

**ACTION PLAN: HMCIP REPORT**

**ESTABLISHMENT: HMP FORD**

<b>TIMETABLE</b>	<b>DATE</b>	<b>STATUS OF THIS RETURN</b>
Full Unannounced inspection	6 -17 June 2016	
Report published	Tuesday 18 October	
Action Plan Submitted	23 December 2016	Attached

## ACTION PLAN - HMCIP REPORT

### ESTABLISHMENT: HMP FORD

1. Rec. no	2 Recommendation	3. Accepted/ Rejected /Partially Accepted/ Accepted Subject to Resources	4. Response Action Taken/Planned	5. Function Responsible/ Policy Lead	6. Target Date
	<b>Main recommendations to the governor</b>				
5.1	Equality monitoring data should be interrogated; when potentially unfair treatment is indicated, it should be investigated and action should be taken to address any inequalities. (S52)	Accepted	<p>Equalities monitoring data for a range of subjects around protected characteristics will be explored at Equalities meetings. Actions will be developed where necessary, investigated and discussed at the next meeting, and actions recorded on the equality action plan.</p> <p>The action plan will be updated each month and reported at the Equalities and Senior Management Team (SMT) meetings. Since the HMIP inspection, a schedule of Equality Impact Assessments (EIAs) have been completed and this will be continually reviewed.</p> <p>As well as the scheduled EIA plan, specific areas will be (re)assessed if data from the monitoring tool indicates that requirement. HMP Ford organises a wide range of forums and other activities in order to reflect its diverse prisoner population and will continue to develop these.</p>	Head of Residence and Safety	31 December 2016
5.2	The standard of living accommodation should be improved. All areas should be clean and should provide all prisoners with	Accepted	The National Service Management Team (NSMT) are working with the facilities management provider to identify improvements in delivery of areas which are in the scope of their contract (which is the cleaning in non-prisoner areas). Performance is improving and an	Head of Residence and Safety	31 January 2017

	decent living conditions. (S53)		<p>enhanced regional management structure has been put in place to oversee these improvements and provide technical solutions at a local level. NSMT are also working with the provider to identify priorities for the painting programme, which should improve the appearance of these areas.</p> <p>Daily quality assurance checks will be carried out by Cleaning Officers and Residential Custodial Managers and weekly monitoring checks by the Head of Residence.</p> <p>Ad hoc checks, at least weekly, will also be completed by Duty Governors to spot check and ensure that procedures are being followed.</p> <p>A considerable amount of capital investment is required to significantly improve the shower and toilet facilities, and to move the telephones in a small number of billets. Limited funding has been allocated for a programme of minor refurbishment. In addition, an enhanced cleaning schedule is underway to maintain the accommodation as best as possible.</p> <p>The establishment is working with NOVUS (the education provider) to develop a prisoner working party to refurbish the bathrooms. To improve shower privacy additional curtains have been provided and stock retained to ensure replacements are readily available.</p>	and  The National Offender Management Service (NOMS) - National Service Management Team	
5.3	The number of high-quality work-related release on temporary license placements should be increased. (S54)	Accepted	<p>The Reducing Reoffending function is developing an action plan to increase external work opportunities by using work experience and community service placements, as well as supporting offenders in obtaining paid work opportunities. This has already led to a number of additional work opportunities.</p> <p>A proposal has been made to recruit a Community Engagement Manager to provide a clear focus on developing links with the local job market, as well as identifying placements in release areas where appropriate.</p>	Head of Reducing Reoffending	31 January 2017

			<p>A programme of six monthly Employer Engagement events is in place at HMP Ford to raise exposure to organisations that are willing to consider release on temporary license (ROTL) opportunities. Outcomes from these events will be monitored through the Activities Department by keeping track of successes and the work opportunities delivered.</p>		
5.4	<p>Prisoners should have one primary resettlement plan which is shared with the prisoner and across departments and organisations within the prison. Progress should be reviewed regularly. (S55)</p>	Rejected	<p>HMP Ford's prisoner focused resettlement plan booklet is issued to all prisoners on induction and is shared by all departments.</p> <p>SEETEC the owners of the Community Resettlement Company (CRC), whilst having sight of this plan, also use their own separate resettlement planning document, the contract with CRCs requires that the Basic Custody Screening Tool (BCST) be used to produce a plan collaboratively with the prison.</p> <p>CfBT, the Centre for British Teachers (now Education Development Trust), are required to use their own Skills action plan which is not something that can be transferred or incorporated into a single plan.</p>	Head of Offender Management	
	<b>Recommendation To NOMS</b>				
	<b>Strategic management of resettlement</b>				
5.5	<p>All prisoners arriving at the establishment should have a complete and robust offender assessment system (OASys) assessment and sentence plan to ensure that they are suitable for open conditions and set out potential risk of harm issues. (4.15)</p>	Accepted	<p>HMP Ford continues to address this issue by raising concerns with sending prisons and with the Regional Office.</p> <p>Where possible, and subject to an initial risk assessment, HMP Ford will complete the offender assessment system (OASys). However, in some cases the risk may present a prisoner being returned back to the sending prison.</p> <p>Logs of OASys and the decisions will be monitored via the National Assurance Process (NAP) - local level.</p> <p>All prisoners should be risk assessed before moving to</p>	<p>Head of Offender Management</p> <p>and</p>	Completed and ongoing

			open conditions. National work is being carried out to address the OASys backlog.	NOMS Offender Management and Public Protection Group	
	<b>Recommendations To the governor</b>				
	<b>Early days in custody</b>				
<b>5.6</b>	All peer workers should be adequately trained for their role and appropriately supervised. (1.10)	Accepted	All peer workers to have completed or will be working towards accreditation within six months of taking up post.  The process will be monitored by the Learning and Skills Manager and discussed monthly at the Reducing Reoffending meeting.	Head of Reducing Reoffending	31 December 2016
	<b>Bullying and violence reduction</b>				
<b>5.7</b>	All relevant staff and peer workers should receive appropriate training in bullying and violence reduction, including mediation; suicide and self-harm prevention; and safeguarding adults at risk. (1.16)	Accepted	HMP Ford's training plan will be revised to incorporate bullying, violence reduction, safeguarding and assessment, care in custody and teamwork (ACCT) training.  A violence reduction training package will be developed.  Peer mentors will receive the relevant training to perform the duties of their role.  This will be monitored by the People Hub and alongside other staff training such as Control and Restraint and Personal Protection.	Head of Residence and Safety	31 March 2017
<b>5.8</b>	Good-quality assessment, care in custody and teamwork (ACCT) and behaviour management documentation should be assured by robust quality assurance and appropriate governance. (1.17)	Accepted	A quality assurance (QA) check sheet is in place and will be improved to capture all aspects of the ACCT process. Behaviour management processes have been reviewed with Regional Safety team input and a Prison Normis-based reporting system has been implemented. A QA sheet will be designed and implemented to fit this model. Development notices will be issued to staff where the QA identifies a weakness.  The QA of document(s) will be discussed at the Safer Custody and SMT meeting.	Head of Residence and Safety	31 December 2016

	<b>Self-harm and suicide</b>				
<b>5.9</b>	Staff in regular contact with prisoners should undergo regular assessment, care in custody and teamwork (ACCT) refresher training. (1.23)	Accepted	Further ACCT foundation training will be arranged to include all grades of staff. This training will be introduced three times per year to ensure that all staff are up to date on ACCT training.	Head of Residence and Safety	31 January 2017
	<b>Safeguarding</b>				
<b>5.10</b>	The prison should ensure that all staff are aware of the adult safeguarding local operating procedures. (1.28, repeated recommendation 1.31)	Accepted	A Notice to Staff (NTS) will be published notifying where to locate the adult safeguarding local operating procedures.  Grade Champion events will be held to raise staff awareness across all grades.	Head of Residence and Safety	31 December 2016
	<b>Security</b>				
<b>5.11</b>	Action required from security information reports should be carried out promptly. (1.36, repeated recommendation 1.39)	Accepted	The Security Custodial Manager (SCM) will conduct random checks of information reports (IR) received to ensure that appropriate actions have taken place at the time of the report, all necessary actions have been complied with and returns noted on the relevant IR report.  The SCM will feedback on any outstanding actions via the Security meeting.	Head of Security	31 January 2017
	<b>Discipline</b>				
<b>5.12</b>	The use of force committee should scrutinise all incidents of the use of force, ensuring that all dossiers are completed to an acceptable standard. (1.43)	Accepted	After each use of force (UoF) incident quality assurance checks will take place on all the paperwork. This will be undertaken by at least a Residential Custodial Manager and a control and restraint (C&R) instructor. Improvement notices will be issued to staff where necessary.  The UoF committee will review all the paperwork and development notices.  A NTS will be issued reminding the Orderly Officer of the requirement to ensure that all paperwork for each	Head of Residence and Safety	31 December 2016

			use of force is completed correctly, including the requirement of promptly completing the F213 injury to prisoner form. A NTS to this effect will be published on HMP Ford's internet .Feedback concerning Healthcare will also be sought through the Head of Healthcare.		
	<b>Substance misuse</b>				
<b>5.13</b>	The substance misuse strategy policy should contain up-to-date action plans and development targets. (1.50)	Accepted	<p>The action plan will be updated in collaboration with the Drug and Alcohol Recovery Team (DART) and Security to identify risks and concerns better.</p> <p>Actions and development targets will be reviewed regularly and reported back to the Reducing Reoffending and Security monthly meetings.</p> <p>The gymnasium team will monitor the physical growth /development of offenders. If they suspect that an offender is using steroids to enhance their body growth, an intelligence report will be submitted and appropriate action taken.</p> <p>The DART team will continue to run Well Being events that target the negative impacts of drug abuse. In particular, highlighting the concern of PS and steroid abuse at these events.</p>	Head of Reducing Reoffending	31 December 2016
<b>5.14</b>	The establishment should include means of safe and discreet disposal of needles and syringes as part of its harm reduction measures. (1.51)	Accepted	DART will assess the level of need for this process and will investigate models of safe needle disposal.	Head of Residence and Safety	31 January 2017
	<b>Residential units</b>				
<b>5.15</b>	The rooms in the huts in B block should only be used for single occupancy. (2.7, repeated recommendation HP47)	Rejected	The occupancy of prison cells is determined by establishments and certified by Deputy Directors of Custody (DDC) in accordance with PSI 17/2012, which provides guidelines for determining cell capacities. Cells will only be shared where a DDC has assessed them to be of adequate size and condition for doing so. All accommodation is compliant with the certified cell certificate.	Deputy Director of Custody	

5.16	All rooms should have sufficient lockable cabinets and curtains. (2.8)	Accepted	All rooms will be supplied with small and a large lockable cabinets and curtains.  Monitoring of the prisoners rooms will be carried out by induction and cleaning officers when conducting daily checks, room moves and through QA checks by the Residence Custodial Manager.	Head of Residence and Safety	31 December 2016
	<b>Staff-prisoner relationships</b>				
5.17	Key workers should make regular, good-quality entries in prisoner case notes, and management checks should be clearly evidenced. (2.12)	Accepted	Case note entries made by staff will be monitored and the management check clearly recorded on Prison-NOMIS (Prison National Offender Management Information System), and subsequently reported in the NAP. Staff who fall below the required standards; their performance will be addressed.	Head of Residence and Safety	31 January 2017
	<b>Equality and diversity</b>				
5.18	Discrimination incident report forms should be quality assured by senior managers and scrutinised by an independent external agency. (2.19)	Accepted	All newly submitted discrimination incident report forms (DIRFs) will be viewed by either the Governor or Deputy Governor before they are allocated to a manager. The Governor / Deputy Governor will undertake a 10% monthly check on DIRFs submitted.  The Independent Monitoring Board (IMB) have been asked to scrutinise DIRFs and the QA process. The IMB's feedback is provided to the Governor / Deputy Governor.	Head of Residence and Safety	Completed and ongoing
5.19	Foreign national prisoners should have access to appropriate interpreting services and translated material as required. (2.27)	Accepted	HMP Ford will source translated material for foreign national prisoners and make this available at Reception, Induction, Wing offices, Healthcare and in the Offender Management Unit.  Should an offender require access to the services available their request will be facilitated through the Residential Management Team.	Head of Residence and Safety	31 December 2016
5.20	Prisoners with disabilities should have personal emergency evacuation	Accepted	Personal Emergency Evacuation Plans (as set out in the local fire policy) will be individualised, put in place and reviewed at monthly Safer Custody meetings.	Head of Residence and Safety	31 January 2017

	plans that are regularly reviewed and individualised. Detailed social care plans should also be in place, and available to wing staff, for those who need them. (2.28)		Care plans will be developed for prisoners who require one and made available to staff and reviewed at Safer Custody meetings.		
5.21	Prison staff should have oversight of peer carers, to ensure safe and appropriate practice. (2.29)	Accepted	<p>The Safer Custody Officer (SCO) will ensure that peer carers have signed compacts detailing their roles and responsibilities.</p> <p>The SCO on a monthly basis will review the care needs of prisoners on C1 landing and will supervise the management of the carers on a regular basis.</p>	Head of Residence and Safety	31 December 2016
	<b>Complaints</b>				
5.22	Data on complaints should be analysed to identify trends in both their content and timeliness, in order to inform action to reduce the number submitted and improve response times. (2.37)	Accepted	<p>A monthly report detailing the number of complaints by department will be published and circulated to all managers.</p> <p>QA checks will also be completed by the Business Hub Manager on all complaints on a monthly basis and reported in the Head of Business Assurance's NAP.</p> <p>A current / pending complaints and correspondence report will be emailed daily to act as a reminder to all relevant staff and aimed at improving response times.</p> <p>Functional heads will include reference in their NAP of the amount of complaints received in a month and will consider what change in policy / processes could have triggered any obvious rise / fall and to address any concerns around response times.</p> <p>A quarterly analysis report will be circulated by the Head of Business Assurance which will provide more detailed information around any ongoing trends.</p>	Head of Corporate Services	31 January 2017

	<b>Health services</b>				
<b>5.23</b>	All health services staff should be in date with basic life support training. (2.53)	Accepted	All clinical staff have completed the basic life support training / dates booked for Trust training sessions.	Deputy Governor (Healthcare)	31 January 2017
<b>5.24</b>	The health care complaints system should preserve medical confidentiality. (2.54)	Accepted	The Healthcare department will introduce a system allowing prisoners to put complaints into the health care complaints (HCC) post box. Prisoners via notices will be notified of the launch of this and publicised through the Offender Consultative Committee.  Separate complaint forms are to be drafted and actioned following agreement with stakeholders.	Deputy Governor (Healthcare)	31 December 2016
<b>5.25</b>	All emergency equipment used by custody staff should be in good order and easily accessible, with an effective monitoring system. (2.55)	Accepted	HMP Ford will carry out the following quarterly checks:  C & R equipment will be checked by instructors and after every incident. Checks will be reported via the Head of Business Assurance's (HOBA) NAP report.  First Aid boxes and Immediate Response Kits will be monitored by the People Hub and reported via the People Manager's NAP report.  Defibrillators will be monitored by the People Hub and reported via People Manager's NAP report.  HMP Ford will carry out the following monthly checks:  Fire extinguishers will be checked, reported and included in the HOBA NAP report. Full records of checks will be retained.  Smoke Hoods will be monitored by the Health & Safety (Fire Officer) and reported to the HOBA to be included in the HOBA NAP report. Smoke Hoods used in training will be checked at every Respiratory Protective Equipment training session.  The De-Fib Units are now located in five areas of the prison to provide rapid access to the equipment and have been fully checked.	Head of Corporate Services	31 January 2017

			<p>The locations and numbers of automated external defibrillators (AEDs) are based on risk. The greater risk is outside of core hours when there is no on-site healthcare provision and reduced staffing levels, and when prisoners are not permitted in the activities side of the prison. Therefore a higher number of AED's are situated in residential areas the prison to improve emergency response times. A review of the needs analysis is carried out annually or if any significant changes to the activities within the prison, and an adjustment to the provision of AED's will be carried out.</p> <p>The Health Safety and Fire cluster lead will coordinate a review of the first aid safety equipment provision.</p>		
<b>5.26</b>	The in-possession risk assessment score should reflect whether the prisoner is already taking tradable medicines. (2.69)	Accepted	<p>Information about the issues relating to the trading of medication has been added to the existing in possession template for new arrivals.</p> <p>A line about tradable medication has been added to the in possession template for new arrivals. The GP or Nurse Medical Practitioner will review the patient and medication.</p>	Deputy Governor (Healthcare)	31 December 2016
<b>5.27</b>	A pharmacist should check the medicines management systems in operation regularly, and the pharmacist should provide counselling sessions, pharmacist-led clinics, clinical audits and medication reviews. (2.70)	Accepted	<p>The Clinical Nurse Manager and Head of Healthcare will discuss with the Pharmacist and recommend action point at relevant meetings.</p> <p>Pharmacist appointments have always been available on request but this service will be re-advertise.</p> <p>Audits will be at a level of one per quarter.</p>	Deputy Governor (Healthcare)	31 December 2016

5.28	Where appropriate, the range of patient group directions should be expanded to allow supply of more potent medicines by the nursing staff. (2.71)	Rejected	The current service does not need additional patient group directions (PGDs) to enable the nursing staff to work more effectively. There is a GP available each day and a nurse medical practitioner on site. The range of over the counter medication and access to same day/next day delivery of named medication is sufficient for the needs of the service. Should the situation change this will be reviewed by the Medicines Management Group.		
5.29	The dental suite should be refurbished to ensure compliance with national required standards, with good maintenance arrangements. (2.74)	Accepted	The dental suite will be refurbished to ensure compliance with national required standards, with good maintenance arrangements.	Deputy Governor (Healthcare)	31 December 2016
	<b>Catering</b>				
5.30	Facilities for self-catering should be improved, to provide prisoners with a hygienic, fully equipped kitchen on every residential unit. (2.85)	Accepted Subject to Resources	<p>A revised programme of minor refurbishment for kitchen areas across all residential units will be developed to address deficiencies, although population pressures limit the scope of refurbishment work.</p> <p>To improve the self-catering facilities in all residential areas requires a considerable amount of capital investment. The Governor will discuss submitting a bid for funding with the DDC.</p> <p>A proposal to establish a single "independent living" unit which includes full catering facilities is under discussion. The unit is envisaged to be opened in the first half of 2017.</p>	Head of Residence and Safety	30 June 2017
	<b>Learning and skills and work activities</b>				
5.31	The management of learner performance data should be improved, to track the progress of those who are unsuccessful at examinations. (3.9)	Accepted	<p>The Learning and Skills Manager will work with NOVUS to assess whether failures are linked to any specific and identifiable issues and will then formulate a specific, measurable achievable, realistic and time bound (SMART) action plan to address the issues around unsuccessful examinations.</p> <p>The action plan will be monitored by the Learning and</p>	Head of Reducing Reoffending	31 January 2017

			Skills Manager during weekly meetings with NOVUS and will report progress through the NAP process.		
5.32	Individual learning plans should reflect learners' progress in technical and personal skills, and should be reviewed regularly and effectively. (3.20)	Accepted	The Learning and Skills Manager and Industries Manager will agree a monthly QA of Individual Learning Plans. The outcomes will be discussed at the weekly meetings with NOVUS and reported through the NAP process.	Head of Reducing Reoffending	31 January 2017
5.33	Opportunities to accredited work should be maximised. (3.21)	Accepted	The non-OLASS provision across the establishment will be expanded, with progressive implementation of accredited qualifications within industries' workshops (subject to budgetary constraints).	Head of Reducing Reoffending	30 April 2017
5.34	Prisoners should be encouraged to recognise and record the importance of the transferable and employability skills they gain in activities across the prison. (3.22, repeated recommendation 3.18)	Accepted	An evaluation sheet for each activity will be introduced to enable prisoners to record their learning feedback and skill development on completion.  QA will be carried out by the Head of Reducing Reoffending on a monthly basis.	Head of Reducing Reoffending	28 February 2017
5.35	The internal verification process should be managed sufficiently well, to ensure the timely awarding of certificates to learners. (3.29)	Accepted	A review will be carried out to establish areas of potential weaknesses. Prisoners will be notified of their achievements in a timely manner and the Governor will formally recognise learners by conducting a presentation of certificates ceremony.	Head of Reducing Reoffending	30 April 2017
	<b>Physical education and healthy living</b>				
5.36	Suitable accredited qualifications should be available in the gym. (3.37)	Accepted	The Gym and Learning and Skills Manager will assess options for suitable vocational qualifications that may be delivered to learners at HMP Ford. Qualifications introduced will reflect the needs of the local labour market(s). Any development needs of staff will be addressed to ensure high quality delivery.	Head of Reducing Reoffending	30 April 2017
	<b>Strategic management of resettlement</b>				

5.37	The reducing reoffending strategy should be based on a robust needs analysis and supported by a comprehensive action plan to monitor progress. (4.7)	Accepted	<p>The Reducing Reoffending strategy will be reviewed and updated following completion of a full needs analysis survey, which will link with the criminogenic needs profile (a profile of various offending behaviour patterns, and areas of risk in relation to harm and reoffending). This will ensure that the offending behaviours and risk factors of HMP Ford's population are taken into consideration when identifying needs linked to reducing reoffending.</p> <p>An action plan will then be generated to address needs identified within the current service specifications.</p> <p>Monitoring will take place via the monthly Reducing Reoffending meetings.</p>	Head of Reducing Reoffending	28 February 2017
5.38	The effectiveness of community rehabilitation company (CRC) provision in providing finance benefit and debt advice and assisting prisoners with accommodation and employment, training or education on release should be monitored. (4.8)	Accepted	<p>HMP Ford will reinstate its own local monitoring of resettlement outcomes for accommodation, employment and education upon release in order to identify and track its own successes or any gaps in provision.</p> <p>There are local systems in place to enable HMP Ford to raise issues or concerns with the delivery of the service with the Contract Management Team.</p> <p>HMP Ford will hold Service Integration meetings to support discussions around targets for the Community Rehabilitation Company (CRC).</p> <p>Contract Management Teams closely monitor and robustly manage providers to make sure they fulfil their contractual commitments to maintain service delivery, reduce reoffending, protect the public and provide the taxpayer value for money.</p> <p>The National Offender Management Service (NOMS) is introducing a change to the current CRC contract to enable the consistent and verifiable recording of interim resettlement outcomes. This is to ensure that the accommodation, employment and education status (as well as qualifications) are recorded at the start of any sentence, as well as at the end of the sentence and the end of the licence supervision period for any individual,</p>	Head of Reducing Reoffending	28 February 2017

			ensuring that the Ministry of Justice is able to track the outcome of the support provided to an individual in enabling their rehabilitation.		
	<b>Offender management and planning</b>				
<b>5.39</b>	All relevant prisoners should have a multi-agency public protection arrangements (MAPPA) management level set before release on temporary licence and well ahead of their final release, so that the prison can contribute to risk management planning. (4.20)	Partially Accepted	<p>The MAPPA guidance states that establishments should be informed of the MAPPA level at least six months before the prisoner's release from custody.</p> <p>The process of deciding ROTL is independent of this, where a MAPPA level has been assigned this should be used to inform the ROTL process but it is not the deciding factor. The ROTL Prison Service Instruction ensures that relevant risk information is exchanged between agencies before a ROTL decision is made for a MAPPA eligible offender. MAPPA level-setting meetings should not be arranged for the purposes of ROTL as there are mechanisms already in place to share risk information.</p> <p>The Interdepartmental Risk Management committee agenda has been updated to address the issue of MAPPA levels, of all appropriate cases raised at the six month point prior to release.</p>	Head of Offender Management	Completed and ongoing
<b>5.40</b>	Indeterminate-sentenced prisoners should be supported to develop the necessary life skills for	Partially Accepted	As part of the one-to-one interviews currently conducted by Offender Supervisors (OSs), offenders will be assessed on needs to improve or develop life skills. This will include all prisoners, and not just indeterminate-sentenced prisoners (ISPs), based on	Head of Offender Management	30 April 2017

	living independently. (4.24, repeated recommendation 4.23)		individual needs.		
	<b>Reintegration planning</b>				
<b>5.41</b>	Prisoners and staff should know who to turn to for resettlement help. (4.27)	Accepted	<p>HMP Ford will redesign a poster to promote the reducing reoffending services so that prisoners are clear on where they can turn to for help. Better use will also be made of the internal radio station and TV channel.</p> <p>More information on the resettlement support available will be advertised at the Grade Champion training events and via staff bulletins.</p>	Head of Reducing Reoffending	31 December 2016
<b>5.42</b>	Prisoners should be able to access the support of the CRC at any point during their time at the establishment. (4.28)	Partially Accepted	<p>This is a national contract, with access to support contractually linked to the last three months of the prisoner's time in custody.</p> <p>The CRC will, with the agreement of Governors have the flexibility to engage further in custody with prisoners and deliver additional interventions, both within the 12 week pre-release period and in advance of this, for example mentoring support through the gate. The CRC would undertake this activity in pursuance of reducing reoffending, in co-ordination with the prison which may lead to a subsequent payment under Payment by Results (PbR).</p> <p>It is for CRCs to decide what additional rehabilitative activities they will provide to the offenders allocated to them, regardless of which prison they are in, and, where appropriate, within the context of the work of the OMU in managing the individual during the core custodial period.</p>	Head of Reducing Reoffending	Completed and ongoing
<b>5.43</b>	A comprehensive offending behaviour needs analysis should be undertaken to ensure that prisoners have access to all the necessary offence-focused work	Accepted	Prisoners' criminogenic needs are identified through OASys. Plans to address them are agreed with OSs, the National Probation Service or CRC (achieved locally if provision allows, or facilitated externally either through ROTL or on release as agreed based on risk). Offence focused work differs from offender to offender, opportunities may arise to work with OS's locally, but if	Head of Offender Management	31 January 2017

	before release. (4.47)		<p>not then needs will be addressed with the relevant partners in the community.</p> <p>The Head of Offender Management and Senior Probation Officer will agree a QA process and will monitor outcomes monthly.</p> <p>In addition to the usage of OASys to assess offending behaviour, NOMS is currently developing progression plans as an additional tool to support assessment of and delivery of offender focused work.</p>		April 2017 to December 2017
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Recommendations		Housekeeping Points	
Accepted	36	Accepted	0
Accepted Subject to Resources /Partially Accepted	4	Accepted Subject to Resources /Partially Accepted	0
Rejected	3	Rejected	0
<b>Total</b>	<b>43</b>	<b>Total</b>	<b>0</b>