

Report on an unannounced inspection of

HMP Ranby

by HM Chief Inspector of Prisons

10–21 March 2014

Glossary of terms

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Introduction

HMP Ranby, located in Nottinghamshire, is a large category C training prison holding just over 1,000 adult male prisoners. Spread out over an extensive site, the prison aims to fulfil its function as a working prison providing education, training and work to all, and resettlement services as prisoners move toward their eventual release. When we last inspected we concluded that Ranby delivered its core training and resettlement functions reasonably well despite a number of weaknesses. However, the findings in this report are much more concerning, suggesting a significant deterioration in outcomes across most of our healthy prison tests.

Our greatest concern is that Ranby is not a safe prison. Reception and induction arrangements were satisfactory but conditions in the first night centre were dirty and unprepared. Too many residents in the first night centre were established prisoners seeking sanctuary from the rest of the prison and significantly fewer prisoners felt safe on their first night than we would expect.

Many indicators showed that the prison was unsafe. Nearly half of the population in our survey said they had felt unsafe at some time during their stay at Ranby and nearly a third felt unsafe at the time of our inspection. Reported levels of intimidation and victimisation were similarly concerning. Levels of violence were higher than we would expect and there was evidence to suggest that it was getting worse. Of particular concern was that there appeared to be a significant number of incidents, many of which were at height, for example, climbing on netting, trees and the roof, and some involving prisoners who felt unsafe and whose motivation was to attempt to force a transfer from the prison. Use of segregation was also high and increasing, again with most of those held seeking sanctuary or an exit from the prison. Conditions in segregation were poor and there was little attempt at reintegration planning.

Structures and systems to reduce violence and intimidation were unsophisticated and ineffective; communication with prisoners about these issues was weak. Case management procedures to support those at risk of self-harm were of a similar poor quality, although those receiving support felt well cared for. The number of incidents of self-harm was comparable, but there was evidence they were increasing. There had also been two self-inflicted deaths in the previous year – the first for five years – and another two occurred after our inspection. In a significant number of the cases which we examined, the prisoners explained their self-harm as a response to threats and intimidation from others.

Security was generally well managed but we were not assured (and neither were the prisoners) that the direct supervision of prisoners on residential units and the prison grounds was good enough. Mandatory drug testing results were low but there was considerable evidence to indicate the increased availability of currently undetectable psychoactive substances, so called 'legal highs' as well as diverted prescription medications. In our survey over half the prisoners thought it was easy to obtain illegal drugs.

The prison grounds were well maintained but the accommodation was very mixed. Some cells were satisfactory but many were overcrowded, lacked furniture or facilities, and were dirty. The provision of many residential services such as laundry and kit required improvement and most showers were in a very poor condition. The staff we observed were busy and often office-bound but generally respectful. However, prisoners were more sceptical and questioned the quality of respect, engagement and communication they received from staff. Work to promote diversity had deteriorated since our last inspection. Outcomes across the protected characteristics were mixed and required renewed attention. Health care, which we criticised at our last inspection, had improved markedly despite some level of dissatisfaction among prisoners.

Prisoners who worked could receive in excess of 10 hours out of cell, but we found about 28% of prisoners were locked in their cells during the working day. The prison had broadly sufficient education, training and work to meet the needs of the population and yet 200 prisoners were not working. Of these 109 were recorded as unemployed and up to 81 were refusing to work; an unacceptable situation. In addition to this there was much underemployment, and a poor work ethos among wing workers and in some of the commercial workshops. The range and quality of education and vocational training was, however, much better. Coaching on vocational courses was good and learners' achievements were mostly good, although improvement was required in English and maths. The library was good and well used, and PE provision generally met need.

Work to reduce reoffending lacked effectiveness, with no clear strategy and vision for the prison. There was no meaningful analysis of need, and limited coordination between offender management and resettlement services. Offender management was poor and about a third of prisoners did not have an up-to-date offender assessment. Too many prisoners lacked regular contact with their supervisor. The quality of completed assessments and sentence plans varied greatly. Categorisation procedures had improved but progressive transfers to other prisons, so prisoners could achieve their targets, were hindered by the need to prioritise the large number of transfers among prisoners who could no longer stay due to safety or discipline issues. The range of resettlement services had deteriorated in quality leaving gaps, and assessment of need on arrival and follow up prior to departure was very limited, if it happened at all.

This report is troubling and we identified many problems within the prison. However, we were encouraged that the governor, who had been appointed relatively recently, recognised the extent of the challenge faced at Ranby. There was candour and honesty among managers about their situation and staff seemed to want to do a better job, but there was no doubt Ranby felt like a prison in crisis. Ranby's role is to provide prisoners with work, and access to learning and skills, to equip them for the future and to manage their resettlement. In this respect the prison was not yet delivering a good enough outcome. In order for the prison to work, the starting point must be to make it safer.

Nick Hardwick
HM Chief Inspector of Prisons

July 2014

Fact page

Task of the establishment

HMP Ranby is a category C training prison for adult male prisoners and a designated working prison.

Prison status

Public

Region/Department

East Midlands

Number held

1,088

Certified normal accommodation

893

Operational capacity

1,098

Date of last full inspection

5–9 March 2012

Brief history

The prison opened in 1971 and has seen a steady expansion from 2004 with the development of modern house blocks. The most recent addition was house block 4, which opened in 2008. Workshops, a new health care building, a new kitchen, a library and education facilities have been added as part of previous expansions.

Short description of residential units

House block 1: Induction wing; accommodates prisoners in a mixture of single and double cells, some of which are constructed to safer cell standards.

House block 2: House block 2 north: general wing; house block 2 south holds prisoners undergoing drug treatment.

House block 3: General wing

House block 4: Two-storey building of 30 cells. All cells are double occupancy with integral sanitation and showers.

House block 5: Two-storey building with single cell accommodation, and places for 192 prisoners. Lower risk, older, disabled and night shift working prisoners are housed on this wing.

House blocks 6 and 7: Hold 60 prisoners each and have a mixture of single and double cells with integral sanitation.

Name of governor/director

Susan Howard

Escort contractor

GEOAmey

Health service commissioners and providers

Commissioners: NHS England East Midlands

Providers: Nottinghamshire Healthcare NHS Trust

Learning and skills providers

Milton Keynes College

Independent Monitoring Board chair

Carole Gee

About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests are:

Safety	prisoners, particularly the most vulnerable, are held safely
Respect	prisoners are treated with respect for their human dignity
Purposeful activity	prisoners are able, and expected, to engage in activity that is likely to benefit them
Resettlement	prisoners are prepared for their release into the community and effectively helped to reduce the likelihood of reoffending.

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- **outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection.

This report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

Summary

Safety

- S1 *Reception processes were welcoming. First night accommodation was disgraceful and there was a lack of support for new arrivals. Induction was comprehensive. Far too many prisoners felt unsafe and levels of victimisation, intimidation, violence and unrest were high. Levels of self-harm had risen recently and we were not assured that case management was always effective. Illicit drugs were easily available. Security was generally well managed but insufficiently strategic around the threat of drugs. Levels of use of force were similar to those at other prisons but quality assurance was weak. Many prisoners sought sanctuary in segregation, which was used almost exclusively to hold prisoners awaiting transfer out of the prison. Substance misuse services were generally good. **Outcomes for prisoners were poor against this healthy prison test.***
- S2 *At the last inspection in March 2012 we found that outcomes for prisoners in HMP Ranby were not sufficiently good against this healthy prison test. We made 16 recommendations in the area of safety. At this follow-up inspection we found that three of the recommendations had been achieved, four had been partially achieved and nine had not been achieved.*
- S3 Prisoner escort arrangements were reasonable but prisoners being transferred could not always take all their property with them. Staff in reception were welcoming to new arrivals. The reception area was clean and comfortable, with informative notices in holding rooms. New arrivals were given the opportunity to share any concerns during private interviews in reception with first night staff and to speak with Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners).
- S4 There were no arrangements for greeting and settling new prisoners on the first night centre. Cells for new arrivals were in a disgraceful state; they were dirty, with extensive graffiti, broken furniture and a lack of essential equipment, including kettles and pillows. The first night and induction wing was used inappropriately as a refuge for prisoners who refused to move, were under threat or were struggling to cope on other wings.
- S5 Induction started on the next working day after arrival and comprised a comprehensive presentation by a prisoner and appropriate departmental involvement.
- S6 Too many prisoners, and many more than at similar prisons, felt unsafe and reported high levels of victimisation and intimidation from other prisoners for a wide range of reasons, including theft of shop items, theft of medication, debt and drugs. Levels of violence and unrest were high, with many more recorded assaults on staff and prisoners than we find elsewhere, and the situation was deteriorating. There had also been a large increase in related incidents, such as concerted indiscipline and incidents 'at height', often motivated by prisoners feeling unsafe and attempting to force a transfer out of the prison. Information about threats and assaults was analysed but there was no action plan to improve safety. There had been no safety survey or consultation with prisoners for over two years. 'Zero-tolerance' compacts were used extensively but they were not effective in managing perpetrators and supporting victims.

- S7 Recorded levels of self-harm had risen sharply in the previous year. The number of prisoners on assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm was relatively high and had risen. Prisoners under ACCT procedures felt well cared for but this was not reflected in documentation, which was mostly poor. There had recently been two self-inflicted deaths; the action plan in response to the Prisons and Probation Ombudsman recommendation in one case was insufficiently detailed. The team of Listeners felt well trained and supported.
- S8 Procedural security was generally well managed, and the management of intelligence was good. Dynamic security was undermined by inconsistent staff supervision in some areas. There were high levels of illicit drug and alcohol availability. More than half of the population said that it was easy to get illegal drugs and around a quarter that it was easy to get alcohol, and over one in 10 prisoners said that they had developed a drug problem while at the prison. The number of drug finds was high. The number of prisoners testing positive through mandatory drug testing was relatively low but most intelligence and drug finds related to currently undetectable psychoactive substances and diverted medication. Few prisoners suspected of taking drugs were tested. The prison was sighted on drugs issues, including the increase of new psychoactive substances, and had taken some reactive measures but there was no coordinated action plan to reduce supply and demand.
- S9 Incentives and earned privileges processes were poor. All new prisoners were routinely placed on the standard level of the scheme on arrival, irrespective of previous behaviour. Target setting and monitoring of prisoners on the basic regime was limited and their regime was too punitive.
- S10 The number of adjudications had increased. Levels of use of force were similar to those at other prisons. The use of force committee analysed data well but quality assurance had recently deteriorated and paperwork had not been processed properly for at least two months.
- S11 Segregation use was high, with some cells inappropriately doubled up. Segregation was used almost exclusively for prisoners seeking sanctuary from bullying and intimidation but reintegration planning had not been developed and many prisoners were transferred out to other establishments. Although communal areas were reasonably clean, conditions in the cells were grim – they were dirty, toilets were filthy and there was graffiti on walls and windows. Relationships between staff and prisoners on the unit were good but the regime was basic.
- S12 Substance use services had improved markedly. Clinical and psychosocial treatment was well integrated, delivering a high standard of care with good-quality interventions.

Respect

- S13 *The prison was generally clean and litter free. The quality of accommodation varied widely but most cells were shabby and poorly maintained. Some showers were in an appalling condition but access to them, and to telephones, was good. There was a lack of meaningful engagement between staff and prisoners. The management of equality and diversity had deteriorated and the needs of some minority groups were not being met. Faith provision was reasonable. Prisoners had little confidence in complaints processes. Health services had improved overall. The food provided was reasonably good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S14 *At the last inspection in March 2012 we found that outcomes for prisoners in HMP Ranby were not sufficiently good against this healthy prison test. We made 23 recommendations in the area of respect.² At this follow-up inspection we found that four of the recommendations had been achieved, seven had been partially achieved and 12 had not been achieved.*

- S15 The external environment and communal areas were generally clean and well maintained. The quality of accommodation varied widely; some was of a high standard but too many cells were in a poor condition, with damaged furniture and offensive graffiti. Some single cells were used for two occupants and were extremely cramped. Many communal showers were insufficiently screened and some were in an appalling condition. Access to cleaning materials and work clothes was problematic on most wings and some wing laundry equipment had been broken for a long time. Prisoners had little confidence in the application system and responses were not tracked. Access to telephones had improved.
- S16 Our survey results were much worse than at similar prisons about respectful treatment, contact and support from staff. Our observations were that staff were kept very busy but prisoners were frustrated by a lack of continuity of wing staff and poor communication.
- S17 There was no active personal officer scheme. Prisoner case notes showed too few contributions from staff and no managerial oversight. Prisoner consultation meetings were inconsistent and they were not run regularly enough.
- S18 The equality team had been disbanded and provision had deteriorated. Trained prisoner equality representatives felt well supported and attended the equality action team meeting, but there was poor or no representation from some functional areas. Monitoring data showed no trends of adverse outcomes for black and minority ethnic prisoners but there was no wider equality monitoring across all protected characteristics. Discrimination incident report forms were responded to appropriately and were subject to quality assurance, but there was no external scrutiny.
- S19 Most black and minority ethnic and Muslim prisoners were concerned with the same issues as their white and non-Muslim counterparts. There were dedicated support forums for older and Gypsy/Romany/Travellers but a generic equality forum for all protected characteristics was not held sufficiently often and was not well attended. There was no managerial oversight of the many foreign national prisoners. The officers with responsibility for foreign nationals had received no specific training and had little time to meet the needs of the group. There was a lack of information in languages other than English, and some foreign national prisoners felt isolated. Prisoners with disabilities reported more negatively than others across a range of important issues. Individual adaptations were provided but there were no specifically adapted cells. Care planning was underdeveloped and the needs of a number of prisoners with disabilities were not being met. There were no specific activities for older prisoners and those with disabilities.
- S20 In our survey, prisoners reported negatively about access to faith services and respect for their religion, although black and minority ethnic Muslim prisoners were more positive. We found that faith provision was comprehensive and accessible.
- S21 Few prisoners had confidence in the complaints system. We found that the quality of some replies to complaints was reasonably good but too many were curt and did not evidence sufficient investigation, and there was no quality assurance process.

² This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

- S22 Although most prisoners were dissatisfied with the quality of health services, we found that, overall, they had improved markedly and, although several areas remained weak, we were assured that the new provider was addressing the deficiencies. Most governance structures were robust, although some areas, including prisoner feedback and health care complaints management, were underdeveloped. Waiting times had improved and were reasonable for most services. Although there was an out-of-hours service, prisoners had inadequate access to staff trained in first aid and emergency equipment at night. Medicines management was poor, the supervision of medicine administration was inadequate and prisoners had nowhere to store medication safely. There were signs of improvement in pharmacy services but opportunities for theft and diversion of medication remained an issue. The mental health support provided was very good.
- S23 Prisoners were relatively positive about food and we found the range and standard of food to be good. However, meals were still served too early.

Purposeful activity

- S24 *The amount of time unlocked had improved and was good for most but too many prisoners were locked up during the working day. There was no clear strategy for the implementation of the working prison model. Most work provision was poor and there was too little work to keep prisoners adequately occupied. There were sufficient activity places for most but they were not fully utilised and the number of high-quality places was too limited. There were high levels of unemployment. The quality and range of education and vocational training were good, with a focus on employability. Teaching and coaching were good. Achievement of qualifications was good in most areas but not in English and mathematics, and opportunities to accredit some work skills were missed. Library services were very good and recreational PE was good but too often disrupted. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S25 *At the last inspection in March 2012 we found that outcomes for prisoners in HMP Ranby were reasonably good against this healthy prison test. We made 10 recommendations in the area of purposeful activity. At this follow-up inspection we found that one of the recommendations had been achieved, six had been partially achieved and three had not been achieved.*

- S26 The amount of time unlocked was reasonably good for most, and over 10 hours for those who were fully employed. However, those who were unemployed could have as little as three hours unlocked.
- S27 Most prisoners had access to regular periods of association but equipment was in poor condition on most wings and there was insufficient to provide adequate activity. Too many prisoners were locked up during the core working day.
- S28 The strategy for education and training was good but the prison had no clear strategy for implementing its role as a designated working prison. The prison had sufficient activity places for most of the population but not all places were filled and the number of high-quality places was limited. Around 200 prisoners were unemployed, with many of these electing not to work. Attendance at activities had improved but too many prisoners were still taken out of sessions for regime activities.

- S29 A wide range of education and vocational training was delivered, with an appropriate focus on employability. This provision was well coordinated and being developed well to provide longer-term training and progression opportunities. However, the quality of work activities in most areas was inadequate. Too many work areas had a poor work ethos, with insufficient work to keep prisoners active and productive, and prisoners frequently resorted to playing board games.
- S30 Coaching on vocational courses was good. Trainers enabled learners to prepare for work in the future when they would have to meet commercial deadlines. In education classes, tutors managed behaviour well and learners were mostly engaged. Teaching and learning were generally good, with some examples of excellent practice. Learners developed good vocational skills and developed a good work ethic in most training workshops.
- S31 Achievement of qualifications was good in most areas but low in English and mathematics. There were insufficient opportunities to gain accreditation for work-related skills.
- S32 The library was well used and prisoners had good access to it. It contained a wide variety of different resources, which were regularly updated in response to the changing prison population. The careers section was particularly good. The library staff arranged a variety of events to promote literacy, including Storybook Dads (in which prisoners record stories for their children).
- S33 The range of PE facilities and recreational activities met the need well. Planned access was equitable, but gym closures due to staff redeployment reduced access in practice. The gym offered no accredited courses, and there were not enough separate sessions for vulnerable groups.

Resettlement

S34 *The strategic management of reducing reoffending was poor. Offender management arrangements were stretched and neglected the needs of many prisoners. There was insufficient focus on risk management and progression, even for high risk of harm prisoners. Public protection arrangements were generally sound but there was insufficient attention to multi-agency public protection arrangements (MAPPA) release planning. The high number of prisoners waiting for transfer hampered progression. Too few prisoners received a resettlement needs assessment on arrival and the quality of resettlement provision was variable and mostly poor. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S35 *At the last inspection in March 2012 we found that outcomes for prisoners in HMP Ranby were reasonably good against this healthy prison test. We made 15 recommendations in the area of resettlement. At this follow-up inspection we found that four of the recommendations had been achieved, two had been partially achieved and eight had not been achieved and one was no longer relevant.*

S36 The strategic management of reducing reoffending was poor, with no overarching vision or action plan and no comprehensive needs analysis. The profile of the offender management unit across the prison was low and formal links with resettlement were underdeveloped.

- S37 The delivery of offender management and planning had deteriorated. Too many eligible prisoners, around a third of the population, did not have an up-to-date offender assessment system (OASys) assessment. The cross-deployment of offender supervisors to other work had a significant impact and many prisoners, including high risk of harm prisoners, had little or no regular contact with their offender supervisor and little support or motivation to progress and reduce risk. The quality of OASys assessments was mainly satisfactory but risk-of-harm assessments were not always adequately completed. Most prisoners were released late on home detention curfew, although this was often owing to reasons outside the prison's control.
- S38 Public protection processes were mostly sound, with contact restrictions and monitoring arrangements applied appropriately and removed at the earliest opportunity. However, the purpose of the interdepartmental risk management team meeting was unclear. Multi-agency public protection arrangements (MAPPA) levels were not always confirmed before release and, as a result, offender supervisors did not always contribute to release planning for dangerous offenders.
- S39 Categorisation reviews were undertaken on time and completed to a good standard by offender supervisors. At the time of the inspection, over 300 prisoners were waiting for a transfer, many for urgent safety or discipline purposes, and this made planned progressive moves difficult.
- S40 Indeterminate-sentenced prisoners (ISPs) were managed by appropriately trained staff but levels of contact and access to psychological services were too often limited. The previous ISP support forum had ended. ISP family days were held but take-up was low.
- S41 There were limited specialist agencies providing resettlement services and resettlement officers were frequently redeployed to other tasks. Many prisoners did not know how to obtain resettlement support. They no longer had an individual needs interview on arrival and the pre-release interview lacked detail and was not always undertaken.
- S42 Resettlement officers had good links with local housing providers but support for those out of area was more problematic and we were not assured that all those with housing needs were seen and their needs addressed.
- S43 The National Careers Service provided a good service. Initial interviews with all prisoners provided them with a good focus on career goals on release. These targets were not always included in sentence planning or learning and skills plans. There was a wide range of employability courses to support resettlement. Links with employers were adequate but employer engagement did not focus well enough on securing employment for prisoners on release. There were no opportunities for prisoners to attend work placements or voluntary work on release on temporary licence.
- S44 Although all prisoners were seen by health services staff on the day of discharge, this was too late for effective pre-release planning for some prisoners with complex needs. Reintegration planning by the substance use team was good for prisoners released locally but links with community agencies from further afield were more difficult to arrange.
- S45 The previous specialist debt provision had ceased. Finance, benefit and debt needs were addressed by resettlement staff who had received no specific training, and there were long waiting lists.

- S46 Visitors said that they were generally well received but the visitor dress code was unacceptable. The visits hall was reasonable but the play area was poor, unsupervised and the few toys and books available were broken and grubby. The children, families and contact with the outside world pathway was underdeveloped. There was no action plan to develop services, no family support worker and no parenting course, and family days were currently 'on hold'.
- S47 The range of accredited offending behaviour programmes was adequate. Waiting lists were well managed and drop-out rates were low.

Main concerns and recommendations

- S48 Concern: Too many prisoners, and many more than in similar prisons, felt unsafe. They reported high levels of victimisation and intimidation from other prisoners for a wide range of reasons, including theft of shop goods, theft of medication and drug debt. Their concerns were reflected in objective data about assaults, self-harm and disruptive behaviour, which showed that the establishment was less safe than other training prisons, and getting worse. Information about threats and assaults was analysed, but there had been no recent survey to consider the views of prisoners and there was no action plan to improve safety.

Recommendation: Prisoners' views on safety should be sought and analysed alongside all other safety data. This should inform an action plan to make the prison safer.

- S49 Concern: Recorded levels of self-harm, and the number of prisoners on assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm had risen recently. Prisoners under ACCT procedures felt well cared for but this was not reflected in documentation, which was mostly poor and prisoners on ACCT who were segregated were not subject to an exceptional review.

Recommendation: The quality of assessment, planning and monitoring for prisoners subject to ACCT procedures should be improved and include effective care planning and improved attendance at review meetings. Prisoners subject to assessment, care in custody and teamwork (ACCT) procedures should not be segregated without an exceptional review and authorisation.

- S50 Concern: There were high levels of illicit drug and alcohol availability. More than half of the population said that it was easy to get illegal drugs and a quarter that it was easy to get alcohol. The number of finds was high. Most intelligence and finds related to undetectable new psychoactive substances and diverted medication. The prison had taken some reactive measures but there was no coordinated action plan to reduce supply and demand.

Recommendation: An action plan to address drug and alcohol supply reduction and demand should be implemented and should address the specific issue of new psychoactive substances and diverted medication.

- S51 Concern: There was little dedicated support, consultation or provision for most prisoners with protected characteristics. Although there was evidence that the needs of many prisoners from minority groups were not being identified or met, no data were collected to monitor the equality of their treatment or their access to the regime.

Recommendation: The needs of prisoners with protected characteristics should be promptly identified and met through individual assessment, regular direct consultation with minority groups, effective care planning and monitoring.

S52 Concern: Despite being declared as a working prison, not all learning and skills and work activities were filled and the number of high-quality places was limited. Around 200 prisoners were unemployed, with many of these electing not to work, and too many prisoners were taken out of sessions for regime activities. Many work areas had a poor work ethos, with insufficient work to keep prisoners active and productive.

Recommendation: All activity places should be filled, interruptions to the working day should be reduced and prisoners should not be able to opt out of activities. All work areas should encourage a good work ethos and have sufficient work to keep prisoners occupied.

S53 Concern: Over a third of prisoners were without an-up-to date OASys assessment and many prisoners, including high risk of harm prisoners, had little or no regular contact with their offender supervisor and little support or motivation to progress and reduce risk.

Recommendation: The backlog of offender assessment system (OASys) assessments should be tackled and all relevant prisoners should be seen by their offender supervisor promptly to be assessed, have relevant targets set, risks addressed and progression and/or transfer pursued. Contact should be regular and meaningful.

S54 Concern: Prisoners did not receive a formal resettlement needs assessment or pre-release plan, few prisoners knew who to turn to for help with resettlement and some pathway services were very stretched.

Recommendation: The resettlement needs of all prisoners should be comprehensively assessed on arrival and before release, with a coordinated plan developed to support them and adequate resources to meet demand.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

Prisoners transferring to and from the prison are treated safely, decently and efficiently.

I.1 *Prisoner escort arrangements were reasonable but prisoners being transferred could not always take all their property with them. A video-link facility had been opened.*

I.2 In our survey, more prisoners than at comparator establishments said that their journeys to the prison had taken less than two hours and that they had been offered food and drink. The vans we inspected were clean, with packs of food and drinks, and escort staff were respectful to prisoners. However, toilet breaks were not offered on longer journeys.

I.3 Prisoners were quickly disembarked and were not handcuffed between the van and reception, but those in our groups told us that they had experienced delays when reception was busy.

I.4 Not all prisoners' property was transferred with them. The escort provider had stipulated limits on the number of bags that could be carried but this did not meet the needs of many prisoners.

I.5 A video-link facility had been opened. This enabled brief court hearings and applications to be conducted remotely, removing the need for some disruptive and costly movements.

Recommendation

I.6 **Prisoners should be able to take all their property when transferred.** (Repeated recommendation I.5)

Early days in custody

Expected outcomes:

Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.

I.7 *The procedures in reception were adequate but prisoners spent too long there. First night arrangements were poor, with inadequate support and squalid accommodation. The induction process was informative and well managed.*

- I.8** The reception area was busy, with 2,339 new prisoners arriving in 2013. Prisoners arriving from other establishments were no longer strip-searched. They were all offered food and a drink on arrival.
- I.9** The reception environment was clean and spacious. Holding rooms were comfortable and contained appropriate information, including a television, reading material and a poster of general information in nine languages other than English.
- I.10** In our survey, only 30% of respondents, against the 52% comparator, said that they had spent less than two hours in reception. Those disembarking during the lunch period had to wait for staff to return. There was also a delay after the completion of reception processes, before prisoners were escorted to the first night accommodation. During the inspection, the time between arrival and getting to first night accommodation was four hours, which reflected what prisoners told us in our groups.
- I.11** Reception staff were courteous and friendly with new arrivals. A Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) came to reception every day to speak to new arrivals. As part of the reception process, a first night member of staff held risk assessment interviews in private and prisoners were given an information booklet, but in English only.
- I.12** New prisoners, except those requiring special medical treatment or security measures, were taken to the induction wing on house block I. First night arrangements for them were poor, with no meeting and greeting of new prisoners, and not all prisoners had access to showers. The first night cells were dirty, with extensive and offensive graffiti, broken furniture and a lack of essential equipment, including pillows, kettles and televisions. There were no enhanced checks or observations of new arrivals, and prisoners told us that they had been directed to a cell and then left to their own devices. Night staff we spoke to could not immediately identify new arrivals. There was an induction orderly resident on the wing who could provide advice and support but prisoners were not introduced to him until the following day. This had particular implications for prisoners' safety, especially as 21%, of respondents to our survey, against the 13% comparator, said that they had felt depressed or suicidal when they arrived at the prison. Fewer prisoners than at similar prisons (75% versus 82%) reported feeling safe on their first night. The first night and induction wing was inappropriately used as a refuge for prisoners who refused to move, were under threat or were struggling to cope on other wings.
- I.13** Induction started on the next working day after arrival and comprised a comprehensive presentation by a prisoner orderly, with visits from the chaplaincy, offender management unit and prisoner diversity representatives. Inductions to education, the library and the gym were scheduled over the following week, although the latter induction was sometimes delayed by up to three weeks. Prisoners' progress through the induction process was monitored, and in our survey 96% said that they had undergone an induction programme.

Recommendations

- I.14** Prisoners should not have to wait for long periods in reception.
- I.15** Prisoners should be fully supported during their early days at the establishment, and their cells should be clean and fully prepared with essential equipment.
- I.16** The first night and induction wing should not be used as a place of refuge for prisoners who refuse to move, or are under threat or struggling to cope on other wings.

Housekeeping points

- I.17 The information booklet given in reception should be available in languages other than English.
- I.18 Gym inductions should take place within one week of arrival.

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

I.19 *Indicators showed that prison was unsafe, and information was not used effectively to plan how to make it safer. The system for managing perpetrators and victims of violence was not used effectively. There had been no safety consultation with prisoners for more than two years.*

- I.20 Indicators showed that the establishment was unsafe. In our survey, 49% of prisoners said that they had ever felt unsafe at the prison and 30% that they currently felt unsafe, both of which were worse than the comparators of 32% and 13%, respectively. Levels of victimisation, assaults and threats/intimidation by other prisoners were also reported to be higher (39% versus 23%, 12% versus 6% and 28% versus 14%, respectively). The main reasons for victimisation were for medication, theft of property or shop items, debt, drugs, religion, ethnicity and gangs (see main recommendation S48).
- I.21 The number of assaults on staff and prisoners in the previous six months was much higher than we find at similar establishments, and the situation was deteriorating. The number of assaults on prisoners had risen from 51 between March and August 2013 to 81 in the following six-month period, and the number of acts of deliberate self-harm (see below) during the same period had risen from 34 to 81.
- I.22 We found reports of a large number of incidents that had often been motivated by prisoners feeling unsafe and attempting to force a transfer – for example, climbing on netting, trees and the roof, putting up barricades and destroying prison property. The number of incidents ‘at height’ had risen from 15 between March and August 2013 to 24 in the following six months, and of barricades from four to 17 over this period. There had also been two incidents of concerted indiscipline in the previous six months but none in the six months before that.
- I.23 The safer prisons committee met monthly and included relevant departments. A wide range of information about the type, location and nature of prisoners involved in incidents was considered and some reactive measures identified. However, strategic planning was poor. There was no analysis of the reasons for the increasing number of incidents, no action plan to address critical issues and no overall safer custody policy. (see main recommendation S48)
- I.24 There was no consultation or dialogue with prisoners to identify safety issues or hear their views on how safety could be improved. A safety survey of prisoners, the first for over two years, was planned (see main recommendation S48).

- I.25** Violence and bullying behaviour was managed through the ‘zero-tolerance management strategy’. Although this was an adequate, widely used process addressing alleged perpetrators and victims alike, we found that it was poorly understood and not used to good effect. It was based on imposing sanctions and setting behavioural targets but these were often not identified or were limited purely to observation. Compact entries rarely demonstrated any engagement with the prisoner on issues underlying violent or bullying behaviour, and prisoners were not involved in reviews.
- I.26** We were told that prisoner equality representatives had a role in violence reduction but found that they had not been trained and did not feel confident in carrying out the task.

Recommendations

- I.27** **The ‘zero-tolerance management strategy’ should be properly used to support prisoners at risk from others and to set behaviour targets to reduce antisocial behaviour.**
- I.28** **Prisoners with a role in promoting safer custody should be adequately trained and supported.**

Self-harm and suicide prevention

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

I.29 *The number of self-harm incidents and of assessment, care in custody and teamwork (ACCT) documents opened was rising. The incidents reported to the safer custody meeting were not adequately analysed and there was no action plan to reduce their number. The quality of ACCT assessment, planning and monitoring was inadequate. Listeners were well supported.*

- I.30** The number of incidents of self-harm was in line with comparable establishments but had risen sharply in the previous year. Between March and August 2013, there had been 34 incidents recorded and this had risen to 81 in the following six months. In many of the cases we examined, prisoners had explained the self-harm as a response to threats and intimidation from other prisoners (see section on bullying and violence reduction). Incidents were well documented and reported to the safer prisons committee. However, as with violence reduction, there was little analysis of the reasons for the increase in self-harm incidents and no action plan to reduce the number.
- I.31** The number of assessment, care in custody and teamwork (ACCT) case management documents opened for prisoners at risk of suicide or self-harm was far higher than at comparator prisons, and the number was rising steadily. There had been 138 such documents opened in the previous six months compared with 89 in the six months before the previous inspection. There were up to five prisoners under ACCT procedures in the segregation unit during the inspection, and there was no exceptional review or authorisation of their continued segregation.

- I.32** Prisoners we spoke to who were under ACCT procedures told us that they felt well cared for and staff we spoke to knew them well. However, the quality of assessment, planning, reviewing and monitoring, as reflected in the documentation, was poor. Too often, there was no clear link between the assessment and the care plan. Attendance at review meetings was still too limited (although attendance by mental health staff had improved) and reviews did not clearly address achievement of objectives in care plans or amend the plans when new issues were identified. Not all staff had had up-to-date training in ACCT procedures, with 25% of staff waiting for training at the time of the inspection.
- I.33** There had been two self-inflicted deaths in June 2013, which were the first since 2008. The prison had received draft reports of the investigations by the Prisons and Probation Ombudsman; in the one case for which an action plan had been drafted, it lacked sufficient detail to address the concerns raised.
- I.34** There was a team of trained Listeners, who were well supported by the local Samaritans group and were represented at the safer prisons committee. The number of Listeners had fallen below the recommended level but a new group was being trained.

Recommendations

- I.35** **The quality of assessment, planning and monitoring for prisoners subject to ACCT procedures should be improved and include effective care planning and improved attendance at review meetings.**
- I.36** **Action plans in response to recommendations following a death in custody should fully address the concerns raised and their effectiveness should be monitored.**

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.³

I.37 *Adult safeguarding procedures had not been developed and there were no links with the local social services department.*

- I.38** There had been no development of safeguarding procedures. There was no specific policy and staff had not been trained in the identification and referral of prisoners requiring the protection of safeguarding procedures.
- I.39** There were no links between the prison and the local social services department to develop practice.

³ We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

Recommendation

- I.40** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (Repeated recommendation I.39)

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

I.41 *Procedural security was generally well managed and security committee meetings were well attended. The management of intelligence was also good. Some elements of dynamic security were weak and staff supervision of prisoners in some areas was inadequate. There were high levels of illicit drug and alcohol availability.*

- I.42** The physical and procedural security and general condition of the prison were good. Intelligence was managed properly and security committee meetings were well attended. The standing agenda was appropriate and included a thorough analysis of the information reports (IRs) received during the preceding month. Security objectives were agreed and reviewed through the appropriate consideration of intelligence.
- I.43** The security department received an average of 550 IRs each month. On receipt, they were processed and categorized by full-time security collators and analysts. There were good links with other departments, such as safer custody and the drug strategy committee, and information received through IRs was communicated quickly, often through email, and responses were timely.
- I.44** Some important elements of dynamic security were weak. Relationships between staff and prisoners were often distant and the supervision of prisoners, both on residential units and in the extensive prison grounds, was poor (see also section on staff–prisoner relationships) and prisoners told us that this often made them feel unsafe.
- I.45** Target searching of staff and prisoners based on the intelligence received was improving and the number of drug and mobile telephone finds had increased. There had been 54 drug finds in the previous six months – mostly of undetectable substances and diverted medication. Few prisoners suspected of taking drugs were tested as there had been some slippage of suspicion drug testing due to staff redeployment, but this was not specifically monitored.
- I.46** Random mandatory drug testing (MDT) positive rates were low (1.8% for the six months to February 2014) and there had been only two positive results from 16 suspicion drug tests in the same six-month period. There was, however, strong evidence of a sharp increase in the availability and use of new psychoactive substances, which are undetectable on the current MDT testing panel. Too many prisoners were prescribed highly tradable medications, staff supervision of medicine queues was erratic and few prisoners had lockable cabinets in which to store their medication safely (see section on pharmacy). In our survey, far more prisoners than at comparator establishments said that it was easy to get illegal drugs (52% versus 31%) and alcohol (26% versus 19%) at the prison, and more had developed a drug problem while at the prison (12% versus 8%) (see main recommendation S50).

- I.47** The prison was sighted on drug issues, including the diverted medication and the increased use of the new psychoactive substances (mainly 'Mamba'), and had taken some reactive measures but there was no coordinated action plan to reduce supply and demand (see section on substance misuse and main recommendation S50).

Incentives and earned privileges⁴

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

- I.48** *The incentives and earned privileges scheme did not function consistently. Newly arrived prisoners were unfairly placed on the standard level, and the regime and monitoring for those on the basic level were poor.*

- I.49** Application of the incentives and earned privileges scheme was poor and inconsistent. New prisoners were placed on the standard level, irrespective of previous behaviour, as they were unable to attain any of the 'extra value' jobs that would qualify them for the enhanced level.
- I.50** There was little obvious benefit to being on the enhanced level. In our survey, prisoners were more negative than at comparator establishments and than at the time of the previous inspection about the fairness and motivational qualities of the scheme.
- I.51** At the time of the inspection, there were 71 prisoners on the basic level, some as a result of patterns of poor behaviour and some as an automatic response to actual or perceived behaviour, without a formal review. Target setting for these prisoners was limited, and their regime was punitive and afforded minimal opportunity to demonstrate an improvement in behaviour.

Recommendations

- I.52** **The incentives and earned privileges scheme should be applied consistently across the prison and processes introduced to ensure the monitoring of and management of prisoner behaviour.**
- I.53** **Prisoners should not be automatically reduced to the basic level without a formal review.**

⁴ In the previous report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

Discipline

Expected outcomes:

Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.

I.54 *The number of adjudications was comparatively high. Charges seemed appropriate and hearings were conducted fairly. Levels of use of force were comparatively low but oversight had recently deteriorated. The paperwork we sampled showed that force was usually used proportionately but we were not assured that the supervision of incidents was always adequate. The segregation unit was used nearly exclusively for prisoners seeking sanctuary from the main residential house blocks, and the number segregated was high. Cells on the unit were dirty, with filthy toilets and graffiti on the walls and windows. Relationships between staff and prisoners were good but the regime was basic. The management and transfer of prisoners in segregation were poor and reintegration planning had not been developed. Nearly all segregated prisoners were routinely transferred to other prisons.*

Disciplinary procedures

- I.55** The number of adjudications was comparatively high, at about 1,020 in the previous six months, equivalent to a rate of about 93 adjudications per 100 prisoners. The most common charges were disobeying lawful orders, and threatening behaviour.
- I.56** Most of the records of hearings we examined showed that proceedings were conducted fairly and indicated that prisoners were given the opportunity to explain fully their version of events.
- I.57** Monthly statistics on the number and nature of adjudications were presented to senior managers but there was little to indicate that it was used help address or identify trends or patterns.

Housekeeping point

- I.58** Information about the nature of adjudications should be used strategically to help to identify and deal with trends and patterns.

The use of force

- I.59** There had been about 70 incidents involving the use of force in the previous six months. Of these, about 60% had not involved full control and restraint techniques, and about 90% had been spontaneous. These findings were similar to those at the time of the previous inspection and to the comparators.
- I.60** There were formal monitoring arrangements, with good links to violence reduction, the security committee and the senior management team. Incidents were discussed at the quarterly use of force committee meeting, and all planned video-recorded incidents were reviewed. However, some aspects of oversight had deteriorated recently. We found that use of force paperwork had not been processed properly for at least two months, and some of it was incomplete.

Segregation

- I.61** The segregation unit comprised 13 cells and a small cage-like exercise yard. Due to the comparatively high demand for segregation spaces, the three larger cells were used inappropriately as double cells. At the time of the inspection, the segregation unit was full, with 19 prisoners held there.
- I.62** Use of segregation had increased, and was high. About 261 prisoners had been segregated in the previous six months, and the average length of stay was about 12 days. Although this hid the fact that a smaller, but noteworthy, number of prisoners had been segregated for longer, it was rare for prisoners to remain on the unit for more than three or four weeks.
- I.63** The unit was used almost exclusively (96% of those segregated in the previous six months) to accommodate prisoners under Rule 45 (segregation for their own protection or for good order or discipline). Most prisoners were seeking sanctuary or a transfer out of the prison. During the inspection, all of the current residents had requested, and were waiting for, a transfer to other prisons.
- I.64** Although segregation reviews were completed on time, planning to return prisoners to normal prison location was poor and practice indicated that most segregated prisoners who refused to return to normal prison location would remain segregated until transfer.
- I.65** Overall, the environment was poor. Communal areas were reasonably clean but cells were awful. Nearly all of them were filthy, most had graffiti on the walls and scratched into the windows, and toilets were badly stained. Conditions in the double cells were particularly grim, being dirty, cramped and with poor ventilation.
- I.66** The regime on the unit was basic, and included showers, exercise and access to telephones. In practice, however, because of the time it took staff to deal with the large number of prisoners on adjudication, access to the regime was often delayed and prisoners were locked in their cells all day without any purposeful activity. Despite this, staff–prisoner relationships on the unit were good. Officers dealt with difficult prisoners respectfully and were friendly.

Recommendations

- I.67** **Cells in the segregation unit should be clean, free from graffiti and properly maintained.**
- I.68** **A comprehensive policy should be introduced for the management and transfer of prisoners in the segregation unit. It should include how problem or vulnerable behaviour and underlying causes will be investigated, how individual needs will be met and options for reintegration or transfer.**

Substance misuse

Expected outcomes:

Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.

I.69 *The integrated substance use treatment services had improved, although prescribing was insufficiently flexible. Alcoholics Anonymous and Narcotics Anonymous fellowship groups were not available. There was no strategic action plan to deal with the increased availability and use of new psychoactive substances at the prison.*

I.70 Prisoners were assessed for substance use issues on arrival and appropriately referred to the substance misuse service, which had greatly improved. At the time of the inspection, 134 prisoners were receiving opioid substitution treatment, with 96 reducing on methadone, 37 on maintenance doses and one on Subutex.

I.71 Prescribing for prisoners on opiate substitution was insufficiently flexible as it discouraged prisoners from requesting initiation onto Subutex unless it was needed clinically or as a continuity of care before discharge. This approach was a response to security concerns over the potential for the diversion of Subutex.

I.72 The prison was sighted on the issue of diverted medication and increased availability of new psychoactive substances – especially ‘Mamba’ – and had taken a number of reactive steps to reduce supply. The increased use of these substances was causing concern, and in the previous six months substance misuse and health services staff had responded to 25 acute medical situations which were thought to have resulted from prisoners taking such substances. Despite considerable evidence of their increased use and availability, the drug strategy contained no specific policy or action plan on tackling these substances and there was no coordinated response to reduce supply and demand (see section on security and main recommendation S50).

I.73 Psychosocial care was well integrated with clinical treatment, delivering an appropriate range of high-quality drug- and alcohol-focused group work and one-to-one interventions. However, self-help group fellowships such as Alcoholics Anonymous and Narcotics Anonymous were not available.

I.74 There were three peer mentors, delivering one-to-one support to other prisoners and co-facilitating group sessions.

Recommendation

I.75 **Alcoholics Anonymous and Narcotics Anonymous fellowship groups should be made available to prisoners.** (Repeated recommendation 4.51)

Section 2. Respect

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

2.1 *The external environment and communal areas were clean and well maintained. Some of the cells on the newer units were doubled up and very cramped. Our survey results were poor across almost the full range of residential issues. There was generally insufficient cell furniture and it was often broken. Night workers experienced sleep disruption during the day on house block 5. Many showers were in a poor condition and had insufficient screening. Toilets were not all well screened. There was reasonable provision of laundry facilities but too many machines were out of order. Applications were not tracked. Mail processes were reasonably efficient.*

2.2 The external environment and communal areas were well maintained and cleaned regularly. Our survey results were poor across almost the full range of residential issues. Some accommodation, mostly in the newer house blocks, was good, but too many cells were grubby and we found much graffiti and offensive material on cell walls. Half of the cells on the newer house blocks (6 and 7) held two prisoners and were too small and cramped, with insufficient furniture. Many cells across the prison had old and broken furniture, and few had lockable cupboards. Toilets were not all well screened. There was a shortage of cleaning materials.

2.3 Most communal showers were damp, poorly ventilated and insufficiently screened; some were in an appalling condition, with many broken tiles, damaged flooring and large areas of peeling paint.

2.4 There were adequate laundry facilities on the wings but too many machines were awaiting repair, which led to backlogs, difficulties in getting work clothes, and wet washing being hung on landing rails to dry. Clothing exchange took place weekly and prisoners were required to place advance orders for the items they required. We were repeatedly told of shortages of prison clothing, and in our survey fewer respondents than at comparator prisons said that they were offered enough suitable clothing or clean sheets every week.

2.5 Night workers (see section on Learning and Skills and Work) were accommodated on house block 5, which was noisy during the day, with high levels of prisoner movement, loud music and the constant blare from the loudspeaker system preventing them from sleeping.

2.6 Staff supervision was inadequate on most wings, especially during association, with the few staff being almost completely office bound in order to keep up with their administrative tasks. The cell call bell monitoring system had only recently been repaired after a long period out of use and was monitored by senior managers.

2.7 Application forms were freely available but were not tracked, and prisoners were not always given the receipt copy of the application. In our survey, far fewer prisoners than at comparator establishments and than at the time of the previous inspection said that applications were dealt with fairly or quickly.

- 2.8** Access to telephones had improved with the implementation of the new core day and there were sufficient telephones on most wings. In our survey, 32% of prisoners said that they had problems with access to telephones, which was worse than the 24% comparator but much better than at the time of the previous inspection (53%). In addition, more prisoners than at comparator establishments reported problems with sending and receiving mail, although we did not find evidence of any delays.

Recommendations

- 2.9** **Single cells should not be used to accommodate two prisoners.** (Repeated recommendation 2.10)
- 2.10** **Cells should be equipped with sufficient serviceable furniture (including lockable cupboards) and adequate toilet screens, and cell cleaning materials should be freely available.**
- 2.11** **Showers should be refurbished where necessary and provide adequate privacy.** (Repeated recommendation 2.12)
- 2.12** **Night workers should be able to sleep without disruption.** (Repeated recommendation 2.14)
- 2.13** **Staff supervision during association should be improved.**

Housekeeping points

- 2.14** Wing laundry equipment should be in good order and repaired quickly.
- 2.15** Responses to applications should be tracked, to ensure that they are dealt with quickly.

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated with respect by staff throughout the duration of their time in custody, and are encouraged to take responsibility for their own actions and decisions.

- 2.16** *Our survey results were much worse than at comparator prisons in relation to respectful treatment, contact and general support by staff. The lack of consistency of staffing was a major frustration to prisoners. The personal officer scheme no longer functioned and staff entries in the electronic case notes were sporadic and mostly negative. Consultation arrangements were poor.*

- 2.17** Our survey results were much worse than at comparator prisons in relation to respectful treatment, contact and general support by staff. Prisoners we spoke to complained of a lack of support from staff, caused by an ever-rotating staff group, with little or no continuity of staffing to be able to develop supportive relationships. Prisoners were especially negative about the lack of communication with offender supervisors and health services staff.

- 2.18** Our observations were that staff were kept very busy and that interactions were generally respectful, ranging from some effective engagement on some house blocks (especially house block 3) to distant and office-bound staff on house block 5.
- 2.19** The personal officer scheme no longer functioned. In the records we reviewed, there had been no regular electronic case note entries and there was no evidence of managerial oversight, and the only comments we saw were almost exclusively negative.
- 2.20** Consultation arrangements were generally poor and, although there had been occasional wing meetings, these had not been regular enough to demonstrate effective outcomes.

Recommendations

- 2.21** **The personal officer scheme should be effective in providing regular support and motivation to prisoners.** (Repeated recommendation 2.23)
- 2.22** **There should be regular and meaningful consultation with prisoners in order to improve communication.**

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁵ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.23** *The previous equality team had been disbanded and was now too small to be effective and they received little support from the rest of the management team or staff. There was no managerial ownership or oversight of foreign national issues and this group was poorly supported. There was insufficient support available to older prisoners and those with disabilities.*

Strategic management

- 2.24** The equality strategy was not based on a need analysis. Equality work had deteriorated; the previous team had been disbanded and the new team, consisting of an equality manager and an administrator, was too small to develop and manage all the work effectively (see main recommendation S51).
- 2.25** Equality action team (EAT) meetings, usually chaired by the equality manager (rather than the deputy governor, as required by the terms of reference), met quarterly. Prisoner equality representatives felt well supported and attended the EAT meeting but representation from many key functional areas was irregular or non-existent. Equality and diversity issues raised

⁵ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

at various prisoner meetings were not discussed by the EAT (see main recommendation S51).

- 2.26** Ethnic monitoring data were scrutinised and had identified no negative trends for black and minority ethnic prisoners. Monitoring across all other protected characteristics through the new equality monitoring tool was not yet in place (see main recommendation S51).
- 2.27** A total of 143 discrimination incident report forms (DIRFs) had been submitted during 2013. These had been investigated well and responded to appropriately. All DIRFs were quality assessed by the equality manager but there was no external scrutiny.
- 2.28** Nine prisoner equality representatives had received awareness training and met equality staff bimonthly. They trusted equality staff to deliver the equality and diversity agenda fairly but they did not have the same confidence across the wider staff team. Not all prisoners were aware of these representatives, although one gave information to new prisoners during induction. Equality representatives staffed the equality drop-in centre on house block 5, where prisoners could obtain diversity information.

Housekeeping point

- 2.29** External scrutiny of discrimination incident report forms should be undertaken to provide more quality assurance.

Protected characteristics

- 2.30** There were dedicated support forums for older and Gypsy/Romany/Traveller prisoners only. A generic equality forum which covered all protected characteristics was not held sufficiently often. Although the latter was attended by equality staff, equality representatives and some prisoners, they were poorly supported by other staff (see main recommendation S51).
- 2.31** Approximately 11% of the population were from a black and minority ethnic background and in our survey and during the inspection most such prisoners were concerned with the same issues as white prisoners.
- 2.32** In our survey, 6% identified themselves as being from a Gypsy/Romany/Traveller background. Forums were held and minutes recorded relevant discussion, although not all matters were progressed.
- 2.33** The 149 (13%) foreign national prisoners held at the time of the inspection included eight detainees, two of whom had ended their sentences in July and September 2012, respectively. This group was poorly supported and some felt isolated, and there was no managerial oversight. The two officers with responsibility for foreign nationals had not received training, and frequent cross-deployment prevented them from meeting demand effectively.
- 2.34** There were no displays in languages other than English on the wings and many foreign national prisoners complained about a lack of information in their own language. There were immigration officer surgeries, but there was no access to independent immigration advice and there were no legal service officers. Many foreign national prisoners found it difficult to maintain good family contact, and they received only a five-minute telephone call per month in lieu of visits.

- 2.35** In our survey, Muslim prisoners reported higher levels of victimisation and threats from other prisoners, and of victimisation by staff, compared with their non-Muslim counterparts. However, during the inspection they had the same concerns as other prisoners.
- 2.36** The prison had identified 29% of the population as having a disability. In our survey, more such prisoners than their able-bodied counterparts reported feeling unsafe, and most (80%) said that they had emotional well-being/mental health issues.
- 2.37** There were no fully adapted cells but individual adaptations were provided. Seven prisoners had personal emergency evacuation plans, although these were not known to all staff. Only a minority of prisoners needing a multidisciplinary care plan had one and these were not always shared with staff. Not all such prisoners felt that their needs were met and no specific activities were provided. There was no paid carer scheme; prisoners with disabilities had to rely on other prisoners for voluntary help – a situation that could lead to intimidation.
- 2.38** Eighty-four prisoners were aged 50 or over, the eldest being 75. Forums for older prisoners met approximately every four months. At meetings in July and November 2013 and March 2014, prisoners had asked if retirees and those unable to work could be unlocked during the core day, but this remained unresolved. Meetings also recorded ‘bullying from younger prisoners’, including queue jumping and intimidation, but, again, minutes recorded no action to address this. No age-appropriate activities were available. Many older prisoners and those with disabilities lived on house blocks 5, 6 and 7 but these wings offered no specific facilities to meet need, other than being ground-floor accommodation.
- 2.39** In our survey, only 1% of all prisoners described themselves as gay or bisexual. The equality team provided one-to-one support but there was no proactive promotion of support for this group and no discussion of need by the EAT.

Recommendations

- 2.40** **Provision for foreign national prisoners should be improved, including independent immigration advice.**
- 2.41** **Multidisciplinary care plans should be developed for prisoners with social care needs and made available to wing staff.** (Repeated recommendation 2.43)

Housekeeping points

- 2.42** Issues raised at prisoner forums should be addressed by the equality action team.
- 2.43** Suitable activities should be introduced for older prisoners.
- 2.44** A formal and paid carer scheme should be introduced.

Faith and religious activity

Expected outcomes:

All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and resettlement.

2.45 *Despite some negative results in our survey, faith provision was generally satisfactory. The chaplaincy was not represented at all key meetings.*

2.46 In our survey, prisoners reported negatively about faith provision and respect for their religion, although black and minority ethnic and Muslim prisoners were more positive than their white or non-Muslim counterparts. We found faith provision to be generally satisfactory. The chaplaincy, led by the Roman Catholic chaplain, covered all major faiths and provided study activities. They had a leading role in dealing with bereavement, supporting prisoners and their families, and managed the prison visitor scheme.

2.47 Members of the team met all newly arrived prisoners and made daily visits to the health care and segregation units. Chaplains did not attend all key meetings and the chaplaincy was not represented at EAT meetings.

2.48 The chapel was well appointed and a new multi-faith room had been open for about a month. Facilities were good but it was already at capacity for accommodating the number attending Friday prayers. Some prisoners often arrived late for prayers, particularly from house block I.

Housekeeping point

2.49 All prisoners should arrive in good time for Friday prayers.

Complaints

Expected outcomes:

Effective complaints procedures are in place for prisoners, which are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

2.50 *Few prisoners had confidence in the complaints system. Although the quality of some responses was reasonably good, too many were curt and did not evidence sufficient investigation. There was no quality assurance of responses.*

2.51 The prison received about 310 complaints each month, which was relatively high. In our survey, only 15% of respondents said that the complaints system operated fairly or expediently. Many complaints were about low-level domestic issues that should have been dealt with by residential officers. The quality of some replies was reasonably good but too many were curt and did not evidence sufficient investigation and we also saw replies that promised a full investigation but were not followed through.

- 2.52** Governance arrangements, in terms of recording and managing complaints, were underdeveloped. Although the complaints clerk ensured that they were all logged and that they were dispatched expeditiously, there was little to show that managers checked the quality of replies or ensured that complaints were investigated or dealt with properly.

Recommendation

- 2.53** **Complaints should be responded to appropriately and systems developed to ensure that prisoners receive a prompt and full response.** (Repeated recommendation 2.57)

Housekeeping point

- 2.54** Managers should ensure that low-level domestic issues are promptly resolved by residential staff on the wings.

Legal rights

Expected outcomes:

Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.

- 2.55** *There were no legal service staff, and meetings with legal representatives were not always sufficiently private.*

- 2.56** There were no legal service staff. Legal visits took place in the visits room. The number of legal visits was capped, in an effort to allow space for prisoners and their representatives to position themselves away from each other, but this did not guarantee confidentiality. Legal representatives could book a visit in one of two closed visit booths, although not all were aware of this.
- 2.57** In our survey, prisoners reported negatively about the ease of communication with their solicitor, access to legal visits and the opening of legal correspondence in their absence. Correspondence staff maintained a record of legal post opened in error.
- 2.58** Appropriate legal reference books and Prison Service Orders and Instructions were available in the library.

Recommendations

- 2.59** **Legal services should be provided.** (Repeated recommendation 2.62)
- 2.60** **Legal visits should take place out of the hearing of others.** (Repeated recommendation 2.61)

Health services

Expected outcomes:

Prisoners are cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive elsewhere in the community.

2.61 *Despite considerable improvements, most prisoners were dissatisfied with the quality of health services. Governance was generally robust but the management of health care complaints needed improvement. A wide range of primary services were available and most waiting times were reasonable. Dental services were good. Medicines management was poor but remedial action was being taken. Mental health support was very good.*

Governance arrangements

- 2.62** Nottinghamshire Healthcare NHS Trust provided integrated health services commissioned by NHS England East Midlands since April 2013. Governance arrangements had greatly improved since the previous inspection and were good. Contracts and performance were monitored robustly. A network of appropriate governance meetings informed the regular, well-attended partnership board meetings. Working relationships between the commissioners, provider and the prison were good. The health needs assessment was out of date but a new one had been commissioned.
- 2.63** In our survey, the percentage of prisoners who were satisfied with the overall quality of health services was lower than the comparator (31% versus 44%) but similar to that found at the time of the previous inspection.
- 2.64** Learning from serious incidents, complaints and audits was shared with staff and informed service delivery. There was no health service user forum but some focus groups and satisfaction surveys had informed service developments.
- 2.65** The new health care complaints system was confidential but prisoners did not receive an acknowledgement of their complaint, some responses were late and the responses we sampled did not consistently address the issues raised. The number of complaints received was increasing monthly. Most of the 385 complaints received since April 2013 related to medication.
- 2.66** Nottinghamshire Healthcare NHS Trust had inherited serious staffing shortages but these had been mainly resolved. Agency staff on fixed contracts filled vacancies and were integrated into the team. Several new posts, including pharmacy technicians and a pain nurse, had been created to address service deficits. A nurse manager, supported by three matrons, was driving service improvement. Nurses were on-site from 8am to 8pm on weekdays, and from 8am to 6pm at weekends. A regular locum and a salaried GP provided eight clinics.
- 2.67** All new arrivals received a health services leaflet but it was out of date and was not sufficiently informative. Most services were provided from the health care building. The number of clinical rooms had increased; most were of a good standard and all consultations were held in private. Infection control arrangements had improved considerably, evidenced by two infection control audits; however, some areas still required improvement or refurbishment to be fully compliant.

- 2.68** The electronic clinical records we sampled were good and included some satisfactory care planning for complex patients. A range of electronic policies, including for infection control and safeguarding, was used and further policies were being developed through the governance groups. Nottinghamshire Healthcare NHS Trust had inherited a staff team with significant training needs, including mandatory training. A robust programme of staff development was ongoing and regular supervision was provided.
- 2.69** There were good health promotion displays in the health care department but there was no strategic whole-prison approach to health promotion. Information sharing between health services and gym staff was effective. The waiting list for the smoking cessation clinic was too long. There was no access to barrier protection.
- 2.70** There was an identified lead for older prisoners but there were insufficient targeted interventions for older prisoners and those with disabilities (see section on protected characteristics). Mobility and health aids were accessible if required. At the time of the inspection, there was no access to some national screening campaigns for older prisoners but this was being addressed. There was good access to immunisations and screening for blood-borne viruses.
- 2.71** The health care department had appropriate standardised emergency equipment, which was checked regularly and located across the prison, but there was only one automatic defibrillator, which was not enough for the large site. The out-of-hours emergency provision was inadequate as too few discipline staff were trained in first aid, none was trained in defibrillation and there were no defibrillators on the house blocks.

Recommendations

- 2.72** Prisoners should receive timely responses to health care complaints that adequately address all the issues raised.
- 2.73** All clinical areas should be fully compliant with infection control guidelines.
- 2.74** There should be systematic health promotion throughout the prison, including easily accessible barrier protection, overseen by a prison health promotion action group and which includes prisoner representation.
- 2.75** A designated senior health lead should develop health services for older prisoners and those with disabilities.
- 2.76** Prisoners requiring emergency first aid out of hours should have prompt access to appropriately trained staff and sufficient well-maintained equipment, including defibrillators, which receives regular documented checks.

Housekeeping points

- 2.77** There should be regular health care service user consultation that informs service delivery.
- 2.78** Prisoners should receive written information about health services that covers all essential information and is easy to understand.

Delivery of care (physical health)

- 2.79** Nurses saw all new prisoners promptly for a comprehensive assessment, and appropriate referrals were made. Prisoners submitted applications to request services; these were processed promptly but prisoners did not receive a response, so many thought that no action had occurred. Average waiting times had improved; it took two days for a routine nurse assessment and five days to see the GP. Emergency appointments were available daily. An out-of-hours GP service had been introduced and the service was monitored.
- 2.80** There was a wide range of clinics, and waiting times for most were good, except for podiatry, physiotherapy and smoking cessation, but this was being addressed. Nurses with specialist training provided regular clinics for lifelong conditions but there was no coordinated monitoring and support of prisoners with cardiac conditions.
- 2.81** Four prisoners could attend external hospital appointments daily, and appointments were well managed. There were few cancellations due to insufficient escort staff, but emergency appointments created difficulties and we found evidence of two prisoners who had waited five days to attend A&E in March 2014.

Recommendations

- 2.82 Prisoners with cardiac conditions should receive regular reviews which generate an evidence-based care plan from staff who are appropriately trained and supervised.**
- 2.83 Prisoners should have timely access to external hospital appointments.**

Housekeeping point

- 2.84** Prisoners should receive a written response to health applications.

Pharmacy

- 2.85** Nottinghamshire Healthcare NHS Trust had recognised that medicines management was weak and had recently recruited a full-time locum pharmacist and technicians to improve provision. There were no pharmacist-led clinics. The small selection of policies and procedures used did not cover all essential areas, such as out-of-hours and general dispensing processes. A well-attended drugs and therapeutics committee was held monthly. The effectiveness of the newly introduced formulary (a list of medications used to inform prescribing) was limited as it was not installed on SystemOne (the electronic clinical record). The general stock list used had not been ratified by the drugs and therapeutics committee.
- 2.86** The controlled drugs cabinets in the main pharmacy and the general controlled drugs register were not compliant with the regulations, and there was insufficient monitoring of the keys to these cabinets. Refrigerator temperatures were monitored and expiry dates were checked. We saw some incorrectly stored medicines, and inadequate monitoring of the use of over-the-counter remedies given by nurses.

- 2.87** Medicines were prescribed on SystmOne and prescriptions were printed and faxed to the Co-Operative Pharmacy. In our survey, 65% of prisoners said that they received their medication in possession, which was much lower than at comparable prisons (85%) and than at the time of the previous inspection (87%). Too many prisoners received weekly in-possession medication; which was not consistent with community procedures.
- 2.88** In-possession risk assessments were completed in reception and reviewed as required, but they were not easily accessible by the dispensing pharmacy or the nurse administering medication. Prescribing practices did not consistently follow the in-possession policy and too many prisoners received highly tradable medicines, including dihydrocodeine, in possession (see section on security). Many cells did not have secure storage for medicines (see recommendation 2.10).
- 2.89** Medicines were administered from the main dispensary and on house blocks 1 and 2. Only house block 2 had adequate officer supervision of medication queues; this increased the risk of bullying for, and diversion of, medicines. Administration times were reasonable and night-time medications were delivered to the cells in the late evening. Several of the administration records we sampled were incomplete and systems to follow-up non-attendance were inadequate.
- 2.90** Too few medicines were available without a prescription, which increased the demand on GPs and meant that prisoners waited longer for treatment. Prisoners had no access to simple pain relief out of hours.

Recommendations

- 2.91 Prisoners should have access to pharmacist-led clinics.**
- 2.92 The prescribing and administration of potentially tradable medication should reflect current best practice guidelines.**
- 2.93 Medication administration should be adequately supervised, to ensure privacy and compliance and reduce the risk of bullying and diversion.**
- 2.94 Prisoners should have prompt access to appropriate medication through patient group directions and 'special sick' supplies, and their use should be consistently recorded and monitored.**

Housekeeping points

- 2.95** There should be a full range of in-date procedures, policies and stock lists, ratified by the drugs and therapeutics committee.
- 2.96** The agreed medicines formulary should be available on SystmOne.
- 2.97** The controlled drugs cabinets should be secured according to legal requirements. A legally compliant controlled drug register should be in use for all controlled drugs. There should be a clear audit trail of who has accessed all controlled drug cabinet keys.
- 2.98** Medication should be stored correctly. Loose tablets, foils and insulin pens should not be present in stock and all stock containers should be labelled to show batch numbers and expiry dates.

- 2.99** Prisoners should be encouraged to order their own in-possession medicines and, where possible, these should be for 28 days, in line with the procedure in the community.
- 2.100** The in-possession policy should be adhered to and all risk assessments should be attached to paper administration charts.
- 2.101** Drug administration records should be complete and non-attendance should be followed up promptly.
- 2.102** Prisoners should have access to simple pain relief out of hours.

Dentistry

- 2.103** VOSG Bassetlaw Ltd provided seven dental sessions weekly. Waiting times were reasonable, at 5–6 weeks. Appointments were allocated based on need and urgent appointments were provided as needed. NHS-equivalent dental treatment was available. The dental consultation and clinical records we observed were good. Verbal oral health promotion was provided but there was insufficient written information available.
- 2.104** The large dental surgery did not meet current best practice standards for infection control. All dental equipment was appropriately maintained and dental waste received professional disposal.

Recommendation

- 2.105** **The dental surgery should fully comply with dental infection control regulations.**

Housekeeping point

- 2.106** Prisoners should have access to an appropriate range of written oral health promotion material.

Delivery of care (mental health)

- 2.107** In our survey, more prisoners than at comparator prisons and than at the time of the previous inspection (40% versus 26% and 28%, respectively) said that they had emotional or mental health problems. However, the percentage who said that they had been helped was similar to the comparator but higher than at the time of the previous inspection (47% versus 33%).
- 2.108** There were effective working relationships between prison and mental health staff but too few discipline staff had received mental health awareness training. Peer mental health supporter training had started recently but it was too early to assess the impact of this.
- 2.109** The primary and secondary mental health teams worked well together and information sharing was good. Primary mental health provision had increased and included weekends. Three mental health nurses provided these services to around 90 prisoners. There was an open referral system and all referrals were seen within 48 hours for an initial assessment. Prisoners were then signposted to other support, taken on by primary mental health services or referred to secondary services. There was no access to general counselling or

groups but the case management approach used by primary mental health staff mitigated the lack of these services.

- 2.110** The multidisciplinary secondary mental health team supported 75–85 prisoners with severe and enduring mental illness. The community care-planning approach was utilised appropriately and community liaison was good. Care planning for some complex cases included written guidance for prison officers to improve the outcomes for prisoners. Prisoners with severe mental health issues who needed 24-hour nursing care were transferred to HMP Nottingham. The four prisoners transferred to NHS mental health facilities in recent months had been transferred promptly.

Recommendation

- 2.111 Prison staff should have regular mental health awareness training.**

Catering

Expected outcomes:

Prisoners are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

2.112 *The range and standard of food were good. Cultural needs were generally catered for and fresh vegetables, fruit and salads were available everyday. The main kitchen was clean but some serveries on the wings were grubby. Breakfast packs were issued on the day before they were due to be eaten.*

- 2.113** The kitchen was generally clean and well maintained. All staff and prisoners employed in the preparation and serving of food had received basic hygiene and food handling training. Prisoners working in the kitchen could gain national vocational qualifications.
- 2.114** Prisoners were relatively positive about the food provided. Lunch and dinner were selected from a four-week rolling menu which offered a reasonable variety of healthy options, and fresh vegetables, fruit and salads were available every day. However, meals were served too early; lunch was served sometimes as early as 11.30am and dinner at between 4.30pm and 5pm. Breakfast packs were issued on the evening before they were due to be eaten.
- 2.115** The quality of the food we tasted was very good. The menus we saw met the needs of different diets, including vegetarian, vegan and halal. Prisoners complained about serving utensils for halal food being used to serve non-halal items on serveries, and we saw evidence of this during the inspection
- 2.116** Most wing serveries were clean and well maintained but those on house blocks 1 and 2 were grubby.
- 2.117** There were regular meetings with servery workers, a food survey was carried out twice a year and prisoner representatives met the catering manager at formal consultation meetings. There were food comments books on all residential units, and these were readily accessible to prisoners.

Recommendation

- 2.118 Lunch should not be served before noon and the evening meal not before 5pm. Breakfast packs should be issued on the day they are to be eaten.**

Housekeeping point

- 2.119** Halal serving utensils should be used appropriately.

Purchases

Expected outcomes:

Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely.

2.120 *There was an adequate range of goods available for purchase weekly, and this was reviewed in consultation with prisoners. New arrivals waited too long for their first shop order. Catalogue purchases were subject to an administration fee. The distribution of purchases was not sufficiently well planned to avoid bullying or theft.*

2.121 Prisoners were able to purchase goods weekly from a comprehensive range of products, which was reviewed quarterly and updated. Orders could only be submitted on one day a week and new arrivals could wait up to 10 days until they received any goods.

2.122 In our survey, fewer prisoners than at comparator establishments told us that they were able to purchase a wide enough range of goods to meet their needs, and this figure was even lower for black and minority ethnic and Muslim prisoners. However, there was consultation with prisoner equality representatives when the list of goods was reviewed.

2.123 Prisoners could also purchase goods from a range of mail order catalogues but there was a 50 pence administration charge. Newspapers and magazines were available to buy through the library.

2.124 Purchases were not delivered directly to prisoners discreetly, which increased the risk of bullying and theft. In our survey, 15% of prisoners said that they had had their shop goods or property taken, which was higher than the 5% comparator.

Recommendations

2.125 Prisoners should be able to place a shop order on the day after reception.

(Repeated recommendation 2.124)

2.126 There should be no administration charge for catalogue orders.

2.127 Purchases should be delivered to prisoners in a way that minimises the risks of bullying and theft.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁶

3.1 *The amount of time out of cell had improved for those in full-time employment but too many prisoners were locked up during the core working day. Exercise and association periods were regular but exercise periods were too short. Association equipment on the wings was generally poor.*

3.2 At 10.5 hours, the maximum time out of cell had improved but during our spot checks we found too many prisoners (28%) locked up during the core day. Those who were unemployed could have as little as three hours unlocked, and this was even less for those on the basic level of the incentives and earned privileges scheme. All prisoners (except those on basic) had access to daily weekday evening association until 7.15pm and this was rarely cancelled. Exercise periods were regularly provided but too short, at 30 minutes.

3.3 There was insufficient association equipment and almost all of it was in poor condition, and some entirely unusable.

Recommendation

3.4 **All prisoners should have association and one hour of exercise every day.**
(Repeated recommendation 3.5)

Housekeeping point

3.5 Sufficient association equipment should be provided and well maintained.

⁶ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Learning and skills and work activities

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

3.6 *The prison did not have an adequate strategy for implementing its role as a designated working prison. Although there were sufficient places for most of the population, too many prisoners were unemployed. Many work places did not provide sufficient work to occupy prisoners for the full day and there were too few opportunities to develop employability skills or appropriate work ethics. The education and training provision was well planned and managed, with a good range of provision. Teaching and coaching were good in most areas and prisoners achieved well, although achievement of qualifications in English and mathematics was low. The library provided a good facility that was used well.*

3.7 *Ofsted⁷ made the following assessments about the learning and skills and work provision:*

<i>Overall effectiveness of learning and skills and work:</i>	<i>Requires improvement</i>
<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Requires improvement</i>
<i>Quality of learning and skills and work provision:</i>	<i>Good</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Requires improvement</i>

Management of learning and skills and work

3.8 *The prison did not have a clear strategy for implementing its role as a designated working prison. The management of work activities was not planned sufficiently well to link to the prison's reducing reoffending strategy. Quality assurance of work activities in the assembly and manufacturing workshops and on the wings was inadequate. Insufficient action was taken to ensure that all prisoners were productive during the working day (see main recommendation S52 and section on provision of activities).*

3.9 *The Offender Learning and Skills Service (OLASS) education and training provision was good. Strategic planning for vocational training and education was very effective. It was being developed well as part of a cohesive and coordinated strategy based on developing clear progression routes across the three prisons in the East Midlands cluster.*

3.10 *Quality assurance of the education and training provision was thorough in most aspects and the quality improvement meetings were used well to review and improve performance. The self-assessment report provided a constructive and self-critical evaluation of the education and training provision. However, some of the observations of teaching and training were too generic and did not focus enough on the impact of teaching on developing learners' skills or on improving the skills of the tutors and trainers, especially in English and mathematics.*

⁷ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

- 3.11** Although the prison had improved attendance, learning and work activities were still adversely affected when prisoners were taken out for other regime purposes (see main recommendation S52).

Recommendations

- 3.12** The prison should have a clear strategy for implementing its role as a designated working prison.
- 3.13** The quality of the teaching and training should be monitored effectively and focused on improvement, especially in English and mathematics.

Provision of activities

- 3.14** The prison had sufficient activity places for most of its population, with 790 full-time places, not including the average 30 places for prisoners on induction and therefore not allocated to work, and 64 part-time places; 185 of the full-time-equivalent places were in education or training. Around 200 prisoners were not in work; approximately 81 prisoners were not receiving pay, with many of them choosing not to work, and 109 unemployed (see main recommendation S52).
- 3.15** Work activities in half of the commercial workshops were inadequate. The work ethos in many of the assembly and production workshops was poor. There was frequently not enough work to occupy prisoners and they often resorted to playing board games (see main recommendation S52). Work sessions often finished early. Prisoners in the assembly and production workshops did not have sufficient opportunities to develop employability skills that would prepare them for work on release or to work towards qualifications. There were no progression routes within the work activities to enable prisoners to move on to more complex work. Too many wing workers were underemployed for the full working day. The prison kitchens, welding workshop and wood mill had good commercial environments and the plastics workshop ran a number of shift patterns including night shifts that reflected realistic work settings.
- 3.16** Milton Keynes College, the OLASS provider, worked well with the prison to provide a wide range of vocational training, including painting and decorating, catering and rail track maintenance at levels 1 and 2, and plumbing and basic woodwork at level 1.
- 3.17** The prison had restructured its education provision well to provide an appropriate range of courses that had a greater focus on preparing prisoners for release. These included courses in business planning, money management, safety at work and job-seeking skills. Provision in English and mathematics was managed so that the levels of courses could be adapted to suit the prison population at any one time, according to the results of initial assessments at induction. Approximately 50% of prisoners were assessed to be below level 1 and were required to attend English and mathematics classes. However, the number of classes available did not always match the demand, and waiting lists for these courses were long.
- 3.18** Approximately 40 prisoners were enrolled on a range of Open University and distance learning courses and they received well-managed support.

Recommendations

- 3.19 Prisoners should have opportunities for gaining accredited vocational qualifications in all work activities.**
- 3.20 All prisoners with low levels of English and mathematics should be able to develop these skills in education classes, vocational training and work activities.**

Quality of provision

- 3.21** Coaching on vocational courses was good. Trainers were particularly skilled at checking and reinforcing learning. They enabled learners to prepare for work in the future, when they would have to meet commercial deadlines. Learners worked purposefully in well-managed sessions and often also developed good employability skills, such as team working and problem solving.
- 3.22** Individual learning plans were used well to plan learning sessions and assess learners' progress against personalised targets. Trainers routinely set work to be completed outside of training sessions. Learners were encouraged to reflect on their development and record their progress. Opportunities to develop functional English and mathematics skills were available in only one vocational workshop.
- 3.23** In education classes, tutors managed behaviour well and learners were generally engaged. Classrooms were well resourced. Teaching and learning were good overall, with some examples of excellent practice. Learning activities were mainly purposeful and learners were motivated to achieve by working on projects or topics that were of personal interest.
- 3.24** In the weaker provision, learners did not always receive sufficient feedback on their ability to use the skills learned independently, especially in English and mathematics. Learning activities and target setting sometimes focused too much on the development of technical skills, such as using apostrophes, without sufficient emphasis on relating this work to everyday or work-related situations. The college had recently increased the provision of individual learning support by specialised tutors. Peer mentors also supported learners well in classes.

Recommendation

- 3.25 Prisoners should have appropriate opportunities to develop their practical skills in English and mathematics in meaningful contexts, including work-related and vocational settings.**

Education and vocational achievements

- 3.26** Learners demonstrated good standards of knowledge and skills on the vocational courses. They developed a good work ethic in most training workshops, working at a good pace. They appropriately applied their theoretical knowledge to a wide range of practical tasks. Many learners developed effective critical and analytical skills that allowed them to improve quickly.
- 3.27** Examples of effective learning in the education classes included high-quality business plans for enterprises, the ability to gain skills in sketching, the use of water colours and drawing, and the development of good basic cooking techniques.

- 3.28** In 2012/13, achievement rates for the rail engineering track maintenance course were outstanding, and for catering programmes were good. The prison had replaced the courses in construction crafts for which performance had previously been low, and current learners were making good progress towards the new qualifications. Achievement towards qualifications in English and mathematics had increased slightly overall but continued to be too low, at levels 1 and 2.
- 3.29** Punctuality had improved and was good during the inspection.

Recommendation

- 3.30 Teaching and assessment in English and mathematics should focus more on ensuring that learners are motivated to learn and can apply their skills accurately and independently so that a greater proportion achieve qualifications, especially at levels 1 and 2.**

Library

- 3.31** The library services, provided by Nottingham County Council, were well managed by a chartered librarian and three library assistants, supported by three orderlies. However, the orderlies were not offered any training to accredit the skills they developed in this role. The facilities were open for five weekdays, four evenings and during the day on Saturdays. Access was good and all house blocks had three dedicated half-hour sessions a week, providing those who worked during the day with good access to the facilities in the evening. Around a third of the population used the library regularly. A trolley service was provided for prisoners in the segregation unit and was refreshed monthly.
- 3.32** The library was large and welcoming, and the prison induction included a well-planned and informative visit there. It was well stocked with fiction, audio books, books in a wide range of foreign languages, graphic novels and easy-read texts. In addition, specific interest sections were dedicated to health and well-being, minority groups and to support education and vocational training. The stock was regularly updated in response to the changing prison population.
- 3.33** The library staff arranged a variety of events to promote literacy, including Storybook Dads (in which prisoners record stories for their children). Careers were well promoted, with a range of relevant resources on different careers, and prospectuses for universities and colleges. Jobcentre Plus provided an access point for current job vacancies.

Recommendation

- 3.34 Library orderlies should be offered relevant qualifications, such as in customer service.**

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

3.35 *The range of PE facilities and activities met the needs of the prison population well. However, there were no opportunities for prisoners to gain accreditation. Planned access to the gym was equitable but in practice access had been adversely affected because of gym closures. Links with the health care department were adequate but there were insufficient separate sessions for some vulnerable groups.*

3.36 PE staff were supported by a number of prisoners in paid employment who were dedicated to the area. The range of facilities met the need and included two gym areas with weights and cardiovascular equipment, a large sports hall and an outside full-sized grassed pitch. There were sufficient showers in both gyms but they lacked privacy screens.

3.37 The range of recreational activities was good. Regular league games with community teams took place in football and rugby. Accredited courses were not offered. Training in the transferable skills of health and safety and manual handling was delivered to support safe practices in the gym, but was not accredited, and accredited training for gym instructors was unavailable.

3.38 Planned access was equitable and prisoners could potentially attend at least two sessions a week. However, frequent closures due to redeployment of staff reduced access, particularly for prisoners who worked during the day.

3.39 Links with the health care department were adequate and specific sessions were available for those undergoing drug rehabilitation. However, there were insufficient separate sessions for some specific groups, such as those on rehabilitation programmes, older prisoners and those on a weight loss programme. Mentors were used well to support fellow prisoners but they were not accredited.

Recommendations

3.40 Prisoners should have equitable access to the gym as planned.

3.41 Specific PE sessions for those with specific needs should be offered separately from mainstream sessions.

Housekeeping point

3.42 Privacy screens should be provided in the gym showers.

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison.

Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

Good planning ensures a seamless transition into the community.

4.1 *The strategic management of reducing reoffending was limited, with no strategy or action plan. Offender management did not have a high enough profile across the prison and links with resettlement were inadequate. The range of resettlement services provided was limited.*

4.2 The strategic management of reducing reoffending was limited. There was still no reducing reoffending strategy, action plan or comprehensive analysis of prisoner needs to inform provision. A prisoner survey had been completed recently and was awaiting analysis but no use had been made of offender assessment system (OASys) data.

4.3 Offender management did not have a high enough profile within the reducing reoffending function or across the prison. Links between offender management and resettlement were underdeveloped and the two functions did not work together well enough.

4.4 The range of resettlement services delivered had deteriorated and there were some serious gaps in pathway provision (see section on reintegration planning).

4.5 Probation offender supervisors had been adequately trained but training for prison officer offender supervisors was poor, with little focus on risk of harm. Oversight of prison officer offender supervisors was limited but was better for Probation Service offender supervisors.

Recommendations

4.6 **A comprehensive and up-to-date reducing reoffending strategy and action plan should be developed, based on a robust needs analysis of the complex population, and clearly direct developments across offender management, public protection and resettlement work.** (Repeated recommendation 4.6)

4.7 **The profile of offender management across the prison should be improved, including developing formal links between offender management and resettlement.**

Offender management and planning

Expected outcomes:

All prisoners have a sentence plan based on an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Prisoners, together with all relevant staff, are involved in drawing up and reviewing plans.

4.8 *The application of the offender management model had deteriorated and too few prisoners had an offender assessment system (OASys) assessment or regular contact with an offender supervisor. The work of the offender management unit was undermined by extensive cross-deployment of prison officer offender supervisors. The quality of assessments and plans was variable. Most releases on home detention curfew were late. Public protection restrictions were appropriate and regularly reviewed. The role of the interdepartmental risk management team meeting was confusing and many prisoners were released without prison contributions to multi-agency public protection arrangements (MAPPA) meetings. Categorisation processes had improved. Almost a third of the population were waiting for a transfer out of the establishment. Indeterminate-sentenced prisoners did not have a support forum but had access to family days, although take-up was low. Access to psychological services was limited.*

4.9 The application of the offender management model had deteriorated. The needs of those serving under 12 months were not assessed. Low and medium risk of harm prisoners did not receive any regular contact with offender supervisors, even when they made an application for help, and offender supervisors unhelpfully viewed these as 'OASys only' cases. In our survey, fewer prisoners than at comparator prisons and than at the time of the previous inspection said that they had an offender supervisor (49% versus 69% and 55%, respectively), fewer said that they had a sentence plan (56% versus 69% and 66%, respectively) and more said that no one was helping them to achieve their targets (61% versus 47% and 44%, respectively). At the time of the inspection, about a third of eligible prisoners, including high risk of harm and prolific or priority offenders, did not have an up-to-date OASys assessment (see main recommendation S53).

4.10 There was extensive cross-deployment of prison officer offender supervisors, with about a quarter of the profiled working hours lost each month. This was disruptive and made it difficult to keep up to date with assessments and to have regular and meaningful contact with prisoners. During the inspection many prisoners complained about difficulties in contacting staff from the offender management unit (OMU). Contact with high risk of harm prisoners and indeterminate-sentenced prisoners (ISPs) was also limited and tended to be process driven rather than a planned proactive approach to risk management, sentence progression or motivational support (see main recommendation S53).

4.11 The quality of OASys assessments and plans varied. The assessment of the likelihood of reoffending completed by prison offender supervisors was generally adequate and the risk-of-harm classification was correct in all of the cases we looked at. Some other risk-of-harm analyses were inadequate, lacking a comprehensive assessment of the issues and risk factors. Risk management plans tended to focus on risk in the community and did not detail how risks would be managed during the custodial phase. Not all sentence plans were sufficiently detailed and too few included targets about specific work planned – for example, education, training and employment provision. The quality of some of the assessments and plans completed by external probation trusts on high risk of harm prisoners was poor; in one of these, the OASys assessment had not been reviewed following the prisoner's recall.

- 4.12** In most cases we looked at, the prisoner's release on home detention curfew had been late. In some cases, this had been due to late reports from the external probation offender manager or the prisoner arriving at the establishment with only a few weeks left to serve. However, in some cases delays had been within the control of the prison – for example, late wing reports or delays in case administrators sending out requests for information.

Recommendations

- 4.13 Risk of harm assessments and sentence plans should always be completed when needed, and should be of a good quality.**
- 4.14 Home detention curfew assessments should be completed on time, to enable prisoners to be released on their earliest eligible date.** (Repeated recommendation 4.20)

Public protection

- 4.15** Checks on new prisoners identified risk factors, and alerts were added to P-Nomis (electronic case notes) as required. Restrictions on contact were applied appropriately. Monitoring of mail and telephone calls were reviewed at the weekly public protection meeting and removed at the earliest opportunity.
- 4.16** The difference between the public protection and interdepartmental risk management team (IRMT) meetings was unclear and the latter was not focused on multi-agency public protection arrangements (MAPPAs) cases. As a result, this meeting did not discuss some MAPPA cases, although it provided some oversight of high risk of harm cases. Attendance at the meeting was mixed, with some functions not attending.
- 4.17** The prison held a large number of MAPPA cases but too many nearing release did not have the MAPPA management level confirmed. This meant that offender supervisors did not contribute to MAPPA release plans, and the prison was not aware of the MAPPA release plans that had been developed for these dangerous offenders. This was a missed opportunity for involvement in planning for release or information exchange. During the inspection, six MAPPA prisoners were released but the MAPPA level had been confirmed in only one case. A total of 32 prisoners were due for release before the end of April 2014 without a MAPPA level being confirmed.
- 4.18** Access to the violent and sexual offenders register was adequate and it was used in line with national requirements.

Recommendations

- 4.19 The interdepartmental risk management team should provide adequate oversight of multi-agency public protection arrangements (MAPPAs) cases.**
- 4.20 The MAPPA management level should always be identified before release and offender supervisors should contribute to release plans and risk management.**

Categorisation

- 4.21** Categorisation processes had improved and offender supervisors now completed recategorisation review paperwork on time, and those we looked at were of a good quality. The prisoner was not involved in the review process and was not asked to provide a supporting statement.
- 4.22** At the time of the inspection, there were 42 category D prisoners at the establishment. In general, they did not wait too long for transfer to an open prison but a few faced a delay owing to the lack of transport.
- 4.23** Progressive transfers to achieve sentence plan targets were hindered by the large number of urgent transfers needed for safety or discipline purposes, including those in the segregation unit (see section on segregation unit). At the time of the inspection, there were over 300 prisoners wishing to transfer out of the establishment (see section on bullying and violence reduction), including 150 applications awaiting consideration.

Recommendation

- 4.24** **Progressive transfers in order to achieve sentence plan targets should be actioned quickly.**

Housekeeping point

- 4.25** Prisoners should be able to submit a supporting report to their recategorisation review.

Indeterminate sentence prisoners

- 4.26** At the time of the inspection, the prison held 65 life-sentenced prisoners and 84 serving indeterminate sentences for public protection (IPP). Most of them were managed by two appropriately trained probation officers. Preparation of parole reports was up to date but contact with these prisoners was too limited (see main recommendation S53).
- 4.27** All but seven of the IPP prisoners were over-tariff. They were appropriately prioritised for accredited programmes but many experienced long delays to move to another prison to progress. Many others were on a transfer hold pending a parole board hearing.
- 4.28** There was limited access to psychological services and some of the indeterminate-sentenced prisoners (ISPs) waited a long time to get this help. The ISP support forum that had been available at the time of the previous inspection had ended. ISP family days were held twice a year but take-up was low.

Recommendation

- 4.29** **Indeterminate-sentenced prisoners (ISPs) should have timely access to psychological services.**

Housekeeping point

- 4.30** The low take-up of places on the family days should be explored and appropriate action taken, and an ISP support forum should be available.

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.

4.31 *Prisoners' resettlement needs were not adequately identified on arrival or before release and many waited too long for help. Resettlement officers providing accommodation and debt services were cross-deployed too often, which hindered the provision of support. The National Careers Service provided a good service, and there was adequate provision for the education, training and employment pathway, but there were no opportunities for prisoners to attend work placements on release on temporary licence. Health provision before release was adequate but there was no end-of-life policy. Provision for those with substance misuse issues on release was good. There was no specialist debt provision. The children, families and contact with the outside world pathway was underdeveloped. The range of accredited offender behaviour programmes was adequate, with well-managed and short waiting lists, but there was no victim awareness course.*

- 4.32** Assessment of resettlement needs on arrival had largely ended. There was no longer a face-to-face interview and need was identified only through a self-assessment form –which less than half of the prisoners completed (see main recommendation S54). In our survey, fewer prisoners than at comparator prisons and than at the time of the previous inspection knew who to go to for help with most of the resettlement pathways. This reflected the deterioration in resettlement help and the limited range of services available.
- 4.33** Frequent cross-deployment of resettlement officers who provided accommodation and finance, benefit and debt advice hindered resettlement provision and the officers were overwhelmed by the number of prisoners needing help.
- 4.34** Pre-release planning was poor and focused primarily on gathering information on key performance targets relating to accommodation and education, training and employment. In the previous two weeks, 42 prisoners had been released, of whom 19 (45%) had not been seen for the planned pre-release check (see main recommendation S54).

Accommodation

- 4.35** There were generally good links with a variety of local housing providers, including hostel accommodation, and only 2.68% of prisoners had been released without an address in 2013. We were told that links were less well developed with providers in other areas.
- 4.36** In our survey, 19% of prisoners, considerably more than the comparator (15%), said that they had had housing problems on arrival. Accommodation issues were managed by resettlement officers who had not received any specific training, although they had gained experience through their work. Action taken was prioritised according to need; for example, existing tenancies were safeguarded if this had not been done at previous establishments.

- 4.37** Not all prisoners were seen well ahead of release, which potentially left unmet need. Minutes of the reducing reoffending meeting in January 2014 recorded that 250 prisoners were waiting for an initial housing assessment, 40 of whom were due for release in the next three months (see main recommendation S54).

Education, training and employment

- 4.38** The National Careers Service provided a good service. All prisoners were individually interviewed on arrival. Interviews were managed skilfully, with a good focus on career goals and aspirations on release. Action plans identified barriers to employment and appropriate opportunities for prisoners to work towards their career goals. Although these plans were shared with other departments, the targets were not systematically included in sentence planning or learning and skills plans.
- 4.39** Milton Keynes College provided a wide range of relevant courses to support resettlement, and the National Careers Service ran a well-managed half-day pre-release course for prisoners in the last month of their sentence.
- 4.40** Some links with employers were adequate. The course in rail maintenance was an excellent example of training that could potentially lead to work in the community, but employer engagement was not sufficiently focused on developing work and training opportunities on release. There were no opportunities for prisoners to attend work placements or voluntary work on release on temporary licence (ROTL).

Recommendations

- 4.41** **Targets set by the National Careers Service should inform sentence planning and targets for learning and skills and work activities.**
- 4.42** **Links with employers should focus on developing work and training in the prison, as well as external work placements, to support prisoners' plans for resettlement.**
- 4.43** **The prison should further develop its use of release on temporary licence.**
(Repeated recommendation 4.42)

Health care

- 4.44** Prisoners being discharged were identified by health services staff a few days before release and take-home medication was ordered. All prisoners saw a health care support worker immediately before discharge and received a summary of their medical notes. A nurse attended this clinic to administer medication. However, this clinic occurred too late for adequate discharge planning and community liaison for prisoners with complex health needs. Prisoners were not given any written health promotion information or any support for registering with a GP.
- 4.45** Discharge planning for patients with severe and enduring mental health problems started early and appropriate links were made with their local community mental health team.
- 4.46** There was a designated palliative care lead but, although care was based on best-practice guidelines, there was no palliative care or end-of-life policy.

Recommendation

- 4.47 Prisoners with complex physical health needs should have comprehensive discharge planning that starts as early as needed for adequate continuity of care.**

Housekeeping points

- 4.48** Prisoners should be given information and assistance in accessing community health services on release.
- 4.49** There should be a comprehensive palliative care and end-of-life policy that is regularly reviewed.

Drugs and alcohol

- 4.50** Reintegration planning by the substance use team was good for prisoners released locally, and there were good relationships with local substance use agencies, but links with community agencies from further afield were more difficult to arrange.

Finance, benefit and debt

- 4.51** Financial needs were identified only by prisoner self-assessments (see section on reintegration planning). The specialist debt service identified during the previous inspection had ceased; basic financial advice was provided by resettlement officers but they had not received any specific training.
- 4.52** Prisoners were able to open bank accounts, and a good money management course was available through the education department. Minutes of the reducing reoffending meeting of January 2014 recorded that 249 prisoners were waiting to open bank accounts and 97 were waiting to be seen for financial advice.
- 4.53** No statistics were collated to identify the types of debt and financial need identified or the outcomes achieved for those concerned.
- 4.54** A Jobcentre Plus representative provided benefit and employment advice but had stopped routinely interviewing prisoners before release.

Recommendation

- 4.55 Specialist finance and debt advice should be available and delivered by trained staff.**

Children, families and contact with the outside world

- 4.56** In our survey, prisoners were less positive than at comparator prisons about contact with their family and friends. Only prisoners on the enhanced level of the incentives and earned privileges scheme could have a weekly visit. Family visits were not running at the time of the inspection.

- 4.57** The visitors centre was comfortable and the member of staff identified and advised first-time visitors. Visitors said that they were well received at the prison (although, inappropriately, visitors were expected to dress according to a published dress code) and that visits were easily booked by telephone.
- 4.58** The visits hall was reasonable. A selection of refreshments was available. The prison was addressing the lack of tea bar on Sundays, and had developed an action plan in response to issues identified in a recent visitor survey. The unsupervised play area was extremely poor, with graffiti on the furniture, and the few toys and books available were damaged and grubby.
- 4.59** The children, families and contact with the outside world pathway was underdeveloped, and there was no action plan to develop services. There was no parenting course, family support worker or use of ROTL to support family contact (see recommendation 4.43).

Recommendations

- 4.60** The play area should be clean and properly equipped.
- 4.61** The children and family pathway should be developed, in consultation with prisoners, to meet need.

Attitudes, thinking and behaviour

- 4.62** In our survey, considerably more prisoners than at comparator prisons and than at the time of our previous inspection said that it was easy to get on an offending behaviour programme (24% versus 21% and 18%, respectively).
- 4.63** The accredited offending behaviour courses available included the thinking skills programme, RESOLVE (a cognitive-behavioural intervention that aims to reduce violence) and the self-change programme (SCP); this provided an appropriate range of programmes to meet the most common needs of the prison population. However, there was no victim awareness provision, other than an in-cell workbook, which was rarely used. Many of the prisoners whose cases we inspected would have benefited from specific victim awareness work. Plans for developing a restorative justice intervention were at an early stage.
- 4.64** Waiting lists for these courses were well managed, prisoners no longer had long waits to access a place and completion targets were achieved. Drop-out rates were low and prisoners on the programmes were well supported. Links with the OMU were good and offender supervisors attended post-programme review meetings. There was also evidence of family members being invited and attending.

Recommendation

- 4.65** Victim awareness work should be provided in all relevant cases.

Section 5. Summary of recommendations and housekeeping points

The following is a listing of repeated and new recommendations, housekeeping points and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

Main recommendations

To the governor

- 5.1** Prisoners' views on safety should be sought and analysed alongside all other safety data. This should inform an action plan to make the prison safer. (S48)
- 5.2** The quality of assessment, planning and monitoring for prisoners subject to ACCT procedures should be improved and include effective care planning and improved attendance at review meetings. Prisoners subject to assessment, care in custody and teamwork (ACCT) procedures should not be segregated without an exceptional review and authorisation. (S49)
- 5.3** An action plan to address drug and alcohol supply reduction and demand should be implemented and should address the specific issue of new psychoactive substances and diverted medication. (S50)
- 5.4** The needs of prisoners with protected characteristics should be promptly identified and met through individual assessment, regular direct consultation with minority groups, effective care planning and monitoring. (S51)
- 5.5** All activity places should be filled, interruptions to the working day should be reduced and prisoners should not be able to opt out of activities. All work areas should encourage a good work ethos and have sufficient work to keep prisoners occupied. (S52)
- 5.6** The backlog of offender assessment system (OASys) assessments should be tackled and all relevant prisoners should be seen by their offender supervisor promptly to be assessed, have relevant targets set, risks addressed and progression and/or transfer pursued. Contact should be regular and meaningful. (S53)
- 5.7** The resettlement needs of all prisoners should be comprehensively assessed on arrival and before release, with a coordinated plan developed to support them and adequate resources to meet demand. (S54)

Recommendations

Courts, escort and transfers

- 5.8** Prisoners should be able to take all their property when transferred. (1.6, repeated recommendation 1.5)

Early days in custody

- 5.9** Prisoners should not have to wait for long periods in reception. (1.14)

- 5.10** Prisoners should be fully supported during their early days at the establishment, and their cells should be clean and fully prepared with essential equipment. (I.15)
- 5.11** The first night and induction wing should not be used as a place of refuge for prisoners who refuse to move, or are under threat or struggling to cope on other wings (I.16).

Bullying and violence reduction

- 5.12** The 'zero-tolerance management strategy' should be properly used to support prisoners at risk from others and to set behaviour targets to reduce antisocial behaviour. (I.27)
- 5.13** Prisoners with a role in promoting safer custody should be adequately trained and supported. (I.28)

Self-harm and suicide

- 5.14** The quality of assessment, planning and monitoring for prisoners subject to ACCT procedures should be improved and include effective care planning and improved attendance at review meetings. (I.35)
- 5.15** Action plans in response to recommendations following a death in custody should fully address the concerns raised and their effectiveness should be monitored. (I.36)

Safeguarding

- 5.16** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (I.40, repeated recommendation I.39)

Incentives and earned privileges

- 5.17** The incentives and earned privileges scheme should be applied consistently across the prison and processes introduced to ensure the monitoring of and management of prisoner behaviour. (I.52)
- 5.18** Prisoners should not be automatically reduced to the basic level without a formal review. (I.53)

Discipline

- 5.19** Cells in the segregation unit should be clean, free from graffiti and properly maintained. (I.67)
- 5.20** A comprehensive policy should be introduced for the management and transfer of prisoners in the segregation unit. It should include how problem or vulnerable behaviour and underlying causes will be investigated, how individual needs will be met and options for reintegration or transfer. (I.68)

Substance misuse

- 5.21** Alcoholics Anonymous and Narcotics Anonymous fellowship groups should be made available to prisoners. (I.75, repeated recommendation 4.51)

Residential units

- 5.22** Single cells should not be used to accommodate two prisoners. (2.9, repeated recommendation 2.9)
- 5.23** Cells should be equipped with sufficient serviceable furniture (including lockable cupboards) and adequate toilet screens, and cell cleaning materials should be freely available. (2.10)
- 5.24** Showers should be refurbished where necessary and provide adequate privacy. (2.11, repeated recommendation 2.12)
- 5.25** Night workers should be able to sleep without disruption. (2.12, Repeated recommendation 2.14)
- 5.26** Staff supervision during association should be improved. (2.13)

Staff-prisoner relationships

- 5.27** The personal officer scheme should be effective in providing regular support and motivation to prisoners. (2.21, repeated recommendation 2.23)
- 5.28** There should be regular and meaningful consultation with prisoners in order to improve communication. (2.22)

Equality and diversity

- 5.29** Provision for foreign national prisoners should be improved, including independent immigration advice. (2.40)
- 5.30** Multidisciplinary care plans should be developed for prisoners with social care needs and made available to wing staff. (2.41, repeated recommendation 2.43)

Complaints

- 5.31** Complaints should be responded to appropriately and systems developed to ensure that prisoners receive a prompt and full response. (2.53, repeated recommendation 2.57)

Legal rights

- 5.32** Legal services should be provided. (2.59, repeated recommendation 2.62)
- 5.33** Legal visits should take place out of the hearing of others. (2.60, repeated recommendation 2.61)

Health services

- 5.34** Prisoners should receive timely responses to health care complaints that adequately address all the issues raised. (2.72)
- 5.35** All clinical areas should be fully compliant with infection control guidelines. (2.73)

- 5.36** There should be systematic health promotion throughout the prison, including easily accessible barrier protection, overseen by a prison health promotion action group and which includes prisoner representation. (2.74)
- 5.37** A designated senior health lead should develop health services for older prisoners and those with disabilities. (2.75)
- 5.38** Prisoners requiring emergency first aid out of hours should have prompt access to appropriately trained staff and sufficient well-maintained equipment, including defibrillators, which receives regular documented checks. (2.76)
- 5.39** Prisoners with cardiac conditions should receive regular reviews which generate an evidence-based care plan from staff who are appropriately trained and supervised. (2.82)
- 5.40** Prisoners should have timely access to external hospital appointments. (2.83)
- 5.41** Prisoners should have access to pharmacist-led clinics. (2.91)
- 5.42** The prescribing and administration of potentially tradable medication should reflect current best practice guidelines. (2.92)
- 5.43** Medication administration should be adequately supervised, to ensure privacy and compliance and reduce the risk of bullying and diversion. (2.93)
- 5.44** Prisoners should have prompt access to appropriate medication through patient group directions and 'special sick' supplies, and their use should be consistently recorded and monitored. (2.94)
- 5.45** The dental surgery should fully comply with dental infection control regulations. (2.105)
- 5.46** Prison staff should have regular mental health awareness training. (2.111)

Catering

- 5.47** Lunch should not be served before noon and the evening meal not before 5pm. Breakfast packs should be issued on the day they are to be eaten. (2.118)

Purchases

- 5.48** Prisoners should be able to place a shop order on the day after reception. (2.125, repeated recommendation 2.124)
- 5.49** There should be no administration charge for catalogue orders. (2.126)
- 5.50** Purchases should be delivered to prisoners in a way that minimises the risks of bullying and theft. (2.127)

Time out of cell

- 5.51** All prisoners should have association and one hour of exercise every day. (3.4, repeated recommendation 3.5)

Learning and skills and work activities

- 5.52** The prison should have a clear strategy for implementing its role as a designated working prison. (3.12)
- 5.53** The quality of the teaching and training should be monitored effectively and focused on improvement, especially in English and mathematics. (3.13)
- 5.54** Prisoners should have opportunities for gaining accredited vocational qualifications in all work activities. (3.19)
- 5.55** All prisoners with low levels of English and mathematics should be able to develop these skills in education classes, vocational training and work activities. (3.20)
- 5.56** Prisoners should have appropriate opportunities to develop their practical skills in English and mathematics in meaningful contexts, including work-related and vocational settings. (3.25)
- 5.57** Teaching and assessment in English and mathematics should focus more on ensuring that learners are motivated to learn and can apply their skills accurately and independently so that a greater proportion achieve qualifications, especially at levels 1 and 2. (3.30)
- 5.58** Library orderlies should be offered relevant qualifications, such as in customer service. (3.34)

Physical education and healthy living

- 5.59** Prisoners should have equitable access to the gym as planned. (3.40)
- 5.60** Specific PE sessions for those with specific needs should be offered separately from mainstream sessions. (3.41)

Strategic management of resettlement

- 5.61** A comprehensive and up-to-date reducing reoffending strategy and action plan should be developed, based on a robust needs analysis of the complex population, and clearly direct developments across offender management, public protection and resettlement work. (4.6, repeated recommendation 4.6)
- 5.62** The profile of offender management across the prison should be improved, including developing formal links between offender management and resettlement. (4.7)

Offender management and planning

- 5.63** Risk of harm assessments and sentence plans should always be completed when needed, and should be of a good quality. (4.13)
- 5.64** Home detention curfew assessments should be completed on time, to enable prisoners to be released on their earliest eligible date. (4.14, repeated recommendation 4.20)
- 5.65** The interdepartmental risk management team should provide adequate oversight of multi-agency public protection arrangements (MAPPA) cases. (4.19)
- 5.66** The MAPPA management level should always be identified before release and offender supervisors should contribute to release plans and risk management. (4.20)

- 5.67** Progressive transfers in order to achieve sentence plan targets should be actioned quickly. (4.24)
- 5.68** Indeterminate-sentenced prisoners (ISPs) should have timely access to psychological services. (4.29)

Reintegration planning

- 5.69** Targets set by the National Careers Service should inform sentence planning and targets for learning and skills and work activities. (4.41)
- 5.70** Links with employers should focus on developing work and training in the prison, as well as external work placements, to support prisoners' plans for resettlement. (4.42)
- 5.71** The prison should further develop its use of release on temporary licence. (4.43, repeated recommendation 4.42)
- 5.72** Prisoners with complex physical health needs should have comprehensive discharge planning that starts as early as needed for adequate continuity of care. (4.47)
- 5.73** Specialist finance and debt advice should be available and delivered by trained staff. (4.55)
- 5.74** The play area should be clean and properly equipped. (4.60)
- 5.75** The children and family pathway should be developed, in consultation with prisoners, to meet need. (4.61)
- 5.76** Victim awareness work should be provided in all relevant cases. (4.65)

Housekeeping points

Early days in custody

- 5.77** The information booklet given in reception should be available in languages other than English. (1.17)
- 5.78** Gym inductions should take place within one week of arrival. (1.18)

Discipline

- 5.79** Information about the nature of adjudications should be used strategically to help to identify and deal with trends and patterns. (1.58)

Residential units

- 5.80** Wing laundry equipment should be in good order and repaired quickly. (2.14)
- 5.81** Responses to applications should be tracked, to ensure that they are dealt with quickly. (2.15)

Equality and diversity

- 5.82** External scrutiny of discrimination incident report forms should be undertaken to provide more quality assurance. (2.29)
- 5.83** Issues raised at prisoner forums should be addressed by the equality action team. (2.42)
- 5.84** Suitable activities should be introduced for older prisoners. (2.43)
- 5.85** A formal and paid carer scheme should be introduced. (2.44)

Faith and religious activity

- 5.86** All prisoners should arrive in good time for Friday prayers. (2.49)

Complaints

- 5.87** Managers should ensure that low-level domestic issues are promptly resolved by residential staff on the wings. (2.54)

Health services

- 5.88** There should be regular health care service user consultation that informs service delivery. (2.77)
- 5.89** Prisoners should receive written information about health services that covers all essential information and is easy to understand. (2.78)
- 5.90** Prisoners should receive a written response to health applications. (2.84)
- 5.91** There should be a full range of in-date procedures, policies and stock lists, ratified by the drugs and therapeutics committee. (2.95)
- 5.92** The agreed medicines formulary should be available on SystemOne. (2.96)
- 5.93** The controlled drugs cabinets should be secured according to legal requirements. A legally compliant controlled drug register should be in use for all controlled drugs. There should be a clear audit trail of who has accessed all controlled drug cabinet keys. (2.97)
- 5.94** Medication should be stored correctly. Loose tablets, foils and insulin pens should not be present in stock and all stock containers should be labelled to show batch numbers and expiry dates. (2.98)
- 5.95** Prisoners should be encouraged to order their own in-possession medicines and, where possible, these should be for 28 days, in line with the procedure in the community. (2.99)
- 5.96** The in-possession policy should be adhered to and all risk assessments should be attached to paper administration charts. (2.100)
- 5.97** Drug administration records should be complete and non-attendance should be followed up promptly. (2.101)
- 5.98** Prisoners should have access to simple pain relief out of hours. (2.102)

5.99 Prisoners should have access to an appropriate range of written oral health promotion material. (2.106)

Catering

5.100 Halal serving utensils should be used appropriately. (2.119)

Time out of cell

5.101 Sufficient association equipment should be provided and well maintained. (3.5)

Physical education and healthy living

5.102 Privacy screens should be provided in the gym showers. (3.42)

Offender management and planning

5.103 Prisoners should be able to submit a supporting report to their recategorisation review. (4.25)

5.104 The low take-up of places on the family days should be explored and appropriate action taken, and an ISP support forum should be available. (4.30)

Reintegration planning

5.105 Prisoners should be given information and assistance in accessing community health services on release. (4.48)

5.106 There should be a comprehensive palliative care and end-of-life policy that is regularly reviewed. (4.49)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief inspector
Alison Perry	Team leader
Sandra Fieldhouse	Inspector
Paul Rowlands	Inspector
Andrew Rooke	Inspector
Gordon Riach	Inspector
Joss Crosbie	Inspector
Sam Booth	Researcher
Rachel Prime	Researcher
Ewan Kennedy	Researcher

Specialist inspectors

Paul Roberts	Substance misuse inspector
Majella Pearce	Health services inspector
Deborah Hylands	Pharmacist
Jan Fooks-Bale	CQC inspector
Neeta Chauhan	CQC inspector
Karen Adriaanse	Ofsted inspector
Nigel Bragg	Ofsted inspector
Sheila Willis	Ofsted inspector
Alastair Pearson	Ofsted inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2012, staff in reception were considerate and reception procedures were satisfactory. First night accommodation was reasonable but processes were weak and prisoners were not adequately supported. Induction was good but prisoners spent too long locked in their cells after completing it. Prisoners generally reported feeling safe and levels of violence were not high, although bullying around debt, gangs and drugs was a concern. Violence reduction arrangements were weak. Suicide and self-harm procedures were good. Security arrangements were generally proportionate. Levels of use of force were relatively low but governance was underdeveloped. Use of segregation for those seeking protection was high and too many prisoners were transferred out from the segregation unit. Illicit drug availability, including alcohol and diverted medication, was high. Integrated drug treatment system arrangements were reasonably good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

All data around violence and safety should be collated and analysed to identify trends and direct action. A comprehensive policy should be introduced for the management and transfer of prisoners in the segregation unit and should include how problem or vulnerable behaviour and underlying causes will be investigated, how individual needs will be met and options for reintegration or transfer. (HP53)

Not achieved

An action plan to address supply reduction and demand, including alcohol, should be implemented and should address the specific issue of diverted medication. Intelligence indicating a need for suspicion testing should be monitored and resourced. (HP54)

Not achieved (recommendation repeated, S49)

Recommendations

Prisoners should be offered adequate comfort breaks and refreshments during journeys to and from the establishment. (1.4)

Partially achieved

Prisoners should be able to take all their property when transferred. (1.5)

Not achieved (recommendation repeated, 1.6)

Prisoners should not have to wait for long periods in reception over lunchtime. (1.12)

Not achieved

Prisoners should be fully supported during their early days at the establishment, and on their first night should have access to showers and suitable clothing that fits and their cells should be fully prepared with bedding and basic toiletries. (I.13)

Not achieved

The new anti-bullying intervention should be fully implemented, including the setting of behavioural targets. (I.24)

Not achieved

An adequate range of information about incidents of self-harm should be collated and analysed by the safer custody meeting to identify improvements to practice. (I.32)

Partially achieved (recommendation repeated, I.35)

Assessment, care in custody and teamwork (ACCT) reviews should be attended by all staff with a knowledge of the prisoner and who can contribute to his care. (I.33)

Not achieved

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (I.39)

Not achieved (recommendation repeated, I.42)

The security analysts should record relevant events on the violent and sexual offenders register (ViSOR) system. (I.48)

Achieved

Prisoners on the basic level of the incentives and earned privileges (IEP) scheme should be set meaningful individualised targets. (I.54)

Not achieved

All planned uses of force should be video-recorded and examined to improve performance where necessary. (I.63)

Partially achieved

All use of force records should be accompanied by an F213 (injury report form) and completed in full and on time. (I.64)

Partially achieved

Prisoners should have a minimum of one hour of exercise in the open air while undergoing segregation. (I.71)

Achieved

Clinical and psychosocial substance misuse services should integrate further and undertake joint care plans and reviews. (I.76)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2012, the prison was generally clean and litter free. The quality of accommodation varied across the prison. Staff–prisoner relationships were reasonably good, with suitable levels of respect but sometimes limited engagement. The quality of prison clothing and access to telephones were poor. Equality and diversity were well managed and outcomes for prisoners generally good. Faith provision was reasonable but some access was restricted. Complaints processes were weak. Primary health provision was poor and gave us serious cause for concern. Mental health services were generally sound. Food and catering arrangements were reasonable. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Commissioning arrangements should be urgently reviewed to enable effective day-to-day management of all health services. The commissioner and the governor should hold regular partnership meetings to monitor health delivery and address shortcomings. (HP55)

Achieved

Recommendations

Single cells should not be used to accommodate two prisoners. (2.10)

Not achieved (recommendation repeated, 2.9)

Cells should be equipped with sufficient serviceable furniture and adequate toilet screens, and cell cleaning materials should be freely available. All shower areas should be refurbished. (2.11)

Not achieved

Showers should be refurbished where necessary and provide adequate privacy. (2.12)

Not achieved (recommendation repeated, 2.11)

The procedures for issuing prison clothing should be improved so that all prisoners can obtain sufficient clothing, of good quality and in the right size. (2.13)

Not achieved

Night workers should be able to sleep without disruption. (2.14)

Not achieved (recommendation repeated, 2.12)

Additional telephones should be provided and access to telephones increased. (2.15)

Partially achieved

The personal officer scheme should be effective in providing regular support and motivation to prisoners. (2.23)

Not achieved (recommendation repeated, 2.21)

Discrimination incident report forms should be investigated by managers who are demonstrably impartial, in order to inspire user confidence in the process. Responses should be full and timely. (2.30)

Achieved

There should be a regular consultation forum with black and minority ethnic prisoners to ensure that the reasons for their negative perceptions are understood and addressed. (2.42)

Partially achieved

Multidisciplinary care plans should be developed for prisoners with social care needs and made available to wing staff. (2.43)

Not achieved (recommendation repeated, 2.41)

Prisoners should not be required to apply to attend Christian worship and attendance should not be capped. (2.52)

Partially achieved

Complaints should be responded to appropriately and systems developed to ensure that prisoners receive a prompt and full response. (2.57)

Not achieved (recommendation repeated, 2.53)

Legal visits should take place out of the hearing of others. (2.61)

Partially achieved (recommendation repeated, 2.60)

Legal services should be provided. (2.62)

Not achieved (recommendation repeated, 2.59)

Consultations should always be conducted with respect for privacy and dignity. (2.76)

Achieved

Prisoners should be able to access a suitable confidential health complaints system. (2.77)

Partially achieved

Safe medicines management should be implemented in line with legislation and recognised professional practice and clinical guidance. (2.95)

Partially achieved

Prescribing reviews should be implemented to ensure that medicines are used therapeutically and safely within the prison environment. (2.96)

Partially achieved

An up-to-date health needs assessment, including mental health, learning disability and personality disorder, should inform mental health provision. (2.112)

Not achieved

The evening meal should not be served before 5pm. (2.118)

Not achieved

Prisoners involved in the preparation of food should be able to obtain nationally recognised qualifications. (2.119)

Partially achieved

Prisoners should be able to place a shop order on the day after reception. (2.124)

Not achieved (recommendation repeated, 2.125)

Purposeful activity

Prisoners are able, and expected, to engage in activity that is likely to benefit them.

At the last inspection, in 2012, most prisoners experienced a reasonable amount of time out of cell but did not have association daily. There were sufficient activity places but too few prisoners attended at any one time and too many were locked up during the day. For prisoners attending learning and skills and work activities there was a good focus on employability. The range and quality of vocational and industrial training and work provision were good. Teaching and learning were generally good but weak in literacy and numeracy. Achievement of qualifications was generally good but the number taking them was low. The opportunity to gain skills above level 2 was too limited. The excellent library resource was well used and promoted. PE facilities and access to recreational PE were good but inappropriately interrupted the working day. Outcomes for prisoners against this healthy prison test were reasonably good. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

Attendance at activity should be monitored robustly and more prisoners should be engaged in purposeful activity. Recreational PE should not be scheduled during the working day. (HP56)

Partially achieved

The monitoring of the quality of learning and teaching should be fully implemented in numeracy and literacy. The progress and achievements of prisoners engaged in numeracy and literacy work should be monitored. (HP57)

Not achieved

Recommendations

All prisoners should have association and one hour of exercise every day. (3.5)

Not achieved (recommendation repeated, 3.4)

The quality of teaching, training and learning should be monitored in all areas and staff should receive detailed feedback on the quality of their work. (3.10)

Partially achieved

The length of time that prisoners wait for allocation to activities should be reduced. (3.13)

Partially achieved

All prisoners should receive sufficient initial careers information and guidance, and employment and training goals should be recorded on their individual learning plans. (3.18)

Partially achieved

The prison should increase the learning and accreditation opportunities available through to level 2 and above and ensure that more prisoners achieve qualifications across learning and skills. (3.23)

Partially achieved

Punctuality should be improved, to minimise disruption to training, education and work and ensure that working time is fully productive. (3.24)

Partially achieved

PE facilities should be open and available to prisoners before morning movement and during lunchtimes, to reflect access to leisure facilities in the community. (3.33)

Achieved

More accredited courses should be provided to meet the needs of short-term prisoners. (3.34)

Not achieved

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection, in 2012, there was no overarching vision for reducing reoffending and provision was not suitably informed by a needs analysis. Offender assessment system (OASys) assessments were up to date and applied to all prisoners, although offender supervisor contact was usually insufficient and reactive. Public protection arrangements were generally sound but not sufficiently integrated with offender management. Home detention curfew and recategorisation processes were inadequate. Category D prisoners waited too long for transfer to open conditions. Release on temporary licence was used positively. Indeterminate-sentenced prisoners were reasonably well managed. All prisoners received an individual resettlement needs assessment on induction. The advice provided by resettlement staff was good but compromised by a shortage of staff, resulting in a large backlog of work. Resettlement pathway provision was generally good and particularly effective around accommodation, employment and training, and finance benefit and debt. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

A comprehensive and up-to-date reducing reoffending strategy and action plan should be developed, based on a robust needs analysis of the complex population, and clearly direct developments across offender management, public protection and resettlement work. (4.6)

Not achieved (recommendation repeated, 4.xx)

The waiting list for Community Links Advice and Support Services (CLASS) should be cleared, to avoid prisoners experiencing delays in receiving support. (4.7)

No longer relevant

Integration between offender management, public protection and resettlement teams should be improved, to ensure effective information exchange. (4.17)

Partially achieved

The quality of the assessment of risk of harm to others completed by offender supervisors should be improved, so that a comprehensive plan results in all relevant cases. (4.18)

Partially achieved

Minimum contact between the offender supervisor and prisoner should be clearly defined, with the frequency based on the risk of harm to others. (4.19)

Not achieved

Home detention curfew assessments should be completed on time, to enable prisoners to be released on their earliest eligible date. (4.20)

Not achieved (recommendation repeated, 4.14)

Category D prisoners should not experience a delay in being transferred to an open prison. (4.29)

Achieved

All prisoners should have a resettlement discharge interview well in advance of their release date. (4.37)

Not achieved

The prison should further develop its use of release on temporary licence. (4.42)

Not achieved (recommendation repeated, 4.43)

The drug strategy document should contain a detailed action plan, informed by the needs analysis, which includes specific outcome-focused targets and clear accountabilities for drug supply and demand reduction. (4.50)

Not achieved

Alcoholics Anonymous and Narcotics Anonymous fellowship groups should be made available to prisoners. (4.51)

Not achieved (recommendation repeated, 1.77)

Visitors should be able to purchase snacks during each visits session. (4.58)

Achieved

Prisoners should be able to return to their wing if a visitor does not arrive. (4.59)

Achieved

Parenting courses should be provided. (4.60)

Not achieved

Prisoners should be able to access a place on an accredited programme without a long delay. (4.66)

Achieved

Appendix III: Prison population profile

Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

Status	18–20-year-olds	21 and over	%
Sentenced	1	1004	92.2
Recall	0	85	7.8
Convicted unsentenced	0	0	0
Remand	0	0	0
Civil prisoners	0	0	0
Detainees	0	0	0
Total	1	1089	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced	0	0	0
Less than six months	0	19	1.7
six months to less than 12 months	0	40	3.7
12 months to less than 2 years	0	114	10.5
2 years to less than 4 years	0	176	16.1
4 years to less than 10 years	1	407	37.4
10 years and over (not life)	0	29	2.7
ISPP (indeterminate sentence for public protection)	0	82	7.5
Life	0	63	
Total	1	1089	100

Age	Number of prisoners	%
Please state minimum age here: 19	0	0
Under 21 years	0	0
21 years to 29 years	511	46.9
30 years to 39 years	345	31.7
40 years to 49 years	149	13.7
50 years to 59 years	73	6.7
60 years to 69 years	10	0.9
70 plus years	1	0.1
Please state maximum age here: 75		
Total	1090	100

Nationality	18–20-year-olds	21 and over	%
British	1	939	86.31
Foreign nationals	0	149	13.69
Total	1	1088	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced			
Uncategorised sentenced			
Category A			
Category B	0	2	0.2
Category C	1	1056	97.0

Category D	0	30	2.8
Other	0	1	0.1
Total	1	1089	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British	1	712	65.4
Irish	0	6	0.6
Gypsy/Irish Traveller	0	10	0.9
Other white	0	58	5.3
Mixed			
White and black Caribbean	0	58	5.3
White and black African	0	4	0.4
White and Asian	0	3	0.3
Other mixed	0	12	1.2
Asian or Asian British			
Indian	0	31	2.8
Pakistani	0	46	4.2
Bangladeshi	0	3	0.3
Chinese	0	0	0
Other Asian	0	18	1.7
Black or black British			
Caribbean	0	72	6.6
African	0	28	2.6
Other black	0	22	2.0
Other ethnic group			
Arab	0	0	0
Other ethnic group	0	4	0.4
Not stated	0	1	0.1
Total			

Religion	18–20-year-olds	21 and over	%
Baptist	0	1	0.1
Church of England	0	131	12.0
Roman Catholic	0	204	18.7
Other Christian denominations	0	197	18.1
Muslim	0	153	14.0
Sikh	0	13	1.2
Hindu	0	8	0.7
Buddhist	0	14	1.3
Jewish	0	6	0.6
Other	0	11	1.0
No religion	1	351	32.3
Total	1	1089	100

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)			
Total			

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	167	15.3
1 month to 3 months	0	0	265	24.3
3 months to six months	0	0	226	20.7
six months to 1 year	0	0	99	9.1
1 year to 2 years	0	0	51	4.7
2 years to 4 years	1	0.1	275	25.2
4 years or more	0	0	6	0.6
Total	1	0.1	1089	99.9

Sentenced prisoners only

	18–20-year-olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	1	445	40.9
Total	1	445	40.9

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	0	0
1 month to 3 months	0	0	0	0
3 months to six months	0	0	0	0
six months to 1 year	0	0	0	0
1 year to 2 years	0	0	0	0
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	0	0	0	0

Main offence	18–20-year-olds	21 and over	%
Violence against the person	Not currently available		
Sexual offences			
Burglary			
Robbery			
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences			
Civil offences			
Offence not recorded /holding warrant			
Total			

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

A voluntary, confidential and anonymous survey of a representative proportion of the prisoner population was carried out for this inspection. The results of this survey formed part of the evidence base for the inspection.

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment.⁸ Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 10 March 2014 the prisoner population at HMP Ranby was 1086. Using the method described above, questionnaires were distributed to a sample of 216 prisoners.

We received a total of 164 completed questionnaires, a response rate of 76%. This included three questionnaires completed via interview. Sixteen respondents refused to complete a questionnaire, 18 questionnaires were not returned and 18 were returned blank.

⁸ 95% confidence interval with a sampling error of 3%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

House block	Number of completed survey returns
1	37
2	35
3	38
4	10
5	21
6	10
7	10
Segregation Unit	3

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Ranby.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant⁹ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Ranby in 2014 compared with responses from prisoners surveyed in all other Category C Trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 40 Category C Trainer prisons since April 2008.
- The current survey responses from HMP Ranby in 2014 compared with the responses of prisoners surveyed at HMP Ranby in 2012.
- A comparison within the 2014 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2014 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2014 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

⁹ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section I: About You

Q1.1	What wing or house block are you currently living on? See shortened methodology.		
Q1.2	How old are you?		
	<i>Under 21</i>		1 (1%)
	<i>21 - 29</i>		75 (46%)
	<i>30 - 39</i>		46 (28%)
	<i>40 - 49</i>		30 (18%)
	<i>50 - 59</i>		10 (6%)
	<i>60 - 69</i>		1 (1%)
	<i>70 and over</i>		1 (1%)
Q1.3	Are you sentenced?		
	<i>Yes</i>		146 (90%)
	<i>Yes - on recall</i>		17 (10%)
	<i>No - awaiting trial</i>		0 (0%)
	<i>No - awaiting sentence</i>		0 (0%)
	<i>No - awaiting deportation</i>		0 (0%)
Q1.4	How long is your sentence?		
	<i>Not sentenced</i>		0 (0%)
	<i>Less than 6 months</i>		8 (5%)
	<i>6 months to less than 1 year</i>		7 (4%)
	<i>1 year to less than 2 years</i>		17 (11%)
	<i>2 years to less than 4 years</i>		49 (30%)
	<i>4 years to less than 10 years</i>		51 (32%)
	<i>10 years or more</i>		5 (3%)
	<i>IPP (indeterminate sentence for public protection)</i>		11 (7%)
	<i>Life</i>		13 (8%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship.)		
	<i>Yes</i>		16 (10%)
	<i>No</i>		147 (90%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>		158 (98%)
	<i>No</i>		4 (2%)
Q1.7	Do you understand written English?		
	<i>Yes</i>		158 (97%)
	<i>No</i>		5 (3%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	96 (60%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	2 (1%)	<i>Asian or Asian British - other</i> 2 (1%)
	<i>White - other</i>	16 (10%)	<i>Mixed race - white and black Caribbean</i> 14 (9%)
	<i>Black or black British - Caribbean</i>	9 (6%)	<i>Mixed race - white and black African</i> 0 (0%)
	<i>Black or black British - African</i>	2 (1%)	<i>Mixed race - white and Asian</i> 3 (2%)

<i>Black or black British - other</i>	1 (1%)	<i>Mixed race - other</i>	1 (1%)
<i>Asian or Asian British - Indian</i>	4 (2%)	<i>Arab</i>	0 (0%)
<i>Asian or Asian British - Pakistani</i>	8 (5%)	<i>Other ethnic group</i>	1 (1%)
<i>Asian or Asian British - Bangladeshi</i>	2 (1%)		

Q1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?

Yes	9 (6%)
No	149 (94%)

Q1.10 What is your religion?

<i>None</i>	55 (35%)	<i>Hindu</i>	2 (1%)
<i>Church of England</i>	39 (25%)	<i>Jewish</i>	3 (2%)
<i>Catholic</i>	23 (15%)	<i>Muslim</i>	21 (13%)
<i>Protestant</i>	0 (0%)	<i>Sikh</i>	2 (1%)
<i>Other Christian denomination</i>	9 (6%)	<i>Other</i>	2 (1%)
<i>Buddhist</i>	2 (1%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/ Straight</i>	159 (99%)
<i>Homosexual/Gay</i>	1 (1%)
<i>Bisexual</i>	1 (1%)

Q1.12 Do you consider yourself to have a disability? (i.e. do you need help with any long term physical, mental or learning needs.)

Yes	38 (23%)
No	124 (77%)

Q1.13 Are you a veteran (ex- armed services)?

Yes	8 (5%)
No	154 (95%)

Q1.14 Is this your first time in prison?

Yes	49 (30%)
No	114 (70%)

Q1.15 Do you have children under the age of 18?

Yes	98 (60%)
No	65 (40%)

Section 2: Courts, transfers and escorts**Q2.1 On your most recent journey here, how long did you spend in the van?**

<i>Less than 2 hours</i>	98 (60%)
<i>2 hours or longer</i>	60 (37%)
<i>Don't remember</i>	5 (3%)

Q2.2 On your most recent journey here, were you offered anything to eat or drink?

<i>My journey was less than two hours</i>	98 (60%)
Yes	50 (31%)
No	14 (9%)
<i>Don't remember</i>	0 (0%)

Q2.3 On your most recent journey here, were you offered a toilet break?

<i>My journey was less than two hours</i>	98 (60%)
Yes	4 (2%)
No	60 (37%)

	<i>Don't remember</i>		1 (1%)
Q2.4	On your most recent journey here, was the van clean?		
	Yes		107 (66%)
	No		50 (31%)
	<i>Don't remember</i>		5 (3%)
Q2.5	On your most recent journey here, did you feel safe?		
	Yes		127 (78%)
	No		32 (20%)
	<i>Don't remember</i>		3 (2%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?		
	<i>Very well</i>		37 (23%)
	<i>Well</i>		77 (48%)
	<i>Neither</i>		41 (25%)
	<i>Badly</i>		2 (1%)
	<i>Very badly</i>		4 (2%)
	<i>Don't remember</i>		0 (0%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)		
	<i>Yes, someone told me</i>		100 (63%)
	<i>Yes, I received written information</i>		12 (8%)
	<i>No, I was not told anything</i>		47 (29%)
	<i>Don't remember</i>		1 (1%)
Q2.8	When you first arrived here did your property arrive at the same time as you?		
	Yes		133 (82%)
	No		28 (17%)
	<i>Don't remember</i>		1 (1%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?		
	<i>Less than 2 hours</i>		48 (30%)
	<i>2 hours or longer</i>		102 (64%)
	<i>Don't remember</i>		10 (6%)
Q3.2	When you were searched, was this carried out in a respectful way?		
	Yes		132 (82%)
	No		23 (14%)
	<i>Don't remember</i>		6 (4%)
Q3.3	Overall, how were you treated in reception?		
	<i>Very well</i>		35 (22%)
	<i>Well</i>		81 (51%)
	<i>Neither</i>		22 (14%)
	<i>Badly</i>		17 (11%)
	<i>Very badly</i>		5 (3%)
	<i>Don't remember</i>		0 (0%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	<i>Loss of property</i>	25 (16%)	<i>Physical health</i> 22 (14%)
	<i>Housing problems</i>	29 (19%)	<i>Mental health</i> 36 (23%)

Contacting employers	7 (4%)	Needing protection from other prisoners	8 (5%)
Contacting family	33 (21%)	Getting phone numbers	25 (16%)
Childcare	5 (3%)	Other	8 (5%)
Money worries	23 (15%)	Did not have any problems	60 (38%)
Feeling depressed or suicidal	32 (21%)		

Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	Yes		28 (18%)
	No		68 (44%)
	Did not have any problems		60 (38%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	Tobacco		140 (88%)
	A shower		20 (13%)
	A free telephone call		53 (33%)
	Something to eat		106 (66%)
	PIN phone credit		88 (55%)
	Toiletries/ basic items		33 (21%)
	Did not receive anything		8 (5%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)		
	Chaplain		64 (41%)
	Someone from health services		102 (65%)
	A Listener/Samaritans		38 (24%)
	Prison shop/ canteen		33 (21%)
	Did not have access to any of these		28 (18%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply)		
	What was going to happen to you		64 (41%)
	What support was available for people feeling depressed or suicidal		51 (33%)
	How to make routine requests (applications)		54 (35%)
	Your entitlement to visits		58 (37%)
	Health services		77 (50%)
	Chaplaincy		61 (39%)
	Not offered any information		43 (28%)
Q3.9	Did you feel safe on your first night here?		
	Yes		120 (75%)
	No		35 (22%)
	Don't remember		5 (3%)
Q3.10	How soon after you arrived here did you go on an induction course?		
	Have not been on an induction course		6 (4%)
	Within the first week		102 (65%)
	More than a week		44 (28%)
	Don't remember		5 (3%)
Q3.11	Did the induction course cover everything you needed to know about the prison?		
	Have not been on an induction course		6 (4%)
	Yes		80 (51%)
	No		57 (36%)
	Don't remember		14 (9%)

Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	33 (21%)
	<i>Within the first week</i>	41 (26%)
	<i>More than a week</i>	59 (37%)
	<i>Don't remember</i>	25 (16%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to...					
		Very easy	Easy	Neither	Difficult	Very difficult N/A
	<i>Communicate with your solicitor or legal representative?</i>	17 (11%)	43 (27%)	23 (15%)	31 (20%)	24 (15%) 19 (12%)
	<i>Attend legal visits?</i>	17 (12%)	51 (36%)	26 (18%)	7 (5%)	11 (8%) 29 (21%)
	<i>Get bail information?</i>	4 (3%)	11 (8%)	22 (16%)	12 (9%)	23 (17%) 62 (46%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?					
	<i>Not had any letters</i>					29 (18%)
	<i>Yes</i>					85 (53%)
	<i>No</i>					46 (29%)
Q4.3	Can you get legal books in the library?					
	<i>Yes</i>					70 (44%)
	<i>No</i>					15 (9%)
	<i>Don't know</i>					75 (47%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:					
		Yes	No	Don't know		
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	81 (52%)	73 (46%)	3 (2%)		
	<i>Are you normally able to have a shower every day?</i>	147 (92%)	12 (8%)	1 (1%)		
	<i>Do you normally receive clean sheets every week?</i>	104 (67%)	48 (31%)	4 (3%)		
	<i>Do you normally get cell cleaning materials every week?</i>	80 (51%)	74 (47%)	4 (3%)		
	<i>Is your cell call bell normally answered within five minutes?</i>	27 (18%)	110 (72%)	16 (10%)		
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	94 (60%)	59 (38%)	3 (2%)		
	<i>If you need to, can you normally get your stored property?</i>	25 (16%)	85 (54%)	48 (30%)		
Q4.5	What is the food like here?					
	<i>Very good</i>					5 (3%)
	<i>Good</i>					35 (22%)
	<i>Neither</i>					30 (19%)
	<i>Bad</i>					49 (31%)
	<i>Very bad</i>					40 (25%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?					
	<i>Have not bought anything yet/ don't know</i>					7 (4%)
	<i>Yes</i>					52 (33%)
	<i>No</i>					97 (62%)
Q4.7	Can you speak to a Listener at any time, if you want to?					
	<i>Yes</i>					81 (51%)
	<i>No</i>					13 (8%)
	<i>Don't know</i>					65 (41%)

Q4.8	Are your religious beliefs respected?	
	Yes	59 (38%)
	No	26 (17%)
	Don't know/ N/A	72 (46%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes	78 (49%)
	No	8 (5%)
	Don't know/ N/A	72 (46%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	37 (23%)
	Very easy	36 (23%)
	Easy	38 (24%)
	Neither	6 (4%)
	Difficult	7 (4%)
	Very difficult	6 (4%)
	Don't know	28 (18%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	129 (82%)
	No	25 (16%)
	Don't know	3 (2%)
Q5.2	Please answer the following questions about applications (<i>If you have not made an application please tick the 'not made one' option.</i>)	
		Not made one Yes No
	Are applications dealt with fairly?	6 (4%) 71 (47%) 74 (49%)
	Are applications dealt with quickly (within seven days)?	6 (5%) 42 (32%) 85 (64%)
Q5.3	Is it easy to make a complaint?	
	Yes	93 (60%)
	No	39 (25%)
	Don't know	24 (15%)
Q5.4	Please answer the following questions about complaints (<i>If you have not made a complaint please tick the 'not made one' option.</i>)	
		Not made one Yes No
	Are complaints dealt with fairly?	50 (32%) 16 (10%) 88 (57%)
	Are complaints dealt with quickly (within seven days)?	50 (35%) 14 (10%) 80 (56%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	39 (26%)
	No	112 (74%)
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are</i>	40 (26%)
	Very easy	17 (11%)
	Easy	25 (17%)
	Neither	34 (23%)
	Difficult	27 (18%)
	Very difficult	8 (5%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	9 (6%)
	Yes	65 (41%)
	No	66 (42%)
	<i>Don't know</i>	17 (11%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	9 (6%)
	Yes	57 (37%)
	No	77 (50%)
	<i>Don't know</i>	10 (7%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	7 (5%)
	No	148 (95%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	120 (79%)
	Very well	5 (3%)
	Well	8 (5%)
	Neither	7 (5%)
	Badly	7 (5%)
	Very badly	5 (3%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	116 (73%)
	No	42 (27%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	102 (65%)
	No	54 (35%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	35 (22%)
	No	122 (78%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	9 (6%)
	Never	42 (27%)
	Rarely	43 (27%)
	Some of the time	38 (24%)
	Most of the time	16 (10%)
	All of the time	9 (6%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	109 (69%)
	<i>In the first week</i>	11 (7%)
	<i>More than a week</i>	13 (8%)

Don't remember 24 (15%)

Q7.6 How helpful is your personal (named) officer?

Do not have a personal officer/ I have not met him/ her 109 (73%)
Very helpful 8 (5%)
Helpful 13 (9%)
Neither 8 (5%)
Not very helpful 6 (4%)
Not at all helpful 6 (4%)

Section 8: Safety**Q8.1 Have you ever felt unsafe here?**

Yes 77 (49%)
No 79 (51%)

Q8.2 Do you feel unsafe now?

Yes 45 (30%)
No 106 (70%)

Q8.3 In which areas have you felt unsafe? (Please tick all that apply to you.)

<i>Never felt unsafe</i>	79 (54%)	<i>At meal times</i>	16 (11%)
<i>Everywhere</i>	30 (20%)	<i>At health services</i>	15 (10%)
<i>Segregation unit</i>	5 (3%)	<i>Visits area</i>	7 (5%)
<i>Association areas</i>	21 (14%)	<i>In wing showers</i>	19 (13%)
<i>Reception area</i>	7 (5%)	<i>In gym showers</i>	10 (7%)
<i>At the gym</i>	13 (9%)	<i>In corridors/stairwells</i>	20 (14%)
<i>In an exercise yard</i>	17 (12%)	<i>On your landing/wing</i>	27 (18%)
<i>At work</i>	20 (14%)	<i>In your cell</i>	18 (12%)
<i>During movement</i>	31 (21%)	<i>At religious services</i>	6 (4%)
<i>At education</i>	12 (8%)		

Q8.4 Have you been victimised by other prisoners here?

Yes 61 (39%)
No 96 (61%)

Q8.5 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	24 (15%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	19 (12%)
<i>Sexual abuse</i>	2 (1%)
<i>Feeling threatened or intimidated</i>	44 (28%)
<i>Having your canteen/property taken</i>	24 (15%)
<i>Medication</i>	13 (8%)
<i>Debt</i>	12 (8%)
<i>Drugs</i>	13 (8%)
<i>Your race or ethnic origin</i>	11 (7%)
<i>Your religion/religious beliefs</i>	9 (6%)
<i>Your nationality</i>	7 (4%)
<i>You are from a different part of the country than others</i>	20 (13%)
<i>You are from a traveller community</i>	3 (2%)
<i>Your sexual orientation</i>	2 (1%)
<i>Your age</i>	3 (2%)
<i>You have a disability</i>	4 (3%)
<i>You were new here</i>	16 (10%)
<i>Your offence/ crime</i>	4 (3%)
<i>Gang related issues</i>	16 (10%)

Q8.6	Have you been victimised by staff here?	
	Yes	52 (34%)
	No	102 (66%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	15 (10%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	10 (6%)
	<i>Sexual abuse</i>	2 (1%)
	<i>Feeling threatened or intimidated</i>	24 (16%)
	<i>Medication</i>	11 (7%)
	<i>Debt</i>	6 (4%)
	<i>Drugs</i>	7 (5%)
	<i>Your race or ethnic origin</i>	3 (2%)
	<i>Your religion/religious beliefs</i>	5 (3%)
	<i>Your nationality</i>	6 (4%)
	<i>You are from a different part of the country than others</i>	11 (7%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age</i>	3 (2%)
	<i>You have a disability</i>	4 (3%)
	<i>You were new here</i>	9 (6%)
	<i>Your offence/ crime</i>	3 (2%)
	<i>Gang related issues</i>	5 (3%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	<i>Not been victimised</i>	81 (60%)
	Yes	29 (21%)
	No	26 (19%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people:						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	18 (12%)	2 (1%)	29 (19%)	14 (9%)	46 (30%)	45 (29%)
	The nurse	14 (9%)	8 (5%)	52 (35%)	17 (11%)	33 (22%)	24 (16%)
	The dentist	24 (16%)	1 (1%)	11 (7%)	8 (5%)	32 (22%)	72 (49%)
Q9.2	What do you think of the quality of the health service from the following people:						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	24 (16%)	9 (6%)	34 (23%)	18 (12%)	31 (21%)	35 (23%)
	The nurse	17 (12%)	17 (12%)	37 (26%)	25 (17%)	26 (18%)	22 (15%)
	The dentist	39 (27%)	8 (6%)	23 (16%)	18 (13%)	17 (12%)	37 (26%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>					15 (10%)	
	<i>Very good</i>					7 (5%)	
	<i>Good</i>					35 (23%)	
	<i>Neither</i>					19 (13%)	
	<i>Bad</i>					36 (24%)	
	<i>Very bad</i>					40 (26%)	
Q9.4	Are you currently taking medication?						
	Yes					72 (47%)	
	No					81 (53%)	

Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?	
	<i>Not taking medication</i>	81 (53%)
	<i>Yes, all my meds</i>	33 (22%)
	<i>Yes, some of my meds</i>	13 (9%)
	<i>No</i>	25 (16%)
Q9.6	Do you have any emotional or mental health problems?	
	<i>Yes</i>	61 (40%)
	<i>No</i>	90 (60%)
Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)	
	<i>Do not have any emotional or mental health problems</i>	90 (61%)
	<i>Yes</i>	27 (18%)
	<i>No</i>	31 (21%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	<i>Yes</i>	42 (27%)
	<i>No</i>	111 (73%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	<i>Yes</i>	29 (19%)
	<i>No</i>	122 (81%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	63 (42%)
	<i>Easy</i>	15 (10%)
	<i>Neither</i>	6 (4%)
	<i>Difficult</i>	7 (5%)
	<i>Very difficult</i>	9 (6%)
	<i>Don't know</i>	51 (34%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	16 (11%)
	<i>Easy</i>	24 (16%)
	<i>Neither</i>	10 (7%)
	<i>Difficult</i>	11 (7%)
	<i>Very difficult</i>	17 (11%)
	<i>Don't know</i>	74 (49%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	18 (12%)
	<i>No</i>	132 (88%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	10 (7%)
	<i>No</i>	142 (93%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	102 (71%)
	<i>Yes</i>	20 (14%)
	<i>No</i>	22 (15%)

Q10.8	Have you received any support or help (for example substance misuse teams for your alcohol problem, whilst in this prison?)	
	<i>Did not / do not have an alcohol problem</i>	122 (80%)
	Yes	17 (11%)
	No	13 (9%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	114 (80%)
	Yes	20 (14%)
	No	8 (6%)

Section II: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	12 (8%)	28 (18%)	46 (30%)	27 (18%)	20 (13%)	19 (13%)
	Vocational or skills training	20 (14%)	14 (10%)	40 (28%)	25 (17%)	27 (19%)	18 (13%)
	Education (including basic skills)	18 (12%)	19 (13%)	49 (34%)	25 (17%)	19 (13%)	15 (10%)
	Offending behaviour programmes	32 (22%)	11 (8%)	23 (16%)	21 (15%)	21 (15%)	36 (25%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	<i>Not involved in any of these</i>					39 (26%)	
	Prison job					91 (61%)	
	Vocational or skills training					13 (9%)	
	Education (including basic skills)					26 (18%)	
	Offending behaviour programmes					11 (7%)	
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?						
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	Prison job	23 (17%)	32 (23%)	76 (55%)	7 (5%)		
	Vocational or skills training	27 (25%)	43 (41%)	30 (28%)	6 (6%)		
	Education (including basic skills)	23 (21%)	48 (45%)	31 (29%)	5 (5%)		
	Offending behaviour programmes	30 (27%)	33 (30%)	40 (36%)	8 (7%)		
Q11.4	How often do you usually go to the library?						
	<i>Don't want to go</i>					17 (11%)	
	Never					20 (13%)	
	<i>Less than once a week</i>					57 (38%)	
	<i>About once a week</i>					51 (34%)	
	<i>More than once a week</i>					7 (5%)	
Q11.5	Does the library have a wide enough range of materials to meet your needs?						
	<i>Don't use it</i>					30 (20%)	
	Yes					75 (50%)	
	No					46 (30%)	
Q11.6	How many times do you usually go to the gym each week?						
	<i>Don't want to go</i>					30 (20%)	
	0					36 (24%)	
	1 to 2					49 (32%)	
	3 to 5					32 (21%)	
	More than 5					5 (3%)	

Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	18 (12%)
	<i>0</i>	20 (13%)
	<i>1 to 2</i>	33 (22%)
	<i>3 to 5</i>	35 (23%)
	<i>More than 5</i>	47 (31%)
Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	10 (7%)
	<i>0</i>	7 (5%)
	<i>1 to 2</i>	11 (7%)
	<i>3 to 5</i>	15 (10%)
	<i>More than 5</i>	107 (71%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)	
	<i>Less than 2 hours</i>	23 (15%)
	<i>2 to less than 4 hours</i>	18 (12%)
	<i>4 to less than 6 hours</i>	14 (9%)
	<i>6 to less than 8 hours</i>	27 (18%)
	<i>8 to less than 10 hours</i>	22 (15%)
	<i>10 hours or more</i>	36 (24%)
	<i>Don't know</i>	11 (7%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	37 (25%)
	<i>No</i>	113 (75%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	99 (65%)
	<i>No</i>	53 (35%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	48 (32%)
	<i>No</i>	103 (68%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	28 (18%)
	<i>Very easy</i>	10 (7%)
	<i>Easy</i>	25 (16%)
	<i>Neither</i>	9 (6%)
	<i>Difficult</i>	36 (24%)
	<i>Very difficult</i>	41 (27%)
	<i>Don't know</i>	4 (3%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	0 (0%)
	<i>Yes</i>	105 (69%)
	<i>No</i>	47 (31%)

Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	47 (31%)
	<i>No contact</i>	49 (33%)
	<i>Letter</i>	30 (20%)
	<i>Phone</i>	23 (15%)
	<i>Visit</i>	27 (18%)
Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	74 (49%)
	<i>No</i>	77 (51%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	0 (0%)
	<i>Yes</i>	85 (56%)
	<i>No</i>	66 (44%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	66 (44%)
	<i>Very involved</i>	21 (14%)
	<i>Involved</i>	18 (12%)
	<i>Neither</i>	14 (9%)
	<i>Not very involved</i>	9 (6%)
	<i>Not at all involved</i>	21 (14%)
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	66 (46%)
	<i>Nobody</i>	48 (33%)
	<i>Offender supervisor</i>	22 (15%)
	<i>Offender manager</i>	14 (10%)
	<i>Named/ personal officer</i>	2 (1%)
	<i>Staff from other departments</i>	9 (6%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	66 (45%)
	<i>Yes</i>	47 (32%)
	<i>No</i>	21 (14%)
	<i>Don't know</i>	13 (9%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	66 (45%)
	<i>Yes</i>	18 (12%)
	<i>No</i>	50 (34%)
	<i>Don't know</i>	13 (9%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	<i>Do not have a sentence plan/ not sentenced</i>	66 (45%)
	<i>Yes</i>	28 (19%)
	<i>No</i>	33 (22%)
	<i>Don't know</i>	20 (14%)
Q13.10	Do you have a needs based custody plan?	
	<i>Yes</i>	7 (5%)
	<i>No</i>	80 (54%)
	<i>Don't know</i>	60 (41%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?

Yes	17 (11%)
No	131 (89%)

**Q13.12 Do you know of anyone in this prison who can help you with the following on release?:
(please tick all that apply to you.)**

	<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
Employment	26 (18%)	39 (27%)	77 (54%)
Accommodation	25 (18%)	33 (24%)	80 (58%)
Benefits	23 (17%)	37 (27%)	79 (57%)
Finances	25 (19%)	16 (12%)	91 (69%)
Education	26 (20%)	29 (22%)	76 (58%)
Drugs and alcohol	30 (22%)	35 (26%)	72 (53%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

<i>Not sentenced</i>	0 (0%)
Yes	64 (45%)
No	78 (55%)

Main comparator and comparator to last time



Prisoner survey responses HMP Ranby 2014

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

Key to tables		HMP Ranby 2014	Category C trainer prisons comparator	HMP Ranby 2014	HMP Ranby 2012
Any percentage highlighted in green is significantly better					
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
Number of completed questionnaires returned		164	6601	164	173
SECTION 1: General information					
1.2	Are you under 21 years of age?	1%	3%	1%	0%
1.3	Are you sentenced?	100%	100%	100%	100%
1.3	Are you on recall?	11%	10%	11%	9%
1.4	Is your sentence less than 12 months?	9%	6%	9%	14%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	7%	9%	7%	17%
1.5	Are you a foreign national?	10%	10%	10%	9%
1.6	Do you understand spoken English?	98%	99%	98%	98%
1.7	Do you understand written English?	97%	98%	97%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	29%	28%	29%	23%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	4%	6%	4%
1.1	Are you Muslim?	13%	13%	13%	14%
1.11	Are you homosexual/gay or bisexual?	1%	3%	1%	1%
1.12	Do you consider yourself to have a disability?	24%	18%	24%	18%
1.13	Are you a veteran (ex-armed services)?	5%	6%	5%	5%
1.14	Is this your first time in prison?	30%	38%	30%	25%
1.15	Do you have any children under the age of 18?	60%	51%	60%	63%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	37%	46%	37%	37%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	78%	73%	78%	57%
2.3	Were you offered a toilet break?	6%	8%	6%	4%
2.4	Was the van clean?	66%	65%	66%	64%
2.5	Did you feel safe?	78%	81%	78%	84%
2.6	Were you treated well/very well by the escort staff?	71%	70%	71%	67%
2.7	Before you arrived here were you told that you were coming here?	63%	60%	63%	57%
2.7	Before you arrived here did you receive any written information about coming here?	8%	19%	8%	8%
2.8	When you first arrived here did your property arrive at the same time as you?	82%	89%	82%	91%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	30%	52%	30%	29%
3.2	When you were searched in reception, was this carried out in a respectful way?	82%	84%	82%	84%
3.3	Were you treated well/very well in reception?	73%	73%	73%	68%
	When you first arrived:				
3.4	Did you have any problems?	62%	61%	62%	62%
3.4	Did you have any problems with loss of property?	16%	17%	16%	13%
3.4	Did you have any housing problems?	19%	15%	19%	14%
3.4	Did you have any problems contacting employers?	5%	3%	5%	2%
3.4	Did you have any problems contacting family?	21%	21%	21%	25%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	2%	3%	4%
3.4	Did you have any money worries?	15%	15%	15%	14%
3.4	Did you have any problems with feeling depressed or suicidal?	21%	13%	21%	13%
3.4	Did you have any physical health problems?	14%	11%	14%	13%
3.4	Did you have any mental health problems?	23%	12%	23%	15%
3.4	Did you have any problems with needing protection from other prisoners?	5%	4%	5%	2%
3.4	Did you have problems accessing phone numbers?	16%	19%	16%	14%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	29%	37%	29%	30%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	88%	74%	88%	81%
3.6	A shower?	13%	30%	13%	16%
3.6	A free telephone call?	33%	42%	33%	26%
3.6	Something to eat?	66%	61%	66%	63%
3.6	PIN phone credit?	55%	49%	55%	65%
3.6	Toiletries/ basic items?	21%	46%	21%	25%
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	41%	52%	41%	41%
3.7	Someone from health services?	65%	69%	65%	73%
3.7	A Listener/Samaritans?	24%	32%	24%	29%
3.7	Prison shop/ canteen?	21%	21%	21%	21%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	41%	51%	41%	41%
3.8	Support was available for people feeling depressed or suicidal?	33%	42%	33%	31%
3.8	How to make routine requests?	35%	45%	35%	39%
3.8	Your entitlement to visits?	37%	44%	37%	34%

Key to tables

Main comparator and comparator to last time

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3.8	Health services?	50%	55%	50%	42%
3.8	The chaplaincy?	39%	49%	39%	36%
3.9	Did you feel safe on your first night here?	75%	82%	75%	81%
3.10	Have you been on an induction course?	96%	91%	96%	94%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	53%	62%	53%	57%
3.12	Did you receive an education (skills for life) assessment?	79%	83%	79%	82%
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	38%	48%	38%	42%
4.1	Attend legal visits?	48%	51%	48%	60%
4.1	Get bail information?	11%	15%	11%	11%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	53%	40%	53%	52%
4.3	Can you get legal books in the library?	44%	43%	44%	42%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	52%	68%	52%	55%
4.4	Are you normally able to have a shower every day?	92%	92%	92%	80%
4.4	Do you normally receive clean sheets every week?	67%	78%	67%	72%
4.4	Do you normally get cell cleaning materials every week?	51%	71%	51%	69%
4.4	Is your cell call bell normally answered within five minutes?	18%	37%	18%	27%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	60%	69%	60%	66%
4.4	Can you normally get your stored property, if you need to?	16%	26%	16%	17%
4.5	Is the food in this prison good/very good?	25%	26%	25%	26%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	33%	45%	33%	35%
4.7	Are you able to speak to a Listener at any time, if you want to?	51%	57%	51%	53%
4.8	Are your religious beliefs are respected?	38%	53%	38%	43%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	49%	59%	49%	48%
4.10	Is it easy/very easy to attend religious services?	47%	50%	47%	51%
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	82%	82%	82%	83%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	49%	60%	49%	57%
5.2	Do you feel applications are dealt with quickly (within seven days)?	33%	48%	33%	48%
5.3	Is it easy to make a complaint?	60%	60%	60%	67%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	15%	33%	15%	36%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	15%	35%	15%	43%
5.5	Have you ever been prevented from making a complaint when you wanted to?	26%	18%	26%	20%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	28%	29%	28%	28%

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SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	41%	54%	41%	48%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	37%	47%	37%	40%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	5%	6%	5%	5%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	41%	39%	41%	41%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	73%	77%	73%	77%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	65%	75%	65%	74%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	22%	29%	22%	21%
7.4	Do staff normally speak to you most of the time/all of the time during association?	16%	20%	16%	16%
7.5	Do you have a personal officer?	31%	72%	31%	53%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	51%	63%	51%	61%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	49%	32%	49%	29%
8.2	Do you feel unsafe now?	30%	13%	30%	13%
8.4	Have you been victimised by other prisoners here?	39%	23%	39%	23%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	15%	10%	15%	10%
8.5	Hit, kicked or assaulted you?	12%	6%	12%	6%
8.5	Sexually abused you?	1%	1%	1%	1%
8.5	Threatened or intimidated you?	28%	14%	28%	13%
8.5	Taken your canteen/property?	15%	5%	15%	5%
8.5	Victimised you because of medication?	8%	4%	8%	4%
8.5	Victimised you because of debt?	8%	3%	8%	4%
8.5	Victimised you because of drugs?	8%	3%	8%	2%
8.5	Victimised you because of your race or ethnic origin?	7%	3%	7%	4%
8.5	Victimised you because of your religion/religious beliefs?	6%	2%	6%	2%
8.5	Victimised you because of your nationality?	4%	2%	4%	4%
8.5	Victimised you because you were from a different part of the country?	13%	4%	13%	5%
8.5	Victimised you because you are from a Traveller community?	2%	1%	2%	0%
8.5	Victimised you because of your sexual orientation?	1%	1%	1%	0%
8.5	Victimised you because of your age?	2%	2%	2%	1%
8.5	Victimised you because you have a disability?	3%	2%	3%	1%
8.5	Victimised you because you were new here?	10%	4%	10%	4%
8.5	Victimised you because of your offence/crime?	3%	4%	3%	3%
8.5	Victimised you because of gang related issues?	10%	4%	10%	5%

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	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	34%	28%	34%	27%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	10%	10%	10%	9%
8.7	Hit, kicked or assaulted you?	7%	3%	7%	2%
8.7	Sexually abused you?	1%	1%	1%	0%
8.7	Threatened or intimidated you?	16%	12%	16%	7%
8.7	Victimised you because of medication?	7%	4%	7%	4%
8.7	Victimised you because of debt?	4%	2%	4%	1%
8.7	Victimised you because of drugs?	5%	2%	5%	2%
8.7	Victimised you because of your race or ethnic origin?	2%	5%	2%	5%
8.7	Victimised you because of your religion/religious beliefs?	3%	3%	3%	5%
8.7	Victimised you because of your nationality?	4%	3%	4%	3%
8.7	Victimised you because you were from a different part of the country?	7%	3%	7%	4%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	1%
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.7	Victimised you because of your age?	2%	2%	2%	1%
8.7	Victimised you because you have a disability?	3%	2%	3%	1%
8.7	Victimised you because you were new here?	6%	4%	6%	3%
8.7	Victimised you because of your offence/crime?	2%	4%	2%	4%
8.7	Victimised you because of gang related issues?	3%	2%	3%	2%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	53%	39%	53%	42%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	20%	32%	20%	15%
9.1	Is it easy/very easy to see the nurse?	41%	55%	41%	23%
9.1	Is it easy/very easy to see the dentist?	8%	13%	8%	10%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	34%	48%	34%	36%
9.2	The nurse?	43%	59%	43%	46%
9.2	The dentist?	30%	42%	30%	29%
9.3	The overall quality of health services?	31%	44%	31%	32%
9.4	Are you currently taking medication?	47%	47%	47%	48%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	65%	85%	65%	87%
9.6	Do you have any emotional well being or mental health problems?	40%	26%	40%	28%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	47%	49%	47%	33%

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SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	27%	23%	27%	29%
10.2	Did you have a problem with alcohol when you came into this prison?	19%	17%	19%	21%
10.3	Is it easy/very easy to get illegal drugs in this prison?	52%	31%	52%	38%
10.4	Is it easy/very easy to get alcohol in this prison?	26%	19%	26%	23%
10.5	Have you developed a problem with drugs since you have been in this prison?	12%	8%	12%	9%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	7%	6%	7%	9%
For those with drug or alcohol problems:					
10.7	Have you received any support or help with your drug problem while in this prison?	48%	64%	48%	63%
10.8	Have you received any support or help with your alcohol problem while in this prison?	57%	63%	57%	68%
For those who have received help or support with their drug or alcohol problem:					
10.9	Was the support helpful?	71%	79%	71%	81%
SECTION 11: Activities					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	49%	42%	49%	52%
11.1	Vocational or skills training?	38%	38%	38%	36%
11.1	Education (including basic skills)?	47%	53%	47%	45%
11.1	Offending behaviour programmes?	24%	21%	24%	18%
Are you currently involved in any of the following activities:					
11.2	A prison job?	62%	59%	62%	71%
11.2	Vocational or skills training?	9%	16%	9%	21%
11.2	Education (including basic skills)?	18%	27%	18%	26%
11.2	Offending behaviour programmes?	7%	13%	7%	18%
11.3	Have you had a job while in this prison?	83%	82%	83%	86%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	28%	42%	28%	42%
11.3	Have you been involved in vocational or skills training while in this prison?	75%	73%	75%	79%
For those who have had vocational or skills training while in this prison:					
11.3	Do you feel the vocational or skills training will help you on release?	55%	57%	55%	68%
11.3	Have you been involved in education while in this prison?	79%	79%	79%	83%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	57%	60%	57%	67%
11.3	Have you been involved in offending behaviour programmes while in this prison?	73%	71%	73%	79%
For those who have been involved in offending behaviour programmes while in this prison:					
11.3	Do you feel the offending behaviour programme(s) will help you on release?	41%	52%	41%	55%
11.4	Do you go to the library at least once a week?	38%	47%	38%	43%
11.5	Does the library have a wide enough range of materials to meet your needs?	50%	44%	50%	58%
11.6	Do you go to the gym three or more times a week?	24%	36%	24%	38%
11.7	Do you go outside for exercise three or more times a week?	54%	47%	54%	25%
11.8	Do you go on association more than five times each week?	71%	73%	71%	65%

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11.9	Do you spend ten or more hours out of your cell on a weekday?	24%	15%	24%	15%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	25%	35%	25%	29%
12.2	Have you had any problems with sending or receiving mail?	65%	44%	65%	47%
12.3	Have you had any problems getting access to the telephones?	32%	24%	32%	53%
12.4	Is it easy/ very easy for your friends and family to get here?	23%	27%	23%	27%
SECTION 13: Preparation for release					
	For those who are sentenced:				
13.1	Do you have a named offender manager (home probation officer) in the probation service?	69%	82%	69%	78%
	For those who are sentenced what type of contact have you had with your offender manager:				
13.2	No contact?	48%	34%	48%	38%
13.2	Contact by letter?	29%	38%	29%	37%
13.2	Contact by phone?	22%	25%	22%	27%
13.2	Contact by visit?	26%	33%	26%	31%
13.3	Do you have a named offender supervisor in this prison?	49%	69%	49%	55%
	For those who are sentenced:				
13.4	Do you have a sentence plan?	56%	69%	56%	66%
	For those with a sentence plan:				
13.5	Were you involved/very involved in the development of your plan?	47%	55%	47%	62%
	Who is working with you to achieve your sentence plan targets:				
13.6	Nobody?	61%	47%	61%	44%
13.6	Offender supervisor?	28%	35%	28%	36%
13.6	Offender manager?	18%	26%	18%	28%
13.6	Named/ personal officer?	3%	13%	3%	11%
13.6	Staff from other departments?	12%	16%	12%	21%
	For those with a sentence plan:				
13.7	Can you achieve any of your sentence plan targets in this prison?	58%	64%	58%	72%
13.8	Are there plans for you to achieve any of your targets in another prison?	22%	23%	22%	18%
13.9	Are there plans for you to achieve any of your targets in the community?	35%	29%	35%	34%
13.10	Do you have a needs based custody plan?	5%	7%	5%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	12%	16%	12%	21%
	For those that need help do you know of anyone in this prison who can help you on release with the following:				
13.12	Employment?	34%	34%	34%	48%
13.12	Accommodation?	29%	37%	29%	51%
13.12	Benefits?	32%	38%	32%	46%
13.12	Finances?	15%	26%	15%	41%
13.12	Education?	28%	35%	28%	51%
13.12	Drugs and alcohol?	33%	44%	33%	59%
	For those who are sentenced:				
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	45%	55%	45%	59%



Diversity analysis

Key question responses (ethnicity and religion) HMP Ranby 2014

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		47	114	21	137
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	13%	9%	19%	9%
1.6	Do you understand spoken English?	96%	98%	95%	98%
1.7	Do you understand written English?	96%	97%	95%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			86%	20%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	6%	0%	6%
1.1	Are you Muslim?	40%	3%		
1.12	Do you consider yourself to have a disability?	17%	27%	5%	26%
1.13	Are you a veteran (ex-armed services)?	4%	5%	0%	6%
1.14	Is this your first time in prison?	32%	28%	43%	28%
2.6	Were you treated well/very well by the escort staff?	61%	75%	52%	73%
2.7	Before you arrived here were you told that you were coming here?	64%	62%	65%	64%
3.2	When you were searched in reception, was this carried out in a respectful way?	74%	85%	71%	84%
3.3	Were you treated well/very well in reception?	65%	76%	53%	76%
3.4	Did you have any problems when you first arrived?	61%	61%	58%	62%
3.7	Did you have access to someone from health care when you first arrived here?	53%	69%	57%	67%
3.9	Did you feel safe on your first night here?	73%	76%	75%	75%
3.10	Have you been on an induction course?	95%	97%	94%	96%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	41%	36%	45%	37%

Key to tables

Diversity analysis

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	47%	53%	28%	55%
4.4	Are you normally able to have a shower every day?	89%	93%	90%	92%
4.4	Is your cell call bell normally answered within five minutes?	21%	17%	35%	16%
4.5	Is the food in this prison good/very good?	21%	28%	25%	25%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	19%	39%	20%	35%
4.7	Are you able to speak to a Listener at any time, if you want to?	55%	48%	50%	49%
4.8	Do you feel your religious beliefs are respected?	44%	34%	48%	34%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	41%	52%	50%	48%
5.1	Is it easy to make an application?	79%	83%	79%	83%
5.3	Is it easy to make a complaint?	51%	62%	65%	59%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	43%	42%	35%	43%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	36%	38%	22%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	5%	5%	6%	5%
7.1	Do most staff, in this prison, treat you with respect?	76%	72%	75%	72%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	60%	68%	60%	66%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	9%	19%	10%	17%
7.4	Do you have a personal officer?	34%	29%	35%	30%
8.1	Have you ever felt unsafe here?	51%	49%	58%	49%
8.2	Do you feel unsafe now?	25%	32%	37%	29%
8.3	Have you been victimised by other prisoners?	34%	41%	50%	36%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	24%	29%	40%	26%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	9%	5%	10%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	5%	20%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	5%	0%	4%

Diversity analysis

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
8.5	Have you been victimised because you have a disability? (By prisoners)	5%	2%	5%	2%
8.6	Have you been victimised by a member of staff?	33%	34%	42%	32%
8.7	Have you ever felt threatened or intimidated by staff here?	15%	16%	22%	15%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	1%	0%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	3%	11%	2%
8.7	Have you been victimised because of your nationality? (By staff)	0%	6%	0%	5%
8.7	Have you been victimised because you have a disability? (By staff)	3%	3%	0%	3%
9.1	Is it easy/very easy to see the doctor?	28%	18%	26%	19%
9.1	Is it easy/ very easy to see the nurse?	34%	42%	34%	41%
9.4	Are you currently taking medication?	29%	54%	35%	49%
9.6	Do you feel you have any emotional well being/mental health issues?	23%	48%	26%	43%
10.3	Is it easy/very easy to get illegal drugs in this prison?	48%	54%	52%	54%
11.2	Are you currently working in the prison?	65%	59%	61%	61%
11.2	Are you currently undertaking vocational or skills training?	5%	10%	6%	10%
11.2	Are you currently in education (including basic skills)?	19%	18%	28%	17%
11.2	Are you currently taking part in an offending behaviour programme?	8%	7%	17%	6%
11.4	Do you go to the library at least once a week?	25%	43%	25%	41%
11.6	Do you go to the gym three or more times a week?	23%	25%	30%	23%
11.7	Do you go outside for exercise three or more times a week?	65%	50%	55%	54%
11.8	On average, do you go on association more than five times each week?	80%	69%	80%	71%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	28%	21%	16%	24%
12.2	Have you had any problems sending or receiving mail?	67%	65%	79%	64%
12.3	Have you had any problems getting access to the telephones?	28%	33%	37%	32%

Diversity Analysis



Key question responses (disability) HMP Ranby 2014

Prisoner survey responses (missing data has been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		38	124
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	13%	9%
1.6	Do you understand spoken English?	92%	99%
1.7	Do you understand written English?	92%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	21%	32%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	8%	5%
1.1	Are you Muslim?	3%	17%
1.12	Do you consider yourself to have a disability?		
1.13	Are you a veteran (ex-armed services)?	10%	3%
1.14	Is this your first time in prison?	21%	33%
2.6	Were you treated well/very well by the escort staff?	63%	73%
2.7	Before you arrived here were you told that you were coming here?	57%	64%
3.2	When you were searched in reception, was this carried out in a respectful way?	82%	82%
3.3	Were you treated well/very well in reception?	74%	72%
3.4	Did you have any problems when you first arrived?	83%	55%
3.7	Did you have access to someone from health care when you first arrived here?	66%	64%
3.9	Did you feel safe on your first night here?	66%	78%
3.10	Have you been on an induction course?	100%	95%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	38%	38%

Key to tables

Diversity Analysis

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	36%	56%
4.4	Are you normally able to have a shower every day?	84%	94%
4.4	Is your cell call bell normally answered within five minutes?	3%	22%
4.5	Is the food in this prison good/very good?	22%	26%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	31%	34%
4.7	Are you able to speak to a Listener at any time, if you want to?	53%	50%
4.8	Do you feel your religious beliefs are respected?	45%	35%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	54%	47%
5.1	Is it easy to make an application?	72%	85%
5.3	Is it easy to make a complaint?	54%	61%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	49%	40%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	33%	37%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	3%
7.1	Do most staff, in this prison, treat you with respect?	73%	73%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	65%	65%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	14%	17%
7.4	Do you have a personal officer?	17%	34%
8.1	Have you ever felt unsafe here?	50%	49%
8.2	Do you feel unsafe now?	43%	26%
8.3	Have you been victimised by other prisoners?	50%	35%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	39%	24%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	11%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	7%
8.5	Have you been victimised because of your nationality? (By prisoners)	6%	4%
8.5	Have you been victimised because of your age? (By prisoners)	0%	3%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Have you been victimised because you have a disability? (By prisoners)	11%	0%
8.6	Have you been victimised by a member of staff?	47%	28%
8.7	Have you ever felt threatened or intimidated by staff here?	28%	11%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	6%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	3%
8.7	Have you been victimised because of your nationality? (By staff)	8%	3%
8.7	Have you been victimised because of your age? (By staff)	3%	2%
8.7	Have you been victimised because you have a disability? (By staff)	11%	0%
9.1	Is it easy/very easy to see the doctor?	17%	22%
9.1	Is it easy/ very easy to see the nurse?	43%	39%
9.4	Are you currently taking medication?	74%	39%
9.6	Do you feel you have any emotional well being/mental health issues?	80%	28%
10.3	Is it easy/very easy to get illegal drugs in this prison?	45%	55%
11.2	Are you currently working in the prison?	43%	66%
11.2	Are you currently undertaking vocational or skills training?	6%	10%
11.2	Are you currently in education (including basic skills)?	15%	19%
11.2	Are you currently taking part in an offending behaviour programme?	6%	8%
11.4	Do you go to the library at least once a week?	33%	40%
11.6	Do you go to the gym three or more times a week?	22%	24%
11.7	Do you go outside for exercise three or more times a week?	39%	58%
11.8	On average, do you go on association more than five times each week?	67%	72%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	19%	25%
12.2	Have you had any problems sending or receiving mail?	75%	63%
12.3	Have you had any problems getting access to the telephones?	26%	34%