

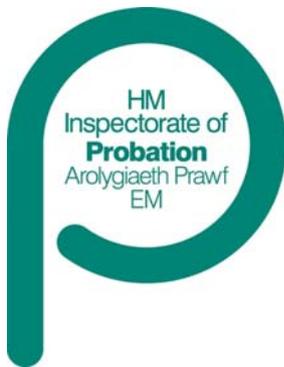
Report on an unannounced inspection of

HMP Doncaster

by HM Chief Inspector of Prisons

5–16 October 2015

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Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: <http://www.justiceinspectors.gov.uk/hmiprisons/about-our-inspections/>

Introduction

HMP Doncaster is a modern local prison that opened in 1994 and has since then operated in the private sector. It is currently managed by SERCO and serves the community and courts of South Yorkshire. The prison normally holds just over 1,100 adult and young adult male prisoners but at the time of the inspection the population had been temporarily reduced by 100 as part of a response to the difficulties the prison was facing at the time.

We last inspected Doncaster in March 2014 when we found a poorly performing institution in a state of drift and with much to put right, some of it urgent. Eighteen months later, we found that many problems remained unaddressed and some had worsened, although the recent appointment of a new director had led to some improvements.

Doncaster is a prison on the front line. It receives new prisoners from the streets, many with pressing risks and needs. However, initial risk assessment remained inadequate and early days procedures did not focus sufficiently on prisoner safety. The number of prisoners feeling safe on the first night had reduced since our last inspection, despite some limited improvements to first night facilities and induction arrangements.

Safety was a major concern. In our survey, nearly half of respondents said they had been victimised by other prisoners and a quarter currently felt unsafe. Levels of assault were much higher than in similar prisons and many violent incidents had resulted in serious injuries for both staff and prisoners. Despite some efforts to understand these problems, initiatives to address violence were ineffective and investigations were weak.

The incidence of self-harm was similarly very high and there had been three self-inflicted deaths in the previous 18 months. In our survey, 44% of men indicated to us that they had emotional wellbeing or mental health problems, and 55 men were subject to self-harm case management (ACCT)¹ during our inspection. Despite this and the generally caring approach of staff, ACCT procedures were not good enough, support was intermittent and we found too many prisoners in crisis left isolated in poor conditions. It was also a concern that the prison had not rigorously implemented recommendations following formal Prison and Probation Ombudsman investigations into recent deaths.

Staff on the wings were overwhelmed. Basic procedures were often dealt with in a perfunctory manner or not at all, and security, derived from good relationships and interactions, was weak. The number of security information reports received was falling despite the increasing challenges. In the preceding few months there had been numerous acts of indiscipline, including barricades, hostage incidents, and incidents at height. In addition, drugs were widely available. Positive test rates were high. Nearly half of prisoners in our survey thought it was easy to get drugs and many prisoners told us that undetectable NPS, with all its attendant problems of violence and debt, was a major problem.

Not enough was done to encourage good behaviour. Use of force and the special cell were high and increasing, but governance and supervision were inadequate. Some incidents we reviewed evidenced insufficient attempts at de-escalation or were simply not justified. The conditions in the segregation unit were mixed. Staff were generally caring and attentive but knowledge was not applied usefully in meaningful case management or re-integration planning. As with other indicators, the numbers segregated were much higher than we see in similar prisons.

Environmental conditions throughout the prison were very poor. We observed vermin and many cells were in a terrible state, with filth, graffiti and inadequate furniture. Many cell windows were

¹ Assessment, care in custody and teamwork (case management for prisoners at risk of suicide or self-harm).

missing and we found dangerous exposed wiring that had not been dealt with by staff. There was clear evidence that cleaning materials and clean bedding were difficult to obtain. Circumstances were slightly mitigated by prisoners having their own in-cell phones; they were also helpfully supported by peer advisers and able to use an electronic kiosk system to access various services.

We saw many good staff trying to do their best, but professional boundaries were not well managed and there was a lack of challenge to poor behaviour leading to a danger of collusion. There were too few staff and they did not have enough support.

There were early signs of improvement in the promotion of equality, but identification of prisoners with protected characteristics was inconsistent, and monitoring revealed many areas of prison life where minorities were disadvantaged, with little done in response. A key area of concern was the experience of young adults who constituted 15% of the population but were over-represented in many negative indicators. The prison had recently concentrated this group on two wings but had yet to develop a strategy to meet their needs. In contrast, the work with the 6% of the population who were foreign nationals was better than we usually see.

The chaplaincy provided a wide range of useful services but experienced difficulties in seeing all new arrivals. The way the prison responded to formal prisoner complaints was poor and replies were often late. Prisoners were more positive about the quality of the food but kitchen hygiene required improvement. Prisoners were negative about their experience of health care and there was evidence of deterioration in provision, mainly owing to staff shortages. Relationships between health and prison managers were strained and gaps in operational delivery were not being effectively addressed.

Time out of cell for prisoners was erratic and poorly managed. There were sufficient activity places for prisoners to have at least part-time activity but these were still underused. Staff failed to challenge prisoners sufficiently to attend and attendance and punctuality were poor, especially in education. For those who did attend, the quality of teaching and instruction was generally good, as were standards of work and the level of achievement by prisoners. Overall, our OFSTED colleagues judged provision as 'requiring improvement' although they did identify some 'good' elements.

The prison's greatest strength was its provision of resettlement services, although public protection work lacked rigour. Offender management was contracted to an organisation called Catch 22 and most prisoners had received a basic screen and assessment on arrival. Offender management cases were allocated well and the quality of case management, contact and engagement was good. Assessments of risk were appropriate and sentence plans adequate. Overall, the quality of offender management was better than we usually see in local prisons and the delivery of resettlement services was generally good.

Doncaster has been a more effective prison in the past and we saw some very good people during our inspection. However, this report describes a very poor prison. The relative competence of the learning and skills and resettlement providers did not compensate for the inadequate standards across much of the prison and the lack of staff was a critical problem. The director and his management team were not in denial of the difficulties and there was evidence that the decline was being arrested; the prison certainly cannot be allowed to get any worse.

Martin Lomas
HM Deputy Chief Inspector of Prisons

January 2016

Fact page

Task of the establishment

A category B local prison accommodating both young and adult male prisoners.

Prison status

Private, managed by Serco

Department

NOMS Director of Commissioning and Contract Management under the deputy director of custodial services contract management.

Number held

5 October 2015: 1,021

Certified normal accommodation

733

Operational capacity

1,145, reduced by 100 to 1,045 for approximately six-and-a-half months, ending 4 April 2016.

Date of last full inspection

March 2014

Brief history

Built by the Prison Service on the site of a former power station on an island in the town centre, the prison opened in June 1994.

Short description of residential units

Three house blocks made up of four wings each, with additional accommodation in the Annexe on the ground floor of the health centre building. The care and separation unit has 22 cells.

Name of director

William Alan Brown OBE

Escort contractor

GEOAmey

Health service provider

Nottinghamshire Healthcare NHS Trust

Learning and skills provider

Novus (based in The Manchester College Group)

Independent Monitoring Board chair

Lynne Hill MBE

Community rehabilitation companies (CRCs)

Nacro delivers CRC provision in Doncaster on behalf of the CRC, Sodexo.

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.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A9 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.
- A10 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A11 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.²

² 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 *Prisoners waited too long in courts cells before they arrived at the prison. Reception staff were welcoming and induction was adequate, but first night procedures were not consistent. There were a high number of violent incidents and a lack of control and supervision on the units. Staffing shortages were a critical problem. Prisoners at risk of self-harm were reasonably well cared for by individual staff but many spent too much time isolated in their cells without activities. There had been three self-inflicted deaths in the previous 18 months and important Prisons and Probation Ombudsman recommendations had not been implemented. There were some gaps in procedural security. Segregation was overused and use of force was high. Special cell use was very high and not always justified. Prisoners with substance misuse problems received an inadequate service. **Outcomes for prisoners were poor against this healthy prison test.***
- S2 *At the last inspection in 2014 we found that outcomes for prisoners in Doncaster were poor against this healthy prison test. We made 29 recommendations in the area of safety. At this follow-up inspection we found that five of the recommendations had been achieved, five had been partially achieved and 19 had not been achieved.*
- S3 Prisoners spent too long in court cells before they arrived at the prison. Prison staff interacted well with new arrivals, and prisoner 'Buddies' provided useful support. However, prisoners were still waiting for too long in court cells before arrival and then spent long periods in bare holding rooms. In our survey, more prisoners than at the last inspection said they felt depressed or suicidal or had mental health problems on arrival, but these risks were not adequately assessed or addressed on their arrival. More prisoners than at the last inspection said they felt unsafe on their first night in custody. Risk interviews were still not carried out in private. First night procedures were not consistently applied and we were not assured that all new arrivals were managed safely, which was a significant concern for a local prison. The refurbishment of the first night unit had improved the environment, but first night cells were not always adequately prepared. Induction was reasonably effective.
- S4 In our survey, many prisoners said they felt unsafe and had experienced victimisation, and we found prisoners who were too frightened to leave their cells. There was a continuing lack of staff control and supervision on the units, which we had identified as a major concern at the previous inspection. The severity and the number of violent incidents remained very high, and a prisoner had recently died as a result of an attack by another prisoner. The analysis of information to identify trends and patterns of violence had improved, and some appropriate restrictions had been implemented to help establish more control. Systems to address violence were not effective, and support for victims was inadequate.
- S5 The number of self-harm incidents was very high for a local prison and there had been three self-inflicted deaths in the previous 18 months. Important Prisons and Probation Ombudsman recommendations following these deaths had not been implemented, including rigorous violence reduction procedures and ensuring that staff understood when to call an ambulance. Prisoners at risk of self-harm said that staff were caring but had little time to talk to them. We found many at-risk prisoners isolated in poor conditions with insufficient activities. Assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm was generally poorly implemented. Buddies provided some good support to prisoners and a new Listener peer support scheme was in place,

although access to Listeners was still limited. The segregation unit constant watch cells were inappropriate environments for prisoners in crisis.

- S6 There was a continuing lack of staff control and supervision on the units, which we had identified as a major concern at the previous inspection. The lack of staff was a critical shortcoming, which managers were attempting to address through more recruitment. There were some gaps in procedural security. The flow of information into the security department was low and had significantly reduced, but that received was well managed. Attendance at security meetings had been poor until recently, and links with other important areas in the prison were underdeveloped. The security department was well aware of the high availability of drugs, especially new psychoactive substances (NPS),³ but the problem was not addressed sufficiently or strategically.
- S7 The incentives and earned privileges (IEP) policy was applied inconsistently and poor behaviour was not always challenged. The regime for prisoners on basic was inadequate.
- S8 The number of adjudications had risen since the previous inspection and was much higher than at similar prisons. Force was used much more frequently than at the previous inspection and than at similar prisons. Use of force documentation was often incomplete and did not always demonstrate sufficient efforts to de-escalate. Special accommodation was used too often and for too long, often without appropriate justification. In one particularly concerning case, it was used for at least two days longer than could be justified. Fewer prisoners were segregated than at the last inspection but numbers were still high for a local prison. Over 40% of prisoners in segregation were there pending an adjudication, often without clear justification. Some segregation unit cells contained graffiti and most toilets were in a poor condition, and we found the unit's outside yard strewn with debris. The segregation regime was basic, with little to occupy prisoners. Staff-prisoner relationships were good, but interactions were rarely documented.
- S9 Prisoners needing substance misuse treatment received poor support. First night prescribing was inconsistent, prescribing protocols did not adhere to national guidance, and around half of clinical reviews were not completed on time. There was no recovery wing, and prisoners had no opportunities to engage in groupwork.

Respect

*S10 Many parts of the prison were dirty and the condition of many cells was unacceptable. Prisoners were reasonably positive about staff, but there were not enough staff and they did not always challenge prisoners. The management of equality and diversity work was improving but outcomes were still poor for many minority groups. Faith provision was adequate. Many responses to prisoner complaints were unacceptably poor. Health services had deteriorated and there were areas of significant concern. The standard of food was good. **Outcomes for prisoners were poor against this healthy prison test.***

S11 At the last inspection in 2014 we found that outcomes for prisoners in Doncaster were not sufficiently good against this healthy prison test. We made 22 recommendations in the area of respect. At this follow-up inspection we found that two recommendations had been achieved, seven had been partially achieved and 13 had not been achieved.

³ Drugs that mimic the effects of illegal drugs, such as cannabis, heroin or amphetamines, and may have unpredictable and life-threatening effects.

- S12 The condition of some outside areas and many cells throughout the prison was unacceptable. There were vermin in some areas. Toilets were unscreened and many were filthy. We saw many broken windows and some exposed wiring in cells. A large number of prisoners complained that they could not obtain cleaning materials or bedding. Many cells had large amounts of graffiti, some of which was offensive, and some cell furniture was broken or missing. Emergency cell bells were not always answered promptly. The in-cell telephone system worked well, and the new Prisoner Assist Line (PAL) peer advice and information support was a positive initiative.
- S13 We saw a number of decent and caring staff, but there were insufficient staff to meet the needs of all prisoners. Staff did not always challenge inappropriate conduct by prisoners, and they did not always maintain appropriate professional boundaries. There were regular prisoner consultation meetings, but some emerging issues were not addressed promptly.
- S14 Strategic management of equality and diversity work was poor but had recently improved. The equality action team had been re-established and there was an appropriate action plan. Prisoner diversity representatives were enthusiastic but lacked guidance. There was no consultation with protected groups and little targeted provision for them. Support for foreign nationals was good and better than we usually see. Although the health care annexe was evolving into a social care unit, the prison had not made enough reasonable adjustments for prisoners with disabilities, and not all social services recommendations for prisoners with care needs had been implemented. Young adults were very negative in our survey and there was no strategy to meet their needs.
- S15 The chaplaincy provided a range of classes and services but prisoners had difficulty in attending because of a lack of staff to escort them.
- S16 Many responses to prisoner complaints were poor: they did not address the issues; some were rude; and around a third were not in time. There was no central quality assurance system. Complaint forms were not freely available on all wings. Data on complaints had started to be monitored.
- S17 Prisoners could consult their legal representatives using the video link, which was good practice, but too many legal visits did not start on time. Staff from Catch22, the offender management provider, helped prisoners to make bail applications and quash outstanding fines.
- S18 Most prisoners had negative views about the health services, which had deteriorated, partly as a result of staff shortages. Governance arrangements were in place but relationships between health care and prison managers were strained, which had affected the delivery of effective health care. Prisoners had reasonable access to an appropriate range of primary care services, but triage clinics did not always take place. The management of prisoners with long-term conditions was underdeveloped. Some prisoners had experienced delays in receiving their medication, causing unacceptable gaps in treatment for some serious conditions. Too many external hospital appointments were cancelled because of a lack of escort staff. Dental provision was of a good standard and waiting times were acceptable. The integrated mental health team provided a basic service but there was a lack of therapeutic activity, and no mental health awareness training for staff.
- S19 The range and quality of food were reasonably good and prisoners in our survey were more positive about the food than the comparator. However, hygiene levels in the kitchen were below an acceptable standard. Prisoner consultation about the food and the prison shop were mostly good, and the shop provided a better service than we usually see.

Purposeful activity

- S20 *Time out of cell was poorly recorded and managed. Although there were enough activity spaces for the population, attendance was low, especially in education, and some good facilities were poorly used. There was some purposeful workshop provision, and the quality of education and vocational training was good, as were prisoner achievements. Library and PE provision were good but access was too limited. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S21 *At the last inspection in 2014 we found that outcomes for prisoners in Doncaster were reasonably good against this healthy prison test. We made 11 recommendations in the area of purposeful activity. At this follow-up inspection we found that four of the recommendations had been achieved, three had been partially achieved, and four had not been achieved.*
- S22 Prisoners' time out of cell was erratic and poorly managed. Many prisoners refused to engage in their scheduled activities and were not challenged sufficiently by staff or encouraged to attend them. Roll checks during the middle of the working day showed about half the population locked in their cells.
- S23 There was insufficient strategic oversight of learning and skills and work activity. Managers did not have sufficiently accurate data to review and evaluate provision, and prioritise improvement actions. The self-assessment for education provision was realistic and linked well to the quality improvement process, but not to any improvement actions for wider prison training and work activities. There was good partnership working between the prison and other activity providers, and the range of provision was appropriate for the needs of the population.
- S24 There were enough places for prisoners to undertake at least part-time activities, but these were underused and attendance was poor, especially in education. Prisoners received a good activities induction and the allocations process was fair and equitable. There were practical opportunities for prisoners to develop work skills. Prison work was purposeful, although much was mundane.
- S25 Teaching, learning and assessment were mostly good in education and vocational training. The quality of tutor feedback in mathematics and English functional skills classes was variable. Education classrooms and vocational training areas were well equipped. The majority of teachers and vocational trainers supported prisoners well and assisted them to solve problems, manage their behaviour and overcome barriers to learning. Peer mentors were used well.
- S26 Prisoners who attended education, vocational training or work behaved well, had positive attitudes and were courteous to each other and to staff. Prisoners reflected well on their learning and undertook increasingly complex tasks. Standards of work in education, vocational training and work were good, and prisoners made progress. Achievement rates in education and vocational training were high, although those in English functional skills at entry level were still too low.
- S27 There was now a single library that had good stock, met the needs of most prisoners and had effective links with the education department. However, access to the library for prisoners not in education was poor.

- S28 PE facilities were good, and the range of activities included recreational PE, but sessions were frequently cancelled as a result of staff shortages. The department had good links to health care, and prisoners could follow a wide range of accredited PE courses.

Resettlement

S29 *There was insufficient integration of resettlement services, but resettlement outcomes were reasonably good. Most prisoners had good caseworker contact, and assessments and sentence plans were completed well. Public protection work was not sufficiently rigorous. Reintegration work was generally appropriate. Visits provision was good, although sessions were not well managed. Work to promote family ties was very good, although they excluded vulnerable prisoners. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S30 *At the last inspection in 2014 we found that outcomes for prisoners in Doncaster were reasonably good against this healthy prison test. We made 11 recommendations in the area of resettlement. At this follow-up inspection we found that eight recommendations had been achieved, one had been partially achieved and two had not been achieved.*

S31 The offender management policy was broadly appropriate, but there was insufficient integration of all aspects of resettlement services. There was confusion over the respective roles of Catch22, which provided offender management, and Nacro, which was a provider for the community rehabilitation company (CRC)⁴ Sodexo, and both services often operated in isolation. The reducing reoffending strategy group focused on information-sharing rather than strategic direction of services. However, in our survey, more prisoners than the comparator said they had done something at Doncaster to reduce the likelihood of offending in the future. The work of dedicated caseworkers in the offender management department was generally good.

S32 Basic custody screening took place consistently but quality assurance and information-sharing were underdeveloped, including for public protection concerns. Prisoners were mostly complimentary about their level of contact with caseworkers, and the quality of OASys (offender assessment system) assessments and sentence plans was better than we often see, especially at local prisons. Processes and systems were well understood by caseworkers, but they received insufficient training on how to address reoffending risk factors through one-to-one work with prisoners.

S33 The management of prisoners subject to public protection telephone and mail monitoring was comprehensive. Some prisoners identified as subject to multi-agency public protection arrangements (MAPPA) were not appropriately recorded on the P-Nomis prison IT system and were therefore missed. Not all MAPPA risk management levels were identified sufficiently early to ensure effective pre-release planning for the prisoners concerned, and the inter-departmental risk management meetings did not review many prisoners early or regularly enough before their release.

S34 Nacro workers saw all prisoners about three months before their release to plan resettlement. However, this positive work often happened in isolation from that of other resettlement pathway providers. Nacro provided or facilitated support on both accommodation and finance, benefit and debt needs. There were weekly group sessions on

⁴ Since May 2015, rehabilitation services, both in custody and after release, have been organised through CRCs, which are responsible for work with medium- and low-risk offenders. The National Probation Service (NPS) has maintained responsibility for high- and very high-risk offenders.

money management, getting into work and managing housing, along with good individual work. The National Careers Service provided an appropriate pre-release employment training programme.

- S35 Pre-release planning for prisoners with mental health needs was timely and effective, and appropriate liaison with community services ensured continuity of care. Release planning for prisoners with substance misuse problems was reasonably good.
- S36 Visits provision was reasonable and the visits hall was well equipped and bright. However, the management of visitors and prisoners into and out of the hall was chaotic, and supervision was inadequate. There was a very good range of family interventions, but it was inappropriate that all men on the vulnerable prisoner unit were denied access to them. Family days were held regularly, not restricted to enhanced prisoners and were much valued by the men.
- S37 There were no accredited offending behaviour programmes but motivation enhancement and victim awareness courses were delivered. More prisoners than at our last inspection said they had been involved in an offending behaviour programme.

Main concerns and recommendations

- S38 Concern: In our survey, more prisoners than at the last inspection said they felt depressed or suicidal or had mental health problems on arrival. These risks were not adequately assessed or addressed on their arrival. Risk interviews were still not carried out in private, first night procedures were inconsistent and fewer prisoners than previously said they felt safe on their first night.

Recommendation: All prisoners should have a private interview on arrival to identify needs and risks, and this should be followed up by systematic support on the first night and during the early days in the prison.

- S39 Concern: Many prisoners said they felt unsafe and had experienced victimisation, and we found prisoners who were too frightened to leave their cells. The severity and the number of violent incidents remained very high. Systems to address violence were ineffective and support for victims was inadequate.

Recommendation: Violence should be significantly reduced, and the prison should take a rigorous approach to identifying, investigating and dealing with violent incidents and supporting victims.

- S40 Concern: The incidence of self-harm was very high and there had been three self-inflicted deaths in the previous 18 months. Assessment, care in custody and teamwork (ACCT) casework management was not sufficiently rigorous. Important recommendations from the Prison and Probation Ombudsman had not been implemented. Some prisoners at risk of self-harm were isolated in poor conditions with insufficient activities or care. Access to Listeners was limited.

Recommendation: Prisoners at risk of self-harm should have effective support, including through quick access to Listeners and appropriate activities. Their care should be guided by effective ACCT processes, and risks should be mitigated by swift implementation and continuing review of all recommendations following deaths in custody.

S41 Concern: There was a continuing lack of staff control and supervision on the units, which we had identified as a major concern at the previous inspection. Staff did not always use authority appropriately and they did not always maintain appropriate professional boundaries. Efforts had been made to recruit more staff, but the lack of staff remained a critical shortcoming.

Recommendation: There should be sufficient staff on wings to ensure consistent and confident supervision and care of all prisoners. Staff should challenge inappropriate conduct by prisoners and maintain professional boundaries.

S42 Concern: Many cells had broken windows, graffiti, some of it offensive, and dirty, unscreened toilets. Cleaning materials and bed linen were not readily available. Some cells had exposed wiring and some furniture was missing or in poor condition. External areas were littered and we saw mice and cockroaches in different parts of the prison.

Recommendation: Prison cells and the general environment should provide clean, safe and decent living conditions for all prisoners.

S43 Concern: Time out of cell was erratic and poorly managed. There were enough activity spaces but attendance at work and education was low. Roll checks during the working day showed about half the population locked in their cells without occupation. Prisoners who refused to engage in activities were not challenged sufficiently or encouraged to attend.

Recommendation: All prisoners who are able to participate in activities should be purposefully occupied during the day. Activity places should be filled and attendance significantly increased. Officers should actively encourage prisoners to attend and challenge those who refuse.

S44 Concern: The management of prisoners subject to multi-agency public protection arrangements (MAPPAs) was not sufficiently robust. Some prisoners were not appropriately recorded on the P-Nomis prison IT system, and risk management levels were not always reviewed early enough to ensure effective pre-release planning. Inter-departmental risk management meetings did not review prisoners frequently enough to ensure effective post-release management was in place.

Recommendation: All prisoners subject to multi-agency public protection arrangements (MAPPAs) should have their risk level clarified six months before release and be reviewed regularly by the inter-departmental risk management team thereafter. Information should be updated on P-Nomis to ensure that all staff are aware of the risks posed by such prisoners.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

I.1 *Prisoners waited for too long in court cells before they were returned to the prison.*

I.2 Escort vehicles were clean but prisoners complained of long journeys with insufficient food and toilet stops. They also reported long waits in court cells before being transported to the prison. It was common for prisoners attending court appearances to leave the reception at 7.30am and not be returned until the end of the court's last scheduled hearing at the end of the day. We saw prisoners who had left the prison early in the morning to attend court still waiting in reception at 8pm to return to their house blocks.

Recommendation

I.3 **Prisoners should not have long waits at court.**

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.4 *New arrivals had complex needs. Reception staff were welcoming, but prisoners waited too long in reception. Risk assessments were not carried out in private. The reception 'Buddy' scheme provided good support. We were not assured that all new arrivals were managed safely on their first night. Induction was adequate.*

I.5 In our survey, more prisoners than the comparator and than at the last inspection said they had mental health problems on arrival, and more than at the last inspection said they felt depressed or suicidal when they arrived. Despite this, the risk assessment of new arrivals had not improved since the last inspection, and reception staff still interviewed prisoners at an open counter without adequate privacy. Information required to inform the cell sharing risk assessments was not always accessible to reception staff, and too few staff were trained to access the computer systems where individual risk information was stored. Prisoners were often allocated a single cell on the first night unit as a result of incomplete risk assessments. (See main recommendation S38.)

- 1.6** We observed good interaction between reception staff and prisoners, and in our survey more prisoners than the comparator said they were treated well in reception. The reception was busy, with an average of 90 new arrivals a week in the previous six months, and the facilities were good. Reception 'Buddies' (specially trained prisoners) spoke to all new arrivals, and ran a well-equipped reception kitchen that could provide hot meals. New showers had been installed since the last inspection. We saw prisoners receiving telephone calls in reception and, in our survey, more than the comparator said they were offered a free call.
- 1.7** Prisoners still spent too long in reception, where they were held in bare and dirty single holding cells before they were searched. After the search, they waited for long periods in the larger holding rooms, which had only benches and no information for prisoners.
- 1.8** The first night unit had been refurbished and was much improved, but some in-cell toilets were still stained and the new privacy curtains were too short. First night cells were not always adequately prepared, and some were inadequately cleaned. (See recommendations 2.8 and 2.11.) Handovers between reception and first night staff were not routine, and not all new arrivals were interviewed before they were locked in their cell on their first night. Fewer prisoners than at the last inspection (64% against 75%) said they felt safe on their first night.
- 1.9** Induction had improved since the last inspection and was reasonable. It now included a one-to-one interview by staff with each new arrival. In our survey, more prisoners than the comparator said they had been on an induction course.

Recommendation

- 1.10** **The reception process should be completed quickly, and holding rooms should be more welcoming and contain useful information for prisoners.**

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.

1.11 *Many prisoners said that they felt unsafe, and some were too frightened to leave their cells. Although the analysis of information to identify trends and patterns of violence had improved, the severity and number of incidents remained very high. Systems to address violence were ineffective, and there was little support for victims. The investigation of incidents was generally weak and there was an over-reliance on the small safer custody team to deal with all cases.*

- 1.12** In our survey, responses on the vast majority of indicators of safety were more negative than at the last inspection – 49% said they had been victimised by other prisoners and nearly a quarter said they currently felt unsafe. We found prisoners on different house blocks who were too frightened to leave their cells.
- 1.13** The levels of violence were very high. There had been 365 assaults in the previous six months (a rate of 36 per 100 prisoners, far higher than we see at similar prisons), which

included 81 assaults on staff and 284 on prisoners. In addition there were 81 separate fights. Some of these incidents were very serious and involved gangs of men attacking a single victim. Many resulted in serious injuries, such as broken bones and periods of unconsciousness. In February 2015, a man died as the result of an assault, and this resulted in a murder enquiry. (See main recommendation S39.)

- I.14 Although a violence reduction strategy and policy document had been published since the last inspection, many of its structures and protocols were not yet in place. The key interventions to deal with antisocial behaviour, including persistent bullying, had not been implemented, and most of the officers we spoke to were unaware of them. (See main recommendation S39.)
- I.15 Prisoners displaying persistent or serious violent behaviour were placed on restricted regimes and managed on the basic level of the incentives and earned privileges (IEP) scheme (see paragraph I.43) or segregated. They were not given behaviour improvement plans, and there were no support structures or interventions to deal with the issues behind their behaviour. As at the last inspection, most such prisoners only had about 90 minutes unlocked during the day, which provided little opportunity for staff to engage with them and promote good behaviour.
- I.16 A safer custody committee met monthly to monitor overall progress of both the violence reduction and suicide prevention strategies. Meetings were not always well attended, although minutes indicated good discussion about all forms of violence. Attendance by representatives of the security department was consistently poor.
- I.17 There had been improvements in the collection and analysis of data to help identify patterns and trends of violence, which had resulted in some remedial action. For example, because data clearly showed that young adult prisoners were responsible for a disproportionate number of violent incidents, they were now accommodated on two designated wings and their regime was altered to ensure that only half were unlocked together. Unescorted prisoner movement to and from wings was also restricted, although this had not been fully implemented. Investigation of reported incidents of bullying and violence was generally weak, and there was an over-reliance on the small safer custody team to deal with all cases.
- I.18 Support for victims of violence had not been sufficiently developed. A new weekly multidisciplinary incident review meeting to discuss recent incidents of violence and plan support for victims was not yet embedded and attendance was poor. There was a nominal peer supporter scheme to support victims, but the three appointed representatives were not adequately supported, their role was not advertised, and they were not fully aware of their responsibilities.
- I.19 Although most prisoners on the vulnerable prisoner unit on house block three said that they felt reasonably safe on the wing, they continued to receive high levels of abuse while they were on exercise, attending visits or collecting medication.

Recommendation

- I.20 **Prisoners on the vulnerable prisoner unit should be kept safe and free from abuse at all times, including during periods of exercise or when off the unit.** (Repeated recommendation I.23)

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.21** *The incidence of self-harm was very high. There had been three self-inflicted deaths in the previous 18 months, but important recommendations following these deaths had not been implemented or followed up. Some prisoners at risk of self-harm were isolated in poor conditions with insufficient activities, staff did not always have time to care for them, and case management processes were poor. There was a new Listener scheme, but prisoner access was currently limited. The segregation unit constant watch cells were wholly inappropriate for people in crisis.*
- I.22** In our survey, 44% of prisoners said they had emotional well-being or mental health problems. The incidence of self-harm was very high compared with similar prisons, with 329 incidents in the previous six months, involving 236 prisoners. There were 55 at-risk prisoners subject to assessment, care in custody and teamwork (ACCT) case management and one on constant watch during the inspection. There has been 534 ACCTs opened in the previous six months.
- I.23** There had been 11 deaths in custody since the last inspection, three of which were self-inflicted. The prison had not effectively implemented some key recommendations made by the Prisons and Probation Ombudsman (PPO) following its reports into these deaths, such as implementing effective ACCT care planning (see main recommendation S40).
- I.24** Around three-quarters of staff had current ACCT training, which was a big increase since the last inspection, but training for the remainder was still required. ACCT documentation was completed but not always sufficiently promptly, and information on triggers and the quality of care maps were poor. Reviews were not always sufficiently multidisciplinary, and mental health staff were not always present at case reviews where mental health was a primary factor. Activity sessions aimed specifically at prisoners on ACCTs were a positive initiative but not enough was done to encourage them to attend. Many prisoners at risk of self-harm were isolated in poor conditions, and locked in their cells for long periods with insufficient activities. They told us that staff were caring, but had little time to talk to them (see main recommendation S40).
- I.25** Buddies (see also paragraph 1.6) provided some good support to prisoners, and there was now a new Listener scheme (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). However, prisoner access to Listeners was sometimes hindered, particularly at night, due to lack of staff to escort them to units (see main recommendation S40). There were two care suites, which had been used on 66 nights in the previous six months, and further care suites were being developed for Listener use.
- I.26** From January to June 2015, 60 prisoners on ACCTs had been held in the segregation unit (see paragraph 1.56). Two constant watch cells on the unit had been used 22 times for 11 prisoners in the previous six months. During the inspection, one was occupied by a prisoner who had been on and off constant watch since May 2015, and who was awaiting a transfer to a secure hospital. The cells were wholly inappropriate for people in crisis; they were stark and grubby, and the plastic-covered doors inhibited communication with health care staff undertaking the watch.

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.⁵

I.27 *The prison had no links with the local safeguarding board and no prison-wide safeguarding policy. In practice, prisoners at risk because of their health, disability or age were usually identified and dealt with by health care staff.*

I.28 Although the head of safer custody had made initial contact with the local safeguarding adults board, formal links had not been developed and no prison-wide safeguarding policy had been published. However, the health care department had an up-to-date safeguarding adults policy that was well known to its staff. In practice, prisoners at risk because of their health, disability or age were usually identified and dealt with by health care staff, who also identified vulnerable prisoners who did not meet the safeguarding threshold.

Recommendation

I.29 **The director 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.40)

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.30 *Despite the large number of recent serious incidents, there was insufficient staff control and supervision of prisoners on residential units. The lack of staff was a critical shortcoming. Much procedural security was proportionate but there were some significant gaps. The flow of information into the security department had reduced and was less than we would expect. Attendance at security-led meetings was sometimes poor, and links with other important areas in the prison were underdeveloped.*

I.31 Although many security measures were proportionate and reasonably well managed, there were gaps in some fundamental procedures. For example, although there were regular fabric checks of cells, there were broken windows in cells with shards of heavy plastic hanging from them. Requests for target searches were sometimes not acted on quickly enough, and we found some basic mistakes in accounting for prisoners during roll checks. Prisoners'

⁵ 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).

telephone PINs (personal identification numbers) were not monitored sufficiently, and there had been slippage in carrying out routine cell searches. The free-flow system that allowed prisoners to move to activities at fixed times during the day was reasonably well managed, but recently introduced restrictions on unescorted prisoner movement at other times had not been fully implemented.

- I.32** Some important elements of dynamic security were also weak. We observed officers on wings who were clearly overwhelmed by dealing with requests from prisoners, and often did not maintain clear professional boundaries with prisoners (see also paragraph 2.1 and main recommendation S41). We saw staff who were distant from prisoners, and supervision of prisoners when they were unlocked was often poor. Low staffing levels was a serious problem that managers were attempting to address through more recruitment. This had not yet resulted in sufficient staff on the units.
- I.33** There had been several serious incidents at the prison in recent months. For example, in the six months to the end of September 2015, there had been several barricades on residential units, at least three hostage incidents, and five separate acts of concerted indiscipline. There were high numbers of assaults on staff, some of which were serious (see also paragraph I.13), and at least 60 recorded incidents of indiscipline at height (such as prisoners climbing railings and refusing to return to their cells). However, despite these serious incidents, the number of security information reports submitted by staff was disproportionately low and had reduced since the last inspection – the 1,745 information reports received in the previous six months was just over 600 less than at the last inspection. However, the reports received were well managed and dealt with quickly by security collators and analysts.
- I.34** Security committee meetings were not always well attended and links with other important areas in the prison, such as safer custody and drug service providers, were underdeveloped.
- I.35** Drugs were widely available. The mandatory drug testing (MDT) positive rate was just over 14% against a target of 9%. Many prisoners told us that undetectable synthetic cannabinoids ('Spice') and the attendant issues of debt, violence and intoxication were the biggest problem. In our survey, 45% of prisoners, against the comparator of 35%, said it was easy to get drugs, and 13%, against 9%, said they had developed a drug problem in the prison. Suspicion drug testing had not been treated as a priority, with only 18 such tests in the six months to the end of September 2015, of which 11 were in a single month. The average positive rate was 33%.
- I.36** Although the security department had done some analysis of intelligence on the high availability of drugs, the prison did not have a sufficiently strategic approach to tackling these issues through supply and demand reduction initiatives. There had only been one drug strategy meeting in the last year, and the security meeting was poorly attended.

Recommendations

- I.37** **Managers should ensure that staff effectively implement all aspects of procedural and dynamic security.**
- I.38** **Security committee meetings should be attended by representatives of all relevant departments, and links between the security department and safer custody should be strengthened.**
- I.39** **Mandatory and suspicion drug tests should be carried out promptly on receipt of appropriate intelligence.** (Repeated recommendation I.48)

- I.40 The drug strategy committee should meet regularly and oversee a substance misuse strategy containing detailed action plans and performance measures for both supply and demand reduction initiatives.**

Incentives and earned privileges

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.41** *The incentives and earned privileges (IEP) policy was applied inconsistently and few prisoners reported that it was effective in encouraging them to change behaviour. The regime for prisoners on basic was inadequate.*

- I.42** In our survey, only 36% of prisoners said the IEP scheme encouraged them to change their behaviour against a comparator of 40% and 43% at the last inspection. The policy was applied inconsistently. Some house blocks gave incentives to prisoners on the basic level at review points, which included the ability to dine out or access to a television, while other house blocks gave none. Review boards were not always timely, and targets to improve behaviour were perfunctory. Prisoners were often given many behavioural warnings before they were downgraded, and in some cases poor behaviour was not effectively challenged through the IEP scheme. There was little evidence of management oversight of the scheme.
- I.43** There were 234 prisoners on the enhanced level of the IEP scheme and 75 on the basic level, of whom two-thirds were there for their violent and antisocial behaviour (see paragraph I.15). Prisoners placed on the basic level for a single incident of violence or antisocial behaviour remained on it for a minimum of 28 days regardless of their behaviour, which was not monitored. Appeal procedures were not clearly explained. Most prisoners on the basic level were unemployed and were limited to one hour out of cell a day, had food served at the cell door and no access to association. The practice of restricting access to in-cell telephones had stopped since the last inspection.

Recommendation

- I.44 The incentives and earned privileges (IEP) scheme should motivate prisoners to change the way they behave. It should be applied consistently and fairly, and those on the basic regime should be given every opportunity to demonstrate improved behaviour.**

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.45 *The use of all disciplinary measures was high. Oversight of use of force was inadequate. Reviews of segregated prisoners were poor. The environment in the care and separation unit was mixed but the regime was basic. Too many at-risk prisoners were located in the unit without exceptional circumstances to justify this.*

Disciplinary procedures

- I.46** There had been 1,608 adjudications between April and September 2015, higher than at the last inspection and nearly double the level at similar prisons. Over a third of adjudications involved young adults, who represented only 15% of the population. Around 70% of cases were remanded because the reporting officer had not been released from duties to attend or because legal advice was sought. Many adjudications were dismissed or not proceeded with because the reporting officer had not appeared. The prison planned to hold some adjudications on the house units to improve reporting officer attendance.
- I.47** The records of hearings that we sampled usually demonstrated fair treatment; prisoners were given sufficient time to prepare their case and could seek legal assistance. Some records did not demonstrate sufficient exploration before a finding of guilt, and many charges could have been dealt with less formally through the IEP process. There was no formal quality assurance.

Recommendation

- I.48** **Adjudications should be dealt with promptly and be subject to formal quality assurance.**

The use of force

- I.49** There had been 295 incidents involving the use of force between April and September 2015, which was much higher than at the last inspection and than at similar prisons. In our survey, more prisoners than the comparator said that force had been used against them. We were unable to find out how many were de-escalated as there were no accurate data on this. Most records contained adequate detail of the incident but did not always indicate sufficient efforts to de-escalate, and many were incomplete. About half of all incidents involved the use of control and restraint techniques. Planned incidents were routinely video-recorded but not reviewed. Not all the recordings we watched showed sufficient attempts to de-escalate.
- I.50** Use of special accommodation was much higher than at the last inspection and than at similar prisons, at 21 occasions in the previous six months. Supporting documentation was often poorly completed, and in many cases incomplete. In some cases it was used for too long – in one case, authorisation was given for a prisoner to spend a further 48 hours in this accommodation after he had become compliant. The reason given was to further test compliance, which was an unacceptable justification for use of this form of custody.

- I.51** There had been no use of force meeting for 12 months, and there was no analysis of trends or patterns to identify lessons to learn.

Recommendation

- I.52 Use of force and special accommodation should be justified, fully documented, and subject to quality assurance and rigorous scrutiny at regular use of force meetings.**

Segregation

- I.53** Segregation had been used on 380 occasions in the six months to September 2015, which was much higher than other local prisons. In over 40% of these cases, prisoners had been segregated before an adjudication had taken place, a measure usually reserved for those who cannot be held safely on the wing. The cases we examined did not always warrant location in segregation. The average length of stay was relatively short, at eight days, and few prisoners spent more than 30 days in segregation. Although there was reintegration and care planning for all prisoners once they arrived on the unit, neither these nor good order or discipline reviews always demonstrated sufficient efforts to reintegrate. Target setting was often meaningless and key staff, such as mental health workers, did not attend reviews. Comprehensive data on segregation were collated, but monitoring and analysis were inadequate in addressing the high numbers entering the unit.
- I.54** The unit could hold up to 20 prisoners, with an average of 16 held there in the six months to September 2015. It had recently been painted and communal areas were clean, but some cells contained graffiti and the toilets were dirty. The two exercise yards contained seating but were bleak and strewn with litter and other debris on the first day of the inspection, although this was partly addressed during the inspection. Segregated prisoners were unable to exercise together regardless of their risk, which increased their isolation.
- I.55** The regime in the unit was basic. Prisoners had daily access to a shower, telephone and exercise, but no access to corporate worship and, apart from in-cell education for some, there was little to occupy them. Relationships between unit staff and prisoners were good, but although staff were knowledgeable about those in their care, this was not reflected in their entries in case history notes.
- I.56** Between January and June 2015, 60 at-risk prisoners had been located in the CSU while on ACCT case management, including some held in constant supervision cells. Enhanced case reviews did not assure us that such exceptional circumstances were always warranted. (See also paragraph 1.26 and recommendation 1.38.)

Recommendations

- I.57 Prisoners should only be held in the segregation unit pending adjudication or for reasons of self-harm risk if they cannot be safely managed on the wings.**
- I.58 Good order or discipline and care and reintegration planning reviews should be attended by staff from relevant departments, address the prisoner's individual circumstances and focus on their reintegration into the prison.**
- I.59 The care and separation unit should be well maintained, and the regime should allow prisoners access to constructive activity.**

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.

- 1.60** *Outcomes for prisoners needing substance misuse treatment were poor, and staffing shortages and other issues hindered patient care. First night prescribing was inconsistent, prescribing protocols did not adhere to national guidance, and around half of clinical reviews were not completed on time.*
- 1.61** Clinical and psychosocial drug services were provided by Nottinghamshire Healthcare NHS Foundation Trust. The provision was poorly integrated into the strategic management and day-to-day running of the prison. The new drug and alcohol strategy and action plan were not based on a needs analysis (see recommendation 1.68). Communication between the substance misuse service and other prison departments was poor (see paragraph 4.30). Prisoners receiving adjudications for positive drug tests were not routinely referred to the substance misuse service (see paragraphs 1.47–1.48).
- 1.62** Drug recovery workers were well qualified but prisoners often had to wait too long to see them because there were not enough staff at the required local NHS grade to complete assessments and initiate care plans. The recovery wing had been closed for nearly a year and all recovery-based groupwork had ceased. Alcoholics Anonymous meetings were not available. The programmes team delivered lower intensity groupwork focusing on awareness of new psychoactive substances (NPS),⁶ but this was not well integrated into an overall strategic approach to tackling drugs.
- 1.63** Of the 213 prisoners receiving opiate substitution treatment, 93 were on maintenance doses and 120 were reducing. First night prescribing was in place and most new arrivals with opiate substitution needs were located on the stabilisation wing for their first five days. However, not all prisoners arriving late had a consultation with a doctor to get a first night prescription, and some spent their first night with no opiate substitution.
- 1.64** As at the last inspection, all new arrivals on a community dose of more than 40ml of methadone had this automatically reduced by 25%. This policy did not reflect individual need or the national guidelines for substance misuse treatment.
- 1.65** Methadone was administered from three separate hatches with varying levels of staff supervision, ranging from very close to lax oversight. While two officers were present at two of the hatches, there was only one to supervise the third hatch and escort prisoners back to the wing, leaving other prisoners unsupervised at the hatch.
- 1.66** Clinical reviews for prisoners on opiate substitution were conducted by a non-medical prescriber and a part-time consultant psychiatrist, which was insufficient to keep up with demand. Around half of all reviews were not completed within the 13-week period set out by national guidance.
- 1.67** In our survey, only 30% of prisoners, against the comparator of 59%, said they had received help for their drug problems, and only 38%, against 57%, said they had received help for an alcohol problem.

⁶ Drugs that mimic the effects of illegal drugs, such as cannabis, heroin or amphetamines, and may have unpredictable and life-threatening effects.

Recommendations

- I.68 An up-to-date needs analysis should be completed and service provision adjusted to meet emerging needs. (Repeated recommendation I.84)**
- I.69 Prisoners undergoing opiate or alcohol detoxification regimes should receive a high level of support to ensure safe outcomes. Prescribing regimes should be flexible, based on individual need and adhere to national guidance, and discipline staff should supervise medication administration effectively.**

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 condition of some outside areas and much of the living accommodation was unacceptably poor. Many toilets were filthy and inadequately screened, and we saw exposed wiring in some cells. The offensive displays policy was not adhered to. The emergency cell call bell system was not working sufficiently well. Prisoners valued the in-cell telephone system. The new Prisoner Assist Line (PAL) was a good initiative providing peer advice.*
- 2.2** The state of most residential wings and exercise yards was poor, with debris and litter in all exercise yards. Although some communal areas were reasonably clean, walls on landings on the upper floors were stained and grubby.
- 2.3** The condition of many cells throughout the prison was unacceptably poor, apart from the annexe, first night and vulnerable prisoner units. Many cells were filthy and covered in graffiti, some of which was offensive, and cell furniture was broken or missing. Prisoners did not have access to in-cell lockable storage for personal items or prescribed medication (see recommendation 2.72). Toilets were stained and inadequately screened. In our survey, only 38% of prisoners, against the comparator of 53%, said they normally got cell cleaning materials every week, and only 24%, against 71%, said they normally received clean sheets every week. (See main recommendation S42.)
- 2.4** Daily fabric checks were inadequate. Many cells had exposed wiring, and windows and observation panels in cells were broken, with some a danger to prisoners. We found cockroaches in the secure corridor and saw mice on the wings during our night visit. Contrary to the prison's own published offensive display policy, there were posters displaying nudity in many cells. (See main recommendation S42.)
- 2.5** Fewer prisoners than the comparator and than at the last inspection said their cell call bell was normally answered within five minutes, and staff response times to calls were still not monitored. There were temporary breakdowns in the emergency cell call bell system while it was being updated – we saw all the cell bells on the floor of one house block flashing, so staff were unable to determine which required an emergency response. This was accepted by unit staff without any contingency plan to ensure that genuine emergencies were not missed.
- 2.6** There was an in-cell telephone system that was valued by prisoners as they could contact friends and family in private and at convenient times.
- 2.7** Prisoners could apply to use a range of services through the electronic kiosks on all house blocks, including shop orders, telephone top-ups and general applications. A new Prisoner Assist Line (PAL) introduced in July 2015 was a positive initiative. It was run by prisoners and offered advice and information to other prisoners seven days a week. There were plans to extend the service to support the prisoner applications system. Most prisoners we spoke to were aware of the PAL service.

Recommendation

- 2.8** Cell bells should be responded to quickly and there should be management oversight of response times. (Repeated recommendation 2.9)

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.

2.9 *Prisoners were positive about the staff, even though staff were under pressure to support all the prisoners in their care. Staff did not always manage challenging behaviour by prisoners well. Prisoner consultation was reasonable.*

- 2.10** We saw some good interactions between staff and prisoners, but staff were often unable to carry out their duties and meet the needs of the high number of prisoners in their care. Some prisoners told us they were unable to engage sufficiently well with staff to address their concerns, which heightened their anxiety and led to frustration.
- 2.11** Staff often did not use their authority appropriately. They did not always challenge some inappropriate behaviour by prisoners, such as when they were shouted or sworn at. They did not always maintain professional boundaries and some were too familiar with prisoners, sharing inappropriate personal information with them. Some prisoners were not actively encouraged by staff to engage in daily activities or prison routines. (See main recommendation S41.)
- 2.12** Prisoner information and consultation (PIAC) meetings took place weekly on each house block and were well attended by prisoners, but were not minuted. Additional prison-wide PIAC meetings included staff, the director and prisoners, and were well attended, but the minutes indicated that some recurring issues were not addressed promptly.

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 characteristic⁷ 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.

2.13 *The strategic management of equality and diversity work was poor but improving. Not all prisoners with protected characteristics were identified. Monitoring identified inequalities in treatment but did not always address them. The prison did not consult protected groups or provide sufficient targeted services. Black and minority ethnic prisoners generally had similar perceptions of their treatment to white prisoners. Support for foreign nationals was good. Physical adjustments were made for some but not all disabled prisoners. Outcomes for young adults were poor and there was no strategy to meet their needs.*

Strategic management

- 2.14** The strategic management of equality and diversity work was poor but improving. After our last inspection the prison had lost focus on equality work and the role of equality manager had ceased. Shortly before this inspection, a full-time equality and diversity coordinator had been appointed and the equality action team re-established. Members of the senior management team had been assigned responsibility for each protected characteristic and were to receive training. An action plan had been agreed and, while much of it had yet to be implemented, it was a helpful tool. The equality and diversity policy was out of date.
- 2.15** New arrivals declared their protected characteristics by completing a questionnaire during their induction and submitting it in a sealed envelope to the equality and diversity coordinator. Despite this, not all prisoners with protected characteristics were identified (see the section below). An equality monitoring tool was used and highlighted many areas of prison life where protected groups were disadvantaged, but not all disparities were investigated and addressed.
- 2.16** Discrimination incident reporting forms were not freely available on wings and not all prisoners knew about the reporting system. There had been 32 incidents reported in 2013 and 13 in 2014, but only two in 2015 to date, which had yet to be investigated.
- 2.17** There were 13 prisoner equality and diversity representatives who were enthusiastic but lacked sufficient training and support, and few prisoners knew about them. The prison did not consult with protected groups to understand and address their needs. There was very little targeted provision to promote equality and tackle discrimination.

⁷ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Recommendation

- 2.18 The diversity and equality action plan should be implemented, diversity should be promoted, and disparities emerging from equality monitoring data systematically addressed.**

Protected characteristics

- 2.19** Eighteen per cent of the population were from a black or minority ethnic background. Their responses to our survey questions were largely comparable to white prisoners, although there were significant exceptions; for example, more said they were victimised by staff (40% against 28%). Our survey indicated that there were about 40 Gypsy and Traveller prisoners but the prison had only identified 16. These prisoners did not meet as a group or receive specific support.
- 2.20** Support for foreign nationals prisoners (6% of the population) was good and better than we usually see. The equality and diversity coordinator assessed the individual needs of all foreign national new arrivals. The prison had surveyed foreign nationals' needs and created an action plan to meet them, some of which had been implemented. Foreign nationals could send a free weekly email letter and those without visitors received an additional £10 telephone credit a month. Immigration enforcement officers attended the prison fortnightly to interview foreign nationals of interest to them. The equality and diversity coordinator referred foreign nationals to a local firm of solicitors, distributed Bail for Immigration Detainee factsheets in English and other languages, and facilitated bail applications. At the time of our inspection, there were nine immigration detainees held after the end of their custodial sentence, and it was not clear why some could not be moved to an immigration removal centre. Immigration enforcement officers informed some detainees of their further detention only on the day their sentence ended. The foreign national policy and information booklet were out of date.
- 2.21** The prison had identified 145 prisoners with disabilities, yet our survey suggested about 300 such prisoners. The needs of some but not all disabled prisoners were met. In our survey, disabled prisoners were more negative about safety issues than those without a disability. The prison was developing a social care unit in the annexe, which held 23 prisoners in need of care because of their disability or age, but it was sometimes only staffed by one officer and could not accommodate all disabled prisoners. Some were held in cells without adaptations on the regular residential units. Disabled prisoners had emergency evacuation plans and basic care plans. Social services recommendations were not always implemented. For example, one prisoner had not received a hospital bed that he required. A wheelchair user told us that he had not showered in over two years because there had been no reasonable adjustments to enable him to access a shower. Prisoners were employed as helpers to assist disabled prisoners with their day-to-day living, and clearly understood the boundaries and limits of their role.
- 2.22** Young adults comprised 15% of the population and were mostly held on two house blocks. In our survey, they were more negative than prisoners over 21 in their responses to more than half the questions. For example, only 43%, compared with 81%, said that staff treated them with respect, and no young adults, against 24% of those over 21, said that staff normally spoke to them during association. The prison's own data showed that young adults were over-represented in proven adjudications, good order or discipline, the basic level of the IEP scheme, use of force and full control and restraint techniques. Despite this, the prison had no strategy to meet their needs.

- 2.23** Seven per cent of the population were over 50, with the oldest prisoner aged 82. Apart from a dedicated gym session, there were no targeted services for this group.
- 2.24** Our survey indicated that 20 gay or bisexual prisoners were held yet the prison had only identified 10 and did not target support specifically to such prisoners. Two gay prisoners told us they were open about their sexual orientation and felt safe.

Recommendations

- 2.25** **There should be regular consultation with all minority groups and their concerns should be acted on. In particular, the specific needs of the young adult population should be identified and met.** (Repeated recommendation 2.31)
- 2.26** **Immigration detainees should be transferred to immigration removal centres and not be held in prisons unless an individual risk assessment suggests otherwise.**

Good practice

- 2.27** *Work with foreign nationals was better than we usually see. The prison had surveyed the needs of the foreign national population and used the results to inform a foreign national action plan that addressed many of their specific needs.*

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.

- 2.28** *The chaplaincy provided a wide range of services and classes but prisoners had difficulty in attending them. Not all new arrivals saw a religious leader. Faith facilities were generally good.*

- 2.29** The chaplaincy comprised the equivalent of three full-time employees, with two Christian and two Muslim chaplains, and a wide range of sessional chaplains and volunteers. There was no Mormon chaplain, despite demand. The team provided a wide range of classes and services but, as with many other activities, prisoners had difficulty attending religious services (see paragraph 3.2). In our survey, only 29% of prisoners said that it was easy to attend a religious service, compared with 41% at the last inspection and the comparator of 44%.
- 2.30** The chaplaincy had no dedicated slot during induction. The team tried to see new arrivals individually but did not see all of them. In our survey, only 29% of prisoners said that they had access to a chaplain or religious leader when they first arrived, against the comparator of 46%. The chaplaincy, together with the family liaison officer, supported the families of prisoners who had died.
- 2.31** Faith facilities were generally good, with a bright and attractive chapel and three meeting rooms used for study and services. Muslim Friday prayers were held in the multi-faith chapel, with non-Muslim icons covered before the service. As at our last inspection, there were still

no washing facilities near the faith area. Prisoners confirmed that arrangements for Ramadan went well and Eid al-Fitr was celebrated.

Housekeeping points

- 2.32 Newly arrived prisoners should be able to see a chaplain.
- 2.33 All prisoners should have an opportunity to wash before Friday prayers in facilities in the faith area.

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.

2.34 *Many responses to complaints were poor, and there was no central quality assurance system. Complaint forms were not freely available on all wings. Data on complaints had started to be monitored.*

- 2.35 There had been 915 complaints submitted in the previous six months, around 70% of which had been answered promptly, although some responses were overdue by several weeks. The main cause for complaint was lost or damaged property. There were complaints boxes on units, which were emptied daily by a complaints clerk, but not all units had sufficient supplies of complaint forms. There was no central quality assurance system for complaints and the quality of almost all responses we saw was poor; many did not address the issue and some were overtly rude. Complaints about staff were passed to a designated senior manager; we were told there had been none recently but we saw two which had not been passed to the manager as required and had been responded to (poorly) by a less senior member of staff. A monitoring database had recently been developed to collate a range of data on complaints, and to identify trends.

Recommendation

- 2.36 **There should be robust quality assurance of complaints that ensures that all responses are handled by the appropriate staff member, and are timely and of good quality.**

Housekeeping point

- 2.37 Complaint forms should be freely available on all units.

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.

2.38 *Catch22 caseworkers helped prisoners apply for bail and quash fines. The prison held 'access to justice' laptops but none were on loan to prisoners. Legal representatives could consult prisoners by video link.*

2.39 Twenty per cent of prisoners were held on remand. In the previous six months Catch22, the offender management provider, helped prisoners make 148 bail applications, of which 34 were successful. Catch22 caseworkers also helped prisoners quash outstanding fines. The library stocked a wide range of legal textbooks and policies, together with Criminal Cases Review Commission leaflets and application forms. The prison held three 'access to justice' laptops – computers that prisoners can apply to have in possession to assist with legal representations – but did not have a policy governing their use, and none were on loan to prisoners during our inspection. Prisoners could consult their legal representatives using the video link. Facilities for legal visits were good but visits did not always start on time (see recommendation 4.42).

Housekeeping point

2.40 Prisoners should know that they can borrow an 'access to justice' laptop, and the application process should be clear.

Good practice

2.41 *The prison enabled prisoners to consult their legal representatives by video link, which was efficient and improved access to their legal rights.*

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.

2.42 *Staff shortages had contributed to deterioration in provision of most health services. Governance arrangements were in place but partnership working with the prison was strained and had affected effective health care. Prisoners had reasonable access to an appropriate range of primary care services, but triage clinics were not always delivered when expected and the management of long-term conditions was underdeveloped. Most prisoners had negative views about health care and some had experienced delays in receiving their medication, causing unacceptable gaps in treatment for some serious conditions. Too many external hospital appointments were cancelled. Dental provision was good. The integrated mental health team provided a basic service but there was a lack of therapeutic activity, and no mental health awareness training for staff.*

2.43 *The Care Quality Commission (CQC)⁸ did not join HM Inspectorate of Prisons on this inspection.*

Governance arrangements

2.44 The Care Quality Commission did not join HM Inspectorate of Prisons on this inspection.

2.45 Health services were provided by Nottinghamshire Healthcare NHS Foundation Trust. Quarterly partnership board meetings had recommenced in July 2015 and clinical governance meetings were well attended. However, the working relationship between the provider and the prison was strained; commissioners were aware of this and planned to address it. A prisoner health needs assessment was scheduled for the end of 2015. In our survey, only 23% of prisoners were satisfied with the overall quality of health services, against the comparator of 36% and 31% at our last inspection.

2.46 Nurses were available 24 hours a day, with three staff available at night. Health staff were clearly identifiable, and the interactions with prisoners that we observed were professional and caring. Despite the attempts of the experienced clinical managers to improve services and make them effective, service delivery had been significantly affected by staff shortages, delays in security clearance, sickness and disciplinary issues. Some of the vacancies were filled by regular agency staff who had an induction and felt part of the team. Mandatory staff training and access to professional development were well managed. An appropriate range of policies, including communicable disease management and safeguarding, were used

2.47 Age-appropriate screening was available and a senior nurse had been identified for the overall care of older prisoners. The prison had set up an area in the annexe for prisoners with social care needs; several referrals had been made and the health care department provided planned care for some individuals following assessment. There was access to occupational therapy equipment and to mobility and health aids.

⁸ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

- 2.48** Health services were delivered at the health care centre and on the wings, and most areas provided a good environment for the care and treatment of patients. However, some of the clinic rooms had no sink, and the waiting areas in health care did not meet infection control standards as they were carpeted and had non-wipe cloth chairs.
- 2.49** Emergency equipment, including automated external defibrillators (AEDs), was available on each wing, in health care, the segregation unit and in reception. Custody staff were aware of the emergency response protocol and had received emergency first aid training. Ambulance response times were good but some health staff said that officers waited for their confirmation to call an ambulance, which was contrary to the emergency protocol that prison officers should always call an ambulance immediately in an emergency. This had been a recommendation of the Prisons and Probation Ombudsman (PPO) following a death in custody (see also paragraph 1.23 and main recommendation S40).
- 2.50** Health-related complaints were dealt with confidentially, but health care complaint (and appointment) forms were not readily available on the wings. There had been 88 complaints between July and September 2015. The responses we sampled were timely, polite and addressed the issues.
- 2.51** Health promotion material was displayed in health care areas, apart from in the waiting rooms, which was a missed opportunity for patients to view health promotion. Some leaflets had an instruction on the back in eight languages, advising prisoners that information could be requested in different languages. The availability of translated information was not otherwise advertised. Waiting times for smoking cessation services were short, and prisoners had good access to immunisations and screening for blood-borne viruses. Barrier protection was available from health staff, although this was not well advertised

Recommendations

- 2.52 Staffing shortages and skills-mix gaps should be addressed to ensure clinical services are safe and meet prisoners' health needs.**
- 2.53 All clinical areas should fully comply with infection control standards.**
- 2.54 Custody staff should be reminded of the emergency protocol and always call an ambulance when required.**

Housekeeping points

- 2.55** Health promotion material should be displayed in health care waiting rooms and notices displayed informing prisoners that information is available in other languages on request. Barrier protection should also be advertised.
- 2.56** Health care complaint and application forms should be readily available on the wings, and the process for each well advertised.

Delivery of care (physical health)

- 2.57** New arrivals received a comprehensive health screening, including mental health and substance misuse, by a registered nurse and appropriate referrals were made. A health care assistant completed a basic physical health check. Telephone interpreting was available for prisoners with little English.

- 2.58** GP appointments were available four days a week, and routine appointments were within an acceptable timescale. There was no planned GP cover on Thursdays, at weekends or in the evenings to see new arrivals. Four non-medical prescribers mainly worked during the day; they routinely covered only one evening and Saturday mornings, which contributed to delays in new arrivals receiving their medication. Prisoners made health appointments by paper applications handed to health care staff or through the electronic kiosks (see paragraph 2.7).
- 2.59** Out-of-hours emergency GP cover was provided to the same level as in the community. The emergency care practitioner service was available for advice and treatment, and had sometimes attended to suture wounds.
- 2.60** The primary care team offered nurse-led clinics, including a specialist pain clinic, minor ailments and daily triage, although delivery of the triage service had been inconsistent due to staffing problems. There were limited nurse-led long-term condition clinics, although there were plans to give staff appropriate training. There were assessment templates reflecting national clinical guidance but care plans had insufficient detail. Entries in patient records on SystemOne (the electronic clinical information system) were of a reasonable standard and regularly audited to ensure a consistent approach.
- 2.61** An appropriate range of primary care services was available, including physiotherapy, with acceptable waiting times. A consultant provided a weekly sexual health clinic, and an on-site X-ray service was available three days a week.
- 2.62** Prisoner access to external hospital appointments had deteriorated since our last inspection. This had followed a reduction from four to three in daily allocated slots, an increase in incidents necessitating emergency care, and lack of custody escort staff. This had led to prisoners waiting too long for necessary treatment, which was unacceptable.

Recommendations

- 2.63** **Prisoners with lifelong conditions should receive regular reviews from appropriately trained and supervised staff that generate an evidence-based care plan.**
- 2.64** **There should be adequate escort arrangements for prisoners to attend hospital appointments, and the health care department and the prison should monitor external hospital appointments jointly and robustly.**

Pharmacy

- 2.65** Pharmacist-led clinics for prisoner clinical and medicine use reviews were available. The pharmacist reviewed clinical audits and prescribing data, and attended the bimonthly offender health drugs and therapeutics committee meetings.
- 2.66** Medicines were supplied from Well pharmacy as patient-named items with appropriate labelling and a dispensing audit trail. Emergency stock was adequate and usage was audited. Medicine was administered up to three times a day at appropriate times. Officers did not always manage medication queues well, which affected confidentiality and increased the risk of diversion.
- 2.67** Medication was supervised for the patient's first month, when they attended a risk assessment clinic. The medicines in-possession policy was not robustly followed or documented, and there were inaccuracies in the in-possession status recorded in the

samples that we checked. Health care staff checked prescription details with the prisoner's community GP before medication was prescribed, which led to delays for some prisoners receiving their medication. Patients refusing medication on three consecutive occasions were referred to the prescriber for review. There continued to be no in-cell facilities for secure storage of medicines, and many prisoners shared cells, which provided a potential risk for diversion (see also paragraph 2.3). A new module on SystmOne for repeat prescriptions had been introduced in August 2015, although some prisoners still experienced delays in obtaining their repeat prescription medication.

- 2.68** There was an appropriate range of patient group directions, which allowed nurses to administer specific medications without an individual prescription, and an adequate range of medication for treating minor ailments, although these were only available for a specified time before lunch. The maximum temperature recorded in both fridges in the pharmacy had been above 8°C for two months without any recorded action. We saw out-of-date British National Formularies in two treatment rooms, although the electronic version was available via SystmOne.
- 2.69** Transport of medicines to the pharmacy and the wings was secure, and medicines were stored securely. The methasoft computerised methadone dispensing equipment was cleaned and calibrated daily. There were several incomplete and incorrect entries in the pharmacy controlled drugs register, and some patient-returned items in the controlled drugs cabinets were unaccounted for. All registered staff had access to the controlled drugs cabinets and pharmacy stock, and the cabinets key log was not robustly completed or monitored to provide an audit trail.

Recommendations

- 2.70** **Patients should receive their medications promptly to ensure they continue appropriate treatment.**
- 2.71** **In-possession medicines risk assessments, which consider the risks of the drug as well as the patient, should be completed routinely and consistently. The in-possession policy should be robustly followed, and the status and reasons for the determination recorded accurately on SystmOne.**
- 2.72** **Lockable cupboards should be provided in cells for patients prescribed in-possession medication, and there should be adequate supervision of all medicines administration to ensure confidentiality and prevent diversion.**

Housekeeping points

- 2.73** Heat-sensitive medicines should be stored safely, maximum and minimum temperatures for all medical refrigerators should be recorded accurately, and corrective action taken when necessary.
- 2.74** Old pharmacy reference books should be discarded to ensure that any information used is up to date.
- 2.75** Entries in the controlled drug register should comply with legislation, patient-returned controlled drugs should be recorded appropriately, and the controlled drug cabinet keys should be kept securely and not accessible to all staff.

Dentistry

- 2.76** The longest wait to see the dentist was about four weeks and urgent dental cases were seen at the next clinic. 'Time for Teeth' provided six dental sessions a week by a dentist and dental nurses. A good range of treatments was available, and oral health was promoted as part of consultations. The dental surgery was adequate, although the dental chair required upgrading and this was taking some time. Storage was limited and the decontamination facilities were not in a separate room, which did not comply with best practice guidance (see recommendation 2.53). There was appropriate certification of equipment and infection protection audits.

Delivery of care (mental health)

- 2.77** The team had a 50% shortfall in agreed nurse staffing, which affected many aspects of service delivery. An increase in psychiatric sessions was due to begin but the clinical psychology post was vacant. There were over 60 prisoners on several mental health waiting lists; the longest wait was nine weeks, which was too long. The nursing team prioritised cases each day and urgent cases were seen in a reasonable time. There was an open referral system at primary level with triage and assessment in a stepped approach to secondary care. The service was busy with around 125 referrals a month, and about 10% of the population (90-100 prisoners) were in contact with the service.
- 2.78** Patients with serious and enduring mental health problems were subject to the care programme approach and an 'improving access to psychological therapies' (IAPT) therapist was on staff. Nurses were frustrated that the staffing shortages meant that they could not deliver anything more substantial than brief individual solution-based interventions. There was no professional counselling service, despite the level of need and our previous recommendation.
- 2.79** Four of the nine transfers of patients to mental health services since April 2015 had not been within the current time guideline and meant they experienced prolonged unassessed and untreated mental disorders, which was unacceptable. Mental health professionals believed that prison officers' awareness about the mental health care needs of prisoners could be improved with training, which they did not currently receive.

Recommendations

- 2.80** **Mental health patients should have access to all clinically indicated psychological and group interventions, including professional counselling.**
- 2.81** **Transfers of patients to mental health services should take place within the current time guideline.**
- 2.82** **There should be a rolling programme of mental health awareness training for all discipline staff.**

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.

2.83 *Prisoners were generally positive about the food, and consultation arrangements were effective, but meal times were too early. Standards of hygiene were poor in the kitchen but better on the serveries.*

2.84 In our survey, prisoners were more positive than the comparator about the quality of the food, although vulnerable prisoners were less positive – they were also concerned that their food was tampered with before it arrived on their unit, but there were procedures to prevent this and we found no evidence of food tampering. The quality and quantity of food served was reasonable. The menu catered for a wide range of dietary requirements. The catering manager consulted weekly with the catering prisoners' committee and made changes to menus in response.

2.85 Breakfast packs and cereal were issued on the day of consumption but lunch and evening meals were served too early, at 11.45am and 4.30pm, and sometimes even earlier. Most prisoners could dine in association.

2.86 The kitchen was grubby and the floor covering was still worn. Food trolleys were in a very poor condition. During our night visit we found many food items left uncovered on a hotplate. Serveries were clean but poorly supervised, and some servery workers were incorrectly dressed. Communal microwaves were particularly dirty.

Recommendation

2.87 **Acceptable standards of hygiene should be maintained in the kitchen and on food trolleys and the communal microwaves.**

Housekeeping point

2.88 Wing serveries should be supervised by staff, and servery workers should be correctly dressed.

Purchases

Expected outcomes:

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

2.89 *Shop arrangements were better than we usually see, but the catalogue ordering system was inadequate.*

- 2.90** In our survey, prisoners were more positive than the comparator about the range of goods available to buy in the prison shop. The prison operated its own on-site shop, which meant that new arrivals could often access their first shop order on the day they arrived. Consultation arrangements were good, and the range of goods available was extensive. Arrangements for prisoners to shop from catalogues were not as good, with a large backlog of orders waiting to be processed and a delivery charge of 50p added to each order.

Recommendation

- 2.91** Prisoners' catalogue orders should be processed promptly, and they should not be charged for such orders.

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.⁹

3.1 *Although prisoners had adequate time out of cell, residential officers did not encourage them enough to attend scheduled activities or challenge the many who refused to engage in purposeful activity.*

3.2 The prison's published activity schedule for prisoners (the core day) indicated that a fully employed prisoner could achieve over eight hours a day out of their cell on a weekday. This included short periods of association in the early evening and daily domestic periods that were rarely cancelled. Time out of cell was about six hours a day for a significant number who were in activities part time, and about four hours for those who were unemployed. All prisoners had about six hours a day unlocked at weekends. However, in practice, many prisoners did not engage with the prison regime and refused to attend scheduled activities. Residential officers did not challenge prisoners sufficiently about this, and so many spent long periods needlessly locked in their cells (see also paragraph 2.5). During roll checks in the middle of the core day, we found between 47% and 50% of the population locked in their cells. (See main recommendation S43.) Prisoners had reasonable access to exercise outside, with most allocated 30 minutes a day.

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.

3.3 *Learning and skills and work were not effective enough. Although there were sufficient activity places these were underused, and managers did not have enough accurate information to fill vacant positions quickly. The range of education courses was appropriate and emphasised the improvement of prisoners' mathematics and English skills. The quality of education and vocational training was good, and there were to be more opportunities for prisoners in prison work to gain accredited qualifications. Attendance, particularly in education, was poor and weakly managed by wing staff, particularly for young adults. The achievements of prisoners who did attend education, training and work were improving and good, although still too low in functional skills in English at entry level. The library provision was good but too few prisoners could use it.*

3.4 *Ofsted¹⁰ made the following assessments about the learning and skills and work provision:*

⁹ 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.

¹⁰ 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

Overall effectiveness of learning and skills and work:	<i>requires improvement</i>
<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>good</i>
<i>Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:</i>	<i>good</i>
<i>Personal development and behaviour</i>	<i>requires improvement</i>
<i>Leadership and management of learning and skills and work:</i>	<i>requires improvement</i>

Management of learning and skills and work

- 3.5** Although the quality of learning and skills and work activities was good, poor leadership and management resulted in activity places being underused and low attendance. Prison leaders did not do enough to make sure that wing officers encouraged prisoners to attend their allocated activity. Young adults in particular, many of who had low prior attainment in education and poor attitudes to attendance in learning sessions, were allowed to remain on the wing despite education managers' considerable efforts to improve this. (See paragraph 3.2 and main recommendation S43.)
- 3.6** There was good education and vocational training provision from Novus (based in The Manchester College Group). Novus' self-assessment of education and vocational training was accurate and clearly identified areas for improvement – such as the low success rates in English functional skills at entry level – and set clear actions and targets. Observations of learning sessions resulted in a range of staff training and support that helped improve quality. However, self-assessment of training and work activities provided by the prison and other partners was not sufficiently evaluative and did not result in clear priorities for improvement.
- 3.7** There was good partnership working between providers responsible for various aspects of learning and skills and work. Plans for the education and vocational training provision made good use of information from the National Careers Service and Nacro, the provider for the community rehabilitation company (CRC) Sodexo.¹¹
- 3.8** Novus managers used performance data about their education and vocational training provision well in evaluating its quality. They monitored the performance of most groups of prisoners and took appropriate action to close any gaps. However, they were still not collecting data to provide a sufficient overview of the performance of young adults compared with adults. Data available to prison managers on prisoner allocations to activities, attendance and achievement data required improvement to inform their judgements about the delivery of learning and skills and work across the prison.

ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

¹¹ Since May 2015 rehabilitation services, both in custody and after release, have been organised through CRCs, which are responsible for work with medium- and low-risk offenders

Recommendations

- 3.9** Accurate data covering all aspects of learning and skills and work should be available to managers so that they can make timely and informed judgements about all aspects of the provision.
- 3.10** The achievements of young adult prisoners should be monitored and analysed separately from those of adult prisoners, and effective action taken to remedy any underperformance. (Repeated recommendation 3.15)

Provision of activities

- 3.11** The prison had increased activity places to approximately 1,100 mainly part-time places, but prisoner attendance was very poor (see paragraph 3.2 and main recommendation S43). Managers had insufficiently accurate and timely information to confirm how many prisoners were fully engaged in activities or to fill available vacancies quickly. Approximately one-fifth of places were not filled at the time of the inspection.
- 3.12** The process for allocating prisoners to learning and skills and work was fair and equitable, although sometimes slow. During induction, prisoners received information about the education, training and work available and were supported to complete applications. Prisoners whose prior qualifications and initial assessment confirmed they did not have mathematics and/or English at level 1 were prioritised for attendance at classes in these subjects. Prisoner pay rates across activities were broadly equitable.
- 3.13** Commercial contracts provided purposeful and often challenging work in the textiles and print workshops. Work on the wings was often mundane but prisoners were purposefully engaged. Work for prisoners allocated to the prison shop, laundry, kitchens, gardens and waste management enabled them to develop occupational and general employability skills, such as working to strict deadlines.
- 3.14** The prison offered a range of education and vocational training qualifications through Novus. N-Ergy (a training company working with offenders that carried out assessment in prison workplaces) provided opportunities for prisoners to have prison work accredited. Prisoners who had a peer mentor role could gain information, advice and guidance qualifications at level 2. The gym offered a range of PE qualifications (see paragraph 3.35).
- 3.15** The education provision appropriately prioritised English, mathematics and information communication technology (ICT) courses. Vocational training included catering, digital media and railway track laying and maintenance, and was planned in horticulture. Vocational qualifications available to vulnerable prisoners had improved, and there were plans to extend the training opportunities in railway maintenance for vulnerable prisoners.

Quality of provision

- 3.16** Teaching, learning and assessment in education classes were good. Tutors planned lessons well, preparing a range of activities and resources to meet individual needs, and provided particularly effective coaching, helping prisoners to master difficult topics. Tutors used questions well to develop learners' problem-solving skills, assess their understanding and encourage them to contribute to group discussions. In addition to learning support, tutors helped prisoners with personal problems so that they were able to focus on learning, and sometimes liaised with other prison staff to resolve their concerns. Tutors' positive relationships with learners led to good class discipline and promoted effective learning.

- 3.17** Classrooms were equipped with a range of appropriate resources, including computers, reference books and dictionaries in several languages, and displayed suitable wall charts, posters and learners' work.
- 3.18** Prisoners received a good induction to their education programme, including an initial assessment of their English and mathematics abilities, and were placed on courses at the right level. Individual learning plans contained educational and personal targets, which were specific and measurable.
- 3.19** Although prisoners completed many worksheets, not all were marked by tutors, and written feedback did not always guide prisoners to correct errors or improve their skills. Tutors sometimes intervened too readily to provide answers without challenging them to think for themselves.
- 3.20** Tutors planned vocational training well, creating a positive learning environment. They recapped prior learning and used peer mentors effectively to help less-able prisoners progress, and used questioning to assess and develop prisoners' understanding. Tutors were skilled at helping prisoners to think for themselves when working out solutions to practical problems. Assessments were well planned and feedback was timely, making it clear what prisoners needed to do to improve. Vocational training tutors set prisoners clear targets for vocational unit achievement, but personal development targets were rare.
- 3.21** Prison work was well organised with prisoners progressing to more complex tasks as they gained experience. In the textile workshop, prisoners worked to strict deadlines and high quality standards for external contractors. The horticulture department provided a range of varied work activities, such as landscaping, recycling materials to make planters and garden furniture, and general repairs.

Recommendation

- 3.22 Tutors should apply higher and consistent standards to the marking of learners' work and the feedback they provide to help them improve.**

Personal development and behaviour

- 3.23** As well as the low attendance at education classes, particularly from many young adults (see paragraphs 3.2, 3.7 and main recommendation S43), prisoners often arrived late. Activities and classes also often finished early for security staff to return prisoners to wings. Prisoners who did attend education developed self-confidence and improved their social and communication skills. They found an enthusiasm for learning, recognising how improving their skills in English and mathematics would improve their chances of finding work and reducing the likelihood of reoffending. Learners took a pride in their work and were motivated to build on their achievements, and they were courteous to one another and staff.
- 3.24** In prison workshops, prisoners developed good work attitudes and focused well on meeting quality standards for contractors. Their standards of behaviour in work and vocational training were good. Prisoners worked well in teams and showed respect to other prisoners and staff. In vocational training, prisoners developed good employability skills, such as working to tight timescales, alongside their main qualification. They gained confidence in solving problems through the tasks they needed to complete, as well as a good understanding of safe working practices, which they applied well.

Education and vocational achievements

- 3.25** Rates of achievement in qualifications were high on most education and vocational training courses. The proportion of prisoners who successfully achieved functional skills qualifications in English and mathematics had improved since the previous inspection. Achievements at level 1 in English and mathematics were high but, although improved, achievements in English at entry levels required further improvement.
- 3.26** In the prison textile workshop, prisoners produced work of a high standard and often progressed to more complex tasks. Prisoners who were mentors developed new skills in supporting less-able learners. In the training kitchen, food was prepared to commercial standards. Prisoners in the media workshop designed creative promotional materials, which prisoners in the prison print shop produced to a high standard. Prisoners on the rail track training programme developed practical skills that enhanced their employment prospects in the industry.
- 3.27** There were few differences in the achievement of different groups of prisoners, and the previous gap for those who required additional support had been closed. Fewer young adults made progress compared with older prisoners as too many did not attend their allocated education lessons. (See main recommendation S43.)

Recommendation

- 3.28 Prisoners' achievement of English at entry level should be improved so that it is at least good.**

Library

- 3.29** A new library had opened in January 2015 and replaced the previous facilities in the house blocks. It was welcoming, well furnished and stocked with a suitable range and number of books and appropriate DVDs to meet the needs of prisoners, including speakers of foreign languages. It held sufficient copies of mandatory legal texts. Prisoners' use of the library and the control of stock were managed effectively through a computer system, and very few books and DVDs were lost. Although there were no arrangements for inter-library book loans, there was a monthly budget to purchase additional resources requested by prisoners.
- 3.30** Prisoner access to the library was poor. In our survey, only 11% of prisoners, against the comparator of 28%, said they went to the library at least once a week. Those attending education classes occasionally used the library. Each wing was allocated a weekly one-hour slot for prisoners to visit the library, but fewer than a quarter of prisoners visited the library each month, often as a result of staff shortages (see recommendation 3.37).
- 3.31** Library staff worked enthusiastically to support the 'Turning Pages' programme, using trained reading mentors to help those with poor reading skills. Around 30 mentors and 42 prisoners were actively involved in the programme (previously the Shannon Trust 'Toe by Toe' reading mentoring scheme).

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.

3.32 *Prisoners had scheduled access to the gym but sessions were often cancelled. Facilities were generally good and used for a variety of sports. There was a range of accredited courses, and pass rates were high. Recreational PE was good, and community and professional sports teams frequently visited the prison to motivate and engage prisoners.*

3.33 The PE department was well run by a manager, six instructors and three prison orderlies. Prisoners had scheduled access to the gym, which was open every day, and young adults had their own scheduled gym sessions. However, gym sessions were frequently cancelled because gym officers were redeployed on other duties. In our survey, only 10% of prisoners, against the comparator of 25% and 40% at the previous inspection, said that they went to the gym three or more times a week. The prison collected data on gym use by house block; there was no analysis to ensure all groups of prisoners accessed it.

3.34 PE facilities included a sports hall, free weights room, cardio fitness room and an outdoor all-weather pitch. There was good use of the outside facilities for team sports and visiting teams from the community. Recreational PE was good with a range of programmes to target prisoners who were overweight or new to exercise. Links with health care were effective, and prisoners had good access to remedial PE. The gym induction was informative and included healthy living, and the benefits of healthy living and using the gym were promoted.

3.35 There was a range of accredited PE courses from entry level to level 2. Pass rates were high but data on the number of prisoners starting courses were not analysed to identify underrepresented groups.

3.36 Several sports teams worked in the prison regularly, coaching and motivating prisoners. The PE department had successfully organised charitable activities that motivated prisoners and raised substantial funds. The PE department had built good links with the 'UCHOOZE' project, which enabled young people at risk of offending to visit the prison and talk to prisoners about how offending had affected their lives.

Recommendations

3.37 **Managers should ensure that prisoners are able to visit the gym and library at their allotted times.**

3.38 **The PE department should collect and analyse data on gym attendance to identify any groups of prisoners who do not participate in PE and to encourage them to take part.**

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 direction and interaction between all relevant departments was limited and they largely operated in isolation of each other. However, resettlement outcomes were generally good.*

4.2 Offender management and resettlement support were contracted out to external partner agencies. Catch22 provided the offender management function of the prison, and the crime reduction charity Nacro was the provider for the community rehabilitation company (CRC)¹² Sodexo, providing resettlement services. This model had been in place since May 2015 and its implementation had been reasonably smooth. Despite this, there remained some confusion over the respective roles and responsibilities of the two organisations, which functioned largely in isolation of each other.

4.3 The offender management strategy document and needs analysis were reasonably comprehensive but required updating to reflect changes since May 2015. There was no reducing reoffending policy or strategy document. The strategy group met quarterly, but focused primarily on information sharing rather than on how the various functions worked together strategically.

4.4 Concerns about the levels of violence meant that prisoner movement was restricted outside the main movement times at the beginning and end of activity sessions. This had affected prisoner access to both Catch22 and Nacro staff, but neither department was clear about how to resolve the problem. Nacro staff also believed that they were not responsible for resettlement support for prisoners subject to recall and likely to be released at the end of their sentence without any licence conditions. The reducing reoffending strategy group had not picked up on or resolved such issues.

4.5 Despite such problems, most prisoner cases we observed were managed reasonably well, and, in our survey, more prisoners than the comparator said that they had done something at Doncaster to reduce their likelihood of offending in the future.

Recommendation

4.6 **The prison should develop a clear strategic approach to offender management and resettlement, based on an up-to-date needs analysis, that clearly outlines the role of each department, how work should be integrated and how the needs of prisoners can be consistently met.**

¹² Since May 2015, rehabilitation services, both in custody and after release, have been organised through CRCs, which are responsible for work with medium- and low-risk offenders. The National Probation Service (NPS) has maintained responsibility for high- and very high-risk offenders.

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.

4.7 *Basic custody screen assessments were up to date but of inconsistent quality. Offender management was generally good although there was insufficient focus on factors directly relating to offending behaviour. Contact by caseworkers with prisoners was better than we usually see. Arrangements for home detention curfew were appropriate but late submission of some reports caused unnecessary delays. Public protection arrangements were insufficient.*

4.8 The introduction of the basic custody screening tool had been managed reasonably well and completion rates exceeded targets. We did not find any prisoners without an assessment. The quality was generally reasonable.

4.9 Information from other departments, including substance misuse and education, was not routinely shared with Nacro and the sentence/resettlement plan did not include the work of all providers in the prison, causing some unnecessary confusion for prisoners. This was exacerbated by the fact that not all departments recorded their work on the centrally accessible P-Nomis IT system. Prisoners were also not given a copy of their plan.

4.10 The prison had a clear and appropriate model for the allocation of cases in line with risk and staff experience. There were 19 caseworkers with caseloads averaging around 35. As offender management was delivered by an external body, staff were never redeployed across the prison. In our survey, a higher proportion of sentenced prisoners than the comparator said that they knew who their offender supervisor was. Offender supervisor contact with prisoners was regular and engagement was good, and prisoners were mostly complimentary about the amount of support they received from them.

4.11 The casework provided by Catch22 was good, and better than we often see, especially at a local prison. Assessments of risk of harm were usually appropriate and completed promptly. Sentence plans were mainly appropriate, although many did not focus sufficiently on the underlying reasons for the offending behaviour. In our survey, only 48% of prisoners, against the 56% comparator and 63% at the last inspection, said that they had been involved in the development of their sentence plan.

4.12 All offender management staff had received some casework supervision and a range of training, including on work with life-sentenced prisoners, child protection and public protection. However, such training was oriented to understanding systems and processes rather than working with prisoners. Caseworkers said they did not undertake structured one-to-one work with prisoners, even though 45% of the sentenced population at the time of our inspection had been at the prison for over three months.

4.13 In the previous six months, 789 prisoners had applied for home detention curfew (HDC), with 420 considered by the weekly HDC board; only 92 (22%) had been released on HDC licence in that period. Our review of cases showed that decisions were generally appropriate. However, for some prisoners there were significant delays in getting reports for board decisions back from both external offender managers and internal staff. In one case we saw, reports were still awaited over two months after they were requested.

Recommendations

- 4.14** Basic custody screenings, sentence and resettlement plans should include relevant information from all departments, which should centrally record the work that they are undertaking. Prisoners should receive a copy of their plans.
- 4.15** Caseworker professional development should include skills in engagement with prisoners to support work in challenging offending behaviour, assessing risk and reducing likelihood of reoffending.
- 4.16** All necessary reports relating to home detention curfew should be completed within agreed timescales, and there should be a process for escalating concerns about delays.

Public protection

- 4.17** Public protection work was managed through the dedicated public protection unit (PPU), which was separate from the offender management department. There was no specialist probation input in this unit, and procedures were inconsistent and unreliable.
- 4.18** All new arrivals were screened for public protection issues and a weekly public protection meeting reviewed those subject to some form of mail or telephone monitoring. At the time of the inspection, 95 prisoners were subject to restrictions as a result of child protection concerns and 79 relating to harassment. Arrangements for processes were appropriate.
- 4.19** Arrangements for the management of prisoners subject to multi-agency public protection arrangements (MAPPA) were less robust. Such prisoners were not routinely reviewed six months before their release to confirm their release risk management level. As a consequence, the prison could not definitively identify the relevant level for prisoners due to be released in the next three months. Too often prisoners were not reviewed by the interdepartmental risk management team monthly meeting until the month before their release, which was often too late to make effective plans. Although the PPU indicated that eight prisoners were currently identified as MAPPA level two, this did not correspond with P-Nomis, which indicated that four of the men were classified merely as nominals (convicted of a MAPPA offence but not classified to a level). This could have had serious implications both for staff managing prisoners and their release plans. (See main recommendation S44.)

Categorisation

- 4.20** Recategorisation arrangements were reasonable. Reviews took place on time and the information on which decisions were based was comprehensive. The cases we reviewed had been well managed and decisions had been appropriate.

Indeterminate sentence prisoners

- 4.21** The prison held 35 indeterminate sentence prisoners at the time of the inspection (including 10 sentenced for public protection). There were no specific forums for this group of prisoners but they were allocated to one of the more experienced caseworkers in offender management and were seen regularly. There were no significant delays in the progress of indeterminate sentence prisoners. Those on remand and likely to receive an indeterminate sentence were monitored by the offender management department and offered contact and support as required.

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.

4.22 *Resettlement pathway provision was reasonable, but there was no integration between the different organisations delivering support, and information sharing between services was not routine. There was a range of accommodation support, but analysis of the outcome data was weak. Pre-release support for educational and employment resettlement needs was good, but there were not enough links with employers in the community. Finance, benefit and debt advice were available to prisoners before release. Visits provision was reasonable but the management of visits was chaotic. There was a good range of family interventions but these were not available to vulnerable prisoners.*

4.23 The prison released an average of 170 prisoners a month. Nacro saw all prisoners approximately 12 weeks before their release and, again if necessary if there were outstanding issues, such as accommodation. Nacro reviewed the areas it was responsible for (accommodation; finance, benefits and debt; and employment) but there was little integration between Nacro's work and that of the other resettlement pathway providers (such as substance misuse, training and education), which made their own arrangements with prisoners. This led to a disjointed approach to some aspects of resettlement and links to the responsible officer (offender manager) in the community (see recommendations 4.7 and 4.21). The cases of high risk prisoners we reviewed during the inspection, who came under the National Probation Service on release, were generally managed appropriately.

Accommodation

4.24 Nacro provided accommodation support and guidance as part of its overall resettlement function. The rate of prisoners leaving with no fixed accommodation was around 10%, which was slightly higher than the 8% at the last inspection. Recorded information was difficult to untangle, and greater analysis of outcome data was needed to establish the effectiveness of the service. Despite this, the team offered a good range of support, both one-to-one – linking to a range of primarily local service providers – and groupwork sessions, which covered issues such as housing benefit, the types of accommodation available and barriers to housing.

Recommendation

4.25 **The prison should ensure there is clear monitoring data on prisoners' accommodation on release, and should resolve shortfalls in provision.**

Education, training and employment

4.26 A good quality National Careers Service was provided by Careers Yorkshire and the Humber through its agent Prospects. It had good links with Nacro and Novus, the education provider, to support prisoners with their educational and employment resettlement needs from their induction up to their release. Prisoners received good advice, well documented on skills action plans, about education and vocational training that would improve their opportunities for further education or employment on release.

4.27 For prisoners approaching release, a pre-release employability course, delivered by Novus, provided help with producing CVs, applying for work and practising interview techniques through Nacro's 'getting to work' programme. There were good links with a few employers, such as rail companies. An increasing number of prisoners who had achieved qualifications in the rail track maintenance vocational training programme delivered by AmberTrain gained employment in the industry after release. Links with other local and regional employers were limited, which restricted prisoners' employment prospects. Although improving, the proportion of prisoners who enter education or work on release was low.

Recommendation

4.28 **The prison should establish links with a broader range of employers to improve prisoners' employment prospects on release.**

Health care

4.29 Health care staff saw prisoners before their discharge and gave them a week's supply of medication, where needed. Pre-release planning for prisoners with enduring mental health needs was timely and effective, and appropriate liaison with community services ensured continuity of care. There were links with palliative care services in the community.

Drugs and alcohol

4.30 Release planning by the substance misuse service was reasonably good, although some prisoners told us that reviews often took place too close to their release date. Links with some local community agencies were also good – for example, workers from Sheffield community support services held weekly sessions to meet prisoners due for release to their area. However, coordination between the substance misuse service and the offender management department was poor, and prisoners' release plans were not shared between the two departments (see recommendations 4.7 and 4.17).

Finance, benefit and debt

4.31 Referrals to the Jobcentre Plus service were well managed, and all prisoners whose cases we reviewed had been picked up by the Nacro service before their release. Nacro also linked new arrivals to several debt management support and advice organisations. Debt advice was provided to individuals weekly by the Doncaster West Development Trust (a not-for-profit social enterprise). Nacro staff also provided a weekly 'Money Matters' group session.

Children, families and contact with the outside world

4.32 Domestic visits took place daily, although the times stated in the welcome booklet for new arrivals were incorrect. Prisoners booked visits themselves through the electronic kiosks on wings (see paragraph 2.7). The visitors' centre was a reasonable environment, open in advance of visits start times. The visits hall was large, bright and had a tea bar and a well-equipped play area for children. Prisoners were required to wear bibs during visits, which was unnecessary. The numbers of visits available to unconvicted prisoners depended on their IEP level, which was inappropriate.

- 4.33** The management of visitors and prisoners coming in and out of the visits hall was chaotic; the staggered approach to start times resulted in an almost constant flow of prisoners and visitors into and out of the hall. There was also insufficient staffing to supervise these movements. Some visits over-ran, and we saw 17 visitors who had booked visits told they would have to wait as there were no free tables in the hall. There were also long queues of prisoners waiting to book in and out of the visits hall, which was a potential safety issue; vulnerable prisoners also told us they did not feel safe in visits, which they shared with mainstream prisoners.
- 4.34** Prisoners were positive about the range of 'Families First' interventions provided by Serco, including designated sessions for prisoners with newborn babies, with toddlers and those with older children at school (Homework Dads), parenting and relationship courses. The 'social kitchen' was used for one-to-one work to help prisoners learn basic cooking skills, culminating in them cooking a meal for their partner. A well-maintained outside playground was used during warmer weather. There were 10 family days a year, access to which was not dependent on prisoners' IEP levels; these were much valued by prisoners. However, men from the vulnerable prisoner unit (3A) were generally unable to access any of these interventions, irrespective of their risk to children, which was inappropriate.

Recommendations

- 4.35** **The management of visitors and prisoners going in and out of the visits hall should be well coordinated and adequately supervised, and all visits should start on time.**
- 4.36** **The number of visits available to unconvicted prisoners should not be restricted.**
- 4.37** **Appropriate vulnerable prisoners should have access to Families First interventions, subject to a risk assessment and where there are no statutory safeguarding restrictions.**

Attitudes, thinking and behaviour

- 4.38** The two accredited offending behaviour programmes delivered at the previous inspection – 'Building Skills for Recovery' (to reduce offending behaviour and problematic substance misuse) and 'Resolve' (cognitive-behavioural intervention for violent offenders) – were no longer provided. Two non-accredited programmes were now being delivered, the 'A-Z' motivational enhancement course and a victim awareness programme. Around 30 prisoners a month attended these programmes. In our survey, more prisoners than at the last inspection said that they were currently engaged in or had been involved in an offending behaviour programme at Doncaster. It was not clear how effective these programmes were in changing the attitudes and behaviours of prisoners.
- 4.39** The programmes team provided further work, including awareness of new psychoactive substances (NPS) and training staff in the 'five-minute intervention' programme to improve their engagement with prisoners. In principle, prisoners requiring accredited programmes could be transferred to other establishments, although this was relatively rare.
- 4.40** The prison continued to hold a high number of sex offenders. Because many were in denial of their offending and/or refused to engage in offending behaviour work, they made little progress and some had been at the prison for a considerable time (around four years). The prison had no specific strategy to manage this group of prisoners.

Recommendations

- 4.41 The prison should assess the effectiveness of its current offending behaviour programmes to ensure that they meet the reoffending reduction needs of the population, and seek alternative programmes if necessary.**
- 4.42 The prison should develop a strategy to address the management of and engagement with prisoners convicted of sex offences.**

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 director

- 5.1** All prisoners should have a private interview on arrival to identify needs and risks, and this should be followed up by systematic support on the first night and during the early days in the prison. (S38)
- 5.2** Violence should be significantly reduced, and the prison should take a rigorous approach to identifying, investigating and dealing with violent incidents and supporting victims. (S39)
- 5.3** Prisoners at risk of self-harm should have effective support, including through quick access to Listeners and appropriate activities. Their care should be guided by effective ACCT processes, and risks should be mitigated by swift implementation and continuing review of all recommendations following deaths in custody. (S40)
- 5.4** There should be sufficient staff on wings to ensure consistent and confident supervision and care of all prisoners. Staff should challenge inappropriate conduct by prisoners and maintain professional boundaries. (S41)
- 5.5** Prison cells and the general environment should provide clean, safe and decent living conditions for all prisoners. (S42)
- 5.6** All prisoners who are able to participate in activities should be purposefully occupied during the day. Activity places should be filled and attendance significantly increased. Officers should actively encourage prisoners to attend and challenge those who refuse. (S43)
- 5.7** All prisoners subject to multi-agency public protection arrangements (MAPPA) should have their risk level clarified six months before release and be reviewed regularly by the inter-departmental risk management team thereafter. Information should be updated on P-Nomis to ensure that all staff are aware of the risks posed by such prisoners. (S44)

Recommendations

Courts, escort and transfers

- 5.8** Prisoners should not have long waits at court. (I.3)

Early days in custody

- 5.9** The reception process should be completed quickly, and holding rooms should be more welcoming and contain useful information for prisoners. (I.10)

Bullying and violence reduction

- 5.10** Prisoners on the vulnerable prisoner unit should be kept safe and free from abuse at all times, including during periods of exercise or when off the unit. (1.20, repeated recommendation 1.23)

Safeguarding

- 5.11** The director should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.29, repeated recommendation 1.40)

Security

- 5.12** Managers should ensure that staff effectively implement all aspects of procedural and dynamic security. (1.37)
- 5.13** Security committee meetings should be attended by representatives of all relevant departments, and links between the security department and safer custody should be strengthened. (1.38)
- 5.14** Mandatory and suspicion drug tests should be carried out promptly on receipt of appropriate intelligence. (1.39, repeated recommendation 1.48)
- 5.15** The drug strategy committee should meet regularly and oversee a substance misuse strategy containing detailed action plans and performance measures for both supply and demand reduction initiatives. (1.40)

Incentives and earned privileges

- 5.16** The incentives and earned privileges (IEP) scheme should motivate prisoners to change the way they behave. It should be applied consistently and fairly, and those on the basic regime should be given every opportunity to demonstrate improved behaviour. (1.44)

Discipline

- 5.17** Adjudications should be dealt with promptly and be subject to formal quality assurance. (1.48)
- 5.18** Use of force and special accommodation should be justified, fully documented, and subject to quality assurance and rigorous scrutiny at regular use of force meetings. (1.52)
- 5.19** Prisoners should only be held in the segregation unit pending adjudication or for reasons of self-harm risk if they cannot be safely managed on the wings. (1.57)
- 5.20** Good order or discipline and care and reintegration planning reviews should be attended by staff from relevant departments, address the prisoner's individual circumstances and focus on their reintegration into the prison. (1.58)
- 5.21** The care and separation unit should be well maintained, and the regime should allow prisoners access to constructive activity. (1.59)

Substance misuse

- 5.22** An up-to-date needs analysis should be completed and service provision adjusted to meet emerging needs. (1.68, repeated recommendation 1.84)
- 5.23** Prisoners undergoing opiate or alcohol detoxification regimes should receive a high level of support to ensure safe outcomes. Prescribing regimes should be flexible, based on individual need and adhere to national guidance, and discipline staff should supervise medication administration effectively. (1.69)

Residential units

- 5.24** Cell bells should be responded to quickly and there should be management oversight of response times. (2.8, repeated recommendation 2.9)

Equality and diversity

- 5.25** The diversity and equality action plan should be implemented, diversity should be promoted, and disparities emerging from equality monitoring data systematically addressed. (2.18)
- 5.26** There should be regular consultation with all minority groups and their concerns should be acted on. In particular, the specific needs of the young adult population should be identified and met. (2.25, repeated recommendation 2.31)
- 5.27** Immigration detainees should be transferred to immigration removal centres and not be held in prisons unless an individual risk assessment suggests otherwise. (2.26)

Complaints

- 5.28** There should be robust quality assurance of complaints that ensures that all responses are handled by the appropriate staff member, and are timely and of good quality. (2.36)

Health services

- 5.29** Staffing shortages and skills-mix gaps should be addressed to ensure clinical services are safe and meet prisoners' health needs. (2.52)
- 5.30** All clinical areas should fully comply with infection control standards. (2.53)
- 5.31** Custody staff should be reminded of the emergency protocol and always call an ambulance when required. (2.54)
- 5.32** Prisoners with lifelong conditions should receive regular reviews from appropriately trained and supervised staff that generate an evidence-based care plan. (2.63)
- 5.33** There should be adequate escort arrangements for prisoners to attend hospital appointments, and the health care department and the prison should monitor external hospital appointments jointly and robustly. (2.64)
- 5.34** Patients should receive their medications promptly to ensure they continue appropriate treatment. (2.70)
- 5.35** In-possession medicines risk assessments, which consider the risks of the drug as well as the patient, should be completed routinely and consistently. The in-possession policy should be

robustly followed, and the status and reasons for the determination recorded accurately on SystemOne. (2.71)

- 5.36** Lockable cupboards should be provided in cells for patients prescribed in-possession medication, and there should be adequate supervision of all medicines administration to ensure confidentiality and prevent diversion. (2.72)
- 5.37** Mental health patients should have access to all clinically indicated psychological and group interventions, including professional counselling. (2.80)
- 5.38** Transfers of patients to mental health services should take place within the current time guideline. (2.81)
- 5.39** There should be a rolling programme of mental health awareness training for all discipline staff. (2.82)

Catering

- 5.40** Acceptable standards of hygiene should be maintained in the kitchen and on food trolleys and the communal microwaves. (2.87)

Purchases

- 5.41** Prisoners' catalogue orders should be processed promptly, and they should not be charged for such orders. (2.91)

Learning and skills and work activities

- 5.42** Accurate data covering all aspects of learning and skills and work should be available to managers so that they can make timely and informed judgements about all aspects of the provision. (3.9)
- 5.43** The achievements of young adult prisoners should be monitored and analysed separately from those of adult prisoners, and effective action taken to remedy any underperformance. (3.10, repeated recommendation 3.15)
- 5.44** Tutors should apply higher and consistent standards to the marking of learners' work and the feedback they provide to help them improve. (3.22)
- 5.45** Prisoners' achievement of English at entry level should be improved so that it is at least good. (3.28)

Physical education and healthy living

- 5.46** Managers should ensure that prisoners are able to visit the gym and library at their allotted times. (3.37)
- 5.47** The PE department should collect and analyse data on gym attendance to identify any groups of prisoners who do not participate in PE and to encourage them to take part. (3.38)

Strategic management of resettlement

- 5.48** The prison should develop a clear strategic approach to offender management and resettlement, based on an up-to-date needs analysis, that clearly outlines the role of each department, how work should be integrated and how the needs of prisoners can be consistently met. (4.6)

Offender management and planning

- 5.49** Basic custody screenings, sentence and resettlement plans should include relevant information from all departments, which should centrally record the work that they are undertaking. Prisoners should receive a copy of their plans. (4.14)
- 5.50** Caseworker professional development should include skills in engagement with prisoners to support work in challenging offending behaviour, assessing risk and reducing likelihood of reoffending. (4.15)
- 5.51** All necessary reports relating to home detention curfew should be completed within agreed timescales, and there should be a process for escalating concerns about delays. (4.16)

Reintegration planning

- 5.52** The prison should ensure there is clear monitoring data on prisoners' accommodation on release, and should resolve shortfalls in provision. (4.25)
- 5.53** The prison should establish links with a broader range of employers to improve prisoners' employment prospects on release. (4.28)
- 5.54** The management of visitors and prisoners going in and out of the visits hall should be well coordinated and adequately supervised, and all visits should start on time. (4.35)
- 5.55** The number of visits available to unconvicted prisoners should not be restricted. (4.36)
- 5.56** Appropriate vulnerable prisoners should have access to Families First interventions, subject to a risk assessment and where there are no statutory safeguarding restrictions. (4.37)
- 5.57** The prison should assess the effectiveness of its current offending behaviour programmes to ensure that they meet the reoffending reduction needs of the population, and seek alternative programmes if necessary. (4.41)
- 5.58** The prison should develop a strategy to address the management of and engagement with prisoners convicted of sex offences. (4.42)

Housekeeping points

Faith and religious activity

- 5.59** Newly arrived prisoners should be able to see a chaplain. (2.32)
- 5.60** All prisoners should have an opportunity to wash before Friday prayers in facilities in the faith area. (2.33)

Complaints

- 5.61** Complaint forms should be freely available on all units. (2.37)

Legal rights

- 5.62** Prisoners should know that they can borrow an 'access to justice' laptop, and the application process should be clear. (2.40)

Health services

- 5.63** Health promotion material should be displayed in health care waiting rooms and notices displayed informing prisoners that information is available in other languages on request. Barrier protection should also be advertised. (2.55)
- 5.64** Health care complaint and application forms should be readily available on the wings, and the process for each well advertised. (2.56)
- 5.65** Heat-sensitive medicines should be stored safely, maximum and minimum temperatures for all medical refrigerators should be recorded accurately, and corrective action taken when necessary. (2.73)
- 5.66** Old pharmacy reference books should be discarded to ensure that any information used is up to date. (2.74)
- 5.67** Entries in the controlled drug register should comply with legislation, patient-returned controlled drugs should be recorded appropriately, and the controlled drug cabinet keys should be kept securely and not accessible to all staff. (2.75)

Catering

- 5.68** Wing serveries should be supervised by staff, and servery workers should be correctly dressed. (2.88)

Examples of good practice

- 5.69** Work with foreign nationals was better than we usually see. The prison had surveyed the needs of the foreign national population and used the results to inform a foreign national action plan that addressed many of their specific needs. (2.27)
- 5.70** The prison enabled prisoners to consult their legal representatives by video link, which was efficient and improved access to their legal rights. (2.41)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Hindpal Singh Bhui	Team leader
Beverley Alden	Inspector
Colin Carroll	Inspector
Fionnuala Gordon	Inspector
Andrew Lund	Inspector
Keith McInnis	Inspector
Gordon Riach	Inspector
Natalie Ann Hall	Researcher
Tim McSweeney	Researcher
Sophie Skinner	Researcher
Paul Roberts	Substance misuse inspector
Maureen Jamieson	Health services inspector
Paul Tarbuck	Health services inspector
Rachel O'Callaghan	Pharmacist
Malcolm Fraser	Ofsted inspector
Steve Miller	Ofsted inspector
Ian Simpkins	Offender management inspector
Keith Humphreys	Offender management 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 2014, reception staff were welcoming, but first night procedures and induction were weak. Many prisoners reported feeling unsafe and there were very high levels of violence. Most prisoners at risk of self-harm were reasonably well cared for but there were significant shortcomings in the care for some. Security processes were generally appropriate but staff did not appear fully in control of some wings. Segregation was overused, the environment was poor and the unit was not sufficiently focused on reintegration. The incentives and earned privileges scheme did not operate effectively. Use of force was slightly higher than at similar prisons and special cell use was not subject to sufficient governance. There were substantial finds of drugs. The inadequate support given to prisoners undergoing alcohol detoxification was potentially dangerous. Outcomes for prisoners were poor against this healthy prison test.

Main recommendations

Violence should be significantly reduced and there should be rigorous systems for identifying, analysing and following up violent incidents, including in relation to the young adult population. (S46)
Not achieved

Prisoners undergoing opiate or alcohol detoxification regimes should receive a high level of support to ensure safe outcomes. Prescribing regimes should be flexible, based on individual need and adhere to national guidance, and discipline staff should be suitably trained to supervise medication administration. (S47)
Not achieved

Recommendations

Prisoners should not have long waits at court and should disembark from escort vans promptly on arrival at the prison. (1.3)
Not achieved

All interviews with newly arrived prisoners should take place in private. (1.11)
Not achieved

Prisoners should not remain in reception for long periods. (1.12)
Not achieved

First night unit staff should have the time and resources to care for and support newly arrived prisoners. First night cells should be clean, welcoming and free of graffiti. (1.13)
Not achieved

The induction programme should provide prisoners with an understanding of prison routines and how to access relevant services. (I.14)

Partially achieved

There should be a range of interventions to challenge antisocial behaviour and to support victims. (I.22)

Not achieved

Prisoners on the vulnerable prisoner unit should be kept safe and free from abuse at all times, including during periods of exercise or when off the unit. (I.23)

Not achieved (recommendation repeated, I.20)

Prisoners on the vulnerable prisoner unit should be subject to regular review, with a focus on their reintegration where possible. (I.24)

Not achieved

There should be sufficient trained prisoner peer supporters to support prisoners in crisis. (I.32)

Achieved

All relevant staff should be appropriately trained in safer custody and provided with frequent refresher training. (I.33)

Partially achieved

Care planning should be improved and case reviews should be properly attended by a range of staff who know the prisoner. (I.34)

Not achieved

All prisoners at risk of self-harm should be appropriately occupied during the day. (I.35)

Not achieved

The director 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)

Not achieved (recommendation repeated, I.30)

Mandatory and suspicion drug tests should be carried out promptly on receipt of appropriate intelligence. (I.48)

Not achieved (recommendation repeated, I.40)

Prisoners should only be strip-searched following a risk assessment and all strip-searches should be recorded and appropriately authorised. (I.49)

Achieved

Prisoners should only be subjected to closed visits on the basis of visit-related issues. (I.50)

Achieved

The substance use strategy should contain detailed action plans and performance measures for both supply and demand reduction initiatives. (I.51)

Partially achieved

The incentives and earned privileges (IEP) scheme should be applied consistently and fairly. Prisoners on basic regime should be given every opportunity to demonstrate improved behaviour and not be subject to unauthorised punishments. (I.57)

Not achieved

The reasons for the high incidence of adjudications for refusal to obey a lawful order should be investigated and remedial action taken. (1.62)

Not achieved

Accurate and comprehensive video recording of planned use of force incidents should be produced and stored appropriately. (1.65)

Achieved

Documentation on the use of special accommodation should be fully completed, authorised plans should be followed precisely and prisoners should be relocated to normal segregation unit accommodation as soon as they are no longer refractory. (1.66)

Not achieved

The showers in the segregation unit should be refurbished and all areas should be thoroughly cleaned. (1.73)

Partially achieved

The reason for the large number of prisoners held in the segregation unit pending adjudication should be investigated and action taken to reduce the number. (1.74)

Not achieved

Prisoners on open ACCTs held in the segregation unit should be the subject of an enhanced review to ensure that it is the most suitable location for them. (1.75)

Partially achieved

All prisoners should have detailed care and reintegration plans with specific, time-bound targets, based on an initial and ongoing assessment of their risks and needs. They should have access to as full a regime as possible. (1.76)

Not achieved

An up-to-date needs analysis should be completed and service provision adjusted to meet emerging needs. (1.84)

Not achieved (recommendation repeated, 1.69)

Commissioners should ensure a suitably qualified and experienced staff mix to deliver services that will support positive treatment and recovery outcomes for prisoners. (1.85)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2014, many cells were in a poor condition and cleanliness was variable. Prisoners reported that staff were generally respectful. Many staff seemed overwhelmed and lacked management support. Strategic management of diversity had improved and individual needs were mostly met. Faith provision was reasonably good. Prisoners had little confidence in the complaints scheme and too many responses to complaints were dismissive. Legal services were adequate. There were some serious shortcomings in health care: medications administration was weak, the behaviour of some health services staff was unacceptable, and the management of applications and health complaints was poor. Catering and shop provision were good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

Residential managers should support and monitor their staff on the wings, to ensure consistent, confident management of all prisoners. (S48)

Not achieved

Recommendations

High standards of maintenance and cleanliness of wings and outside areas should be consistently implemented. (2.6)

Not achieved

Cells designed for one should not be shared. (2.7)

Not achieved

No prisoner should be locked in a cell unless the water and electricity are working safely, and the basic fittings are intact. (2.8)

Partially achieved

Cell call bells should be responded to quickly and there should be management oversight of response times. (2.9)

Not achieved (recommendation repeated, 2.8)

Each prisoner should regularly be checked on by a named member of staff, and a record of progress should be maintained based on these conversations. (2.14)

Not achieved

Access to regime and services by prisoners of all protected characteristics should be monitored and robust action taken to investigate and address anomalies. (2.21)

Partially achieved

All staff should undertake regular diversity refresher training. (2.22)

Not achieved

There should be regular consultation with all minority groups and their concerns should be acted on. In particular, the specific needs of the young adult population should be identified and met, especially in relation to their transition to a mixed-age population. (2.31)

Not achieved (recommendation repeated, 2.25)

Immigration detainees should be transferred to specialist detention centres and not be held in prisons. (2.32)

Not achieved

Effective quality assurance systems should ensure that complaint responses are polite and address all salient issues, and overall trends should be analysed. (2.44)

Not achieved

Nurse vacancies should be filled. (2.59)

Not achieved

All patients should be treated professionally by health care staff and reports of unprofessional behaviour should be investigated and rigorously addressed. (2.60)

Achieved

The health care application procedure should ensure that patients are informed of their appointments in a timely fashion. (2.61)

Partially achieved

First-aid trained discipline staff should also receive training in the use of automated external defibrillators. (2.62)

Not achieved

The health care complaints procedure should be effective and confidential. (2.63)

Achieved

Lockable cupboards should be provided in cells for patients prescribed in-possession medication. (2.75)

Not achieved

The arrangements for prisoners to request repeat medication should ensure that medication is supplied in a timely manner and that patient safety is not compromised. (2.76)

Partially achieved

The procedure for obtaining supplies of special sick medication should be reviewed to ensure that such medications are accessible when needed. (2.77)

Partially achieved

Patient confidentiality should be maintained during the supply of medication. (2.78)

Partially achieved

Prisoners should have access to professional counselling services. (2.88)

Not achieved

Food should be served with acceptable standards of hygiene and decency. (2.93)

Partially achieved

Purposeful activity

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

At the last inspection, in 2014, time out of cell had reduced since the previous inspection. Management of activities was good and there were some innovative work opportunities. About a third of activity places were unfilled during the inspection. Attendance at education was variable, but the quality of teaching and learning in vocational training and education was generally good. Library provision was poor. PE services were good. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Employed prisoners should have regular access to exercise and periods of association, and exercise areas should be kept clean. (3.5)

Partially achieved

Time out of cell for unemployed prisoners and those on the basic level of the incentives and earned privileges scheme should be increased. (3.6)

Not achieved

The achievements of young adult prisoners should be monitored and analysed separately from those of adult prisoners, and effective action taken to remedy any underperformance. (3.15)

Not achieved (recommendation repeated, 3.10)

The prison should improve self-assessment of all aspects of learning and skills and work so that it is suitably evaluative. (3.16)

Not achieved

Participation in learning and skills and work should be increased so that most prisoners are engaged throughout the working day. The content and management of wing-based work should be improved to ensure it is sufficiently purposeful. (3.24)

Partially achieved

The allocation of prisoners to learning and skills and work should be consistently timely, transparent and effective. (3.25)

Achieved

The prison should extend the range of vocational qualifications available to men housed in the vulnerable prisoner wing. (3.26)

Achieved

Classes and qualifications in English for speakers of other languages should be offered. (3.27)

Achieved

Prisoners' achievement of English and mathematics qualifications should be improved so that it is at least good. (3.40)

Partially achieved

All prisoners should arrive on time for learning and skills and work activities and should not leave early. They should attend regularly. (3.41)

Not achieved

Library facilities, resources and management systems should be improved to provide a suitable service and at least meet Prison Service library specifications. (3.47)

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 2014, strategic management of resettlement was reasonable but did not focus sufficiently on offender management. There was generally good provision for the large number of short-term and remand prisoners, which exceeded what we normally see. Aspects of offender management were weak and there were some shortcomings in public protection work. Re-categorisation was sometimes refused due to non-completion of sentence plan targets which were not achievable in the prison. Resettlement pathway support work was generally good and provision for children and families was particularly impressive. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

MAPPA arrangements should be robust, clear and initiated at the appropriate time. These arrangements, and other pertinent issues such as restraining orders, should be explained in detail to all relevant prisoners and their level of understanding clarified. (S49)

Not achieved

Recommendations

The reducing re-offending meeting should include in its remit offender management and longer-sentenced prisoners and all relevant staff should attend. (4.5)

Achieved

All key information necessary for effective OASys assessment and risk management plans should be routinely shared with the OMU and used to triangulate evidence. (4.15)

Achieved

Management oversight, particularly of risk of serious harm assessments and risk management plans, should be robust and inadequate work should be challenged. (4.16)

Achieved

A common recording system should be used by all staff to record their interactions with prisoners. (4.17)

Achieved

Offender supervisors should have regular, active contact with prisoners to help them achieve sentence plan objectives. (4.18)

Achieved

The monthly IRMT should focus on all prisoners who pose the highest risk of serious harm and all relevant staff should attend. (4.24)

Not achieved

ViSOR should be used to read and record relevant information in applicable cases. (4.25)

Achieved

Prisoners facing an indeterminate sentence should be identified on remand and supported as necessary. (4.31)

Achieved

A suitable course should be delivered to all prisoners with imminent release to develop the skills needed to find employment. (4.40)

Achieved

Programmes should meet the identified needs of the population and should include a victim awareness programme. (4.55)

Partially achieved

Appendix III: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	62	498	54.8
Recall	15	117	12.9
Convicted unsentenced	29	91	11.8
Remand	46	154	19.6
Detainees	0	8	0.8
Other	1	0	0.1
Total	153	868	100.0

Sentence	18–20 yr olds	21 and over	%
Unsentenced	77	261	33.1
Less than six months	16	78	9.2
Six months to less than 12 months	10	69	7.7
12 months to less than 2 years	23	96	11.7
2 years to less than 3 years	9	77	8.4
3 years to less than 4 years	5	54	5.8
4 years to less than 10 years	13	116	12.6
10 years and over (not life)	0	82	8.0
ISPP (indeterminate sentence for public protection)	0	10	1.0
Life (non ISPP)	0	25	2.5
Total	153	868	100.0

Age	Number of prisoners	%
Under 21 years	153	15.0
21 years to 29 years	350	34.3
30 years to 39 years	290	28.4
40 years to 49 years	159	15.6
50 years to 59 years	37	3.6
60 years to 69 years	22	2.1
70 plus years: maximum age=82	10	1.0
Total	1021	100.0

Nationality	18–20 yr olds	21 and over	%
British	146	815	94.1
Foreign nationals	7	53	5.9
Total	155	868	100.0

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	59	216	27.0
Uncategorised sentenced	2	11	1.3
Category B	0	99	9.7
Category C	1	534	52.3
Category D	0	6	0.6
Other YOI closed	91	2	9.1
Total	153	868	100.0

Ethnicity	18–20 yr olds	21 and over	%
White			
British	103	685	77.2
Irish	0	6	0.6
Gypsy/Irish Traveller	2	14	1.6
Other white	4	21	2.4
Mixed			
White and black Caribbean	5	13	1.8
White and black African	3	2	0.5
White and Asian	1	2	0.3
Other mixed	0	6	0.6
Asian or Asian British			
Indian	0	7	0.7
Pakistani	12	30	4.1
Bangladeshi	3	1	0.4
Chinese	0	1	0.1
Other Asian	1	15	1.6
Black or black British			
Caribbean	3	27	2.9
African	6	17	2.2
Other black	2	11	1.3
Other ethnic group	2	2	0.4
Not stated	6	8	1.4
Total	153	868	100.0

Religion	18–20 yr olds	21 and over	%
Church of England	11	208	21.4
Roman Catholic	19	131	14.7
Other Christian denominations	20	81	9.9
Muslim	22	85	10.5
Sikh	0	1	0.1
Buddhist	0	5	0.5
Other	2	5	0.7
No religion	79	352	42.2
Total	153	865	100.0

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	30	2.9	143	14.0
1 month to 3 months	21	2.1	180	17.6
3 months to six months	14	1.4	135	13.2
Six months to 1 year	10	1.0	75	7.3
1 year to 2 years	1	0.1	54	5.3
2 years to 4 years	0	0.0	20	2.0
Total	76	7.5	607	59.4

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0.0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	14	171	18.1
Total	14	171	18.1

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	14	1.4	86	8.4
1 month to 3 months	39	3.7	79	7.7
3 months to six months	16	1.6	57	5.6
Six months to 1 year	7	0.7	35	3.4
1 year to 2 years	1	0.1	4	0.4
Total	77	7.5	261	25.5

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 establishment¹³. 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 5 October 2015, the prisoner population at HMP Doncaster was 1,026. Using the method described above, questionnaires were distributed to a sample of 227 prisoners.

We received a total of 173 completed questionnaires, a response rate of 76%. Nine respondents refused to complete a questionnaire, 29 questionnaires were not returned and 16 were returned blank.

¹³ 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.

Wing/Unit	Number of completed survey returns
H1	59
H2	60
H3 A	21
H3 (C and D)	25
Annexe	5
Segregation unit	3

Presentation of survey results and analyses

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

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 significant differences¹⁴ 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 Doncaster in 2015 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 33 local prisons since April 2012.
- The current survey responses from HMP Doncaster in 2015 compared with the responses of prisoners surveyed at HMP Doncaster in 2014.
- A comparison within the 2015 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2015 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2015 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2015 survey between those who are aged 21 and under and those over 21.
- A comparison within the 2015 survey between the vulnerable prisoner wings (house block 3A) and the rest of the establishment.

¹⁴ 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

Q1.2	How old are you?	
	<i>Under 21</i>	29 (17%)
	<i>21 - 29</i>	49 (29%)
	<i>30 - 39</i>	52 (31%)
	<i>40 - 49</i>	31 (18%)
	<i>50 - 59</i>	5 (3%)
	<i>60 - 69</i>	3 (2%)
	<i>70 and over</i>	1 (1%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	96 (56%)
	<i>Yes - on recall</i>	21 (12%)
	<i>No - awaiting trial</i>	30 (18%)
	<i>No - awaiting sentence</i>	24 (14%)
	<i>No - awaiting deportation</i>	0 (0%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	54 (33%)
	<i>Less than 6 months</i>	28 (17%)
	<i>6 months to less than 1 year</i>	16 (10%)
	<i>1 year to less than 2 years</i>	16 (10%)
	<i>2 years to less than 4 years</i>	18 (11%)
	<i>4 years to less than 10 years</i>	9 (5%)
	<i>10 years or more</i>	21 (13%)
	<i>IPP (indeterminate sentence for public protection)</i>	2 (1%)
	<i>Life</i>	1 (1%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?	
	<i>Yes</i>	18 (11%)
	<i>No</i>	151 (89%)
Q1.6	Do you understand spoken English?	
	<i>Yes</i>	165 (98%)
	<i>No</i>	3 (2%)
Q1.7	Do you understand written English?	
	<i>Yes</i>	167 (98%)
	<i>No</i>	3 (2%)

Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	131 (77%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	1 (1%)	<i>Asian or Asian British - other</i> 2 (1%)
	<i>White - other</i>	11 (6%)	<i>Mixed race - white and black Caribbean</i> 3 (2%)
	<i>Black or black British - Caribbean</i>	6 (4%)	<i>Mixed race - white and black African</i> 1 (1%)
	<i>Black or black British - African</i>	2 (1%)	<i>Mixed race - white and Asian</i> 0 (0%)
	<i>Black or black British - other</i>	2 (1%)	<i>Mixed race - other</i> 1 (1%)
	<i>Asian or Asian British - Indian</i>	0 (0%)	<i>Arab</i> 1 (1%)
	<i>Asian or Asian British - Pakistani</i>	5 (3%)	<i>Other ethnic group</i> 3 (2%)
	<i>Asian or Asian British - Bangladeshi</i>	2 (1%)	
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	<i>Yes</i>		7 (4%)
	<i>No</i>		157 (96%)
Q1.10	What is your religion?		
	<i>None</i>	62 (37%)	<i>Hindu</i> 0 (0%)
	<i>Church of England</i>	52 (31%)	<i>Jewish</i> 0 (0%)
	<i>Catholic</i>	17 (10%)	<i>Muslim</i> 15 (9%)
	<i>Protestant</i>	1 (1%)	<i>Sikh</i> 1 (1%)
	<i>Other Christian denomination</i>	10 (6%)	<i>Other</i> 6 (4%)
	<i>Buddhist</i>	2 (1%)	
Q1.11	How would you describe your sexual orientation?		
	<i>Heterosexual/ Straight</i>		167 (98%)
	<i>Homosexual/Gay</i>		1 (1%)
	<i>Bisexual</i>		2 (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)?		
	<i>Yes</i>		50 (29%)
	<i>No</i>		120 (71%)
Q1.13	Are you a veteran (ex-armed services)?		
	<i>Yes</i>		8 (5%)
	<i>No</i>		161 (95%)
Q1.14	Is this your first time in prison?		
	<i>Yes</i>		61 (36%)
	<i>No</i>		109 (64%)
Q1.15	Do you have children under the age of 18?		
	<i>Yes</i>		98 (57%)
	<i>No</i>		73 (43%)

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>	106 (62%)
	<i>2 hours or longer</i>	53 (31%)
	<i>Don't remember</i>	12 (7%)

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>	106 (63%)
	Yes	17 (10%)
	No	40 (24%)
	Don't remember	6 (4%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	106 (63%)
	Yes	3 (2%)
	No	55 (33%)
	Don't remember	4 (2%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	105 (61%)
	No	55 (32%)
	Don't remember	11 (6%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	124 (74%)
	No	35 (21%)
	Don't remember	9 (5%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	42 (25%)
	Well	65 (38%)
	Neither	46 (27%)
	Badly	5 (3%)
	Very badly	6 (4%)
	Don't remember	7 (4%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)	
	Yes, someone told me	110 (65%)
	Yes, I received written information	7 (4%)
	No, I was not told anything	45 (26%)
	Don't remember	11 (6%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	129 (77%)
	No	35 (21%)
	Don't remember	4 (2%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	57 (34%)
	<i>2 hours or longer</i>	96 (57%)
	Don't remember	15 (9%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	131 (78%)
	No	25 (15%)
	Don't remember	11 (7%)

Q3.3	Overall, how were you treated in reception?		
	<i>Very well</i>		38 (22%)
	<i>Well</i>		77 (46%)
	<i>Neither</i>		33 (20%)
	<i>Badly</i>		12 (7%)
	<i>Very badly</i>		4 (2%)
	<i>Don't remember</i>		5 (3%)
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>	19 (12%)	<i>Physical health</i> 28 (17%)
	<i>Housing problems</i>	37 (22%)	<i>Mental health</i> 49 (30%)
	<i>Contacting employers</i>	8 (5%)	<i>Needing protection from other prisoners</i> 25 (15%)
	<i>Contacting family</i>	46 (28%)	<i>Getting phone numbers</i> 51 (31%)
	<i>Childcare</i>	8 (5%)	<i>Other</i> 4 (2%)
	<i>Money worries</i>	49 (30%)	<i>Did not have any problems</i> 44 (27%)
	<i>Feeling depressed or suicidal</i>	38 (23%)	
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	<i>Yes</i>		35 (21%)
	<i>No</i>		84 (52%)
	<i>Did not have any problems</i>		44 (27%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	<i>Tobacco</i>		147 (86%)
	<i>A shower</i>		23 (13%)
	<i>A free telephone call</i>		138 (81%)
	<i>Something to eat</i>		122 (71%)
	<i>PIN phone credit</i>		45 (26%)
	<i>Toiletries/ basic items</i>		122 (71%)
	<i>Did not receive anything</i>		5 (3%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)		
	<i>Chaplain</i>		48 (29%)
	<i>Someone from health services</i>		111 (67%)
	<i>A Listener/Samaritans</i>		36 (22%)
	<i>Prison shop/ canteen</i>		40 (24%)
	<i>Did not have access to any of these</i>		35 (21%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)		
	<i>What was going to happen to you</i>		74 (45%)
	<i>What support was available for people feeling depressed or suicidal</i>		53 (32%)
	<i>How to make routine requests (applications)</i>		47 (29%)
	<i>Your entitlement to visits</i>		52 (32%)
	<i>Health services</i>		70 (43%)
	<i>Chaplaincy</i>		55 (34%)
	<i>Not offered any information</i>		56 (34%)

Q3.9	Did you feel safe on your first night here?	
	Yes	106 (64%)
	No	50 (30%)
	Don't remember	10 (6%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course	36 (22%)
	Within the first week	76 (46%)
	More than a week	42 (26%)
	Don't remember	10 (6%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	36 (22%)
	Yes	67 (40%)
	No	49 (30%)
	Don't remember	14 (8%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment	40 (24%)
	Within the first week	42 (26%)
	More than a week	61 (37%)
	Don't remember	21 (13%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to...					
		Very easy	Easy	Neither	Difficult	Very difficult N/A
	Communicate with your solicitor or legal representative?	32 (19%)	49 (30%)	18 (11%)	29 (17%)	26 (16%) 12 (7%)
	Attend legal visits?	32 (20%)	65 (41%)	18 (11%)	11 (7%)	15 (9%) 17 (11%)
	Get bail information?	14 (9%)	25 (16%)	21 (14%)	21 (14%)	39 (25%) 33 (22%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?					
	Not had any letters					23 (14%)
	Yes					65 (39%)
	No					79 (47%)
Q4.3	Can you get legal books in the library?					
	Yes					33 (20%)
	No					20 (12%)
	Don't know					114 (68%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:					
		Yes	No	Don't know		
	Do you normally have enough clean, suitable clothes for the week?	98 (58%)	62 (37%)	9 (5%)		
	Are you normally able to have a shower every day?	141 (83%)	24 (14%)	4 (2%)		
	Do you normally receive clean sheets every week?	40 (24%)	112 (68%)	13 (8%)		
	Do you normally get cell cleaning materials every week?	63 (38%)	95 (57%)	10 (6%)		
	Is your cell call bell normally answered within five minutes?	19 (11%)	134 (80%)	15 (9%)		
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	78 (48%)	79 (48%)	6 (4%)		
	If you need to, can you normally get your stored property?	29 (18%)	80 (49%)	55 (34%)		

Q4.5	What is the food like here?	
	Very good	13 (8%)
	Good	50 (30%)
	Neither	43 (25%)
	Bad	39 (23%)
	Very bad	24 (14%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	Have not bought anything yet/ don't know	10 (6%)
	Yes	88 (52%)
	No	71 (42%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes	55 (33%)
	No	40 (24%)
	Don't know	72 (43%)
Q4.8	Are your religious beliefs respected?	
	Yes	66 (40%)
	No	32 (19%)
	Don't know/ N/A	69 (41%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?	
	Yes	72 (43%)
	No	24 (14%)
	Don't know/ N/A	71 (43%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	I don't want to attend	41 (25%)
	Very easy	26 (16%)
	Easy	23 (14%)
	Neither	14 (8%)
	Difficult	9 (5%)
	Very difficult	9 (5%)
	Don't know	45 (27%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	94 (58%)
	No	46 (29%)
	Don't know	21 (13%)
Q5.2	Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)	
		Not made one Yes No
	Are applications dealt with fairly?	35 (23%) 52 (34%) 67 (44%)
	Are applications dealt with quickly (within seven days)?	35 (24%) 29 (20%) 82 (56%)
Q5.3	Is it easy to make a complaint?	
	Yes	64 (41%)
	No	37 (23%)
	Don't know	57 (36%)

Q5.4 Please answer the following questions about complaints. (If you have not made a complaint please tick the 'not made one' option.)

	Not made one	Yes	No
Are complaints dealt with fairly?	79 (49%)	16 (10%)	66 (41%)
Are complaints dealt with quickly (within seven days)?	79 (50%)	17 (11%)	61 (39%)

Q5.5 Have you ever been prevented from making a complaint when you wanted to?

Yes	38 (25%)
No	112 (75%)

Q5.6 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

Don't know who they are	61 (38%)
Very easy	15 (9%)
Easy	23 (14%)
Neither	23 (14%)
Difficult	28 (17%)
Very difficult	12 (7%)

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.)**

Don't know what the IEP scheme is	30 (18%)
Yes	71 (43%)
No	40 (24%)
Don't know	26 (16%)

Q6.2 Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)

Don't know what the IEP scheme is	30 (19%)
Yes	58 (36%)
No	51 (32%)
Don't know	22 (14%)

Q6.3 In the last six months have any members of staff physically restrained you (C and R)?

Yes	20 (12%)
No	145 (88%)

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 have not been to segregation in the last 6 months	130 (83%)
Very well	6 (4%)
Well	5 (3%)
Neither	3 (2%)
Badly	8 (5%)
Very badly	5 (3%)

Section 7: Relationships with staff**Q7.1 Do most staff treat you with respect?**

Yes	120 (74%)
No	43 (26%)

Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	108 (66%)
	No	56 (34%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	43 (26%)
	No	120 (74%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	9 (6%)
	<i>Never</i>	27 (17%)
	<i>Rarely</i>	45 (28%)
	<i>Some of the time</i>	49 (30%)
	<i>Most of the time</i>	16 (10%)
	<i>All of the time</i>	15 (9%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	101 (62%)
	<i>In the first week</i>	27 (17%)
	<i>More than a week</i>	8 (5%)
	<i>Don't remember</i>	27 (17%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/her</i>	101 (64%)
	<i>Very helpful</i>	21 (13%)
	<i>Helpful</i>	20 (13%)
	<i>Neither</i>	7 (4%)
	<i>Not very helpful</i>	1 (1%)
	<i>Not at all helpful</i>	8 (5%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?			
	Yes	89 (54%)		
	No	77 (46%)		
Q8.2	Do you feel unsafe now?			
	Yes	38 (24%)		
	No	120 (76%)		
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)			
	<i>Never felt unsafe</i>	77 (48%)	<i>At meal times</i>	25 (16%)
	<i>Everywhere</i>	30 (19%)	<i>At health services</i>	12 (7%)
	<i>Segregation unit</i>	6 (4%)	<i>Visits area</i>	21 (13%)
	<i>Association areas</i>	26 (16%)	<i>In wing showers</i>	33 (20%)
	<i>Reception area</i>	15 (9%)	<i>In gym showers</i>	13 (8%)
	<i>At the gym</i>	15 (9%)	<i>In corridors/stairwells</i>	29 (18%)
	<i>In an exercise yard</i>	25 (16%)	<i>On your landing/wing</i>	25 (16%)
	<i>At work</i>	7 (4%)	<i>In your cell</i>	14 (9%)
	<i>During movement</i>	30 (19%)	<i>At religious services</i>	7 (4%)
	<i>At education</i>	8 (5%)		

Q8.4	Have you been victimised by other prisoners here?	
	Yes	66 (40%)
	No	98 (60%)
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>	33 (20%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	29 (18%)
	<i>Sexual abuse</i>	2 (1%)
	<i>Feeling threatened or intimidated</i>	43 (26%)
	<i>Having your canteen/property taken</i>	18 (11%)
	<i>Medication</i>	9 (5%)
	<i>Debt</i>	9 (5%)
	<i>Drugs</i>	10 (6%)
	<i>Your race or ethnic origin</i>	7 (4%)
	<i>Your religion/religious beliefs</i>	7 (4%)
	<i>Your nationality</i>	5 (3%)
	<i>You are from a different part of the country than others</i>	10 (6%)
	<i>You are from a traveller community</i>	5 (3%)
	<i>Your sexual orientation</i>	2 (1%)
	<i>Your age</i>	6 (4%)
	<i>You have a disability</i>	7 (4%)
	<i>You were new here</i>	16 (10%)
	<i>Your offence/ crime</i>	16 (10%)
	<i>Gang related issues</i>	13 (8%)
Q8.6	Have you been victimised by staff here?	
	Yes	49 (30%)
	No	116 (70%)
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>	20 (12%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	10 (6%)
	<i>Sexual abuse</i>	3 (2%)
	<i>Feeling threatened or intimidated</i>	20 (12%)
	<i>Medication</i>	9 (5%)
	<i>Debt</i>	4 (2%)
	<i>Drugs</i>	5 (3%)
	<i>Your race or ethnic origin</i>	5 (3%)
	<i>Your religion/religious beliefs</i>	4 (2%)
	<i>Your nationality</i>	5 (3%)
	<i>You are from a different part of the country than others</i>	7 (4%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	1 (0%)
	<i>Your age</i>	4 (2%)
	<i>You have a disability</i>	8 (5%)
	<i>You were new here</i>	9 (5%)
	<i>Your offence/ crime</i>	10 (6%)
	<i>Gang related issues</i>	9 (5%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	<i>Not been victimised</i>	84 (59%)
	Yes	26 (18%)
	No	33 (23%)

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	31 (20%)	6 (4%)	20 (13%)	17 (11%)	47 (30%)	37 (23%)
	The nurse	27 (17%)	11 (7%)	39 (25%)	18 (12%)	37 (24%)	24 (15%)
	The dentist	43 (28%)	4 (3%)	6 (4%)	12 (8%)	48 (31%)	40 (26%)
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	48 (31%)	12 (8%)	28 (18%)	14 (9%)	23 (15%)	32 (20%)
	The nurse	31 (20%)	17 (11%)	31 (20%)	22 (14%)	27 (17%)	29 (18%)
	The dentist	59 (39%)	8 (5%)	11 (7%)	21 (14%)	22 (14%)	31 (20%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						21 (14%)
	<i>Very good</i>						12 (8%)
	<i>Good</i>						18 (12%)
	<i>Neither</i>						31 (20%)
	<i>Bad</i>						31 (20%)
	<i>Very bad</i>						39 (26%)
Q9.4	Are you currently taking medication?						
	<i>Yes</i>						73 (46%)
	<i>No</i>						87 (54%)
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>						87 (55%)
	<i>Yes, all my meds</i>						30 (19%)
	<i>Yes, some of my meds</i>						16 (10%)
	<i>No</i>						25 (16%)
Q9.6	Do you have any emotional or mental health problems?						
	<i>Yes</i>						70 (44%)
	<i>No</i>						89 (56%)
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>						89 (58%)
	<i>Yes</i>						24 (16%)
	<i>No</i>						40 (26%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	<i>Yes</i>	42 (26%)
	<i>No</i>	119 (74%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	<i>Yes</i>	27 (17%)
	<i>No</i>	129 (83%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	57 (36%)
	Easy	14 (9%)
	Neither	12 (8%)
	Difficult	5 (3%)
	Very difficult	12 (8%)
	Don't know	59 (37%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy	22 (14%)
	Easy	12 (8%)
	Neither	7 (4%)
	Difficult	6 (4%)
	Very difficult	25 (16%)
	Don't know	87 (55%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	20 (13%)
	No	138 (87%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	12 (8%)
	No	148 (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>	103 (69%)
	Yes	14 (9%)
	No	33 (22%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, while in this prison?	
	<i>Did not / do not have an alcohol problem</i>	129 (83%)
	Yes	10 (6%)
	No	16 (10%)
Q10.9	Was the support or help you received, while in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	130 (89%)
	Yes	13 (9%)
	No	3 (2%)

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	24 (15%)	5 (3%)	20 (13%)	18 (11%)	37 (23%)	56 (35%)
	Vocational or skills training	36 (23%)	6 (4%)	23 (15%)	21 (14%)	35 (23%)	34 (22%)
	Education (including basic skills)	29 (19%)	15 (10%)	51 (34%)	18 (12%)	21 (14%)	16 (11%)
	Offending behaviour programmes	42 (27%)	4 (3%)	9 (6%)	38 (25%)	31 (20%)	29 (19%)

Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)				
	<i>Not involved in any of these</i>				68 (45%)
	Prison job				59 (39%)
	Vocational or skills training				12 (8%)
	Education (including basic skills)				38 (25%)
	Offending behaviour programmes				9 (6%)
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>	Yes	No	Don't know
	Prison job	53 (38%)	34 (24%)	41 (29%)	12 (9%)
	Vocational or skills training	62 (48%)	25 (19%)	31 (24%)	11 (9%)
	Education (including basic skills)	43 (33%)	42 (33%)	32 (25%)	12 (9%)
	Offending behaviour programmes	64 (48%)	25 (19%)	28 (21%)	16 (12%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				41 (27%)
	Never				75 (49%)
	<i>Less than once a week</i>				21 (14%)
	<i>About once a week</i>				16 (10%)
	<i>More than once a week</i>				1 (1%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				91 (60%)
	Yes				25 (16%)
	No				36 (24%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				30 (19%)
	0				53 (34%)
	1 to 2				58 (37%)
	3 to 5				15 (10%)
	More than 5				0 (0%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				24 (16%)
	0				20 (13%)
	1 to 2				36 (24%)
	3 to 5				31 (20%)
	More than 5				41 (27%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				7 (5%)
	0				15 (10%)
	1 to 2				20 (13%)
	3 to 5				17 (11%)
	More than 5				91 (61%)

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>	30 (20%)
	<i>2 to less than 4 hours</i>	36 (24%)
	<i>4 to less than 6 hours</i>	33 (22%)
	<i>6 to less than 8 hours</i>	17 (11%)
	<i>8 to less than 10 hours</i>	14 (9%)
	<i>10 hours or more</i>	8 (5%)
	<i>Don't know</i>	13 (9%)

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?	
	Yes	49 (32%)
	No	105 (68%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	65 (42%)
	No	88 (58%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	26 (17%)
	No	127 (83%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	32 (21%)
	<i>Very easy</i>	25 (16%)
	<i>Easy</i>	38 (25%)
	<i>Neither</i>	15 (10%)
	<i>Difficult</i>	17 (11%)
	<i>Very difficult</i>	20 (13%)
	<i>Don't know</i>	5 (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>	54 (35%)
	Yes	71 (46%)
	No	28 (18%)
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>	82 (55%)
	<i>No contact</i>	25 (17%)
	<i>Letter</i>	25 (17%)
	<i>Phone</i>	11 (7%)
	<i>Visit</i>	26 (17%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	68 (46%)
	No	79 (54%)

Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	54 (35%)
	Yes	40 (26%)
	No	61 (39%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	115 (72%)
	<i>Very involved</i>	9 (6%)
	<i>Involved</i>	12 (8%)
	<i>Neither</i>	8 (5%)
	<i>Not very involved</i>	7 (4%)
	<i>Not at all involved</i>	8 (5%)
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>	115 (75%)
	<i>Nobody</i>	20 (13%)
	<i>Offender supervisor</i>	13 (8%)
	<i>Offender manager</i>	9 (6%)
	<i>Named/ personal officer</i>	3 (2%)
	<i>Staff from other departments</i>	3 (2%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	115 (74%)
	Yes	15 (10%)
	No	12 (8%)
	<i>Don't know</i>	14 (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>	115 (74%)
	Yes	9 (6%)
	No	17 (11%)
	<i>Don't know</i>	14 (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>	115 (73%)
	Yes	11 (7%)
	No	12 (8%)
	<i>Don't know</i>	20 (13%)
Q13.10	Do you have a needs based custody plan?	
	Yes	14 (9%)
	No	55 (35%)
	<i>Don't know</i>	86 (55%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes	14 (9%)
	No	136 (91%)

**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	37 (25%)	31 (21%)	79 (54%)
Accommodation	40 (26%)	37 (25%)	74 (49%)
Benefits	35 (24%)	40 (27%)	72 (49%)
Finances	40 (29%)	21 (15%)	76 (55%)
Education	33 (25%)	21 (16%)	79 (59%)
Drugs and alcohol	44 (31%)	31 (22%)	67 (47%)

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>	54 (35%)
<i>Yes</i>	51 (33%)
<i>No</i>	50 (32%)

Main comparator and comparator to last time



Prisoner survey responses HMP Doncaster 2015

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

		HMP Doncaster 2015	Local adult prisons comparator	HMP Doncaster 2015	HMP Doncaster 2014
	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		173	6,043	173	179
SECTION 1: General information					
1.2	Are you under 21 years of age?	17%	5%	17%	16%
1.3	Are you sentenced?	68%	67%	68%	67%
1.3	Are you on recall?	12%	9%	12%	13%
1.4	Is your sentence less than 12 months?	27%	20%	27%	24%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	3%	1%	2%
1.5	Are you a foreign national?	11%	13%	11%	6%
1.6	Do you understand spoken English?	98%	97%	98%	97%
1.7	Do you understand written English?	98%	96%	98%	95%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	16%	25%	16%	17%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	5%	4%	3%
1.1	Are you Muslim?	9%	13%	9%	9%
1.11	Are you homosexual/gay or bisexual?	2%	3%	2%	3%
1.12	Do you consider yourself to have a disability?	29%	23%	29%	30%
1.13	Are you a veteran (ex-armed services)?	5%	5%	5%	4%
1.14	Is this your first time in prison?	36%	33%	36%	23%
1.15	Do you have any children under the age of 18?	57%	53%	57%	50%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	31%	22%	31%	30%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	27%	37%	27%	26%
2.3	Were you offered a toilet break?	5%	8%	5%	10%
2.4	Was the van clean?	61%	58%	61%	58%
2.5	Did you feel safe?	74%	75%	74%	77%
2.6	Were you treated well/very well by the escort staff?	63%	67%	63%	69%
2.7	Before you arrived here were you told that you were coming here?	65%	64%	65%	66%
2.7	Before you arrived here did you receive any written information about coming here?	4%	4%	4%	2%
2.8	When you first arrived here did your property arrive at the same time as you?	77%	79%	77%	80%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	34%	41%	34%	34%
3.2	When you were searched in reception, was this carried out in a respectful way?	79%	78%	79%	85%
3.3	Were you treated well/very well in reception?	68%	62%	68%	69%
When you first arrived:					
3.4	Did you have any problems?	73%	76%	73%	71%
3.4	Did you have any problems with loss of property?	12%	16%	12%	8%
3.4	Did you have any housing problems?	22%	22%	22%	18%
3.4	Did you have any problems contacting employers?	5%	5%	5%	3%
3.4	Did you have any problems contacting family?	28%	33%	28%	28%
3.4	Did you have any problems ensuring dependants were being looked after?	5%	3%	5%	0%
3.4	Did you have any money worries?	30%	23%	30%	32%
3.4	Did you have any problems with feeling depressed or suicidal?	23%	23%	23%	19%
3.4	Did you have any physical health problems?	17%	18%	17%	19%
3.4	Did you have any mental health problems?	30%	22%	30%	23%
3.4	Did you have any problems with needing protection from other prisoners?	15%	7%	15%	11%
3.4	Did you have problems accessing phone numbers?	31%	32%	31%	26%
For those with problems:					
3.5	Did you receive any help/ support from staff in dealing with these problems?	30%	32%	30%	37%
When you first arrived here, were you offered any of the following:					
3.6	Tobacco?	86%	79%	86%	87%
3.6	A shower?	13%	30%	13%	17%
3.6	A free telephone call?	81%	54%	81%	81%
3.6	Something to eat?	71%	71%	71%	78%
3.6	PIN phone credit?	26%	54%	26%	33%
3.6	Toiletries/ basic items?	71%	57%	71%	69%
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?	29%	46%	29%	30%
3.7	Someone from health services?	67%	67%	67%	67%
3.7	A Listener/Samaritans?	22%	32%	22%	26%
3.7	Prison shop/ canteen?	24%	21%	24%	28%
When you first arrived here were you offered information about any of the following:					
3.8	What was going to happen to you?	45%	41%	45%	42%
3.8	Support was available for people feeling depressed or suicidal?	32%	37%	32%	39%
3.8	How to make routine requests?	29%	35%	29%	30%

Main comparator and comparator to last time

Key to tables

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3.8	Your entitlement to visits?	32%	34%	32%	37%
3.8	Health services?	43%	45%	43%	45%
3.8	The chaplaincy?	34%	40%	34%	30%
3.9	Did you feel safe on your first night here?	64%	72%	64%	75%
3.10	Have you been on an induction course?	78%	73%	78%	77%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	52%	50%	52%	47%
3.12	Did you receive an education (skills for life) assessment?	76%	72%	76%	75%
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?	49%	37%	49%	48%
4.1	Attend legal visits?	61%	51%	61%	57%
4.1	Get bail information?	26%	18%	26%	24%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	39%	41%	39%	31%
4.3	Can you get legal books in the library?	20%	35%	20%	26%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	58%	50%	58%	59%
4.4	Are you normally able to have a shower every day?	83%	72%	83%	88%
4.4	Do you normally receive clean sheets every week?	24%	71%	24%	44%
4.4	Do you normally get cell cleaning materials every week?	38%	53%	38%	53%
4.4	Is your cell call bell normally answered within five minutes?	11%	27%	11%	17%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	48%	58%	48%	54%
4.4	Can you normally get your stored property, if you need to?	18%	21%	18%	28%
4.5	Is the food in this prison good/very good?	37%	20%	37%	42%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	47%	52%	59%
4.7	Are you able to speak to a Listener at any time, if you want to?	33%	53%	33%	41%
4.8	Are your religious beliefs are respected?	40%	49%	40%	42%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	43%	50%	43%	51%
4.10	Is it easy/very easy to attend religious services?	29%	44%	29%	41%
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	58%	73%	58%	69%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	44%	50%	44%	49%
5.2	Do you feel applications are dealt with quickly (within seven days)?	26%	35%	26%	33%
5.3	Is it easy to make a complaint?	41%	49%	41%	45%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	20%	29%	20%	23%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	22%	25%	22%	26%
5.5	Have you ever been prevented from making a complaint when you wanted to?	25%	20%	25%	17%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	23%	18%	23%	23%

Main comparator and comparator to last time

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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?	43%	40%	43%	46%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	36%	40%	36%	43%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	12%	9%	12%	10%
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%	35%	41%	39%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	74%	73%	74%	84%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	66%	68%	66%	78%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	26%	26%	26%	26%
7.4	Do staff normally speak to you most of the time/all of the time during association?	19%	17%	19%	27%
7.5	Do you have a personal officer?	38%	35%	38%	33%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	72%	66%	72%	67%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	54%	43%	54%	44%
8.2	Do you feel unsafe now?	24%	20%	24%	19%
8.4	Have you been victimised by other prisoners here?	40%	30%	40%	30%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	20%	12%	20%	5%
8.5	Hit, kicked or assaulted you?	18%	8%	18%	9%
8.5	Sexually abused you?	1%	2%	1%	0%
8.5	Threatened or intimidated you?	26%	16%	26%	13%
8.5	Taken your canteen/property?	11%	7%	11%	7%
8.5	Victimised you because of medication?	6%	5%	6%	3%
8.5	Victimised you because of debt?	6%	4%	6%	3%
8.5	Victimised you because of drugs?	6%	4%	6%	4%
8.5	Victimised you because of your race or ethnic origin?	4%	4%	4%	0%
8.5	Victimised you because of your religion/religious beliefs?	4%	3%	4%	1%
8.5	Victimised you because of your nationality?	3%	3%	3%	0%
8.5	Victimised you because you were from a different part of the country?	6%	4%	6%	4%
8.5	Victimised you because you are from a Traveller community?	3%	2%	3%	1%
8.5	Victimised you because of your sexual orientation?	1%	1%	1%	0%
8.5	Victimised you because of your age?	4%	2%	4%	1%
8.5	Victimised you because you have a disability?	4%	3%	4%	2%
8.5	Victimised you because you were new here?	10%	6%	10%	5%
8.5	Victimised you because of your offence/crime?	10%	5%	10%	7%
8.5	Victimised you because of gang related issues?	8%	5%	8%	5%

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SECTION 8: Safety continued				
8.6 Have you been victimised by staff here?	30%	32%	30%	22%
Since you have been here, have staff:				
8.7 Made insulting remarks about you, your family or friends?	12%	12%	12%	8%
8.7 Hit, kicked or assaulted you?	6%	6%	6%	4%
8.7 Sexually abused you?	2%	1%	2%	0%
8.7 Threatened or intimidated you?	12%	13%	12%	7%
8.7 Victimised you because of medication?	5%	6%	5%	2%
8.7 Victimised you because of debt?	3%	2%	3%	2%
8.7 Victimised you because of drugs?	3%	3%	3%	2%
8.7 Victimised you because of your race or ethnic origin?	3%	4%	3%	0%
8.7 Victimised you because of your religion/religious beliefs?	3%	4%	3%	0%
8.7 Victimised you because of your nationality?	3%	3%	3%	0%
8.7 Victimised you because you were from a different part of the country?	4%	3%	4%	4%
8.7 Victimised you because you are from a Traveller community?	1%	2%	1%	0%
8.7 Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.7 Victimised you because of your age?	3%	2%	3%	1%
8.7 Victimised you because you have a disability?	5%	3%	5%	1%
8.7 Victimised you because you were new here?	5%	5%	5%	3%
8.7 Victimised you because of your offence/crime?	6%	5%	6%	4%
8.7 Victimised you because of gang related issues?	5%	3%	5%	1%
For those who have been victimised by staff or other prisoners:				
8.8 Did you report any victimisation that you have experienced?	44%	33%	44%	40%
SECTION 9: Health services				
9.1 Is it easy/very easy to see the doctor?	16%	21%	16%	22%
9.1 Is it easy/very easy to see the nurse?	32%	44%	32%	45%
9.1 Is it easy/very easy to see the dentist?	7%	9%	7%	11%
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?	37%	40%	37%	28%
9.2 The nurse?	38%	52%	38%	41%
9.2 The dentist?	21%	30%	21%	33%
9.3 The overall quality of health services?	23%	36%	23%	31%
9.4 Are you currently taking medication?	46%	50%	46%	52%
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%	58%	65%	63%
9.6 Do you have any emotional well being or mental health problems?	44%	38%	44%	43%
For those who have problems:				
9.7 Are you being helped or supported by anyone in this prison?	38%	42%	38%	32%

Main comparator and comparator to last time

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SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	26%	32%	26%	40%
10.2	Did you have a problem with alcohol when you came into this prison?	17%	21%	17%	19%
10.3	Is it easy/very easy to get illegal drugs in this prison?	45%	35%	45%	43%
10.4	Is it easy/very easy to get alcohol in this prison?	21%	16%	21%	17%
10.5	Have you developed a problem with drugs since you have been in this prison?	13%	9%	13%	9%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	8%	8%	8%	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?	30%	59%	30%	52%
10.8	Have you received any support or help with your alcohol problem while in this prison?	38%	57%	38%	39%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	81%	77%	81%	72%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	16%	31%	16%	23%
11.1	Vocational or skills training?	19%	29%	19%	28%
11.1	Education (including basic skills)?	44%	44%	44%	47%
11.1	Offending behaviour programmes?	9%	17%	9%	16%
	Are you currently involved in any of the following activities:				
11.2	A prison job?	39%	42%	39%	40%
11.2	Vocational or skills training?	8%	9%	8%	6%
11.2	Education (including basic skills)?	25%	24%	25%	22%
11.2	Offending behaviour programmes?	6%	6%	6%	2%
11.3	Have you had a job while in this prison?	62%	67%	62%	56%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	39%	38%	39%	43%
11.3	Have you been involved in vocational or skills training while in this prison?	52%	55%	52%	38%
	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?	37%	45%	37%	35%
11.3	Have you been involved in education while in this prison?	67%	65%	67%	54%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	49%	51%	49%	45%
11.3	Have you been involved in offending behaviour programmes while in this prison?	52%	52%	52%	39%
	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?	36%	40%	36%	36%
11.4	Do you go to the library at least once a week?	11%	28%	11%	17%
11.5	Does the library have a wide enough range of materials to meet your needs?	16%	32%	16%	17%
11.6	Do you go to the gym three or more times a week?	10%	25%	10%	40%
11.7	Do you go outside for exercise three or more times a week?	47%	39%	47%	40%
11.8	Do you go on association more than five times each week?	61%	41%	61%	65%
11.9	Do you spend ten or more hours out of your cell on a weekday?	5%	9%	5%	7%

Main comparator and comparator to last time

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SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	32%	31%	32%	37%
12.2	Have you had any problems with sending or receiving mail?	42%	49%	42%	42%
12.3	Have you had any problems getting access to the telephones?	17%	36%	17%	18%
12.4	Is it easy/ very easy for your friends and family to get here?	42%	36%	42%	40%
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?	72%	60%	72%	69%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	37%	42%	37%	39%
13.2	Contact by letter?	37%	29%	37%	34%
13.2	Contact by phone?	16%	13%	16%	9%
13.2	Contact by visit?	38%	37%	38%	35%
13.3	Do you have a named offender supervisor in this prison?	46%	29%	46%	34%
For those who are sentenced:					
13.4	Do you have a sentence plan?	40%	34%	40%	36%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	48%	56%	48%	63%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	51%	46%	51%	52%
13.6	Offender supervisor?	33%	31%	33%	34%
13.6	Offender manager?	23%	26%	23%	26%
13.6	Named/ personal officer?	8%	11%	8%	9%
13.6	Staff from other departments?	8%	18%	8%	14%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	37%	53%	37%	53%
13.8	Are there plans for you to achieve any of your targets in another prison?	22%	28%	22%	18%
13.9	Are there plans for you to achieve any of your targets in the community?	26%	32%	26%	34%
13.10	Do you have a needs based custody plan?	9%	7%	9%	9%
13.11	Do you feel that any member of staff has helped you to prepare for release?	9%	11%	9%	10%
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?	28%	26%	28%	30%
13.12	Accommodation?	33%	33%	33%	40%
13.12	Benefits?	36%	36%	36%	49%
13.12	Finances?	22%	21%	22%	27%
13.12	Education?	21%	27%	21%	34%
13.12	Drugs and alcohol?	32%	41%	32%	46%
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?	50%	45%	50%	47%

Diversity analysis



Key question responses (ethnicity and foreign national) HMP Doncaster 2015

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	Foreign national prisoners	British prisoners
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Number of completed questionnaires returned		28	143	18	151
1.3	Are you sentenced?	57%	70%	61%	69%
1.5	Are you a foreign national?	22%	9%		
1.6	Do you understand spoken English?	93%	99%	83%	100%
1.7	Do you understand written English?	89%	100%	83%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			34%	15%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	5%	0%	5%
1.1	Are you Muslim?	48%	2%	12%	9%
1.12	Do you consider yourself to have a disability?	15%	32%	34%	28%
1.13	Are you a veteran (ex-armed services)?	4%	5%	6%	5%
1.14	Is this your first time in prison?	41%	35%	42%	36%
2.6	Were you treated well/very well by the escort staff?	59%	63%	64%	63%
2.7	Before you arrived here were you told that you were coming here?	62%	65%	70%	64%
3.2	When you were searched in reception, was this carried out in a respectful way?	71%	80%	64%	80%
3.3	Were you treated well/very well in reception?	65%	68%	56%	69%
3.4	Did you have any problems when you first arrived?	58%	76%	70%	73%
3.7	Did you have access to someone from health care when you first arrived here?	67%	67%	70%	67%
3.9	Did you feel safe on your first night here?	72%	62%	50%	65%
3.10	Have you been on an induction course?	92%	75%	82%	77%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	42%	49%	42%	49%

Diversity analysis

Key to tables

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	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?	56%	59%	58%	58%
4.4	Are you normally able to have a shower every day?	89%	82%	72%	86%
4.4	Is your cell call bell normally answered within five minutes?	12%	11%	22%	10%
4.5	Is the food in this prison good/very good?	54%	35%	61%	35%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	37%	55%	50%	52%
4.7	Are you able to speak to a Listener at any time, if you want to?	29%	34%	12%	36%
4.8	Do you feel your religious beliefs are respected?	58%	36%	36%	41%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	58%	40%	30%	46%
5.1	Is it easy to make an application?	50%	61%	60%	60%
5.3	Is it easy to make a complaint?	28%	44%	40%	42%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	27%	45%	32%	44%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	16%	39%	15%	38%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	12%	12%	13%	12%
7.1	Do most staff, in this prison, treat you with respect?	72%	74%	68%	74%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	62%	66%	50%	68%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	19%	20%	6%	21%
7.4	Do you have a personal officer?	38%	38%	38%	38%
8.1	Have you ever felt unsafe here?	50%	54%	64%	53%
8.2	Do you feel unsafe now?	16%	26%	44%	22%
8.3	Have you been victimised by other prisoners?	36%	42%	58%	39%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	24%	27%	24%	27%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	24%	1%	6%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	12%	3%	0%	5%
8.5	Have you been victimised because of your nationality? (By prisoners)	16%	1%	0%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	4%	4%	6%	4%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British 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				
8.6	Have you been victimised by a member of staff?	40%	28%	30%	30%
8.7	Have you ever felt threatened or intimidated by staff here?	16%	12%	6%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	16%	1%	0%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	12%	1%	0%	3%
8.7	Have you been victimised because of your nationality? (By staff)	16%	1%	0%	3%
8.7	Have you been victimised because you have a disability? (By staff)	0%	6%	6%	5%
9.1	Is it easy/very easy to see the doctor?	8%	18%	24%	16%
9.1	Is it easy/ very easy to see the nurse?	23%	34%	47%	31%
9.4	Are you currently taking medication?	31%	49%	42%	46%
9.6	Do you feel you have any emotional well being/mental health issues?	40%	45%	50%	44%
10.3	Is it easy/very easy to get illegal drugs in this prison?	28%	47%	36%	46%
11.2	Are you currently working in the prison?	48%	38%	36%	40%
11.2	Are you currently undertaking vocational or skills training?	19%	6%	6%	8%
11.2	Are you currently in education (including basic skills)?	19%	26%	6%	27%
11.2	Are you currently taking part in an offending behaviour programme?	5%	6%	0%	7%
11.4	Do you go to the library at least once a week?	18%	10%	13%	11%
11.6	Do you go to the gym three or more times a week?	22%	8%	12%	10%
11.7	Do you go outside for exercise three or more times a week?	61%	45%	38%	49%
11.8	On average, do you go on association more than five times each week?	68%	59%	68%	60%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	0%	6%	0%	6%
12.2	Have you had any problems sending or receiving mail?	32%	44%	47%	42%
12.3	Have you had any problems getting access to the telephones?	9%	18%	6%	18%

Diversity analysis



Key question responses (disability, under 21) HMP Doncaster 2015

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

		Consider themselves to have a disability		Do not consider themselves to have a disability	
				Prisoners under the age of 21	Prisoners aged 21 and over
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		50	120	29	141
1.3	Are you sentenced?	72%	66%	48%	74%
1.5	Are you a foreign national?	13%	10%	15%	10%
1.6	Do you understand spoken English?	98%	98%	96%	99%
1.7	Do you understand written English?	100%	97%	97%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	8%	20%	17%	17%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	8%	3%	0%	5%
1.1	Are you Muslim?	2%	12%	4%	10%
1.12	Do you consider yourself to have a disability?			34%	28%
1.13	Are you a veteran (ex-armed services)?	4%	5%	0%	6%
1.14	Is this your first time in prison?	36%	36%	57%	32%
2.6	Were you treated well/very well by the escort staff?	65%	61%	43%	67%
2.7	Before you arrived here were you told that you were coming here?	59%	66%	65%	66%
3.2	When you were searched in reception, was this carried out in a respectful way?	70%	82%	67%	80%
3.3	Were you treated well/very well in reception?	65%	68%	55%	70%
3.4	Did you have any problems when you first arrived?	89%	67%	70%	74%
3.7	Did you have access to someone from health care when you first arrived here?	70%	66%	58%	70%
3.9	Did you feel safe on your first night here?	53%	68%	59%	64%
3.10	Have you been on an induction course?	72%	80%	65%	81%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	48%	48%	37%	50%
4.4	Are you normally offered enough clean, suitable clothes for the week?	45%	63%	59%	58%
4.4	Are you normally able to have a shower every day?	75%	87%	57%	90%
4.4	Is your cell call bell normally answered within five minutes?	9%	13%	4%	13%

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	Prisoners under the age of 21	Prisoners aged 21 and over
	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				
4.5	Is the food in this prison good/very good?	39%	38%	28%	39%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	58%	49%	44%	53%
4.7	Are you able to speak to a Listener at any time, if you want to?	28%	36%	8%	39%
4.8	Do you feel your religious beliefs are respected?	39%	39%	26%	43%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	48%	42%	22%	48%
5.1	Is it easy to make an application?	53%	61%	48%	61%
5.3	Is it easy to make a complaint?	48%	39%	28%	44%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	36%	44%	15%	48%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	33%	36%	22%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	24%	8%	29%	8%
7.1	Do most staff, in this prison, treat you with respect?	69%	75%	43%	81%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	69%	64%	57%	68%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	14%	21%	0%	24%
7.4	Do you have a personal officer?	30%	41%	28%	40%
8.1	Have you ever felt unsafe here?	72%	47%	48%	54%
8.2	Do you feel unsafe now?	37%	20%	28%	22%
8.3	Have you been victimised by other prisoners?	48%	38%	41%	41%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	28%	26%	26%	27%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	6%	4%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	5%	8%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	4%	4%	3%
8.5	Have you been victimised because of your age? (By prisoners)	7%	3%	4%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	9%	3%	8%	4%
8.6	Have you been victimised by a member of staff?	49%	23%	48%	25%
8.7	Have you ever felt threatened or intimidated by staff here?	19%	10%	33%	7%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	2%	4%	0%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	3%	4%	2%

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	Prisoners under the age of 21	Prisoners aged 21 and over
	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				
8.7	Have you been victimised because of your nationality? (By staff)	0%	4%	4%	2%
8.7	Have you been victimised because of your age? (By staff)	4%	2%	8%	2%
8.7	Have you been victimised because you have a disability? (By staff)	13%	2%	11%	4%
9.1	Is it easy/very easy to see the doctor?	26%	13%	11%	18%
9.1	Is it easy/ very easy to see the nurse?	49%	26%	24%	34%
9.4	Are you currently taking medication?	69%	36%	22%	51%
9.6	Do you feel you have any emotional well being/mental health issues?	83%	28%	46%	44%
10.3	Is it easy/very easy to get illegal drugs in this prison?	56%	39%	54%	43%
11.2	Are you currently working in the prison?	27%	44%	25%	42%
11.2	Are you currently undertaking vocational or skills training?	5%	7%	4%	9%
11.2	Are you currently in education (including basic skills)?	19%	27%	29%	24%
11.2	Are you currently taking part in an offending behaviour programme?	5%	6%	0%	7%
11.4	Do you go to the library at least once a week?	12%	10%	8%	12%
11.6	Do you go to the gym three or more times a week?	5%	12%	12%	9%
11.7	Do you go outside for exercise three or more times a week?	41%	51%	43%	49%
11.8	On average, do you go on association more than five times each week?	55%	62%	57%	62%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	7%	5%	0%	6%
12.2	Have you had any problems sending or receiving mail?	41%	43%	42%	42%
12.3	Have you had any problems getting access to the telephones?	18%	17%	34%	13%



Prisoner survey responses HMP Doncaster 2015

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

Any percentage highlighted in green is significantly better	Vulnerable prisoner house block (3A)	All other house blocks (1, 2, 3C, 3D & Annex)
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	21	149
SECTION 1: General information		
1.2 Are you under 21 years of age?	14%	17%
1.3 Are you sentenced?	81%	67%
1.3 Are you on recall?	14%	12%
1.4 Is your sentence less than 12 months?	5%	30%
1.4 Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	1%
1.5 Are you a foreign national?	19%	10%
1.6 Do you understand spoken English?	100%	98%
1.7 Do you understand written English?	100%	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.)	10%	18%
1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	5%
1.1 Are you Muslim?	10%	8%
1.11 Are you homosexual/gay or bisexual?	5%	1%
1.12 Do you consider yourself to have a disability?	24%	29%
1.13 Are you a veteran (ex-armed services)?	10%	4%
1.14 Is this your first time in prison?	57%	33%
1.15 Do you have any children under the age of 18?	48%	59%
SECTION 2: Transfers and escorts		
On your most recent journey here:		
2.1 Did you spend more than 2 hours in the van?	24%	31%
2.5 Did you feel safe?	62%	76%
2.6 Were you treated well/very well by the escort staff?	86%	61%
2.7 Before you arrived here were you told that you were coming here?	71%	65%
2.8 When you first arrived here did your property arrive at the same time as you?	76%	79%
SECTION 3: Reception, first night and induction		
3.1 Were you in reception for less than 2 hours?	48%	32%
3.2 When you were searched in reception, was this carried out in a respectful way?	81%	78%
3.3 Were you treated well/very well in reception?	81%	67%

Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner house block (3A)	All other house blocks (1, 2, 3C, 3D & Annex)
	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		
	When you first arrived:		
3.4	Did you have any problems?	76%	72%
3.4	Did you have any problems with loss of property?	0%	13%
3.4	Did you have any housing problems?	14%	23%
3.4	Did you have any problems contacting employers?	0%	6%
3.4	Did you have any problems contacting family?	29%	26%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	5%
3.4	Did you have any money worries?	24%	30%
3.4	Did you have any problems with feeling depressed or suicidal?	24%	23%
3.4	Did you have any physical health problems?	10%	18%
3.4	Did you have any mental health problems?	24%	30%
3.4	Did you have any problems with needing protection from other prisoners?	52%	9%
3.4	Did you have problems accessing phone numbers?	24%	31%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	66%	89%
3.6	A shower?	14%	13%
3.6	A free telephone call?	90%	80%
3.6	Something to eat?	81%	71%
3.6	PIN phone credit?	38%	25%
3.6	Toiletries/ basic items?	81%	71%
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?	38%	28%
3.7	Someone from health services?	66%	68%
3.7	A Listener/Samaritans?	24%	22%
3.7	Prison shop/ canteen?	38%	23%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	66%	43%
3.8	Support was available for people feeling depressed or suicidal?	62%	29%
3.8	How to make routine requests?	43%	27%
3.8	Your entitlement to visits?	52%	29%
3.8	Health services?	66%	40%
3.8	The chaplaincy?	52%	31%

Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner house block (3A)	All other house blocks (1,2, 3C, 3D & Annex)
	Any percentage highlighted in blue is significantly worse		
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	Percentages which are not highlighted show there is no significant difference		
3.9	Did you feel safe on your first night here?	48%	68%
3.10	Have you been on an induction course?	90%	76%
3.12	Did you receive an education (skills for life) assessment?	85%	75%
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?	70%	46%
4.1	Attend legal visits?	81%	60%
4.1	Get bail information?	35%	25%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	29%	39%
4.3	Can you get legal books in the library?	34%	18%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	81%	55%
4.4	Are you normally able to have a shower every day?	95%	84%
4.4	Do you normally receive clean sheets every week?	71%	18%
4.4	Do you normally get cell cleaning materials every week?	65%	34%
4.4	Is your cell call bell normally answered within five minutes?	19%	10%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	75%	45%
4.4	Can you normally get your stored property, if you need to?	30%	16%
4.5	Is the food in this prison good/very good?	29%	39%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	57%	52%
4.7	Are you able to speak to a Listener at any time, if you want to?	48%	31%
4.8	Are your religious beliefs are respected?	52%	38%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	52%	42%
4.10	Is it easy/very easy to attend religious services?	38%	29%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	86%	54%
5.3	Is it easy to make a complaint?	66%	37%
5.5	Have you ever been prevented from making a complaint when you wanted to?	15%	27%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	19%	24%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	62%	41%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	35%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	12%

Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner house block (3A)	All other house blocks (1, 2, 3C, 3D & Annex)
	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		
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	100%	70%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	90%	63%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	48%	23%
7.4	Do staff normally speak to you most of the time/all of the time during association?	35%	17%
7.5	Do you have a personal officer?	76%	33%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	81%	49%
8.2	Do you feel unsafe now?	30%	22%
8.4	Have you been victimised by other prisoners here?	76%	34%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	29%	18%
8.5	Hit, kicked or assaulted you?	48%	12%
8.5	Sexually abused you?	5%	1%
8.5	Threatened or intimidated you?	48%	22%
8.5	Taken your canteen/property?	5%	11%
8.5	Victimised you because of medication?	5%	5%
8.5	Victimised you because of debt?	10%	4%
8.5	Victimised you because of drugs?	0%	6%
8.5	Victimised you because of your race or ethnic origin?	0%	5%
8.5	Victimised you because of your religion/religious beliefs?	10%	4%
8.5	Victimised you because of your nationality?	0%	4%
8.5	Victimised you because you were from a different part of the country?	5%	6%
8.5	Victimised you because you are from a traveller community?	0%	4%
8.5	Victimised you because of your sexual orientation?	0%	1%
8.5	Victimised you because of your age?	5%	4%
8.5	Victimised you because you have a disability?	0%	4%
8.5	Victimised you because you were new here?	14%	9%
8.5	Victimised you because of your offence/crime?	38%	6%
8.5	Victimised you because of gang related issues?	10%	6%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	29%	29%
	Since you have been here, have staff:		

Key to tables

		Vulnerable prisoner house block (3A)	All other house blocks (1, 2, 3C, 3D & Annex)
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			
8.7	Made insulting remarks about you, your family or friends?	14%	12%
8.7	Hit, kicked or assaulted you?	5%	6%
8.7	Sexually abused you?	0%	2%
8.7	Threatened or intimidated you?	14%	11%
8.7	Victimised you because of medication?	5%	6%
8.7	Victimised you because of debt?	0%	2%
8.7	Victimised you because of drugs?	5%	2%
8.7	Victimised you because of your race or ethnic origin?	0%	4%
8.7	Victimised you because of your religion/religious beliefs?	5%	2%
8.7	Victimised you because of your nationality?	0%	4%
8.7	Victimised you because you were from a different part of the country?	5%	4%
8.7	Victimised you because you are from a traveller community?	0%	1%
8.7	Victimised you because of your sexual orientation?	0%	1%
8.7	Victimised you because of your age?	0%	3%
8.7	Victimised you because you have a disability?	5%	4%
8.7	Victimised you because you were new here?	10%	4%
8.7	Victimised you because of your offence/crime?	24%	4%
8.7	Victimised you because of gang related issues?	5%	4%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	29%	15%
9.1	Is it easy/very easy to see the nurse?	29%	33%
9.1	Is it easy/very easy to see the dentist?	14%	6%
9.4	Are you currently taking medication?	57%	44%
9.6	Do you have any emotional well being or mental health problems?	48%	42%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	5%	29%
10.2	Did you have a problem with alcohol when you came into this prison?	5%	20%
10.3	Is it easy/very easy to get illegal drugs in this prison?	47%	44%
10.4	Is it easy/very easy to get alcohol in this prison?	10%	23%
10.5	Have you developed a problem with drugs since you have been in this prison?	5%	13%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	5%	8%

Key to tables

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	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		
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	25%	15%
11.1	Vocational or skills training?	15%	19%
11.1	Education (including basic skills)?	20%	48%
11.1	Offending Behaviour Programmes?	15%	8%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	55%	38%
11.2	Vocational or skills training?	0%	9%
11.2	Education (including basic skills)?	20%	27%
11.2	Offending Behaviour Programmes?	5%	6%
11.4	Do you go to the library at least once a week?	15%	11%
11.5	Does the library have a wide enough range of materials to meet your needs?	5%	18%
11.6	Do you go to the gym three or more times a week?	5%	11%
11.7	Do you go outside for exercise three or more times a week?	50%	46%
11.8	Do you go on association more than five times each week?	79%	59%
11.9	Do you spend ten or more hours out of your cell on a weekday?	0%	6%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	48%	29%
12.2	Have you had any problems with sending or receiving mail?	34%	43%
12.3	Have you had any problems getting access to the telephones?	0%	19%
12.4	Is it easy/ very easy for your friends and family to get here?	55%	40%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	80%	42%
13.10	Do you have a needs based custody plan?	5%	9%
13.11	Do you feel that any member of staff has helped you to prepare for release?	20%	8%