interventions (including Channel), structured assessment (including Extremism Risk Guidance (ERG22+) and structured interventions including Healthy Identity Intervention (HII)) and, within prisons, faith-based programmes (including Tarbiyah & Ibaana) according to offender risk and need.</p>	
<p>6b: Deliver victim-offender conferences (Restorative Justice) where capacity exists and develop partnerships and a supportive environment to enable delivery where in-house capacity does not exist</p>	<p>HMP Frankland has previously demonstrated our willingness to accommodate restorative justice face to face communications and will do so when approached again. Previous experience has identified our ability to support both the victim and the offender while managing the complexities of the process including clearance and entry procedures for the visitors, an area of the current visits complex would be utilised to facilitate all meetings.</p> <p>With the Head of Offender Management Unit as lead, Frankland recognises the value of RJ strategies and have ensured that key delivery leads have an appropriate awareness of the RJ mechanisms available co-ordinated through our Offender Management Unit. The establishment catchment is national and we therefore operate effective partnership working with a variety of NOMS Probation regions who in turn work with a wide variety of RJ delivery organisations.</p> <p>Our population mix as identified through segmentation and local analysis has a majority of offenders who are responsible for direct victimisation, serious sexual offending and intimate partner violence including murder. Offenders are typically at the beginning of a process of personal change and many continue to deny responsibility for their offending. On this basis we take a cautious case by case risk assessment lead approaches to these processes.</p> <p>The establishment has in place appropriate processes and facilities to enable face to face conferencing to take place requested by Police/Probation. To date though a small number of cases have been taken forward through the appropriate stages of communication, risk assessment outcomes have shown that to proceed further would have been inappropriate.</p> <p>In the case where face to face conferencing is considered inappropriate, alternatives are explored such as letter writing.</p>

6c	N/A
6d: Increase the amount of commercial and economically beneficial work in prisons undertaken by prisoners.	See Table 6.
6e: Support the delivery of efficiencies across the criminal justice system by increasing the use of prison video links.	<ul style="list-style-type: none"> • HMP Frankland has commenced the Digital Efficiency Action plan for the use of PCVL .The action plan has been developed to run and be achieved with in the next 12 months which will deliver Year 1. • Frankland currently challenge any court request for an appearance by requesting a VL as opposed to an escort. The data is collected will be analysed at the end of year 1 • Frankland VL is currently used for Court / Inter prison visits / legal visits. We do not conduct Probation meetings due to insufficient resources. • A business case is to be put forward for further development of PCVL for the use of Parole hearings.

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.

Rehabilitation Services in Custody	Name of Service Service Description	Commissioning Arrangements (NOMS Locally, Regionally or Co-Commissioned)
Staff support and encourage prisoners to participate fully in rehabilitation services	<p>Frankland has a strategic approach to creating and promoting a rehabilitative culture. As part of this process, all departments have identified business and performance objectives which reflect this service level agreement.</p> <p>The induction process is the starting point for identifying rehabilitative need. This information is shared with all who work with the prisoner so that they can encourage and support engagement with appropriate services. Such needs should be recognised via the Sentence Planning Process with SMART targets set to help promote risk reduction and identify positive life goals.</p> <p>Processes such as Sentence Planning and the IEP scheme are used to help empower all working with prisoners to apply fair and consistent approaches designed to encourage meaningful and constructive engagement and progression</p> <p>Staff make effective use of information sharing (such as the observation book, handover / daily briefing sheets) and monitoring mechanisms as part of their core tasks that contribute to a safe and decent environment.</p> <p>Psychology, OMU and DEAT amongst others, will provide information to staff and prisoners on the different rehabilitative services available and will keep up to date records in terms of prisoners' stance</p> <p>A multi disciplinary OMU is in place with sentence planning as its core function.</p> <p><u>A Wing and the PIPE Unit have both achieved the Enabling Environment (EE) award and we aim to roll out the underpinning principle of EE across the whole establishment by the end of 2015. Currently 4 areas are aiming to achieve the award before this date.</u></p> <ul style="list-style-type: none"> Westgate have a clear Business Plan and SLA agreement with the Personality Disorder central team which details the rehabilitative work that Westgate will be aiming to achieve within 2014-2015 (including assessment and treatment interventions). The Business plan is developed by the Westgate and PIPE management teams, in collaboration with the PD central and the National Chromis team. Outstanding rehabilitative need is identified and discussed with prisoners through a comprehensive assessment and treatment needs analysis prior to prisoners engaging with their treatment pathway. Assessment teams are multi-disciplinary, including psychology, healthcare, and operational staff, and the work is done in collaboration with the individual prisoner involved. The 	

	<p>information from this process is openly shared with the prisoner, and with all staff involved in their treatment pathway so that the prisoner can be encouraged and supported to engage in the interventions appropriate to them, and their learning can be supported within their daily activities. On the PIPE unit, a case formulation is developed with a prisoner, highlighting their areas of strength and development – this is reviewed 6 monthly, and shared with the staff team in order for them to actively encourage positive behaviours and be aware of risk-related behaviour to observe and monitor.</p> <ul style="list-style-type: none"> • Risk management – all staff will make effective use of information sharing (such as the observation book, thrice daily staff briefings, C-Nomis entries, case conferences, sentence planning reviews, post treatment reviews) and monitoring mechanisms (e.g. Behavioural monitoring and feedback to prisoners of their risk-related behaviours and behaviour that evidences positive change) as part of their core tasks that contribute to a safe and secure, decent rehabilitative environment. All staff on the Westgate and PIPE units will have appropriate access to this information. • On the Westgate and PIPE units, an integrated IEP system is operated that ensures all staff and prisoners have the ability to influence attainment levels through engagement with rehabilitative activity. A Good Lives and Development (GLAD) system is also operated that is a motivational tool aimed to encourage prisoners to take responsibility for their own development in treatment and consolidation of skills learnt. Prisoners, in collaboration with staff, set treatment-related goals that they work towards. These are reviewed on a monthly basis. • To embed the concept of “Every Contact Matters”, the PIPE unit has successfully achieved an Enabling Environment award. Evidence will continue to be gathered to ensure that the standards achieved to warrant this award are maintained. Westgate PD treatment services are submitting a portfolio to be considered for an Enabling Environment in November 2013. • Staff expressing an interest in working on the Westgate treatment and/or PIPE units, will be interviewed to determine their suitability for working with the PD population and their capacity to work in therapeutic and rehabilitative ways. Following a successful interview, all staff who will be working with prisoners will be required to attend a Staff Development Centre in which their therapeutic strengths and development areas will be assessed. From this, a training plan will be generated for each staff member, and consideration will be given in relation to therapeutic tasks they will be involved in. This ensures that appropriately trained and competent staff members are delivering specific areas of the PIPE/Westgate intervention frameworks. 	
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<p>Prisoners are made aware of their responsibilities in engaging with and accessing services</p>	<ul style="list-style-type: none"> • Prisoners are not accepted onto the PIPE or Westgate units without their consent. Prisoners are worked with collaboratively throughout their stay on both units – recommendations for interventions are discussed openly and progress reports disclosed fully. At induction, prisoners are provided with information leaflets detailing services and activities open to them. They are also provided with advice as to who their personal officer is, their mental health nurse, offender supervisor and psychological case manager. • The Westgate Unit ask both staff and prisoners to agree to working within the Conditions of Success (open communication, respectful behaviour and active engagement). These are publicised through the unit, including living, therapy and activity areas. Both staff and prisoners are made aware of the potential consequences of not working within these conditions. • All staff (including students and volunteer staff) receive training on working the PD and psychopathic men, and of the Westgate/PIPE's rehabilitative ethos. This is reflected in their contracts, job descriptions and via the SPDR process. • The GLAD system, as detailed above, encourages prisoners to take active responsibility for their learning and development, and allows staff working with them on a daily basis to be aware of prisoner's risk-related treatment needs, so that they can support continued development. • Prisoners are encouraged to be actively involved in all Sentence and Treatment Planning and within their progress reviews. They are also encouraged to involve their significant others in this process by their involvement in family days and communication of therapeutic work they are involved in. • We will measure the impact we are having by monitoring sentence planning objectives including progress against sentence plan and completions, frequent risk assessments (3 x during a prisoners stay on the Westgate unit), and progress reviews. The Westgate and PIPE units are also commissioning research (both internally and externally driven) to evaluate the effectiveness of aspects of the PIPE and Westgate regimes. • Through our Every Contact Matters agenda we will aim to ensure prisoners receive consistent messages. Westgate/PIPE have one monthly lockdown day for staff training to ensure that mandatory training is received by all (including training focussed on working effectively with the PD/psychopathic male population, and awareness of the interventions offered on both PIPE and Westgate units). Creating an Enabling Environment ensures that staff are working with prisoners to understand behaviour and encourage positive change. • All communication with prisoners is accessible and responsive to their diverse needs. All staff are supported to ensure their engagement with prisoners is effective through a Crib Sheet developed by the Westgate/PIPE referral team, and the development of a Responsivity Plan, which provides details of a management plan that both staff and prisoner have responsibility for to encourage effective communication between staff and prisoners. 	
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<p>Prisoners anti social attitudes, thinking and behaviours are addressed by staff through pro social interaction and engagement</p>	<ul style="list-style-type: none"> • The Westgate Unit's Conditions for Success reflects commitment to maintaining a rehabilitative and therapeutic culture and is publicised in key places across the unit to act as a reminder for all staff and prisoners of what is expected. Within all interventions offered on the Westgate, this is re-emphasised which helps to ensure that it becomes embedded into fabric of the prison. • The Behavioural Monitoring and GLAD systems encourage staff and prisoners to see that behaviour is to be understood, and learnt from. Regular supervision and debrief meetings for staff ensure that prisoners are managed in a consistent way, and communication is effective and appropriate to the prisoners responsivity needs, and that staff themselves are pro-socially modelling behaviour. • Interventions on the PIPE and Westgate Units are all designed to address antisocial and risk related behaviours, and encourage the achievement of a pro-social lifestyle. • The interview and staff development centre ensure that staff are appropriately placed within the clinical framework and that development needs are highlighted and training offered to encourage a therapeutic, rehabilitative style of working with prisoners on the units. • Measurement of impact will be assessed through a number of commissioned research projects, and through continued behavioural monitoring of prisoners, sentence planning/progress reviews and follow ups of prisoners who have 'graduated' from PIPE/Westgate Units onto progression sites. • Staff receive training (e.g. PD and risk awareness, Working with psychopathic offenders, Treatment and Westgate/PIPE awareness, Case formulation, Group Processes, Conditioning/Manipulation, Attachment training) to provide them with the knowledge and skills to work in pro-social ways with the client group on the Westgate/PIPE units, and enable them to challenge antisocial behaviour appropriately and meaningfully, without damaging therapeutic relationships. 	
<p>Prisoners can access appropriate services that enable them to seek suitable employment and/or training for release.</p>	<p>Frankland's aim as a Dispersal prison is to offer prisoners the opportunity to reduce their risk to others and move through the prison system for eventual release into the community at an open or resettlement prison.</p> <p>Our focus is on accredited employability training for the internal employment market delivered through the education contract practical that begins their journey to eventual employment on release. Prisoners also have the opportunity to acquire a range of practical woodworking and upholstery skills through employment in our production workshops, where items for the internal and external market are manufactured. Prisoners working in the kitchen can gain an NVQ in Hospitality & Catering</p> <p>Our Employment and Enterprise Strategy ensures services meet the needs of offenders in terms of employability</p> <p>OLASS provision of basic skills (level 1) training which enables prisoners to engage with the regime as well as providers of rehabilitative services</p> <p>Toe by Toe – peer mentoring reading scheme</p>	

Prisoners can access services that enable them to manage housing needs created as a result of their custody.	Few prisoners will arrive at Frankland directly from Police cells and these will only be Provisional Category A prisoners being remanded into custody on their first court appearance in the North East area. Their Induction will include exploration of any residual housing need and support will be given by their Offender Supervisor as required.	
Prisoners can access services that enable them to seek settled and suitable housing for release.	The primary aim of Frankland is to progress offenders through the prison system as risk is reduced therefore there is little or no need for accommodation services. Determinate sentenced prisoners still requiring to be located at Frankland at time of release will have been subject to MAPPA and will be placed in approved accommodation as directed.	
Prisoners can access services to enable them to address personal financial management issues created as a result of their custody.	Almost all prisoners arrive having spent an extended period in custody at a Local or Core Local establishments where these issues have already been addressed. Durham County Credit Union (sourced through the Citizens Advice Bureau) enable the opening and management of bank accounts for specific purposes following suitable risk assessment	
Prisoners can access available services which enable them to address their family welfare and family support needs.	Continued engagement with the 'Troubled Families' programme teams covering both Co Durham and Northumberland as source of advice and assistance Domestic Visits including targeted 'Family Visits' days during school holidays Prisoners' immediate families are invited and encouraged to contribute to sentence and resettlement planning objectives Chaplaincy Team includes a Family Support Worker	
Prisoners have equivalence of access to health services in custody as in the community.	There have been significant improvements in Health Care delivery in the past year in terms of it's equivalence to community HC delivery. The range of Healthcare Services is promoted on Induction / First days in custody. Frankland HC has undergone a refurbishment which has seen improvements to Waiting Rooms and the installation of a Palliative Care Suite. Appointments are now triaged; this combined with the improvements to the Waiting Rooms has improved waiting times for appointments.	

<p>Prisoners can access treatment, services, advice and support around drug and alcohol needs.</p>	<p>Lifeline: On reception, all prisoners have an individual health assessment. Essential immediate clinical needs are met. Stabilisation, detoxification and observation are undertaken as appropriate.</p> <p>Lifeline will also deliver ongoing psychosocial support based upon the needs of the prisoner, access and participation in SMART peer support groups for specific client groups (first time prisoners & illicit users), structured 1:1 sessions, signpost to services and interventions to build recovery capital and maintain contact with community based substance misuse organisations for those nearing release.</p> <p>North East Council for Addiction (NECA) will deliver group work sessions tailored to individual treatment need as per establishment (Alcohol Rolling Programme and the Recovery Skills Programme).</p> <p>In partnership with our health service providers we will deliver a comprehensive range of Clinical interventions focused on reducing levels of substitute prescribing.</p> <p>The prison is engaged with Health & Justice North East & Cumbria, NHS England in order to ensure that prisoner needs are understood and the commissioning strategy is suitable.</p> <p>Prisoners have access to the contact details for services that can support them with their drug and alcohol needs</p>	
<p>Prisoners who have experienced domestic violence, rape or abuse can access services that offer them advice and support.</p>	<p>Currently provision limited to signposting those requiring support to appropriate services such as National charities (e.g. Terence Higgins Trust) in cases where needs present. See development objective</p>	
<p>Prisoners who have been sex workers can access services that offer them advice and support.</p>	<p>As above See Development objective</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	Total no. of Prisoners within Segment <ul style="list-style-type: none"> Use the segmentation data tool on the NOMS Performance HUB to get the numerical data you need to populate this column 	Strategic approach to meeting the needs of the segment Title and description of rehabilitative services/interventions and case management activities <ul style="list-style-type: none"> Give the title and a brief description of the case management activities offered to offenders in each segment Give a brief description of the range of rehabilitative services and interventions offered to offenders by segment. Include any accredited programmes on offer. Use the guidance on targeting in Commissioning Intention 4a 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. 	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 <ul style="list-style-type: none"> For accredited programmes give the number of completions It is not necessary to record volumes for case management activities
All Offenders – where service targeted by need rather than risk		<p>Targeted 'Family Visits' days during school holidays</p> <p>Chaplaincy Team includes a Family Support Worker</p> <p>Frankland will deliver the Healthy Identity Intervention and pilot the Ibaana Programme when developed to help address risk for the extremist population and in addition deliver faith programmes including Tarbiyah to help promote non extreme understanding of the Islamic faith.</p> <p>Substance misuse services are designed using evidence based interventions as defined by NHS NICE guidance and best practice currently delivered both on a dedicated wing and as outreach activity in line with the recovery and abstinence agenda for drugs, alcohol, and prescription medication. Service supported by the principles of mutual aid and peer mentorship.</p> <p>PIPE service Offered to Category A men who have completed some form intensive treatment. PIPE aims to support prisoners develop and consolidate their treatment gains. Offered to both violent and sexual offenders. The unit is an Enabling Environment, and prisoners have access to workshops, education, gym, horticulture, as well as organised structured activities on the unit aimed to help them consolidate and</p>	<p>PIPE unit has a capacity of 21 beds</p>

		<p>develop their learning from previous treatment interventions.</p> <p>Westgate Personality Disorder Treatment Service (formally DSPD) Offered to high risk men (as assessed using the HCR-20 and VRS), with high levels of psychopathy and/or personality disorder (as assessed using the IPDE and PCL-R). Treatment pathways are individualised, and is offered on individual and group basis.</p> <p>Westgate intervention – prisoner’s treatment pathway dependent upon risk/treatment needs and responsivity issues.</p> <p>A full assessment of personality functioning and risk will be completed, and if this determines suitability for DSPD services, an appropriate treatment pathway is developed to target the risk needs of the individual. Risk is determined using the HCR-20 and VRS risk tools. Individuals will be offered a place on the Westgate unit (if suitable) to work through their treatment pathway.</p> <p>On Westgate, this can include psych-educational/motivational interventions, Chromis cognitive skills and schema therapy, Relationship/Social Competence module, substance misuse work, and “imminent needs interventions” (DBT, CBT, EMDR).</p> <p>Prisoners will also have access to educational, horticultural and gymnasium activities, as well as other structured activities on the unit. These form part of the therapeutic milieu of the unit.</p> <p>Staff on the Westgate unit are trained in working with this population and offer support to aid the generalisation of skills in daily interactions and skills. They are trained to observe, monitor and challenge risk-related behaviour, which is integral within the Westgate clinical interventions.</p>	<p>Treatment Service has a capacity of 65 beds</p>
Sexual Offenders	<p>Total number of sex offenders = 221</p> <p>Number of sex offenders LOW on OSP = 38</p> <p>Number of sex offenders MEDIUM on OSP = 57</p> <p>Number of sex offenders HIGH on OSP = 81</p> <p>Number of sex offenders VERY</p>	<p>HMP Frankland recognises the rehabilitative needs of its sex offender population and strives to ensure that a range of sex offender treatment programmes are offered annually. Suitability in terms of risk is assessed using RM2000.</p> <p><u>Low RM2000</u></p> <p>Prisoners assessed as LOW on RM2000 are managed in line with national guidance. Where other evidence suggests that the nature and pattern of their offending would require a more intensive intervention, a SARN TNA will be completed to assess whether a clinical override is appropriate in order to facilitate attendance on Core/BNM. Where override is not considered appropriate then recommendations will be made to enable the prisoner to consolidate and develop any protective factors that are identified to assist him in working to reduce his risk.</p>	<p>Based on 2014-2015 proposal :</p> <p>18 places will be offered on the Core SOTP</p> <p>9 places will be offered on the Extended SOTP</p> <p>8 places will be offered on the BNM</p>

	HIGH on OSP = 45	<p><u>Medium / High / Very High RM2000</u></p> <p>Prisoners assessed as MEDIUM / HIGH / VERY HIGH on RM2000 will be further assessed to determine the most appropriate SOTP – i.e. – initially either Core or BNM. Where primary treatment has been completed and the prisoner has been assessed as having further outstanding treatment needs, he will be considered for more specialised SOTP intervention – i.e. – Extended / HSP.</p> <p>Sexual offenders will also be considered for other interventions as and when appropriate, for example:</p> <p>TSP (where MEDIUM RM2000 or above or 50+ OGRS (LOW if IPP / LIFER and HIGH / VERY HIGH ROSH))</p> <p>RESOLVE (where MEDIUM OVP (LOW if IPP / LIFER and HIGH / VERY HIGH ROSH)) and where appropriate need has been identified that has not been addressed via participation in SOTP</p>	<p>TSP / RESOLVE – these programmes are generally offered alternately to the VP and main location population. Based on 2014-2015 proposal 10 (of 20) RESOLVE places would be offered to VPs – some of whom are likely to be sex offenders, and 20 (of 40) TSP places will be offered to sexual offenders.</p>
Violent offenders	<p>Total number of violent offenders = 474</p> <p>Number of violent offenders with no OASys – 52</p> <p>Number of violent offenders LOW on OVP = 147</p> <p>Number of violent offenders MEDIUM on OVP = 228</p> <p>Number of violent offenders HIGH on OVP = 44</p> <p>Number of violent offenders VERY HIGH on OVP = 3</p>	<p>HMP Frankland proposes to deliver RESOLVE during 2014 2015 and to commence delivery of SCP, with the Engagement phase of the programme being offered in 2014 – 2015.</p> <p><u>RESOLVE</u></p> <p>Prisoners who are assessed as MEDIUM on OVP will be offered RESOLVE in accordance with established prioritisation criteria (i.e. dependent on PED / tariff expiry). IPPs / LIFERs who are LOW on OVP but who are assessed as HIGH or VERY HIGH ROSH will also be considered.</p> <p><u>SCP</u></p> <p>Prisoners who are assessed as HIGH or VERY HIGH on OVP will be offered SCP in accordance with established prioritisation criteria. Prisoners who are LOW or MEDIUM on OVP will, where other evidence suggests the persistence and nature of violent offending identifies it is appropriate, will be considered to determine if clinical override is appropriate for SCP via either ROSH scores or HCR20 assessment. If override is not appropriate, they will be referred for RESOLVE.</p> <p><u>TSP</u></p> <p>Violent offenders will also be considered for TSP where appropriate, and where the motivation for offending is not solely acquisitive. Violent offenders will be considered where they have OGRS of 50+ (LOW if IPP / LIFER and HIGH / VERY HIGH ROSH).</p> <p><u>DV Offenders</u></p> <p>HMP Frankland does not offer interventions aimed at offenders whose dominant offending behaviour is that of being domestically violent. Where this is identified as being the case through assessment for other programmes HMP Frankland will consider these prisoners</p>	<p>Based on 2014 – 2015 proposal :</p> <p>20 places will be offered on RESOLVE and approx 10 places on the Engagement Phase of SCP prior to 31st March 2015.</p> <p>TSP – 40 places are available on TSP throughout the year, and 20 of those places will be specifically available for non-sexual offenders.</p>

		through the sentence planning process, and when appropriate, ensure they are identified for transfer to an establishment which would provide them with the opportunity to address risk through participation in interventions.	
Indeterminate Sentenced Prisoners (ISPs)	<p>Total number of Indeterminate Sentenced Prisoners = 593</p> <p>This group comprises the following:</p> <p>Sexual Offenders – 140 Violent Offenders – 417 Robbery – 20 Acquisitive – 2 Motoring – 1 Other - 13</p>	HMP Frankland recognises the needs of its indeterminate sentenced prisoners, and the need to ensure that they are motivated to remain focussed on rehabilitation and risk reduction in order to assist them to progress through their sentences, which within Frankland, are often of significant length. When planning intervention delivery ISPs are considered alongside all other prisoners, and prioritised in accordance with national guidance, ensuring that those prisoners who are closest to tariff are provided with the opportunity to access required interventions, balanced alongside those determinate sentenced prisoners who pose the most imminent potential threat to public protection.	
Low likelihood of any reconviction OGRS 0-24%	<p>Total number of prisoners LOW on OGRS = 238</p> <p>This group comprises the following:</p> <p>Sexual Offenders – 118 Violent Offenders – 106 Robbery – 3 Acquisitive – 1 Drugs – 10</p>	<p><u>Psychology & Programmes</u></p> <p>Generically as a group, prisoners falling within this OGRS band will receive less intensive input in terms of interventions. There are however key exceptions which will be considered on a case by case basis alongside other offender groups:</p> <ul style="list-style-type: none"> • ISPs • Violent offenders assessed as MEDIUM or above on OVP • Sexual offenders assessed as MEDIUM or above on RM2000 <p>Additionally, further assessment may be offered to some prisoners within this group, for example, where other evidence and information suggests a clinical override needs to be considered where the RM2000 or OVP is also LOW.</p>	
Medium likelihood of any reconviction OGRS 25-49%	<p>Total number of prisoners MEDIUM on OGRS = 250</p> <p>This group comprises the following:</p> <p>Sexual Offenders – 63 Violent Offenders – 156 Robbery – 14 Acquisitive – 2 Drugs – 11 Motoring – 1 Other - 3</p>	<p><u>Psychology & Programmes</u></p> <p>Offenders falling within this OGRS band will be considered alongside other offender groups for interventions depending upon their OVP or RM2000 assessment (consideration and assessment for, and placement on RESOLVE/SCP/SOTP will be determined as outlined above in relation to sexual/violent offenders). With regards TSP, offenders within this OGRS band will be considered where they are ISPs, have the required need, and assessed as HIGH / VERY HIGH on ROSH, and where the motivation for their offending is not solely acquisitive.</p>	

High likelihood of any reconviction OGRS 50- 74%	<p>Total number of prisoners HIGH on OGRS = 219</p> <p>This group comprises the following:</p> <p>Sexual Offenders – 39 Violent Offenders – 149 Robbery – 20 Acquisitive – 3 Drugs – 7 Motoring – 1</p>	<p><u>Psychology and Programmes</u></p> <p>Offenders falling within this OGRS band will be considered alongside other offender groups for interventions depending upon their OVP or RM2000 assessment (consideration and assessment for, and placement on RESOLVE/SCP/SOTP will be determined as outlined above in relation to sexual/violent offenders). Offenders within this OGRS band will also be considered for TSP where the motivation for their offending is not solely acquisitive.</p>	
Very high likelihood of any reconviction OGRS 75-89%	<p>Total number of prisoners VERY HIGH on OGRS = 74</p> <p>This group comprises the following:</p> <p>Sexual Offenders – 9 Violent Offenders – 59 Robbery – 1 Acquisitive – 3 Motoring – 1 Other -1</p>	<p><u>Psychology & Programmes</u></p> <p>Offenders falling within this OGRS band will be considered alongside other offender groups for interventions depending upon their OVP or RM2000 assessment (consideration and assessment for, and placement on RESOLVE/SCP/SOTP will be determined as outlined above in relation to sexual/violent offenders). Offenders within this OGRS band will also be considered for TSP where the motivation for their offending is not solely acquisitive.</p>	
Extremely high likelihood of any reconviction (prolific) OGRS 90-100%	<p>Total number of prisoners EXTREMELY HIGH on OGRS = 2</p> <p>This group comprises the following:</p> <p>Violent Offenders – 2</p>	<p><u>Psychology & Programmes</u></p> <p>Offenders falling within this OGRS band will be considered alongside other offender groups for interventions depending upon their OVP or RM2000 assessment (consideration and assessment for, and placement on RESOLVE/SCP/SOTP will be determined as outlined above in relation to sexual/violent offenders). Offenders within this OGRS band will also be considered for TSP where the motivation for their offending is not solely acquisitive.</p>	

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)
Living Skills Programmes		
Thinking Skills Programme (TSP)	50	45
Chromis	34	32
RESOLVE	20	18
Total	104	95
Sex Offender Treatment Programme (nationally commissioned)		
Core Sex Offender Treatment Programme (C-SOTP)	18	17
Adapted Sex Offender Treatment Programme (A-SOTP) (Becoming New Me) (BNM)	8	7
Extended Sex Offender Treatment Programme (E-SOTP)	9	8
Total	35	32
Grand Total	139	127

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)
1a	<p>Ensure appropriate support in place for new DLO's, in liaison with Healthcare Manager to promote joint working and ensure any reasonable adjustments required are addressed. <u>June 2014</u></p> <p>Will work in conjunction with the Royal College of Psychiatrists to roll out the 'enabling environment' standards of practice across the whole prison. <u>March 2015</u></p>	
	<p>During 2014-2015 HMP Frankland's Psychology and Programmes Function will develop initiatives to support the maintenance and enhancement of a rehabilitative culture. We will evaluate the viability of introducing and developing a "Programmes Ambassadors" scheme, identifying and supporting wing based staff who will lead in the promotion of offending behaviour interventions, thereby enabling them to take a prominent role in developing understanding amongst the wider staff group, and in providing increased support and direction to prisoners before, during and after their participation in interventions. If the scheme is considered viable, we will aim to begin to introduce this by end of <u>March 2015</u></p>	
<p>1 (a). There is a sense of purpose in relation to rehabilitation, desistance and progression through a sentence which is shared and</p>	<p>To help promote a safe, decent and rehabilitative culture by providing awareness training to all members of staff on the importance of constructive relationships. This will be monitored by;</p> <ul style="list-style-type: none"> • Number of staff trained • Training evaluation forms • Monitoring of healthy prison indicators pre and post training where feasible <p>Progress towards this will be monitored locally and reviewed quarterly. QSLAM (Quarterly Service Level Agreement Meeting) quarterly reporting & monitoring will also track progress – Head of Corporate Services</p>	<p>1 (a). There is a sense of purpose in relation to rehabilitation, desistance and progression through a sentence which is shared and</p>

understood by all who work with offenders.		understood by all who work with offenders.
1b	<ul style="list-style-type: none"> Briefings to staff around Every Contact Matters to ensure a wider understanding of the benefits of forming constructive relationships which help to develop attitudes that promote desistance. Ensuring staff have the knowledge / skills to maximise their interactions through mentoring / coaching? Staff do this on a day to day basis but perhaps the link to the “label” isn’t there: Introduce into staff briefings – lead by SMT from <u>April 2014</u> Staff recognition to consider as a priority actions of staff that epitomise pro-social behaviours and attitudes towards prisoners. <u>June 2014</u> Prisoner complaints to be monitored to look at trends, themes and fluctuations in their use as barometers of staff/ prisoner relationships. <u>April 2014</u> Adjudications and use of segregation to be monitored to look at trends, themes and fluctuations as barometers of staff/ prisoner relationships. <u>April 2014</u> The “every contact matters” agenda will be incorporated into aspects of the staff engagement and people capability initiatives within Frankland, and is linked to New Ways of Working. It will be part of the focus of MTT/Benchmarking, and is one of the strands of the Engagement and Communication Strategy linked to that project. <u>April 2014</u> ECM - will also be reflected in training which is currently being rolled out locally, including Management of Attendance, Orientation Plus, and the introduction of the new SPDR process which will be implemented in <u>April 2014</u>. This focuses on, not only the duties and responsibilities of staff, but the behaviour which underpins their performance, and interaction between stakeholders including prisoners , visitors, and outside agencies, as well as NOMS employees/representatives. <p>Ultimately we are aiming to:</p> <ul style="list-style-type: none"> Promote ECM agenda within the establishment and all partnership agencies Introducing recognition schemes that promote the ECM principle. Include ECM principles in behavioural objectives on SPDR and training events Embed ECM in with TOR for internal meetings 	

1(b). All who work with offenders consistently demonstrate behaviours and attitudes that support rehabilitation and desistance.	<ul style="list-style-type: none"> • For all HSE prisons to develop a local strategy that details how they intend to develop a <i>Rehabilitative Culture</i> over the next 3 business years and identifies areas of priority / weakness for action. This strategy should be reviewed annually and include as a minimum approaches to; <i>Every Contact Matters</i>, communications strategy, coaching and training support, fairness and consistency, inclusivity, and Prisoner Consultative Committee's. (Further reference should be made to the NOMS Evidence and Segmentation 2014 document pages 10 & 11 and the slides from the Rehabilitative Culture event in October 2013) <p style="text-align: center;">Target date 30/9/2014</p> <ul style="list-style-type: none"> • An Action Plan to address identified needs in progressing towards a <i>Rehabilitative Culture</i>, for instance – introducing innovations such as: “Drop In Centres” providing awareness and advice to Prisoners with regards possibilities for progression, or “Celsius Meetings” gauging the “temperature” of the prisons. <p>Progress towards this will be monitored locally and reviewed quarterly. QSLAM (Quarterly Service Level Agreement Meeting) quarterly reporting & monitoring will also track progress – Head of Corporate Services</p>	Yes
1c	<ul style="list-style-type: none"> • Safer Custody Safer Custody Lead attends induction sessions meeting with new staff, promoting involvement and quality of procedures for ACCT. Embedded by April 14 • Inclusion of relevant responsibilities for reporting and management actions for violent incidents to be included on SPDR's for all staff – 30 June 2014 • Staff forums to ensure any safety concerns are raised and considered. (could be difficult with the current climate of benchmarking but perhaps even more relevant). To be proposed to SMT April 14. 	

<p>1(c). Efforts are made to ensure offenders experience the environment as safe.</p>	<p>I. Maintaining a safe environment - To implement the recommendations of the Review of Front End Searching carried out in November 2013 in line with published time frames [when confirmed].</p> <p>II. Improving staff and prisoner confidence in safety - To introduce Body Worn Video to staff working in Segregation Units. [roll out timescales to be confirmed]</p> <p>III. Promoting a zero tolerance to violence - Establishments to take local action 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. Target date – Quarterly review.</p> <p>IV. Preservation of life - Establishments are to ensure their Local Assurance frameworks reflect the accepted recommendations arising from murders in custody. 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. Target date – Quarterly review.</p> <p>V. Extremist Prisoners - 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. How. A range of management options will be explored in order to both minimise the effect this offender type may have and to offer developed interventions in order to address their views. Measure. 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: center;">Reviewed Quarterly</p>	<p>ALL HSE Prisons</p>
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<p>1(d). 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>Promoting Public Protection - In 2013 Audit & 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 style="text-align: right;">Target date – Quarterly review.</p>	<p>ALL HSE Prisons</p>
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<p>2a) There is evidence of effective coordination of delivery of services and integration of providers locally, regionally and nationally to maximize outcomes for offenders</p>	<p>We will maximise investment of all partners and providers delivering services for offenders at HMP Frankland and maximise outcomes for offenders by ensuring they experience a seamless and joined up service. By September 2014 we will review who we work with and how we work with them and ensure that all contracts and service level agreements demonstrate how each service fits within the overall strategic context of the establishment. This review will include all statutory and non statutory, existing and new partners and providers. We will review our current strategy and develop/confirm a plan which describes how, within 3 months we will deliver:</p> <ul style="list-style-type: none"> • A clear shared strategic vision for how services align to maximise outcomes and create an integrated, seamless offender management service (including a shared understanding of outcomes and priorities) • A clear agreed plan of how services sequence and compliment each other, providing continuity of services to offenders both within and across prisons (facilitating the needs of all providers and contractual partners to allow them to effectively deliver) • Leadership which actively enables and integrates services, where partnership working arrangements improve performance and aid resolution of issues • An understanding of resource allocation, and how delivery and choices impact on the investment and activity of others • An agreement on how to safely use and share data and information <p>Progress will be monitored against the plan at monthly SMT meetings and at QSLAMs with the DDC.</p>	
<p>2d.</p>	<p>Key Delivery Milestones 2014/15 Local lead is Head of Residence</p> <ul style="list-style-type: none"> ▪ Quarter 1: The prison has approached the LA with a view to developing a joint prison/LA action plan to prepare for April 2015. The LA sits on/has been invited to sit on the Prison Health Partnership Board/Local Delivery Board to ensure an integrated approach to health and social care. ▪ Quarter 2: A prison/LA action plan is in place to prepare for April 2015 and implementation has commenced. The action plan considers the requirement for: needs assessment; information sharing agreements and local referral protocols for individuals with a high level of need; the physical environment for service delivery; the role of the prison in informing the design of any local authority 	

	<p>service specifications.</p> <ul style="list-style-type: none"> ▪ Quarter 3/4: The Prison/LA action plan is implemented to prepare for April 2015. Each prison has suitably robust arrangements in place with the LA to ensure that social care needs assessment can be routinely undertaken and that social care services, equivalent to those in the community, can be accessed by prisoners who are eligible for such services. 	
2f	<p>In addition to the service already offered, HMP Frankland's PD services will be collaborating with the newly developed PD services in the pathway, particularly those in the Category B establishments and those in CSC's. The aim of this is to develop a comprehensive pathway that is understood and can be communicated to potential referrers. <u>March 2015</u></p>	
<p>2(f). 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</p>	<p>(PD Site Specific):</p> <ol style="list-style-type: none"> 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. Target date 30/9/2014 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. Target date 30/9/2014 <p>(HSE & PD Sites)</p> <ol style="list-style-type: none"> 3. For all HSE sites to maximise opportunity to identify appropriate referrals for all HS OPD sites. 	<p>HMP Frankland HMP Whitemoor HMP Belmarsh</p> <p>ALL HSE Prisons</p> <p>ALL HSE</p>

<p>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><u>Offender Personality Disorder (OPD) Pathway for Subversive Disruptive Prisoners</u></p> <ol style="list-style-type: none"> 4. 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 HS Offender Personality Disorder Pathway . 5. For Pathfinder and HS OPD leads to establish closer working links. 6. 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. 7. STG/Pathfinder Nominal's who potentially meet HS OPD criteria to be considered for suitability for such services. 8. 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. 	Prisons
<p>3(a). Target resources on evidence-informed interventions and services which are likely to deliver the best outcomes for the investment. This includes targeting factors shown</p>	<p>For HSE Senior Management Teams 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. Target date – Quarterly review.</p> <p>By November the prison will review <u>the type</u> of strategies it employs, and the services and interventions it offers to ensure that the approaches being used are ones which are effective with the type of offenders that receive them, and that <u>the factors</u> being targeted for change are related to desistance, reduced reoffending and public protection, or a reduction in harmful institutional behaviour. It will draw on local data and evidence, including that provided within the NOMS Evidence and Segmentation Companion Document (available at www.justice.gov.uk/about/noms/commissioning.) when completing these reviews and have in place a strategy for developing its use of evidence to inform practice to maximise outcomes.</p> <p>3b) By November the prison will develop and implement effective quality assurance processes which indicate</p>	ALL HSE Prisons

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<p>to be related to NOMS intended outcomes and using a service design which will be effective with the groups which receive it.</p>	<p>whether the services, activity and interventions it provides are of an acceptable standard of quality and are having the impact they are intended to deliver. Information from these processes will be regularly reviewed by the senior management team and specific members of staff will be given responsibility for the QA processes and following through on actions identified in the reviews.</p> <p>For all HSE Offender Management Units 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.</p> <p>Target date – Quarterly review.</p>	
<p>4a Prisoners who have experienced domestic violence, rape or abuse can access services that offer them advice and support.</p>	<p>During 2014-15 the Head of Offender Management, will identify the number of offenders who are either victims of DV or sex workers and explore what services are available for these two offender groups. Target Date March 2015.</p>	

<p>4a Prisoners who have been sex workers can access services that offer them advice and support.</p>	<p>During 2014-15 the Head of Offender Management, will identify the number of offenders who are either victims of DV or sex workers and explore what services are available for these two offender groups. Target Date March 2015.</p>	
<p>4b</p>	<p><u>Programmes</u> HMP Frankland will identify and train new and pending staff to the required level in order to increase delivery in 2015 - 2016, resulting in the provisional Core offer comprising:</p> <p>SOTP - 43 completions (2 x Core SOTP / 2 x Extended SOTP / 1 x BNM / 1/2 HSP) Living Skills - SCP - 18 completions / TSP and RESOLVE (dependent on local need) - total of 45 completions</p> <p>This offer will be conditional on all staff recruitment proceeding as planned, and the availability of nationally facilitated training places.</p> <p>Plan for the implementation of SCP:</p> <ul style="list-style-type: none"> ▪ Treatment Manager already identified and in post ▪ Treatment Manager is not a chartered psychologist therefore a meeting structure has been developed to ensure sufficient guidance and input from qualified members of the team. ▪ Initial team of four facilitators identified three in post one awaiting CTC. ▪ Treatment Manager has made contact with Intervention Services and the Head of Unit has spoken to a member of the Commissioning Team to highlight the need for sufficient training places. ▪ The Treatment Manager has already commenced development of an SCP database and begun to identify an initial cohort of prisoners to commence the program. ▪ The Engagement phase is planned to commence in October 2014 subject to training places being made available. ▪ The Core phase is already timetabled to commence in April 2015. <p>Both are subject to sufficient training places being made available.</p>	

<p>4(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>	<p>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.</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>ALL HSE Prisons</p>
<p>5(b). Information regarding individual needs and characteristics is used to adapt and sequence services to meet individual needs and maximise their benefit, and</p>	<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"> <input type="checkbox"/> Learning Disability and Difficulty <input type="checkbox"/> Physical health and disability <input type="checkbox"/> Mental health <input type="checkbox"/> Maturity, including capacity for taking responsibility for and understanding consequences of one's actions, and attitudes to risk taking <input type="checkbox"/> Family circumstances (e.g. relationship breakdown, caring responsibilities, financial difficulties etc) <input type="checkbox"/> Protected characteristics including: Gender, Sexual orientation, Race, Age, Faith, Gender re-assignment, Pregnancy and maternity <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</p>	<p>All HSE Prisons</p>

offenders are supported and encouraged to access appropriate services.	<p>partnership working, co-commissioned approaches should be looked at.</p> <p>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.</p> <p style="text-align: right;">Target date – Quarterly review Head of Safer Custody and Diversity</p>	
6a	HMP Frankland 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 (nationally set Development Objective)	
6b	<p>HMP Frankland will develop and implement a plan for the creation of a supportive environment which will enable delivery of victim-offender conferencing (RJ). The plan will focus on developing;</p> <p>Increase awareness of RJ amongst relevant staff groups Partnerships with organisations and local commissioners to support delivery of RJ Infrastructure to support delivery, including development of;</p> <ul style="list-style-type: none"> • agreed referral processes with partners • processes which contribute to suitability and risk assessments • appropriate gate procedures for entry into the prison of victims and other participants • appropriate rooms are available for the conference to take place • integration of RJ into sentence planning <p>These objectives will be reviewed quarterly</p>	

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6d	<ul style="list-style-type: none"> • Proposal to increase Instructor/Prisoner ratios and bring in line with the HSE has been agreed and is being implemented. • Plans to reopen former VT construction workshop from April 2014 as a new assembly workshop providing work for 16 main location prisoners employed for 24 hours per week (Code 540 Industries – Woodwork) 	
<p>6(e). Support the delivery of efficiencies across the criminal justice system by increasing the use of prison video links.</p>	<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 style="text-align: right;">Target date – Quarterly review.</p> <p>Additionally HMP Frankland will develop (or continue) a strategy for extending use of video conference facilities consistent with the NOMS Video Action Plan, ensuring that use is consistent with type of establishment and makes maximum usage of existing/planned facilities. Governor Tony Lamb will be the establishment lead for the NOMS video action plan and will establish and maintain relationships with the relevant stakeholders.</p> <p style="text-align: right;">Progress to be reviewed Quarterly.</p>	ALL HSE Prisons

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>

	Service Specification	Implementation detail	Notes
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	

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27	Manage Prisoner Finance	Existing service specification which remains in force	
28	Prisoner Retail	Existing service specification which remains in force	
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 ⁺	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	

⁺ 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. HSE only	Minimum in HSE
Cell & Area Searching	Assurance is sought through a risk assessed programme of covert testing. Non HSE	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. Output wording subject to revision	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)	Minimum 1 hour daily	HMP Frankland manage long-term prisoner population so we ensure 1 hour per day is a minimum. Outside of the working week{Mon-Fri} this is increased to 2 hours per day for Enhanced prisoners only {Sat & Sun }
Physical Education	Minimum number of PE Hours [per week] (row 1 of the specification) (as calculated using the SBC published spreadsheet product)	Minimum of 4hrs weekly	
Residential Services	Daily time in open air [minimum 30 minutes] (row 21 of the specification)	[1.5] hours daily	As Westgate is a treatment unit, it is important that prisoners receive exercise and open air in order to reduce stress experienced from treatment. As it is a therapeutic regime, this time also allows for prisoners to seek support from each other and develop appropriate relationships – all of which are linked into their treatment needs.
Physical Education	Minimum number of PE Hours [per week] (row 1 of the specification) (as calculated using the SBC published spreadsheet product)	Minimum 1 hrs per day Maximum of 3 hrs per day. (opened to a maximum of 86 prisoners – PIPE and Westgate treatment prisoners)	Westgate is a self-contained unit. Because of this, prisoners have limited activity options – therefore, those that are offered (including gym) are offered at a higher level. As with time in the open air, gym access allows prisoners an opportunity to engage in an activity that can reduce their stress associated with being engaged in therapy, therefore increasing their motivation/engagement within therapy. The gym staff are also aware of each prisoner's treatment need areas, and observing them in an area external to formal therapy allows more robust assessments to be made regarding a prisoners development and utilization of skills learnt in treatment. Westgate uses PE resources therapeutically as well as for pure PE sessions. 'Parallel Therapy' is delivered which are activities that are delivered in the gym, but have a therapeutic aim which is tied into formal therapy aims. The gym also offers additional hours as

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			prisoners on Westgate only have access to limited sessions of horticulture and education - they do not leave the unit to engage in other purposeful activity. Gym has been proven to help DSPD prisoners increase self-esteem, maintain engagement in therapy, and act as a de-stressor for those actively engaged in intensive therapy - thereby maintaining the safety and security of the unit.
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8. Activity Places (Work and Prison Services)

Table 8a: Agreed Activity Allocation places

Table 8a: CU095a (Hours Worked in Industry) activity places allocation

The content of this table 8a removes the need for an establishment to complete a separate Annual Capacity Forecast (ACF) by documenting the workshop activity details and predicted outputs.

INDUSTRIES (ONE3ONE)										
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	Annual Internal Hard Charged Sales Predictions	Annual External Sales Predictions	Annual Internal Soft Charged Materials Predictions	Annual Internal Hard Charged Materials Predictions	Annual External Materials Predictions
Industries Woodwork	Woodmill	36	3	24	300,000	950,000	90,000	230,000	700,000	50,000
Industries Woodwork	Upholstery	48	3	24	0	0	0	0	0	0
Industries Woodwork	Assembly 1	32	2	24	0	0	0	0	0	0
Industries Woodwork	Assembly 2	32	2	24	0	0	0	0	0	0
Industries Woodwork	Assembly 3	16	1	24	0	0	0	0	0	0
Industries Woodwork	Spray	16	1	24	0	0	0	0	0	0
Industries PICTA	PICTA	30	2	24	0	0	0	0	0	0
Total		210	14		300,000	950,000	90,000	230,000	700,000	50,000

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
Kitchens	Kitchen	38	30
Orderly Cleaners	All wings and departments	157	26
Library	Library Orderlies	2	24
Other Occupations	Wing Work	12	24
Other Occupation	Virtual Business Innovation Centre	10	24
Sub total		219	

Table 8c- other permanent activity places

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

Table 8c: Other Activities			
This should contain activities that are not in scope of either CU095a (Hours Worked in Industry) or CU095b (Hours Worked in Services) metrics.			
Activity Service Code	Activity Description	Maximum number of FTE prisoner places per activity (planned per week total for 2014-15)	CORE HOURS PER WEEK
Basic Key Skills up to level 2	N/A	0	
Core Education Classes	N/A	0	
Education Induction Assessment	Education Prison Induction & Assessment	3	24
Education leading to accreditation	ICT	18	24
	Employability & Social Skills	22	
	Art & Design	30	
	Music & Media	10	
	Functional Skills English	30	
	ESOL	7	
	Functional Skills Maths inc GCSE Maths	30	
	Cookery	35	
	Creative Writing/Magazine	9	24
PE Leading to QCA Qualifications	**Ian Ferguson**	0	
Skills training leading to Accreditation	(OLASS) Furniture Craft PMO	22	24
Prison Induction Courses/Interviews	Prison Induction VP	2	24
Other			
Sub total		243	
Table 8 Total		428	

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	4h 06m	1h 30m	0h 01m	1h 00m	0h 48m	7h 25m
Tue	4h 06m	1h 30m	0h 01m	1h 00m	0h 48m	7h 25m
Wed	4h 06m	1h 30m	0h 01m	1h 00m	0h 48m	7h 25m
Thu	4h 06m	1h 30m	0h 01m	1h 00m	0h 48m	7h 25m
Fri	2h 16m	2h 15m	0h 01m	1h 00m	0h 24m	5h 56m
Sat	0h 00m	4h 54m	0h 00m	1h 15m	0h 00m	6h 09m
Sun	0h 00m	4h 54m	0h 00m	1h 15m	0h 00m	6h 09m

5 day average time out of cell

Type	Activity	Association	Domestics	Meal	Movement	Total Time Out of Cell
5-day	3h 44m	1h 39m	0h 01m	1h 00m	0h 43m	7h 08m

7 day average time out of cell

Type	Activity	Association	Domestics	Meal	Movement	Total Time Out of Cell
7-day	2h 40m	2h 34m	0h 00m	1h 04m	0h 30m	6h 51m

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
		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
	Security Audit - & 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	3.56
CU056a	Corporate Assurance (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
CU057a	Self Harm Audit (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	3.40
		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	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	2.95

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	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	3.00
CU075	HMIP Respect	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	2.79
		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	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	2.86
		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													32	32				942

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CU021	Offending Behaviour Programme (OBP) Completions	95.00	95.00	6,456.00
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Regimes

[illegible]

General

[illegible]