Report on a full announced inspection of

HMP Woodhill

3–7 September 2007

by HM Chief Inspector of Prisons

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Introduction

The last inspection of HMP Woodhill, one of the three 'core' local prisons within the high security estate, was depressing and disappointing, both for us and for the prison. We found a prison with disengaged staff and out of touch managers, operating within an estate that focused primarily on the small number of high risk prisoners it held. It was assessed as performing poorly against three of our four tests of a healthy prison.

This inspection found a very different prison. A new management team, with the backing of the new Director of High Security, had focused appropriately on the prison's principal role, as a local prison, holding short-sentenced and low risk adults and young men – without losing sight of the security and control needed to safely contain its high risk population. As a consequence, this inspection was able to chart improvements in all four of the key areas – safety, respect, purposeful activity and resettlement – though there were still some serious deficits that needed attention.

The main deficit remained activity. Inexplicably, the prison had been built in the 1990s without any workshops. All too explicably, the new-build workshops that had been promised after the last inspection had failed to materialise: capital funding had instead been diverted to the new units now springing up all over the prison system to house the expanding number of prisoners. As a consequence, Woodhill was still able to provide work or education for only 30% of prisoners, much of which was unskilled domestic work. However, even this limited provision was not well-managed: not all the activity spaces were filled, and the educational programmes did not meet the needs of a short-stay population. Nevertheless, there had been some improvements in this area. It was encouraging that the prison was developing plans with The Parks Trust for environmental schemes which would assist the community and provide skills for prisoners. And it was creditable that prisoners, even those who were unemployed, were out of their cells for considerable periods.

Safety at Woodhill had improved considerably, with extremely good reception and first night procedures. These could not, however, compensate for the fact that too many prisoners, including those who were extremely vulnerable, spent their first nights in police cells, sometimes at considerable distance from their homes. Both violence reduction and safer custody work were much more effective than at the time of the last inspection, and there had been no recent deaths in custody. The segregation unit was well-managed and use of force was low. The recent move of 12 category A prisoners to one houseblock made it possible to begin to calibrate internal security arrangements to the identified risk of the population. And there had been no loss of focus on the small number of highly dangerous prisoners held within the close supervision centre, who were managed effectively by a specialised staff group.

Many staff had responded positively to the prison's new direction. On the small and specialist units in particular, they were confident and positive in their approach to all the prisoners they held. However, this was less evident on the main residential wings, where staff still tended to be reactive, and to congregate in the upstairs offices.

Healthcare was of considerable concern, and had in general deteriorated since the last inspection: except for the inpatient unit, which had made considerable progress. Mental healthcare was limited and ineffective, and staff were not deployed in a way that made use of their qualifications or allowed them to provide an acceptable primary healthcare service to prisoners. Waiting lists for the doctor, dentist and optician were unacceptably long.

Resettlement had improved considerably since the last inspection. The strategy covered the whole prisoner population and there was a wide range of partner organisations: though more work was needed to identify the specific needs of the different prisoner groups, including young adults. Offender management had been successfully launched, and short-term prisoners' housing and employment needs were identified at induction. As in most local prisons, the needs of the growing population of lifers and indeterminate-sentenced prisoners were not well met.

Woodhill remains a complex prison; but this inspection found that its complexity was now being well and appropriately managed. This had resulted in improvements against all our healthy prison tests; and in some areas – safety and resettlement – these were significant. Healthcare and activities were the two principal remaining areas of concern. Both will require outside assistance, from the primary care trust and the National Offender Management Service, which urgently needs to make good its promise to provide workshops. But both also need close management from within the establishment, to ensure that provision is appropriately used. Nevertheless, overall, managers and staff are to be congratulated on the change of approach and outcome that has been achieved in a relatively short time, and on their plans to embed and carry forward these improvements.

Anne Owers December 2007
HM Chief Inspector of Prisons

Fact page

Task of establishment
HMP Woodhill is a local prison. It also holds category A prisoners, has a close supervision centre, housing some of the most difficult prisoners in the system, and a protected witness unit.

Brief history
HMP Woodhill was opened in 1992. It started as a local prison, but in the late 1990s took on a high security role as a core local prison.

Area organisation
High Security Directorate but also linked to the South Central Area.

Number held
807

Certified normal accommodation
641

Operational capacity
807

Last inspection
2005

Description of residential units
House block 1 Category A unit and adults
House block 2 Young people's unit
House block 3 Drug strategy
House block 4 Vulnerable prisoners and adults
House block 5 Induction
House block 6 Protected witness unit, close supervision centre and category A prisoners
First night centre

Healthy prison summary

Introduction

HP1 All inspection 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 criteria are:

Safety	prisoners, even 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 helped to reduce the likelihood of reoffending.

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. 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.

... performing well against this healthy prison test.
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

... performing reasonably well against this healthy prison test.
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns.

... not performing sufficiently well against this healthy prison test.
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.

... performing poorly against this healthy prison test.
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.

Safety

HP3 Significant numbers of prisoners had spent time in police custody under Operation Safeguard. The reception was cramped, with 1600 movements a month. The first night centre was a safe and caring unit for newly arrived prisoners. Liaison with courts and contractors had improved. Management of segregated prisoners and the use of

force were generally good. Bullying and self-harm issues were well addressed and there was evidence of good care. Mandatory drug tests had low positive rates, and there were effective detoxification and maintenance arrangements. Overall, the prison was performing reasonably well against this healthy prison test.

HP4 Relationships between prison staff and escort contractors had improved from the previous inspection, and a prison courts liaison officer had been appointed, who visited key local courts to seek to improve the arrival process for prisoners.

HP5 Around 70% of arriving prisoners had spent time in police custody and were critical of their treatment there. Some allocations to police custody appeared to be grossly inappropriate.

HP6 There were around 1600 movements through reception every month. The reception environment was still poor and cramped, with little private space. There was graffiti in some holding areas and ventilation was poor. Despite the poor physical conditions, staff operated well and prisoners reported that their treatment had been good. Listeners and Insiders worked effectively with newly arriving prisoners.

HP7 The first night centre had been opened earlier in the year and was a significant improvement on earlier arrangements. Accommodation was clean and comfortable. Staff deployed to the first night centre were drawn from a pool that also covered the induction unit. Staff helped prisoners to settle in, with a good level of interaction between staff and prisoners, and 84% of prisoners recorded that they felt safe on their first night.

HP8 The induction programme for mainstream prisoners was fairly predictable, but arrangements for younger adults, vulnerable prisoners and those in category A were weaker.

HP9 The violence reduction strategy was up to date, clear and effective. There was a full-time coordinator and available data were effectively monitored. There was evidence that some prisoners did not trust staff to assist with issues of bullying. Twenty per cent of staff had attended violence reduction training and there were limited interventions to address bullying.

HP10 The self-harm and suicide policy was effectively managed. A high proportion of staff had been trained in assessment, care in custody and teamwork procedures. The case review observed was well conducted. Use of the constant observation cell had reduced following the introduction of an algorithm. There were 13 trained Listeners visible around the prison. Safer cells were stark and not clean.

HP11 Segregation was used sparingly, and few prisoners were held under Rule 45 (good order or discipline). There was evidence that work was undertaken to help prisoners to return to normal location. There were around 80–90 adjudications a month. High proportions of earnings were forfeited as part of many punishments. There were low levels of use of force and of the special cell.

HP12 There were around 500 security information reports submitted each month. Only two prisoners were subject to closed visits. A process had begun to relocate category A prisoners to house block (HB) 6.

HP13 The mandatory drug testing positive rate was 7.7% (rising to 11% if refusers were included). The dedicated drug therapeutic unit offered a flexible range of treatment options, including methadone maintenance. Twenty-three per cent (fewer than the comparator) of prisoners surveyed said that it was easy or very easy to get hold of illegal drugs in the prison.

HP14 Juveniles were no longer held in the prison.

Respect

HP15 General standards of cleanliness and litter management were satisfactory. Legal services were inadequate. Prisoners' complaints about the quality of catering appeared to be justified. Services to foreign national prisoners were not fully developed, and services to prisoners with a range of diverse needs were limited. Delivery of the race equality agenda was over-reliant on the race equality officer, and was not mainstreamed. Although staff–prisoner relationships in some of the smaller and specialist units were good, staff in the larger general units were not sufficiently proactive. Health services were not effectively deployed, the mental health team were inaccessible and access to some clinical services was unacceptably delayed. Overall, the prison was not performing sufficiently well against this healthy prison test.

HP16 The internal environment of the wings was generally clean. Litter was a constant problem but there were arrangements for frequent cleaning of the wings. Most prisoners could wear their own clothing. Communications rooms, providing information for prisoners, had been set up on each wing. A smoking policy had recently been instituted but there were difficulties with its implementation.

HP17 There had been over 1,000 complaints in 2007 to date. Prisoners had little confidence in the system, and there were delays and misallocations. Some replies were overly defensive.

HP18 In our survey, prisoners complained about the quality of legal services on offer, and these were observed to be inadequate.

HP19 Prisoners complained about the quality of catering. The kitchen was not kept sufficiently clean and the food served was bland and unappetising.

HP20 Existing arrangements to develop diversity issues, and support older and disabled prisoners, were rudimentary. A disability forum had been held.

HP21 Race equality was monitored at the monthly race equality action team meeting. The full-time race equality officer spent a great deal of his time responding to racist incident complaints; 180 such complaints had been submitted in the previous year. The two prisoner representatives had recently been transferred and not been replaced. Generally, the promotion of racial and cultural diversity was weak.

HP22 Fourteen per cent of the population were foreign nationals. There was no established coordinator post. Six foreign national prisoners were being held beyond sentence solely under immigration powers. There was sufficient translated material and evidence of use of the telephone translation services.

HP23 The chaplaincy team was understaffed. Space in the chaplaincy was at a premium and there was no dedicated multi-faith area.

HP24 The personal officer scheme was widely used and effective. There were regular entries on wing files but most were observations about prisoners' institutional life rather than reflecting much knowledge of the prisoner's sentence plan or his outside life.

HP25 Staff–prisoner relationships were positive in the smaller and specialist units. In the larger, less specialised units, staff responded to approaches from prisoners but were less proactive in engaging with them.

HP26 The primary care trust was not sufficiently engaged with the development of health services in the prison.

HP27 There were significant delays in seeing the doctor, the dentist and opticians. Mental health services were minimal and the mental health in-reach team was inaccessible.. Registered mental health nurses were used as general nurses and lacked the appropriate skills and competences. The inpatient unit was much improved and offered a therapeutic environment, but there were no day care services.

Purposeful activity

HP28 There were insufficient activity spaces, but even those places available were not consistently taken up. Too many prisoners failed to complete the educational programmes, although attainments by those who did complete courses were good. The physical education (PE) programme was appreciated by those who participated but, again, the programme was under-used. Library stocks were low. Time out of cell was better than in many large local prisons, and association was not often subject to unpredicted cancellation. Overall, the prison was performing poorly against this healthy prison test.

HP29 Provision of education opportunities was both too little and too inflexible. Small class groups of 10 did not always run at capacity.

HP30 Some educational courses lost 50% of participants before completion, but for those who did complete the courses, there was good achievement of qualifications. There were opportunities to develop personal, and social and life skills.

HP31 There were only work places for around 30% of the prison population, much of which was domestic work as unit cleaners. The 28 work places available in the prison kitchen were not always taken up. There were some good initiatives being taken forward to add to the range of work available, including gardening and waste management, and these were accredited. There were few applications for work and short waiting lists for jobs.

HP32 The PE department was not meeting recreational targets. Take up from the vulnerable prisoner unit was particularly weak. There was a good range of PE, including remedial activity and special programmes for older prisoners.

HP33 The prison library was open for 31 hours a week, but only during the hours that the education department itself was open and not during the evening or at weekends. Sessions for house blocks were too long, at 90 minutes. Stock levels were below the usual guidelines of 10 books per prisoner. There were too few newspapers, either in English or in foreign languages, and too few talking books.

HP34 The key performance target for time out of cell was nine hours; those in full-time work regularly achieved over eight hours, and the unemployed had about seven hours out of cell per day. The planned core day was usually adhered to.

Resettlement

HP35 There was a detailed resettlement strategy and action plan. Offender management arrangements had been launched effectively. There was evidence that progress had been made in each of the resettlement pathway areas. Arrangements for visits security were excessive and staff supervision was intrusive. Overall, the prison was performing reasonably well against this healthy prison test.

HP36 There was an up-to-date reducing reoffending strategy that was detailed and took account of the resettlement needs of the population. There were separate strands for shorter-term prisoners and longer-term and higher-risk prisoners. There was a wide range of partner organisations.

HP37 Initial resettlement needs were effectively identified for shorter-term prisoners.

HP38 A total of 102 prisoners were in scope for the second phase of offender management. All had identified offender managers in the community and offender supervisors in the prison, who were all seconded probation service staff. Offender managers chaired the overwhelming majority of sentence planning boards.

HP39 Six prisoners had been released on temporary licence to undertake resettlement activities.

HP40 There was some good support for prisoners to enhance their employability. There was no general pre-release course. Information advice and guidance arrangements were generally inadequate. Prisoners' housing and finance needs were initially identified at induction. Those with housing needs were referred to the housing officer. Finance and debt issues were referred to the Citizens Advice Bureau worker.

HP41 The health services department had some good palliative care arrangements but there was no health services discharge clinic and limited handover in cases involving those subject to the care programme approach.

HP42 The substance support unit provided a therapeutic environment. Links to community drug intervention programme (DIP) teams were well organised, with 32 different DIP teams in contact with the establishment. A substance support wing offered a relatively drug-free environment and access to a range of programmes. Provision for alcohol dependence was very basic and oversubscribed.

HP43 Enhanced thinking skills (ETS) was the only accredited offending behaviour programme, and there were over 100 prisoners on the waiting list, so many would not

be able to join the course before release. A number of additional interventions were provided but it was not clear that these were effective.

HP44 There was a monthly children and fathers' day, offering quality time together for families, but this was not used fully. There were complaints about delays in the processing of correspondence. Visits were of an appropriate length but it was not always easy to get through on the visits telephone booking line. The visitors' centre was a good facility, providing a range of services. Visitor identification systems were over-elaborate and took too long. Staff patrolling the visits room had a negative effect on the quality of the visits experience. Vulnerable prisoners were easily identifiable in the visits room and complained about feeling unsafe during visits.

Main recommendations

HP45 Juveniles should not be held at Woodhill.

HP46 A prisoner diversity policy should be produced that meets the requirements of anti-discrimination legislation and outlines how the needs of minority groups can be met.

HP47 A race equality action plan should be devised that specifically includes the mainstreaming of race equality work

HP48 A full health needs analysis should be undertaken to determine the health requirements of prisoners.

HP49 A simplified version of the reducing reoffending action plan should be produced that identifies key priorities for each resettlement pathway.

HP50 Additional work and activity spaces should be provided so that more prisoners can engage in purposeful activity daily.

HP51 All activity places should be filled. There should be a waiting list to fill vacancies which arise daily and wing staff should be proactive in getting prisoners to fill these vacancies.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:
Prisoners travel in safe, decent conditions to and from court and between prisons. During movement prisoners' individual needs are recognised and given proper attention.

1.1 Although there were problems transporting prisoners to and from court, relationships with escort contractors were satisfactory. Prisoners did not always receive breaks during journeys, but generally reported being well treated. The appointment of a prison-based court liaison officer was a positive initiative and there was scope to make greater use of the video conferencing facilities.

1.2 Records showed that most prisoners did not spend excessive periods of time in cellular vehicles: the average was between one and two hours. There were, however, a consistent number of complaints from prisoners about the lack of comfort breaks. Prisoners reported this to us in our discussion groups, and the survey results reinforced this, with only 8% of respondents saying that the frequency of comfort breaks was either good or very good. These findings were confirmed further in prisoners' escort records, which showed that breaks were offered infrequently.

1.3 When planned moves were carried out, prisoners were notified by the observation, classification and allocation department about three days in advance, and were given the opportunity to inform relatives. Prior to transfer, prisoners were able to have a meal, either on the wing or in reception. There was a store of clothing available for prisoners who were being discharged who did not have anything suitable to wear. This resource was not available for prisoners attending court, who could only wear prison clothes.

1.4 Survey results indicated that prisoners thought that the vans which they were being transported in were usually clean. Fifty-seven per cent said that the cleanliness was either good or very good and this was significantly better than the comparator of 50%. Seventy-four per cent of prisoners reported being treated either well or very well by escort staff, which was significantly better than the comparator of 69%.

1.5 Prisoners leaving and arriving at the establishment were single cuffed to an officer unless a risk assessment specified that double cuffing should be used. Category A prisoners were dealt with in line with the higher levels of security specified by the Prison Service.

1.6 The target time to discharge prisoners each morning was 8.45am. This was generally achieved, and prisoners were usually discharged by 8.10am or by 8.30am on a particularly busy day. Despite this relatively efficient practice, prisoners were still quite often delivered to court late because of the high proportion of out-of-area transfers. There were few late arrivals, and most prisoners returned to the prison before 8pm.

1.7 Around 70% of prisoners had spent time in police cells under Operation Safeguard before arrival at the prison, and both prisoners and staff commented strongly on the inappropriateness of this. Some prisoners, who had appeared in court on Friday or Saturday, had spent weekends in police custody. Though particularly vulnerable prisoners were

supposed to be screened out of Operation Safeguard, this was not always the case. We came across one 19 year old, with a mental age of eight, who was a serial self-harmer, who had never been in prison before, and whose grandmother had recently died. He had been arrested and brought to court in north London, where he had been remanded into custody. He spent his first night in a police station in Birmingham, where he was unable to shower or contact his parents, before being moved to Woodhill the next day. Another 19 year old's custodial history consisted of: two months in Aylesbury young offender institution, where he began an A level course; locked out for a night in a Kent police cell after he went to court; returned to High Down prison in Surrey for three nights; locked out for a night in Birmingham prison after he went to court; sent to Woodhill.

1.8 We were informed by staff based in reception that working relationships with the escort contractors were satisfactory. Meetings with the contractors took place on a quarterly basis, and a prison-based court liaison officer had been appointed. The liaison officer visited each of the six principal courts each month and met with a senior official. These meetings were used to share information and resolve problems. The liaison officer intended to provide each of the courts with written information for prisoners, informing them about the admission procedures at the establishment.

1.9 There were extensive video conferencing facilities. These consisted of three courts and two studios, which were used by solicitors, probation officers and for inter-prison visits. Good use was made of this equipment for high-profile cases which would otherwise have required the diversion of large amounts of staff resources. However, we were informed by the staff working in this area that the video equipment was only used to about 50% of its potential capacity.

Recommendations

1.10 Prisoners should always be offered comfort breaks during transport to and from prison.

1.11 Greater use should be made of the video conferencing facilities.

1.12 Prisoners who do not possess their own clothing should be provided with suitable alternative provision if they are attending court.

1.13 Vulnerable prisoners should not be held under Operation Safeguard.

Good practice

1.14 *The appointment of a prison-based court liaison officer was evidence of a strategic attempt to try to resolve some of the complex problems in liaising with courts.*

First days in custody

Expected outcomes:
Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

1.15 The reception environment was poor, although staff ensured that prisoners were treated well on arrival. The reception area was crowded, and there was not enough space to ensure privacy for prisoner interviews. Newly arrived prisoners had good access to Listeners and Insiders, and the first night centre (FNC) provided a safe and comfortable environment. Prisoners were interviewed in the FNC to identify resettlement needs, and referrals made as necessary. The induction process worked reasonably well for adult mainstream and category A prisoners. However, the arrangements for young adults and vulnerable prisoners were confusing and inconsistent.

Reception

1.16 The reception area had initially been designed to cater for a prison holding 400 prisoners. The population had since doubled, and staff working in reception were now routinely dealing with up to 1,600 movements in and out of the prison each month.

1.17 At the entrance to the reception area, there was a drinking fountain which prisoners could use, and some pot plants, which gave the area a more informal appearance. There was a useful display of staff photographs. In a number of the holding rooms, there were helpful step-by-step descriptions, outlining the reception process clearly. This information had been developed locally, and the prison court liaison officer intended to issue copies to the courts, so that prisoners could be prepared in advance (see section on courts, transfers and escorts). Posters advertising the Big Word translation service were on display throughout the reception area. In one of the offices, two telephones had been installed, to make it easier for interpreting to be carried out. We saw some evidence in records in the observation book that staff were using this service. There was also a large selection of community legal services brochures on display. This was another useful resource, containing up-to-date information on a wide range of relevant subjects, including welfare benefits and how to claim asylum.

1.18 There were two showers in the reception area. As prisoners generally did not remain in the reception area for more than 30 minutes, these were seldom used unless a prisoner in reception needed to shower urgently.

1.19 The reception area was frequently very busy. Separate holding rooms had been installed for young adults, but because of the scale of the throughput, it was almost impossible to ensure complete separation. There was not enough space to ensure that individual prisoners could be interviewed and searched in privacy. There was graffiti in the holding rooms in the sterile area, and the ventilation was extremely poor.

1.20 Despite the poor physical conditions, staff mostly worked well within these constraints. We observed officers treating prisoners in a considerate and respectful way. Sixty-five per cent of prisoners responding to our survey reported that they were treated well or very well in reception, which was significantly better than other local comparator establishments.

1.21 The exchange of information between escort staff and officers working on reception normally worked well. High-risk cases were usually signalled in advance, either by telephone or by fax. This was followed up when the prisoners arrived, by various sources of appropriate written documentation.

1.22 During the course of the inspection, we discovered that three men due to be released had been placed in a holding cell at 8.30am, and had not actually been discharged until 11.10am. We were informed that this was an unusual event, and that the delay was due to a principal

officer not being available to administer the discharge. By the time these men were actually released, they were extremely agitated.

1.23 There was a small team of Listeners and Insiders who were based in reception and in the first night centre. Prisoners in distress had 24-hour access to Listeners, who were trained and supported by the Samaritans. The Insiders provided practical advice and guidance, and helped new prisoners to settle in by giving them a users' perspective. Both peer supporters and staff engaged with new prisoners late into the evening.

First night

1.24 The FNC provided a safe environment where new prisoners were able to engage with staff and prisoner peer support workers..

1.25 The opening of the FNC earlier in the year had resulted in significant improvements in the way that prisoners were dealt with on admission. The centre could accommodate up to 40 people, and was clean and relatively comfortable. Staff working in this area were drawn from a pool of 38 officers that covered both induction and the FNC. This change had greatly improved the communication between the staff working in these areas. Many of the staff working in this new group were volunteers, and they appeared to be motivated and committed to helping new prisoners to settle in. The FNC was described by one member of staff as 'a buffer zone where prisoners could find out about prison life and build relationships with staff'.

1.26 Most prisoners arrived in the FNC after spending between 30 and 40 minutes in reception. There they were offered a hot meal and a shower, and were also given the opportunity to make a free telephone call. They were provided with basic information and asked a range of questions to establish if their basic welfare needs had been met. Prisoners were also asked if they had any resettlement needs. When issues were identified, referrals were made to relevant members of the resettlement team. All prisoners arriving on the FNC were interviewed by a nurse and, if necessary, by a doctor.

1.27 Facilities for disabled prisoners were limited. There was one double cell on the FNC, which was occupied by a prisoner using a wheelchair. This provided spacious accommodation for the occupant, but there were no suitable aids or adaptations.

1.28 There were three different regimes operating within the FNC. This ensured that mainstream adults were catered for separately from young adults, as well as from vulnerable prisoners. There were six safe cells in the FNC. Individuals were allocated to these on the basis of cell sharing risk assessments. Prisoners assessed as requiring extra support were identified in the observation book, and staff working at night were given specific briefings about their circumstances.

1.29 New prisoners completed a canteen form as soon as they arrived, which enabled them to purchase items for delivery the day after their arrival. Prisoners with no money were issued with a £2.50 reception pack as an advance, which was repaid at a rate of 50p per week; though there were no packs for non-smokers. Many prisoners complained about the length of time that it took before telephone calls could be made using the PIN telephone system. It normally took at least three days before calls were cleared.

1.30 The quality of the work being carried out on the FNC was reflected in the positive survey results. Eighty-four per cent of prisoners said that they felt safe on their first night. This was significantly better than the 72% comparator.

Induction

1.31 Survey results in relation to induction were poor. Only 49% of prisoners (against the 58% comparator) reported going on an induction course during their first week, and only 37% of them (against the 40% comparator) said that they felt that the course told them everything they needed to know.

1.32 Adult mainstream prisoners underwent induction on house block (HB) 5. They received a standard one-week programme, which was delivered by a combination of induction wing staff and visiting specialists. The programme was comprehensive and reasonably well balanced.. Staff delivering the programme used a wide variety of written and audiovisual material. Prisoners following this schedule did not experience unduly lengthy periods locked up or unoccupied.

1.33 The education department's input to the induction process on HB5 was hampered by the fact that men were often transferred off the wing before they had completed the programme.

1.34 A detailed induction booklet, containing information on all aspects of the running of the prison, was issued to all new prisoners. Prisoners who had left the prison but returned during the previous three months were given exemption from the first day and the gymnasium parts of the induction.

1.35 Young adults and vulnerable prisoners also began the induction process on HB5 but did not normally complete their induction there as they were usually transferred to a designated house block as soon as a place became available. The remainder of the induction work for these prisoners subsequently took place on their own house block. There was no standard approach to dealing with those prisoners. It was clear from talking to them that the quality of the induction procedure for young adults and vulnerable prisoners was inconsistent and sometimes poor.

1.36 Newly admitted category A prisoners did not participate in any part of the induction programme which ran on HB5. They were transferred directly from the first night centre and located on HB1, where they underwent an individualised induction process, which had been designed to meet their particular needs.

1.37 Part of the centralised induction process was carried out in the resettlement department. The environment where this part of the induction process was carried out was extremely poorly ventilated and airless, and would have been oppressive both for prison staff and for prisoners.

Recommendations

1.38 The reception area should be modified to ensure that prisoners in reception can be interviewed and searched in private.

1.39 The reception area should be adequately ventilated.

1.40 Disabled prisoners should be housed in suitably adapted accommodation.

1.41 The quality of the induction process should be consistently good for all categories of prisoner.

1.42 All parts of the induction programme should be delivered in suitable accommodation.

1.43 All prisoners should be given the opportunity to complete their education induction.

Housekeeping points

1.44 Holding rooms in reception should be free of graffiti.

1.45 All prisoners should be able to use the PIN telephone system on the next working day after they arrive.

Section 2: Environment and relationships

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.

2.1 The cleanliness and maintenance of the grounds and residential units was generally good, with the exception of some isolated areas. It was easy for prisoners to obtain cell cleaning materials. Screening of in-cell toilets was inconsistent. There was a robust offensive display policy, but weaknesses in the enforcement of the no-smoking policy. Young adults were mixed with adults, without any age-appropriate risk assessments. Arrangements for prisoners with disabilities were basic. Information rooms run by communications orderlies were a good way of disseminating information to prisoners. Prisoners could wear their own clothing but there were difficulties in obtaining private property. Some shower rooms were in a poor state of repair and none provided screening or cubicles.

Accommodation and facilities

2.2 The fabric of the buildings was well maintained. Many prisoners spent a significant amount of time on their residential unit, and they seemed to have a pride and interest in keeping their surroundings clean. Most of the cells we inspected were in reasonable condition and good use was made of prisoner painting parties, with little evidence of graffiti or shabby decoration. In our survey, 79% of prisoners said that they were normally able to obtain cell cleaning materials each week, which was significantly better than the 64% local prison comparator.

2.3 We found examples of prisoners being expected to move into cells that had not been properly cleaned, and some areas, such as stairwells and wing laundry rooms, that had not been maintained to an acceptable standard. Outside exercise areas were cleaned each morning, but were regularly scattered with litter and debris by the afternoon exercise period. However, the grounds of the prison were generally well maintained and litter free. The reintroduction of prisoner outside work parties was further improving the external environment.

2.4 Many cells originally intended for one prisoner now held two, and in-cell toilet screening varied between cells. An offensive display policy issued in August 2007 covered both prisoner and staff areas, and clearly spelled out what was acceptable. We saw no examples of offensive displays, and noted that many prisoners chose not to personalise their cells with posters or pictures of any kind. Although the no-smoking policy issued in November 2006 clearly stated that a non-smoker must not share a cell with a smoker without his agreement, we found inconsistencies in the implementation of this policy, including one example of a prisoner having been found guilty on adjudication for refusing an order to share a cell with a smoker.

2.5 No age-appropriate risk assessments were carried out to ensure the safety of young adults, even on the vulnerable prisoner unit. Rarely, the establishment could be required to hold high-risk women prisoners, and accommodation in the annex to the healthcare centre was designated for such occasions. An undated set of written instructions had been drawn up to cover the arrangements for the last female prisoner held, but these were personalised and out of date, so did not constitute a proper protocol.

2.6 As the newly written disability policy recognised, there were very few special adaptations to the accommodation for disabled prisoners, although a small number of adjustments had recently been installed for current prisoners who used wheelchairs or had limited mobility. Volunteer prisoners were used on residential units to help less able prisoners, but this was an informal arrangement and they received no recognition for this work; the disability liaison officer was in discussion with Age Concern about introducing a proper carer scheme.

2.7 There were limited notice boards on the residential units, and some of the notices were poorly presented. However, each unit had an information room that was managed by a prisoner communications orderly. The room contained copies of all application forms, and of key policy documents and notices to prisoners (including some in languages other than English), and the orderly was responsible for ensuring that prisoners were aware of new procedures or instructions. This was an effective means of disseminating information.

Clothing and possessions

2.8 All prisoners on the standard and enhanced levels of the incentives and earned privileges scheme were given the option of wearing their own clothing; up to 17 items of clothing, and unlimited socks and underwear were allowed in-possession, and 12 items could be washed each week in the wing laundry. Prison clothing was exchanged each week on a one-for-one basis and sent to the laundry at HMP Bullingdon. Prisoners with special clothing requirements were issued with their own supply of clothing, which they kept and laundered on the unit. Irons and ironing boards were available on request.

2.9 The clothing store kept an adequate supply of good quality clothing, but a significant amount of discarded clothing had cost the prison over £33,000 in the last financial year. We saw several items of discarded clothing on exercise yards and in shower rooms. It was brought to our attention that there was no summer-weight clothing for escape risk prisoners.

2.10 None of the cells had courtesy keys and there were no lockable cabinets in cells, making it hard for prisoners to secure any personal property held in-possession. On the young adults unit, staff told us that one of the reasons that all association had to take place on the lower floor was to reduce the incidence of thefts from cells. Electrical items such as stereos were marked with an ultraviolet pen and given security seals to identify if they had been tampered with. Prisoners choosing to keep expensive items in their possession were asked to sign a compact which set out the level of compensation that the prison would pay if that item went missing.

2.11 Prisoners could have items sent in or handed in through visits; this was on a one-for-one basis, to ensure that the agreed level of property or clothing in-possession was not exceeded. A notification was sent to the prisoner, giving him an appointment – normally within the following one to two days – to collect his property. Prisoners could not obtain property once it was sealed and stored in the property store; we were told that this blanket instruction applied across the high secure estate.

2.12 There was a laundry in reception, and prisoners approaching release could apply to have clothing washed or dry cleaned (at their own expense). For prisoners without their own clothing, a small supply was available. Prisoners who did not have a suitcase or holdall had to carry their possessions in white plastic bags.

Hygiene

2.13 There were sufficient showers and some baths, although the showers were not screened and the baths we saw had no plugs. The shower areas had no ventilation, and some had developed mould on the ceilings, had peeling paintwork and smelt unpleasant. Prisoners were able to use the showers whenever they were unlocked, and 88% of prisoners said that they were able to take a daily shower, against the local prison comparator of 74%.

2.14 Toiletries were distributed each week but no specific provision was made for black prisoners, who are generally unable to use the standard issue shampoo and shaving products.

2.15 Prisoners were issued with two clean sheets each week, and there were no problems in replacing mattresses as necessary.

Recommendations

2.16 Cells should be cleaned prior to new prisoners moving into them.

2.17 Exercise yards should be kept litter free, especially during periods of use.

2.18 All in-cell toilets should have full screening.

2.19 The no-smoking policy should be consistently enforced across all residential units, and non-smokers should not be required to share cells with smokers.

2.20 There should be age-appropriate risk assessments to ensure the safety of young adults.

2.21 Reasonable adjustments should be made to ensure that all facilities and services are available to prisoners with disabilities.

2.22 Residential managers should work with staff to reduce the amount of lost or unusable prison-issue clothing.

2.23 Suitable summer-weight clothing should be provided for escape list prisoners.

2.24 Prisoners should be able to obtain their stored property within one week of making an application.

2.25 Suitable bags should be provided to discharged prisoners who do not have them.

2.26 Communal shower areas should be refurbished as required and should provide screened showers and baths, to enable prisoners to wash in private.

2.27 Toiletries suitable for black prisoners should be available.

Housekeeping points

2.28 The written instructions relating to the accommodation of one high-risk female prisoner should be updated to provide a full, usable protocol to cover all such situations.

2.29 Prisoners should be able to collect handed-in property from reception within 24–48 hours.

Other residential units

House block 6

2.30 House block (HB) 6 was physically removed from the five main accommodation units and was close to the segregation unit, healthcare centre and first night centre.

2.31 HB6 was different from the other five house blocks, in that it was subdivided into five smaller units, each capable of being operated to provide individual regimes for different classes of prisoner with separate needs and who needed to be kept apart from other prisoners. At the time of the inspection, three of the five units were in operation: the close supervision centre (CSC), the protected witness unit (PWU) and the newly commissioned category A unit.

Close supervision centre

2.32 The CSC system is designed to provide a safe environment in which prisoners who have posed the most serious threats to order and control over a sustained period, usually within the high-security estate, can be safely managed and helped to address the underlying issues that have given rise to their behaviour.

2.33 Elsewhere in the high-security estate, there are a number of other prisoners – some held essentially in isolation and some who are allowed a greater degree of contact with other prisoners. In total, there were around 35 prisoners in the CSC system.

2.34 At the time of the inspection, there were eight prisoners in the CSC, of whom four were assessed as suitable at that time to associate with others, and the remaining four were managed individually. Previously, there had been two CSC units at the establishment. These had subsequently been combined into a single unit. Managing the different regime arrangements on a single unit was, to some extent, more taxing for staff. Nonetheless, the unit was quiet and appeared relaxed. Consistent staffing ensured that the individual needs and demands of prisoners, some of whom exhibited very challenging behaviour, could be met and responded to with an appropriate degree of flexibility and consistency. On only one occasion in the previous six months had there been any use of force on the unit, and this was testament to the development of the management of the CSC.

2.35 All services to prisoners were delivered on the unit, including healthcare, education and visits, and prisoners did not leave the unit at all. Cells were of standard design but did not contain television aerial sockets, and this resulted in unnecessary, and possibly dangerous, lengths of co-axial cable in cells. We were told that the installation of television aerial socket points in cells was scheduled to be completed shortly.

2.36 The visits arrangements were worse than those available to prisoners on the neighbouring PWU. The staff supervising the visits were drawn from the CSC core staff, which meant that a visit for one prisoner could result in a lockdown for the others.

2.37 The visits room was small, which meant that the visits would inevitably be in sight and full hearing of supervising staff. Even though the room was used for only one visit at a time, it

contained three sets of fixed metal seating. There was no fresh air ventilation. The fact that better facilities were available to prisoners in the PWU was brought to the attention of the CSC manager, who agreed to consider the use of that room for prisoners in the CSC whose behavioural progress warranted it.

Recommendations

2.38 Television aerial sockets should be provided in CSC cells.

2.39 The visits facilities of the PWU should be available to CSC prisoners whose behaviour justifies it.

2.40 Interruptions to the regime for prisoners when another CSC prisoner receives a visit should be avoided.

Housekeeping point

2.41 The CSC visits room should have surplus table and seating units removed.

Protected witness unit

2.42 The PWU was an eight-bed unit, holding four prisoners at the time of the inspection. The unit was clean and well staffed. The core day was the same as for the rest of the prison, and association was rarely curtailed. All provision was unit based, with prisoners not having to leave the unit unless for emergencies or court appearances.

2.43 The visits room was small, so was subject to the same lack of privacy as in the CSC visits room, but there were soft chairs and windows could be opened, allowing good ventilation.

2.44 Relationships between staff and prisoners were friendly and relaxed, and prisoners we spoke to stated that they were treated well and were comfortable with relationships and conditions. Prisoners cooked for themselves in a kitchen that was small but functional. There were a number of fridges and freezers outside the kitchen, storing food in communal areas.

2.45 Limited education was available on the unit and some prisoners were completing National Vocational Qualifications in catering. Literacy classes were also available, but information technology classes had recently been cancelled. There was little other input from the education department.

2.46 Both staff and prisoners raised concerns that there was very little to do, although there was a small gymnasium and a communal television, and prisoners could get books from the library, but did not have the opportunity to browse. Prisoners had televisions with terrestrial channels only in-cell.

2.47 Staff and prisoners raised concerns about the lack of sentence plans and offending behaviour programmes. There were also very few entries made in wing files about behavioural issues, incentives and earned privileges issues or any sort of interventions.

Recommendations

2.48 The unit kitchen should be refurbished, to ensure that it is large enough for eight prisoners and that all fridges and freezers are kept in there.

2.49 The regime should be adapted to reflect the opportunities offered to mainstream prisoners at Woodhill.

2.50 Sentence planning should be undertaken for prisoners in the unit and should have staff input.

2.51 Wing files should be used by staff and incidents recorded within them.

2.52 After an individual risk assessment, prisoners should be able to purchase digital set-top boxes.

Category A unit

2.53 A decision had recently been taken to open one of the wings (C wing) within HB6 as a unit especially for category A prisoners. C wing had 16 cells, and there were 12 category A prisoners on the wing.

2.54 There were 43 category A prisoners in the prison, most of whom were either awaiting trial or had recently been sentenced and were awaiting transfer to a dispersal prison. Of these, three were in the CSC (see section on CSC, above), 12 were in the category A unit on HB6 and the remaining prisoners were on HB1 (16), HB4 (nine), HB2 (one) and in the healthcare centre (two).

2.55 The rationale for moving category A prisoners from HB1, where most of these prisoners had previously been housed, to HB6 was, first, that space would be created in the remainder of the establishment (not least because category A prisoners were not normally doubled). Secondly, it would help to remove restrictions on the lives of prisoners who were not category A. This was a welcome development but was, as yet, incomplete and would prove difficult to achieve if category A prisoner numbers were to rise significantly, as space in HB6 was limited.

2.56 There were concerns that if all category A prisoners were moved to HB6 they would not have the opportunity to participate in core regime activities, but at this stage there were no restrictions on the regime for category A prisoners who had been allocated to HB6. They could participate in all regime activities elsewhere within the prison, including attending the main gymnasium, main visits centre, chapel and education. The wing itself provided periods of time out of cell comparable with those for prisoners in the rest of the prison.

Recommendation

2.57 The process of transferring category A prisoners to HB6 should continue, but these prisoners should continue to be able to participate in a full range of regime opportunities.

Juveniles

2.58 There were no juveniles currently held in the establishment. The last young person in the prison had been transferred out three weeks before the inspection. The Governor believed that a local prison containing category A prisoners was an unsuitable environment for juvenile prisoners. He considered that, despite the best efforts of staff within the establishment, it was impossible to meet adequately the distinctive needs of juveniles in a setting which was wholly designed to cater for adults. This view was echoed by other senior managers that we spoke to.

2.59 As no formal agreement concerning this issue had been reached with the relevant authorities, the prospect of inappropriate placements of juveniles being made in the future remained. The senior manager responsible for overseeing the management of juveniles within the prison was in the process of trying to secure agreement with prison officials and the Youth Justice Board that the temporary absence of juveniles should became a permanent arrangement (see main recommendation HP45).

Staff–prisoner relationships

Expected outcomes:
Prisoners are treated respectfully by all staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

2.60 Staff dealt with, and referred to, prisoners respectfully overall, but, with the exception of staff on some smaller or specialist units, they were generally aloof and did not take opportunities to engage proactively with prisoners.

2.61 We observed good quality interactions and relationships between staff and prisoners in the smaller or specialist units, such as the first night centre, drug treatment centre, CSC and resettlement unit. In these settings, staff generally had a good knowledge of their prisoners, were more likely to use the prisoner's chosen name or address him as 'Mr..' and often demonstrated genuine care and respect. However, elsewhere we observed several members of staff who were physically and emotionally distanced from prisoners.

2.62 In our survey, 64% of adult prisoners felt that most staff treated them with respect, which was worse than the comparator figure (68%). The figures for black and minority ethnic and foreign national prisoners were also worse than the comparators. Sixty-four per cent of young adults felt that most staff treated them with respect, which was close to the comparator (67%).

2.63 While 59% (against the comparator of 63%) of adult prisoners said that they had a member of staff they could turn to with a problem, this fell to 52% of the young adults surveyed, which was significantly poorer than the comparator of 69%.

2.64 While escorting prisoners around the grounds, prison officers usually walked at some distance from prisoners, which appeared to be the default position.

2.65 During evening association, we saw only two members of staff on the lower floor mixing with prisoners; most remained on landings, observing what was going on. The differences between

units were reflected in the responses to our survey; when we asked if staff normally spoke to them most or all of the time during association, 11% of adult prisoners, 22% of vulnerable prisoners and 34% of young adults said 'yes'. Although there was nothing that was abusive or inappropriate – either verbally or in writing – too few opportunities were taken to engage positively with prisoners. Safety interviews conducted during the inspection indicated that prisoners did not have confidence in staff to safeguard their well-being, and did not believe they were sufficiently visible during association.

Recommendation

2.66 All staff should take opportunities and be encouraged by managers to engage positively with prisoners at all times.

Personal officers

Expected outcomes:
Prisoners' relationships with their personal officers are based on mutual respect, high expectations and support.

2.67 The personal officer policy, which recognised the importance of a working scheme, was available in information rooms on each wing, but was not particularly well advertised on unit landings around the prison. Prisoners expressed mixed views about personal officers.

2.68 The personal officer policy laid down the foundations for an effective personal officer scheme. However, during the prisoner groups we held, and conversations with prisoners, it was evident that some prisoners were unaware of their personal officers and others were not particularly complimentary about them. In our survey, only 16% of prisoners stated that they had met their personal officers in the first week, and only 24% found them helpful. Young prisoners' and black and minority ethnic prisoners' responses to the latter question were significantly less positive. However, we found no evidence to suggest that young prisoners or black and minority ethnic prisoners were being unfairly treated.

2.69 The scheme was landing-based, usually with two officers per designated landing. It was not particularly well advertised on landings, or near or in cells. Personal officers were required to make two entries per month in wing files and this appeared to be happening. Levels of written observations were generally good, and some personal officers clearly displayed knowledge of prisoners and presented a balanced view. Many of these entries were based on behaviour and few expanded into resettlement or sentence planning, with minimal reference to personal circumstances or family links. Encouragement to take part in activities was not documented. Management checks were regular and were improving levels of entries.

2.70 Over the previous six months, prisoners had been asked a series of relevant questions about personal officers in monthly surveys. Although there had been considerable investment and development in this area, there was still a lot of work to do.

Recommendations

2.71 Prisoners should know who their personal officer is, and regular documented meetings should take place.

2.72 Entries in wing files should ensure that resettlement, personal circumstance and family links have been addressed.

2.73 Personal officers should be advertised on unit notice boards.

2.74 The prisoner surveys should provide clear action points for staff.

Good practice

2.75 *The personal officer surveys with prisoners were a good source of information.*

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:
Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

3.1 The violence reduction committee met monthly and a violence reduction coordinator was in post. There was a clear anti-bullying strategy and staff understood the process. There had been a reduction in the number of bully alert forms raised, but the requirement that staff make three entries a day on the monitoring forms was not always met. The monitoring of violence reduction data was generally good, but not all indicators were sufficiently thoroughly analysed. In our survey, a significantly higher number of adult prisoners than the comparator had felt unsafe in the prison. Monthly prisoner consultation groups were held and prisoners' views on improving safety discussed. Less than a quarter of staff had undergone violence reduction training. The consequences of unacceptable behaviour were not properly made known to prisoners.

3.2 The violence reduction committee was multidisciplinary, and met monthly. It was chaired by the head of safer custody. A violence reduction coordinator post had been created at senior officer level, and this individual worked closely with the safer custody senior officer. Violence reduction was given a high priority and was seen as critical to the development of the establishment as a safe prison.

3.3 There was a three-stage anti-bullying strategy. Staff raised a bully alert form if a prisoner was displaying behaviour that could be deemed as bullying, and the violence reduction coordinator ensured that these were investigated. In the previous eight months, 89 bully alerts had been raised. There was a requirement that three entries a day were made on the monitoring forms. Only three bully forms were open during the inspection, which was a reduction on recent levels; however, one of these forms had not had an entry for three days.

3.4 Prisoners on stage one were monitored and highlighted on the unit roll board, and in the majority of cases it was cross-referenced to their wing file. Staff understood the process and had a good working knowledge of the strategy. Stages two and three of the strategy relied on stringent levels of observation, reviews and possible relocation, and managers reviewed prisoners weekly.

3.5 The monitoring of violence reduction data was generally good. The coordinator had created an impressive database, and produced monthly violence reduction reports. However, it was not clear that all violence reduction indicators were being measured sufficiently thoroughly. For example, not all F213 forms (used to report injuries to prisoners) were examined, and it appeared that not all adjudications were monitored.

3.6 A recent violence reduction survey had been undertaken by the prison and the results had been published. Two hundred and ninety-three prisoners had returned their form. Twenty-five per cent of prisoners reported that they had been victimised in the previous month, which was

significantly lower than in the two previous surveys in 2003 and 2005. The survey also highlighted areas in the prison where prisoners felt particularly unsafe: the unit showers, and reception and segregation unit.

3.7 Our own survey produced mixed results: 43% of adult prisoners had felt unsafe at some point while at the establishment, which was a significantly higher figure than the 38% comparator. However, only 17% of prisoners felt unsafe at the time of the survey, against a comparator of 21%. When the same questions were asked of young adults on HB2, there was no significant difference against the YOI comparator.

3.8 Vulnerable prisoners on HB4 reported feeling unsafe, which appeared to relate to abuse they received from prisoners on the other side of the unit.

3.9 We conducted prisoner safety interviews across the prison. The results are recorded (details in Appendix IV) but the largest single area identified by prisoners was their overall lack of trust in staff to deal with safety matters.

3.10 Monthly prisoner consultation groups were held by the violence reduction coordinator, with support from the psychology department. Each unit was engaged separately; prisoners' views on their levels of safety and how to improve it were discussed.

3.11 The only formal intervention was the anti-bullying awareness course; this had been delivered on nine occasions, eight times on HB2 to the young adults, and once on HB4. It was not entirely clear how prisoners were identified for the course, and the links to sentence planning were inconsistent. The course was insufficiently evaluated and quality assured.

3.12 There was a violence reduction training package for staff, but only 20% of staff had completed it.

3.13 There was a lack of publicised notices to inform prisoners that unacceptable behaviour of any kind would not be tolerated.

Recommendations

3.14 Managers should ensure that staff complete written observations in anti-bullying monitoring forms in accordance with the strategy.

3.15 All violence reduction indicators, particularly F213 forms, should be effectively monitored.

3.16 The results from the establishment's violence reduction survey should be incorporated into the strategy with an action plan. Surveys should be undertaken annually.

3.17 The anti-bully awareness course should be delivered more often and targeted at units where it would be most effective.

3.18 The anti-bully awareness course should be linked to sentence planning and should be quality assured.

3.19 Violence reduction training should be delivered to all staff and all staff should be refreshed annually.

3.20 The violence reduction strategy and the consequences of inappropriate behaviour should be clearly publicised on all units.

Housekeeping point

3.21 Wing files should be updated when a prisoner is placed on the anti-bully strategy or is a victim of such behaviour.

Good practice

3.22 *The monthly meetings involving prisoners, with support from the psychology department, were a good way of involving prisoners in violence reduction.*

Self-harm and suicide

Expected outcomes:
Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

3.23 There was an effective suicide and self-harm strategy, managed by a multidisciplinary committee that met bi-monthly. The committee was appropriately chaired and attended. Significantly more prisoners than at comparator prisons felt depressed or suicidal when they first arrived. Safer custody work had improved with the introduction of assessment, care in custody and teamwork (ACCT) procedures. Most staff had been trained in the process. Not all open forms had a care map attached, and case reviews did not always contain input from someone other than the case manager. Listeners were accessible to prisoners. Safer cells around the prison were stark and dirty. Staff had received training in how to use anti-ligature knives.

3.24 There was an effective suicide and self-harm strategy, managed by a multidisciplinary committee that met bi-monthly. Prisoners, Listeners and Insiders attended the meetings. The policy was thorough and wide ranging, and recognised the different risks prisoners might face based on their category or age on reception.

3.25 In our survey, 29% of prisoners stated that they felt depressed or suicidal when they first arrived at the establishment, which was significantly worse than the 23% comparator for local prisons.

3.26 The full-time safer custody manager, at senior officer level, worked closely with the violence reduction coordinator. They shared the same office and covered each other's absences. The safer custody manager published thorough bi-monthly reports and trends were analysed at safer custody meetings.

3.27 The establishment had been a pilot site for the ACCT process, and safer custody work had improved as a result of the new procedures. This was evident in a number of areas: the quality

of entries in documents, levels of staff engagement and the number of staff who had undergone suicide and self-harm training. At the time of the inspection, 89% of senior officer case managers had been trained, and 93% of staff overall had been trained in ACCT procedures.

3.28 In the first eight months of 2007, 252 ACCT documents had been opened, which was an average of 25 open at any one time. Those we examined were generally good: written observations were relevant and many had knowledgeable and insightful comments. Summaries of care and support plans were generally clear with regular updates at every review, although we found one recently opened document without a care map.

3.29 Reviews were timely and post-closure reviews were completed. We observed a case review in which a good degree of care was shown to the prisoner and realistic outcomes agreed. However, we found evidence that some reviews had been completed without input from officers or from anyone other than the case manager.

3.30 The constant observation cell had been used 30 times in the year to date. The algorithm introduced to reduce the use of the cell was appropriate, and had significantly contributed to the correct management of prisoners in crisis. There were a number of safer cells around the prison; all were stark, unwelcoming and not particularly clean.

3.31 There were 13 Listeners, who were visible around the prison, and our survey showed that they were readily accessible. There was a Listeners' protocol, and guidance for managing prisoners in segregation and the healthcare centre. The Samaritans attended fortnightly.

3.32 Anti-ligature knives had recently been issued to staff. A short training package was devised which included how to use the knife, what to do when entering a cell in an emergency, and signing a compact about its use and when to carry it.

3.33 A group work programme, 'alternatives to self-harm', had been briefly introduced in 2006. This had been delivered to prisoners on three occasions. Unfortunately, due to staffing issues and a lack of programme development, it had not been delivered in the current year.

Recommendations

3.34 Reviews should involve the case manager, the personal officer (or, at the very least, a unit officer) and the prisoner. Other parties should be invited if their input would be valuable.

3.35 Care maps should always be opened.

3.36 Care maps should always be reviewed, and updated and noted to this effect.

3.37 The 'alternatives to self-harm' programme should be evaluated to decide whether it should be delivered on a regular basis.

Good practice

3.38 *The safer custody manager and violence reduction manager worked closely together, enabling a cohesive approach.*

Diversity

Expected outcomes: All prisoners should have equality of access to all prison facilities. All prisons should be aware of the specific needs of minority groups and implement distinct policies, which aim to represent their views, meet their needs and offer peer support.

3.39 The number of prisoners from minority groups or with special needs was largely unknown, and the arrangements for identifying and responding to these needs were limited. Strategic direction and oversight were inadequate, although some impressive training and awareness-raising events occurred in isolation. Apart from some recent developments for prisoners with disabilities, there were few positive outcomes for prisoners from minority groups.

3.40 Although there were well advanced plans to change and improve the management of diversity, the arrangements were rudimentary and poorly coordinated. The equal opportunities and diversity policy was dated January 2005 and dealt almost exclusively with staff issues. The human resources business partner acted as the staff diversity manager and chaired the diversity committee, but there was no parallel system for prisoner issues. A disability policy had been published in August 2007 and a policy for older prisoners had yet to be written. There were no current diversity action plans that identified future achievements, set deadlines or identified the people responsible for ensuring that targets were met. The creation of a combined action plan that pulled together the numerous action plans within the prison was a sensible approach but this was not yet a fully working document. As a result, the introduction of specific initiatives was somewhat haphazard and opportunistic.

3.41 A disability liaison officer (DLO) had been in post for 10 months but had only recently received the allocated eight hours per week facility time to allow him to undertake these duties alongside his work as a residential senior officer. Other recent changes had provided him with a line manager who was supportive and committed to improving services to prisoners with disabilities. This was evidenced by the installation, after a period of considerable delay, of some reasonable adjustments to cells for prisoners with limited mobility and the inaugural meetings in August 2007 of a disability forum and an older/vulnerable prisoner forum, both of which were well received by the prisoners involved.

3.42 The processes for identifying prisoners with disabilities or other special needs were unsophisticated and relied heavily on prisoners identifying themselves; the actual number of prisoners from minority groups was largely unknown. According to our survey, 17% of adult prisoners and 12% of young adults considered themselves to have a disability, which suggested that the total number in the prison could exceed 100; the DLO was aware of just 17. None of these prisoners had a support plan, although residential staff, including those on night duty, knew who they were and where they were located. Dyslexia screening was available only to prisoners taking education classes. At the time of the inspection, around 60 prisoners were aged over 50 and 16 were aged between 60 and 69, and there was no specific provision for them.

3.43 Based on our survey results, prisoners were less likely to be victimised – by other prisoners or by staff – because of their sexuality or disability than at comparator prisons but were more likely to be victimised by other prisoners because of their religious beliefs or because they were from a different part of the country.

3.44 Despite pressures due to staffing shortages, there was a strong commitment to staff training: 93% of staff had attended diversity training within the previous three years. Some staff and

managers had established strong links with community-based groups, and external speakers were regularly invited to run one-off events, which often included a session for prisoners, as well as one for staff. In the previous year, The Gender Trust had run an awareness-raising session on transgender issues; 72 staff had attended training on hidden disabilities run by the Centre for Integrated Living, and the director of Communities in Action was due to visit the establishment in September 2007 to speak on Islam in prisons – this had been timed to coincide with Ramadan. While such events were commendable, they were not part of a comprehensive and structured approach to managing diversity.

Recommendations

3.45 Designated liaison officers should be appointed and given sufficient time and resources to meet the needs of minority prisoner populations.

3.46 All prisoners should be screened during reception or induction for physical, mental and/or sensory disability. This assessment should be reviewed annually, when circumstances change or at the prisoner's request.

3.47 A multidisciplinary team, led by a senior manager, should conduct monitoring and regular analyses to ensure that prisoners from minority groups are not victimised or excluded from any activity and that their needs are appropriately addressed.

Race equality

Expected outcomes:
All prisoners experience equality of opportunity in all aspects of prison life, are treated equally and are safe. Racial diversity is embraced, valued, promoted and respected.

3.48 Almost one-third of prisoners were from black and minority ethnic groups, and our survey showed that their experience of the prison was significantly poorer than that of white prisoners. The race equality action team (REAT) met regularly, but attendance was inconsistent and too many action points were carried over from meeting to meeting. There was a strong and active commitment to working with and for the local community. Race equality work was not mainstreamed, and too much rested with the one race equality officer (REO) and two prisoner representatives. In 2007, only 15 of the 180 racist incident reports submitted had been subject to external validation and none had been signed off by a senior manager. There had been inadequate management supervision of an investigation against a prison officer. There were no formal interventions for challenging racism and protecting victims of racist bullying. Promotion of racial and cultural diversity was unremarkable and prisoners were generally unaware of the REAT and its work.

3.49 Thirty per cent of prisoners were from black and minority ethnic backgrounds; the two single largest groups were black or black British (16%) and Asian or Asian British (7%). Although just 4% of staff were black and minority ethnic, several of these were visible in direct prisoner contact roles. Our survey results showed that black and minority ethnic prisoners had a generally poorer experience or perception of their treatment at the establishment; in 22 of the 56 questions analysed, the responses were significantly worse than those of white prisoners (see Appendix V). Only the question about access to the gymnasium showed a significantly better response than that of white prisoners. In our discussions with black and minority ethnic prisoners in groups and individually, the issues they raised were similar to those of white

prisoners and we received no specific allegations of racist attitudes or behaviour. However, when talking to us about race and diversity issues, both staff and prisoners frequently referred to problems of 'lack of awareness' or 'poor communication skills' among prison staff.

3.50 The Governor chaired the monthly meetings of the REAT. Membership included representatives of external groups and prisoners, and the fixed agenda covered a wide range of topics. Attendance was usually good, although not necessarily consistent. Notes of the meetings from March to July 2007 showed that it was not unusual for action points to be carried forward for three or more meetings without being resolved or fully reported upon. There was no specific race equality action plan (see section on diversity). Ethnic monitoring of prisoner access to regimes and services was routinely conducted, but areas of potential concern were not always investigated promptly.

3.51 The full-time REO was very experienced, having been in post for over three years. Together with the Govenor, he represented the prison at a number of community events and had forged strong links with a range of organisations, in Milton Keynes and in other areas covered by the prison. There was a strong commitment among managers to working with and for the local community, and the prison had recently received an award from the Milton Keynes Race Equality Council for its work in promoting race equality.

3.52 Within the prison, the REO role was somewhat isolated and – as with several other specialist posts – too much reliance was placed on one person rather than on developing a sense of collective responsibility and accountability. Race equality appeared to be viewed as a stand-alone function and was not mainstreamed into the work of all staff. The REO was not a highly visible presence on the residential units; there were no nominated assistant REOs and very limited use was made of prisoner race representatives. The two representatives had both transferred to other prisons in the previous few weeks, and as no replacements had been sought, there were no prisoner race representatives at the time of the inspection.

Managing racist incidents

3.53 Racist incident report forms (RIRFs) were widely used and 180 had been submitted so far in 2007, including multiple submissions from a small number of prisoners. A large number of RIRFs arose from the prisoner having ticked the 'racial aspect' box on the normal complaint form and did not result in a full investigation if the original complaint was sorted out to the prisoner's satisfaction. Although most RIRFS were processed in a timely manner, lack of cover for the REO meant that investigations could be delayed in his absence. There were plans to spread the REO's workload, and in July 2007, 14 principal officers had received a shortened version of the managing and promoting race equality training.

3.54 In April 2007, one of the community representative members of the REAT had quality assured a sample of 15 completed RIRFs, but completed investigations were not routinely read or signed off by a senior manager. This lack of management supervision was a serious omission. A recent investigation involving an officer who had circulated a potentially offensive email to colleagues had not been considered in detail by the REAT or by the Governor as chair. It was unclear what action had been taken against the officers involved.

Race equality duty

3.55 Managers were working to a clear schedule for completing race equality impact assessments of local policies and functions. This included a number of prisoner consultation events.

3.56 Five prisoners had been identified as having current or previous convictions for racially aggravated offences; they were managed mainly through the public protection procedures. Security information reports that referred to possible racist behaviour or attitudes were referred to the REO for investigation, but there were no interventions for prisoners found guilty of racist misconduct and no formal procedure for protecting victims.

3.57 Suitable arrangements were made for specific religious festivals and events organised to coincide with national campaigns such as black history month but, overall, the promotion and celebration of racial and cultural diversity was unremarkable. Prisoners were largely unaware of the race equality function or the work of the REAT.

Recommendations

3.58 Attendance at REAT meetings should be improved to ensure that action points are taken forward in a timely and accountable manner.

3.59 The number and location of race equality prisoner representatives should reflect the size of the establishment's minority ethnic population and the various specialist residential units.

3.60 The chair of the REAT or a nominated member of the senior management team acting as his or her deputy should read and sign off on all completed racist incident investigations.

3.61 Racist incident investigations should be subject to routine external validation and the conclusions fed back to the REAT to improve practice.

3.62 The REAT should establish, administer and monitor a distinct process for managing racist complaints against staff and ensure that proven incidents of misconduct are appropriately followed up.

3.63 Interventions should be developed for challenging prisoners found guilty of racist misconduct and for protecting and supporting their victims.

3.64 The profile of race equality work should be raised, including making relevant staff and prisoner representatives more visible and accessible and better promoting racial and cultural diversity.

Foreign national prisoners

Expected outcomes:
Foreign national prisoners should have the same access to all prison facilities as other prisoners. All prisons are aware of the specific needs that foreign national prisoners have and implement a distinct strategy, which aims to represent their views and offer peer support.

3.65 Although foreign nationals made up 14% of the population, the arrangements for their management were comparatively underdeveloped, with no committee, coordinator or support groups. An administrative officer and a keen prison officer worked hard to try and ensure that the various needs of foreign national prisoners were met. There were satisfactory links with the Border and Immigration Agency (BIA) but six prisoners were still being held beyond the end of

their sentence. Availability of translated materials had improved. Many prisoners were unclear about their basic entitlements, and in more than half of our survey questions, the responses of foreign national prisoners were significantly poorer than those of British prisoners.

3.66 At the time of the inspection, the establishment held 114 foreign national prisoners from 47 different countries; the single largest nationality (Nigerian) accounted for only nine prisoners. Adequate administrative systems had been set up to identify these prisoners and manage immigration paperwork. One of the legal services/resettlement officers had an interest in this subject and had taken a lead on managing foreign nationals for the previous couple of years, but he was not officially a foreign national coordinator and had not been allocated any time for this task. There was no foreign national committee, and the foreign national policy had only just been finalised. There were no foreign national prisoner representatives, prisoner support groups or peer support workers. Overall, the arrangements for managing foreign nationals were poorly developed, although there were plans to rectify this (see section on diversity).

3.67 An administrative officer in the discipline office had taken over foreign national work only two months before the inspection, but she did have contact with the previous, more experienced post holder and had a good understanding of the paperwork and procedures. She worked closely with the lead officer, but neither had received any specific training or been given the opportunity to visit other establishments as part of their development or to share practice.

3.68 There were sound links with the BIA. By referral from the resettlement team or on application, prisoners were able to attend immigration clinics held every eight to 10 weeks by BIA staff from Croydon. On average, 33 prisoners were seen at each clinic. In addition, staff from the Bedford Enforcement Agency visited on a monthly basis to see any prisoners held solely under administrative powers – there were six prisoners being held beyond the end of their sentence at the time of the inspection. Written information was available from independent immigration advice agencies, but none actually visited the prison. Through the Citizens Advice Bureau, prisoners could try to obtain specialist immigration solicitors.

3.69 There had been a noticeable increase in the amount and range of translated material since our previous inspection; information booklets and leaflets were available in a number of locations around the prison, although there were few notices or forms in translation. Lists were kept of staff or prisoners who were able to act as translators, and sensible use was made of these people, mainly to assist with day-to-day issues. Facilities for using the telephone translation service were also widely available and there was evidence that this had been used, although mainly by the lead officer and not necessarily across all functions of the prison.

3.70 Foreign national prisoners could exchange their free weekly letters for airmail letters, and those who did not receive visits were able to apply for a free five-minute telephone call. However, prisoners said that this was too short to maintain any meaningful contact and complained that they were unable to buy the cheaper international phone credits from the prison shop.

3.71 Many of the foreign national prisoners we spoke to were unclear about the entitlements and help that were available to them. Interestingly, during one-to-one interviews about safety, some British prisoners expressed concern about the isolation and vulnerability of foreign national prisoners. In more than half of the survey questions analysed, including some relating to safety and victimisation, the responses of foreign national prisoners were significantly worse than those of British prisoners (see Appendix V).

Recommendations

3.72 There should be a foreign nationals coordinator who is fully conversant with the needs of foreign national prisoners and is supported by the senior management team.

3.73 A multidisciplinary committee should have responsibility for ensuring that the needs of foreign national prisoners are represented, and that the foreign nationals policy is fully implemented.

3.74 There should be accredited translation and interpretation services for prisoners, especially where matters of accuracy and/or confidentiality are a factor.

3.75 Prisoners should be able to contact accredited independent immigration advice and support agencies.

3.76 There should be routine consultation with the foreign national prisoner population, with areas of concern fed back to senior managers and action taken to address significant issues.

Housekeeping point

3.77 The administrative officer and other staff specialising in foreign national work should be appropriately trained and be given the opportunity to share best practice with similar staff in other establishments.

Contact with the outside world

Expected outcomes:
Prisoners are encouraged to maintain contact with the outside world through regular access to mail, telephones and visits.

3.78 Delays were evident in the processing of mail, and there were not enough telephones on some units. Visits lasted for up to two hours, and were available daily, although booking arrangements were restrictive. The visitors' centre was bright, welcoming and well equipped, and staff were friendly. This was in contrast to the experience for visitors in the prison itself, where security appeared excessive, the environment functional, and staff intrusive.

Mail

3.79 Prisoners complained to us about delays in receiving correspondence, which they said sometimes arrived days late. It was evident that problems existed in the mail sorting room, where there was little continuity of staffing, and also in the system for mail collection. This picture was reinforced in our survey, where 59% of prisoners said that there were problems with sending and receiving mail, compared with the 45% comparator.

3.80 Prisoners also complained about legal mail being opened by prison staff. Mail room staff accepted that this had happened, saying that it was mainly because of the inexperience of the staff opening the mail.

Telephones

3.81 Prisoners had daily use of telephones on all residential units. However, on HB1, HB2, HB3 and HB4, there were only six telephones for 157–164 men. This resulted in prisoners having problems using telephones, particularly during evening association. In addition, some telephones lacked a privacy hood and were located in busy areas of the unit where prisoners and staff congregated.

Visits

3.82 The prison had increased the time available for visits, which took place each afternoon from 2.15pm to 4pm on weekdays, and 9am to 10.45am and 2pm to 4pm at weekends.

3.83 During the week of our inspection, prisoners' families were able to organise a visit within a couple of days, and for the forthcoming weekend, although weekend afternoon sessions were at a premium. The visits booking lines had restricted opening hours, from 9am to 3pm on Monday to Thursday and 9am to 2pm on Friday, and were difficult to get through to during peak times, with no other means of booking a visit available.

3.84 The bright and welcoming visits centre was located outside the main entrance to the prison and was run by a group of enthusiastic and friendly staff employed by the prison advice and care trust. It was open well before visit sessions started, and also after they had finished, which enabled visitors to avail themselves of the support of staff and the facilities offered. These included a range of prison information, prayer room, baby changing facilities and reasonably priced refreshments and food. Although the physical environment of the visitors' centre was good, the visitor toilets were in a poor state of decoration.

3.85 On Wednesday afternoons, visitors had the opportunity of discussing health issues with a health visitor, and also to make use of an information kiosk which had an internet connection, although at the time of our inspection this was not connected.

3.86 The positive impression provided by the visitors' centre was in contrast to that for visitors once they moved to the prison itself. They were subject during visits to four separate biometric identity checks, along with checks to visiting orders, searches and other measures which were, again, designed to verify identity. This seemed excessive and intrusive, and was resulting in longer queues than would otherwise be the case.

3.87 The general atmosphere of both the waiting room and visits hall was intimidating, with a large number of staff in evidence, guard and drug dogs, and fixed steel furniture, and little attempt had been made to soften the environment. We also observed visits officers walking between tables during visits in an oppressive manner, without obvious good cause. The rule that visits would be terminated if prisoners needed to visit the toilet was unreasonable, given that they could spend up to three hours off their unit during the visit.

3.88 The refreshments provided by Aramark in the main visits hall were expensive. A large and well-run play area was available to children and carers in the visits hall.

3.89 Vulnerable prisoners complained to us about feeling unsafe during their visits, which took place in the main hall in a designated row. This meant that the vulnerable prisoners and their visitors were clearly identifiable, and prisoners reported to us that low level intimidation was common.

Recommendations

3.90 Incoming and outgoing mail should be received or posted out within 24 hours.

3.91 Staff working in the mailroom should be instructed not to open legally privileged correspondence.

3.92 There should be at least one telephone for every 20 prisoners.

3.93 All telephones should have privacy hoods, and should be located on units away from busy thoroughfares and areas where prisoners or staff gather during association periods.

3.94 Visitors should be able to book their next visit before the current visit ends.

3.95 The toilets in the visitors' centre should be redecorated.

3.96 The information kiosk in the visitors' centre should be connected to a telephone line.

3.97 The security measures for verifying visitors' identities should be rationalised to reduce duplication and, as a consequence, queues and delays.

3.98 The visitors' waiting room and hall should be redecorated and made more welcoming with pictures, plants, bright displays on walls, and the provision of relevant information.

3.99 Visits staff and prison dogs should be less intrusive during visits.

3.100 Prisoners should be allowed to use the toilet during a visit without it being terminated.

3.101 The price of refreshments in the main visits hall should be in line with those available at the visitors' centre.

3.102 Arrangements for vulnerable prisoner visits should be changed to ensure that they feel safe and are not obviously identifiable.

Applications and complaints

Expected outcomes:
Effective application and complaint procedures are in place, 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.

3.103 Information about complaints was advertised throughout the establishment, and prisoners were informed of the process during their induction. In some cases the response given to complaints did not answer the initial complaint, and we found one case where a member of

staff answered a complaint about himself. Not all complaints were answered within the required timescale, and in some areas complaint forms were not readily available.

3.104 On average, 238 complaints were submitted each month. Information about complaints was advertised throughout the establishment, and prisoners were informed of the process during their induction.

3.105 In groups, prisoners told us that they did not have much faith in the complaints procedure. In our survey, only 13% of those questioned felt that complaints were sorted out fairly, against the 28% comparator. Similar figures were obtained in response to the question of whether they felt that complaints were dealt with promptly, with only 18% saying that they were, compared with the 28% comparator. Prisoners were of the same view about applications, and, again, the figures were less favourable than the comparator. The establishment had recently carried out its own audit on the complaints procedure, in which a score of 82%, which is a poor result, was achieved.

3.106 We examined a number of complaint forms from the previous six months and found that some forms were not answered within the required timescale, some responses did not answer the complaint, and in some cases the answers were curt and dismissive. On one occasion, we found that a prisoner had complained about an officer, and it was the same officer who had answered the complaint. The secretariat officer who managed the complaints procedure was unaware of any quality checks that took place by senior managers, and it appeared that senior managers had not seen the replies that were given in some cases.

3.107 The majority of complaints submitted related to property, food and the healthcare services. There was some evidence that complaints were monitored and that the problem areas forming the subject of the complaints were collated, but there was little evidence that anything was being done to address these problem areas.

3.108 The complaints procedure was on display in most areas, and there were boxes, also in most areas, containing the relevant forms. However, we submitted four complaints forms and only received confirmation that they had been collected 48 hours later. We were informed that the night orderly officer emptied the boxes every night. The visitors' complaints box only contained race complaints forms.

Recommendations

3.109 The complaints procedure should be managed and quality checked by a senior manager. Issues arising in the self-audit should be addressed within the timescale given.

3.110 Senior managers should quality check on a regular basis the responses given to prisoners' complaints. Staff should not answer complaints about themselves, and staff required to answer complaints should be trained in addressing matters arising from the complaint.

3.111 The monitoring and evaluation of complaints should take place monthly. Information gathered from this monitoring should be used to identify and deal with underlying problems in order to minimise the number of complaints, and prisoners should be made aware at a consultative meeting what the establishment is doing to address problem areas.

3.112 All areas should have complaints documentation available, and this should include the visits waiting area.

3.113 Complaints should be dated to show when they were received by the complaints clerk.

3.114 There should be a separate protocol to deal with complaints against staff.

Housekeeping point

3.115 The complaints clerk should inform the Governor of how many complaints are received daily.

Legal rights

Expected outcomes:
Prisoners are told about their legal rights during induction, and can freely exercise these rights while in prison.

3.116 The legal rights services were well organised and delivered efficiently, but there were not enough staff allocated to this area to ensure that all prisoners' needs were properly met.

3.117 The legal rights service was carried out by a full-time officer, who was assisted by an officer who had been allocated the equivalent of two days per week to this task. A further two officers provided the bail information service. Together, the bail information staff provided the equivalent of two days' input per week.

3.118 Most enquiries from prisoners seeking help with legal services or bail information came from referrals made following interviews with prisoners during the induction process. The legal services staff dealt with over 150 enquiries each month. The bail information staff dealt with around half that number.

3.119 Staff dealing with legal services and bail information were well briefed and competent. They had established good working relationships with relevant agencies in the community. The officer specialising in legal services had produced a pack which contained useful information to help to inform less experienced staff about how to assist prisoners, although the legal textbooks used were almost 20 years out of date.

3.120 Prisoners were routinely helped to contact solicitors and given free postage. When there was a particularly tight deadline, staff were also prepared to fax information on behalf of prisoners. The bail information staff were regularly in touch with bail hostel clearing houses, and passed a regular stream of referrals to them. There was a high demand for these services; however, because of the relatively limited staff resources available, prisoners frequently had to wait up to a week before they had their cases considered.

3.121 Survey results showed that only 31% of prisoners, against the 42% comparator, said that it was easy or very easy to communicate with their solicitor. Seventeen per cent of prisoners, against the 25% comparator, said that it was easy or very easy to obtain bail information. Both of these figures were significantly poorer than their respective comparator.

3.122 Prisoners, however, reported positively in relation to legal visits. Fifty-two per cent of prisoners said that it was easy or very easy to attend visits with their solicitor, and this was significantly better than the comparator figure of 31%.

Recommendation

3.123 There should be sufficient resources to provide adequate legal services and bail information to all prisoners who require this.

Housekeeping point

3.124 The legal textbooks used by the legal services officers should be replaced with up-to-date copies.

Substance use

Expected outcomes:
Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

3.125 A comprehensive and flexible range of clinical provision was available on a dedicated, non-residential unit, which incorporated a range of psychosocial support for drug- and alcohol-dependent prisoners. Positive mandatory drug tests (MDT) across the establishment were relatively low.

Clinical management

3.126 There was a dedicated substance misuse therapy unit specifically orientated to the provision of clinical support for those prisoners requiring it. The unit was staffed by a core team of a specialist substance misuse doctor and four substance misuse nurses. The team leader, doctor and nurses were supplied by The Seagrave Trust, which worked with two other nurses employed by the primary care trust (PCT).

3.127 New arrivals were subject to an initial screening by health services staff in reception and, where necessary, could receive first night symptomatic relief. Such relief was dependent upon the prisoner exhibiting physical signs of withdrawal, although this was relatively rare. Many prisoners we spoke to said that they had not received anything on their first night. In our survey, a significantly low 41% of prisoners said that they had received help for their substance misuse within 24 hours of arrival, against a comparator of 51%. Regardless of symptomatic relief, all prisoners who had identified drugs as an issue were seen the next day by one of the substance misuse nurses and the substance misuse doctor.

3.128 A flexible range of prescribing regimens was available, incorporating methadone, buprenorphine (subutex) and lofexidine (britlofex). Approximately 50 drug detoxification programmes were completed each month, with a further 10 offered but declined or discontinued. Although the majority of clinical programmes offered were for the management of opiate dependence, provision was also available for benzodiazepine and/or crack cocaine

misuse. If confirmation was obtained that prisoners were subject to prescribing in the community, this was continued in prison, although often, quite appropriately, at lower levels than the prisoners had previously received. Staff working on the unit said that many prisoners preferred to detoxify rather than continue a maintenance programme, although the latter was available for those on remand or subject to short sentences (up to 16 weeks left to serve).

3.129 Alcohol detoxification was provided by the same clinical team, with the same mechanism of assessment and access. Around 20 alcohol programmes were completed each month. Staff we spoke to said that the level of alcohol dependence had shown a marked increase over recent months.

3.130 There were appropriate procedures and protocols to cover all aspects of clinical provision, and the service was able to offer a flexible approach to meet the individual needs of prisoners, all of whom were reviewed at least weekly.

3.131 The substance misuse therapy unit also provided a range of psychosocial and therapeutic support. There was a two-week rolling programme of group work activity incorporating sessions each morning and afternoon. The programme included yoga, auricular acupuncture, gymnasium work, drug awareness, crack awareness and relapse prevention workshops. A peer support programme also operated, as well as fortnightly Alcoholics Anonymous sessions. All of these sessions, although developed primarily for prisoners subject to clinical support, were also available after clinical provision had been completed or even if such provision was not required. The programme of activities was developed and coordinated by one of the counselling, assessment, referral, advice and throughcare (CARAT) team, who acted as a link between the two services.

3.132 Despite this link between the therapy unit and the CARAT team, there was no formal co-working, joint care planning or formal post-clinical support handover. CARAT staff were informed of those individuals in contact with the unit, but they tended not to be involved with them until after any clinical support had been completed. Although such demarcation was often appropriate, there remained the danger of work being duplicated or missed. Previously the two teams had met fortnightly to discuss joint cases, but this had tended primarily to be an information-sharing exercise and had fallen into disuse.

3.133 Prisoners we spoke to were generally positive about the range of services available .These prisoners were, however, scattered about the prison. There was no dedicated wing for prisoners subject to clinical support. Although some were able to go on to the substance support wing on house block 3A, many others were not, and many spoke of the temptations available to them to relapse. Many prisoners believed that a dedicated unit would not only offer the opportunity for greater support at a point of greatest vulnerability, but could also act as a feeder to the drug-free wing and help to bring about a more extensive therapeutic ethos.

Drug testing

3.134 The random MDT positive rate over the preceding six months was 7.7%. This figure rose to 11% when refusals were included. It compared favourably with most other local prisons. Although the majority of prisoners obtaining clinical support for their substance misuse did so for opiate dependence, MDT figures indicated a fairly even spread of use across opiates, cannabis and benzodiazepines.

3.135 Suspicion testing produced only a 33% positive rate over the same period. The procedures followed for testing were appropriate and with very few delays. Consequently, it appeared that

the reliability of some of the information on which suspicion tests were based may have been poor.

3.136 As part of the overall drug strategy, a team of drug support officers had been recruited to undertake a number of tasks, including the movement of prisoners to the drug therapy unit and as testers of both voluntary drug testing and MDT. This could cause a conflict of interests, given the distinct nature of the two functions; however, we observed good relationships between staff and prisoners, and felt that this added a positive dimension to MDT, as officers were able to advise prisoners testing positive authoritatively about drug treatment and available options.

3.137 There was a good supply reduction strategy, which proactively tried to minimise drug smuggling. At the time of the inspection, only two prisoners were on closed visits as a consequence of substance misuse issues.

3.138 In our survey, 23% of prisoners said that it was either easy or very easy to obtain illegal drugs in the prison, which was significantly better than the 31% comparator.

Recommendations

3.139 The clinical support and CARAT teams should develop a mechanism of joint care planning to facilitate effective integrated service provision.

3.140 Prisoners subject to clinical support, detoxification or maintenance should, as far as practicable, be accommodated on the same wing.

Section 4: Health services

Expected outcomes:
Prisoners should be 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 in the community.

4.1 There were unacceptably long waits to see a general practitioner (GP). Staff did not appear to be proactive in their care of prisoners. Many of the nurses working on the house blocks were registered mental health nurses (RMNs) who did not have the skills or competencies to care for prisoners' physical health needs and in some cases were not even able to administer simple analgesia without a prescription. The dental surgery was in an unacceptably poor state of repair. The waiting lists for both the dentist and the optician were unacceptably long. The inpatient unit had a pleasant environment with a therapeutic regime and some evidence of good joint working between officers and health services staff; however, there was a lack of cooperative working with the mental health in-reach team (MHIRT). The provision of mental health services for the majority of prisoners was minimal and waiting lists for the MHIRT were too long. The criteria for acceptance by the team were too restrictive and patients were not adequately assessed. There were no day services for those less able to cope with life on the house blocks.

General

4.2 Health services were commissioned by Milton Keynes Primary Care Trust and were provided by prison staff, although some of the nursing staff were directly employed by the primary care trust (PCT). The PCT did not appear to be fully engaged with the prison, and there was no specific commissioning strategy for the establishment, nor had there been a recent health needs assessment. There was no health needs analysis or prison health development plan to inform services, and membership of the Prison Health Partnership Board was small, with limited representation form the PCT. We saw an undated service level agreement. The head of health services was a member of the senior management team (SMT) but the health services department was not represented at the morning meetings of key prison staff.

4.3 Health services were located in two areas: the outpatient department delivered primary care from the ground floor of a two-storey building at one end of the prison, and inpatients were located elsewhere in the same house block as the segregation unit.

4.4 The entrance to the outpatient department was through two gated doors. The department was large, with a satisfactory number of offices and clinical areas, including an X-ray room, dental surgery and pharmacy. The whole area suffered from a serious lack of investment and was poorly furbished and out of date. Paintwork was dull and in some areas dirty, the majority of the department was carpeted, which was unacceptable in clinical areas, and the carpet looked dirty and frayed. Cleaning services were provided by a contractor who cleaned the area every day, although there was little evidence of this during the inspection. There were two waiting rooms, both of which were very basic, and health promotion leaflets were available outside.

4.5 The duty room was poorly decorated and cramped, and the room was in constant use and provided a poor atmosphere in which to work. Clinical records were held in another room,

which could only be accessed through the duty room, thus causing a lot of congestion most of the time.

4.6 The pharmacy was within the main healthcare department, with the entrance through a gated door, and was generally well furnished, clean and tidy. Medicines were stored in secure cupboards. Old and current pharmacy reference books were held in the pharmacy.

4.7 There were six house unit treatment rooms; these were clearly not purpose built. Some were tidier than others, but all lacked a regular cleaning schedule. Current policies and protocols were displayed alongside outdated ones. Named nurses worked in particular rooms, and it was generally up to those nurses to manage the environment of the rooms. On house block (HB) 4, a medicine trolley was used to administer medicines to patients on HB4B; however, the trolley was not secured to the wall in the treatment room when not in use. We also found some in-possession (IP) medication which had not been locked away. Medicines were stored in secure metal cupboards, but in most of the house blocks medicines were not stored in an orderly fashion, with stock and patient medication mixed, and loose foils and tablets on display. We also found several open boxes of stock medication which were not used in date order. Pharmacy fridges were not regularly checked and we found one which was frozen. Controlled drugs (CDs) were stored appropriately.

4.8 The medical room in the first night centre (FNC) was large, bright and clean, but there was no telephone or anywhere to carry out urine testing.

4.9 The dental surgery was not fit for purpose but we were assured that funding had been secured for it to be completely refurbished within one year; had this not been the case, we would have recommended its closure. The podiatry service shared the dental surgery. There were toenail clippings left on the floor of the surgery, and the floor was badly scuffed and dirty. Doors and plinths were falling off the cabinetry, and the dental unit casing was broken, exposing electrics. The water supply to the dental unit was from the mains, which was against regulations. The X-ray machine was plugged into a three-pin plug which was in the path of the main beam, and there was no separate cut-off switch. There were many other major deficiencies in the surgery. Emergency equipment was available, but none of the dental staff knew how to use it. Clinical and hazardous waste was disposed of, but the clinical waste bin was kept with its lid open. The sharps container was appropriately labelled, but was also used for podiatry waste. There was no documentary evidence of any equipment checks. The panic button was incorrectly sited and a fire extinguisher was wall mounted in such a position that it could be used as a weapon. There was no emergency equipment in the surgery.

4.10 Elbow taps and paper towels were used throughout the department and the house unit treatment rooms, but many of the towel dispensers were empty; there was no system for restocking or cleaning the treatment areas on a regular basis.

4.11 The inpatient unit was situated in the same house block as the segregation unit but was separate from it. There were 16 beds, all of which were on the certified normal accommodation certificate (CNA). Only the beds on the first floor landing and two on the ground floor had in-cell electricity. The unit was light and airy, and there was office accommodation for staff and a large association area for patients. The cells were all single cells. There was a separate exercise yard, and there were plans to provide outdoor activities such as a giant chess set for patients to use.

4.12 There was no named nurse for the management of older prisoners, but we were told that an older persons' forum was being developed to take this initiative forward.

Clinical governance

4.13 Clinical governance arrangements included the management and accountability of staff. There was a large health services team, including nurses, healthcare officers (HCOs), healthcare assistants (HCAs), discipline officers, pharmacy staff and administrators. Nursing staff comprised a mixture of NHS- and prison-employed personnel.

4.14 The head of health services was a Senior Prison Service Manager (Grade D) registered general nurse (RGN), employed by the prison, who had been in post for about four years. There were 24 registered nurses, four of whom were unavailable for duty for varying reasons. Additionally, there were eight HCOs, two of whom were undergoing nurse training. Three HCAs and 10 discipline officers supported all healthcare functions. Five new nursing staff had been recruited to cover those absent from duty, but were not yet in post.

4.15 The senior clinical nurse manager was a Band 7 RGN with previous experience in accident and emergency nursing. There were two other nurse managers, a senior HCO and a principal HCO. There were two F Grade and 18 E grade equivalent nurses; these nurses were primarily employed on the house blocks, and, of the 15 available, 11 were RMNs and the others were RGNs.

4.16 The head of health services attended the SMT meetings. Where possible, health services staff attended other prison meetings.

4.17 Pharmacy staff comprised three part-time pharmacists and two technicians, and another part-time technician had been appointed but was awaiting security clearance. Administrative staff comprised a manager and one part-time support worker, and there was one vacancy. Given the number of prisoners, the level of administrative support was poor and we found nurses involved in many administrative tasks throughout the department.

4.18 Ongoing professional training was supported; three staff were undertaking a nurse training course, and other training was supported where appropriate. The importance of clinical supervision was recognised, but staff had no contact with external supervisors and there was no supervision.

4.19 Five GPs were employed, under a private contract, two of whom were available throughout the day in the prison from Monday to Friday. The same contract provided weekend and out-of-hours cover, and staff felt well supported by the GPs. In addition, a GP was in the prison every evening from 6.30pm to cover emergencies and new receptions until they were no longer required.

4.20 The dentist and two dental nurses were contracted in by the PCT. The dentist provided four sessions per week, supported by a dental nurse, and a second nurse attended two of the sessions in order to carry out administrative duties.

4.21 Emergency equipment was held in the clinical records room and was located on the top of a filing cabinet in three separate bags. The equipment was all in order, but staff could not produce the records sheets of its weekly check, which we were told was completed by weekend staff as part of the weekly management checks.

4.22 Occupational therapy (OT) equipment and advice could be obtained through the PCT OT department, and we found good examples of these links on the house blocks.

4.23 Clinical records were stored in purpose-built drawers, but they were beginning to fall apart from constant use, and there were insufficient drawers to store all of the records. There was no tracer card system which would allow tracking of the records if they were moved from the drawers. There was no electronic medical information system, although we understood that this was being considered by the PCT.

4.24 We reviewed some records and found the standard of entries to be mixed. Some were well written, including the writer's name and designation, but in others there was no way of identifying the writer. Overall, there was poor guardianship of records. Old clinical records were stored in several other rooms. The records had been filed in boxes and were located by year.

4.25 There was no access to the NHS complaints system, and the complaints clerk was unaware of its existence. The health services department had developed a protocol with the PCT for 'stage 3' complaints, but there was no system of monitoring complaints. There was some evidence of good use of the Independent Complaints Advocacy Service to resolve health complaints. The tone of some of the written responses was not adequate and the replies were often perfunctory and unhelpful.

4.26 There was no regular forum through which health services staff met with prisoners' representatives to address their concerns or to inform them of changes in healthcare policies or procedures.

4.27 Links had been established with local health authorities in relation to the management of communicable diseases.

Primary care

4.28 Prisoners in our survey said that the overall quality of healthcare was comparable with that of other local prisons but that the quality of healthcare delivered by health professionals, including the doctors, nurses and dentist, was significantly worse. Prisoners we spoke to felt frustrated at the delays in seeing the dentist and optician, and many felt that they could not communicate effectively with some of the health services staff. Prisoners also complained about the issuing of medication. Many of these concerns were repeated in our prisoner groups. Despite having access to 24-hour healthcare and a GP in the prison every day, we found that the majority of prisoners we spoke to were unhappy with their care.

4.29 Nursing and medical staff were assigned to individual house blocks over a prolonged period of time, which provided patients with some consistency of approach and care by staff.

4.30 There was good clinical leadership from the senior clinical nurse manager, but pressure of administrative work and understaffing meant that she was unable to provide consistent professional support to nurses on the house blocks, many of whom were new to the prison environment. Similar pressure and shortage of administrative staff meant that other senior nurses spent much of their time organising and changing daily rostering of staff when they could have been more gainfully employed supporting and teaching junior staff in the workplace.

4.31 All new prisoners were seen in the first night centre (FNC) by health services staff. On busy days, this system caused severe backlogs in the reception area, as there were many occasions when up to 20 prisoners could arrive within an hour or two of each other. Reception staff could only deal with a limited number of prisoners at any one time; this meant that while they were dealing with the first batch of prisoners, others faced long delays to see the health

services staff who were based in the FNC. For the majority of newly arrived prisoners this did not present any problems, but for some it caused difficulties, as they had to wait for some considerable time while they were dealt with in reception before being seen by a member of the health services team.

4.32 Once in the FNC, an initial screening was completed. The next day, a secondary, more detailed screening was offered, along with a disability questionnaire. If prisoners declined to be screened, no further action was taken. Secondary screening should not have been optional, as it would have entailed staff taking a more detailed clinical history, and encouraged prisoners to seek more health advice because of the detailed questioning. Prisoners transferred from other prisons were always screened for any physical, mental and medication history.

4.33 Nurses went to the house blocks every day at approximately 7.45am and remained there all day, except for rest breaks, when they returned to the main department for a lunchtime briefing. This gave staff the opportunity to discuss the morning's activity on the house blocks and to cross-reference with other staff on matters relating to prisoners' care. House block diaries were also used as a method of communication between staff. Much of the house block nurses' days were spent administering medications, completing dressings and answering patients' queries. There was a paper application system, as well as the facility to ask staff directly. Many prisoners told us that they had to submit several applications before any action was taken.

4.34 Nurses carried out a form of triage, but none had completed formal training in triage, and there were no triage algorithms. If necessary, the patient was then referred to the GP, who held clinics on individual house blocks once a week, seeing up to 12 patients at each clinic. The current system meant that patients could wait for up to a week to be seen by the GP, although if it was an emergency they would be seen on the same day. The long delay to see the GP could not be explained by staff; given that GPs were in the prison every day, the lengthy wait appeared unreasonable and was the cause of much anxiety for patients. The GP visited prisoners in the segregation unit every day; this was not a mandatory requirement and could be reviewed to free up more of the GPs' time.

4.35 Some house block staff were overly reactive. For example, one prisoner we spoke to had presented to the GP with a history of weight loss; a blood sample had been taken but he had not heard anything from health services staff about the results for three weeks. We investigated and found that his results, which were within normal limits, had been filed in his notes but had not been communicated to him. This caused unnecessary anxiety and could have been avoided if there had been a system in place to review patients after such tests.

4.36 Health promotion was basic and underdeveloped. Two PCT practice nurses delivered five sessions of chronic disease management. However, they told us that their practice was more reactive than proactive. Many of the tasks they undertook, such as phlebotomy and the care of minor skin ailments, could have been done by nurses on the house blocks. There was recognition that health promotion needed extensive development, but some primary care staff appeared reluctant to participate this. The practice nurses had sent out a questionnaire to all staff to determine the level of their need in terms of health promotion education, but only two members of staff had replied.

4.37 Referrals were made to the practice nurses from the house blocks, and patients were normally seen within a week. Prisoners with diabetes, asthma and other chronic diseases were monitored regularly and there were good links with the GPs and community specialist nurses where necessary. The nurses also went to the house blocks to see patients. There was a paper chronic disease register, but it was not dated. Although there were dedicated discipline

officers, some patients still failed to turn up for appointments with the practice nurses; during July and August 2007, 17 prisoners failed to turn up for appointments.

4.38 A prison officer who was an insulin-dependent diabetic himself had taken on the role of diabetic liaison officer. He had contacted various national organisations concerned with diabetes to acquire information for prisoners. He was working on introducing a diabetic pack for newly arrived prisoners which would supply them with extra provisions until the kitchen was able to provide for them. He was also searching the internet to find information about diabetes in other languages. A diabetic liaison group met regularly to discuss issues relating to diabetes.

4.39 Vaccinations were offered to prisoners, and there was a rolling programme for offering prisoners vaccination against hepatitis B; the statistics relating to this programme were forwarded to the local health protection agency. However, as secondary screening was only optional, the need could have been significantly higher.

4.40 Smoking cessation courses were run by an HCO and HCA. These courses were proving extremely successful, with a 50% quit rate for prisoners. The waiting list for enrolling on the course was very long, with prisoners waiting, on average, up to three months.

4.41 Sexual health clinics were run weekly by the senior clinical nurse with support from the GPs, and two nurses were to undertake specialist courses shortly. Those patients with more complex needs were referred to external clinics. There were no formal well man clinics.

4.42 Barrier protection was not in place, although we were told that there were ongoing discussions with senior prison managers to introduce this facility.

4.43 There were significant waits for the optician, who visited once a month; the current waiting list was over three months. Other visiting health professionals included a podiatrist, physiotherapist and radiographer.

4.44 There was no central register of F213 forms (used to report injuries to prisoners) and therefore no monitoring of any trends to link with the prison's anti-bullying policy.

Pharmacy

4.45 The prison used its own prescription charts, which allowed all medication given on any day to be seen clearly; however, this encouraged giving out medication beyond the prescribed dose, which we observed on many charts. Very few diagnoses were seen on the prescriptions. Prescribing was often written as a branded product, even though the labelling was for the generic medication.

4.46 There was no contact between the pharmacy and prisoners; pharmacy staff were keen to have more contact, such as dispensing medications directly to prisoners, but current workloads precluded this.

4.47 There was an in possession (IP) policy, but it was dated February 2006 and had been implemented for very few patients; the GPs decided who could have IP medication. The majority of medication was issued IP but only for a maximum of one week; this caused a considerable increase in the workload of the pharmacy and house block nurses and often prevented both groups from working with and advising patients on their health needs. As

patients moved around different house blocks, medications frequently did not follow them because no one had told house block nurses of their transfer to other units.

4.48 Prisoners arriving at the prison with medication had to have it checked before they could continue taking it; this caused significant problems, especially if the pharmacy was closed.

4.49 Medicines were administered approximately three times a day, with a facility for night sedation to be given out at 7pm. Controlled drugs were issued at a different time to the main medication, but prisoners were often late in collecting their medication, which delayed other healthcare activity on the house blocks. Medicines were issued from the house block treatment rooms, except for HB4B, where medicines were distributed from a trolley through the house block gate; this was unsatisfactory and did not provide any privacy for prisoners to talk to health services staff. Those vulnerable prisoners receiving controlled drugs had to go to the main house block treatment room to collect their medication, and were in the line of sight of all HB4A prisoners, who were often abusive to them.

4.50 Medication time was generally frenetic and there was little evidence of consistent discipline support during the administration of medication to prisoners. Prisoners could be uncooperative at times, questioning the quality and quantity of medication issued to them, and many were unhappy with their medication. There was a facility for prisoners on monthly medication to reorder themselves; however, many waited until they had almost run out before bringing this to the nurses' attention. Simple pain killers were difficult to obtain, as items such as paracetamol could only be administered if the nurse had been trained in the relevant patient group directive (PGD); this was an unnecessarily difficult system for staff, and more especially for prisoners, who often had to wait for a doctor to write a prescription for simple medication. Moreover, the patient was normally only given one dose of medication. There was an out-of-hours system, but there was limited audit of its usage. Records of medication taken were kept, but there was no follow-up of patients. Prisoners going to court or being released or transferred were given up to five days' supply of medication, although this was dependent on the pharmacy being told of any such movements.

4.51 The medicine and therapeutic committee (MTC) was chaired by the pharmacist manager, and, among others, membership included the head of health services, a GP and the PCT pharmacist.

Dentistry

4.52 Dental services were under considerable strain. Our survey of adult prisoners showed that only 5% of them, against the 20% comparator, thought that the overall quality of care from the dentist was good or very good.

4.53 Prisoners were told about dental services at the prison during the reception screening, and were warned of lengthy waits for assessment and treatment. There was no dental triage system, so prisoners completed a dental application form, which was collected by house block nurses and passed on to the dental team. The waiting lists were managed by the dental team, who categorised patients into different waiting lists according to need. The longest wait for urgent treatment was three weeks, and for non-urgent cases was as long as six months. The waiting lists were not regularly screened by senior health managers, or by a dedicated health worker, who might have managed the waiting lists more effectively.

4.54 Because of the lengthy waits, prisoners often filled out several application forms in an effort to see the dentist sooner. Up to five prisoners were booked to be seen at each session, and a

further five were called forward as reserves. This number was very small in comparison with other local prisons. The dental team did not appear to work together as a cohesive cohort. We found that the dentist was undertaking administrative tasks which could have been done by the dental nurse, freeing up the dentist to carry on treating patients. The lockdown period also resulted in losing up to 2.5 hours of clinic time.

4.55 Prisoners with severe dental pain were treated at the next dental session. Any patient requiring an extraction using a surgical technique was sent out to a specialist because of the lack of a surgical hand piece and the fact that the dental unit was running on mains, rather than distilled, water, which increased the risk of infection.

4.56 The non-attendance rate was as high as 60%: often the dental problem had resolved itself by the time the prisoner received an appointment. At the time of our inspection, only one prisoner attended out of 10 booked appointments. The dentist had wanted to do dental triage on the house blocks, but this was still being discussed by the health services team, despite it being a recommendation in our previous report.

4.57 The working relationship between the health services staff and dental team was poor. Simple oral health advice was given to prisoners but there was no active oral health promotion, despite the contract stating that four sessions of health promotion should be carried out each year. Referrals for specialist treatment were made through the PCT. Emergencies arising between clinics were managed by health services staff or taken out to the Dental Access Centre.

Inpatient care

4.58 The inpatient unit was situated in the same house block as the segregation unit, but was separate from it. There were 16 beds, all of which were on the CNA. Only the beds on the first floor landing and two on the ground floor had in-cell electricity.

4.59 Staffing on the inpatient unit was provided by a combination of nurses, hospital officers and discipline staff. The latter group had all applied and been chosen to work in the health services team and some were undertaking a vocational qualification in custodial healthcare (National Vocational Qualification level 3). There was a minimum of three officers on duty during the core day, with at least one nurse or hospital officer.

4.60 At the time of our inspection, not all of the beds were full, and all of the patients present had clinical conditions appropriate to being on the unit. However, we were told that the unit was regularly used to accommodate 'lodgers' as a direct result of prison overcrowding and the lack of other spaces available. One prisoner we spoke to had returned from the local hospital following surgery for an injury sustained while at the establishment that had taken over a week to diagnose. He required physiotherapy to continue his recovery but had not received any since his discharge from the hospital several days previously. Another prisoner had been on the unit for a month; on arrival at the prison, he had been referred to the mental health in-reach team, but they had not assessed him or made any contact with inpatient unit staff about his care and management.

4.61 The unit provided a therapeutic regime; each patient had a nursing care plan, and staff had developed a 'healthcare interaction scheme' in response to the need for a personal officer scheme. For each clinical admission to the unit, there was an interactions document in which discipline staff made entries at least three times a day, including conversations with prisoners, details of applications and requests made, and other pertinent details. The scheme was used

to enhance the multidisciplinary handover meetings between discipline and health services staff, and was a good example of individualised prisoner care. All prisoners admitted to the unit were interviewed by staff and were specifically asked about how they would react if they were to mix with other prisoners, such as young offenders, vulnerable prisoners or those from a visible ethnic minority. They were then risk assessed to identify the need for supervision when unlocked. Given that, by the nature of an inpatient unit, prisoners of different groups were held in the same accommodation, this was a pragmatic solution.

4.62 On weekdays, the regime included some paid work, education, art therapy and musical appreciation groups. The psychology department ran an eight-week rolling programme of group sessions that included relaxation, anger management and coping strategies. Once a month there was an inpatient community meeting in which all patients were encouraged to participate; there were clear terms of reference for the meetings and they were minuted. When prisoners were discharged from the unit, they were asked to complete an inpatient discharge questionnaire.

Secondary care

4.63 One of the administrative staff took responsibility for organising external hospital appointments, liaising with the security department and discipline staff. Out of 119 appointments, only three had been cancelled by the prison for reasons of security, and there were no cancellations due to staff shortages during the first three months of 2007. We were also told that if prisoners with outstanding hospital appointments were transferred into the establishment for operational or security reasons, arrangements were made with their previous establishment to facilitate the appointments.

Mental health

4.64 Milton Keynes PCT provided the mental health in-reach team services. The team consisted of a team leader, a Band 5 RMN, an approved social worker and an occupational therapist. At the time of our inspection, the team leader was on long-term sick leave and another member of the team was on leave. Despite this, a previous request by the approved social worker to reduce her hours was granted, and she commenced her part-time working hours with immediate effect. There appeared to have been no formal consultation about this decision with the head of health services. The team's manager, who also had responsibility for other community services, attended the prison occasionally and provided clinical supervision.

4.65 The team were supported by visiting forensic psychiatrists from the local forensic mental health services. Consultants undertook a total of three sessions per week, while a specialist registrar covered an additional two sessions per week.

4.66 The team received referrals from a variety of sources, including self-referrals from prisoners. They then reviewed the prisoner's clinical records but did not meet the patient to identify if he met their criteria for acceptance. The team told us that they aimed to undertake this process within four days of receiving the referral; however, we found examples of prisoners who had been referred within the previous four weeks who had not been assessed.

4.67 The team's criteria for accepting a patient were stringent: the prisoner had to have been diagnosed with, or suspected of having, a severe and enduring mental health problem or to have been treated for moderate to severe depression with antidepressant medications for at least three months without a change in their condition. Those previously known to a community mental health team were also accepted. The referral criteria also stated that those who were

actively seriously self-harming or suicidal (or had a history of doing so), would be seen, but we spoke to one prisoner who had previously set fire to himself and had not been accepted by the team.

4.68 The team told us that if a prisoner did not meet their criteria for referral, they sent the individual a letter through the internal prison postal system. The letter stated: '…we feel that we cannot currently offer a mental health assessment to anyone that does not suffer from a severe enduring mental illness. Anxiety, depression and poor coping does not fit the team criteria; if you need support in these areas, please refer yourself to the prison doctor'. The team did not themselves refer patients, nor was there any monitoring of whether prisoners did so.. This letter was cursory and unhelpful, and likely to cause individuals more distress. Discipline staff and governors we showed the letter to were also concerned about its contents, which had not been discussed with anyone. Of equal concern was the fact that several prisoners who had been referred to the team but not accepted had not received the letter or any notification of the fact that they were not to be seen, so were still anticipating an appointment for their mental health issues.

4.69 Of 54 referrals in the previous four weeks, only seven patients had been seen, 21 had had their clinical records reviewed and been accepted but not seen, 14 were deemed not to fit the team's criteria, and for five patients there was no record of any action being taken. The remaining seven were no longer at the establishment, and we were told that no handover to either community services or their receiving prison would be made for these prisoners. The total caseload held by the team was 38 clients.

4.70 The team met twice a week to allocate cases and review patients' progress; however, they did not routinely meet with health services staff or staff from the inpatient unit. For prisoners on their caseload, the team used the standard care programme approach to identify needs and record interactions. These documents were kept separately from the main clinical record and were not readily available to other health services staff.

4.71 Primary mental health services were sparse. Although there were RMNs within the primary health care team, they did not have a remit to care for those with mental health issues. The GPs did see prisoners with mental health problems if they self-referred, but there was no cooperative working with the mental health inreach team (MHIRT). Counselling services were available through the probation team, and the prison forensic psychology team also undertook group work and one-to-one sessions.

4.72 There were no day services for those less able to cope with life on the house blocks. We were told that only 12 discipline staff had undertaken mental health awareness training, but our further enquiries revealed that mental health awareness training had also been provided by the NHS Care Services Improvement Partnership.

4.73 At the time of our inspection, there were no prisoners waiting for transfer to secure NHS beds (with the exception of those in the close supervision centre (CSC); see below.

4.74 Mental health services for the CSC were provided under a separate contract by Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust. They provided a comprehensive service to CSC prisoners and were well integrated into the multidisciplinary team on the unit. The team consisted of senior mental health practitioners and a consultant psychiatrist, who had three sessions a week dedicated to the CSC. They undertook one-to-one work with individual prisoners, as well as facilitating group work.

Recommendations

4.75 A skill mix review should be undertaken to ensure that appropriately qualified nurses and health support workers are employed in clinical areas.

4.76 Administrative support should be increased to ensure that clinical staff are not employed on administrative duties.

4.77 All staff should receive clinical supervision.

4.78 Emergency resuscitation equipment should be checked at least weekly, and a record kept of such checks.

4.79 Appropriate storage facilities should be identified for the management of clinical records.

4.80 A member of the health services team should represent health services at the morning meetings.

4.81 The dental surgery should be refurbished as a matter of extreme urgency to bring it in line with NHS standards. The dentist should be involved in its refurbishment, which should include information technology equipment, the resetting of the emergency bell and fire extinguisher, and the provision of up-to-date dental equipment, so that a full service can be provided.

4.82 An NHS-compatible electronic medical information system should be established.

4.83 The cleaning contract should be reviewed and be subject to audit to ensure that all health services clinical areas are cleaned on a regular basis.

4.84 All carpeting in clinical areas should be replaced with a floor covering that meets NHS cleanliness and infection control standards.

4.85 A programme of refurbishment for the health services department should be introduced – in particular for the duty room area.

4.86 A health services worker should be designated as the focus for older prisoners.

4.87 A system should be devised whereby the identity of personnel entering comments into patients' records is apparent.

4.88 A health forum for prisoners should be introduced to allow house block representatives to meet with senior health staff at agreed intervals to discuss general issues concerning health matters.

4.89 Additional sessions for the optician should be implemented to reduce the waiting list to an acceptable level.

4.90 Health services should work with reception to ensure that prisoners are not having their initial reception health screen delayed when large influxes of new receptions arrive at the prison.

4.91 Secondary health screening should be mandatory.

4.92 Triage algorithms should be developed to ensure consistency of advice and treatment to all prisoners.

4.93 The waiting time to see a GP should be reduced to match NHS guidelines.

4.94 Discipline staff should supervise prisoners during medication distribution.

4.95 Health promotion should be given higher priority in the overall health improvement strategy.

4.96 Primary care training, including phlebotomy, should be available to nurses working on the house blocks.

4.97 The lead clinical nurse should receive professional updating to develop, in conjunction with the practice nurses, chronic disease management and health promotion services.

4.98 An audit of prisoners failing to attend healthcare appointments, and in particular dental appointments, should be undertaken and a system devised whereby prisoners failing to attend healthcare appointments are followed up and appropriately managed.

4.99 Barrier protection and health education should be provided for prisoners.

4.100 The MHIRT, in conjunction with the managers of health services (both primary and inpatient service) and the PCT commissioners, should review their practices to ensure that prisoners with mental health issues are cared for appropriately and that liaison between health service professionals takes place as required.

4.101 The system used to inform prisoners that they have not been accepted by the MHIRT should be reviewed, to ensure continuity of care and appropriate referral to other agencies if required. Prisoners should be supported during this process.

4.102 Primary mental health services should be provided.

4.103 Day care should be provided for those less able to cope with life on the house blocks.

4.104 House block dental triage should be introduced under the guidance of the dental practitioner. The number of patients seen by the dentist per session should be increased.

4.105 Emergency resuscitation equipment should be available in the dental department during surgery time.

4.106 Night sedation should not be administered before 9pm.

4.107 Simple pain relief should be readily available to patients.

4.108 Patient group directions should be introduced to enable more potent medication to be administered by the pharmacist or nurse. A copy of the original signed PGDs should be present in the pharmacy, and read and signed by all relevant staff.

4.109 Medication brought into the prison by patients should be checked immediately and, if necessary, returned to the patient to ensure continuation of treatment.

4.110 The location for the administration of medication, and in particular controlled drugs, to prisoners on HB4B should be reviewed to ensure privacy and prevent prisoners from being subjected to abuse from other prisoners.

4.111 The pharmacist should introduce pharmacy clinics.

4.112 The in possession risk assessments of each drug and patient should be documented and the reasons for the determination recorded. This should be done by nursing staff who know the patient.

Housekeeping points

4.113 Old pharmacy reference books and healthcare clinical policies folders should be removed.

4.114 The medicine trolleys should be secured in the house blocks and kept locked when not in use.

4.115 Loose tablets and tablet foils should not be present in stock.

4.116 All medication should be stored in an orderly manner and pharmacy staff should inspect all areas where medicines are stored on a regular basis.

4.117 Maximum and minimum temperatures should be recorded daily for the drug refrigerators within treatment rooms and pharmacy to ensure that thermolabile items are stored within the 2– 8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff.

4.118 The use of general stock should be audited so that stock supplied can be reconciled against prescriptions issued.

4.119 Medicines should be prescribed by their generic name.

4.120 The MTC should review the use of general stock. It is preferable for named patient medication to be used wherever possible, and general stock should only be used if unavoidable.

4.121 Prescribing data should be used to demonstrate value for money, and to promote effective medicines management.

4.122 The use of the out-of-hours cupboard and any medicines taken from the pharmacy under the emergency procedure should be audited and all checks recorded.

4.123 Regular out-of-date checks should be done on all medicines.

4.124 A tracer card system should be implemented to ensure that staff know the whereabouts of clinical records at any time.

4.125 An F213 central register should be introduced and regularly monitored.

4.126 A professional cleaning and 'topping up' schedule should be implemented for house block treatment rooms.

Good practice

4.127 *A diabetes liaison officer and a system for managing diabetic prisoners had been introduced and provided an opportunity for patients to be involved in their own care.*

4.128 *The healthcare interaction scheme in the inpatient unit was used to enhance the multidisciplinary handover meetings between discipline and health services staff and was a good example of individualised prisoner care.*

4.129 *The risk assessment carried out for all clinical admissions to the inpatient unit to identify the need for specific supervision when unlocked was a pragmatic solution to the problem of different prisoner groups being held in the same accommodation.*

4.130 *When prisoners were discharged from the inpatient unit they were asked to complete an inpatient discharge questionnaire.*

Section 5: Activities

Learning and skills and work activities

Expected outcomes:
Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

5.1 Learning and skills and work provision was not adequate to meet the needs of the population. There were no workshops. There were not enough places and those available were not filled to capacity. The learning and skills quality improvement group had not met for three years until recent months. There was no learning and skills strategy, but there were plans to increase work places, with training for vocational qualifications. Achievement and standards in learning and skills were satisfactory but, overall, the quality of the provision was inadequate.

5.2 Milton Keynes College was the education provider. In August 2006, they started a revised contract in line with the offender learning and skills service, which included the information, advice and guidance (IAG) service for prisoners. The prison managed the work activities and the new vocational training in environmental services. A new head of prisoner development post started in June 2007 and incorporated learning and skills and work activities.

5.3 There was ineffective promotion of activities to prisoners. Waiting lists for vocational training/work were surprisingly short and there were no waiting lists for education places. This was despite education staff holding 'road shows' and 'taster days' over the previous year. There were no prisoner and staff learning and skills representatives, although an information room on each house block had recently opened. IAG services to help prisoners to decide which activities best suited their plans had only recently started, following intensive research and preparation. Over the previous six months there had been approximately 130 new inductions each week.

5.4 Learning and skills induction processes were ineffective, the provision inflexible and reinforcement of participation had been poorly coordinated. Despite the results of prisoners' literacy and numeracy initial assessments being put onto the prison-wide computerised system, these were not systematically used by staff in activities areas and not all prisoners took the tests. Allocation processes for education, vocational training, work and other activity places were disjointed. However, improvements in performance monitoring and reporting by allocations officers had identified greater numbers of prisoners recently going to activities from house blocks.

5.5 There were 89 education and 40 vocational training places at each half-day session, which comprised 16% of the total population of 807. There were still insufficient places, even when considering those who were genuinely unable to participate owing to legal or court visits, infirmity or offending behaviour courses. Attendance was mostly full time or substantial part time, and this restricted the number of prisoners who could participate. The provision was inflexible and difficult to combine with work or other activities. There was no evening or weekend education provision.

5.6 The establishment did not ensure that every available activity space was used on a daily basis. We found examples of unused places in both the kitchen and in education. Staff in both of these areas told us that wing staff were not proactive in getting prisoners to attend activities.

5.7 There were good achievements of qualifications by those prisoners who completed their education courses. However, some subjects had less than 50% completing the course and others had as low as 25%. Many courses were longer than the length of stay of half the population. Short-duration courses had higher success rates. Teaching was satisfactory or better, and the teachers managed the behaviour of the younger prisoners particularly effectively. The outreach work by education staff was mostly focused on key skills awards, except for the vulnerable prisoners, who had a choice of subjects, including vocational qualifications in horticulture. There was a better learning environment on their house block than for prisoners attending the main education department.

5.8 In the education building, despite recent improvements, classes suffered from intrusive noise, particularly restricting learning in language classes requiring oral work, and had cramped classroom space. Prison data showed that, over the previous six months, 66% of prisoners had literacy and numeracy levels below level 1, and 11.5% of the population spoke English as a second language. The range of provision for literacy, numeracy and English for speakers of other languages (ESOL) was too narrow, and accredited courses offered were too long for the short-stay prisoners. Too many prisoners on entry level ESOL courses had weak spoken English skills, and ESOL provision was underdeveloped. Availability and use of information and communications technology was poor, and availability of suitable software for literacy, numeracy and ESOL was low.

5.9 Across the prison, there was good development of prisoners' personal and social skills on accredited and non-accredited courses. These ranged from cooking, art, drama and music in the education department to a wide variety of other courses, including drugs and alcohol awareness, 'staying alive' (relating to safe driving awareness) and 'calling the shots' (relating to gun crime). The non-accredited behavioural programmes performed well, with good attendance and a high proportion of prisoners completing them fully. In comparison, over the previous year, fewer than 30% had completed art and music courses. Overall, these non-accredited courses had about 800 places per year, and some prisoners took multiple courses.

5.10 There were approximately 250 workplaces, catering for about 31% of the total population. Most work (about 120 places) was on the house blocks: cleaning, working on serveries, painting and working as orderlies, with about 80 jobs of similar types around the prison. National Vocational Qualifications (NVQs) at level 1 in catering were offered to a few prisoners in the main prison kitchen. There were rarely sufficient prisoners working in the kitchen, and the working environment was poor, both for operational and training purposes. For example, kitchen floors became wet and slippery, creating potential hazards, and NVQ theory teaching and testing took place in a dark, cramped locker room.

5.11 Recently, 20 jobs had been introduced in horticulture, specifically aimed at young offenders, to propagate oak trees, ready for planting out on community land in conjunction with Milton Keynes Parks Trust. The new waste management and recycling work was gradually being expanded with support from Coreys, a national waste management company. Both areas had resettlement plans to develop jobs on release on temporary licence and on release. The industrial cleaning workshop was well equipped, and accredited training was due to recommence for 12 prisoners at a time, leading to qualified prisoners having priority allocation to prison cleaning jobs. There was good horticulture skills development by vulnerable prisoners and by young offenders.

5.12 There was a clear strategic focus on introducing new work and training, focusing on vocational and employability skills. Proposals to build new workshops for 150 prisoners had been postponed and this had severely affected plans for increases in the number of activity places. Learning and skills targets for completion by April and October 2008 were included in the prison's business objectives for 2007/08. However, there was no learning and skills strategy to identify how these would be achieved.

5.13 The recent self-assessment reports from across the provision correlated in general with inspection findings, but the overall leadership and management section was insufficiently evaluative. The learning and skills quality improvement group had not met for three years, until recent months. Data and information were not being used effectively to inform decisions about learning and skills and work improvements. Although not fully implemented, recent environmental developments were starting to increase work places, with training for vocational qualifications.

5.14 The promotion of equal opportunity was satisfactory. Two newly introduced prisoner forums for those with a disability and for vulnerable and older prisoners provided opportunities to raise issues that affected them in obtaining a range of services in the prison, including learning and skills.

5.15 Carefully selected and recently appointed prisoner communication orderlies provided a range of information and guidance to vulnerable prisoners that included the availability of learning and skills activities. However, for prisoners studying on Open University (OU) courses, there was inadequate equipment, insufficient time to use computers and DVD equipment, and their OU tutors had inadequate visiting arrangements.

Library

5.16 The library was staffed by a well-qualified, full-time librarian, a part-time library assistant and a prison orderly. An additional assistant post was vacant at the time of inspection. The library was contracted to Milton Keynes council.

5.17 Promotion of the library services was ineffective, comprising a leaflet at induction and the rota of two visits a week, for 10 prisoners at a time, displayed in house blocks. Access to the library was poor. The library sessions were too long, at 90 minutes, were poorly attended and were cancelled if there were too few officers available to escort the prisoners from their house blocks. The library was only open during the day, with no evening or weekend sessions, prohibiting full-time workers from using these facilities. There was a limited service to the vulnerable prisoner and high security house blocks, and to the health services department. Library staff routinely recorded attendance at the library, but did not collate or analyse these data to establish any patterns or help to identify ways of increasing library use.

5.18 The library was adequately sized and located in the education building, but facilities were poor. There was too little furniture for library users to sit and read or use reference books in comfort. No audiovisual playback or computer equipment was provided for prisoners' use. The library book stock of around 5,500 volumes was well below the recommended number for a prison of this size. The range and number of newspapers and periodicals in English and other languages was too narrow. Although books in foreign languages were regularly purchased, arrangements to identify which languages to prioritise were poor. There were few audio materials such as talking books, and no videos or DVDs. The range of legal and reference books was satisfactory.

5.19 Prisoners used an electronic system to search for books in the council library stock and could request items through an inter-library loan. Library staff worked closely with the education department to mount exhibitions, and to obtain stock relevant to projects undertaken in the department. The library held an appropriate range of books to support prisoners following catering courses and of simplified books for prisoners developing literacy skills. However, overall, there were too few books. The library had donated books to the first night and induction accommodation unit for use by new arrivals, and a small number of books were sent to the high security house block.

5.20 The library did place a useful emphasis on developing prisoners' employability. Two 'job point' machines enabled prisoners to look for job vacancies outside the prison, in preparation for release. Two events promoting employment had been run in the previous few months, in conjunction with the careers service and Jobcentre Plus staff.

Recommendations

5.21 Activity provision should better reflect the needs of short-term prisoners to increase the number completing courses and gaining awards.

5.22 Activity provision should be effectively promoted to prisoners at induction, on the house blocks and when planning and reviewing their time at the prison.

5.23 The range of educational opportunities should reflect the assessed needs of prisoners in the establishment.

5.24 An integrated process should be introduced to ensure that allocation to activities reflects prisoners' needs and to make full use of the provision available.

5.25 The participation by more prisoners in learning and skills and work should be facilitated by providing part-time attendance opportunities as soon as possible.

5.26 Data and information should be used effectively to help with decision making and timely action planning.

5.27 The library stock should be increased to conform to book stock guidelines and introduce materials relating to prisoners' language needs and the new vocational training areas.

Physical education and health promotion

Expected outcomes:
Physical education (PE) and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

5.28 Use of the gymnasium was well managed, inclusive and fair. However, the establishment was struggling to meet targets for recreational PE. Reduced staffing levels had restricted some activities. There was a good annual programme of accredited courses, with high achievement by prisoners completing them.

5.29 PE facilities included a weights room, cardiovascular (CV) suite, physiotherapy room, sports hall and five-a-side football outdoor astro-turf pitch. Local league volleyball and badminton was played. Two classrooms in the adjacent resettlement unit were used for PE induction and accredited course theory work. Prisoners on the high security house block had a CV room and multi-purpose gymnasium, supervised by sports and games officers, as the security status of these prisoners restricted their use of the main PE facilities.

5.30 The PE notice-boards on house blocks contained an appropriate range of information – for example, recreation PE timetables, prisoner and staff PE representatives, timetable of courses, and sports squad and match information. In addition, the PE resettlement liaison officer provided information to support sentence planning and continuation with PE on release.

5.31 PE induction included prisoners' self-assessment of their physical condition and was completed before prisoners used the PE facilities. Accidents were logged in the PE diary and recorded in the accident book, with other paperwork sometimes leading to a review of risk assessments or practices.

5.32 The PE kit offered to prisoners attending sessions was laundered daily by PE orderlies. Prisoners could wear their own kit if appropriate to the activity. Towels were supplied weekly by house blocks. Prisoners were able to shower after each session, with the vulnerable prisoners showering in their house block.

5.33 Use of the gymnasium was well managed, inclusive and fair. However, the establishment was struggling to meet targets for recreational PE, despite being open 364 days of the year. All prisoners were allowed two to four PE sessions a week, depending on their regime status. Prisoners who were unable to attend the daytime PE sessions owing to work commitments were able to attend in the evenings and at weekends. Minimum staffing levels allowed prisoners to be unlocked for PE, even if the house block was not operating association. However, reduced PE staffing levels had restricted some activities.

5.34 PE staff were well qualified in PE, but only one held a formal teaching qualification. The self-assessment report was good, but the department did not use individual learning plans on accredited courses, have teaching and learning observations of sessions to aid quality improvements, or have literacy and numeracy support integrated with PE activities.

5.35 There was a good programme of accredited courses and activities, used to gain key skills awards, such as 'working with others'. Achievement of qualifications was high on basic weights and introduction to fitness courses, and also high, at around 50%, for those prisoners who completed the level 2 gymnasium instructors and level 2 management of sports injuries courses. The well-planned timetable also provided opportunities for vulnerable prisoners, medical referrals and prisoners requiring remedial work to benefit from PE sessions. There were established links with groups of adults and young people with learning difficulties who visited the establishment and who were supported in PE activities by prisoners.

Recommendations

5.36 Further analysis of data should be carried out to increase attendance at recreational PE and evaluate the reasons for non-completion of some accredited courses.

5.37 Individual learning plans should be introduced on PE accredited courses, as well as teaching and learning observations of sessions. Literacy and numeracy support should be integrated with PE activities.

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.

5.38 Over the previous year, the chaplaincy had experienced significant staffing problems. Statutory duties and other commitments continued to be covered but there was greater potential for chaplains to contribute to the life of the prison. Dedicated space for chaplaincy use was limited and the multi-faith provision was inadequate. A recent exercise to approve, source and explain the significance of religious artefacts had been positive.

5.39 The prison had experienced significant problems in recruiting and ensuring the regular availability of chaplains for at least a year prior to our inspection. The full-time coordinating Anglican chaplain had been in post since June 2006; the full-time Muslim chaplain had left in September 2006 and this post was covered temporarily on a half-time sessional basis; and the full-time Roman Catholic chaplain had joined in June 2007. The Sikh chaplain's personal commitments meant that he had frequently been unavailable for long periods; despite requests from Jewish prisoners, the prison had been unable to identify a Jewish chaplain willing to attend the prison for prayers on the Sabbath.

5.40 In our prisoner survey, 48% of adult prisoners and 38% of young adults said that they were able to speak to a chaplain of their own faith in private if they wanted to; both of these figures were significantly worse than the respective comparators of 59% and 55%. Also, against a comparator of 48%, 30% of young adult prisoners felt that their religious beliefs were respected at the establishment; at 51%, the figure for adult prisoners was similar to the local prisons comparator (53%).

5.41 The existing staffing levels were comparatively low, given the size of the prison. The chaplaincy team had worked hard to ensure that all statutory duties were covered on a daily basis and to continue to run four Sycamore Tree (restorative justice) programmes per year. Chaplains were sometimes involved in the management of prisoners at risk of self-harm and they contributed to the sentence-planning reviews of prisoners who were known to them.

5.42 There was little opportunity for the team to focus on its own development or to introduce other activities aimed at nurturing faith and enhancing the general well being of prisoners. Despite having a prominent role, the chaplaincy had obvious potential to make more of a contribution, and the chaplains we spoke to were frustrated that they were unable to do so.

5.43 A chaplain saw all new prisoners as part of the induction programme, and those who wished to could register to attend religious services; this was a sensible approach that meant that prisoners did not have to apply every week. Although records showed that all prisoners were seen, our prisoner survey and the prison's own survey (conducted to inform the race equality impact assessment) indicated that not all prisoners remembered meeting a chaplain during induction.

5.44 The chapel was of adequate size and provided a quiet and respectful area for worship or contemplation. Non-Christian faiths usually held their services in the community hall, which was next to the chapel but was also used for various other functions. There was no dedicated

multi-faith space or ablution area for Muslim prisoners, and we were told that it was not always possible for Muslim prisoners to take showers before attending the Friday service. The office space allocated to the chaplaincy was also limited, making it difficult to hold individual interviews or group meetings.

5.45 Records for the three weeks before the inspection showed that, on average, 21 prisoners attended Sunday mass; 37 attended the multi-denominational Sunday service and 70 attended Friday Muslim prayers. All prisoners, except those on the close supervision centre and protected witness unit, were encouraged to attend the same service, and this had created some difficulties, as there were mainstream and vulnerable prisoners who preferred not to associate with each other. Chaplains and prison managers were handling this policy of communal worship in a sensible and sensitive manner.

5.46 Obtaining religious items had been a major source of complaint by prisoners; previously, an inflexible emphasis on security had meant that only rosary beads were allowed in-possession. However, the Muslim chaplain had led a recent exercise to obtain security clearance and find suitable suppliers of religious items and artefacts for prisoners of all faiths. A detailed information booklet advised staff of the significance of religious artefacts and of the appropriate manner in which to handle them during searches.

Recommendations

5.47 Staffing of the chaplaincy should be sufficient to ensure that all prisoners are able to attend weekly corporate worship or faith meetings; all prisoners are able to see a chaplain of their own faith in private every week; and all prisoners are able to attend classes and groups, in addition to corporate worship,

5.48 There should be a dedicated multi-faith area.

5.49 There should be adequate space for chaplains to hold individual and group meetings in private.

5.50 Muslim prisoners should have adequate washing facilities before attending worship.

Housekeeping point

5.51 Chaplains should explore the reasons for such low numbers of prisoners remembering their induction interview with a chaplaincy representative, in order to raise prisoners' awareness and possibly increase the number of those attending worship.

Time out of cell

Expected outcomes:
All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

5.52 On all of the units, the amount of time that prisoners spent out of cell on Monday to Thursday, on average, was seven hours and 30 minutes. The core day was generally adhered to, although association had been cancelled on a rotational basis, which usually meant the loss of

one evening period a week. There was no evening association on Friday, Saturday or Sunday evenings.

5.53 The prison's routine allowed most prisoners, even those without structured activity, to be out of their cells during most of the core day. Through interviews with prisoners, observing the core day and speaking to staff, we found that prisoners who were working or involved in an activity spent an average of around eight hours out of their cells. This figure was reduced to seven hours for those who were unemployed. These figures were based on Monday to Thursday routines, which included evening association.

5.54 There was a predicted closure of association that was based on a published rota basis. This meant the loss of one evening's association between Monday and Thursday; this significantly reduced time out of cell on that day. It could also mean that a prisoner would not have evening association for four evenings in succession.

5.55 On Friday, Saturday and Sunday, the core day was shorter, with no evening association and different meal times. On these days, time out of cell was reduced, on average, by two hours.

5.56 Exercise was offered daily to prisoners. Although exercise yards were cleaned twice daily, we witnessed yards being used that were strewn with rubbish. The exercise yards were also stark; although some had benches, they contained no other interesting features. Prisoners were not issued with weatherproof clothing.

Recommendations

5.57 Evening association should not be unavailable for four nights in a row.

5.58 The routines on Friday, Saturday and Sunday should be examined with a view to expanding time out of cell.

5.59 Exercise yards should be cleaned and inspected daily.

5.60 More should be done to lessen the austerity of exercise yards.

5.61 Prisoners should be issued with weatherproof clothing.

Section 6: Good order

Security and rules

Expected outcomes:
Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

6.1 Security arrangements were generally well managed. There were very few prisoners subject to closed visits arrangements. The observation, classification and allocation (OCA) unit worked well, although it was under some pressure.

Security

6.2 Physical security within the establishment was good and there were many internal zoning fences to break up the grounds into controllable sized areas. A recent part security audit had been completed and had resulted in overall scores of between 95% and 98%.

6.3 There was an effectively functioning security committee that met monthly. Monitoring reports were called for from an appropriately wide range of departments, and reports that were not received were followed up. There were good relationships with the local (Thames Valley) police force, and two police liaison officers were based at the prison.

6.4 The principal officer in charge of the security department reported a high level of submission of security information reports (SIRs) from staff, at around 500 per month. There were no areas of the establishment from which there were no SIRs submitted. Both the volume and the value of the submission of information were satisfactory. There were consistent arrangements to ensure that security information received that referred to bullying or had racist issues were passed on to the relevant departments.

6.5 Although the establishment was overwhelmingly a local prison, as a core local prison it held some higher-risk prisoners awaiting trial and onward transfer to a dispersal prison after sentence, as well as the specialist units in house block (HB) 6. The front-end searching arrangements common to higher-security prisons were in place, and these inevitably impacted on the capacity of the establishment to move staff through to work quickly. Until recently, in common with the rest of the high secure estate, there had been a blanket prohibition on any prisoners working in the grounds. These prohibitions had recently been relaxed and a grounds clearance working party had been re-established. Category A prisoners had been moved into HB6 to enable restrictions on opportunities for other prisoners to be reduced and some regime opportunities created.

6.6 Visits security arrangements were excessive in general, even for higher-risk prisoners, and certainly in terms of the general local prison population (see Appendix V).

6.7 The security department applied the national rules about squat searching, although there was no local instruction setting out this area. Most prisoners in our survey reported that the searching that they had experienced in reception had been conducted respectfully.

6.8 At the time of the inspection, there were only two prisoners who were subject to closed visits and a number of individual visitors who had been banned. Closed visits restrictions were reviewed regularly and there was no evidence to suggest that this measure was used excessively or inappropriately.

6.9 Target searching and reasonable suspicion mandatory drug testing were carried out, although, surprisingly, relatively few of these drug tests were positive (see section on substance misuse). The establishment sought corroboration that a test was justified, which ought to have resulted in a higher positive rate.

Rules

6.10 During the induction programme, the establishment's core rules were drawn to prisoners' attention. There was no evidence that these rules were applied in any discriminatory way. Few of the rules were translated into other languages, and so those who were not literate in English would have struggled to absorb this information (see section on first days in custody).

Categorisation

6.11 All of the work on security categorisation decisions and on recategorisation for all prisoners other than those in category A was carried out in the small OCA unit. The paperwork in the office indicated that decisions were taken rationally and consistently. The principal allocation for category C adults was to Onley. Prisoners were interviewed individually to ascertain the suitability of initial allocations. Vulnerable prisoners with a history of serious sexual offending were allocated to Whatton, Littlehey or Wayland. Young adult offenders were chiefly allocated to Onley or Rochester. Allocation and categorisation decisions were passed to prisoners in writing. There was evidence that sentence plans were taken account of in reaching allocation decisions.

6.12 There were arrangements to review categorisation decisions annually. A database was held, and forms inviting prisoners to set out the reasons why they thought they were suitable for recategorisation were sent out on the anniversary of their date of sentence. Comments were also sought from wing staff and the security department. Recommendations were made by OCA staff and passed on to a senior governor grade.

6.13 The OCA unit appeared to be functioning effectively, although it experienced periods of intense demand on its small staff group. Staff had to catch up at weekends with work that had not been completed earlier in the week. Unfortunately, staff were regularly reallocated at weekends to cover staffing shortfalls elsewhere in the prison. When there were insufficient staff available to complete all of the tasks, recategorisation work was delayed. It was not clear who held managerial responsibility for the unit, or which manager was sufficiently aware of the work of the unit to be able to support staff under pressure.

Recommendations

6.14 A local instruction about the rules concerning the use of squat searching should be issued.

6.15 The reasons for the low rate of drugs suspicion tests resulting in positive results should be examined and acted upon.

6.16 Management arrangements for the OCA unit should be clarified and effective support for staff should be provided.

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.

6.17 There was a small number of segregated cells, and low use of force and of the special cell. Adjudications were conducted well, although there were concerns about the level at which earnings were stopped.

Adjudications

6.18 There had been around 600 adjudications in the first eight months of 2007, which seemed reasonable. Adjudications observed were well undertaken. Prisoners facing charges had the charge explained and were given the opportunity to ask for legal advice. It was clear that prisoners exercised their rights in this area and were not intimidated into not using these opportunities. Adjudications observed clearly encouraged participation by prisoners, and records of adjudications examined indicated that prisoners were participating fully. The adjudication room was large and did not provide an intimidating setting.

6.19 A very small number of charges were referred to the independent adjudicator, who visited monthly and usually had fewer than 20 charges to deal with. First charges for a positive mandatory drugs test were dealt with by the governor adjudicating, rather than being automatically referred, even when the test was positive for a class A drug.

6.20 Detailed adjudication tariff guidance was available to adjudicators, and there was a twice-yearly meeting to review the continued relevance of tariffs. These were generally applied, although it was of concern that the tariff guidance of allowing up to 80% of pay to be deducted had become the norm. In the context of an establishment where few prisoners earned substantial amounts, this level of deduction left many prisoners with little means to maintain telephone or even mail contact with their families.

6.21 One tariff focused on the issue of an order to a non-smoking prisoner to occupy a cell with a smoker. It was not clear that staff were aware of how to handle such events (see section on residential units).

Use of force

6.22 There were low levels of use of force in the establishment. Force had been used on around 140 occasions in the first seven months of 2007. There was evidence that its use was declining, and the previous three months had shown markedly less use. Documentation of the use of force was well maintained and there was a sophisticated analysis of all aspects that checked on all the key issues, including the ethnicity of the prisoners involved and the identity

of the staff involved. There was clear evidence of de-escalation being attempted and very little planned use of force.

Segregation unit

6.23 The segregation unit was visited daily by a medical practitioner, who ensured that all prisoners were fit for adjudication, and a safety algorithm was completed to ensure that any issues that needed to be drawn to managerial attention were available. During the inspection, prisoners who were assessed as not being able to understand the adjudication process had the charges against them set aside.

6.24 The special cell had been used on 12 occasions in the preceding 12 months. On one occasion, a prisoner had entered the cell in the late evening and had remained in the special cell until early the following morning, but on all other occasions it had been used for under three hours, and frequently for less than one hour. Mechanical restraints had not been used in the previous 12 months.

6.25 In both the use of special cell accommodation and the use of force, the quality of documentation was of a good standard.

6.26 The segregation unit had 14 cells, including two special cells and two cells to manage dirty protests. During the inspection, there were never more than six prisoners in the unit and only one was held under Rule 45 (good order or discipline). These figures were typical of those seen over the previous three months. On recent occasions, prisoners had been located in the segregation unit because of a shortage of available space in the prison, which was clearly inappropriate.

6.27 An individual assessment of risk was made to determine whether a prisoner arriving into segregation was required to be strip-searched. Many were not strip-searched.

6.28 Written information was given to prisoners about the reasons for their segregation, although this was only provided in English.

6.29 Staff were selected to work in the segregation unit according to clearly laid down criteria.

6.30 The segregation unit was not viewed as the route out of the establishment for disruptive prisoners. It was clear that staff worked hard to return prisoners to normal location. In some cases, staff had arranged returns to normal location when prisoners had been initially unwilling to return, and these had usually turned out to be successful.

6.31 Although the segregation unit regime was minimal, the basics of daily showering and access to telephones were in place. Education staff visited the segregation unit regularly but there were no other regime facilities available to prisoners.

Recommendations

6.32 The policy of deducting 80% of earnings as an adjudication punishment should be applied only as a maximum punishment in a minority of cases.

6.33 Prisoners should not be accommodated in the segregation unit because of crowding issues.

Housekeeping point

6.34 Information about the reasons for detention in the segregation unit should be available in languages other than English.

Good practice

6.35 *Arrangements to return prisoners to normal location worked well, and the unit was not seen as a means for prisoners to leave the establishment.*

Incentives and earned privileges

Expected outcomes:
Incentives and earned privileges schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.

6.36 There was a clear scheme for incentives and earned privileges (IEP), which staff and prisoners had confidence in, and which was advertised within the information rooms on each unit. It was applied fairly, transparently and consistently across the prison. If a prisoner wanted to be considered for enhanced, he had to make an application.

6.37 The IEP document was widely available and clearly written. Staff and prisoners we spoke to understood the scheme, how it operated and its criteria for promotion and demotion. The difference between levels was sufficient to encourage prisoners to improve behaviour. However, the link to sentence planning and achieving targets was unclear.

6.38 Prisoners transferring in from another prison could retain their enhanced status, although this had to be confirmed with the prison concerned and could take a long time. In the wing files we examined, there were a number of entries that referred to IEP-related issues, and it was clear that this system was used regularly and actively to manage difficult behaviour and reward good behaviour.

6.39 Enhanced level prisoners were allowed more money and more visits, with the opportunity of booking the family visits area. They also had access to DVDs in-cell. Enhanced level prisoners accounted for just 20% of the population, with the remainder of prisoners at standard level. The basic level was used sparingly, with only one prisoner on this level during our inspection. Although this was very low for a prison of its size, we found no evidence that poor behaviour was not being addressed appropriately.

6.40 Prisoners on standard level had to apply to be considered for enhanced, as there was no automatic review process. Although some staff encouraged prisoners to do this, many prisoners were unaware of this process, particularly those with language or reading difficulties. All enhanced level prisoners were reviewed automatically every three months.

6.41 When a change in level occurred, unit managers held a review board, and prisoners were involved and received written outcomes. The emphasis was on a pattern of behaviour, rather than on single incidents. There were avenues of appeal but we found no evidence of any appeals being considered.

Recommendations

6.42 The IEP scheme should take into account sentence planning targets.

6.43 Prisoners on standard should be automatically reviewed.

6.44 Reception should make immediate checks to clarify individual prisoners' IEP level.

Housekeeping point

6.45 The appeal process should be explained to prisoners at every review and every behaviour warning.

Section 7: Services

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.

7.1 The kitchen environment was extremely poor. Equipment was broken, the kitchen was dirty and there was discarded food throughout. We found similar conditions on the wing serveries, and compulsory health and safety checks did not take place. Prisoners expressed their disappointment in the quality of the food on offer. We saw prisoners serving food without using appropriate utensils or not wearing appropriate clothing.

7.2 The catering contract was delivered by Aramark. The management team in the kitchen informed us that they were not provided with their full workforce each day. They required 22 prisoners to run the kitchen effectively, but were only getting, on average, 15 prisoners. Kitchen staff informed us that when they called for wing for assistance, wing staff did not assist them in getting prisoners to the kitchen.

7.3 When we visited the kitchen, during both the day and the night, we found kitchen equipment broken. Prisoners and staff worked in the area without wearing the correct clothing, and there was food on the floor and on wing trolleys that had been returned unclean. Civilian staff did not supervise prisoners, and the managers seemed to have lost confidence in making requests to get new equipment for the kitchen. We were informed that the kitchen had recently been deep cleaned, although this had made little difference to its appearance.

7.4 The establishment had recently carried out its own catering audit, and a low score of 64% was achieved. The points that the audit officer had highlighted had not been addressed. The audit mainly referred to record-keeping issues. The servery areas on each wing were also unclean. We found broken equipment, and temperature checks had not been carried out consistently. The food comments books were not readily available to prisoners, and those with comments in them had not been answered.

7.5 There was a four-week menu cycle, and the prisoners described the food as bland. We tasted the food at various hotplates and concurred. The race equality adviser had raised concerns about the choice available for black and minority ethnic prisoners. There was a halal choice available each day.

7.6 Prisoners undertaking National Vocational Qualifications (NVQs) were tested in the kitchen area. The manager in the kitchen had for some time intended to introduce further NVQ training in the kitchen, but this had still not been initiated.

7.7 We observed meals being served on a number of wings, and saw prisoners using the wrong utensils to serve meals. In one case, a prisoner was serving meals by hand, without using any utensils. Kitchen staff did not attend wing servery areas to ensure quality in service and not all prisoners wore the appropriate clothing while carrying out this task.

Recommendations

7.8 The kitchen should have a full workforce each day. Wing staff should ensure that all prisoners who are supposed to be in the kitchen attend. The labour control unit should check that all prisoners are in their place of work.

7.9 Broken equipment in the kitchen and wing serveries should be replaced or repaired.

7.10 The kitchen should be cleaned and inspected by the area catering officer to ensure that it is fit for purpose.

7.11 All those working in the kitchen should be properly supervised and wear the correct clothing.

7.12 All matters arising from the recent audit should be addressed. Food should be temperature probed at appropriate stations and recorded. There should be a protocol introduced when it is found that the food is not at the correct temperature.

7.13 Food comments books should be readily available to prisoners, and matters arising in these books should be addressed within 72 hours of the entry.

7.14 The menu cycle should be increased. Meals should be healthy, varied and balanced, and prisoners should have greater input into the menu choice.

7.15 An independent assessor should determine the conditions necessary to offer an NVQ qualification.

7.16 Further qualifications should be introduced into the kitchen without further delay.

7.17 All prisoners on the units who serve meals should be trained and should use the appropriate equipment. Kitchen staff should quality check the service that is being delivered at wing hotplates.

Prison shop

Expected outcomes:
Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely, from an effectively managed shop.

7.18 The prison shop offered a limited range of goods. Attempts had been made to increase the size of the storage area so that the range could be extended. There was limited consultation with prisoners.

7.19 The prison shop was managed by Aramark. Prisoners sent in orders over the weekend on pre-prepared forms, which included the amount of money they had available to spend. Once received, staff in the shop bagged up all orders ready for delivery. Orders were sent to wings and were distributed by Aramark staff, with prisoners signing for orders received.

7.20 Orders were taken daily from the first night centre to reduce the length of time that a new prisoner might have to wait to access the shop. Prisoners could obtain a smokers' pack on reception but there was no pack for non-smokers.

7.21 The standard product list comprised 288 items. In principle, new products could be added at any point, if there was a demand, but mechanisms for such requests were informal and were usually made by speaking to Aramark staff on the wings. Staff were not involved directly in the prisoner consultation groups or with the race equality action team, and although issues relating to the shop were noted in the minutes of these meetings, we were told that concerns were rarely passed to the Aramark staff. Some products were not available because of the establishment's security category. This included nail clippers but they remained on the canteen list, leading to confusion and frustration among prisoners.

7.22 A prisoner survey had been undertaken six months before the inspection, but it was primarily orientated to issues of quality of service delivery rather than what products would be of most benefit to prisoners. In our survey, 38% of prisoners, against a comparator of 43%, said that the shop offered a wide enough range of goods to meet their needs. For black and minority ethnic prisoners, the figure fell to 28% compared with 42% of white prisoners; 39% of foreign national prisoners compared with 43% of British nationals said that the list of items met their needs.

7.23 A recent attempt had been made to increase storage for shop products by the installation of a portacabin, but as the main storage room was on the first floor and the portacabin on the ground, we were told that it was impractical for staff to go down to the portacabin every time a product stored there was needed, especially given the size of the population.

7.24 Prisoners were able to order products from a number of catalogues. There was a charge made of £4.99 per order, although we were told that because of the number of orders submitted (24 in the week of the inspection), the prison had managed to negotiate a discount which effectively covered this delivery charge and consequently no charge was being levied.

Recommendations

7.25 A direct link should be made between Aramark and the prisoner consultation group, concerning the range of products available in the prison shop, to ensure that the needs of prisoners are being met.

7.26 An annual survey should be undertaken that includes an opportunity for a systematic review of available products.

7.27 The prison should develop an effective means of extending the storage facility for the prison shop.

Section 8: Resettlement

Strategic management of resettlement

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

8.1 There was a comprehensive reducing reoffending strategy that also included a detailed action plan, and this was based upon a needs assessment. However, insufficient work was being done to identify the specific needs of the complex range of prisoner groups. A group had been set up to manage resettlement work, but met irregularly. Resettlement work was not given a high enough profile among prisoners, many of whom did not fully recognise the work being done.

8.2 The prison had an up-to-date reducing reoffending strategy and action plan that outlined priorities about prisoner assessment, offender management and other resettlement work. This strategy was detailed, specific in its aims and based upon an assessment of the resettlement needs of the general prisoner population.

8.3 The needs assessment did not, however, identify the specific resettlement needs of groups such as young offenders, category A prisoners, lifers, sex offenders and the small number of prisoners spending more than 12 months at the prison.

8.4 Separate strands of resettlement work had been identified for prisoners serving less than 12 months and for remand prisoners not covered by offender management or offender assessment system (OASys) arrangements.

8.5 A range of providers contributed to meeting the objectives contained in the reducing reoffending action plan, including external partner organisations. However, the document itself was large and difficult for staff to work with; this had been recognised, and plans were advanced to produce a simplified version.

8.6 A monthly reducing reoffending management meeting had been set up, and when held was well attended and discussed in detail a range of relevant issues. However, during recent months, the meeting had been irregular.

8.7 The prison had recognised the need to pay more attention to the diverse needs of prisoners, and was to undertake an impact assessment of the resettlement area in order to ensure that diversity was embedded and reinforced throughout. This process included conducting a survey of prisoners' views about key resettlement issues.

8.8 A full-time Muslim resettlement community worker was employed who was working closely with Muslim prisoners to develop the de-radicalisation agenda, increase their engagement with resettlement and develop reintegration links with community groups.

8.9 The profile of some of this work among prisoners was not high, as was reflected in our prisoner survey, in which only 5% of prisoners, against a 13% comparator, said that they could achieve sentence planning targets at the prison. Nevertheless, prisoners were asked for feedback

about what resettlement support had been offered to them at the prison, notably during the discharge board.

Recommendations

8.10 Specific assessments should be carried out to establish the resettlement needs of small but significant groups of the population, including juveniles (if held), young adults, category A prisoners, lifers and other indeterminate sentenced prisoners, sex offenders and those spending over 12 months at the prison.

8.11 The reducing reoffending meeting should run as programmed.

8.12 An action plan should be developed to implement diversity issues identified by the resettlement impact assessment.

Offender management and planning

Expected outcomes:
All prisoners have a sentence or custody plan based upon 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 with drawing up and reviewing plans.

8.13 There was a process to identify basic resettlement needs of newly arrived prisoners, and a range of straightforward interventions to deal with their immediate needs. Similar support was offered pre-release, although there was no resettlement course. Offender management arrangements were reasonably well developed and integration with resettlement managers, staff and offender managers was good, although offender supervisors were not sufficiently proactive. Some delays were evident in sentence planning, OASys, home detention curfew (HDC) and recall procedures. Work had been undertaken to reduce the number of indeterminate sentenced prisoners being held, but insufficient was done to meet the specific needs of the lifer population.

8.14 Managers responsible for sentence planning and resettlement worked closely together under the head of reducing risk of reoffending, and this was aided by them being co-located. Relationships between these functions were strong, although there was a lack of ongoing work to strengthen the link with residential staff, and in particular personal officers.

8.15 The initial resettlement needs of all newly arrived prisoners were identified through the prisoner passport process, delivered as part of induction, and a simple written sentence plan was developed. All prisoners with an identified resettlement need were offered a more in-depth interview with a resettlement worker, and, if necessary, a referral to a specialist adviser. A range of simple and quick interventions were offered to address the needs of short-term prisoners, while longer-term and high-risk prisoners were covered by the OASys arrangements (although delays were sometimes evident with OASys completion (see below).

8.16 Referral systems were suitably quick and straightforward, although the system to monitor whether appropriate action had been taken was not fully developed.

8.17 Attendance rates at resettlement interviews were variable, and non-attendees were not proactively contacted to encourage participation. A more systematic and robust approach to

ensuring that prisoners attended these appointments would maximise the opportunities to address areas of risk and need with prisoners.

8.18 A pre-release resettlement interview was routinely offered six weeks before discharge, and relevant issues were also covered on the discharge board two weeks before release. However, no pre-release resettlement course was delivered to discuss issues relevant to reintegration into the community. This would be helpful to many prisoners, but particularly those not subject to any form of probation supervision on release.

8.19 A total of 102 prisoners were in scope of the offender management (OM) phase 2 arrangements, and support for them was reasonably well developed. They had all been allocated an offender manager and prison-based offender supervisor (OS). The OS team were all seconded probation staff who had a range of experience and skills relevant to this work. Nevertheless, the prison was looking at options to broaden this to include discipline officer offender supervisors with a view to further developing multi-agency working and the interface between OM and personal officers. The head of OM had a key role in monitoring and ensuring the quality of sentence planning work and OASys.

8.20 Small teams of case administrators and offender supervisors had been formed and were working with all of those prisoners in scope from a particular probation area. In addition, a great deal of effort had been put into developing good links with external probation teams, and this had facilitated good working relationships with relevant offender managers. This was evidenced by the fact that over the three months before our inspection, of the 33 sentence planning boards held, in only one case was the offender manager not in attendance and chairing. Prisoners were routinely involved in these boards.

8.21 Targets for completing sentence plans for those in scope of offender management were not always met, and there was a backlog of 40 OASys assessments for those not subject to OM arrangements. These delays could prevent prisoners from making positive steps to address areas of risk and need. Nevertheless, prisoners were held at the establishment until all sentence planning work was complete.

8.22 The initial protective factors assessment required under OM was achieved by the passport completed at induction. While this appeared sensible, there was a lack of engagement from OSs, who did not see prisoners on their caseload until they had been at the prison for up to four weeks. In addition, after the detailed work conducted to develop a sentence plan, OSs still had little contact with prisoners on their caseload. A greater level of regular contact would have been beneficial to all, but particularly those prisoners subject to OM who were to be released directly into the community, to ensure a smooth transition from custody to community.

8.23 Public protection work was well organised and robust, once relevant cases had been identified and dealt with at the weekly risk management meeting. Prisoners subject to these arrangements were provided with relevant information about what this meant to them. However, we were told that there had been examples of prisoners who should have been subject to public protection measures not being identified by the discipline office. The prison management had addressed this by providing relevant staff with additional training and information, and this appeared to have had the desired effect, although was not subject to ongoing monitoring by managers.

8.24 There was a prolific and other priority prisoner (PPO) tracker officer, who provided an inside-out service to these prisoners, liaising closely with probation and the police.

8.25 Six prisoners had been released on release on temporary licence (ROTL) so far during 2007. This was mainly to undertake resettlement-type activities, and managers had a positive approach to using ROTL for reintegration activities.

8.26 There were significant delays in the HDC process, and the majority of prisoners involved were unlikely to be released by their eligibility date. Also, prisoners on licence recalls experienced severe delays in receiving relevant notification of the reasons for recall, thus delaying consideration of the circumstances and appropriateness of the decision.

8.27 At the time of the inspection, 65 prisoners sentenced to indeterminate sentences were being held, including 35 with indeterminate sentences for public protection (IPP). All of these were case managed by the OM team at the prison. Until recently, this number had been significantly higher, and the IPP population had recently been halved by proactive work to move them on to appropriate training prisons. Nevertheless, a number of indeterminate sentenced prisoners were still being held who were ready to move to a first stage lifer centre where their needs could better be met. This problem was particularly acute for the 16 IPP vulnerable prisoners, who were facing an average stay at the prison of 18 months, during which time they were unable to undertake the range of programmes they needed to reduce their risk of reoffending.

8.28 The lifer manager was also the resettlement senior officer, and these duties were only one part of his range of responsibilities. As a consequence, he did not have the capacity to organise and run lifer days, specific family events for lifers, lifer town visits or a lifer forum, all of which activities would be important for maintaining family links, enhancing engagement with the prison and staff, and developing reintegration opportunities and skills.

Recommendations

8.29 A more robust system to monitor and follow up referrals for resettlement intervention work should be introduced to enable managers to ensure that referrals are dealt with promptly, that relevant action is taken and that management information is collected on whether or not needs are met..

8.30 A more systematic and robust approach to following up prisoners who fail to attend initial resettlement appointments should be introduced.

8.31 A pre-release resettlement course should be developed and offered to prisoners approaching discharge.

8.32 The backlog of OASys assessments should be addressed to ensure that sentence planning for longer-term prisoners not subject to offender management arrangements is completed in a timely manner.

8.33 Offender supervisors should be involved in developing work with in-scope prisoners from the induction process onwards, and should maintain at least monthly contact until the prisoners are transferred or discharged from the prison.

8.34 Delays in processing HDC work by prisoner eligibility dates should be addressed.

8.35 Delays in providing relevant paperwork to recalled prisoners and in reviewing recall decisions should be addressed.

8.36 Life-sentenced and IPP prisoners should not be held at the prison beyond the four months needed to complete initial risk assessment work.

8.37 The lifer manager should be provided with sufficient facility time to carry out duties effectively.

8.38 Specific events for lifers, including lifer days, lifer family days, town visits where appropriate, and a regular lifer forum should be held.

Good practice

8.39 *There was a prolific and priority offender tracker officer, jointly funded by the prison, probation and police, who provided an inside-out service, working with offenders in prison and linking closely with probation and police.*

Resettlement pathways

Expected outcomes:
Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

8.40 The housing needs of prisoners were identified on induction and pre-release, and specialist workers provided assistance. Good links had been developed with external housing providers. There were too few opportunities for prisoners to engage in suitable employment-related vocational training, or work that would enhance their employability on release, although there was some planned vocational training. There was a substance support unit, and provision generally was good, although alcohol services were limited. Some assistance was available to prisoners in managing their financial situation, but there was no assistance to open bank accounts or with in-depth debt counselling. There was a well organised children and fathers' visit, but it had poor attendance. Other positive work included the use of ROTL for family issues, a family matters course and the provision of advice and information. Enhanced thinking skills (ETS) was the only accredited programme.

Accommodation

8.41 Prisoner housing needs were initially assessed through the prisoner passport completed during induction. If a need was identified, prisoners were referred to the full-time prison housing officer based in the resettlement department, who provided assistance with a range of issues, including maintaining and closing existing tenancies. Two Citizens Advice Bureau (CAB) workers were on site and provided similar support.

8.42 A monthly housing drop-in centre was run with representatives from three Northants councils. This was aimed at men who were due to be released into these areas, and plans were being developed to extend this to the other three major local authorities into which prisoners would be released. Three staff had recently been trained to run a 'how to be a good tenant' course, although at the time of the inspection this had not been delivered to prisoners.

8.43 Prisoners within six weeks of discharge were offered a resettlement review, during which housing needs could be discussed. As a consequence, of the 121 prisoners discharged in August 2007, 109 were able to provide an address.

Recommendation

8.44 The 'how to be a good tenant' course should be offered to prisoners.

Education, training and employment

8.45 There were too few opportunities for prisoners to engage in suitable employment-related vocational training, or work that would enhance their employability on release. However, recent environmental developments with Milton Keynes Parks Trust and Coreys waste management had started to introduce work. The planned vocational training for qualifications in horticulture, waste management, recycling and industrial cleaning was aimed at employment opportunities for ROTL and on release.

8.46 St Giles Trust had recently contracted with the prison to train prisoners for vocational qualifications in information, advice and guidance, with the aim of providing jobs through ROTL and on release. Milton Keynes College (offender learning and skills service) education department offered a budgeting and money management course. Other approved courses offering learning and skills for resettlement included family matters, drugs, alcohol, safe driving and gun crime awareness. There was no pre-release course.

8.47 The library placed a useful emphasis on developing prisoners' employability. Two job point machines enabled prisoners to look for job vacancies outside the prison, in readiness for release. However, the job points in the library were difficult to access and under-used owing to their positioning, and the daily resettlement clinic took place in the resettlement department, away from the job points. Two events promoting employment had been run in the previous few months in conjunction with careers service and Jobcentre Plus staff.

Recommendations

8.48 There should be more opportunities for prisoners to engage in employment-related vocational training linked to skill shortage areas and vacancies in the labour market.

8.49 Learning and skills activities should be introduced to prepare prisoners for self-employment, as well as for completion of application forms and interviews.

8.50 The use of the library and resettlement area for job search activities should be reviewed to enable prisoners to make best use of the resources.

Mental and physical health

8.51 Health services staff were not involved in the prison discharge boards. As part of the 'resettlement passport', prisoners were seen by a member of the prison resettlement team, two weeks before release. During this interview, they were asked whether they had a GP; if they did not, the team referred the prisoner to the health services team in the belief that they would organise a GP for the prisoner. In reality, this did not occur, although all prisoners being released were given a letter for a GP and details of any outstanding hospital appointments.

8.52 For prisoners under the care of the mental health in-reach team (MHIRT), the team sent the relevant community mental health team a letter but did not organise any care programme approach (CPA) reviews before a prisoner's release. We were told that this was due to the fact that prisoners were released all over the country, so it would be difficult to organise such case conferences. However, figures provided to us by the prison psychology department indicated, as an example, that in the previous month 53% of prisoners released had been discharged to Buckinghamshire, Hertfordshire and Northamptonshire. The team used a mental health housing adviser for their clients, and he attended the prison once a month and was also available for telephone advice. However, the prison resettlement team were unaware of this resource.

8.53 Although the mental health team for the close supervision centre did not use formal CPA, they were involved in the multidisciplinary process for referring prisoners to other services, including secure hospitals.

8.54 We found some good examples of collaborative working with the local palliative care team. Palliative care nurses had visited individual prisoners, and the consultant in palliative care had provided advice. There was a palliative care policy. The last two prisoners who had died had done so while on compassionate release at the local hospice.

Recommendations

8.55 The health services team should be involved in the resettlement discharge boards and they should work with other areas of the prison regime and external agencies to ensure integration of prisoner-focused care.

8.56 Prisoners should be given information and assistance to obtain health and social care services on release.

8.57 For prisoners known to the MHIRT, CPA reviews with community mental health teams should be organised and undertaken.

Drugs and alcohol

8.58 A substance support unit had been developed and attempted to offer a supportive and relatively therapeutic environment. Provision generally was good but the lack of an accredited drug programme appeared to be a gap in provision. Alcohol services remained limited, even though a quarter of counselling, assessment, referral, advice and throughcare (CARAT) clients identified it as their main substance of choice. Voluntary drug testing was not clearly differentiated from compliance testing.

8.59 The prison drug strategy group met on a bi-monthly basis and was supported by representatives of all key departments across the establishment. In February 2006, a comprehensive needs analysis was undertaken based on the distribution of 700 questionnaires and a 48% return rate. The document covered a wide range of issues regarding treatment options and effectiveness, and made a number of key recommendations. However, the subsequent drug strategy document, although a comprehensive outline of available provision, did not include target or development objectives from this analysis. Nor did it include any other objectives or targets for the year. At the time of the inspection, an evaluation was being undertaken of the most recent needs analysis questionnaire that had been distributed in the previous month.

8.60 The substance support wing on house block (HB) 3A had been set up for approximately 18 months. The wing was designed to provide a broadly therapeutic environment, and to offer prisoners on it an opportunity to live in a drug-free environment and, for those wishing it, access to a range of drug programmes. A wing senate had been established to represent prisoners' views, and this met weekly. A community meeting was held monthly. Some 'lodgers' were also accommodated on the wing when there were no other spaces elsewhere in the establishment, and at the time of the inspection, there were 15 such prisoners out of a wing roll of 75. Staff on the unit had all applied to work there, and generally the atmosphere on the wing and staff–prisoner relationships were positive.

8.61 To offer support to those prisoners on the unit with drug histories, the CARAT service had developed a modular group work programme covering relapse prevention, crack cocaine awareness, harm reduction and motivational enhancement. Each programme was between six and eight sessions long and offered a more comprehensive evaluation and input than the workshop-style groups in the substance misuse therapy unit. The programme ran on a four-month cycle, with one programme delivered each month. It was only available for those prisoners on HB3A. Since the short duration programme had stopped running in October 2006, no alternative drug programme was available elsewhere in the establishment. The lack of an accredited programme, beside that available on HB3A, especially for those prisoners subject to longer sentences, was a gap in service provision. This was also reflected in the above-mentioned needs analysis.

8.62 The CARAT service was made up of a large, multidisciplinary team of 10 directly employed and uniform CARAT workers and a team leader. The recent expansion of the team had meant that they were currently accommodated on a landing between HB3A and HB3B, which was an inappropriate and noisy environment much of the time, and one which did not offer the necessary confidentiality for the service. The team had an overall active caseload of around 230 cases, along with a further 50 suspended clients who would be re-enacted in the last six weeks of their sentence. The majority of work undertaken was done on a one-to-one basis and files which were reviewed during the inspection were of a reasonable standard.

8.63 Pre-release links were reasonable, with referrals to a wide range of community drug intervention programme (DIP) teams. Each member of the CARAT team was nominally identified as a single point of contact for one of the main DIP areas that the prison served. Although cases were not allocated on this basis, and each worker was assigned to a specific wing in the prison, this DIP link ensured that information was shared and appropriate and effective working relationships developed. At the time of the inspection, the CARAT team had prisoners from 32 different DIP services across the country.

8.64 A number of other initiatives had been developed to offer a broad spectrum of support to prisoners. Peer advice on drugs service was well established, with a number of prisoners acting as 'drug listeners' and a point of reference for other prisoners throughout the prison. These peer advisers also co-facilitated, with drug support officers, a drug awareness programme, 'drugs R 4 mugs'. Peer advisers were also involved, again with the drug support officers, in the 'prisoners unite to keep kids addiction-free' project, developed by prisoners and supported by the local Milton Keynes drug and alcohol action team, which used the experience of prisoners to help to give drugs awareness advice to local teenage children, especially groups currently excluded from school.

8.65 Provision for alcohol dependence remained rudimentary. An alcohol strategy had been developed which included provision for alcohol testing, but was not currently being undertaken by any prisoners. There was an alcohol detoxification programme, and through this there was access to some support via the substance misuse therapy unit, but this was limited. The

CARAT service had 0.7 of a dedicated alcohol post, but rather than have one worker specialise in this area, the responsibility was spread across the team. In large part, this logic was based on the demand for alcohol-based support; 23% of CARAT clients identified alcohol as their primary drug of choice. The level of provision was outstripped by demand.

8.66 The psychology department had recently undertaken the training of a number of staff to facilitate the newly developed 'control of violence for angry drinkers' programme, orientated to individuals with a history (albeit short) of alcohol-related violence. The programme was due to be piloted from October 2007.

8.67 The establishment had a target of 256 voluntary drug compacts, which it invariably met or exceeded. There was, however, some confusion over the distinction between voluntary and compliance testing, and the same compact was used for both groups. HB3A and HB3B were both voluntary testing wings, but the only other compact was compliance. Prisoners undertaking work off the wing were subject to compliance testing, which was appropriate for security or health and safety reasons, but all enhanced level prisoners under the incentives and earned privileges (IEP) scheme were also subject to compliance testing as a condition of this status.

Recommendations

8.68 The drug strategy document should include annual developmental targets and objectives.

8.69 The recommendations of the annual needs analysis should be incorporated as development targets in the annual drug strategy document.

8.70 The alcohol strategy should be fully implemented and the necessary resources made available to reflect the treatment needs of prisoners.

8.71 A clear distinction should be made between voluntary and compliance compacts.

8.72 Voluntary drug testing should not be linked to the IEP scheme.

8.73 The CARAT service should have appropriate accommodation for the delivery of the service.

8.74 Group work for substance misuse should be available to all prisoners across the establishment.

8.75 An evaluation should be undertaken of the value of an established accredited drug programme such as prison–addressing substance related offending.

Finance, benefit and debt

8.76 If a finance, benefit or debt need was identified during induction, prisoners were referred to the CAB workers, who could help with a range of issues including basic debt management and directing prisoners to other providers.

8.77 Other providers included the full-time Jobcentre Plus worker, who could help with benefit queries and job seeker interviews on discharge. Although no in-depth individual debt

counselling service was available to prisoners with significant problems with debt, they could be referred to a money management course run through the education department.

8.78 The prison did not offer assistance in setting up bank accounts.

Recommendations

8.79 There should be one-to-one in-depth money management support for prisoners with significant debt.

8.80 Prisoners should be provided with assistance to open a bank account.

Children and families of offenders

8.81 A children and fathers' visit was run every month in the community hall for enhanced level prisoners, providing the opportunity for men to spend quality time with their children in a less formal setting than visits. This day was well supported by prison staff, including those from the visitors' centre, chaplaincy and the gymnasium. However, during the week of the inspection, only three prisoners were able to have this visit, when 12 places were available. This was reflective of previous months when, again, fewer prisoners than could be accommodated were allowed the visit. The prison risk assessed all applicants for the visit, and many fathers who were on enhanced level did not meet the criteria being applied. An enhanced family visit room was also available in the main visitors' centre for a similar purpose.

8.82 ROTL had been used for a family matter. In addition, a family matters course, which aimed to tackle issues related to being a parent in prison, was offered as part of the social and life skills course run through the education department.

8.83 The on-site CAB workers provided information about family legal matters when a need had been identified. However, this service was no longer offered at the visitors' centre.

8.84 Information about resettlement provision at the prison was available at the visitors' centre, although there was insufficient proactive work to encourage the positive engagement of prisoners' families in supporting resettlement work – for example, in attending programme reviews.

8.85 There was a lack of clarity about who had a policy lead for this resettlement pathway, with the security department recently taking a lead, but with a clear focus on the main visits process rather than on the wider children and family agenda. Therefore, despite some positive work being done in this area, it was uncoordinated and piecemeal.

Recommendations

8.86 Enhanced level prisoners should be able to participate in the children and fathers' visit unless this is precluded by specific intelligence. Information about the visit should be provided at induction, prominently on each unit and in the visits area.

8.87 The CAB family advice service should be reintroduced to the visitors' centre.

8.88 A policy lead should be appointed to develop work with children and families.

Attitudes, thinking and behaviour

8.89 ETS was the only accredited programme delivered. There was an insufficient number of courses on offer, as there were over 100 prisoners on the waiting list; with the average stay at the establishment being approximately three months, it was unlikely that all of those who required this offending behaviour work would receive it before discharge.

8.90 There was an enthusiastic programmes team (run by the psychology department) that effectively managed interventions and prioritised accordingly in relation to risk levels and release dates. The team was in the process of introducing new courses to assist prisoners in meeting their needs, which had been identified from the recent needs assessment. The establishment offered alternative courses for those prisoners who were assessed as unsuitable for the accredited courses, although it was unclear as to whether these courses would best meet the needs of the population.

8.91 The programmes team correctly identified risk factors and relevant interventions for individuals, but they expressed concern that not all staff positively reinforced prisoners' learning and progress. As we found in other areas of prisoners' progression, the personal officer played little or no part in assisting the prisoner to address his offending behaviour.

8.92 There were good links between the programmes team and the OASys department. Once needs had been identified, all relevant departments were informed. The department also informed relevant agencies when a prisoner had been discharged without the relevant work being completed; this included those who had been assessed and who had not been able to get a place on a course while at the establishment.

Recommendations

8.93 The establishment should increase the ETS provision to ensure that prisoners can address offending behaviour needs prior to discharge.

8.94 Prisoners who are discharged prior to completing offending behaviour work should have the relevant courses added to their licence where appropriate.

8.95 Evaluation should be conducted of all the non-accredited courses that are currently being delivered to ensure their effectiveness in addressing offending behaviour needs.

8.96 Personal officers should be aware of the offending behaviour needs of those they are responsible for. They should also encourage the participation in relevant work which addresses offending behaviour.

Good practice

8.97 *The programmes team informed all relevant departments when a prisoner was discharged without having completed the relevant offending behaviour work.*

Section 9: Recommendations, housekeeping points and good practice

The following is a listing of recommendations 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.

Main recommendation

to the Chief Executive of NOMS

9.1 Additional work and activity spaces should be provided so that more prisoners can engage in purposeful activity daily. (HP50)

Main recommendations

To the Governor

9.2 Juveniles should not be held at Woodhill. (HP45)

9.3 A prisoner diversity policy should be produced that meets the requirements of anti-discrimination legislation and outlines how the needs of minority groups can be met. (HP46)

9.4 A race equality action plan should be devised that specifically includes the mainstreaming of race equality work. (HP47)

9.5 A full health needs analysis should be undertaken to determine the health requirements of prisoners. (HP48)

9.6 A simplified version of the reducing reoffending action plan should be produced that identifies key priorities for each resettlement pathway. (HP49)

9.7 All activity places should be filled. There should be a waiting list to fill vacancies which arise daily and wing staff should be proactive in getting prisoners to fill these vacancies. *(*HP51*)*

Recommendation

to the Chief Executive of NOMS

9.8 Delays in providing relevant paperwork to recalled prisoners and in reviewing recall decisions should be addressed. (8.35)

Recommendations

To the governor

Courts, escorts and transfers

9.9 Prisoners should always be offered comfort breaks during transport to and from prison. (1.10)

9.10 Greater use should be made of the video conferencing facilities. (1.11)

9.11 Prisoners who do not possess their own clothing should be provided with suitable alternative provision if they are attending court. (1.12)

9.12 Vulnerable prisoners should not be held under Operation Safeguard. (1.13)

First days in custody

9.13 The reception area should be modified to ensure that prisoners in reception can be interviewed and searched in private. (1.38)

9.14 The reception area should be adequately ventilated. (1.39)

9.15 Disabled prisoners should be housed in suitably adapted accommodation. (1.40)

9.16 The quality of the induction process should be consistently good for all categories of prisoner. (1.41)

9.17 All parts of the induction programme should be delivered in suitable accommodation. (1.42)

9.18 All prisoners should be given the opportunity to complete their education induction. (1.43)

Residential units

9.19 Cells should be cleaned prior to new prisoners moving into them. (2.16)

9.20 Exercise yards should be kept litter free, especially during periods of use. (2.17)

9.21 All in-cell toilets should have full screening. (2.18)

9.22 The no-smoking policy should be consistently enforced across all residential units, and non-smokers should not be required to share cells with smokers. (2.19)

9.23 There should be age-appropriate risk assessments to ensure the safety of young adults. (2.20)

9.24 Reasonable adjustments should be made to ensure that all facilities and services are available to prisoners with disabilities. (2.21)

9.25 Residential managers should work with staff to reduce the amount of lost or unusable prison-issue clothing. (2.22)

9.26 Suitable summer-weight clothing should be provided for escape list prisoners. (2.23)

9.27 Prisoners should be able to obtain their stored property within one week of making an application. (2.24)

9.28 Suitable bags should be provided to discharged prisoners who do not have them. (2.25)

9.29 Communal shower areas should be refurbished as required and should provide screened showers and baths, to enable prisoners to wash in private. (2.26)

9.30 Toiletries suitable for black prisoners should be available. (2.27)

Close supervision centre (CSC)

9.31 Television aerial sockets should be provided in CSC cells. (2.38)

9.32 The visits facilities of the PWU should be available to CSC prisoners whose behaviour justifies it. (2.39)

9.33 Interruptions to the regime for prisoners when another CSC prisoner receives a visit should be avoided. (2.40)

Protected witness unit

9.34 The unit kitchen should be refurbished, to ensure that it is large enough for eight prisoners and that all fridges and freezers are kept in there. (2.48)

9.35 The regime should be adapted to reflect the opportunities offered to mainstream prisoners at Woodhill. (2.49)

9.36 Sentence planning should be undertaken for prisoners in the unit and should have staff input. (2.50)

9.37 Wing files should be used by staff and incidents recorded within them. (2.51)

9.38 After an individual risk assessment, prisoners should be able to purchase digital set-top boxes. (2.52)

Category A unit

9.39 The process of transferring category A prisoners to HB6 should continue, but these prisoners should continue to be able to participate in a full range of regime opportunities. (2.57)

Staff–prisoner relationships

9.40 All staff should take opportunities and be encouraged by managers to engage positively with prisoners at all times. (2.66)

Personal officers

9.41 Prisoners should know who their personal officer is, and regular documented meetings should take place. (2.71)

9.42 Entries in wing files should ensure that resettlement, personal circumstance and family links have been addressed. (2.72)

9.43 Personal officers should be advertised on unit notice boards. (2.73)

9.44 The prisoner surveys should have clear action points for staff. (2.74)

Bullying and violence reduction

9.45 Managers should ensure that staff complete written observations in anti-bullying monitoring forms in accordance with the strategy. (3.14)

9.46 All violence reduction indicators, particularly F213 forms, should be effectively monitored. (3.15)

9.47 The results from the establishment's violence reduction survey should be incorporated into the strategy with an action plan. Surveys should be undertaken annually. (3.16)

9.48 The anti-bully awareness course should be delivered more often and targeted at units where it would be most effective. (3.17)

9.49 The anti-bully awareness course should be linked to sentence planning and should be quality assured. (3.18)

9.50 Violence reduction training should be delivered to all staff and all staff should be refreshed annually. (3.19)

9.51 The violence reduction strategy and the consequences of inappropriate behaviour should be clearly publicised on all units. (3.20)

Self-harm and suicide

9.52 Reviews should involve the case manager, the personal officer (or, at the very least, a unit officer) and the prisoner. Other parties should be invited if their input would be valuable. (3.34)

9.53 Care maps should always be opened. (3.35)

9.54 Care maps should always be reviewed, and updated and noted to this effect. (3.36)

9.55 The 'alternatives to self-harm' programme should be evaluated to decide whether it should be delivered on a regular basis. (3.37)

Diversity

9.56 Designated liaison officers should be appointed and given sufficient time and resources to meet the needs of minority prisoner populations. (3.45)

9.57 All prisoners should be screened during reception or induction for physical, mental and/or sensory disability. This assessment should be reviewed annually, when circumstances change or at the prisoner's request. (3.46)

9.58 A multidisciplinary team, led by a senior manager, should conduct monitoring and regular analyses to ensure that prisoners from minority groups are not victimised or excluded from any activity and that their needs are appropriately addressed. (3.47)

Race equality

9.59 Attendance at REAT meetings should be improved to ensure that action points are taken forward in a timely and accountable manner. (3.58)

9.60 The number and location of race equality prisoner representatives should reflect the size of the establishment's minority ethnic population and the various specialist residential units. (3.59)

9.61 The chair of the REAT or a nominated member of the senior management team acting as his or her deputy should read and sign off on all completed racist incident investigations. (3.60)

9.62 Racist incident investigations should be subject to routine external validation and the conclusions fed back to the REAT to improve practice. (3.61)

9.63 The REAT should establish, administer and monitor a distinct process for managing racist complaints against staff and ensure that proven incidents of misconduct are appropriately followed up. (3.62)

9.64 Interventions should be developed for challenging prisoners found guilty of racist misconduct and for protecting and supporting their victims. (3.63)

9.65 The profile of race equality work should be raised, including making relevant staff and prisoner representatives more visible and accessible and better promoting racial and cultural diversity. (3.64)

Foreign national prisoners

9.66 There should be a foreign nationals coordinator who is fully conversant with the needs of foreign national prisoners and is supported by the senior management team. (3.72)

9.67 A multidisciplinary committee should have responsibility for ensuring that the needs of foreign national prisoners are represented, and that the foreign nationals policy is fully implemented. (3.73)

9.68 There should be accredited translation and interpretation services for prisoners, especially where matters of accuracy and/or confidentiality are a factor. (3.74)

9.69 Prisoners should be able to contact accredited, independent immigration advice and support agencies. (3.75)

9.70 There should be routine consultation with the foreign national prisoner population, with areas of concern fed back to senior managers and action taken to address significant issues. (3.76)

Contact with the outside world

9.71 Incoming and outgoing mail should be received or posted out within 24 hours. (3.90)

9.72 Staff working in the mailroom should be instructed not to open legally privileged correspondence. (3.91)

9.73 There should be at least one telephone for every 20 prisoners. (3.92)

9.74 All telephones should have privacy hoods, and should be located on units away from busy thoroughfares and areas where prisoners or staff gather during association periods. (3.93)

9.75 Visitors should be able to book their next visit before the current visit ends. (3.94)

9.76 The toilets in the visitors' centre should be redecorated. (3.95)

9.77 The information kiosk in the visitors' centre should be connected to a telephone line. (3.96)

9.78 The security measures for verifying visitors' identities should be rationalised to reduce duplication and, as a consequence, queues and delays. (3.97)

9.79 The visitors' waiting room and hall should be redecorated and made more welcoming through pictures, plants, bright displays on walls, and the provision of relevant information. (3.98)

9.80 Visits staff and prison dogs should be less intrusive during visits. (3.99)

9.81 Prisoners should be allowed to use the toilet during a visit without it being terminated. (3.100)

9.82 The price of refreshments in the main visits hall should be in line with those available at the visitors' centre. (3.101)

9.83 Arrangements for vulnerable prisoner visits should be changed to ensure that they feel safe and are not obviously identifiable. (3.102)

Applications and complaints

9.84 The complaints procedure should be managed and quality checked by a senior manager. Issues arising in the self-audit should be addressed within the timescale given. (3.109)

9.85 Senior managers should quality check on a regular basis the responses given to prisoners' complaints. Staff should not answer complaints about themselves, and staff required to answer complaints should be trained in addressing matters arising from the complaint. (3.110)

9.86 The monitoring and evaluation of complaints should take place monthly. Information gathered from this monitoring should be used to identify and deal with underlying problems in order to minimise the number of complaints, and prisoners should be made aware at a consultative meeting what the establishment is doing to address problem areas. (3.111)

9.87 All areas should have complaints documentation available, and this should include the visits waiting area. (3.112)

9.88 Complaints should be dated to show when they were received by the complaints clerk. (3.113)

9.89 There should be a separate protocol to deal with complaints against staff. (3.114)

Legal rights

9.90 There should be sufficient resources to provide adequate legal services and bail information to all prisoners who require this. (3.123)

Substance use

9.91 The clinical support and CARAT teams should develop a mechanism of joint care planning to facilitate effective integrated service provision. (3.139)

9.92 Prisoners subject to clinical support, detoxification or maintenance should, as far as practicable, be accommodated on the same wing. (3.140)

Health services

9.93 A skill mix review should be undertaken to ensure that appropriately qualified nurses and health support workers are employed in clinical areas. (4.75)

9.94 Administrative support should be increased to ensure that clinical staff are not employed on administrative duties. (4.76)

9.95 All staff should receive clinical supervision. (4.77)

9.96 Emergency resuscitation equipment should be checked at least weekly, and a record kept of such checks. (4.78)

9.97 Appropriate storage facilities should be identified for the management of clinical records. (4.79)

9.98 A member of the health services team should represent health services at the morning meetings. (4.80)

9.99 The dental surgery should be refurbished as a matter of extreme urgency to bring it in line with NHS standards. The dentist should be involved in its refurbishment, which should include information technology equipment, the resetting of the emergency bell and fire extinguisher, and the provision of up-to-date dental equipment, so that a full service can be provided. (4.81)

9.100 An NHS-compatible electronic medical information system should be established. (4.82)

9.101 The cleaning contract should be reviewed and be subject to audit to ensure that all health services clinical areas are cleaned on a regular basis. (4.83)

9.102 All carpeting in clinical areas should be replaced with a floor covering that meets NHS cleanliness and infection control standards. (4.84)

9.103 A programme of refurbishment for the health services department should be introduced – in particular for the duty room area. (4.85)

9.104 A health services worker should be designated as the focus for older prisoners. (4.86)

9.105 A system should be devised whereby the identity of personnel entering comments into patients' records is apparent. (4.87)

9.106 A health forum for prisoners should be introduced to allow house block representatives to meet with senior health staff at agreed intervals to discuss general issues concerning health matters. (4.88)

9.107 Additional sessions for the optician should be implemented to reduce the waiting list to an acceptable level. (4.89)

9.108 Health services should work with reception to ensure that prisoners are not having their initial reception health screen delayed when large influxes of new receptions arrive at the prison. (4.90)

9.109 Secondary health screening should be mandatory. (4.91)

9.110 Triage algorithms should be developed to ensure consistency of advice and treatment to all prisoners. (4.92)

9.111 The waiting time to see a GP should be reduced to match NHS guidelines. (4.93)

9.112 Discipline staff should supervise prisoners during medication distribution. (4.94)

9.113 Health promotion should be given higher priority in the overall health improvement strategy. (4.95)

9.114 Primary care training, including phlebotomy, should be available to nurses working on the house blocks. (4.96)

9.115 The lead clinical nurse should receive professional updating to develop, in conjunction with the practice nurses, chronic disease management and health promotion services. (4.97)

9.116 An audit of prisoners failing to attend healthcare appointments, and in particular dental appointments, should be undertaken and a system devised whereby prisoners failing to attend healthcare appointments are followed up and appropriately managed. (4.98)

9.117 Barrier protection and health education should be provided for prisoners. (4.99)

9.118 The MHIRT, in conjunction with the managers of health services (both primary and inpatient service) and the PCT commissioners, should review their practices to ensure that prisoners with mental health issues are cared for appropriately and that liaison between health service professionals takes place as required. (4.100)

9.119 The system used to inform prisoners that they have not been accepted by the MHIRT should be reviewed, to ensure continuity of care and appropriate referral to other agencies if required. Prisoners should be supported during this process. (4.101)

9.120 Primary mental health services should be provided. (4.102)

9.121 Day care should be provided for those less able to cope with life on the house blocks. (4.103)

9.122 House block dental triage should be introduced under the guidance of the dental practitioner. The numbers of patients seen by the dentist per session should be increased. (4.104)

9.123 Emergency resuscitation equipment should be available in the dental department during surgery time. (4.105)

9.124 Night sedation should not be administered before 9pm. (4.106)

9.125 Simple pain relief should be readily available to patients. (4.107)

9.126 Patient group directions should be introduced to enable more potent medication to be administered by the pharmacist or nurse. A copy of the original signed PGDs should be present in the pharmacy, and read and signed by all relevant staff. (4.108)

9.127 Medication brought into the prison by patients should be checked immediately and, if necessary, returned to the patient to ensure continuation of treatment. (4.109)

9.128 The location for the administration of medication, and in particular controlled drugs, to prisoners on HB4B should be reviewed to ensure that privacy is achieved and that prisoners are not subjected to abuse from other prisoners. (4.110)

9.129 The pharmacist should introduce pharmacy clinics. (4.111)

9.130 The in-possession risk assessments of each drug and patient should be documented and the reasons for the determination recorded. This should be done by nursing staff who know the patient. (4.112)

Learning and skills and work activities

9.131 Activity provision should better reflect the needs of short-term prisoners to increase the number completing courses and gaining awards. (5.21)

9.132 Activity provision should be effectively promoted to prisoners at induction, on the house blocks and when planning and reviewing their time at the prison. (5.22)

9.133 The range of educational opportunities should reflect the assessed needs of prisoners in the establishment. (5.23)

9.134 An integrated process should be introduced to ensure that allocations to activities are prioritised according to prisoners' needs and to make full use of the provision available. (5.24)

9.135 The participation by more prisoners in learning and skills and work should be facilitated by providing part-time attendance opportunities as soon as possible. (5.25)

9.136 Data and information should be used effectively to help with decision making and timely action planning. (5.26)

9.137 The library stock should be increased to conform to book stock guidelines and introduce materials relating to prisoners' language needs and the new vocational training areas. (5.27)

Physical education and health promotion

9.138 Further analysis of data should be carried out to inform actions to increase attendance at recreational PE and evaluate the reasons for non-completion of some accredited courses. (5.36)

9.139 Individual learning plans on PE accredited courses should be introduced, as well as teaching and learning observations of sessions. Literacy and numeracy support should be integrated with PE activities. (5.37)

Faith and religious activity

9.140 Staffing of the chaplaincy should be sufficient to ensure that all prisoners are able to attend weekly corporate worship or faith meetings; all prisoners are able to see a chaplain of their own faith in private every week; and all prisoners are able to attend classes and groups, in addition to corporate worship. (5.47)

9.141 There should be a dedicated multi-faith area. (5.48)

9.142 There should be adequate space for chaplains to hold individual and group meetings in private. (5.49)

9.143 Muslim prisoners should have adequate washing facilities before attending worship. (5.50)

Time out of cell

9.144 Evening association should not be unavailable for four nights in a row. (5.57)

9.145 The routines on Friday, Saturday and Sunday should be examined with a view to expand time out of cell. (5.58)

9.146 Exercise yards should be cleaned and inspected daily. (5.59)

9.147 More should be done to lessen the austerity of exercise yards. (5.60)

9.148 Prisoners should be issued with weatherproof clothing. (5.61)

Security and rules

9.149 A local instruction about the rules concerning the use of squat searching should be issued. (6.14)

9.150 The reasons for the low rate of drugs suspicion tests resulting in positive results should be examined and acted upon. (6.15)

9.151 Management arrangements for the OCA unit should be clarified and effective support for staff should be provided. (6.16)

Discipline

9.152 The policy of deducting 80% of earnings as an adjudication punishment should be applied only as a maximum punishment in a minority of cases. (6.32)

9.153 Prisoners should not be accommodated in the segregation unit because of crowding issues. (6.33)

Incentives and earned privileges

9.154 The IEP scheme should take into account sentence planning targets. (6.42)

9.155 Prisoners on standard should be automatically reviewed. (6.43)

9.156 Reception should make immediate checks to clarify individual prisoners' IEP level. (6.44)

Catering

9.157 The kitchen should have a full workforce each day. Wing staff should ensure that all prisoners who are supposed to be in the kitchen attend. The labour control unit should check that all prisoners are in their place of work. (7.8)

9.158 Broken equipment in the kitchen and wing serveries should be replaced or repaired. (7.9)

9.159 The kitchen should be cleaned and then inspected by the area catering officer to ensure that it is fit for purpose. (7.10)

9.160 All those working in the kitchen should be properly supervised and wear the correct clothing. (7.11)

9.161 All matters arising from the recent audit should be addressed. Food should be temperature probed at appropriate stations and recorded. There should be a protocol introduced when it is found that the food is not at the correct temperature. (7.12)

9.162 Food comments books should be readily available to prisoners, and matters arising in these books should be addressed within 72 hours of the entry. (7.13)

9.163 The menu cycle should be increased. Meals should be healthy, varied and balanced, and prisoners should have greater input into the menu choice. (7.14)

9.164 An independent assessor should determine the conditions necessary to offer an NVQ qualification. (7.15)

9.165 Further qualifications should be introduced into the kitchen without further delay. (7.16)

9.166 All prisoners on the units who serve meals should be trained and should use the appropriate equipment. Kitchen staff should quality check the service that is being delivered at wing hotplates. (7.17)

Prison shop

9.167 A direct link should be made between Aramark and the prisoner consultation group, concerning the range of products available in the prison shop, to ensure the needs of prisoners are being met. (7.25)

9.168 An annual survey should be undertaken that includes an opportunity for a systematic review of available products. (7.26)

9.169 The prison should develop an effective means of extending the storage facility for the prison shop. (7.27)

Strategic management of resettlement

9.170 Specific assessments should be carried out to establish the resettlement needs of small but significant groups of the population, including juveniles (if held); young adults, category A prisoners, lifers and other indeterminate sentenced prisoners, sex offenders and those spending over 12 months at the prison. (8.10)

9.171 The reducing reoffending meeting should run as programmed. (8.11)

9.172 An action plan should be developed to implement diversity issues identified by the resettlement impact assessment. (8.12)

Offender management and planning

9.173 A more robust system to monitor and follow up referrals for resettlement intervention work should be introduced to enable managers to ensure that referrals are dealt with promptly, that relevant action is taken and that management information is collected on whether or not needs are met. (8.29)

9.174 A more systematic and robust approach to following up prisoners who fail to attend initial resettlement appointments should be introduced. (8.30)

9.175 A pre-release resettlement course should be developed and offered to prisoners approaching discharge. (8.31)

9.176 The backlog of OASys assessments should be addressed to ensure that sentence planning for those longer-term prisoners not subject to offender management arrangements is completed in a timely manner. (8.32)

9.177 Offender supervisors should be involved in developing work with in scope prisoners from the induction process onwards, and should maintain at least monthly contact until they are transferred or discharged from the prison. (8.33)

9.178 Delays in processing HDC work by prisoner eligibility dates should be addressed. (8.34)

9.179 Life-sentenced and IPP prisoners should not be held at the prison beyond the four months available to complete initial risk assessment work. (8.36)

9.180 The lifer manager should be provided with sufficient facility time to carry out duties effectively. (8.37)

9.181 Specific events for lifers, including lifer days, lifer family days, town visits where appropriate, and a regular lifer forum should be held. (8.38)

Resettlement pathways

9.182 The 'how to be a good tenant' course should be offered to prisoners. (8.44)

9.183 There should be more opportunities for prisoners to engage in employment-related vocational training linked to skill shortage areas and vacancies in the labour market. (8.48)

9.184 Learning and skills activities should be introduced to prepare prisoners for self-employment, as well as for completion of application forms and interviews. (8.49)

9.185 The use of the library and resettlement area for job search activities should be reviewed to enable prisoners to make best use of the resources. (8.50)

9.186 The health services team should be involved in the resettlement discharge boards and they should work with other areas of the prison regime and external agencies to ensure integration of prisoner-focused care. (8.55)

9.187 Prisoners should be given information and assistance to obtain health and social care services on release. (8.56)

9.188 For prisoners known to the MHIRT, CPA reviews with community mental health teams should be organised and undertaken. (8.57)

9.189 The drug strategy document should include annual developmental targets and objectives. (8.68)

9.190 The recommendations of the annual needs analysis should be incorporated as development targets in the annual drug strategy document. (8.69)

9.191 The alcohol strategy should be fully implemented and the necessary resources made available to reflect the treatment needs of prisoners. (8.70)

9.192 A clear distinction should be made between voluntary and compliance compacts. (8.71)

9.193 Voluntary drug testing should not be linked to the IEP scheme. (8.72)

9.194 The CARAT service should be afforded appropriate accommodation for the delivery of the service. (8.73)

9.195 Group work provision for substance misuse should be available to all prisoners across the establishment. (8.74)

9.196 An evaluation should be undertaken as to the potential value of an established accredited drug programme such as prison–addressing substance related offending. (8.75)

9.197 There should be one-to-one in-depth money management support to prisoners with significant debt. (8.79)

9.198 Prisoners should be provided with assistance to open a bank account. (8.80)

9.199 Enhanced level prisoners should be able to participate in the children and fathers' visit unless this is precluded by specific intelligence. Information about the visit should be provided at induction, prominently on each unit and in the visits area. (8.86)

9.200 The CAB family advice service should be reintroduced to the visitors' centre. (8.87)

9.201 A policy lead should be appointed to develop work with children and families. (8.88)

9.202 The establishment should increase the ETS provision to ensure that prisoners can address offending behaviour needs prior to discharge. (8.93)

9.203 Prisoners who are discharged prior to completing offending behaviour work should have the relevant courses added to their licence where appropriate. (8.94)

9.204 Evaluation should be conducted of all the non-accredited courses that are currently being delivered to ensure value for money and establish whether it is addressing offending behaviour needs. (8.95)

9.205 Personal officers should be aware of the offending behaviour needs of those they are responsible for. They should also encourage the participation in relevant work which addresses offending behaviour. (8.96)

Housekeeping points

First days in custody

9.206 Holding rooms in reception should be free of graffiti. (1.44)

9.207 Prisoners should be able to use the PIN telephone system on the next working day after they arrive. (1.45)

Residential units

9.208 The written instructions relating to the accommodation of one high-risk female prisoner should be updated to provide a full, usable protocol to cover all such situations. (2.28)

9.209 Prisoners should be able to collect handed-in property from reception within 24–48 hours. (2.29)

Close supervision centre (CSC)

9.210 The CSC visits room should have surplus table and seating units removed. (2.41)

Bullying and violence reduction

9.211 Wing files should be updated when a prisoner is placed on the anti-bully strategy or is a victim of such behaviour. (3.21)

Foreign national prisoners

9.212 The administrative officer and other staff specialising in foreign national work should be appropriately trained and be given the opportunity to share best practice with similar staff in other establishments. (3.77)

Applications and complaints

9.213 The complaints clerk should inform the Governor of how many complaints are received daily. (3.115)

Legal rights

9.214 The legal textbooks used by the legal services officers should be replaced with up-to-date copies. (3.124)

Health services

9.215 Old pharmacy reference books and healthcare clinical policies folders should be removed. (4.113)

9.216 The medicine trolleys should be secured in the house blocks and kept locked when not in use. (4.114)

9.217 Loose tablets and tablet foils should not be present in stock. (4.115)

9.218 All medication should be stored in an orderly manner and pharmacy staff should inspect all areas where medicines are stored on a regular basis. (4.116)

9.219 Maximum and minimum temperatures should be recorded daily for the drug refrigerators within treatment rooms and pharmacy to ensure that thermolabile items are stored within the 2– 8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff. (4.117)

9.220 The use of general stock should be audited so that stock supplied can be reconciled against prescriptions issued. (4.118)

9.221 Medicines should be prescribed by their generic name. (4.119)

9.222 The MTC should review the use of general stock. It is preferable for named patient medication to be used wherever possible, and general stock should only be used if unavoidable. (4.120)

9.223 Prescribing data should be used to demonstrate value for money, and to promote effective medicines management. (4.121)

9.224 The use of the out-of-hours cupboard and any medicines taken from the pharmacy under the emergency procedure should be audited and all checks recorded. (4.122)

9.225 Regular out-of-date checks should be done on all medicines. (4.123)

9.226 A tracer card system should be implemented to ensure that staff know the whereabouts of clinical records at any time. (4.124)

9.227 An F213 central register should be introduced and regularly monitored. (4.125)

9.228 A professional cleaning and 'topping up' schedule should be implemented for house block treatment rooms. (4.126)

Faith and religious activity

9.229 Chaplains should explore the reasons for such low numbers of prisoners remembering their induction interview with a chaplaincy representative, in order to raise prisoners' awareness and possibly increase the number of those attending worship. (5.51)

Discipline

9.230 Information about the reasons for detention in the segregation unit should be available in languages other than English. (6.34)

Incentives and earned privileges

9.231 The appeal process should be explained to prisoners at every review and every behaviour warning. (6.45)

Examples of good practice

Courts, escorts and transfers

9.232 The appointment of a prison-based court liaison officer was evidence of a strategic attempt to try to resolve some of the complex problems in liaising with courts. (1.14)

Personal officers

9.233 The personal officer surveys with prisoners were a good source of information. (2.75)

Bullying and violence reduction

9.234 The monthly meetings involving prisoners, with support from the psychology department, were a good way of involving prisoners in violence reduction. (3.22)

Self-harm and suicide

9.235 The safer custody manager and violence reduction manager worked closely together, enabling a cohesive approach. (3.38)

Health services

9.236 A diabetes liaison officer and a system for managing diabetic prisoners had been introduced and provided an opportunity for patients to be involved in their own care. (4.127)

9.237 The healthcare interaction scheme in the inpatient unit was used to enhance the multidisciplinary handover meetings between discipline and health services staff and was a good example of individualised prisoner care. (4.128)

9.238 The risk assessment carried out for all clinical admissions to the inpatient unit to identify the need for specific supervision when unlocked was a pragmatic solution to the problem of different prisoner groups being held in the same accommodation. (4.129)

9.239 When prisoners were discharged from the inpatient unit they were asked to complete an inpatient discharge questionnaire. (4.130)

Discipline

9.240 Arrangements to return prisoners to normal location worked well, and the unit was not seen as a means for prisoners to leave the establishment. (6.35)

Offender management and planning

9.241 There was a prolific and priority offender tracker officer, jointly funded by the prison, probation and police, who provided an inside out service, working with offenders in prison and linking closely with probation and police. (8.39)

Resettlement pathways

9.242 The programmes team informed all relevant departments when a prisoner was discharged without having completed the relevant offending behaviour work. (8.97)

Appendix I: Inspection team

Anne Owers	Chief inspector of prisons
Francis Masserick	Team leader
John Simpson	Inspector
Sean Sullivan	Inspector
Ian Macfadyen	Inspector
Gail Hunt	Inspector
Keith McInnis	Inspector
Gerry O'Donoghue	Inspector
Elizabeth Tysoe	Health services inspector
Bridget McEvilly	Health services inspector
Rachel Worsley	Researcher
Sam Booth	Researcher
Sue Melville	Pharmacist
Stephanie Twidale	Dentist
Julia Horsman	Ofsted team leader
Mary Maclean	Guest
Jane Attwood	HMI Probation

Appendix II: Prison population profile

(i) Status	Number of prisoners	%
Sentenced	517	63.5
Convicted but unsentenced	81	10.0
Remand	184	23.0
Civil prisoners	3	0.5
Detainees (single power status)	19	2.0
Detainees (dual power status)	10	1.0
Total	**814 ***	**100**

(ii) Sentence	Number of sentenced prisoners	%
Less than 6 months	77	15.0
6 months to less than 12 months	40	8.0
12 months to less than 2 years	79	15.0
2 years to less than 4 years	114	22.0
4 years to less than 10 years	112	21.5
10 years and over (not life)	20	4.0
Life	75	14.5
Total	**517**	**100**

(iii) Length of stay	Sentenced prisoners		Unsentenced prisoners	
	Number	**%**	**Number**	**%**
Less than 1 month	251	31		
1 month to 3 months	270	33		
3 months to 6 months	137	17		
6 months to 1 year	110	13.5		
1 year to 2 years	28	3		
2 years to 4 years	14	2		
4 years or more	4	.5		
Total	**814 ***	**100**	**0**	**0**

(iv) Main offence	Number of prisoners	%
Violence against the person	202	29.0
Sexual offences	66	9.5
Burglary	78	11.0
Robbery	52	7.5
Theft and handling	39	6.0
Fraud and forgery	26	4.0
Drugs offences	95	14.0
Other offences	122	17.5
Civil offences	2	0
Offence not recorded/ Holding warrant	10	1.5
Total	**692**	**100**

(v) Age	Number of prisoners	%
18 years to 20 years	85	10.5
21 years to 29 years	321	40
30 years to 39 years	214	26.5
40 years to 49 years	121	15
50 years to 59 years	50	6
60 years to 69 years	14	2
70 plus years	2	.0
Please state maximum age	72	
Total	**807**	**100**

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison		
Between 50 and 100 miles of the prison	NOT AVAILABLE	
Over 100 miles from the prison		
Overseas		
NFA		
Total		

(vii) Nationality	Number of prisoners	%
British	693	86
Foreign nationals	114	14
Total	**807**	**100**

(viii) Ethnicity	Number of prisoners	%
White	527	65.0
British	11	1.0
Irish	32	4.0
Other white		
Mixed		
White and Black Caribbean	24	3.0
White and Black African	3	0.2
White and Asian	1	0.1
Other Mixed	8	1.0
Asian or Asian British:		
Indian	11	1.0
Pakistani	22	3.0
Bangladeshi	1	0.1
Other Asian	22	3.0
Black or Black British		
Caribbean	64	8.0
African	45	5.5
Other Black	21	2.5
Chinese or other ethnic group		
Chinese	6	0.6
Other ethnic group	16	2.0
Total	**814***	**100**

(ix) Religion	Number of prisoners	%
Baptist	1	0
Church of England	191	23.5
Roman Catholic	110	13.5
Other Christian denominations	29	4
Muslim	108	13
Sikh	3	0.5
Hindu	3	0.5
Buddhist	13	1.5
Jewish	5	0.5
Other	11	1
No religion	340	42
Total	**814***	**100**

* NOTE : The total count of 814 is incorrect, as the system is holding details of absent prisoners (non-return from hospital etc.). Correct figure should be 807.

Appendix III: Safety interviews

In total, 18 prisoners were interviewed at HMP & YOI Woodhill between 3 and 5 September 2007. This equated to six prisoners on the vulnerable prisoner wing, four from the young prisoner wing and one from each of the remaining wings. Interviews were not conducted in the close supervision centre, segregation unit or healthcare centre.

All interviews were undertaken in private, and participation was voluntary.

All interviewees were asked to identify areas of concern with regards to safety. They were then asked to rate problems on a scale of 1–4 (where 1 = a little unsafe and 4 = extremely unsafe). A 'seriousness score' was then calculated by multiplying the number of individuals who thought the issue was a problem by the average rating score.

Demographic information

Personal information

- The average age was 31 years, ranging from 18–62 years;
- Five respondents were black and minority ethnic prisoners;
- Two respondents did not have English as their first language;
- Ten respondents were of a Christian denomination, three were Muslims and five stated that they were of no religion;
- Four prisoners considered themselves to have a disability;
- Two prisoners were foreign nationals; and
- Seventeen prisoners were heterosexual, and one did not answer this question.

Sentence information

- The average total length of time that respondents had spent in prison overall was 19 months, ranging from less than a month to seven years;
- The average time spent at Woodhill was six months;
- For eight respondents, this was their first time in prison;
- Twelve prisoners were sentenced, and six were remand prisoners;
- Of those who were sentenced, the average sentence length was four months (ranging from four months to 14 years).

Safety

The seriousness score is calculated by multiplying the number of people who mentioned that an area was a safety concern by the average rating.

There were no areas in which over 50% of respondents mentioned the area as contributing to making them feel unsafe to some extent.

	Number of respondents	Average rating	Seriousness score
Lack of confidence in staff	8	3.13	25
Lack of trust in staff	8	3.00	24

Aggressive body language of prisoners	8	2.88	23
Not enough staff on duty during the day	7	2.86	20
Not enough staff on duty during association	6	3.00	18
Information about prison regime	6	3.00	18
Overcrowding	6	3.00	18
Not enough surveillance cameras on the wings	7	2.43	17
The way staff behave with prisoners	6	2.50	15
Aggressive body language of staff	6	2.50	15
Not enough staff on duty at night	6	2.33	14
The layout of the prison	4	3.50	14
Meal times	4	3.25	13
Isolation	4	3.00	12
Discrimination by staff based on your status	3	3.33	10
Discrimination by prisoners based on your status	3	3.33	10
Healthcare facilities	3	3.33	10
Availability of drugs	4	2.25	9
Movements	2	4.00	8
Staff members giving favours in return for	3	2.33	7

something else			
Procedures for discipline	2	3.50	7
Discrimination by staff based on disability	2	3.50	7
Discrimination by staff based on age	2	3.50	7
Gang culture	3	2.00	6
Detoxification facilities	2	3.00	6
Illegal market	2	2.50	5
Discrimination by staff based on religion	2	2.50	5
Not enough surveillance cameras elsewhere in the prison	1	4.00	4
Discrimination by prisoners based on ethnicity	1	4.00	4
Discrimination by staff based on sexuality	1	4.00	4
Discrimination by prisoners based on religion	1	3.00	3
Discrimination by staff based on ethnicity	1	2.00	2
Discrimination by prisoners based on age	1	1.00	1
Response of staff to bullying/ fights/self-harm	1	1.00	1

Examples of comments from top five issues

Lack of confidence in staff
'There is no way I would trust any staff; I had a drug meeting that should have been confidential, but information got passed on'.

Lack of trust in staff
'There are certain staff you can't trust'.

'There is no trust at all'.

Aggressive body language of prisoners
'It happens all the time; swearing at each other'.

'From the main wings; I have been spat at'.

Not enough staff on duty during the day
'It happens a lot on this unit – only one or two members of staff. Sometimes you might have three or four but they are all female'.

Not enough staff on duty in association
'Staff are always in the office'.

Other issues

When asked if there were any other issues relating to safety, seven prisoners responded. Examples include:

- lack of confidence and confidentiality in the complaints system;
- feeling unsafe during visits (vulnerable prisoners);
- victimisation from main wing prisoners (vulnerable prisoners); and
- more self-harm support and watches.

Positive issues

When asked if there was anything that Woodhill did at the moment that improved safety, six prisoners responded: Examples include:

- staff being accessible;
- relaxed atmosphere; and
- good movements system.

Overall rating

Respondents were asked to rate Woodhill for safety on a scale of 1 to 5 (1 being very bad and 5 being very good).

The average rating was 3.14, with seven prisoners rating safety as good or very good.

Vulnerable prisoners

The top three issues highlighted by those on the vulnerable prisoners' wing were (issues three and four were equally weighted):

- overcrowding;
- Staff giving favours;
- a lack of trust in staff; and
- aggressive behaviour by staff.

Notably, all of those respondents who felt that the following issues were a problem were vulnerable prisoners:

- movements;
- discrimination by staff based on age;
- discrimination by staff based on disability;
- discrimination by staff based on sexuality;
- discrimination by prisoners based on religion; and
- not enough security cameras elsewhere.

Young prisoners

Of the four young people interviewed, there were no areas highlighted by more than one person as being an issue.

There were also no issues that were highlighted by the young prisoner respondents that were not also highlighted by respondents from other populations.

Appendix IV: Time out of cell

In order to ascertain how much time out of cell prisoners in HMP Woodhill were receiving, and whether this matched the recorded time out of cell, 20 interviews were carried out across the establishment. Interviews were not conducted in the close supervision centre (CSC), segregation unit or healthcare centre owing to the nature of their regimes.

All interviewees were randomly selected from each unit. On each unit, an interview was conducted with one full-time employed prisoner and one unemployed prisoner. In total, nine interviews were conducted with prisoners who were employed on a full-time basis and 11 with unemployed prisoners.

Interviewees were asked about the time spent out of cell on an average day, as well as providing details about variation across days.

Total time out of cell

The following report highlights two scenarios:

The 'best case' scenario depicts a day in which prisoners are out of their cells for the maximum possible time – that is, including time spent on exercise, in the gymnasium, in association, at education and at work.

The 'worst case' scenario depicts a day in which prisoners receive the least time out of cell, such as days when they do not receive association.

Key facts

The average time out of cell (excluding the CSC, segregation unit and healthcare centre), based on interviews with prisoners:

- best case scenario – 7 hours 43 minutes
- worst case scenario – 6 hours 12 minutes

Of note, key performance target figures for the previous month were cited as 9 hours.

With regards to average time out of cell, 'best case' scenarios and employment:

- full-time employed prisoners – 8 hours 18 minutes (ranging from 11 hours 15 minutes to 6 hours 45 minutes)
- unemployed prisoners – 7 hours (ranging from 9 hours 30 minutes to 5 hours)

With regards to average time out of cell 'worst case' scenarios and employment:

- full-time employed prisoners – 6 hours 52 minutes (ranging from 10 hours 45 minutes to 4 hours 50 minutes)
- unemployed prisoners – 5 hours 24 minutes (ranging from 8 hours 30 minutes to 4 hours)

Wing breakdown

Wing	Best case	Worst case
1A	6 hours 40	5 hours 10
1B	8 hours	5 hours 45
2A	7 hours 32	6 hours 15
2B	6 hours 30	4 hours 55
3A	7 hours 32	5 hours 25
3B	8 hours	5 hours 47
4A	7 hours 10	5 hours 05
4B	7 hours 45	5 hours 55
5	8 hours 05	8 hours 05
First night	9 hours 53	9 hours 38
Overall	7 hours 43	6 hours 12

Regime information

For the majority of prisoners:

- Showers and telephone calls took place during association times;
- Exercise took place on a daily basis, either during morning or afternoon association. Those that did not attend exercise were locked up until exercise was over;
- Prisoners reported receiving evening association three times a week, although prisoners reported problems with association being cancelled. Several mentioned that cancellations had occurred more frequently in the previous month;
- On Fridays, a different regime was followed, with both lunch and dinner served earlier, at 11.30am and 4.30pm, respectively. There was no evening association on Friday, Saturday or Sunday.

Summary of comments from interviews

1. Getting to work/education/visits/other on time
    - All but two interviewees stated that they were taken to their activities on time.

2. Staff encouragement
    - When asked if staff encouraged them to participate in activities outside of their cells, eight out of 20 interviewees felt that this was so; the majority stated that staff did not actively encourage them but let prisoners decide whether to engage in activities or not.

3. Activities available during association
    - During association periods, all prisoners who could access association stated that they were able to use pool tables, table-football, table tennis, playing cards, chess, telephones and showers. The first night centre also had a library on the unit for use.
    - Several prisoners reported not having enough to do, and not having enough facilities for the numbers on the unit.

4. Access to employment or education
    - Twelve (60%) interviewees stated that it was easy/very easy to get access to education or employment, and seven (35%) stated that it was difficult/very difficult.
    - On the vulnerable prisoner unit, prisoners reported limited work opportunities that were located on the unit. There were also limited garden work places available.

5. Cancelled association

- The vast majority of prisoners stated that association was often cancelled. Cancellation was reported as occurring less often on the first night centre and induction unit.
- Prisoners were informed that association was cancelled owing to 'staff shortages'.

6. Safety during association

- All but one prisoner stated that there were enough staff for them to feel safe during association.
- The one prisoner that did not (house block 3A) reported that staff stayed in the office during association.

Appendix V: Summary of prisoner questionnaires

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.

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 8– 9 August 2007, the prisoner population at HMP/YOI Woodhill was 686. The baseline sample size was 126. Overall, this represented 18% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a local inmate database system (LIDS) prisoner population printout using a stratified systematic sampling method. This basically means that every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Six respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was interviewed.

Methodology

Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 111 respondents completed and returned their questionnaires. This represented 16% of the prison population. The response rate was 88%. In addition to the six respondents who refused to complete a questionnaire, nine questionnaires were not returned.

Comparisons

The following document details the results from the survey. All missing responses were excluded from the analysis. All data from each establishment were weighted, in order to mimic a consistent percentage sampled in each establishment.

Presented alongside the results from this survey are the comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 26 trainer prisons since April 2003.

In addition, a further comparative document is attached. Statistically significant differences between the responses of white prisoners and those from a black and minority ethnic group are shown.

In all of the above documents, statistical significance merely indicates whether there is a real difference between the figures – that is, the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading.

Young adult survey methodology

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

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 8– 9 August 2007, the young adult population at HMYOI Woodhill was 77. The baseline sample size was 58. Overall, this represented 75% of the young adult population.

Selecting the sample

Respondents were randomly selected from a LIDS young adult population printout using a stratified systematic sampling method. This basically means that every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Three respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was interviewed.

Methodology

Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 51 respondents completed and returned their questionnaires. This represented 66% of the young adult population. The response rate was 88%. In addition to the three respondents who refused to complete a questionnaire, one questionnaire was not returned and three were returned blank.

Comparisons

The following document details the results from the survey. All missing responses were excluded from the analysis. All data from each establishment were weighted, in order to mimic a consistent percentage sampled in each establishment.

Presented alongside the results from this survey are the comparator figures for all young adults surveyed in young offender institutions. This comparator is based on all responses from young adult surveys carried out in 26 YOIs since April 2003.

In addition, a further comparative document is attached. Statistically significant differences between the responses of white young adults and those from a black and minority ethnic group are shown.

In all of the above documents, statistical significance merely indicates whether there is a real difference between the figures – that is, the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading.