NOMS Interim submission to Harris review – December 2014

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Introduction

NOMS is grateful for this opportunity to provide evidence to the Review.

This document is designed to respond to the Review's initial call for submissions and the questions subsequently sent by the secretariat to NOMS. Rather than respond to each question separately it has been organised thematically to address the main issues of concern to the Review. It is designed to supplement the evidence provided by Michael Spurr on 19 June 2014, and information on topics that were covered during that session has not been included here. Nor have we addressed issues raised in the call for submissions that are not within our area of responsibility, such as decisions about sentencing, or the provision of legal aid to bereaved families.

Every self-inflicted death in prison custody represents a tragedy for the individual, and their family and friends, and is traumatic for staff and fellow prisoners. Preserving life is the highest priority at all levels of NOMS, from individual prison officers caring for at risk prisoners to the NOMS Agency Board, and is at the heart of our commitment to delivering safe, decent and secure prisons.

Of necessity this evidence is for the most part descriptive of processes, but as Michael Spurr emphasised in his oral evidence, it is developing a culture in which safety is paramount that is the most effective way to prevent self-inflicted deaths.

We hope this evidence is helpful to the Review and look forward to reading your report and to using its conclusions and recommendations to inform further development of the policies and procedures described here.

1. Identification of risk of self-harm and suicide

(call for submissions questions 1, 3-7 and 22, and additional questions 2, 13-14 and 39-40)

Prison Service Instruction (PSI) 64/2011 Safer Custody sets out the risk factors for suicide, self harm and violence. It explains that risk of suicide is influenced by demographic factors; background history; clinical history and psychological and psychosocial factors, as well as the current 'context' in prison. It also lists triggers that may increase risk of self-harm, suicide or violence, including changes to current circumstances such as transfer between prisons or family breakdown and other less obvious factors such as the anniversary of significant life events.

We know that people are particularly vulnerable during the early days in custody and following each transfer. Other events that can add to vulnerability include: change in status; further charges; court appearances, especially start of trial and sentencing; life sentence / parole board hearing refusals and licence recalls.

PSI 64/2011 mandates safer custody training for all staff who have contact with prisoners, and requires any member of staff who receives information or observes behaviour that indicates a risk of suicide or self-harm to open an ACCT by completing the Concern and Keep Safe form.

On Reception

PSI 74/2011 Early Days in Custody states the mandatory requirement for all prisoners to be "assessed for potential harm to themselves, to others and from others" on reception into custody, and explains that this must be done using all available information, as well as by interviewing the prisoner. It gives detailed guidance on healthcare screening, suicide prevention and self harm management, and mandates a detailed medical examination that must include an assessment of safer custody concerns.

Throughout time in custody

PSI 75/2011 Residential Services requires residential staff to ensure that prisoners are supported and their daily needs are met, and describes the key role that they play in spotting any signs of distress, anxiety or anger which might lead to prisoners harming themselves.

There is no requirement for prisons to appoint Personal Officers. Good relationships between staff and prisoners are essential in ensuring that prisons are safe, decent and secure. All residential officers are expected to interact with prisoners regularly and to provide positive role models. This is reflected in the principle that 'Every Contact Matters', which forms part of the new ways of working that are being introduced in all public sector prisons.

Staff role modelling is intended also to improve relationships between prisoners, and we are encouraging prisoners to make a positive contribution to prison life through the revised Incentives and Earned Privileges scheme which was introduced in November 2013.

Transitions

The transition between youth and adult justice services is a potential point of vulnerability for young people. MoJ, NOMS and YJB co-chair a cross-departmental Transitions Forum to oversee such transitions.

The YJB and NOMS have created a set of resources to help manage and improve transitions processes in both community and custody. Local areas are encouraged to use these resources to find solutions and practices that suit them.

NOMS issued guidance on transitions in September 2012, and followed this up with a series of operational support visits to all under 18 establishments to assess the information sharing and partnership working practices that underpin an effective transition. In 2014 a formal assessment of delivery against the requirements of the transitions guidance identified that four of the five under 18 establishments received a green marking, confirming that they were effective in managing youth to adult transitions. One establishment received an amber marking and has since implemented improvements to local procedures.

NOMS is developing a Prison Service Instruction which defines the national and local procedures which governors must implement to meet the specific needs of young people who will transition to adult custody, with a particular focus on supporting effective assessments and information sharing as well as promoting collaborative working between establishments. This document has been sent out for consultation and will be issued in 2015.

The Youth to Adult (Y2A) Portal is a web-based application, currently being developed, that will be used to securely transfer information on a young person between organisations.

Care leavers

Young adults who have been in care can be particularly vulnerable as they transition into adulthood, particularly if they are in the criminal justice system. In October 2013, NOMS published guidance for those working with Care Leavers in the CJS. MoJ have appointed Teresa Clarke, Governor of HMYOI Swinfen Hall, as Care Leavers Champion, and she acts as an internal advocate for this group. MoJ is developing mechanisms to identify Care Leavers in adult services both in custody and in the community so that we can better ensure that they receive the right support, and an alert for recording Care Leaver status has been added to the NOMIS case management system. This will be coupled with guidance for practitioners who are completing assessment tools so that they understand better who qualifies for Care Leaver status.

'Starring Up'

The practice of 'starring up' a young person, ie transferring them to the young adult estate before they become 18, is used only in exceptional circumstances. There have been very few instances in recent years (5 cases in 2011, 3 in 2012 and 1 in 2013). Reasons have included non engagement with regimes, disruptive behaviour, violent assaults on young people and/or staff, persistent bullying and threats to other young people, fights and inciting fights.

2. Information Sharing
(call for submissions questions 8-10 and 12)

Chapter 2 of PSI 64/2011 provides detailed guidance on information sharing setting out the procedures that staff follow to ensure that reliable and accurate information is shared with and between appropriate agencies to inform proper decision making.

All medical information is managed in accordance with relevant legislation and the NHS Code of Practice on Confidentiality.

The main tool for sharing information between agencies is the Person Escort Record (PER). We are currently conducting a review of this form, alongside partner agencies, with a view to further improvements and a pilot project to test a revised version of the form is currently underway. We are grateful for the work that the Independent Advisory Panel has previously done on information sharing, and this is being used to inform the review of the PER.

We are also working with health colleagues to ensure that the IAP Information Sharing Statement is shared and understood across the prison estate.

In the meantime we are aware that information sharing continues to be an issue in Prisons and Probation Ombudsman (PPO) reports and Coroner's reports and the need to remain focused on this area has been re-enforced through communications from Directors and at a recent national learning day for safer custody leads from establishments.

3. Case Management of At Risk Prisoners (ACCT)
(call for submissions questions 11 and 13-22, and additional questions 3-9)

ACCT provides a case management system that is designed to be flexible and responsive to need in individual cases.

All prisoners who are identified as being at risk of self harm or suicide are subject to the ACCT process and receive a detailed assessment by a trained ACCT assessor within 24 hours of the ACCT Plan being opened. The results are recorded on the assessment template in the ACCT document, and any triggers and warning signs are identified at the first case review and noted in the relevant section. A CAREMAP is devised at the first review, and the ACCT process is then followed until the risk has been reduced. The process includes a post closure phase to ensure that the progress made by the prisoner has been maintained and that there are no risks that require the ACCT to be re-opened.

History

The roll out of ACCT was completed in 2007. A comprehensive review of the application of ACCT in respect of adults was completed in 2011. This included a consultation which offered the opportunity for all staff to provide suggestions for improvement and drew on the learning from deaths in custody. These findings were incorporated in PSI 64/2011 which includes a detailed section on ACCT which was published in February 2012. The review resulted in a new version (version 5) of the ACCT document, which came into use in April 2012, as well as revised training for staff.

Following the deaths of three young people in 2011 and 2012, the PPO was critical of the ACCT process in two of the cases arguing that 'is not fit for purpose' in young offender institutions holding young people aged under 18 and recommending that NOMS and the Youth Justice Board should review it with a view to devising a more child-centred approach to managing the risk of suicide and self-harm.

NOMS accepted this recommendation and undertook a review of the applicability of the ACCT process to young people. It found that there is nothing in principle that makes the ACCT process unfit for use within the under 18 estate. However, the review found some deficiencies in the implementation of the ACCT process locally, and has identified a number of actions to improve it, some of which are specific to the under 18 estate, and others with more general application. The recommendations from the review are currently being implemented.

A wider review of ACCT is planned in 2015. We are pleased that the use of the ACCT process forms one of the IAP's current strands of work and will use the findings to inform the ACCT review.

Compliance

Governors are required to ensure that all ACCT documents fully comply with the procedures. Included in the current version of the ACCT plan is a checklist based on learning from audits and PPO reports, designed for use by managers conducting quality assurance checks.

We are aware that there is an ongoing need to ensure that establishments comply with the ACCT process and this has been re-enforced through communications from

NOMS Directors and at a national learning day for safer custody leads from establishments.

The recent PPO thematic report on deaths of prisoners subject to the ACCT process has helpfully drawn together the lessons from a number of recent cases, and we have ensured that this has wide circulation in establishments.

Interaction with mental health provision

Healthcare input is sought immediately an ACCT is opened. The first review is held within 24 hours of the ACCT being opened and considers whether a referral to mental health services is appropriate. The enhanced case review process is used for the most challenging and highest risk prisoners and includes an increased level of mental health input.

Levels of usage

Our most recent snapshot shows 2,061 prisoners on an ACCT on 8 December 2014. This is around 2.3% of the prison population.

As would be expected, there is a wide variation in the proportion of the population being managed by ACCT. This tends to be highest in women's prisons (over 10% in two prisons), which reflects the much higher rates of self-harm amongst women. It is also considerably higher than average in under 18 YOIs (over 5%). There is also variation amongst adult male prisons, with ACCTs for the most part concentrated in local prisons, but only one adult male prison has a rate higher than 5%. We continue to work to understand the reasons for the wide differences between some apparently similar prisons.

4. Management of Violence
(call for submissions question 24)

The latest published data shows that assaults increased to 15,441 in the 12 months to June 2014 from 14,045 in the previous year. This increase is slightly overstated due to an improvement in reporting of assault incidents following changes in data assurance processes. Nevertheless, the reporting improvements do not account for all the increase.

Serious assaults increased to 1,817 assaults in the 12 months to June 2014 from 1,377 in the previous year. The number of assaults on staff has increased to 3,427 incidents in the 12 months to June 2014 from 3,065 in the previous year, the highest number since 2006. The number of serious assaults on staff has increased to 395 incidents from 300 in the previous year.

We are working with the police and Crown Prosecution Service to ensure that violent crimes are investigated and prosecuted. The new joint protocol produced by NOMS, the Crown Prosecution Service and the Association of Chief Police Officers will set out that when there are serious assaults on prison staff the perpetrators will be prosecuted unless there is a good reason not to do so.

We are taking appropriate steps to manage increased levels of violence within a complex and challenging prison population. A new Violence Reduction Project is being established. There will be new guidance to Governors on this issue in early 2015 and we will implement a coherent set of short-term, tangible actions aimed at reducing violence, some of which may involve trialling innovative approaches in targeted establishments.
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5. Emergency Response
(call for submissions question 25 and additional questions 19-20)

PSI 75/2011 requires that all prisoner accommodation has a means whereby the occupant can summon assistance when locked inside. In closed establishments this will normally take the form of an in cell call system

PSI 03/2013 sets out the framework for calling a medical emergency consistently over the establishment radio network. Each prison is required to put in place a medical emergency response code protocol to ensure timely, appropriate and effective response to emergencies and thereby to maximise the likelihood of a positive outcome for the patient.

6. Peer support

(call for submissions questions 34-35 and additional questions 15-18 and 22)

PSI 64/2011 explains that peer support schemes are an effective tool to complement the support given by staff to at risk prisoners.

Listeners

NOMS works in partnership with the Samaritans to support the Listener scheme which currently operates in 109 prisons. The scheme was awarded the 'inter-agency partnership work of the year' award at the Charity Times Awards in 2014.

Where a Listener scheme exists it must be operated in line with the Samaritans Guide to the Listeners Scheme. Prisons must ensure that prisoners have timely access to Listeners wherever they are located.

Support Suites

Where space permits, a Listener Support Suite should be away from the residential units, offering a place that can be used at any time by Listeners to see prisoners at risk as well as offering overnight support. The suite should be furnished for multi-purpose use, including chairbeds (not beds), and if the room is big enough extra chairs can be stored so that Listener/ Samaritans support/ debriefing sessions can also be held in the suite.

All prisons in discussion with their Samaritans branch and Listener team should produce a local protocol for using and opening their Listener Support Suite. This must include a proper risk assessment of any proposal to use it overnight, when two Listeners must be present so that support can be shared. Staff should review the situation in the support suite at regular intervals during the night. Listeners should be allowed to shower and rest the following day.

Insiders

Some prisons also operate an 'Insiders' scheme through which selected prisoners who provide basic information and reassurance to others who are new to prison. Where they exist, the Insiders scheme aims to improve the quality of life for prisoners by promoting community responsibility, supportive relationships and a caring environment. The first days in custody are particularly distressing for many prisoners, especially those new to the prison system, and the Insiders scheme helps to reduce anxiety experienced by prisoners and contribute to the wider suicide prevention strategy by establishing the supportive relationships, and by disseminating relevant and accurate information about the prison regime.

7. Safer Cells

(call for submissions question 23 and additional questions 10-12)

Safer cells are built to a required standard and specification as set out in the Safer Cellular Accommodation Guide. The key purpose of a safer cell is to make the act of suicide or self-harm by ligaturing as difficult as possible.

However, it is not the physical environment alone that makes a cell a safer cell. Cells are so designated by operational staff at the establishment after considering appropriate management needs.

All new cellular accommodation delivered since first publication of the Safer Cellular Accommodation Guide in 2005 has been built to the safer cell standard. With very few exceptions – where the configuration of the cell has made it impossible – all cell refurbishments have also been done to this standard. There is no central record of how many cells have been built or refurbished to safer cell standards.

Cell light fittings are not tested for the extent to which they bear loads. However, they are tested to meet a minimum standard of robustness. All cell fittings are robust enough to withstand prisoner attack and designed to offer the minimum possible opportunities for harm to self and others.

PSI 64/2011 is clear that designated safer cells must be seen as part of a wider care plan and can only complement, and not replace, a regime providing individualised and multi-disciplinary care for at-risk prisoners.

The introduction of safer cells was followed by a reduction in the number of self-inflicted deaths, and it is reasonable to believe that they were a contributory factor.

8. Constant Supervision
(call for submissions question 24)

Constant supervision is used only where necessary to provide an appropriate level of support in order to reduce the risk of suicide or potentially fatal self-harm. PSI 64/2011 emphasis that constant supervision must only be used at times of acute crisis and for the shortest time possible and explains that the process can be dehumanising and may increase risk.

9. Procedures following a self-inflicted death
(call for submissions question 26 and 31)

PSI 64/2011 describes the procedures to be followed after a death in custody, including the family liaison process. Each prison appoints a trained Family Liaison Officers who ensure that the family is notified and kept informed about significant developments. The PPO also involves families in the investigation process.

The IAP document 'Family Liaison Common Standards and Principles' has been circulated to all Family Liaison Officers. These standards are considered to be good practice and are embedded in the Family Liaison training course.

PSI 09/2014 describes the process for managing incidents. PSI 58/2011 describes the way that we work with the PPO to facilitate the investigation.

10. Learning from deaths in custody
(call for submissions questions 27 and 30)

PPO Investigations

PPO investigations examine whether any change in operational methods, policy, practices or management arrangements would help prevent a recurrence. NOMS responds to all PPO recommendations and provides an action plan for publication with the final report in each case. The vast majority of PPO recommendations are accepted.

HM Inspectorate of Prisons has responsibility for following up on any PPO recommendations in its inspections of establishments, which often comment on the extent to which recommendations have been acted upon.

The PPO also publishes thematic reports and Learning Lessons Bulletins, and these are disseminated to establishments.

Inquests

NOMS is represented at all inquests and the proceedings, together with the 'regulation 28' (previously 'rule 43') reports from coroners on actions to prevent future deaths that are sometimes generated, provide useful learning opportunities. NOMS responds in detail to all regulation 28 reports, explaining the action that has been or will be taken and the timetable for it. Copies of these reports and responses are sent to the Chief Coroner's Office for publication on the Judicial Office website.

Establishments

PSI 64/2011 Safer Custody) requires that "*Prisons must have procedures in place to facilitate and disseminate learning from incidents of self-harm, violence and deaths in custody to prevent future occurrences and improve local delivery of safer custody*". It sets out NOMS' commitment to promoting active learning across the organisation from deaths in custody and from other incidents in which prisoners suffer harm or their care is compromised.

Each establishment must have a Safer Custody Team who will have responsibility for the implementation and development of safer custody policy. The Governor must appoint a Safer Custody Team Leader who is responsible for ensuring continuing improvement in the delivery of safer custody procedures by way of data monitoring, policy compliance and learning. Establishments may have a separate Violence Reduction Co-Ordinator and Suicide Prevention Co-Coordinators or a Safer Custody Co-Ordinator who combines both roles.

NOMS

NOMS centrally has a number of groups that play a role in ensuring lessons are learned from self-harm and death in custody incidents. There is a safety sub-committee of the NOMS Executive Management Committee, chaired by the Director of National Operational Services. Its discussions are informed by input from the Safer Custody Reference Group, which brings together relevant NOMS colleagues and partner agencies such as the Home Office and NHS England to discuss current trends and issues arising from deaths.

At NOMS HQ a Safer Custody Casework Team monitors all deaths in custody and serious self-harm and assaults, ensuring that all incidents are followed up and early learning is identified and disseminated. A Learning and Knowledge Management Team is responsible for the identification and dissemination of national learning on safer custody issues, providing the interface between policy and prisons and supporting regional managers who hold regular meetings of safer custody managers from establishments.

Quick Time Learning Bulletins (QTLBs) are designed to disseminate learning following the investigations into deaths in custody where it is necessary to act as soon as possible. Recent QTLBS that have been issued include the following that are of particular relevance to young adults:

- September 2013 – Managing challenging and disruptive prisoners using the enhanced case management process;
- August 2013 – Management of 'Shouting out' by young people and young adults.

11. Increase in self-inflicted deaths

The most recent published data shows that there was an increase in the number of self-inflicted deaths to 87 in the 12 months to September 2014 from 63 in the 12 months to September 2013.

The number of self-inflicted deaths between 2009 and 2013 was around 60 deaths per year. The highest number of self-inflicted deaths in a 12 month period of September to September was in 2004 when there were 103 self-inflicted deaths.

The rate of self-inflicted deaths was 1.0 deaths per 1,000 prisoners, up from 0.8 deaths per 1,000 in the 12 months to the end of September 2013. In the 12 months to September 2005 the rate of self-inflicted deaths was 1.1 deaths per 1,000 prisoners.

In this context it is important to recognise that prison staff successfully support around two thousand prisoners who are assessed as at risk each day, manage over twenty-three thousand self-harm incidents each year and frequently prevent deaths through timely intervention.

Given the overall size of the prison population the (relatively limited) number of self-inflicted deaths means that it can be difficult to identify patterns and trends. The overall increase in the last year has been established as statistically significant but it is not possible to identify causal factors with any degree of confidence.

In particular, it is too simplistic to attribute the rise in self-inflicted deaths to staffing reductions or benchmarking. The rise has occurred in contracted prisons, which have not been subject to those initiatives, as well as in public sector prisons, and in prisons that have and have not completed the benchmarking process. Deaths have occurred in prisons with good and less good inspection ratings, and in prisons with various levels of crowding.

Analysis of the data has identified an increase in self-inflicted deaths in the first month in custody, and an increase in the proportion of self-inflicted deaths of prisoners who were subject to the Assessment, Care in Custody and Teamwork (ACCT) case management process for prisoners at risk of suicide or self-harm. PPO reports into the deaths have included common recommendations concerned with the emergency response process, the identification of risk, the management of the ACCT process and referrals to mental health services. Whilst not at the level of statistical significance, these findings provide an indication of where renewed efforts should be targeted.

Immediately after the increase was first observed, in December 2013, Governors were given information about key risk factors identified from deaths earlier in that year and reminded of the need to prioritise these areas. A new learning and knowledge management team in Equality, Rights and Decency Group was formed early in 2014 and has organised two learning days for establishment safer custody leads, focused in March on risk factors and in November on improving the operation of the ACCT system.

In May 2014 NOMS allocated additional resources to safer custody work in prisons, focused particularly on improving the consistency of the application of the ACCT system. New regional leads were put in place in each Public Sector Prisons region and for Wales, and they are supporting staff in prisons and sharing best practice.

An action plan on reducing self-inflicted deaths includes further analytical work to understand the rise is self-inflicted deaths; thematic actions to be taken forward by HQ teams and regional safer custody leads; and learning, communications, and awareness activity.

The thematic actions include activity to: improve our understanding of risk and vulnerability (in particular around New Psychoactive Substances and associated issues of debt and isolation); improve staff capability to identify risk and use ACCT to best effect (through training and guidance on particular issues); address identified areas of procedural weakness (including information-sharing particularly with healthcare partners); and increase support for prisoners (peer support and well-being initiatives).

The rise in self-inflicted deaths in prisons is a complex issue, for which there is no simple explanation or quick solution. It is not possible to quantify the likely contributory factors, which include changes in the 'imported vulnerabilities' of prisoners, and greater challenges for prisons effectively to manage this risk: trends in prisons cannot be considered in isolation from those in the general population and it is clear that suicide rates amongst men in the community have been increasing over the last few years. However, NOMS is clear that reducing the level of self-inflicted deaths is of utmost importance and that safety remains fundamental to the operation of prisons.

12. Workforce issues
(call for submissions questions 32-33 and 36-37 and additional questions 24-25 and 44-46)

PSI 64/2011 mandates safer custody training for all staff who have contact with prisoners.

In 2012 the original ACCT Foundation course was replaced by the Introduction to Safer Custody and revisions to Assessor and Case Manager training modules were introduced.

NOMS recognises that prison staff should be provided with an insight into common mental health issues and the need to refer prisoners to qualified specialists in line with their local provision. Over 17,000 prison staff received mental health awareness training between 2006-2009, and this has since been incorporated into the initial training of all new prison officers.

The Safer Custody suite of training for staff includes a module offering an Introduction to Mental Health, which is available for Governors/Directors to use if they wish to do so. Additionally, there is an enhanced mental health training package aimed at ACCT Assessors/Case managers that they must complete before taking up their role.

In order to improve understanding of the particular needs of female offenders, the Women Awareness Staff Programme (WASP) was introduced in June 2008 to provide gender specific training for custodial staff working in women's prisons in England. It includes advice and information about managing the risks of self harm and suicide amongst women prisoners.

A revised training package has been developed for staff working with young people called the "Working with Young People in Custody (WYPC) programme". The training package has recently been included as part of the latest Prison Officer Entry Level Training (POELT) course.

The WYPC programme was launched in June 2012 and replaced the previous Juvenile Awareness Staff Programme (JASP). It is made up of four non-sequential modules:

- Child Protection and Safeguarding
- Adolescent Development
- Speech, Language and Communication Needs
- Emotional and Mental Wellbeing

There is currently no specific training for staff working with 18-21 year olds. We have conducted a small scale pilot with staff from a young adult YOI to consider the value of providing young people specific training based on the WYPC programme. This would aim to support staff receiving young people on transition from an under 18 establishment to a young adult YOI. We are currently evaluating the outcome of this pilot.

ACCT refresher training is provided according to local training needs.

13. Family support

(call for submissions question 38 and additional questions 26-28)

Chapter 13 of PSI 64/2011 describes NOMS' approach to family engagement. It sets out NOMS recognition of the fact that strong support from families and friends can make an enormous difference to prisoners who are at risk of harm to themselves, to others and/or from others.

NOMS recognises that families can provide vital information to prison staff about a prisoner's wellbeing, particularly if they are feeling depressed or suicidal. All staff who receive information from concerned family members which indicates a change in the risk that prisoners pose to themselves are required to communicate the concerns to the Residential, Daily or Night Operational manager.

Supporting offenders' families and helping them to maintain their relationships is important to NOMS and the contribution that this can make towards reducing re-offending and intergenerational crime is reflected in our service specifications. We continue to develop our approach to supporting offender's families and to build the evidence base through initiatives such as piloting new models of custody and community based family support.

For example, full time Family Engagement Workers are now in place at all public sector female prisons. They will be responsible for meeting all prisoners on induction, to identify any support required in terms of maintaining or establishing family contact. They will also be working with local authorities on the 'troubled families' initiative.

NOMS actively encourages prisoners to maintain contact with people outside prison. There is an ongoing requirement to provide all prisoners with safe and secure access to a telephone service. Telephone access is in place in all prisons in accordance with PSI 49/2011 Prisoner Communication Services. Telephone calls assist in sustaining supportive relationships with family and friends which is essential to provide a safe and decent environment for prisoners.

Telephones are available for prisoners on landings and communal areas. In cell telephones are available in a number of contracted prisons, but not in public sector prisons (with the exception of Rochester and Cookham Wood).

The current phone contract for the public sector estate expires in May 2016. NOMS will undertake a tender exercise to replace it shortly, and will require the new contract to include the ability to provide in cell telephony. This will be likely be introduced across the estate, on a phased basis. NOMS will work with the new provider, once appointed, to agree timescales for implementation.

In an analysis of PPO investigations into self-inflicted deaths in prison custody between 2007-2009, 17% of prisoners who took their own life had no contact with family or friends in the three months prior to their deaths.

14. Personality Disorder
(additional question 24)

The NHS will invest up to £35 million in new Offender Personality Disorder services in 2014-5. The programme focuses on providing a 'pathway' of services which aligns with an offender's sentence plan. It includes: improved identification and assessment of offenders early n their sentence; increased treatment capacity; progression services in custody and approved premises, and improved management in prison and in the community.

The NOMS Practitioners Guide to Working With Personality Disordered Offenders (January 2011) has been produced to support offender managers and prisoner staff and can be downloaded from both the MoJ and DH websites. It provides information about personality disorder and practical advice on how to manage people who can be extremely challenging. It also considers the effect this work can have on staff wellbeing, identifying the signs and consequences, and suggesting how staff can protect themselves. A personality disorder awareness module is planned to be included in future new prison officer training. A more comprehensive prison Personality Disorder training course for experienced prison officers has been developed and is being piloted, the results of which, when evaluated, will inform the training for staff working in establishments hosting Personality Disorder treatment and progression services during 2015-6.

15. Self-harm

Prisons successfully manage large numbers of self-harm incidents and frequently prevent deaths through timely intervention.

There were 23,798 incidents of self-harm in the 12 months to June 2014, an increase from the previous 12 months.

The number of self-harm incidents in the male estate increased to 17,681 in the 12 months to June 2014, up from 16,888 in the previous year. Self-harm amongst male prisoners has been increasing for many years with year-on-year increases in 8 of the last 9 years. Approximately 9% of self-harm incidents among men result in hospital attendance. This has been relatively constant in each of the last 10 years.

There were 6,117 incidents of self-harm in the 12 months to June 2014, down from around 6,251 incidents in the previous year. Since the 12 months to June 2011 the number of self-harm incidents has reduced by over 40%.

Despite these falls, female prisoners still account for a disproportionate amount of self-harm in prison custody – 26% of self-harm incidents but only 5% of the population.

We have commissioned research into the reasons for the increase in male self-harm.

16. Incentives and Earned Privileges
(additional questions 33-38)

For most of the period under review, the Incentives and Earned Privileges (IEP) scheme was as set out in PSO 4000 and then PSI 11/2011. A revised version of the scheme, described in PSI 30/2013, was implemented on 1 November 2013, applying to all new prisoners and to existing prisoners following any review of their status or, if unconvicted, on conviction.

The new scheme is designed to ensure that in order to earn privileges, prisoners have to work towards their own rehabilitation, behave well and help others. Amongst other changes, it introduced a new Entry level which sits between Basic and Standard level.

The table below sets out the number and percentage of prisoners on each level before the changes to the scheme were announced by Ministers in April 2013, at the time of their implementation in November 2013 and a year on from that in November 2014.

	Basic	%	Entry	%	Std	%	Enh	%
April 13	1,812	2.15%	n/a	n/a	42,340	50.3%	40,021	47.55%
Nov 13	2,393	2.81%	7,362	8.65%	38,343	45.03%	37,042	43.50%
Nov 14	3,205	3.73%	7,030	8.19%	44,742	52.10%	30,873	35.97%