

Report on an unannounced short follow-  
up inspection of

# **HMP Dovegate**

18–20 October 2011

by HM Chief Inspector of Prisons

Crown copyright 2012

Printed and published by:  
Her Majesty's Inspectorate of Prisons  
1st Floor, Ashley House  
Monck Street  
London SW1P 2BQ  
England

# Contents

	<b>Introduction</b>	5
	<b>Fact page</b>	7
<b>1</b>	Summary	9
<b>2</b>	Progress since the last report	15
<b>3</b>	Summary of recommendations	43
	<b>Appendices</b>	
	I Inspection team	47
	II Prison population profile	48

---



# Introduction

Built in 2001, HMP Dovegate is a privately managed category B prison run by Serco. (It also houses a largely self-contained therapeutic community, which was the subject of a separate inspection report.) On our last visit to the main prison in 2008 we noted considerable improvement in safety, respect and purposeful activity, although resettlement remained weak. This unannounced short follow-up inspection reviewed progress in implementing the recommendations made at that inspection. Of our 159 recommendations, 84% had been either achieved or partially achieved. Against all four healthy prison tests we concluded that the prison was making sufficient progress.

Dovegate remained a fundamentally safe prison. Peer support and induction were now consistently available for new arrivals, although we were concerned that there were no longer dedicated first night cells. The violence reduction strategy was effective and allegations of violence were now fully investigated, with appropriate arrangements for both victims and perpetrators. Self-harm monitoring was of a good standard and multidisciplinary reviews for these vulnerable prisoners were meaningful. Special accommodation was used rarely, and engagement between staff and prisoners in the care and separation unit was mostly positive. The integrated drug treatment system was now well established.

Considerable efforts had been made since the last inspection to improve relationships between staff and prisoners, and there had been an effective consultation project to facilitate this. Many prisoners told us during the inspection that the quality of relationships was among the most positive aspects of the prison. The recently introduced model of senior managers taking responsibility for equality strands also appeared to be an effective approach to diversity, although it was too early to assess its impact. There were good relationships between the prison and the health care department, and prisoners had improved access to both inpatient facilities and, where necessary, external hospital appointments. Despite these improvements, we remained concerned that cells intended for single occupancy were still often occupied by two prisoners, and many prisoners did not have access to secure lockers.

Although it was encouraging that the number of activity places had increased in the three years since the last inspection and were now broadly sufficient to meet prisoner needs, the places were not managed efficiently with around 100 vacancies. Too many prisoners were locked up during the core day, and although many employed prisoners could achieve 10 hours a day out of their cells, for many this was considerably less.

While resettlement was the weakest area at our last inspection, work had improved and provision was now broadly appropriate. Prisoners were assessed quickly on arrival at the prison and reviewed appropriately pre-release. The work of the offender management unit had been strengthened, but contact by some offender supervisors was inconsistent. Although work on most pathways had improved, more needed to be done relating to the children and families pathway.

Overall this was a good inspection and we are pleased to report the progress the prison has made. We have identified some key areas that require further work, but the director and staff at HMP Dovegate can be rightfully proud of the progress that has been achieved since the last inspection.

**Nick Hardwick**  
HM Chief Inspector of Prisons

**December 2011**



# Fact page

## Task of the establishment

Long-term category B male training prison, with some local prison accommodation.

## Prison status

Private – Serco

## Region

North West

## Number held

923 (not including therapeutic community)

## Certified normal accommodation

1,060

## Operational capacity

1,135

## Date of last full inspection

29 September – 3 October 2008

## Brief history

Dovegate opened in 2001. In September 2009, new accommodation was opened to increase capacity, with half the 260 spaces dedicated to local prisoner places.

## Short description of residential units

### House block 1

A wing	General wing
B wing	General wing
C wing	General wing
D wing	General wing
E wing	General wing

### House block 2

F wing	General wing
G wing	Vulnerable prisoner unit
H wing	Vulnerable prisoner unit
J wing	General wing
K wing	Cellular confinement and accommodation for prisoners aged 50+

### House block 3

L wing	General wing
M wing	Integrated drug treatment system (IDTS) wing
N wing	Remand prisoners
P wing	General wing

## Escort contractor

GeoAmey

**Health service commissioner and provider**  
Serco Health

**Learning and skills provider**  
Serco



# Section 1: Summary

## Introduction

---

- 1.1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.
- 1.2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the UN Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.
- 1.3 The purpose of this inspection was to follow up the recommendations made in our last full inspection of 2008 and assess the progress achieved. All full inspection reports include a summary of outcomes for prisoners against the model of a healthy prison. The four criteria of a healthy prison are:

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

- 1.4 Follow-up inspections are proportionate to risk. Short follow-up inspections are conducted where the previous full inspection and our intelligence systems suggest that there are comparatively fewer concerns. Sufficient inspector time is allocated to enable inspection of progress. Inspectors draw up a brief healthy prison summary setting out the progress of the establishment in the areas inspected and giving an overall assessment against the following definitions:

### **Making insufficient progress**

Overall progress against our recommendations has been slow or negligible and/or there is little evidence of improvements in outcomes for prisoners.

### **Making sufficient progress**

Overall there is evidence that efforts have been made to respond to our recommendations in a way that is having a discernible positive impact on outcomes for prisoners.

## Safety

---

- 1.5 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were reasonably good. We made 28 recommendations in this area, of which 20 had been achieved, four partially achieved and four had not been achieved.
- 1.6 There was consistent peer support for newly arrived prisoners in reception, and induction for vulnerable prisoners was now equitable with that for other prisoners, although they were sometimes delayed in commencing the process. The removal of dedicated first night accommodation was a significant gap, particularly for new arrivals and prisoners on remand, and we were not assured that the vulnerabilities of all new arrivals were communicated to night staff effectively or consistently.
- 1.7 There had been good progress on our previous recommendations on violence reduction and bullying. Alleged incidents of violence were fully investigated, and the violence reduction strategy had been streamlined. Interventions were meaningful, and there was a multidisciplinary approach to the monitoring of perpetrators and victims of antisocial behaviour.
- 1.8 Vulnerable prisoners had no separate consultation committee, and some on G wing told us they were still subject to abuse from mainstream prisoners taking exercise next to the wing. Vulnerable prisoners had improved opportunities for time out of cell and education, but less access to the library than mainstream prisoners. Prisoners who required additional support were managed well through the multiagency safety and health committee (MASH).
- 1.9 A formal Listener scheme had still not been introduced, but there were links with the Samaritans and plans to re-establish a formal scheme in 2012. Self-harm monitoring documents indicated consistent good quality reports by assessors and meaningful multidisciplinary case reviews, although the timing of night monitoring was too predictable in a few cases. Access to peer supporters had improved. Buddy suites and constant observation cells were available and used. All staff carried personal issue anti-ligature shears.
- 1.10 There had been good progress on our previous recommendations covering discipline. Special accommodation was used infrequently and appeared mostly justified, and prisoners located there were not routinely strip searched or deprived of their normal clothing. Records of engagement between staff and prisoners in the care and separation (segregation) unit were mostly positive, but records for prisoners serving cellular confinement on K wing did not reflect the positive staff-prisoner engagement there.
- 1.11 Provision of substance use services had much improved. Clinical management was good and the integrated drug treatment system (IDTS) fully established. The supply reduction strategy was well integrated with the drug and alcohol strategy.
- 1.12 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

## Respect

---

- 1.13 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were reasonably good. We made 87 recommendations in this area, of which 61 had been achieved, 15 partially achieved and nine had not been achieved. Two recommendations were no longer applicable.

- 1.14 It was unacceptable that cells intended for single occupancy continued to be occupied by two prisoners. The toilets in most double cells were partially screened by a shower curtain, but screening in single cells was inconsistent and still gave little privacy. Prisoners in shared cells still did not have access to secure lockers. Dissatisfaction with prisoners' mail had been investigated and action taken and, although there was still some discontent among prisoners, the service was reasonable.
- 1.15 The incentives and earned privileges (IEP) scheme was reasonable, and a senior manager monitored review board information to ensure a fair and consistent approach, but information about the scheme was still only available in English. Prisoner applications for enhanced status were handled more quickly than at the last inspection. Targets for some prisoners on basic were perfunctory.
- 1.16 A project involving prisoner and staff quality improvement teams had greatly improved prisoner perceptions of staff. A project team and quality improvement teams had worked hard to change the culture of the prison, and most prisoners spoke well of their relationships with staff. The quality of personal officer work was better than we often see - they were fully involved in self-harm monitoring and antisocial reviews, and their work with offender supervisors on the resettlement pathways was good.
- 1.17 Hygiene standards on wing serveries were generally good but, despite staff supervision, we observed a prisoner using his gloved hand rather than utensils to serve food. Food comments books were not freely accessible and generally used infrequently, and catering staff responses to the few comments made were inconsistent.
- 1.18 The new model for managing all equality strands with a senior manager allocated to each, along with monthly forums, was a positive initiative and there were clear indications of progress in all areas of diversity. There was, however, a need to develop clear strategic objectives as the action plan did not include all developments for each strand.
- 1.19 There was generally good analysis of ethnic monitoring data, although use of the short-term monitoring tool required further expansion. Discrimination incident reporting forms were also well managed and investigated, with incidents linked to the pathway forums and wider equality group.
- 1.20 The concerns and negative perceptions of Muslim prisoners had been considered and appropriate action taken where necessary. Some Muslim prisoners spoke of a lack of sensitivity about some issues, but the Muslim chaplain said he felt fully supported in providing a good service to Muslim prisoners.
- 1.21 Although there was a foreign national policy and a well-attended forum, the needs of individual foreign national prisoners were still not assessed, and the use of interpreting and translation services was still variable.
- 1.22 Work in relation to prisoners with disabilities had improved significantly, and their identification and the completion of care plans worked well to meet their needs.
- 1.23 There had been significant improvements in the applications system and, although quality assurance was informal, prisoner confidence in the system had improved. Most prisoner applications were dealt with in a timely manner.
- 1.24 There were now two legal services officers, both of whom had undertaken formal training and saw all new arrivals. Although there were more legal interview rooms, some legal visits

continued to take place in the open visits area. Phones in cells had eradicated the need for prisoners to apply for calls to their legal representatives.

- 1.25 Although a third full time chaplain had been employed since the last inspection, the team was stretched due to staff sickness. However, cover arrangements were adequate and supported by the senior management team.
- 1.26 There had been good progress on our previous health care recommendations. There was good partnership working between the health care department and the prison. The environment required improvement to be infection-control compliant. Clinical governance was good but separate health care applications and complaints system were needed. Pharmacy provision had much improved. Dentistry was good but required a hygienist session and cover for annual leave. Prisoners had better access to external hospital appointments, and there was an improved inpatient regime. Mental health services had also improved, were well regarded and there was good practice in the multiagency safety and health committee (MASH) meetings.
- 1.27 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

### **Purposeful activity**

---

- 1.28 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were reasonably good. We made 13 recommendations in this area, of which four had been achieved, six partially achieved and three had not been achieved.
- 1.29 Many fully employed prisoners had good opportunities for time out of cell and could achieve around 10 hours a day. However, we were not assured that all prisoners could achieve either 10 hours out of their cells each day or the figure of between nine and 10 hours consistently recorded by the prison. We were concerned by the number of prisoners locked up – during two roll checks in the working part of the day, we found around 40% of prisoners locked up, which undermined the figures reported by the prison. There were 120-130 prisoners on average unemployed at any time. The prison recorded that they could achieve about 6.5 hours a day out of cell, but we believed this was more realistically around five hours. The data were skewed because figures were not disaggregated for the therapeutic community. Further work was required to produce data that reflected the actual time a prisoner could achieve out of cell.
- 1.30 The number of activity places had increased from 2008 and were broadly sufficient for the population. However, they were not used efficiently, with around 100 vacancies and too many prisoners locked in their cells during the core day. Management oversight was poor. The new well-resourced education building provided an improved learning environment for mainstream prisoners, who also had access to a wider curriculum. Vulnerable prisoners now had exclusive use of the old education building, which had increased education provision for them, although the range remained too narrow. Planning of prisoners' learning had recently improved but was not yet fully implemented.
- 1.31 Management of and support for education and vocational training staff had recently improved. Despite good collection of education and training data and information, including prisoners' exam successes, there was inadequate analysis and evaluation to inform management decisions for quality improvement.

- 1.32 The library, which had been relocated to the new education building, provided a welcoming learning environment, and library use had increased. Prisoners could generally get to their allocated sessions, except when escort officers were unavailable, which particularly affected the two weekday evening sessions.
- 1.33 The number of vocationally related PE courses had not increased.
- 1.34 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

## Resettlement

---

- 1.35 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were not sufficiently good. We made 31 recommendations in this area, of which 16 had been achieved, seven partially achieved and seven had not been achieved. One recommendation was no longer applicable.
- 1.36 The strategic management of resettlement had improved with an up-to-date reducing reoffending strategy and regular meetings based on resettlement pathways chaired by the assistant director. There was an annual needs analysis and a targeted action plan to develop pathway services. All pathways now had allocated lead officers, and prisoner exit interviews had been introduced in 2009.
- 1.37 Staffing and services in the offender management unit (OMU) had improved and continued to develop. Despite this, some assessor records did not evidence regular contact with prisoners, and we were told that some contact was ad hoc and unrecorded. There was insufficient psychology provision to meet the needs of prisoners on indeterminate sentences for public protection (IPP); this needed to be addressed.
- 1.38 The resettlement team provided information and support on accommodation and finance, benefit and debt. All new arrivals had their pathway needs assessed within their first two days, with a further assessment by the resettlement team 12 months before their release. There was a six-week pre-release board to identify and assist any unmet need. Resettlement staff had received Nacro housing training and had good links with, and support from, local and national accommodation providers. Prisoners could be referred to a specialist debt counselling agency, and resettlement staff organised the setting up of Fresh Start benefit appointments.
- 1.39 The information, advice and guidance to prisoners on employment and training on release had improved, and a pre-release course ran six times a year. Links to external agencies to provide support for education, training and employment post-release had also improved.
- 1.40 There was development work on palliative care and end-of-life pathways. There was a focused, comprehensive and up-to-date substance misuse strategy, underpinned by a needs analysis. There was a good range of psychosocial programmes, and compact based drug testing was in place.
- 1.41 There had been insufficient progress against our previous recommendations on the children and families pathway. However, there was a lead officer and an action plan, as well as a qualified family support worker who was known to staff and prisoners. The visitors' centre remained a booking-in facility, and there was still little privacy between tables in the visits room.

- 1.42 Offender assessors and supervisors generally received reports for prisoners completing the short courses in education, which were used to inform further work and assessment of risk. The thinking skills programme (TSP) continued to run, and CALM (controlling anger and learning to manage it) had been introduced. Although they met the needs of many prisoners, the needs analysis and OMU staff had identified a need for the healthy relationships programme and sex offender treatment programme. In common with many establishments, there were difficulties in obtaining progressive moves for some prisoners, in particular sex offenders and IPP prisoners.
- 1.43 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

## Section 2: Progress since the last report

The paragraph reference number at the end of each recommendation below refers to its location in the previous inspection report.

### Main recommendations (from the previous report)

---

- 2.1 The prison should rebuild relationships with the local Samaritans in order to establish a full Listener scheme at the earliest opportunity. (HP46)

**Partially achieved.** Although there was no formal Listener scheme, the prison had met with the local Samaritans, a service level agreement (SLA) had been drafted and discussed, and the Samaritans were due to meet and interview the current peer supporters. Training for Listeners was due in November and December 2011, with a fully operational scheme envisaged to be in place in January 2012.

**We repeat the recommendation.**

- 2.2 The prison should develop an action plan, based on its own research, to improve prisoner confidence in the staff group. (HP47)

**Achieved.** The prison had set up a 12-month project in February 2009, sponsored by the director and managed by a senior manager, to improve staff-prisoner relationships through staff and prisoners working more closely in dedicated teams. Six quality improvement teams (QIT) were formed of staff and prisoners with each uniquely focused on one of the following: consistency; communication; prisoner progression, staff-prisoner relationships; mutual respect; decency and safety. Focus groups were held throughout the project, with both prisoners and staff facilitating the sessions. Ideas that emerged to improve relationships, the quality of prisoners' lives and staff job satisfaction were discussed by the project manager and the director, and those deemed achievable were funded and moved forward. These included prison custody officers (PCOs) being trained to national vocational qualification (NVO) level 3 in custodial care, with 211 fully qualified, and wing office desks being located on the wing landings to encourage better relationships. When the project ceased in February 2010 some initiatives were fully embedded. Most prisoners we spoke to were favourable about staff-prisoner relationships, and two of our focus groups highlighted this as one of the three most positive aspects of the prison. A measuring the quality of prison life (MQPL) survey in February 2011 found that: 62% of prisoners agreed that it was a decent prison and they were treated humanely and looked after with humanity; 70% agreed that staff spoke to them respectfully; 68% felt safe from being bullied and threatened by staff; 70% agreed that they were treated fairly by staff; and 71% said that they personally got along well with staff. We observed respectful relations between prisoners and staff, with staff using prisoners' preferred names.

- 2.3 There should be sufficient appropriately qualified and graded clinical and administrative health care staff to meet the needs of prisoners. (HP48)

**Achieved.** Staffing levels had increased and managers thought there was sufficient capacity to meet demand. At the time of our visit, the skills mix was being adjusted to respond better to prisoners' health needs.

- 2.4 Cells designed for single use should not be used for shared occupancy. (HP49)

**Not achieved.** Some cells designed for one prisoner continued to be occupied by two.  
**We repeat the recommendation**

- 2.5 **The prison should develop a foreign national strategy, based on a needs analysis, with specific improvement objectives. (HP50)**

**Partially achieved.** The foreign national policy had been updated and revised in 2011. It covered all key areas and outlined the provision available at Dovegate. However, there had been no needs analysis, and although foreign national prisoner issues were included in the overarching equality action plan, only one objective was identified. Minutes from the foreign national forum indicated some developments that the group was planning to take forward, but they had not been included in the equality action plan.  
**We repeat the recommendation.**

- 2.6 **There should be additional activity places. (HP51)**

**Partially achieved.** The number of activity places had increased to be broadly sufficient for the population, but places were not used efficiently. There were around 100 vacancies and too many prisoners were locked in their cells during the core day. Management oversight was poor.  
**We repeat the recommendation.**

- 2.7 **The prison should develop a resettlement strategy that identifies key priorities and achievement milestones. (HP52)**

**Achieved.** The reducing reoffending strategy 2011/12 was based on a need analysis, identified key objectives and included targeted action plans for each pathway.

- 2.8 **The range of accredited offending behaviour programmes should be extended to meet the needs of the population. (HP53)**

**Partially achieved.** The thinking skills programme (TSP) had replaced enhanced thinking skills (ETS), and controlling anger and learning to manage it (CALM) had been introduced since the last inspection. However, the 2011 needs analysis identified a need for the healthy relationships programme (HRP) focusing on addressing domestic violence. Staff working in the psychology and offender management teams agreed there was a need for this programme and also the sex offender treatment programme (SOTP).

## Recommendations

---

### First days in custody

#### Reception

---

- 2.9 **There should be more peer support in reception. (1.24)**

**Achieved.** We observed, and staff assured us, that prisoner peer supporters were consistently deployed in reception. There was a rota for Insiders, and other peer support workers were also present and easily accessible by prisoners.



## **First night**

---

- 2.10 **First night accommodation for new arrivals and prisoners on induction should not be used to accommodate prisoners who cannot be located elsewhere. (1.25)**

**Not achieved.** It was inappropriate that there was no longer any designated first night accommodation, particularly now that remand prisoners were held at Dovegate. New arrivals were located across a range of residential units, none of which offered assurance that the needs and vulnerabilities of new arrivals were fully considered, addressed or managed appropriately.

**We repeat the recommendation.**

## **Induction**

---

- 2.11 **New arrivals located on G wing should receive the same induction information as those on normal location. (1.27)**

**Achieved.** Vulnerable prisoners were now located on both G and H wings. Their induction took place in a dedicated classroom and, while it only lasted one day, it was equitable with that received by other prisoners. This induction took place only on Tuesdays and some prisoners could have a delay of up to seven days before starting it.

## **Accommodation and facilities**

---

- 2.12 **Cell toilets should be adequately screened. (2.15)**

**Not achieved.** Most cells occupied by two prisoners had a shower curtain, which offered some screening of the toilet. However, most single cells had no screening, which gave little privacy, although this was mitigated slightly by prisoners being able to dine out of their cells.

**We repeat the recommendation.**

- 2.13 **Prisoners in shared cells should have a secure locker with a key. (2.16)**

**Not achieved.** No secure lockers were provided.

**We repeat the recommendation.**

- 2.14 **Managers should investigate prisoner dissatisfaction with the post, and address any identified problems. (2.17)**

**Achieved.** Dissatisfaction with post had been investigated and action had been taken to address the issues. There remained some discontent with the post but staff assured us that mail delivery was not unnecessarily delayed and that the prison offered a reasonable service.

- 2.15 **Cash received in the post without a return address should be held for the designated prisoner. (2.18)**

**Achieved.** Cash was now permitted to be given to prisoners, even if it arrived without a return address.

- 2.16 **The planned telephone on H wing should be introduced without delay. (1.26)**

**No longer relevant.** In addition to the telephones on landings on all residential units, all cells were now fitted with telephones and therefore there was no longer a need for an extra telephone on H wing.

### **Personal officers**

---

- 2.17 **Personal officers should retain responsibility for individual prisoners as long as they are on the wing, rather than by allocation to cells. (2.33)**

**Not achieved.** The prison had a comprehensive personal officer document that was well understood by staff. This determined that personal officers were allocated to prisoners by their cell location, with identified back-up personal officers. If prisoners moved cells they were generally allocated a different personal officer. Despite this, most prisoners spoke favourably of their personal officer and indicated that they had regular contact with them. The prison had attempted to use a generic allocation of personal officers but found that the quality of the personal officer work deteriorated so had reverted to the previous system.

- 2.18 **Personal officers should attend relevant anti-bullying or suicide prevention reviews for their prisoners. (2.34)**

**Achieved.** The anti-bullying and assessment, care in custody and teamwork (ACCT) self-harm monitoring case reviews that we looked at showed that personal officers were fully involved in the reviews and the decision making process.

- 2.19 **Quality assurance of the personal officer scheme should be extended to focus on positive staff engagement with prisoners and risk management and assessment. (2.35)**

**Partially achieved.** In the prisoner history files we reviewed, management quality assurance checks were both infrequent and of poor quality. Most were perfunctory and many had no comments or concentrated on the frequency of the entries rather than their quality. The prison did, however, review each personal officer's work quarterly, looking at their interaction with prisoners, and unit managers collated a written report. Although this was a positive initiative, it was too infrequent and meant a three-month gap between quality assurance checks. Despite this, the quality of the personal officer entries we saw were good, and in some cases excellent. Personal officers made meaningful comments on prisoners behaviour linked to their sentence plan, and demonstrated good staff engagement.

**We repeat the recommendation.**

- 2.20 **The distinction between personal officers and offender supervisors should be clarified, and the two roles should work more closely together. (2.36)**

**Achieved.** Each prisoner was allocated a personal officer and offender supervisor. As soon as practicable after the prisoner arrived, there was a resettlement pathways meeting involving him, his personal officer and offender supervisor. This meeting evaluated the prisoner's circumstances under each resettlement pathway and any subsequent targets required for him. In all the wing files we reviewed, this meeting had taken place and was meaningful.

### **Bullying and violence reduction**

---

- 2.21 **CCTV coverage should be provided in the visits waiting room. (3.12)**

**Achieved.** CCTV coverage had been installed in the one main visits waiting room and was monitored by staff.

**2.22 Senior managers should investigate the negative prisoner perceptions about staff expressed in our survey, particularly those relating to alleged intimidation. (3.13)**

**Achieved.** As part of the project outlined in paragraph 2.2, the negative perceptions of staff and alleged intimidation found in our survey were part of the terms of reference and the quality improvement teams. The 2011 MQPL survey indicated significant improvements in prisoner perceptions. The prison had also undertaken a perception of safety survey in early 2011, to which there had been 163 responses. This found that 84% of respondents felt safe at the prison and 81% said they felt safe on arrival.

**2.23 All alleged incidents of bullying should be fully investigated. (3.14)**

**Achieved.** The prison had recently reviewed the violence reduction policy and had moved from bully incident report forms (BIRFs) to antisocial behaviour incident report forms (ASBIFs) during July and August 2011. These were completed by staff who believed an incident had taken place, following which the unit manager carried out a fact-finding inquiry. The findings were submitted to the safer custody manager for a full investigation into the alleged incident. These investigations could lead to actions against the prisoner under the various stages of the violence reduction policy or no action taken. All the investigations we reviewed were carried out to a good standard. From April to August 2011, 97 BIRFs were submitted and investigated, with 19 resulting in further action, and from July to October 2011, 77 ASBIFs were submitted and investigated, with 31 resulting in further action. The safer custody manager gathered further information from incident reporting system (IRS) and security information report (SIR) data and a weekly check of the wing observation books to ensure that all data was captured.

**2.24 There should be a greater differential between stages one and two of the anti-bullying strategy. (3.15)**

**Achieved.** The prison had moved from a three-stage to a two-stage process, with an informal monitoring stage. When a prisoner raised concern of antisocial behaviour, a concerns form was drawn up and there was a period of discreet monitoring to identify if the concern was justified. Stage one included an intensive three-month monitoring period, which the prisoner was told about, and, depending on the perpetrator's individual circumstances, a suitable intervention programme carried out (see below). Stage two was more punitive and included a wing or prison move.

**2.25 There should be interventions for persistent bullies and victims of bullying. (3.16)**

**Achieved.** Perpetrators put on to stage one were required to undertake an intervention, depending on their individual antisocial behaviour. Interventions included pro-social modelling and conflict resolution. The new procedures had been introduced in August 2011 and, at the time of the inspection, two prisoners were undertaking pro-social modelling with one designated to undertake conflict resolution at the prison and the other to undertake this during his licence release period. Victim logs were opened to monitor how prisoners subjected to antisocial behaviour were coping. Victims of antisocial behaviour, along with prisoners who had low self-esteem or who were on an ACCT form, were offered a safer custody gym session each Tuesday evening, attended by peer supporters. On average, 30 prisoners attended each session.

**2.26 Monitoring entries in concern documents should provide evidence of staff engagement and a multidisciplinary approach to the support of victims. (3.17)**

**Achieved.** All the BIRFs and ASBIFs we reviewed indicated good staff interaction from a variety of departments around the prison, both for perpetrators and victims.

**Vulnerable prisoners**

---

**2.27 Vulnerable prisoners should be given the same access to the library and time out of cell as those on normal location. (3.126)**

**Partially achieved.** Vulnerable prisoners had a separate education department where they could undertake a number of classes daily, a separate workshop and wing duties. Access to the library was scheduled for one full evening a week and one session at the weekend, which was less than the three sessions for those on normal location. Some prisoners told us that their access to the library was often cancelled, and the prison's own records suggested that this was the case – for example, vulnerable prisoners attended the library on 29 September 2011 but did not get access again for nine days (see also paragraph 2.118).

**We repeat the recommendation.**

**2.28 G wing prisoners should be given a separate forum to raise their concerns about safety and access to the regime. (3.127)**

**Not achieved.** Vulnerable prisoners were held on G and H wings. Each wing sent an individual prisoner representative to the weekly prisoner information activities committee (PIAC) consultation meeting, but there was no separate meeting specifically for vulnerable prisoners. **We repeat the recommendation as follows: Vulnerable prisoners should be given a separate forum to raise their concerns about safety and access to the regime.**

**2.29 The role of K wing should be clarified, and prisoners classified as poorer copers should not have to be located alongside those serving cellular confinement or on normal location. (3.128)**

**Achieved.** K wing had been re-roled to hold older prisoners alongside those serving cellular confinement. Prisoners having trouble coping were managed through the weekly multiagency safety and health (MASH) committee, and were found a suitable location based on their individual needs. Each case was discussed weekly until the prisoner was settled and did not require further intervention.

**2.30 There should be measures to prevent prisoners who use the exercise yard next to the vulnerable prisoner unit from spitting on windows or otherwise abusing vulnerable prisoners. (3.129)**

**Not achieved.** One side of G wing was next to the F wing exercise yard where mainstream prisoners took exercise. Vulnerable prisoners on G wing said that spitting and abuse from mainstream prisoners on the exercise yard continued with little or no intervention from staff supervising. Senior managers were aware of the issue and we were told that prisoner representatives from G wing had raised this issue at the PIAC in the last few months. There were no problems for vulnerable prisoners on H wing as their exercise yard was next to G wing.

**We repeat the recommendation.**

## Self-harm and suicide

---

- 2.31 **The quality of assessor reports should be closely monitored to ensure a more consistent standard. (3.31)**

**Achieved.** We reviewed 10 ACCT assessor reports, which were completed to a good and consistent standard. There was weekly quality assurance by the duty director and the safer custody manager. There was a mentoring scheme for newly trained assessors and those whose reports fell below the required standard.

- 2.32 **The timing of night monitoring checks for assessment, care in custody and teamwork (ACCT) documents should be frequent but irregular. Other monitoring entries should demonstrate a multidisciplinary approach to the care of prisoners at risk. (3.32)**

**Partially achieved.** In most of the 10 ACCT observational records that we saw, the night monitoring checks were frequent and irregular. However, one member of staff carried out checks at regular 30-minute intervals. Entries through the core day were made by staff from a variety of departments, indicating a multidisciplinary approach to the care of prisoners at risk. **We repeat the following part of the recommendation: The timing of night monitoring checks for assessment, care in custody and teamwork (ACCT) documents should be frequent but irregular.**

- 2.33 **There should be multidisciplinary attendance at ACCT case reviews, which should never be held by a single member of staff, and departments nominated to attend a subsequent review should do so routinely. (3.33)**

**Achieved.** Case reviews were multidisciplinary in all the ACCT documents we saw. Reviews usually included at least four staff, and we found evidence of involvement from personal officers, staff from the counselling, assessment, referral, advice and throughcare service (CARATs), psychology department and offender management unit (OMU), and external counsellors, depending on the individual needs of the prisoner. The reviews we saw were meaningful.

- 2.34 **Pending the introduction of a Listener scheme, prisoners in crisis should have 24-hour access to peer supporters. (3.34)**

**Achieved.** The prison had introduced Buddy suites (see paragraph 2.36), with 24-hour access for a peer supporter with a prisoner in crisis. In the previous six months, they had been used three times by prisoners in crisis.

- 2.35 **A peer supporter should routinely see all new arrivals before they are locked up for their first night. (3.35)**

**Achieved.** There were 25 peer supporters, with at least one employed in reception to speak to new arrivals. Our observations and conversations with new arrivals and peer supporters assured us that this always took place.

- 2.36 **A Listener suite should be available. (3.36)**

**Achieved.** Two Buddy suites had been introduced on M and N wings. They were large double cells with appropriate furniture for a relaxed and friendly environment.

**2.37 There should be a suitable facility for prisoners who need constant observation. (3.37)**

**Achieved.** There was suitable gated accommodation for prisoners who required constant observation. One was in the health care department and one on the care and separation unit (CSU). There had been three uses of the constant observation cells in the previous six months. The cell in the CSU was usually used only when the one in health care was not available.

**2.38 All prison custody officers should carry personal issue anti-ligature shears. (3.38)**

**Achieved.** All prison custody officers had been issued with their own anti-ligature shears and were required to carry them at all times. Every prison custody officer we saw had the shears on their person, and knew how and when to use them.

### **Applications and complaints**

---

**2.39 Prisoners should not have to submit multiple applications for the same subject. (3.97)**

**Achieved.** Triplicate application forms were used with a tracking system, which was subject to some informal quality assurance. Prisoners in our groups were positive about the new system, which seemed mostly effective. However, prisoners often experienced significant delays in responses from applications to health care, although they were completed within NHS standard target timescales, and the OMU.

**2.40 Prisoner concerns about confidentiality of applications should be addressed through the prisoner incentives and activities committee (PIAC). (3.98)**

**Achieved.** Confidentiality of applications had been raised through the PIAC several times, and we were assured by prisoners and staff that this had been satisfactorily addressed.

### **Legal rights**

---

**2.41 The legal services officer should receive formal training for the role. (3.106)**

**Achieved.** The two legal service officers had received formal training.

**2.42 There should be sufficient private interview rooms for legal visits. (3.107)**

**Partially achieved.** Interview rooms in visits had increased from five to six, and four interview rooms had been created in the adjoining video link facility. These latter rooms were out of sight of supervising staff in the visits room, were not monitored by CCTV, and lack of staffing often prevented their use. Staff confirmed that legal representatives continued to use tables in the open visits area when the six available rooms were occupied.

**2.43 Prisoners should not be inhibited from making phone contact with their legal advisers. (3.108)**

**Achieved.** All cells had telephones and prisoners no longer had to apply to make calls to legal advisers.

## **Faith and religious activity**

---

### **2.44 A third full-time chaplain should be appointed. (5.36)**

**Achieved.** A third full-time chaplain had been appointed. However, despite significant efforts, the chaplaincy continued to have a shortage of full-time staff due to long-term sickness. The management team had recognised this and had permitted cover arrangements through the use of part-time chaplains. There was sufficient resource in the chaplaincy to meet prisoners' faith needs.

### **2.45 A faith leader should see all new arrivals within their first 24 hours. (5.37)**

**Achieved.** A member of the chaplaincy team saw all new arrivals within their first 24 hours at Dovegate.

## **Substance use**

---

### **2.46 Clinical services should be extended to offer a more flexible regime incorporating stabilisation, detoxification and maintenance provision, including methadone. (3.116)**

**Achieved.** The integrated drug treatment system (IDTS) had been fully introduced since our last inspection. There was an appropriate range of clinical interventions for prisoners, including stabilisation, maintenance and detoxification using medications, including methadone, as clinically required.

### **2.47 Information on drugs and available services should be on display in the mandatory drug testing (MDT) suite, including the holding cell. (3.117)**

**Achieved.** Information on drugs services, CARATs and other medical issues was displayed in the MDT suite and in the main holding cell. The reported MDT rate was 10.42% at the time of our inspection, against a target of 10%, but, because of administrative errors, the true rate was believed to be about 9.5%.

### **2.48 Positive random drug tests should not automatically result in a prisoner being denied access to the gymnasium, which should only be imposed following a health and safety risk assessment. (3.118)**

**Not achieved.** The prison rejected this recommendation as it asserted that judgements on health and safety should be left to local discretion. The drug and alcohol strategy stated that: 'Any prisoner who provides a positive sample will be banned from the gym until they provide a negative sample.' Positive random drug tests did result in prisoners receiving a more restrictive regime, including only one hour of gymnasium time a week, which was less than the routine access for prisoners and appeared to be a punitive measure.

**We repeat the following part of the recommendation: Positive random drug tests should not automatically result in a prisoner being denied access to the gymnasium.**

## **Diversity**

---

### **2.49 There should be a designated officer with day-to-day responsibility for diversity work, supported by liaison staff for each of the diversity strands. (3.45)**

**Achieved.** A full-time equality manager had overall day-to-day responsibility for the management and implementation of diversity and equality work. The equality team also included a part-time disability coordinator, part-time foreign national coordinator and full-time administrative support. Each diversity strand had a senior manager as the identified lead. Each strand lead officer met monthly with prisoner representatives and issues raised were subsequently taken to the overarching monthly equality governance meeting, which determined the strategic direction of diversity. This model worked well and ensured that diversity had a high profile across the establishment. The equality manager covered for diversity leads in their absence.

**2.50 There should be a diversity policy based on the assessed needs of minority groups, which outlines how the needs of these groups will be met. (3.48)**

**Partially achieved.** The equality policy was up to date although it had only recently been written. It covered each diversity strand, although there had been no needs analysis. Despite this, the new model of managing diversity strands ensured good consultation with prisoner diversity representatives. As a consequence, the needs of prisoners under each strand were broadly addressed. The equality action plan was informed by issues stemming from the equality governance meeting and was reviewed and updated at each meeting. Although there were significant developments under every diversity strand, these were not consistently reflected, and of the 53 objectives, only one related to race, one to foreign nationals and none to sexual orientation (referred to as 'lifestyles'). There also were some indications that developments under some pathways were not consistently reflected in the work of the overarching equality group, and that some aspects were taken forward in isolation.

**2.51 Diversity meetings should be attended by key staff responsible for delivering equality of opportunity, including health care and activity providers. (3.49)**

**Achieved.** Attendance at the monthly equality governance meeting was generally good and included diversity strand leads, staff from key departments and prisoner representatives.

**2.52 There should be detailed analysis of ethnic monitoring to determine patterns and trends, and such data should cover locally as well as nationally agreed areas. (3.66)**

**Partially achieved.** The prison used SMART (systematic monitoring and analysing of racial equality treatment) monitoring data, which was reviewed at the monthly equality governance meeting. Where data indicated either over- or under-representation of specific groups, further analysis was commissioned. Data analysed monthly included all nationally and some locally agreed areas. The Prison Service short-term monitoring tool was also used to evaluate some other aspects of diversity where concerns had been raised, such as the incentives and earned privileges (IEP) scheme and foreign national prisoners. This work was, however, relatively new.

**2.53 Racist incident complaints should be investigated promptly, and the outcome and resulting action recorded on the log. (3.68)**

**Partially achieved.** The prison had used diversity complaint forms for some time and these pre-dated the introduction nationally of discrimination incident report forms (DIRFs). In 2011 to date, 161 had been submitted, of which 47% (77) had been race related, 15% (24) related to religious concerns, and 11% (18) to disability. Incidents were investigated to a good standard. Prisoners were given detailed feedback, and actions taken with both prisoners and staff, where concerns were confirmed, were appropriate and proportionate. We saw examples where issues raised from DIRFs were subsequently discussed at the relevant forum and equality



governance meeting. Despite the general quality of investigations, some had taken a considerable time to complete – up to three months. In some cases, this appeared justified when there were complicating factors or similar issues were investigated together, but we were not assured that prisoners were always kept up to date with progress.

**2.54 Racist incident report forms should be subject to external quality checks, with feedback to the race equality action team. (3.69)**

**Not achieved.** Prisoner representatives reviewed anonymised DIRFs and all were quality assured and signed off by the director. However, there was no external quality assurance, although the prison hoped to establish this within the next few months.

**We repeat the recommendation as follows: Discrimination incident report forms (DIRFs) should be subject to external quality checks, with feedback to the equality governance meeting.**

### **Race equality**

---

**2.55 There should be an annual race equality needs analysis and regular consultation with the wider prisoner community to inform and develop the race equality strategy and action plan. (3.67)**

**Not achieved.** Although there were good arrangements for consultation with prisoner representatives (see paragraphs 2.49 and 2.57), there had been no specific needs analysis of the black and minority ethnic population. Prisoners who raised specific concerns or problems were regularly invited to attend monthly forums, along with prisoner representatives, but there was no forum or consultation with the wider black and minority ethnic population, which was approximately 19% at the time of the inspection.

**We repeat the recommendation.**

**2.56 There should be interventions to deal with racist behaviour. (3.70)**

**Partially achieved.** A number of sanctions were available for both staff and prisoners where concerns identified in DIRFs had been proven. Such sanctions included both informal and formal warnings and IEP reviews and adjudications for prisoners. We also saw examples of staff being directed to attend refresher 'challenge it change it' diversity training. There was no formal intervention to challenge prisoner attitudes or behaviour.

**We repeat the recommendation.**

**2.57 There should be a regular consultation forum for black and minority ethnic prisoners. (3.71)**

**Achieved.** There were 22 prisoner equality representatives across the establishment. Each had a specialist area, such as race or disability, and attended their specific forum. The group also met together monthly and a number attended the equality governance meeting.

### **Religion**

---

**2.58 The prison should seek to identify the causes of Muslim prisoners' negative perceptions and concerns. (5.38)**

**Achieved.** A full-time Muslim chaplain had been employed since the last inspection. Concerns raised by Muslim prisoners were discussed in appropriate forums and there had been action to

address these. Although some Muslim prisoners perceived a lack of sensitivity around their religion, the Muslim chaplain was content that the prison was supportive and sympathetic to their needs.

## **Foreign nationals**

---

- 2.59 **There should be appropriate strategic governance and operational support for the foreign national prisoner caseworker. (3.82)**

**Partially achieved.** A senior manager was the lead officer for foreign national prisoners. There was also a part-time foreign national coordinator whose role was primarily administrative, but with little in place to manage individual casework. Offender supervisors undertook some casework responsibility where appropriate, but there was no systematic interview with, or assessment of need, for all foreign national new arrivals. No one knew how many prisoners had limited or no English, the necessary range of immigration support or the social or domestic needs of foreign national prisoners.

**We repeat the recommendation as follows: There should be appropriate strategic governance and operational support for the foreign national coordinator.**

- 2.60 **Accredited translation and interpreting services should be used for prisoners who do not understand English well whenever matters of accuracy or confidentiality are a factor. (3.83)**

**Partially achieved.** Professional telephone interpreting had been used 14 times since the beginning of April 2011. There was no evidence that written translation services had been used, although general prisoner information was available from the library in several languages and the induction booklet was available in just English, Bulgarian, Spanish and German, although it was not clear how many prisoners currently spoke these languages. Although the policy indicated that formal interpreting services should be used in settings such as ACCT reviews, hospital appointments or adjudications, we were not assured that this was consistently the case. Staff were unclear about when, where and under what circumstance they could use interpreting services.

**We repeat the recommendation.**

- 2.61 **All new arrivals who are foreign nationals should be able to make their first free international phone call as soon as possible. (3.84)**

**Achieved.** All foreign national prisoners were given a free international telephone call monthly in lieu of visits. Money was credited to their account automatically and they did not have to apply. New arrivals were automatically included on the monthly list on the first day of the month after they arrived, which could be as soon as the next day.

- 2.62 **The foreign national liaison officer should be appropriately trained. (3.85)**

**Not achieved.** The foreign national coordinator's role was primarily administrative, although there are plans to expand the role to include a wider remit including direct prisoner contact. To date, the coordinator had received no specific training for the role.

**We repeat the recommendation as follows: The foreign national coordinator should be appropriately trained.**

- 2.63 **There should be a regular consultation forum for foreign national prisoners. (3.86)**

**Achieved.** Like other equality strands, foreign national prisoners had their own monthly forum attended by prisoner representatives.

**2.64 Prisoners should be allowed to retain family DVDs in their possession. (3.87)**

**Achieved.** Foreign national prisoners now had greater allocation of foreign language DVDs allowed in their possession compared with British nationals, in recognition of the limited television available in their own language. Home DVDs of family events etc could also be held once passed by the security department.

**Prisoners with disabilities and older prisoners**

---

**2.65 Prisoners with disabilities and older prisoners with identified needs should have a care plan that is informed by health care and residential staff, and about which they should be consulted. (3.46)**

**Achieved.** All prisoners with a disability, both physical and those with learning disability, were identified during induction or, more often, during reception and first night assessments. All such prisoners, 135 at the time of the inspection, were seen by the disability liaison officer and their details entered on to a comprehensive database. Following liaison and confirmation from health care, a care plan was compiled where necessary. All prisoners over 55 – 86 at the time of the inspection – were also reviewed by the disability liaison officer and, where specific needs were identified, a care plan was also compiled. The care plans we saw were generally comprehensive and covered the specific needs of prisoners. There were appropriate links with health care (see paragraph 2.71).

**2.66 There should be evacuation plans for prisoners with disabilities and older prisoners. (3.47)**

**Achieved.** The prison had identified 13 prisoners who required a personal emergency and evacuation plan (PEEP). Plans were held in prisoner wing files with a list of the prisoners in the central house block main office. However, some lists in central offices were out of date.

**Health services**

---

**General**

---

**2.67 The primary care trust should be asked to undertake an infection control audit, and the prison should implement its recommendations. (4.63)**

**Achieved.** A private company had undertaken an infection control audit in early 2011 using a Department of Health audit tool. Work to achieve compliance with its recommendations – such as the removal of carpets and non-porous working surfaces in treatment rooms – had begun.

**2.68 The door between inpatients and primary care should be changed to a gated door, to improve communication and visibility of patients at all times. (4.64)**

**Achieved.** The door between inpatients and primary care had been replaced with a gate and a windowed door. The gate was used to maintain security when the door was open. The inpatient officers' room had been moved to be next to the gate to enable better communication with nurses in the primary care office.

- 2.69 The refurbishment of the health services department should include provision of additional consulting rooms with appropriate accommodation, such as Portakabins. (4.65)

**Achieved.** Four extra consulting rooms had been provided.

- 2.70 The treatment rooms in health care and on the wings should be properly furnished to provide safe custody of all medical items. (4.68)

**Achieved.** The treatment rooms were being refurbished. Some medicines cabinets were satisfactory, although some had yet to be replaced as planned. The use of treatment rooms preserved the privacy and dignity of patients.

- 2.71 Policies for the management of older prisoners should be introduced. (4.70)

**Achieved.** There were 110 prisoners (12%) over 50 at the time of our visit. Although there was no local policy on the care of older adults, the service used the national service framework for older adults to guide developments. There was a lead nurse for the care of older adults, and a nurse 'champion' had been appointed to help with developments. Clinical activity included age-related well man health appointments and liaison with community Macmillan cancer care services to develop palliative care support. The Liverpool end-of-life pathway was being considered for implementation.

- 2.72 Resuscitation equipment, including defibrillators, should be centrally sited in each house block. (4.71)

**Achieved.** Resuscitation equipment, including automated external defibrillators, were sited in the health care treatment rooms in each house block and in reception and the health centre.

- 2.73 The cleaning contract should be extended to ensure that all clinical areas meet infection control standards. (4.105)

**Partially achieved.** Clinical areas were clean, although not clinically so, and there was a cleaning schedule for each area. Several clinical areas required attention following a recent infection control audit as it was not possible to make them clinically clean until the completion of compliance work (see paragraph 2.67).

**We repeat the recommendation.**

### **Clinical governance**

---

- 2.74 Health policies and procedures should be completed to ensure compliance with the Department of Health regulatory framework. (4.66)

**Achieved.** The Serco clinical governance lead officer had introduced a governance framework that included policies and procedures based on national guidance and regulatory frameworks. They were available to staff electronically and in print.

- 2.75 All health staff should have access to clinical supervision. (4.67)

**Achieved.** There was a policy for clinical supervision, but formal clinical supervision, although planned had yet to be introduced. Some informal clinical supervision had been established. Peer group supervision took place in daily staff meetings and there was a weekly training and

reflective practice session for nurses on shift at the time, although both were informal and neither was mandatory.

**2.76 A clinical patient management IT system should be introduced as a matter of urgency. (4.69)**

**Achieved.** SystemOne (the electronic clinical information system) had been introduced.

**2.77 Prisoners should have access to Patient Advice and Liaison Services [PALS] or the Independent Complaints Advocacy Service [ICAS]. (4.76)**

**Achieved.** Patients had access to ICAS, which was advertised. The prison complaints system did not link into the local PALS system.

**2.78 Serco Health should define the staff who should respond to complaints about health treatment. (4.79)**

**Achieved.** The health care manager and deputy manager were responsible for responding to complaints about health care. The health care complaints system was incorporated into the general prison complaints system, which did not preserve the confidentiality of medical information.

### **Primary care**

---

**2.79 All new arrivals should receive secondary health screening during their induction. (4.72)**

**Achieved.** All new arrivals received a secondary health assessment within their first three days. A template on SystemOne was used to record findings.

**2.80 Formal documented triage algorithms should be used to ensure consistency and continuity of care and advice to prisoners. (4.73)**

**Achieved.** Nurse triage was offered to prisoners on the wings and triage algorithms were used. Work to place a copy of the algorithms in each treatment room had yet to be completed.

**2.81 The front cover of the clinical record should list the names of health professionals making entries. (4.74)**

**No longer relevant.** SystemOne was used to record clinical activity. Clinicians had individual passwords for SystemOne and were automatically recognised and clinical entries attributed to them.

**2.82 There should be additional smoking cessation courses to reduce the waiting lists. (4.75)**

**Achieved.** This recommendation was accepted in principle but the provision had only been commissioned since April 2011. Since April 2011, the primary care trust (PCT) smoking cessation team had offered four sessions a week. Prisoners went on the course at the start of a 12-week cycle and no one waited longer than 12 weeks to get on the course.

**2.83 A senior clinician should have responsibility for promoting health and wellbeing across the prison. (4.77)**

**Achieved.** The senior outpatient nurse was responsible for health promotion. Distribution of health promotion posters was in hand during our visit. Well-being promotion was shared with other departments, such as catering and the gymnasium. The nurse attended meetings with other departments as appropriate.

- 2.84 Prisoners should always receive notification of health services appointments, there should be arrangements for them to notify the health services department if they cannot attend, and residential staff should inform health care of non-attendees. (4.80)**

**Partially achieved.** Prisoners received notification of their health care appointments through wing automated transaction machines (ATMs). If they did not wish to attend, they were asked to indicate on a health care application form. As the written health applications system was not confidential, this was a disincentive for prisoners and they frequently failed to communicate their intentions. Uniformed officers in the primary care centre notified health care of non-attendees, and the clinic's administrator informed the senior outpatient nurse if a prisoner whose health caused concern failed to attend. Accumulated failure-to-attend data were taken to a weekly meeting for managers to consider.

- 2.85 There should be more optician clinics to reduce the waiting list. (4.81)**

**Achieved.** Optician clinics took place fortnightly, and additional clinics were arranged when the waiting time exceeded nine weeks. The longest waiting time was just under nine weeks at the time of our visit.

## **Pharmacy**

---

- 2.86 Nurses should only administer medications to prisoners on their own in exceptional circumstances, and a second person should assist with all administrations. (4.82)**

**Achieved.** We were informed that there was usually a registered nurse and health care assistant present when medicines were administered and we observed this to be the case, although we also saw medicines administration when only one nurse was present. Medicines administration practices complied with Nursing and Midwifery Council single signatory standards. We observed controlled drugs administered by two nursing registrants.

- 2.87 Prisoners on K wing should be able to attend the treatment room hatch to receive their medication. (4.83)**

**Achieved.** Prisoners on K wing received their medications from the house block treatment room hatch. Those subject to cellular confinement received their medications individually in their cells.

- 2.88 The pharmacist should revise the pharmacy procedures and policies, and these should be formally agreed through the medicines and therapeutics committee. (4.84)**

**Achieved.** The Serco director of pharmacy provided core standard operating procedures (SOPs), with a copy kept in the pharmacy. The SOPs were yet to be endorsed by the new medicines management committee (MMC).

- 2.89 The health care assistant responsible for managing the pharmacy should receive appropriate training and support to undertake her duties. (4.85)**

**Partially achieved.** A pharmacy assistant managed the pharmacy. She received supervision and instruction from the pharmacist, who visited weekly, and had received mandatory and medicines management training for her role. She could not undertake formal qualifications in pharmacy due to the lack of constant pharmacist supervision.

- 2.90 **The service level agreement with the pharmacy provider should include pharmacy clinics, clinical audit and medication review. (4.86)**

**Partially achieved.** The SLA included the provision of clinical audit. There were no pharmacy-led clinics, and medication reviews were undertaken by the GPs.  
**We repeat the recommendation.**

- 2.91 **The pharmacy should maintain full patient medication records for all prescribed medication, and reconciliation of stock against prescriptions issued. (4.87)**

**Achieved.** There were full medication records, which were reconciled between SystmOne and the pharmacy electronic system. Physical stock was reconciled against the electronic records weekly.

- 2.92 **The practice of transcribing medications should stop, and there should be a suitable dedicated fax machine for ordering medication, which should be audited by the pharmacist. (4.88)**

**Achieved.** There was a dedicated fax machine in the pharmacy and transcribing had ceased. The pharmacist audited medication supply and stock systems regularly.

- 2.93 **The medicines and therapeutics committee should review the use of general stock. Named-patient medication should be used wherever possible and the supply of unlabelled medication from stock to patients should cease. (4.89)**

**Achieved.** A revised medicines management committee was being introduced in the week of our visit. Aggregated stock supply data were available to the committee and use of the stock was on the agenda for a forthcoming meeting. There was a plan to increase the supply of in-possession medication, available to 45% of prisoners at the time of our visit. We observed only labelled medications supplied to patients.

- 2.94 **There should be a range of pre-packed medicines for out-of-hours issue. All pre-packs should be dual labelled. (4.90)**

**Achieved.** There was an out-of-hours cupboard with pre-packed medications, which were dual labelled. The MMC was to consider an alternative labelling and auditing system as dual labelling was no longer recommended.

- 2.95 **The management of controlled drugs (CDs) should be reviewed to ensure only correctly labelled CDs are stored in CD cupboards using the new format CD registers. (4.91)**

**Achieved.** All controlled drugs were correctly labelled. They were stored in CD cupboards and logged in new-format CD registers.

- 2.96 **Controlled drugs should only be supplied as stock against an original signed requisition, and only after that requisition has been received. (4.92)**

**Achieved.** CDs supplied as stock were issued against original signed requisitions only.

## **Dentistry**

---

- 2.97 **Cover should be provided for the dentist's annual leave and any sick leave, and chairside assistance should be consistently provided. (4.93)**
- Not achieved.** There was no cover for the annual leave or sick leave of the dentist or dental nurse.  
**We repeat the recommendation.**
- 2.98 **The disposal of hazardous waste contract should include dental amalgam and chemical waste. (4.94)**
- Achieved.** Hazardous waste was removed by a specialist waste management company. The contract included safe disposal of amalgam and chemical components.
- 2.99 **The dental unit should be replaced or repaired; it should incorporate an amalgam separator. (4.95)**
- Achieved.** The dental unit had been replaced and there was an amalgam separator.
- 2.100 **There should be greater use of dental triage, and patients informed of their appointment details. (4.96)**
- Achieved.** Dental triage was offered by the dental nurse and dentist on three days a week. Appointment details were available to prisoners on the ATM machines.
- 2.101 **High quality toothbrushes and toothpaste should be available from the prison shop, and oral health education literature should be available to prisoners. (4.103)**
- Achieved.** A range of toothbrushes, proprietary toothpastes, dental tablets and floss were available from the prison shop. Oral health education literature was available in health care and the dental suite.
- 2.102 **There should be a regular oral hygienist session to reduce waiting time for routine treatment and enhance preventive care. (4.104)**
- Not achieved.** Although this recommendation had been accepted in principle, the provision of a hygienist session remained a commissioning issue and no regular session had been provided. Dental waiting times for routine care were between five and eight weeks which, we were told, could be reduced with the services of a hygienist.  
**We repeat the recommendation.**

## **Inpatient care**

---

- 2.103 **A member of the health team should be allocated responsibility for overseeing patients in the inpatient area. Staff should be encouraged to interact more with patients and occupational therapy advisers asked to provide advice on the introduction of therapeutic activity. (4.78)**
- Achieved.** A senior nurse led on inpatient clinical care and a health care assistant was based in the unit throughout the day. We observed good interactions between inpatients and staff. A



published inpatient timetable included therapeutic activities, such as learning support during the day, art classes, visiting library and off-unit sessions in education, the library and the gymnasium. No one in health care could tell us whether an occupational therapist had advised on the regime. Learning support was popular and well used.

**2.104 Showers in the inpatient area should have privacy screening. (4.101)**

**Achieved.** There were two showers in the inpatient bathroom, both of which usually had privacy stable doors. However, one stable door and its frame had been removed to enable temporary access for an inpatient needing a portable hoist.

**2.105 The inpatient unit should have portable hoists to accommodate disabled patients. (4.102)**

**Achieved.** There were two portable hoists in the inpatient unit that were suitable for use with patients with disabilities.

### **Secondary care**

---

**2.106 The director and the health care manager should investigate ways to reduce the number of prisoners waiting to attend NHS appointments, such as the introduction of more in-reach services to the prison. (4.97)**

**Achieved.** Waiting times for NHS appointments were within local targets. Mental health in-reach had been established. There were some visiting specialists, including physiotherapy and chiropody. A pilot scheme to introduce telemedicine was due to commence.

### **Mental health**

---

**2.107 Custody officers should receive regular and updated mental health awareness training. (4.98)**

**Achieved.** A quarter of custody officers (135) had been trained in mental health awareness in the last two years. A new programme of monthly training by the health care mental health team was due to start.

**2.108 The primary mental health team should have access to continuous administrative support. (4.99)**

**Achieved.** Continuous administrative support for the primary mental health team had been introduced following our last inspection but was then withdrawn. It had been agreed to reinstitute the support, and recruitment to a vacancy was due to commence.

**2.109 The primary mental health team should be represented at assessment, care in custody and teamwork (ACCT) reviews. (4.100)**

**Achieved.** Primary and secondary mental health clinicians were involved in ACCT reviews and uniformed officers we spoke with appreciated their inputs. Contributions to ACCT reviews were noted in the SystemOne journal. The multiagency safety and health (MASH) committee was managed by the psychology department and attended by representatives from across the establishment, including health care, to provide a coordinated and effective response to vulnerable prisoners.

## **Time out of cell**

---

### **2.110 All prisoners should have at least 10 hours out of cell per day. (5.43)**

**Not achieved.** Opportunities for time out of cell were generally reasonable and many fully employed prisoners achieved up to 10 hours a day. The prison consistently recorded between nine and 10 hours out of cell per prisoner per day. However, a significant number had much less than this, and we were not assured that the prison's recording system reflected the real picture. Figures were further skewed as data from the therapeutic community were not disaggregated from those for the main prison. The prison recorded an average time unlocked of 10 hours for an employed prisoner and 6.5 hours for an unemployed prisoner. An average of between 120 and 130 prisoners were unemployed at a time and realistically they could achieve on average only five hours a day out of cell. At roll checks during the working part of the day we found 375 and 355 prisoners (41% and 38.5% respectively) locked in their cells, which again undermined the integrity of the prison's data and suggested that not all prisoners achieved 10 hours a day out of cell. The prison needed to undertake further work to understand and address these issues.

**We repeat the recommendation.**

### **2.111 Furniture and recreational facilities should be provided in the exercise yards. (5.44)**

**Partially achieved.** Benches were provided on all exercise yards, but further recreational facilities had been rejected as cost prohibitive.

## **Learning and skills and work activities**

---

### **2.112 The management of and support to tutors in the education department should be improved. (5.15)**

**Achieved.** Management of and support for education and vocational training staff had recently improved. Although there had been improved support for tutors in 2009, these arrangements had lapsed until June 2011 when new management initiated a range of activities to support tutors in quality improvement. These included both education and vocational training tutors in regular staff meetings, teaching and learning observations, staff appraisals, best practice-sharing weekly meetings, and in continuing professional development in both curriculum and prison issues.

### **2.113 Sufficient accommodation and up-to-date resources should be provided to support teaching and learning. (5.16)**

**Achieved.** The new education building was spacious and well resourced, and provided an improved learning environment for mainstream prisoners. Vulnerable prisoners had exclusive use of the old education building.

### **2.114 There should be an improvement in prisoners' participation and success in numeracy and literacy courses. (5.17)**

**Achieved.** Our analysis of the literacy and numeracy level 1 and 2 attendance and accreditation data showed improvement in both participation and success. In the four years since 2008, achievement rates had improved from 60% in 2008/09 to 66% in 2009/10, 82% in 2010/11 and 82% in the year to date since August 2011. Participation in the three months

August to October 2011 was 303 prisoners, compared with 456 for the whole of 2008/09 and around 350 for the years in between. Entry level data were unavailable to analyse.

**2.115 Education data should be analysed and used to improve the quality of provision. (5.18)**

**Not achieved.** Despite good collection of education and vocational training data and information, including prisoners' exam successes, there was inadequate analysis and evaluation to inform management decisions for quality improvement.

**We repeat the recommendation.**

**2.116 The range of the curriculum should be increased. (5.19)**

**Partially achieved.** Mainstream prisoners had access to an increased range of classroom-based subjects in the new enlarged education building, including the addition of accredited personal and social development courses, such as drug and alcohol awareness and money management. Exclusive use of the old education building had enabled increased education provision for vulnerable prisoners but the range of subjects remained too narrow, as only art had been added. Mainstream prisoners had more vocational training provision following the introduction of environmental waste disposal and recycling.

**We repeat the recommendation as follows: The range of the curriculum for vulnerable prisoners should be increased.**

**2.117 The planning of individual learning should be improved. (5.20)**

**Partially achieved.** Recent improvements had included a well-organised induction to education, vocational training and work, at which prisoners' literacy and numeracy abilities were assessed. The results were used in conjunction with information about their sentence planning requirements to plan activities to meet their individual needs and interests. Individual learning plans were created with prisoners at this stage. The use of individual learning plans by subject tutors was too varied. A pilot had recently started with a few tutors trialling revised and standardised individual learning plans using clear and measurable target setting and progress reviews. These were due to be introduced in 2012 across all education and vocational training areas.

**We repeat the recommendation.**

## **Library**

---

**2.118 Prisoners should be able to get to their allocated library sessions. (5.21)**

**Partially achieved.** Library use by prisoners had improved since regime changes in September 2009. In July 2011, the library had been relocated to the new education building, which provided a more accessible, welcoming and well-resourced learning environment with eight computers and a study area, as well as books, CDs, newspapers and reference materials. Prisoners could generally get to their allocated library sessions, except when escort officers were unavailable. This often affected the two weekday evening sessions, one of which was the main session for vulnerable prisoners (see also paragraph 2.27). Mainstream prisoners had additional library time if they visited the library with teachers during their class time.

**We repeat the recommendation.**

**2.119 Use of the library should be better promoted. Links between the library and education should be improved, and prisoners encouraged to use it as a study resource. (5.22)**

**Partially achieved.** Library information was displayed on the residential wings, but there had been no further promotional activities since the library's recent relocation. The white board in the library was used effectively to inform prisoners when book orders were ready to collect. Links between the library and education staff had improved and the library assistant actively sought requests from tutors for new stock relevant to the expanded curriculum. Prisoners did not use the new well-resourced study areas as much as previously, with only one regular visitor.

**We repeat the recommendation.**

## **Physical education and health promotion**

---

- 2.120 **The physical education department should introduce more vocationally related courses. (5.30)**

**Not achieved.** The number of vocationally related PE courses had not increased. A new PE tutor had been appointed in the education department six months previously specifically to offer PE and health-related vocationally relevant courses. The lapsed awarding body approval had recently been successfully reinstated, and a new fitness instructor accredited course at level 2 was due to start shortly.

**We repeat the recommendation.**

- 2.121 **A new location should be found for the weights equipment. (5.31)**

**Achieved.** The PE weights equipment had recently been relocated from the sports hall to an adjacent spacious purpose-built area.

## **Discipline**

---

- 2.122 **Prisoners who are placed in special accommodation should not be routinely strip searched or deprived of normal clothing. (6.36)**

**Achieved.** Special accommodation had been used infrequently, on only three occasions in 2010 and three times in 2011 to date. Records suggested that prisoners were not routinely strip searched and none of those located there in 2011 had been deprived of their normal clothing. However, it was inappropriate that one prisoner had been located in special accommodation in 2011 to prevent him from self-harming.

- 2.123 **Prisoners who are located on to the care and separation unit (CSU) should not be subject to a routine strip search. (6.37)**

**Achieved.** Records suggested, and we were assured by staff, that prisoners were not routinely strip searched on location to the CSU.

- 2.124 **Wing file entries for prisoners in the CSU and those serving cellular confinement on K wing should indicate positive engagement by staff. (6.38)**

**Partially achieved.** The files we sampled of prisoners located in the CSU indicated some positive engagement from staff and were of a better standard than we normally see. However, records for prisoners serving cellular confinement on K wing were far more observational and did not reflect the positive engagement and interaction between staff and prisoners.

## **Incentives and earned privileges**

---

- 2.125 **Information about the operation of the incentives and earned privileges (IEP) scheme should be available in a range of appropriate languages. (6.52)**

**Not achieved.** Information on the incentives and earned privileges scheme was still only available in English, with the prison citing the cost of translation services for not extending it. We repeat the recommendation.

- 2.126 **The senior management team should collate and monitor the documented IEP review board information to assess how fairly and consistently the scheme is being applied across all wings. (6.53)**

**Achieved.** The unit managers for each house block carry out weekly IEP review reports, which were collated and forwarded to the operations managers. Operations managers were required to quality assure 20%, but the quality assurance that took place was occasionally below this target. Some quality assurance was perfunctory, although we found evidence of meaningful quality checks and that managers overturned warnings deemed unfair. The senior management team (SMT) collated data that was discussed at its monthly meeting.

- 2.127 **Applications for the enhanced level should be tracked to ensure they are processed in a timely manner. (6.54)**

**Achieved.** The IEP scheme had been reviewed and incorporated a tracking process for enhanced applications. Applications were logged in prisoners' history files and a record of the enhanced review board was also recorded. This indicated a more expeditious approach than at the last inspection. There were 415 prisoners on enhanced level, and those we interviewed said that the process from application to the review board was no longer than two weeks.

- 2.128 **Prisoners on the basic level of the scheme should be set meaningful targets and given the necessary support to demonstrate improvement in their behaviour. (6.55)**

**Partially achieved.** There were 14 prisoners on the basic level. We reviewed all their files and found that some had been set targets that related to the reason for their downgrade – for example, prisoners on basic for a drug-related adjudication were signposted to the counselling, assessment, referral, advice and throughcare (CARAT) team. However, too many targets were perfunctory, such as 'remain adjudication and negative entry free' and 'learn from past behaviour'.

We repeat the recommendation.

## **Catering**

---

- 2.129 **Wing staff should ensure food hygiene standards are maintained through supervision of food service. (7.6)**

**Achieved.** Hygiene standards were checked daily by wing staff and weekly by managers. Supervision of food service was mostly appropriate but, despite staff supervision, we saw a prisoner using his gloved hand rather than the specified utensil to serve food

- 2.130 **Food comments books should be available on all wings, and the catering manager should respond to comments. (7.7)**

**Partially achieved.** Although there were food comments books on all serveries, they were not freely accessible to prisoners and were consequently used infrequently. There was no consistent evidence that the catering team had responded to comments.  
**We repeat the recommendation.**

## **Strategic management of resettlement**

---

- 2.131 **There should be an annual comprehensive needs analysis to inform the resettlement strategy. (8.9)**

**Achieved.** An annual needs analysis was used to inform the reducing reoffending strategy.

- 2.132 **Minuted monthly resettlement meetings should be held based on the resettlement pathways. (8.10)**

**Achieved.** The reducing reoffending policy group met quarterly. Meetings were based on resettlement pathways and chaired by the deputy director.

- 2.133 **All resettlement pathways should have identified leads. (8.11)**

**Achieved.** Lead officers were identified for all pathways.

- 2.134 **Prisoners in their last 12 months of sentence should be informed of the provision available under each of the resettlement pathways. (8.12)**

**Achieved.** A member of the offender management unit (OMU) interviewed all new arrivals within their first 48 hours to assess their needs under each pathway, in conjunction with his personal officer (see 2.20), and information about pathway support was included in the induction. The resettlement team completed a pathway-based need assessment 12 months before the prisoner's release, and a six-week pre-release board also identified and assisted with any last minute unmet need.

- 2.135 **Prisoners should be asked to complete an anonymous questionnaire on their release, and the results should be used to inform the resettlement needs analysis and strategy. (8.13)**

**Partially achieved.** Exit questionnaires had been introduced but the results were not used to inform the needs analysis or strategy.

## **Offender management and planning**

---

### **Sentence planning and offender management**

---

- 2.136 **There should be an effective quality assurance scheme to cover all work undertaken by the offender management unit (OMU). (8.29)**

**Partially achieved.** The senior probation officer supervised seconded probation officers monthly, and prison managers supervised prison-employed offender assessors quarterly. Both groups held separate team meetings, although only the probation meetings were minuted. Twice yearly meetings of the whole staff group were not minuted. Although there was an

expectation of quarterly contact between the supervisor/assessor and prisoner, this frequency of contact was not apparent in all case records (see also paragraph 2.138).

**2.137 Succession planning should be introduced for OMU staff. (8.30)**

**Achieved.** Succession planning had been introduced.

**2.138 Offender supervisors should engage with their prisoners to assess and address identified risk factors, and this should be reflected in records of contact. (8.31)**

**Partially achieved.** Some case notes recorded progress, or not, in reducing risk factors, but some recorded mostly practical issues and liaison with other agencies. Few case notes showed offender supervisor knowledge of wider issues for the prisoner, such as family relationships and their quality.

### **Categorisation**

---

**2.139 Managers should ensure that relevant departments should submit their contributions to enable recategorisation boards to take place on time. (6.14)**

**Achieved.** Contributions to recategorisation boards were received on time.

**2.140 Prisoners should have planned progressive moves in accordance with their sentence planning targets. (6.15)**

**Not achieved.** There were 456 category C and 54 category D prisoners during the inspection. Although many prisoners made progressive moves (82 had moved to open conditions during the year), there continued to be problems transferring prisoners to suitable category C and D prisons because of lack of space. HMP Sudbury, a nearby open prison, had a waiting time of approximately eight months. There were also difficulties in finding suitable moves for prisoners on indeterminate sentences for public protection (IPPs) and sex offenders, and, as reported in 2008, it remained very difficult for prisoners to transfer to prisons in the south east because of high population pressure.

**We repeat the recommendation.**

### **Indeterminate-sentenced prisoners**

---

**2.141 There should be further staffing in the lifer unit to manage the high number of prisoners on indeterminate sentence for public protection (IPP). (8.32)**

**Partially achieved.** Seven offender supervisors (seconded probation officers), assisted by a probation support officer and a part-time resettlement manager, were based in the OMU and managed the 201 IPP prisoners, alongside 211 serving life sentences. However, the psychology team was not funded to work with IPPs, which delayed the progression of some prisoners (see below).

**2.142 There should be adequate chartered psychology provision to support the work of the department. (8.33)**

**Partially achieved.** Two full-time and one part-time chartered psychologists were employed and reports for life-sentenced prisoners were up to date, but the psychology team was not funded to work with IPPs (see above).

## Further recommendation

- 2.143 There should be psychology reports on the progress of prisoners on indeterminate sentences for public protection against identified risk factors, where necessary, to facilitate their effective management and progression.

## Resettlement pathways

---

### Accommodation

---

- 2.144 Specialist accommodation advice and support should be available for all prisoners in the last 12 months of their sentence. (8.42)

**Achieved.** The resettlement team dealt with accommodation advice and support, and housing benefits were safeguarded as necessary. Staff had received Nacro housing training, and there were good links with, and support from, local and national accommodation providers. Prisoners' accommodation needs were assessed on arrival, 12 months before release and at a six-week pre-release board. A published directory recorded agencies working with prisoners under each pathway.

### Education, training and employment

---

- 2.145 There should be greater use of external agencies to provide support on education, training or employment after release. (8.44)

**Achieved.** The education, training and employment information, advice and guidance to prisoners had improved. Since the appointment of new staff in mid-2010, a pre-release course had run six times a year for two groups of 15 prisoners each. It was offered to prisoners during the last 12 months of their sentence. A useful 72-page contacts directory of external agencies was given to prisoners to use on release. Coordinated promotion and delivery of pre-release information, advice and guidance enabled prisoners to prepare for release and make links with external agencies. There were also improved links to external agencies to provide support for education, training and employment post-release, with increased practical through-the-gate activities.

### Finance, benefit and debt

---

- 2.146 Specialist finance, benefit and debt advice and support should be available for all prisoners in the last 12 months of their sentence. (8.43)

**Achieved.** The resettlement team dealt with finance, benefit and debt advice, and prisoners could access a recently introduced specialist debt counselling agency in the prison. Prisoners' financial needs were assessed on arrival, 12 months before release and at a six-week pre-release board. Resettlement staff organised the closing of benefit claims and the setting up of Fresh Start benefit appointments on release, through local Jobcentres. A money management course was available in education, and prisoners could open a bank account.



## **Drugs and alcohol**

---

- 2.147 The drug strategy document should be updated, include alcohol services, and contain detailed action plans and performance measures. (8.52)

**Achieved.** There was a drug and alcohol strategy for 2011 and a drug and alcohol needs analysis for 2010/11. The strategy detailed objectives for achievement, required outcomes to be achieved with target dates and names of responsible officers.

- 2.148 The substance misuse team should be adequately staffed to ensure achievement of psychosocial programme completions. (8.53)

**Achieved.** Staffing had increased following our last inspection and there was stability in the team. Programme outcomes for prisoners were not affected by staffing levels.

- 2.149 Suitable accredited psychosocial programmes should be introduced to meet the needs of the population. (8.54)

**Achieved.** There were several psychosocial programmes, including controlling anger and learning to manage it (CALM), thinking skills programme (TSP), 15 integrated drug treatment system (IDTS) modules, harm minimisation, relapse prevention and motivational enhancements. The provision of COVAID (control of violence for angry impulsive drinkers) was under consideration. The provision was related to the needs analysis. Some programmes were accredited or complied with regional support group guidelines.

- 2.150 There should be dedicated facilities for voluntary drug testing on each wing. (8.55)

**No longer relevant.** Compact based drug testing (CBDT) had superseded voluntary drug testing. The CBDT procedure was carried out in the prisoner's own cell.

## **Children and families of offenders**

---

- 2.151 The resettlement strategy should include a clear strategic focus, based on a needs analysis, on how to encourage prisoners to maintain contact with their children and families. (8.66)

**Achieved.** The reducing reoffending strategy included an action plan to develop services under the pathway, based on the needs analysis.

- 2.152 There should be a range of services in the visitors' centre to provide a more supportive and welcoming environment. (8.67)

**Not achieved.** The visitors' centre was unchanged.  
We repeat the recommendation.

- 2.153 Arrangements to provide eligible prisoners with accumulated visits should be expedited. (8.68)

**Not achieved.** In the needs analysis, 6% of respondents said that they would like to have accumulated visits, and three prisoners had had accumulated visits at other establishments in 2011 to date. Accurate records of applications for accumulated visits had only been maintained

since August 2011, and recorded eight requests. One application received in March 2011, seven months earlier, regarded HMP High Down in Greater London, and it continued to be very difficult, if not impossible, to secure accumulated visits in prisons in the south east due to population pressure.

We repeat the recommendation.

- 2.154 Seating in the visits room should not be fixed, and there should be greater privacy for open visits. (8.69)

Not achieved. Seating in the visits room continued to be fixed with very little privacy. We repeat the recommendation.

- 2.155 Closed visits should not be authorised solely on the basis of a single dog indication, but supported by additional security intelligence. (8.70)

Not achieved. A positive indication by a drug dog continued to result in the choice of a visitor leaving or accepting a closed visit. We repeat the recommendation.

- 2.156 Family days should be open to all prisoners. (8.71)

Not achieved. Family days continued to be available to enhanced prisoners only. We repeat the recommendation.

- 2.157 The prison should employ a qualified family support worker. (8.72)

Achieved. The family support worker was a qualified and registered social worker.

### **Attitudes, thinking and behaviour**

---

- 2.158 There should be appropriate support staff to help deliver education-based offending behaviour programmes. (8.78)

Not achieved. Education-based programmes continued to be delivered by one individual. We repeat the recommendation.

- 2.159 Post-programme reports for prisoners completing non-nationally accredited programmes should detail their progress and identify further work, where appropriate. (8.79)

Achieved. Post-programme reports detailed prisoners' engagement in and contribution to the course and progress made, and identified further work as necessary.

- 2.160 Offender supervisors should use post-programme reports to inform further work and assessments of risk. (8.80)

Partially achieved. Some offender supervisors and assessors said that they did not automatically receive post-programme reports for prisoners. However, there was evidence in case notes, sentence plans and other reports that many supervisors and assessors used the reports, and the fact that the prisoner had undertaken a course, to assess risk factors and inform further work.

# Section 3: Summary of recommendations

The following is a list of both repeated and further recommendations included in this report. The reference numbers in brackets refer to the paragraph location in the main report.

## **Main recommendations**

---

To the director

- 3.1 The prison should rebuild relationships with the local Samaritans in order to establish a full Listener scheme at the earliest opportunity. (2.1)
- 3.2 Cells designed for single use should not be used for shared occupancy. (2.4)
- 3.3 The prison should develop a foreign national strategy, based on a needs analysis, with specific improvement objectives. (2.5)
- 3.4 There should be additional activity places. (2.6)

## **Recommendations**

---

To the director

### **First night in custody**

---

- 3.5 First night accommodation for new arrivals and prisoners on induction should not be used to accommodate prisoners who cannot be located elsewhere. (2.10)

### **Residential units**

---

- 3.6 Cell toilets should be adequately screened. (2.12)
- 3.7 Prisoners in shared cells should have a secure locker with a key. (2.13)

### **Personal officers**

---

- 3.8 Quality assurance of the personal officer scheme should be extended to focus on positive staff engagement with prisoners and risk management and assessment. (2.19)

### **Vulnerable prisoners**

---

- 3.9 Vulnerable prisoners should be given the same access to the library and time out of cell as those on normal location. (2.27)
- 3.10 Vulnerable prisoners should be given a separate forum to raise their concerns about safety and access to the regime. (2.28)
- 3.11 There should be measures to prevent prisoners who use the exercise yard next to the vulnerable prisoner unit from spitting on windows or otherwise abusing vulnerable prisoners. (2.30)

## **Self-harm and suicide**

---

- 3.12 The timing of night monitoring checks for assessment, care in custody and teamwork (ACCT) documents should be frequent but irregular. (2.32)

## **Substance use**

---

- 3.13 Positive random drug tests should not automatically result in a prisoner being denied access to the gymnasium. (2.48)

## **Diversity**

---

- 3.14 Discrimination incident report forms (DIRFs) should be subject to external quality checks, with feedback to the equality governance meeting. (2.54)
- 3.15 There should be an annual race equality needs analysis and regular consultation with the wider prisoner community to inform and develop the race equality strategy and action plan. (2.55)
- 3.16 There should be interventions to deal with racist behaviour. (2.56)
- 3.17 There should be appropriate strategic governance and operational support for the foreign national coordinator. (2.59)
- 3.18 Accredited translation and interpreting services should be used for prisoners who do not understand English well whenever matters of accuracy or confidentiality are a factor. (2.60)
- 3.19 The foreign national coordinator should be appropriately trained. (2.62)

## **Health services**

---

- 3.20 The cleaning contract should be extended to ensure that all clinical areas meet infection control standards. (2.73)
- 3.21 The service level agreement with the pharmacy provider should include pharmacy clinics, clinical audit and medication review. (2.90)
- 3.22 Cover should be provided for the dentist's annual leave and any sick leave, and chairside assistance should be consistently provided. (2.97)
- 3.23 There should be a regular oral hygienist session to reduce waiting time for routine treatment and enhance preventive care. (2.102)

## **Time out of cell**

---

- 3.24 All prisoners should have at least 10 hours out of cell per day. (2.110)

### **Learning and skills and work activities**

---

- 3.25 Education data should be analysed and used to improve the quality of provision. (2.115)
- 3.26 The range of the curriculum for vulnerable prisoners should be increased. (2.116)
- 3.27 The planning of individual learning should be improved. (2.117)
- 3.28 Prisoners should be able to get to their allocated library sessions. (2.118)
- 3.29 Use of the library should be better promoted. Links between the library and education should be improved, and prisoners encouraged to use it as a study resource. (2.119)

### **Physical education and health promotion**

---

- 3.30 The physical education department should introduce more vocationally related courses. (2.120)

### **Incentives and earned privileges**

---

- 3.31 Information about the operation of the incentives and earned privileges (IEP) scheme should be available in a range of appropriate languages. (2.125)
- 3.32 Prisoners on the basic level of the scheme should be set meaningful targets and given the necessary support to demonstrate improvement in their behaviour. (2.128)

### **Catering**

---

- 3.33 Food comments books should be available on all wings, and the catering manager should respond to comments. (2.130)

### **Offender management and planning**

---

- 3.34 Prisoners should have planned progressive moves in accordance with their sentence planning targets. (2.140)
- 3.35 There should be psychology reports on the progress of prisoners on indeterminate sentences for public protection against identified risk factors, where necessary, to facilitate their effective management and progression. (2.143)

### **Resettlement pathways**

---

- 3.36 There should be a range of services in the visitors' centre to provide a more supportive and welcoming environment. (2.152)
- 3.37 Arrangements to provide eligible prisoners with accumulated visits should be expedited. (2.153)

- 3.38 Seating in the visits room should not be fixed, and there should be greater privacy for open visits. (2.154)
- 3.39 Closed visits should not be authorised solely on the basis of a single dog indication, but supported by additional security intelligence. (2.155)
- 3.40 Family days should be open to all prisoners. (2.156)
- 3.41 There should be appropriate support staff to help deliver education-based offending behaviour programmes. (2.158)

## Appendix I: Inspection team

---

Keith McInnis	Team leader
Joss Crosbie	Inspector
Kevin Parkinson	Inspector
Kellie Reeve	Inspector
Paul Tarbuck	Health services inspector
Julia Horsman	Ofsted inspector

## Appendix II: Prison population profile

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

Status	21 and over	%
Sentenced	743	80.5
Recall	74	8
Convicted unsentenced	31	3
Remand	81	8
Detainees	5	0.5
<b>Total</b>	<b>923</b>	<b>100</b>

Sentence	21 and over	%
Unsentenced	121	12
Less than 6 months	59	6
6 months to less than 12 months	40	4
12 months to less than 2 years	76	8
2 years to less than 4 years	16	1
4 years to less than 10 years	128	13
10 years and over (not life)	139	14
ISPP	126	13
Life	280	29
<b>Total</b>	<b>923</b>	<b>100</b>

Age	Number	%
21 years to 29 years	346	37.5
30 years to 39 years	296	32
40 years to 49 years	171	18.5
50 years to 59 years	65	7
60 years to 69 years	37	4
70 plus years: <i>maximum age=80</i>	8	1
<b>Total</b>	<b>923</b>	<b>100</b>

Nationality	21 and over	%
British	833	90
Foreign nationals	90	10
<b>Total</b>	<b>923</b>	<b>100</b>

Security category	21 and over	%
Uncategorised unsentenced	119	
Uncategorised sentenced	28	
Category B	472	
Category C	442	
Category D	52	
<b>Total</b>	<b>1113</b>	

Ethnicity	21 and over	%
<i>White</i>		
British	713	77.4
Irish	11	1.2
Other white	18	1.9



<i>Mixed</i>		
White and black Caribbean	13	1.4
White and black African	2	0.2
White and Asian	3	0.3
Other mixed	2	0.2
<i>Asian or Asian British</i>		
Indian	23	2.5
Pakistani	36	3.9
Bangladeshi	2	0.2
Other Asian	18	1.9
<i>Black or black British</i>		
Caribbean	42	4.5
African	14	1.5
Other black	22	2.4
<i>Chinese or other ethnic group</i>		
Other ethnic group	5	0.5
<b>Total</b>	<b>923</b>	<b>100</b>

<b>Religion</b>	<b>21 and over</b>	<b>%</b>
Church of England	160	17.5
Roman Catholic	132	14.5
Other Christian denominations	66	7.5
Muslim	90	9.75
Sikh	12	1
Hindu	6	0.5
Buddhist	25	2.25
Other	43	4.5
No religion	389	42.5
<b>Total</b>	<b>923</b>	<b>100</b>

#### Sentenced prisoners only<sup>1</sup>

<b>Length of stay</b>	<b>Number</b>	<b>%</b>
Less than 1 month	113	11.27
1 month to 3 months	140	13.96
3 months to 6 months	139	13.86
6 months to 1 year	152	15.15
1 year to 2 years	223	22.23
2 years to 4 years	187	18.64
4 years or more	49	4.89
<b>Total</b>	<b>1003</b>	<b>100</b>

#### Unsentenced prisoners only

<b>Length of stay</b>	<b>Number</b>	<b>%</b>
Less than 1 month	48	40.34
1 month to 3 months	39	32.77
3 months to 6 months	25	21.01
6 months to 1 year	7	5.88
<b>Total</b>	<b>119</b>	<b>100</b>

<sup>1</sup> Figures include therapeutic community.

<b>Main offence<sup>2</sup></b>	<b>21 and over</b>	<b>%</b>
Violence against the person	432	<i>38.47</i>
Sexual offences	154	<i>13.71</i>
Burglary	99	<i>8.82</i>
Robbery	147	<i>13.09</i>
Theft and handling	51	<i>4.54</i>
Fraud and forgery	8	<i>0.71</i>
Drugs offences	81	<i>7.21</i>
Other offences	134	<i>11.93</i>
Civil offences	1	<i>0.09</i>
Offence not recorded/holding warrant	16	<i>1.42</i>
<b>Total</b>	<b>1123</b>	<b>100</b>

---

<sup>2</sup> Figures include therapeutic community.