

Report on an announced inspection of

HMP Dovegate

29 September – 3 October 2008

by HM Chief Inspector of Prisons

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

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Introduction

HMP Dovegate is a privately managed category B prison run by Serco. (It also houses a largely self-contained 200-bed therapeutic community, which was the subject of a separate inspection report published earlier.) On our last two visits to the main prison, we noted serious weaknesses in safety and control and a lack of progress between inspections. To the credit of the director and his staff, this full announced inspection found a safer and more controlled prison with reasonable purposeful activity, although resettlement remained weak.

The establishment was now much better ordered and considerable efforts had been made to tackle bullying. A strong emphasis had been placed on security, and this was not disproportionately affecting the regime for prisoners. Staff appeared more confident and there had been a substantial reduction in the use of force. However, drugs remained a significant problem and prisoners' perceptions of safety remained poor. They also reported high levels of victimisation by staff, although inspectors found little to substantiate these views. Managers recognised the need to work closely with prisoners to address these perceptions.

Other aspects of safety were reasonably well managed. Reception, first night and induction arrangements were generally sound, although induction for vulnerable prisoners was limited. Work to prevent suicide and self-harm was satisfactory, and there had been a considerable reduction in the number of self-harm monitoring files opened on prisoners at risk. However, we were disappointed that there was still no Listener scheme in place.

Accommodation was generally reasonable, except for some inappropriate doubling of prisoners in single cells, particularly on the vulnerable prisoners' wing. Access to phones and showers was good. The quality of food was satisfactory and there was a very good shop. Staff-prisoner relationships were observed to be satisfactory, but prisoners continued to report very negatively about staff. The personal officer scheme was underdeveloped and prisoners had little faith in the application and complaint systems. Efforts were under way to improve the management of race issues, but the wider diversity agenda, particularly the needs of foreign national prisoners, required attention. Healthcare staff were very stretched, but still delivered a satisfactory service.

Employed prisoners spent a reasonable amount of time out of their cells, and access to association was good. However, there was a need for more activity places and, when we undertook a random roll check, we found nearly a quarter of prisoners locked in their cells during the core day. The quality of learning and skills was adequate, but needed to be developed further. The quality of some of the work available was very good.

The strategic management of resettlement was inadequate and lacked a needs analysis. Offender management arrangements were underdeveloped. Work on some resettlement pathways was poorly coordinated and limited in some areas. The most serious gap was the lack of offending behaviour programmes. This was of particular concern to the large number of prisoners with life sentences and indeterminate sentences for public protection. These prisoners were resentful that, without such programmes, they had little opportunity to demonstrate to the Parole Board that they had reduced the risks they posed to the public. As a result, they would be unlikely to be considered for release and would remain at Dovegate, potentially becoming frustrated and disaffected unless they could be transferred elsewhere.

In our previous two inspection reports on the main Dovegate prison we were very critical. In particular, we noted serious weaknesses in safety and control. Bullying and drugs were rife, and staff appeared fearful and lacking in confidence. Given the lack of progress between the

last two inspections, we called on the National Offender Management Service to ensure that Serco improved matters dramatically. This inspection found significant improvements. The prison was now safer and better controlled, with a more confident staff able to manage prisoners with much less resort to the use of force. There remained much to do - drugs were still a concern, prisoners remained very negative about the prison, and resettlement was weak - but the progress made since our last visit was undeniable.

Anne Owers
HM Chief Inspector of Prisons

January 2008

Fact page

Task of establishment

Long-term category B male training prison.

Area organisation

West Midlands

Number held

Main prison – 660 + 200 in therapeutic community

Certified normal accommodation

Main prison – 600

Operational capacity

Main prison – 660

Last inspection

September 2006

Brief history

Dovegate opened in 2001

Description of residential units

House block 1

A wing	Enhanced status prisoners
B wing	General wing
C wing	General wing
D wing	General wing
E wing	Lifer unit

House block 2

F wing	Lifer unit
G wing	Vulnerable prisoner unit
H wing	Induction/first night
J wing	General wing
K wing	General and reintegration unit

Healthy prison summary

Introduction

HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review Suicide is everyone's concern, published in 1999. The criteria are:

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

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

... performing well against this healthy prison test.

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

... performing reasonably well against this healthy prison test.

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns.

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

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

... performing poorly against this healthy prison test.

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Safety

HP3 Reception, first night and induction arrangements were generally good, despite some negative perceptions among prisoners, although the induction for vulnerable prisoners was very limited. Safer custody and violence reduction procedures were generally satisfactory, and there had been considerable efforts to tackle bullying.

However, prisoner perceptions of safety, staff intimidation and victimisation were poor. There was still no effective Listener scheme. Segregation and use of force were well managed, and there had been a substantial reduction in the use of force. Detoxification arrangements were appropriate, but the mandatory drug testing (MDT) figure was quite high and prisoners suggested it was easy to get drugs in the prison. Dovegate was performing reasonably well against this healthy prison test.

- HP4 In our survey, prisoners were negative about their journey to Dovegate, although those we spoke to on their arrival were more constructive. There were some staff concerns about the relatively late arrival of some transfers in. Most prisoners could exit escort vehicles quickly, and there were opportunities to have a meal on arrival. Relationships with escort staff appeared positive.
- HP5 Reception was welcoming and friendly and run by an approachable staff group. The facility was clean and holding rooms were fit for purpose. All new arrivals were interviewed in private, which facilitated initial risk assessment. There was no peer support available during the week of the inspection. All new arrivals were given a shop advance and the opportunity for a free phone call and shower. Late arrivals were frequent, and this had the potential to affect first night procedures.
- HP6 New arrivals were initially located on H wing, or G wing for vulnerable prisoners, but population pressures and the lack of space on H wing meant that some were taken to K wing for the first night. Although they received induction on K wing, they did not have the same access to first night support from staff or peer support. First night arrangements were generally sound, but undermined by the overcrowding on H wing, where most prisoners had finished their induction, including some who had been there for several months.
- HP7 Induction was a five-day rolling programme and appeared well supported by departments in the prison. Some sessions were innovative, for example, one was delivered by care and support unit staff. Prisoners we spoke to were positive about their induction experience, although this was not reflected in our survey, in which fewer respondents than the comparators¹ said that they had been on induction or felt that it met their needs. There was no structured induction for vulnerable prisoners on G wing, although some received individual help from staff and were given a written copy of the induction programme.
- HP8 Anti-bullying arrangements were promoted and publicised through induction and on the wings. Positive initiatives included safer custody forums with prisoners and the introduction of a full-time safer custody coordinator. There were good arrangements to identify violent or bullying incidents. Investigations into incidents were generally adequate, but the monitoring of bullies was only observational, and there were no interventions for bullies or victims. We found little evidence of under-reporting or that bullying was a significant problem. However, prisoner perceptions of safety remained a concern. In our survey, 41% of respondents reported intimidation from staff, significantly higher than the comparator of 22%. We found nothing to explain these negative findings, but such perceptions were significant and needed to be analysed and addressed.

¹ The comparator figure is calculated by aggregating all survey responses together and so is not an average across establishments.

- HP9 There was no Listener scheme supported by the Samaritans. The local peer supporter scheme did not provide the necessary confidentiality for prisoners at risk of self-harm, and access to them was also reported to be difficult, particularly at night. Administrative arrangements for the issue and handover of anti-ligature shears were unsatisfactory. The number of assessment, care in custody and teamwork (ACCT) self-harm monitoring files opened had reduced substantially from 232 in 2007 to 93 for the first nine months of 2008. The overall quality of ACCTs was reasonable, although we found some examples of poor initial assessor reports, predictable timing of night monitoring entries, and poorly attended case reviews.
- HP10 Monthly security meetings were chaired by the director and well attended. Staff in the security department were focused and confident about their areas of responsibility. The security department received an average of 107 security information reports a month (approximately 80% from the main prison) from staff across a range of disciplines. There were also many examples where information had been provided by prisoners themselves. There was an enhanced level of staff and visitor entry search at the gate, but neither this nor the other security arrangements appeared to affect regimes for prisoners disproportionately.
- HP11 There were good systems for the annual review of security categorisation for prisoners on determinate sentences, which was more frequent for those approaching the end of their sentences. However, the prison held 142 category C and five category D prisoners, which was a concern and an acute frustration to those prisoners seeking to progress their sentence.
- HP12 The care and separation (segregation) unit was generally clean and well maintained, although in-cell toilets were dirty. All prisoners were given a copy of the daily routine and rules on entry to the unit, but they were all also strip searched without risk assessment. They had good access to daily showers and exercise, and some in-cell education was also available. Staff were properly selected and there was clear evidence of regular staff reports in prisoner wing history files, although less evidence of positive engagement. The number of prisoners held in segregation had fallen, although those held for cellular confinement following adjudication were normally placed on K wing. We were satisfied, however, that those confined on K wing were subject to correct segregation governance and oversight arrangements.
- HP13 Adjudication standardisation meetings were held regularly and adjudication tariffs were in place but not well publicised to prisoners. The hearings we observed were conducted well, and the adjudication paperwork we reviewed confirmed that charges were fully investigated and a full written account of the proceeding maintained.
- HP14 The use of force had reduced significantly from 228 incidents in 2007 to only 62 incidents in 2008 to date. This was partly due to a greater emphasis on de-escalation techniques in staff training. New governance arrangements had also raised the standard of use of force documentation. Prisoners subject to use of force were routinely given a complaint form if they felt that they had been treated unfairly, and the matter was fully investigated. Special accommodation had been used only five times in 2008 so far, and only for short periods. Monitoring entries confirmed that prisoners were removed from special accommodation at the first opportunity. However, strip searching and use of strip clothing without risk assessment were routine.

- HP15 The reported random mandatory drug testing (MDT) rate, including refusals to provide a sample, was approximately 15%. In our survey, 36% of respondents said it was easy to get drugs in the prison, against a comparator of 27%. Suspicion testing had yielded high positive rates of about 70% over the previous six months, indicating effective intelligence gathering. There had been 32 drug finds in the previous three months. The prison operated a flexible approach to detoxification, and both lofexidine and buprenorphine options were available. There had been 25 drug detoxifications in the previous six months.
- HP16 There were 83 sex offenders, most of whom were located on G wing as vulnerable prisoners. G wing was the most overcrowded in the prison, with many prisoners in doubled single cells. Half of the older prisoners (over 60) in the prison were on G wing, and some had difficulty in coping with the restricted space in the overcrowded cells. Vulnerable prisoners reported abuse from other prisoners, although we did not witness any during the inspection and staff did not report this as a problem. The regime for vulnerable prisoners was equivalent to that for other prisoners, although there were few interventions to address their risks and offending behaviour. Some prisoners described as poor copers were also held on K wing. The multiple role of K wing – holding poor copers, inductees and prisoners on cellular confinement – was a concern, although staff appeared to manage the various needs of these prisoners. The poor copers had limited access to activity, but indicated that they felt safe.

Respect

- HP17 The general environment and quality of cells were reasonable, apart from the overcrowded vulnerable prisoner wing where there was inappropriate doubling of prisoners in single cells. Access to amenities such as phones and showers was good. Prisoners were negative about the staff, but the quality of staff-prisoner relationships was observed to be reasonable. The quality of food was satisfactory, and the shop service was very good. The prison was seeking to improve its management of race equality, although work with foreign national prisoners and diversity generally was underdeveloped. Prisoners had limited confidence in the complaints and applications system, and some improvements were required. Health services were adequate, despite limited resources, but the management of medications and the management of attendance at external health appointments needed improvement. The prison was performing reasonably well against this healthy prison test.
- HP18 The residential areas were clean and well maintained. Cellular accommodation was good, except for the overcrowded vulnerable prisoner wing (see paragraph HP16). There were poor conditions for prisoners in shared accommodation, with inadequate toilet screening and little storage space. There were adequate stocks of cleaning materials, and many cells were freshly painted. There were good prisoner facilities, such as cardiovascular equipment on each wing and other activities. Exercise yards were clean and used daily. There were sufficient phones to meet requirements and access was good. All prisoners wore their own clothes and could have clothes sent in, although there was sufficient prison clothing for those who needed it.
- HP19 There was a published incentives and earned privileges (IEP) policy that was understood by staff and prisoners. Different interpretations were evident, despite quality assurance processes to ensure practical application of the policy, although basic regime was not used excessively. Prisoners were concerned about the lack of

differential between standard and enhanced regimes, and felt that all wing file entries were negative. Managers were working with prisoner representatives through the prisoner incentives and activities committee (PIAC) to address this. The entries in wing files we sampled indicated both positive and negative behaviour from prisoners.

- HP20 In our survey, prisoners expressed poor views of staff. For example, only 62% of respondents, against a comparator of 80%, thought that staff treated them with respect. Prisoners felt staff were inexperienced and unreliable, and could do little for them. Our own observations were more positive, and we saw staff deal with prisoners with courtesy and respect. Staff always used prisoners' preferred names or titles, and seemed to want to do their best for prisoners. There was a very good atmosphere on the residential units, and, although limited, there was casual friendly interaction. It seemed that prisoners' attitude to staff reflected their broader frustrations with the prison.
- HP21 A detailed policy outlined the provision and implementation of personal officer work, although the actual role required greater definition. In our survey, only 48% of respondents said their personal officer was helpful, against a comparator of 66%. Under the quality assurance scheme, wing managers checked the broad involvement of personal officers and identified development objectives. However, this approach focused on process, with little attention to their positive engagement with prisoners.
- HP22 The food was of an acceptable quality, and dining out arrangements were good. The kitchen was clean and well ordered, and observed religious, cultural and dietary requirements. Hotplates on the wings were clean, and prisoners working there had received appropriate training and wore protective clothing. Consultation arrangements were satisfactory, with the results of a twice-yearly survey shared through the PIAC.
- HP23 The prison shop had an extensive list of approximately 400 items, including a good range of products for black and minority ethnic prisoners. Prisoners could make two shop orders a week, as well as a weekly bakery or fruit order. Orders for new arrivals were prioritised the following day. There were good consultation arrangements through the PIAC, and the shop list was reviewed every six months. Staff worked hard to provide a good service to prisoners.
- HP24 There was no overarching diversity strategy, and diversity meetings were not always well attended. Some aspects of diversity were underdeveloped. For example, there was no older prisoner policy, despite the number held. There was also no lead officer for diversity and no effective diversity management structures. There was a disability policy, and access to regime facilities for prisoners with physical mobility needs appeared good. There had been some good diversity initiatives, such as a recent week to promote disability awareness.
- HP25 Senior managers had recognised that race equality work had not been given sufficient priority, and were actively addressing this. A full-time race equality manager had been appointed, and a recent training initiative for the race equality action team led by the Prison Service race equality action group had been well received by staff and prisoner representatives. There was a backlog of investigations into racist incident report forms (RIRFs), and these forms were not readily available on all wings. However, completed investigations were thorough. Trend analysis of RIRFs was limited, and effective race monitoring across the regime had only recently been introduced. Prisoner representatives were used well, but there was scope to improve consultation with prisoners.

- HP26 Foreign national prisoners constituted 16% of the population, yet management arrangements and initiatives were limited. There was no foreign national policy or needs analysis, although a member of offender management unit (OMU) staff had begun to work with prisoners and draw on good practice from other prisons. Procedures for identifying foreign nationals in reception were effective, and a database was used to track individual cases. Immigration surgeries were held twice a year. Telephone interpretation services had not been used in the previous six months.
- HP27 Most prisoner applications were submitted verbally, logged in an applications book and dealt with by staff during the day. Most prisoners received an answer on the same day, although they sometimes had to resubmit applications to get a response, and some complained about lack of confidentiality. In some cases replies were vague, but the system generally worked. Between 300 and 400 complaints were submitted a month, and most were answered within the prescribed timescale. The main areas were residential issues, finance and property. Replies were mostly courteous, informative and respectful, although some were curt or failed to answer the question.
- HP28 The faith team was led by two full-time chaplains, including a recently appointed Muslim chaplain, with several part-time and sessional chaplains representing the main faiths. More than 160 prisoners regularly attended religious services, and Bible study and other faith-based groups were offered. Facilities were satisfactory. There was some evidence of delays in chaplains seeing new arrivals, but the team was stretched and had limited resources.
- HP29 Primary health services were reasonable, but were compromised by shortages of staff and accommodation, which needed a substantial increase in funding for healthcare to move forward. Chronic disease management was maintained despite staff shortages, but staff needed more time to give a quality service to prisoners. Many NHS appointments were cancelled or rearranged, and pharmacy services needed further development. Nursing staff administered medications on their own, which was unsafe. Mental health services were good and developing, and prisoners were well supported by the primary and secondary services.

Purposeful activity

HP30 The education strategy had led to the development of provision, although management and quality assurance mechanisms needed improvement. The supervision and support for tutors in education was underdeveloped, and there was an over-reliance on learning support assistants. The curriculum was adequate, but achievement in some basic skills remained unsatisfactory, although there was good achievement of key skills. The quality of work in the workshops was very good, although there was insufficient activity generally to meet the needs of the population. Access to time out of cell was good, but a significant number of prisoners were locked in cell during the core day. The prison was performing reasonably well against this healthy prison test.

HP31 A strategy and direction for learning and skills had increased the provision for education and training, and opportunities for prisoners to gain accreditation and training. The results of initial assessments of new arrivals were used to direct prisoners to education or work according to their literacy and numeracy level.

However, individual learning plans were not linked effectively to sentence planning. Education provision was not well managed or quality assured, support and guidance for tutors was inadequate, and there was an over-reliance on unsupported prisoner learning support assistants. The range of courses was satisfactory, but limited. Achievement of key skills was particularly good, but success in numeracy was unsatisfactory. Punctuality was poor. There was some recreational evening education, largely provided by the prisoners themselves.

- HP32 There were insufficient work places to ensure employment for all prisoners. However, there were good monitoring systems that provided data and effective tracking of prisoner attendance at activity. The prison's own data revealed that there were regularly more than 100 prisoners unemployed. Activity and available employment, particularly in industries and the vocational training centre, reflected regional employment needs. The quality of work in two workshops was particularly high, and the prison's own quality assurance systems enabled products to go straight to the retailer. In contrast to education, prisoner learning support assistants were used effectively in industries.
- HP33 The library was suitably stocked, with a service to residential wings for prisoners unable to get the library. In our survey, however, only 35% of respondents said they visited the library. The library was not sufficiently promoted, particularly in education.
- HP34 All prisoners could go to the gym for at least three sessions a week, and an average of 66% of the population attended each week. Dedicated sessions were provided for the diverse population, for example, older prisoners. Facilities were generally satisfactory, although the weights equipment needed to be relocated. Provision was mainly recreational and remedial, with accredited programmes limited to relatively low-level fit for life, football and circuit training courses.
- HP35 The prison had reported a crude time unlock figure for the prison as a whole (including the adjacent therapeutic community) of 10.9 hours per prisoner per day, without variation for the last 18 months. The actual average figure for the main prison was nearer 8.4 hours, although for a fully employed prisoner over 10 hours out of cell was attainable. A roll check undertaken randomly during the inspection revealed 160 prisoners, about 25% of the population, locked in their cell during the working part of the day. The core day routine was managed properly with little evidence of slippage, and prisoners had good access to association.

Resettlement

- HP36 There was no strategic management of resettlement and reducing reoffending work, and there had been no effective prisoner needs analysis. Offender management structures had been established and offender assessments were up to date, but quality assurance of sentence planning and target achievement and the effective supervision of offenders were weak. There were some helpful support structures for indeterminate-sentenced prisoners, but opportunities for these and other prisoners to address their offending behaviour were very poor. Work across most of the resettlement pathways was uncoordinated, underdeveloped and, in some cases, limited. Dovegate was not performing sufficiently well against this healthy prison test.

- HP37 The resettlement policy was perfunctory, and there was no clear mechanism or strategy that identified issues to be prioritised and managed over time. There was no resettlement strategy group and no forum to coordinate departmental initiatives or developments. As a consequence, many staff were unaware of what was happening, and there appeared to be a gap between senior management expectations and the application of provision. There had been several attempts to identify the resettlement needs of prisoners, but these had not been followed up effectively.
- HP38 The OMU sentence-managed the determinate-sentenced prisoners, while all indeterminate-sentenced prisoners were managed separately by a dedicated lifer unit. There were eight offender supervisors in the OMU with a combined caseload of 428. Most offender assessment system (OASys) files were up to date, with just 39 outstanding. Links to outside offender managers were reasonable, but their attendance at sentence planning boards remained low. Some reviews were attended by only the offender supervisor and one other officer, which was poor practice. Sentence planning targets varied in quality, but were oriented to what was available at the prison, neglecting longer term requirements. The role of the offender supervisors was unclear, and while they maintained contact with their prisoners appropriately, knowledge of their risks and needs was less evident. Sentence plan quality assurance mechanisms were poor.
- HP39 A dedicated lifer unit managed 213 prisoners serving indeterminate sentences, including 153 life-sentenced prisoners and 60 on indeterminate sentence for public protection (IPP). The management of these prisoners was good, but lifer prisoners were concerned about the limited facilities to address offending behaviour. The psychology department had undertaken some dedicated one-to-one work with these prisoners.
- HP40 The model of resettlement to identify prisoner need and evaluate progress up to release was good, but there was no pathway provision in some areas. In our survey, prisoners reported below-comparator knowledge of where to go in the prison to find help with a range of resettlement needs, including accommodation and help with finance and debt.
- HP41 There was no specialist service to address accommodation need, although the need was low, and information and advice was limited to support from the resettlement coordinator. The provision of education, training and employment broadly reflected local employment needs, and there was a realistic work environment in the workshops. Formal advice and guidance on finding training or employment after release were not available, although there was a new 12-week course on career planning. There was limited work on finance, benefit and debt needs and no identified lead for this pathway, although there was some assistance to help prisoners open bank accounts before release.
- HP42 A member of the health team saw all prisoners due for release and gave them advice on how to access GP services in the community, a letter for their GP, and a week's supply of medication where appropriate.
- HP43 The in-house substance misuse team (SMUT) provided a wide range of one-to-one interventions and groups, although none was accredited and they did not count towards the formal lowering of a prisoner's risk. The SMUT caseload was 90, with an average wait of four weeks for most of the group programmes. Delays were blamed on staff shortages. Fortnightly meetings between SMUT, healthcare, mental health

and psychology teams were a useful forum to exchange information and discuss joint care plans. The substance misuse strategy included few references to alcohol, despite the provision of alcohol awareness courses. A comprehensive substance misuse needs analysis in 2007 had not yet translated into a strategic action plan.

- HP44 Visits arrangements were generally satisfactory. Visitors we spoke to felt visits staff were helpful and polite, and the visits session we observed was relaxed. Prisoners were still required to wear bibs during visits, even though there was now a fingerprint recognition system. There was little reference to the role of families in the published resettlement strategy and no specific pathway strategy or action plan. There were, however, some pockets of good work, such as the Eid family day and more general family days, although these were wrongly restricted to enhanced level prisoners.
- HP45 The provision of offending behaviour work to a population that was high risk was very poor. The only accredited programme available was enhanced thinking skills (ETS). The prison exceeded its target of 48 ETS completions a year, but there were 110 prisoners on the waiting list, which equated to a two-year wait. The only other programmes – conflict resolution, stress management and victim awareness – were accredited at a lower level and delivered by a single tutor with limited post-programme follow-up.

Main recommendations

- HP46 The prison should rebuild relationships with the local Samaritans in order to establish a full Listener scheme at the earliest opportunity.
- HP47 The prison should develop an action plan, based on its own research, to improve prisoner confidence in the staff group.
- HP48 There should be sufficient appropriately qualified and graded clinical and administrative healthcare staff to meet the needs of prisoners.
- HP49 Cells designed for single use should not be used for shared occupancy.
- HP50 The prison should develop a foreign national strategy, based on a needs analysis, with specific improvement objectives.
- HP51 There should be additional activity places.
- HP52 The prison should develop a resettlement strategy that identifies key priorities and achievement milestones.
- HP53 The range of accredited offending behaviour programmes should be extended to meet the needs of the population.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Most new receptions arrived during the day, although many arrived after 4pm. There were few complaints about escort arrangements. New arrivals were dealt with promptly, although some stayed on the van if they arrived during lunchtime.
- 1.2 Staff reported good relationships with the escort contractors. Details about transfer arrangements were normally communicated effectively. Arrivals were sometimes late for a training prison, with many vans arriving after 4pm. The prison had responded to this by extending reception opening hours to 8pm to deal with new arrivals and their property. In our survey, respondents were more negative about transfers and escorts than at comparable prisons, although prisoners we spoke to said that their treatment had been reasonable and journey times had been manageable.
- 1.3 In our survey, only 12% of respondents, against a comparator of 18%, said that they spent more than four hours in the escort van. Although fewer respondents than in our 2006 survey (6% against 18%) said they had received written information about what would happen to them before their arrival, the majority knew where they were going before their transfer.
- 1.4 Most prisoners got off the van quickly, but those who arrived during the lunch period sometimes had to wait for staff to come on duty. Prisoners leaving reception or arriving during meal times were given a hot drink and something to eat.

Housekeeping point

- 1.5 The prison should liaise with sending establishments to provide written information to prisoners about the prison before their transfer.

First days in custody

Expected outcomes:

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

- 1.6 Prisoners surveyed were negative about their first days in custody, but we observed appropriate treatment and good staff-prisoner relationships. Peer support was insufficient. Reception was well managed by committed staff. Most new arrivals went on to H wing, although some had to go on to K wing, which was not set up as a first night centre. Induction

was well structured and included some innovative sessions. Many prisoners remained on H wing for some time.

Reception

- 1.7 All new arrivals came through the reception area, which was also used for arrivals to the therapeutic community. The area was clean and well maintained, although the current building programme had resulted in insufficient storage space. There was no TV in the holding rooms, although there was a range of information and reading material.
- 1.8 Prisoners told us they were treated well in reception, and in our survey, 60% of respondents, against a comparator of 47%, said they could make a free phone call. There were two showers and all new arrivals could shower, and towels and toiletries were available. However, in our survey, respondents reported below-comparator access to a range of services, including the chaplaincy, peer supporters and information about support. During part of the inspection, there was no peer support in reception because the main orderly was sick and his cover was also the main cleaner and orderly. There was no Insider or Listener in reception.
- 1.9 We observed a high level of care shown to new arrivals. Staff greeted them respectfully, offered them a hot drink, and kept them well informed about the reception process. All new arrivals were interviewed in private and given the opportunity to disclose personal information to staff. In our survey, only 57% of respondents, against a comparator of 77%, said that they had been treated well in reception, although during the inspection prisoners reported positively about their experiences.
- 1.10 A small dedicated group of staff worked in the reception, some of whom who also worked in the resettlement team. A strong emphasis on staff continuity meant that there was a regular and informed staff group.
- 1.11 All new arrivals were strip searched, although most said that this was carried out respectfully. They were also required to sit in the BOSS (body orifice security scanner) chair, which had resulted in several mobile phone finds since its introduction.
- 1.12 Reception staff interviewed new arrivals to complete a cell sharing risk assessment (CSRA) and a first night care and support booklet. This recorded any history of self-harm, disability, whether this was the prisoner's first custodial sentence, any relevant family information, history of substance misuse and immediate concerns and action taken. Staff also completed a summary of brief information on drug use, security issues, religion, health, safer custody, diet and offender management. All this material was included in the prisoner's wing file.
- 1.13 Most prisoners arrived with sufficient personal clothing, but there was a good stock of prison-issue clothes for those who did not have enough. New arrivals were also given a pack of bedding and two towels.
- 1.14 All new arrivals were given a £10 advance, including £2.50 for the phone, which had to be paid back over a period of time. Most prisoners could place an order from the prison shop on the next day. Reception staff could issue smokers' packs, but this was not usually necessary.

First night

- 1.15 Following completion of reception procedures, new arrivals were usually moved to the induction and first night H wing. However, because of a current shortage of space there, new

arrivals had to be located on to K wing. Most prisoners on H wing at the time of our inspection – 82 out of 86 – had completed their induction.

- 1.16 Cells on H wing were properly prepared and clean, but the wing was now overcrowded with 27 single cells doubled up. Most new arrivals had to share, which was particularly unsettling for the many serving long sentences who had come from the high security estate. The doubled single cells were cramped, had insufficient storage space and no lockers for prisoners' property. Although staff made considerable efforts to put suitable prisoners together, for example, smokers or those observing prayer times, this situation was not ideal. In our survey, 81% of respondents, against a comparator of 85%, said that they felt safe on their first night, although this was a significant improvement on the response of 68% in 2006.
- 1.17 With the current overcrowding on H wing, there was pressure on its facilities. There were just four phones on the wing. Some prisoners spent long periods on H wing – frequently several months – and it was also used to accommodate those experiencing difficulties elsewhere. Staff estimated that there were usually between 10 and 15 prisoners who could not be moved due to operational or security issues.
- 1.18 K wing, which was used as the overflow wing for new arrivals, also accommodated several poor copers, prisoners serving cellular confinement, and had one normal location landing. As a result, staff operated four different regimes. They did this efficiently, although this was an operational challenge (see paragraph 3.125).
- 1.19 New arrivals identified as vulnerable prisoners were located straight on to G (vulnerable prisoner) wing or, if this was full, on to the healthcare unit, although this was rare. There were no specialist first night staff on G wing, which was effectively a long-term unit (see section on vulnerable prisoners), although a designated prisoner representative could provide peer support.
- 1.20 There were no designated first night cells, but staff, including night staff, were briefed about the location of new arrivals.

Induction

- 1.21 Induction was a five-day rolling programme, geared to those on normal location. New arrivals on K wing were taken to various induction locations, mostly in the education department. In our survey, only 84% of respondents said that they had received an induction programme, against a comparator of 91%, and only 57% (compared with 64%) said that it covered everything they needed to know.
- 1.22 We observed some induction sessions, which were delivered well by enthusiastic staff, although media such as videos were not used. Prisoners received a full induction into the PE department, which included Heartstart UK (basic life support) certificates. Peer support workers, equivalent to Listeners and race equality representatives, also delivered sessions, and staff delivered a session on the therapeutic community and the care and separation unit. A video about the prison was also available on the in-cell television channel, Dovenet TV. Most staff wore name badges throughout the induction process. Prisoners were not given any written information about the induction programme.
- 1.23 Vulnerable prisoners received one-to-one induction from the induction officer and were given an abridged version of the induction timetable. They did not have the same opportunity as mainstream new arrivals to meet staff from various departments. In our survey, only 65% of vulnerable prisoner respondents, compared with 86% of those on normal location, had

participated in the induction programme. Vulnerable prisoners did not believe that their induction was sufficient, and felt shortchanged compared with the main population.

Recommendations

- 1.24 There should be more peer support in reception.
- 1.25 First night accommodation for new arrivals and prisoners on induction should not be used to accommodate prisoners who cannot be located elsewhere.
- 1.26 The planned telephone on H wing should be introduced without delay.
- 1.27 New arrivals located on G wing should receive the same induction information as those on normal location.

Housekeeping points

- 1.28 Induction material should be supplemented by audio-visual information, where relevant.
- 1.29 Prisoners should be given a printed timetable of the induction programme.

Section 2: Environment and relationships

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

2.1 Accommodation was good, apart from the shared single cells. Most areas were clean, and there was a good range of association and recreation facilities. Most prisoners wore their own clothes and could have items sent in. In-cell toilet screening was inadequate.

Accommodation and facilities

- 2.2 Accommodation was split between two house blocks, which each had five wings radiating from a central observation point. House block 1 accommodated all prisoners on normal location and had some specialist wings (such as units for enhanced level prisoners and lifers). House block 2 accommodated lifers, vulnerable prisoners and those on induction, as well as a reintegration unit (K wing), which had a number of roles (see also paragraph 1.18).
- 2.3 Most accommodation was good. Most cells were single and equipped with curtains, quilts and fans. Toilet screening was inadequate and covered only half the toilet area. Prisoners had made makeshift screens with sheets.
- 2.4 A significant number of prisoners were accommodated in single cells that had been doubled up with a bunk bed. This accommodation was cramped. There were 88 cells that had been doubled up, although not all were in use. They had insufficient storage space, unscreened toilets and no lockers for personal possessions. The impact of shared in-cell sanitation was partly mitigated by the fact that most prisoners could dine out of their cells communally. Overcrowding was concentrated in H wing (induction/first night) and G wing (vulnerable prisoners). While this overcrowding was temporary for H wing prisoners, the situation was prolonged for vulnerable prisoners, some of whom had to wait for many months before a single cell became available. There were also several designated double cells in the prison. These were large enough, although many had toilets screened by sheets, and there were no lockers.
- 2.5 Many cells had been freshly painted, and there was a cell painting programme throughout the residential areas. Although some prisoners complained that the cell ventilation was poor, it was adequate in the cells we saw, and fans were provided for warmer weather. The published offensive displays policy was mostly adhered to.
- 2.6 Residential areas were clean and well maintained. Most wings had interview rooms and space for prisoners to eat communally. There was no provision for prisoners to cook together and no fridges for their use, but toasters were available. A wing also had some comfortable seating. There were good well-used recreational facilities, with cardiovascular equipment, pool tables, table football and table tennis on all wings.
- 2.7 In our survey, 49% of respondents, against a comparator of 34%, said they had problems sending and receiving mail. Prisoners reported significant delays in receiving incoming mail, including recorded deliveries. We could not find out the reason for this, although we were told

that post was frequently not delivered to the prison until late morning. The prison no longer accepted cash through the post. If the sender could not be identified to return cash received in letters, it was donated to charity.

- 2.8 There were four phones on each wing, all equipped with privacy hoods. We did not observe any queues, although prisoners on H wing reported poorer access. However, in our survey, 26% of respondents reported problems with access to telephones, which was significantly worse than the comparator of 15%. Signs outlining phone monitoring were not on display, but prisoners were clear that monitoring took place.
- 2.9 Residential staff checked cell bells, observation panels and alarm bells daily. They could also communicate with prisoners through the intercom system. In our survey, only 12% of respondents, significantly worse than the comparator of 55%, said that their cell bell was normally answered within five minutes. We did not find this during the inspection, when very few cell bells were activated. In many cases, staff responded through the intercom system. During our night visit, cell bells were answered promptly.
- 2.10 There were good, well-attended formal prisoner consultation arrangements through the prisoner incentives and activities committee (PIAC). The minutes showed that there were meaningful discussions on relevant prisoner concerns.

Clothing and possessions

- 2.11 Most prisoners wore their own clothes and were allowed to mix prison-issue kit with their own. Prisoners were allowed to receive an annual clothes parcel, and many did so. Laundry facilities were available on all the wings, with a rota for prisoners' washing. Access to stored property had improved with a new timetable to access reception on set days. The facilities list was extensive and prisoners could request changes through consultation meetings.

Hygiene

- 2.12 Cells were clean, although in our survey slightly fewer respondents than the comparator said that they could get cleaning materials every week. Wings had a stock of cleaning materials, which were available on request. There were regular cleanliness inspections.
- 2.13 Only 42% of prisoners surveyed said that they could get clean sheets every week, against a comparator of 76%. Prisoners were given a bedding pack on reception and said that it was hard to get these replaced. Although wings kept a supply of spare sheets, some prisoners were unclear about how to get sheets replaced.
- 2.14 There was good access to showers on the wings and most were clean, although some had mildew and needed a deep clean. There were no facilities on the wings for prisoners to wash up cutlery and crockery, and they had to wash these in the same sink used for washing. This was unhygienic.

Recommendations

- 2.15 Cell toilets should be adequately screened.
- 2.16 Prisoners in shared cells should have a secure locker with a key.

- 2.17 Managers should investigate prisoner dissatisfaction with the post, and address any identified problems.
- 2.18 Cash received in the post without a return address should be held for the designated prisoner.

Housekeeping points

- 2.19 The system for prisoners to obtain clean or replacement sheets should be clarified and explained at induction.
- 2.20 Wing showers should be deep cleaned.
- 2.21 Prisoners should be issued with a bowl to wash cutlery and crockery.

Staff-prisoner relationships

Expected outcomes:

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

- 2.22 Prisoners were negative about their experience of staff, who they saw as inexperienced, intimidatory and unreliable, although this perception was not supported by our observations. We saw staff act respectfully to prisoners, and staff and prisoners were confident in each other's company.
- 2.23 Prisoner views about staff in our survey were poor, with staff described as disrespectful and intimidatory. For example, only 62% of respondents thought staff treated them with respect, against a comparator of 80% and a finding of 80% in 2006. Only 58% of respondents said there was a member of staff that could turn to if they had a problem, which was also significantly worse than the 76% comparator.
- 2.24 Prisoners also had negative views about their own safety in relation to the staff, and 41% of respondents – almost twice the comparator of 22% – believed they had been victimised by staff. Despite the survey's negative findings on staff victimisation and intimidation, our discussions with prisoners indicated greater ambivalence. Rather than active dislike of the staff, prisoners saw them as inexperienced and unreliable, with little to offer prisoners in help with progressing through sentence.
- 2.25 Our own observations were more positive. The staff we observed were courteous and respectful in their dealings with prisoners. They always used prisoners' preferred names or titles, and appeared to act reasonably and professionally towards prisoners. We saw little negativity, and no evidence that behaviour was intimidatory. Staff appeared friendly and approachable.

- 2.26 The atmosphere on the residential wings was calm, relaxed and ordered, and prisoners and staff seemed confident in each other's company. However, engagement between staff and prisoners was transitory, and informal encounters during association were limited.
- 2.27 Some of the negative perceptions that prisoners had about the staff were conflated with their wider frustrations with the prison and their seeming inability to make progress in their sentence. Many prisoners had been resident for some time and had some ingrained perceptions of the staff.

Personal officers

Expected outcomes:

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

- 2.28 The personal officer scheme was generally good and well managed. A quality assurance system had been introduced, but focused too heavily on practical involvement and structure and not enough on developing positive engagement with prisoners.
- 2.29 The personal officer scheme had been relaunched at the beginning of 2008. A detailed policy outlined the role of personal officers and included broad guidance and advice. Personal officers were allocated to specific cells, rather than specific prisoners, and most cells displayed cards identifying the personal officer. In our survey, 83% of respondents said they knew who their personal officer was, which was significantly higher than the 49% response in 2006. However, very few prisoners knew who their reserve, or support, personal officer was.
- 2.30 Prisoners were still unclear about the role of personal officers, and only 48% of survey respondents said their personal officer was helpful, against a comparator of 66%. Staff also varied in their understanding of the role, and few understood how the role could be extended. Personal officers were not routinely involved with their prisoners' anti-bullying or suicide prevention procedures, and rarely attended sentence planning meetings. There had, however, been some recent staff training on the personal officer scheme, anti-bullying, the incentives and earned privileges (IEP) scheme, and the seven resettlement pathways.
- 2.31 The quality of personal officer entries in the prisoners' wing files that we reviewed varied considerably, but there were some good examples of positive engagement by staff and a reasonable understanding of the needs of prisoners. All the files referred to prisoners by their title or first name.
- 2.32 A quality assurance scheme has been introduced since the relaunch in January. This was a positive attempt to support staff in developing and understanding the personal officer role. Unit managers checked personal officer involvement with their prisoners, reviewed files quarterly and set development objectives for staff. However, most reviews focused on practical support and the completion of appropriate paperwork in files, rather than on positive engagement with prisoners or links with work undertaken with offender supervisors. The distinction between the roles of personal officers and offender supervisors was unclear.

Recommendations

- 2.33 Personal officers should retain responsibility for individual prisoners as long as they are on the wing, rather than by allocation to cells.
- 2.34 Personal officers should attend relevant anti-bullying or suicide prevention reviews for their prisoners.
- 2.35 Quality assurance of the personal officer scheme should be extended to focus on positive staff engagement with prisoners and risk management and assessment.
- 2.36 The distinction between personal officers and offender supervisors should be clarified, and the two roles should work more closely together.

Housekeeping point

- 2.37 All cell doors should display the names of the allocated personal officer and support officer.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

- 3.1 Prisoners' perception of their safety had generally improved since our last inspection, but they reported that staff intimidation had got significantly worse. The level of bullying between prisoners was low, and there was little evidence of under-reporting, but reported incidents were not always investigated and the quality of monitoring entries was poor. There were no interventions for persistent bullies or victims. The safety forums introduced since the last inspection were a good initiative.
- 3.2 The prison had addressed some of the safety concerns raised in our last report. A series of safety forums had been held with prisoners, surveys had been carried out, and the areas where prisoners felt most unsafe identified. The latter had led to a bid for a CCTV camera in the visits waiting room, one of the identified hot spots for bullying. The safer custody coordinator post had also been increased to full time in July 2008.
- 3.3 A recently updated policy document outlined the arrangements for anti-social behaviour and violence reduction. These arrangements were managed through the safer custody committee, which met monthly and was chaired by the deputy director. Attendance at the meeting was generally good, although there had been no representative from industries for several meetings. Good monitoring data was provided to the committee and carefully considered to identify any emerging trends.
- 3.4 In our survey, 48% of respondents said they had felt unsafe at some stage in Dovegate, significantly higher than the comparator of 33%, although a reduction from the finding of 57% in 2006. There had also been a fall in the percentage who said they felt unsafe at the moment from 34% in 2006 to 20%, although this was still slightly worse than the comparator of 17%.
- 3.5 Overall, our survey results, observations and prisoner groups raised few concerns about victimisation by other prisoners, although the survey results indicated negative prisoner perception of behaviour by staff: 41% of respondents said that they had been victimised by a member of staff, and 34% that they had felt threatened or intimidated by staff at Dovegate. These responses were significantly worse than the comparators of 22% and 20% respectively, and also worse than the findings in 2006. The views expressed by prisoners in groups were also consistently negative. Although we observed little to confirm these negative perceptions of staff, this area clearly needed further investigation by senior managers.
- 3.6 Staff who became aware of an alleged incident of bullying had to submit a bullying information report form (BIRF) and a security information report (SIR). Approximately 30 BIRFs had been submitted in the three months to September 2008. The safer custody coordinator had developed sound arrangements for identifying potential bullying incidents from SIRs, injury to inmate forms (F213s) and complaint forms. We reviewed wing observation books and found

little evidence of under-reporting. Overall, bullying between prisoners did not appear to be a serious problem.

- 3.7 The safer custody coordinator investigated alleged incidents of bullying. Those we saw were completed properly, but there had been no investigation into some others.
- 3.8 Information about the anti-bullying strategy was fully explained during induction and included in the written guide for new arrivals. Relevant information was also well publicised through standardised notices on all wings and innovative local posters.
- 3.9 There were three stages to the anti-bullying strategy, and the prisoner was advised before he was placed on each stage. On stage one, the prisoner was monitored for up to six months and considered for an incentives and earned privileges (IEP) status review. At stage two, a 'concern' monitoring document was opened and the prisoner had more intensive monitoring for up to 28 days, as well as consideration of an IEP review and relocation. At stage three, a period of segregation in the care and separation unit was considered. There appeared to be insufficient differential between stage one and stage two of the policy, and there were no interventions for persistent bullies or their victims.
- 3.10 Concern files were also opened for victims considered in need of ongoing support. Four concern files were open at the time of inspection, three on bullies and one on a victim. While there were regular monitoring entries in these files, there was little evidence of staff engagement with these prisoners or of multidisciplinary care for the victim.
- 3.11 New staff were trained in the anti-bullying strategy as part of their initial training course. Serial numbers of valuable items of prisoner property, such as CD players, were recorded on property cards to assist identification.

Recommendations

- 3.12 CCTV coverage should be provided in the visits waiting room.
- 3.13 Senior managers should investigate the negative prisoner perceptions about staff expressed in our survey, particularly those relating to alleged intimidation.
- 3.14 All alleged incidents of bullying should be fully investigated.
- 3.15 There should be a greater differential between stages one and two of the anti-bullying strategy.
- 3.16 There should be interventions for persistent bullies and victims of bullying.
- 3.17 Monitoring entries in concern documents should provide evidence of staff engagement and a multidisciplinary approach to the support of victims.

Housekeeping point

- 3.18 A representative from the industries department should routinely attend meetings of the safer custody committee.

Self-harm and suicide

Expected outcomes:

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

- 3.19 There were concerns about the peer supporter scheme. Peer supporters did not have 24-hour access to prisoners in crisis, and they did not offer sufficient levels of confidentiality. The number of assessment, care in custody and teamwork (ACCT) self-harm monitoring documents and self-harm incidents had reduced. ACCT case reviews were often poorly attended, and many ACCT documents had insufficient evidence of a multidisciplinary approach to the care of at-risk prisoners. Monitoring entries gave little evidence of staff engagement, and the timing of night entries was too predictable. There were no Listener suites, and no suitable arrangements for prisoners on constant watch.
- 3.20 The policy document for suicide and self-harm prevention had been recently revised. It gave staff comprehensive guidance on opening an assessment, care in custody and teamwork (ACCT) form, their individual responsibilities in the process, and the general care of prisoners at risk. Regular ACCT refresher training had been delivered to staff since the start of 2008, and all new staff were trained in the foundation course as part of their initial training.
- 3.21 The safer custody committee (see paragraph 3.3) covered all procedures relating to suicide and self-harm prevention. Meetings were regularly attended by one of the peer support workers.
- 3.22 The safer custody coordinator's post was now full time (see paragraph 3.2), with cover for his absences provided by the race equality officer, with whom he shared an office. The coordinator provided some good monitoring data for analysis by the safer custody committee.
- 3.23 There had been 93 ACCT documents opened since the start of 2008, which was a considerable decrease from the 232 opened for the whole of 2007. Levels of self-harm had also decreased proportionately to 59 since the start of 2008, compared with a total of 122 in 2007.
- 3.24 There were four open ACCT documents at the time of inspection. The safer custody committee had started to review recently closed ACCT documents, and highlighted areas for improvement. While the overall quality of ACCT documents was generally acceptable, in some cases the initial assessor reports lacked sufficient detail. The timing of night monitoring entries was often too predictable, which raised questions about the value of some of these. Case reviews were often poorly attended – at several, only one member of staff and the prisoner were present – and we found little evidence of a multidisciplinary approach to the care of the prisoner. In several cases, departments identified to attend follow-up reviews had not done so, and there was little evidence that they had submitted a written contribution or even been consulted. Monitoring entries by staff were mainly observational with few examples of engagement. Post-closure interviews were completed and recorded in the closed ACCT documents.

- 3.25 There was no traditional Listener scheme, due to past strained relationships with the local Samaritans. Instead, the prison had developed a team of peer supporters, who were selected, trained and supported by the psychology team. Confusingly, the peer supporters were often referred to locally as Listeners. The significant difference between the schemes was that peer supporters did not operate the same confidentiality pact with prisoners in crisis, and they were expected to divulge any concerns about prisoners with staff. Confidentiality was the cornerstone of the Samaritan-led Listener scheme, and we had concerns that prisoners in crisis would not have the necessary confidence to confide in the peer supporters. Senior staff at Dovegate also had concerns about the scheme, and were trying to re-establish links with the local Samaritans to set up a Samaritans-led Listener scheme (see main recommendation HP46).
- 3.26 There were 18 trained peer supporters, based on all wings. One was normally employed in reception but was off sick during the inspection and had not been replaced (see recommendation 1.24). The peer supporter on the induction wing did not routinely speak to all new arrivals. In our survey, only 4% of respondents, significantly worse than the comparator of 35%, said that they had access to the Samaritans or a Listener on their day of arrival. Other issues relating to safer custody were explained during an induction session led by the safer custody coordinator. Related information was also well publicised across the prison.
- 3.27 Samaritans phones had recently been introduced for prisoners in crisis to use during patrol states. These were checked regularly and their use monitored. Prisoners could also contact the Samaritans free via the wing-based phones. We were concerned that the Samaritans phones were used as an alternative to access to peer supporters. One peer supporter told us that they were not normally allowed to see prisoners at risk during the night. This was confirmed in our survey finding that only 40% of respondents, significantly worse than the comparator of 71%, said they could speak to a Listener at any time. There were no Listener suites for peer supporters to use. The chaplaincy team provided bereavement counselling if required.
- 3.28 Any prisoner placed on constant watch was located in the healthcare centre, although no prisoner had been so in 2008. Arrangements for such watches were extremely poor. There were no gated cells, and staff had to stand or sit on a stool for constant observation through an observation port. This did not provide the opportunity for the level of engagement necessary in such circumstances.
- 3.29 Night staff were aware of the location of prisoners on open ACCT documents. They knew the procedures for unlocking a cell in an emergency, and carried an anti-ligature device and a sealed pack with a cell key. Day staff did not have personal issue anti-ligature devices. Instead, two staff on each wing were supposed to collect and sign for them at the start of their shift. We found many examples where these records were incomplete, including some recent ones suggesting that on some wings no staff had carried an anti-ligature knife on their person. We could not determine whether this was solely poor record keeping, but this problem would have been avoided if there had been personal issue anti-ligature devices.
- 3.30 There had been one death in custody in the previous 12 months, in March 2008, which was thought to be due to natural causes. All four recommendations in the report into this death referred to healthcare. An action plan had been devised and we were satisfied that two of the recommendations had been implemented and work was ongoing on those remaining.

Recommendations

- 3.31 The quality of assessor reports should be closely monitored to ensure a more consistent standard.
- 3.32 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.
- 3.33 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.
- 3.34 Pending the introduction of a Listener scheme, prisoners in crisis should have 24-hour access to peer supporters.
- 3.35 A peer supporter should routinely see all new arrivals before they are locked up for their first night.
- 3.36 A Listener suite should be available.
- 3.37 There should be a suitable facility for prisoners who need constant observation.
- 3.38 All prison custody officers should carry personal issue anti-ligature shears.

Diversity

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

- 3.39 There had been some good diversity initiatives, but this area had no current governance arrangements or operational lead. There was a disability policy, but no diversity strategy. Staff were aware of prisoners with physical disabilities, but there were no care plans.
- 3.40 There was currently no operational diversity lead officer and no disability liaison officer (DLO). We were told that the prison was submitting a bid for funding to provide staff with for day-to-day responsibility for diversity. Interim arrangements were not clearly defined, and there was a risk that previous good work and progress could be eroded. Some wings still displayed posters with the name of the previous DLO.
- 3.41 There was no diversity strategy. A disability policy addressed the relevant legislation. In the absence of a DLO, it was difficult to establish the number of prisoners who required special help. Facilities on the wings for prisoners with physical mobility needs appeared good. There were four designated cells for prisoners with disabilities, two on A wing and two on F wing. These cells had adapted beds, sinks and toilets and were adjacent to accessible showers. The health services department had a service level agreement with the primary care trust occupational health service and needs were identified and adjustments made. Thirty-seven

prisoners were over 60, and the oldest was 70. Almost half of these were vulnerable prisoners located on G wing, which had the most overcrowding (see paragraph 3.120).

- 3.42 Prisoners who were wheelchair users could not reach cell call bells. The personal officer of one wheelchair user expressed concern that this prisoner had fallen from his chair and had been unable to alert staff. While staff were mostly aware of prisoners with visible physical needs, there were no care plans or evacuation plans, and little in wing files about particular needs. Prisoners with physical mobility needs who we spoke to were generally satisfied with their living accommodation, but frustrated with their access to medical treatment, difficulties in being able to progress against identified sentence plan targets, and the lack of opportunity for progressive transfers.
- 3.43 There was a quarterly diversity meeting, although the last meeting, in July 2008, was not well attended. Minutes of the meeting showed that the previous DLO had begun to identify areas for improvement on other diversity strands, including older prisoners and sexual orientation. In the absence of a designated DLO, this work remained underdeveloped.
- 3.44 The prison had organised events to promote and celebrate diversity. These included an ability week held in July 2008, where prisoners took part in various wheelchair sports, and there were outside speakers and a range of visitors.

Recommendations

- 3.45 There should be a designated officer with day-to-day responsibility for diversity work, supported by liaison staff for each of the diversity strands.
- 3.46 Prisoners with disabilities and older prisoners with identified needs should have a care plan that is informed by healthcare and residential staff, and about which they should be consulted.
- 3.47 There should be evacuation plans for prisoners with disabilities and older prisoners.
- 3.48 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.
- 3.49 Diversity meetings should be attended by key staff responsible for delivering equality of opportunity, including healthcare and activity providers.

Race equality

Expected outcomes:

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

- 3.50 Black and minority ethnic and Muslim prisoners had poor perceptions of their treatment. There was little confidence in the racist incident reporting system, and many complaints had not yet been dealt with. Managers recognised the need for race equality work to be given more priority. There was scope to improve and extend the level of consultation with prisoners.

Race equality

- 3.51 Black and minority ethnic prisoners accounted for 35% of the population. Staff from minority ethnic backgrounds made up 5% of staff in contact roles. Prisoners we spoke to reported some overt racism and a lack of cultural awareness from staff. In our survey, black and minority ethnic and Muslim respondents were more negative than white and non-Muslim respondents on a range of indicators, including treatment in reception, access to clean suitable clothes, access to work, time out of cell and victimisation by staff. Notably, 29% of black and minority ethnic respondents, compared with only 4% of white respondents, said they had been victimised by staff due to their race or ethnic origin, and 42%, compared with 28%, said they had felt threatened by a member of staff. However, black and minority ethnic prisoners were more positive about access to the library, gym and vocational training, fewer said they felt unsafe in the prison, and only 13%, compared with 23% of white respondents, said they had been victimised by another prisoner.
- 3.52 The survey analysis by religion found that only 45% of Muslim prisoners said they had a member of staff they could turn to for help with a problem, compared with 62% of non-Muslims, 34%, compared with 7%, said they had been victimised by staff because of their race or ethnic origin, and 34%, compared with 1%, said they had been victimised because of their religious beliefs.
- 3.53 There had been some changes in responsibility for race equality work, and managers had recognised that the work had not been given sufficient priority and emphasis. A full-time race equality manager (REM) had been appointed eight weeks before the inspection. The REM was line managed by the director, who chaired the monthly race equality action team (REAT). The REM had identified four prison custody officers (PCOs) to provide support and assistance, but although their photographs were displayed on race equality notices around the prison and job descriptions had been drawn up, they had not yet played an active role. A PCO was providing some interim support in the short term. There were no cover arrangements for periods of absence.
- 3.54 The REAT had generally reasonable representation from departments, but at the July 2008 meeting, a prisoner representative had commented that the meeting was better attended by prisoner representatives than by staff. There was currently no external representative at the REAT, although it was hoped that a representative from East Staffordshire Borough Council would attend the October meeting. The prison did not have a community engagement strategy.
- 3.55 The prison had introduced the Prison Service tool for measuring race equality one month before the inspection and had begun to monitor areas such as segregation, use of force and IEP. The REM had revised the race equality action plan, but it remained focused on processes and compliance with Prison Service orders rather than meeting the specific needs of prisoners at Dovegate.
- 3.56 There were seven prisoner representatives and three vacancies at the time of the inspection, although recruitment was ongoing. Photographs of wing representatives were displayed on wing notice boards. Representatives attended the REAT meeting and a separate meeting chaired by the REM. These meetings were minuted, but had no terms of reference or clear agenda. Prisoner representatives felt there had been a loss of confidence in race equality procedures, and that REAT meetings sometimes took a long time to address identified action points.
- 3.57 A prisoner representative located on the therapeutic community delivered a race equality induction to all newly arrived prisoners, except those on G wing. In August 2008, staff from the

Prison Service race equality action group had delivered training to 28 members of the REAT, including prisoner representatives. Both staff and prisoners spoke positively about this training.

Managing racist incidents

- 3.58 There had been 96 racist incident report forms (RIRFs) logged in 2008 to date. At the time of the inspection, 22 of these complaints were outstanding. Prisoners we spoke to expressed no confidence that action would be taken as a result of submitting a RIRF, and the director and REM knew prisoners had lost confidence in the system. Since taking up post, the REM had visited each person who had submitted a RIRF, and the backlog of outstanding complaints had been allocated to assistant directors.
- 3.59 RIRF boxes were located outside the central hub office on each house block. Appropriate forms were not available on each wing. All complaints with a race element were forwarded to the REM to investigate and provide a response, although he had not yet attended the relevant training. The RIRFs we reviewed had been thoroughly investigated and included witness statements. Attempts were made to address a complaint if the complainant had moved on. The REM had introduced a racist incident feedback sheet to inform and develop good practice, but had received few responses.
- 3.60 The racist incident report log was incomplete for some of 2008, particularly regarding the outcome of complaints and whether recommendations had been actioned. Monitoring of RIRFs was underdeveloped. The REAT discussed anonymised data on RIRFs investigated during the previous month, but there was no monitoring of patterns. The psychology department had analysed trends for 38 RIRFs submitted earlier in 2008, and noted increases from 2007 in complaints about general systems and procedures across the prison, racial abuse between prisoners, and those accusing staff of racist treatment of prisoners. There had been no recent external quality assurance of completed RIRFs.
- 3.61 In 2008, 133 staff had attended diversity training, and 59% of staff had attended training in the last three years. All new staff received diversity training as part of their induction, including a session delivered by a prisoner representative.

Race equality duty

- 3.62 The REM kept a log of prisoners identified as involved in racist activity. This information was shared with the relevant assistant directors. The REM had good links with security and the safer custody manager, and received information about the outcome of adjudications. There were no interventions or programmes to address racist behaviour. The REM was trained in mediation and used this where appropriate.
- 3.63 The prison had completed 10 race impact assessments, including use of force, RIRFs, IEP and adjudications. The impact assessment for RIRFs had identified the lack of prisoner confidence in the process.
- 3.64 A race survey in October 2007 had covered prisoner relationships with staff and complaints, among other things. It was not clear if the results were published and what action was taken as a result. There was no regular forum for consultation with black and minority ethnic prisoners.
- 3.65 There were plans to mark black history month in October 2008, and a poster campaign was underway. There were plans to celebrate cultural diversity through the menu cycle.

Recommendations

- 3.66 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.
- 3.67 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.
- 3.68 Racist incident complaints should be investigated promptly, and the outcome and resulting action recorded on the log.
- 3.69 Racist incident report forms should be subject to external quality checks, with feedback to the race equality action team.
- 3.70 There should be interventions to deal with racist behaviour.
- 3.71 There should be a regular consultation forum for black and minority ethnic prisoners.

Housekeeping point

- 3.72 Racist incident report forms should be available on all wings.

Foreign national prisoners

Expected outcomes:

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

- 3.73 There were no appropriate strategic arrangements to meet the needs of foreign national prisoners. There had been no needs analysis, little translated material, and no use of translation services in the previous six months. A foreign national prisoner caseworker had been appointed recently and was drawing on expertise and best practice elsewhere.
- 3.74 There were 103 foreign national prisoners, which represented 16% of population. At the time of the inspection, there was one detainee held on an immigration warrant. There were limited monitoring arrangements, but no monitoring by nationality. Our analysis identified that the 29% of foreign national prisoners were Jamaican.
- 3.75 The previous race equality officer had been responsible for foreign national prisoners, but these arrangements had lapsed with personnel changes. A full-time administrative foreign national prisoner caseworker had been appointed eight weeks previously. Although positive about this appointment, foreign national prisoners felt their needs were not widely recognised, understood and addressed by prison managers.
- 3.76 The procedure for identifying foreign nationals at reception was effective, and information was forwarded to the caseworker, who was based in the offender management unit (OMU). She maintained a comprehensive database to record and track contact with the criminal and

casework division of the UK Border Agency (UKBA). The caseworker was enthusiastic and motivated, but had received no training for the role. Immigration surgeries were held approximately twice a year. The caseworker had arranged for a speaker to discuss the facilitated returns scheme with appropriate prisoners. She was in contact with other prisons to draw on expertise and best practice elsewhere, and had approached two independent immigration advice services about working with the prison.

- 3.77** There were no identified foreign national prisoner liaison officers to support the caseworker. There were nine foreign national prisoner representatives, and the caseworker had already held three meetings with them. It was apparent from the minutes of the first two meetings that the caseworker would require appropriate strategic and operational oversight and support to effect necessary change. She attended induction and provided a brief overview of her role to all prisoners.
- 3.78** The caseworker was not aware of a foreign national prisoner strategy and there had been no needs analysis (see main recommendation HP50). An undated bullying and foreign national prisoner survey by safer custody and psychology staff had identified the need for an annual needs analysis and to review the foreign national prisoner awareness training of new staff. It was not clear if these actions had been followed up.
- 3.79** The caseworker thought that most, but not all, foreign national prisoners had a reasonable understanding of English, but the extent of language need was not known. The library received information from the reception screening and ordered translated material in relevant languages. There was very little general information available in languages other than English, and a prisoner representative we spoke to felt that not all prisoners understood their entitlements. Telephone interpretation services had not been used in the previous six months. The caseworker was working with a prisoner representative to draw up and publish a list of prisoners to act as interpreters.
- 3.80** Foreign national prisoner issues had been discussed at the REAT, but there was no foreign national prisoners group. In our survey, foreign national prisoners were more negative than British prisoners in several areas, notably, access to phones – 38% of foreign national respondents, compared with only 22% of British nationals, said they had problems. Foreign national prisoners and those who phoned relatives abroad received a free five-minute call each month. Once identified, money was credited to their account on the first of each month. These arrangements were not flexible enough to accommodate new arrivals, who had to wait until the start of the next month to receive their first call.
- 3.81** We spoke to a foreign national prisoner who had received a personal DVD from his family, which he had not been allowed to retain in his possession. We were told he could only view the DVD in the chapel accompanied by a member of staff. This arrangement was inappropriate and insensitive.

Recommendations

- 3.82** There should be appropriate strategic governance and operational support for the foreign national prisoner caseworker.
- 3.83** 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.

- 3.84 All new arrivals who are foreign nationals should be able to make their first free international phone call as soon as possible.
- 3.85 The foreign national liaison officer should be appropriately trained.
- 3.86 There should be a regular consultation forum for foreign national prisoners.
- 3.87 Prisoners should be allowed to retain family DVDs in their possession.

Applications and complaints

Expected outcomes:

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

- 3.88 Prisoners were negative about the applications and complaints systems, although these areas had improved since 2006. The processing of applications was well managed and efficient, although some prisoners complained about lack of confidentiality. Most complaints were confidential access and were dealt with within the timescales.
- 3.89 The main method for prisoners to submit applications was through verbal application in the morning, which staff then logged as related to finance, reception or general matters. Prisoners could also make specific applications for healthcare or legal services through forms displayed on the wings.
- 3.90 Applications logged in the central register were the responsibility of a support grade or prison custody officer who obtained answers from the departments concerned about the specific application. Staff reported back these responses verbally to prisoners. Some prisoners complained that the system was not confidential. Prisoners on A wing also had access to an ATM -type machine, which provided information about finance and allowed them to order their canteen (see paragraph 7.13). This was due to be rolled out to other wings.
- 3.91 In our survey, significantly fewer respondents than the comparator, 42% against 56%, said that applications were dealt with fairly, although most said they were dealt with promptly. These responses were better, however, than those recorded in 2006. The system generally worked well and prisoners received answers to applications on the same day, although they sometimes had to put in several applications on the same subject if the right member of staff was not available to respond. Most replies we examined were prompt and detailed, although some were vague. Management checks were irregular.
- 3.92 The complaints procedure was outlined in a recent director's rule. Complaint boxes were clearly marked and had supplies of complaint forms and envelopes. Staff from the performance unit emptied the boxes, and the complaints clerk dealt with the complaints the following morning. Complaints were logged on a central database, which included target dates for replies, the subject of complaints, and where they were sent for response.
- 3.93 Between 300 and 400 complaints a month were submitted. The single biggest category was for complaints submitted under confidential arrangements, followed by property and residential issues. The performance management unit had recently begun to analyse complaints by wing.

The highest number of complaints, 61, was from H, but there were almost as many from E wing, with a much lower population.

- 3.94 Some of the complaints we sampled involved issues that could have been resolved by officers without resort to a formal complaint – for example, missing recategorisation applications or finance. The quality of responses was mostly satisfactory, although some were vague and did not answer the question. The performance unit reviewed a random selection of complaints each month.
- 3.95 Prisoners' perceptions of the handling of complaints were poor compared with other prisons – only 26% of survey respondents said they were dealt with fairly, against the comparator of 34%. However, the response on the timeliness of complaints was similar to the comparator, and the prison's own statistics indicated that between 95% and 98% were answered within the correct timescales.
- 3.96 Prisoners had good access to the Independent Monitoring Board and 250 prisoners had made an application in 2008 to date. This was analysed by area. Posters advertising the work and contact details of the Prisons and Probation Ombudsman were displayed on notice boards.

Recommendations

- 3.97 Prisoners should not have to submit multiple applications for the same subject.
- 3.98 Prisoner concerns about confidentiality of applications should be addressed through the prisoner incentives and activities committee (PIAC).

Housekeeping point

- 3.99 Residential managers should check general application books daily.

Good practice

- 3.100 *The majority of applications were replied to on the same day.*

Legal rights

Expected outcomes:

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

- 3.101 There was only one legal services officer. The post holder had not received any formal training, but was well supported, helpful and dealt with requests promptly. There was insufficient space for legal visits.
- 3.102 There was one legal services officer (LSO) for the whole prison. Although designated as full time, she also covered other tasks, such as reception and resettlement. She had not received any formal training, but had taken part in some shadowing training and had access to internet information. She interviewed all new arrivals, frequently in reception on their first day.

Information describing the role of the LSO and how to make contact was displayed on wing notice boards.

- 3.103 The LSO received between five and 15 applications for legal advice a month, and saw prisoners promptly. There was a supply of relevant legal information and lists of specialist solicitors, and the LSO also checked the internet for further information. There was a range of legal information in the library. Many applications were related to property and casework. One prisoner had a laptop in possession for appeal purposes. Replies to applications were prompt and courteous.
- 3.104 Legal visits took place four days a week and could be booked by fax, email or phone. There were four legal visits booths (although one was out of action due to the building work), and five visits rooms, including a legal conference room. The shortage of space meant that some solicitors had to use a table in the open visits hall, although they were normally advised of this in advance. In our survey, only 53% of respondents, significantly worse than the comparator of 64%, said it was easy to attend legal visits.
- 3.105 Prisoners were also frustrated about maintaining phone contact with legal advisers. They had to make an application to the wing manager for such calls, and they were not always able to return to the wing during the day to make their call. Only 46% of prisoners in our survey, against a comparator of 63%, said it was easy to communicate with their solicitor

Recommendations

- 3.106 The legal services officer should receive formal training for the role.
- 3.107 There should be sufficient private interview rooms for legal visits.
- 3.108 Prisoners should not be inhibited from making phone contact with their legal advisers.

Substance use

Expected outcomes:

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

- 3.109 Detoxification was available, though did not include methadone treatment. There were several drug supply reduction initiatives, but average random mandatory drug testing (MDT) positive rates remained just above the target. Intelligence-led suspicion drug testing was effective. Prisoners received up to 28-days gymnasium ban following a positive drug test result.

Clinical management

- 3.110 As a category B training prison with a high percentage of long-term prisoners, demand for clinical support was relatively low. Only 25 prisoners out of the total prison population of approximately 840 had presented for detoxification in the previous six months. Most prisoners who required such interventions had developed or re-established their habits while in custody.

- 3.111 Clinical services were provided by Serco Care, who offered opiate detoxification with lofexidine or buprenorphine. Methadone was not available for either maintenance or detoxification, though there were plans to introduce the integrated drug treatment system (IDTS), which offered methadone treatment. Preparation for release treatment was provided for an average of six prisoners a month who were prescribed naltrexone or buprenorphine as overdose prevention.

Drug testing

- 3.112 New arrivals were being routinely drug tested as part of a three-month trial (September-November 2008) to identify drug problems among those who might otherwise not disclose these. Early results indicated that, on average, three new arrivals a month were testing positive. A positive result from these reception tests did not lead to an adjudication. Instead, prisoners received a letter informing them of available drug services and the likely consequences of any subsequent positive tests results. A body orifice security scanner (BOSS) chair was also used in reception to detect concealed mobile phones or metallic paraphernalia. This equipment was also used to test staff randomly as part of the overall strategy to reduce the import of drugs and mobile phones.
- 3.113 The random mandatory drug testing (MDT) positive rate, including refusals and dilutions, for the previous six months was just under 15%, against a target of 11%. The MDT facilities were clean, tidy and adequately equipped. However, there were no drugs information leaflets or services information posters in the holding cell.
- 3.114 Penalties for prisoners who tested positive on random or suspicion tests included up to a 28-day ban on visits to the gymnasium. Prisoners were unhappy about this, but were told by staff that this policy was for health and safety reasons. However, it appeared to be more of a punitive measure, given that physical performance is rarely impaired for such long periods following drug use.
- 3.115 In our survey, 36% of respondents said it was easy to get drugs in Dovegate, against a comparator of 27%. Suspicion testing yielded high positive rates (70% in the previous six months), which indicated effective intelligence gathering. There had additionally been 32 drug finds in the previous three months. The prison had five drug dogs, three passive and two active.

Recommendations

- 3.116 Clinical services should be extended to offer a more flexible regime incorporating stabilisation, detoxification and maintenance provision, including methadone.
- 3.117 Information on drugs and available services should be on display in the mandatory drug testing (MDT) suite, including the holding cell.
- 3.118 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.

Vulnerable prisoners

- 3.119** Vulnerable prisoners were located on G wing, although there were also some poor copers on K wing. G wing was overcrowded and accommodation was cramped, which was a problem for some older prisoners. Prisoners on the wing were well managed, and the regime was mostly equitable to other wings, although time out of cell was not as good and prisoners spent too much time locked up. There were some reports of victimisation.
- 3.120** There were 83 sex offenders in the prison, most of whom were located on G wing as vulnerable prisoners, although they were given the option of normal location following a risk assessment. Along with H wing, G wing had the most overcrowded accommodation with a roll of 76 and 22 single cells doubled up. G wing prisoners were more likely to be older; and almost half of the over-60s in the prison were located there. Some older prisoners reported problems with living in such cramped accommodation, and struggled to manage bunk beds and cell sharing after mostly coming from single accommodation at other establishments.
- 3.121** G wing had similar conditions and facilities as other wings, including cardiovascular equipment, recreational facilities and toasters. However, vulnerable prisoners were more likely to spend more time on the wing as there was only one workshop available to them (although this provided a good training opportunity). Many took part in education, which took place in the dining area of the wing. There was weekly access to the education department and library, although in our survey, none of the vulnerable prisoner respondents (compared with 37% on normal location) said that they had weekly access to the library. None of the vulnerable prisoner respondents said that had more than 10 hours a day out of cell (compared with 21% on normal location). This was partly because those taking part in education were unlocked later than main movement, which reduced activity time.
- 3.122** Some prisoners on G wing felt that their progress was hindered through lack of access to offending behaviour courses. Although enhanced thinking skills had been run as a separate group, there was no sex offender treatment programme. Some vulnerable prisoners said that they saw no avenue of progression from Dovegate, and little opportunity to reduce their risk.
- 3.123** In our survey, vulnerable prisoners were also more likely to say that they had felt unsafe at some time at Dovegate – 65% compared with 48% of those on normal location. Vulnerable prisoners reported problems with abuse from other prisoners. Rooms on the ground floor of the wing overlooked the exercise yard, which was used by prisoners from other wings, and prisoners said that their windows were sometimes targeted with verbal abuse and spitting. However, there were no separate consultation arrangements for prisoners on G wing, which may have limited their ability to communicate their concerns.
- 3.124** Vulnerable prisoners surveyed also reported poorer relationships with staff. Only 35% said they had a personal officer, compared with 85% on normal location, and none, compared with 25%, said that staff normally spoke to them during association.
- 3.125** K wing, previously a reintegration unit for poor behaviour, now accommodated 10 poorer copers. These included some previously on the own-protection prison rule, and some who had moved out of the therapeutic community following problems there or waiting for a move out of the prison. Except for two prisoners employed as wing cleaners, the remainder were locked up during the working day and unemployed. They were unable to work in the same workshop as vulnerable prisoners, and those we spoke to were reluctant to participate in the regime

elsewhere. K wing also managed prisoners on cellular confinement, some on normal location, and was used as an overflow for new arrivals (see paragraph 1.18). Although staff managed to run several regimes efficiently, some poorer copers felt that their safety was compromised by the presence of new arrivals on the same landing. Several poorer copers reported that their clothing had been damaged in the central laundry. Staff had addressed this by providing additional access to the wing laundry.

Recommendations

- 3.126 Vulnerable prisoners should be given the same access to the library and time out of cell as those on normal location.
- 3.127 G wing prisoners should be given a separate forum to raise their concerns about safety and access to the regime.
- 3.128 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.
- 3.129 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.

Section 4: Health services

Expected outcomes:

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

4.1 Senior health managers had been in post for under a year, but had made inroads to establish policies and procedures for physical and mental healthcare. Significant shortages in clinical staffing and administrative support had had a detrimental effect on the rate of change and the fragile primary care service. The health services department was too small for present and planned provision. Access to external NHS facilities was difficult because of constraints on the number of prisoners who could attend these. Dental services were generally good, but pharmacy services remained poor despite the recent introduction of a new provider. Mental health provision was good, and prisoners benefited from good primary and secondary services.

General

- 4.2 Health services were provided by Serco Health personnel. There were strong relationships with the South Staffordshire Primary Care Trust (PCT), which provided strong managerial and clinical support. A physical health needs assessment for 2007-08 had been completed in October 2007, and the Sainsbury Centre for Mental Health had carried out a mental health needs assessment. There was a clinical governance committee, chaired by the director, which included the healthcare manager and representation from the PCT. The PCT had worked hard to integrate the prison into its prison partnership board, which included five other public prisons.
- 4.3 The health services department was in a two-storey building, and disabled access was satisfactory. Primary and inpatient areas were separated by a solid metal door, which meant that it was not possible for staff in the primary care area to view inpatients. The department was in a reasonable state of decoration and was reasonably clean, although not all clinical areas were thoroughly cleaned every day. Infection control measures were poor, and there had been no infection control audit.
- 4.4 The primary care area had inadequate space and facilities. It was cramped and oppressive, and too small to accommodate present and planned services. The problem was exacerbated by the number of clinicians who needed to see patients in a confidential setting. The lack of suitable accommodation to interview or treat patients was detrimental to the progress of prisoner health, and would worsen with the addition of 200-plus prisoners due to arrive in 2009. A planned refurbishment programme was due to make structural alterations, although it did not include additional interview rooms or other accommodation, such as Portakabins, to enable adequate consulting space for permanent and visiting health professionals.
- 4.5 The primary care area had two treatment rooms, neither of which was fit for purpose. There was very little storage space for equipment, which was stored on open shelving that bent under the strain, and there were kitchen-style cupboards rather than clinical cabinetry. Hand washing facilities were generally inadequate throughout the department. The waiting rooms were adequate and had bench seating. They had no health promotion information, although

there were notices outside the rooms in locked display cabinets. Prisoners could access health-related leaflets and publications. The nurses' station was not fit for purpose, lacked proper storage facilities, and had no sightlines to patient areas. CCTV covered the inpatient area.

- 4.6 The reception healthcare room was adequate.
- 4.7 The inpatient area had 12 beds in two single rooms, a four-bedded dormitory and three two-bedded rooms. The beds were not on the certified normal accommodation. The rooms were reasonably decorated and had in-cell sanitation. Prisoners were allowed televisions, radios and hot water flasks for night time, and could use the kitchen area at one end of the day room during unlock to make hot drinks and toast. The day room was sparse with limited activity facilities and no comfortable seating. There was an area with two showers and a bath; one of the showers was not screened. There was no hoist to assist disabled inpatients.
- 4.8 The dental surgery was light, clean and tidy. The dental chair had a tear in the headrest and some cracking of the arm supporting the spittoon. The operating light was unstable, and there was no amalgam separator fitted to the unit, which was a legal requirement. The cabinetry and work surfaces were satisfactory. There was no amalgam spillage tray beneath the amalgamator. Other dental equipment was stored in an adjacent room that had radiographic fluids and other chemicals, stored inappropriately on the floor. The compressor and autoclave had been serviced in the previous year, but there was no evidence of regular maintenance. There were some cross-infection control procedures, but clean and dirty areas were not signed. Matrix bands were not used as single use, and triple spray ends were not disposable. There were no heavy-duty rubber gloves.
- 4.9 The pharmacy store room was in primary care and was kept tidy by a healthcare assistant (HCA).
- 4.10 There were treatment rooms on each of the two house blocks. They were sparsely furnished and generally grubby and untidy. There was no regular cleaning schedule for the rooms, and storage facilities were poor. The room in house block 1 had two medicine cabinets, one on the wall and one free standing, and a hatch to the main corridor for the administration of medicines. The room in house block 2 had two secure medicine cabinets and a medicine trolley secured to the wall. Not all treatment areas had current editions of reference books.
- 4.11 Administrative accommodation was limited and congested. The head of healthcare and his deputy shared an office, and the medical secretary was next door.

Clinical governance

- 4.12 Clinical governance arrangements included the management and accountability of staff. Policy and procedure documents were in the process of being updated. The head of healthcare (contract manager) was due to leave his post, which was to be taken up by his deputy, the healthcare manager. The healthcare manager was a registered general nurse (RGN) and had been at the prison for about six months. The head of healthcare was a member of the senior management team.
- 4.13 Staffing levels were insufficient to meet the clinical needs of prisoners. In addition to the manager, there were eight RGN posts, including one vacancy, one absent on long-term sick leave and one on maternity leave. Three registered mental health nurses (RMNs) were employed exclusively on mental health duties. Two HCAs supported the whole team; one had

completed a national vocational qualification level two in care. Agency nurses provided additional cover. The skill mix was good, but the eight RGNs had to cover the healthcare needs of over 800 prisoners during a 24-hour span of duty, which meant that they worked continuously under great pressure. Many of the staff had been recruited in the previous few months and lacked prison experience, although they brought in significant benefits from the NHS.

- 4.14 Two new GPs had just been contracted to provide eight sessions a week, and were employed directly by Serco Health.
- 4.15 A temporary full-time medical secretary provided administrative support; and was assisted by a part-time administrator. This level of administrative support was insufficient to meet the needs of the health services department.
- 4.16 The dentist and dental support assistant held weekly clinics. There was no dental cover when the dentist was on holiday. An optician, physiotherapist and podiatrist visited regularly. There was a long waiting time to see the optician, and the current waiting list was full for the next three months.
- 4.17 Continuing professional development was supported through the PCT and Serco. Four staff had taken the Royal College of General Practitioners level one course in the management of drug misuse. Clinical supervision had not been established, but there were plans to liaise with the PCT for the provision of clinical supervisors for nursing staff.
- 4.18 The healthcare manager provided the focus for older prisoners, but there were no policies or protocols to manage this group of prisoners. A local university was undertaking a research programme into the mental health needs of older prisoners.
- 4.19 The health services department held resuscitation equipment, including a defibrillator. There was limited equipment on the house blocks, and no defibrillators. The equipment was checked weekly and after use. Health staff attended mandatory cardiopulmonary resuscitation training through the PCT.
- 4.20 Specialist medical equipment was available through the PCT, which provided good support for prisoners with special medical needs. For example, we noted good joint working with external agencies to improve facilities for the management of a prisoner with multiple sclerosis.
- 4.21 The healthcare manager had recently drawn up a service specification for the delivery of an occupational therapy service to the prison, including occupational therapy assessments of the individual needs of prisoners.
- 4.22 There was no clinical medical information technology system. This severely restricted the management and progress of services, including patient record keeping and clinical audit. Clinical records were still paper based and held in a secure room off the primary care nurses' station. The entries were generally satisfactory, but the identity of the health professional making the entry was often missing or illegible, and had to be checked against a list held by the healthcare manager. Care plans for inpatients were in place, and entries were of a high standard and made at least daily.
- 4.23 There was no nominated Caldicott guardian to oversee the use and confidentiality of personal health information, but access to clinical records was limited. There were information protocols to share relevant information with internal and external agencies.

- 4.24 The prison held NHS publications, including national service frameworks and National Institute for Health and Clinical Excellence (NICE) guidelines.
- 4.25 A dedicated healthcare forum took place every six weeks. This enabled prisoners to speak directly with a senior member of the health team about general health issues, current health services or the introduction of new services.
- 4.26 Prisoners could make formal complaints through the prison system. Those sent directly to the healthcare manager were responded to respectfully. Solicitors' letters were dealt with by the director, which appeared inappropriate for health complaints. There was no provision for prisoners to contact Patient Advice and Liaison Services or the Independent Complaints Advocacy Service.
- 4.27 There were good links with the PCT infection control service and the local health protection agency, and staff knew what to do in the event of an outbreak of a communicable disease.

Primary care

- 4.28 Although there was a good level of health support to prisoners, in our survey, only 24% of respondents said that the overall quality of health services was good, against the comparator of 44%. Respondents also rated that the quality of care from the doctor, nurse and optician significantly lower than the comparators.
- 4.29 All new arrivals had a reception health screen, including a comprehensive mental health screen. They were given a booklet outlining the health services available and how to access them. New arrivals did not routinely see a doctor unless they requested to do so or the nurse felt there was a clinical need. There was no secondary health screening. The increasing number of prisoners arriving late affected other prisoners, as nurses had to attend reception to undertake the reception health screening.
- 4.30 Health services staff visited the house blocks every day. Prisoners who wanted to see health staff could hand in a healthcare application form or place it in a dedicated healthcare box, which was emptied daily by nurses. Nurses undertook a form of triage during the medication rounds on the wings, but there were no formal triage algorithms.
- 4.31 The application forms were taken to primary care and nurses arranged the appropriate clinic. This administrative task was a waste of nurse time. A list of appointments was sent to the wings and individual appointment slips given to wing staff to deliver to prisoners. There were some concerns that appointment slips did not reach prisoners, and many cases of prisoners not turning up for health appointments. There were no separate clinic lists for the main prison and the therapeutic community, so it was difficult to extrapolate the number not attending from each area or to audit the reason for non-attendance. The routine wait to see the doctor was generally less than 48 hours.
- 4.32 Custody officers escorted prisoners to health services and were present during all clinics. This good arrangement allowed health staff to concentrate on clinical duties.
- 4.33 A member of health services staff saw prisoners held in the care and separation unit (CSU) every day, and CSU staff felt well supported by health services. We were surprised that one of the custody officers had not received any mental health awareness training for six years. However, a display at the main entrance gave dates and times of the regular mental health awareness training programme for staff.

- 4.34 There were several nurse-led clinics, including well man, smoking cessation and a range of chronic disease management. Individual nurses had clinical responsibility for running their own clinics. Chronic disease management had been introduced with support from specialist community nurses. Nurses were allocated one day a fortnight for their individual clinics. The prison was also supported by specialist nurses in other areas, including tissue viability and multiple sclerosis. An HCA ran the smoking cessation clinic, but the waiting list was long with priority to those demonstrating the greatest need and commitment.
- 4.35 Communicable disease was managed in house with help from visiting specialist doctors and nurses. Flu vaccinations were available for older prisoner and those at risk. There was an extensive hepatitis B vaccination programme, with weekly clinics, and chlamydia screening was offered to all new arrivals. A genitourinary specialist visited every two weeks. Barrier protection was available through health services, but there were no proper arrangements for disposal.
- 4.36 The prison had acknowledged the need for a health promotion strategy, but had not yet made direct links with the PCT to gain advice and take advantage of the PCT's expertise.

Pharmacy

- 4.37 Pharmacy services remained unsatisfactory, despite a new provider contracted to visit the prison for one full day every two weeks. The service was little more than a supply function, there was no opportunity for prisoner contact with the pharmacist, and there was no review of prescribed medication or clinical audit. The healthcare manager reported that a complete review of policies and procedures was to take place, and the new pharmacist was drafting standard operating procedures and patient group directions (PGDs).
- 4.38 An HCA was responsible for managing pharmacy matters, including the ordering of all stock, and transcribing prescriptions onto medication request sheets. Although she worked conscientiously and with some success, she had no relevant pharmacy or nurse training qualifications.
- 4.39 Prescriptions were written on standard prescription and administration charts. The HCA ordered all medicines, including controlled drugs, and the doctor countersigned the orders. The HCA transcribed items not in stock on to a medication request form, which was countersigned by the doctor and faxed to the pharmacy. While not illegal, this practice created a significant risk of error, and meant that the pharmacy was unable to maintain full computerised patient medication records. It also prevented the pharmacist from undertaking clinical checks on all prescriptions.
- 4.40 The prescription charts were used to record medicines administered by nursing staff, and were generally completed satisfactorily. We found evidence that medicines were continued after the prescription had run out, but there were no records of when this happened or that extra doses had been administered.
- 4.41 Medicines were transported between health services and the house blocks in two lockable cases; one case was damaged but still lockable. We noted that the cases were left unlocked and open in the nurses' station for long periods. This was an unsatisfactory practice, as the area was used by a variety of staff who could access the contents of the cases.
- 4.42 Medication was administered on the house blocks at 7.15am, noon and 6pm. The evening medicine round included the administration of night time medicines. We were concerned that

nurses administered medications on their own. Although the medicine rounds were generally well supervised by discipline staff, prisoners distracted nurses with many questions unrelated to medications.

- 4.43 House block 2 medications took longer because of the restrictions on the movement of prisoners held there. Medicines for segregated prisoners were taken to their landing for administration. We observed nurses potting up medication to take to these prisoners, as well as others unable to leave their cells. This was secondary dispensing, inappropriate and contrary to Nursing and Midwifery Council guidelines, as well as time consuming, and would have been unnecessary if vulnerable prisoners attended the treatment room separately from other prisoners.
- 4.44 Most prisoners held their medication in possession for up to 28 days, but did not have a secure cabinet in their cells to hold this (see recommendation 2.16). Prisoners who had daily in-possession medications were given these in a plastic bag with only their name and number on it; this was unacceptable. A new in-possession medication risk assessment tool was being developed.
- 4.45 There were no agreed stock levels between the prison and the pharmacy. Stock management and audit were unsatisfactory. Stock levels were high, and regular date checks were not documented. Nursing staff had access to stock medicines, but did not record medicines removed from the cupboard. Loose tablets were left in trolleys, and named patient medication was not separated from stock. Discontinued or uncollected medicines were left in cupboards. Items given from stock were often incorrectly labelled. Patient information leaflets were not routinely supplied with all medicines.
- 4.46 Controlled drugs were stored appropriately and securely, but shared a cabinet with other medicines. Some were awaiting authorised destruction. Controlled drugs registers were correct, but did not comply with recent legislative changes for record keeping. Controlled drugs were ordered on obsolete requisition forms. The pharmacist did not always receive the original signed requisition before the drugs were dispatched to the prison.
- 4.47 Special sick supplies were not recorded properly, contained unorthodox abbreviations, and were not audited.
- 4.48 Some over-the-counter medicines were available from the prison shop, but they were not audited by the shop or health services to highlight inappropriate or excessive purchasing. There were no PGDs to enable nurses to supply more potent medications. The prison had adopted the PCT formulary, but the doctors had not adhered to this.
- 4.49 A medicines and therapeutics committee had recently been formed, and membership included the PCT pharmacist and the supplying pharmacist.

Dentistry

- 4.50 In our survey, prisoners rated the overall quality of dental care significantly above the comparator. The dentist treated up to 10 patients a session, and saw emergencies as soon as possible, but did not enter records of treatment on to patients' clinical records. The average waiting time for treatment was up to eight weeks. There was a high level of non-attendance, with an average of two appointments lost per session, although the dentist filled these gaps with an emergency or another patient. The dental support assistant triaged patients and allocated appointments as appropriate. There was no hygienist input to triage patients and

therefore reduce waiting lists, or to provide oral hygiene health promotion to prisoners. Prisoners were offered a full range of NHS treatments, and were advised about oral hygiene during treatment. Toothbrushes and other dental items were available from the prison shop, but were of questionable quality.

Inpatient care

- 4.51 There was an average of five inpatients during our inspection. Although admissions to the unit were not always for medical reasons, currently all inpatients were under the care of the primary mental health team.
- 4.52 Primary care RMNs were now responsible for the inpatient unit and visited every morning. A team of five custody officers were allocated to inpatients, which was a significant improvement since our last inspection. The custody officers had volunteered to work in healthcare, and provided 24-hour cover. Some, but not all, custody officers had received mental health training in their initial training, but there was also a regular programme of mental health awareness training. An officer and registered nurse were based in the department at night. An HCA had been allocated to work in the inpatient unit on three mornings a week. Although the level of staffing had improved since our last inspection, the prison still needed to work towards the allocation of permanent trained staff to inpatients.
- 4.53 A care plan was drawn up for patients admitted to the unit. The care plans we saw were of high quality, with at least daily entries. An RGN saw all patients with physical health needs if necessary. The GP visited all inpatients three times a week or more if required. There was limited therapeutic activity for inpatients, but the level of interaction between patients and custody staff had improved. Time out of cell was good, and inpatients were encouraged to dine together. Custody staff ensured that all inpatients were offered a shower or bath, and the opportunity to clean their cells.

Secondary care

- 4.54 There were significant restrictions on the number of prisoners who could attend external NHS facilities for treatment. At the time of the inspection, up to only three prisoners a day could attend outpatient appointments, although this was an increase of one a day since our last inspection. External appointments were still cancelled or rebooked due to lack of escort staff and the large number of prisoners referred out to the NHS. This put pressure on health staff, who had to make a judgement about who went to a hospital appointment. The situation was unacceptable, and needed to be addressed by Serco Health and the prison.
- 4.55 There was no evidence that prisoners with existing NHS appointments or those undergoing treatment in local NHS facilities were moved to other prisons without their consent.

Mental health

- 4.56 Mental health provision had improved steadily since a dedicated primary mental health team had been put in place. Two primary care mental health team (PMHT) RMNs had been in post for some time, but the third one had only recently been recruited, was not yet security cleared, and had to be escorted everywhere, which was restrictive but necessary.
- 4.57 Fourteen prisoners were waiting to be seen by the PMHT – one had been waiting for two months since August 2008. Waiting prisoners were sent a letter informing them they had been

placed on the waiting list and would be seen as soon as possible, which helped to allay any fears that they had been forgotten. The team's relationship with residential staff was good.

- 4.58 The team worked closely with the mental health-in reach team (MHIRT) from South Staffordshire NHS Foundation Trust. The MHIRT comprised a general consultant psychiatrist providing one session a week and two community psychiatric nurses (CPNs) who provided six sessions a week. The MHIRT had access to additional expertise, including an occupational therapist and social worker. All prisoners under the care of the MHIRT were subject to the enhanced care programme approach (CPA). There were some tensions between the two teams, but work was in hand to resolve their differences and ensure a cohesive approach to the care of prisoners.
- 4.59 The two teams had some concerns relating to accessing patients, and the lack of accommodation and administrative support. The absence of administrative support for the primary mental health team meant that RMNs undertook administrative tasks when they should be have been seeing patients. Both teams worked to tight schedules to see patients, who were often late for appointments or failed to attend. In one week in September 2008, eight out of 22 prisoners did not attend their primary mental health reviews. The reasons for non-attendance were unclear, but some prisoners said they did not receive the appointment slip (see also paragraph 4.31).
- 4.60 The teams had no designated area to carry out any assessments, and these sometimes took place in inappropriate conditions that were subject to interruptions from other health staff. This was unsatisfactory and compromised patient confidentiality.
- 4.61 The primary mental health team assessed all referrals to the mental health teams, including self-referrals, through an extensive mental health assessment. This assessment was discussed at the weekly multidisciplinary meeting of the two teams, which decided on a management plan for prisoners.
- 4.62 The primary team had recently started group sessions on subjects such as anxiety, depression and self-harm. This gave prisoners the chance to discuss their concerns with professional help on how to manage them. The primary team had also introduced an emergency call system so that a mental health professional could see any prisoner who staff were concerned about without delay. The primary team also assessed all prisoners on assessment, care in custody and teamwork (ACCT) self-harm monitoring, and visited all prisoners in the segregation unit every weekday. The primary team was not always represented at ACCT reviews, due to insufficient staff, but this should improve once the third member could carry keys.

Recommendations

- 4.63 The primary care trust should be asked to undertake an infection control audit, and the prison should implement its recommendations.
- 4.64 The door between inpatients and primary care should be changed to a gated door, to improve communication and visibility of patients at all times.
- 4.65 The refurbishment of the health services department should include provision of additional consulting rooms with appropriate accommodation, such as Portakabins.
- 4.66 Health policies and procedures should be completed to ensure compliance with the Department of Health regulatory framework.

- 4.67 All health staff should have access to clinical supervision.
- 4.68 The treatment rooms in healthcare and on the wings should be properly furnished to provide safe custody of all medical items.
- 4.69 A clinical patient management IT system should be introduced as a matter of urgency.
- 4.70 Policies for the management of older prisoners should be introduced.
- 4.71 Resuscitation equipment, including defibrillators, should be centrally sited in each house block.
- 4.72 All new arrivals should receive secondary health screening during their induction.
- 4.73 Formal documented triage algorithms should be used to ensure consistency and continuity of care and advice to prisoners.
- 4.74 The front cover of the clinical record should list the names of health professionals making entries.
- 4.75 There should be additional smoking cessation courses to reduce the waiting lists.
- 4.76 Prisoners should have access to Patient Advice and Liaison Services or the Independent Complaints Advocacy Service.
- 4.77 A senior clinician should have responsibility for promoting health and wellbeing across the prison.
- 4.78 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.
- 4.79 Serco Health should define the staff who should respond to complaints about health treatment.
- 4.80 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 healthcare of non-attendees.
- 4.81 There should be more optician clinics to reduce the waiting list.
- 4.82 Nurses should only administer medications to prisoners on their own in exceptional circumstances, and a second person should assist with all administrations.
- 4.83 Prisoners on K wing should be able to attend the treatment room hatch to receive their medication.
- 4.84 The pharmacist should revise the pharmacy procedures and policies, and these should be formally agreed through the medicines and therapeutics committee.
- 4.85 The healthcare assistant responsible for managing the pharmacy should receive appropriate training and support to undertake her duties.

- 4.86 The service level agreement with the pharmacy provider should include pharmacy clinics, clinical audit and medication review.
- 4.87 The pharmacy should maintain full patient medication records for all prescribed medication, and reconciliation of stock against prescriptions issued.
- 4.88 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.
- 4.89 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.
- 4.90 There should be a range of pre-packed medicines for out-of-hours issue. All pre-packs should be dual labelled.
- 4.91 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.
- 4.92 Controlled drugs should only be supplied as stock against an original signed requisition, and only after that requisition has been received.
- 4.93 Cover should be provided for the dentist's annual leave and any sick leave, and chairside assistance should be consistently provided.
- 4.94 The disposal of hazardous waste contract should include dental amalgam and chemical waste.
- 4.95 The dental unit should be replaced or repaired; it should incorporate an amalgam separator.
- 4.96 There should be greater use of dental triage, and patients informed of their appointment details.
- 4.97 The director and the healthcare 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.
- 4.98 Custody officers should receive regular and updated mental health awareness training.
- 4.99 The primary mental health team should have access to continuous administrative support.
- 4.100 The primary mental health team should be represented at assessment, care in custody and teamwork (ACCT) reviews.
- 4.101 Showers in the inpatient area should have privacy screening.
- 4.102 The inpatient unit should have portable hoists to accommodate disabled patients.
- 4.103 High quality toothbrushes and toothpaste should be available from the prison shop, and oral health education literature should be available to prisoners.

- 4.104 There should be a regular oral hygienist session to reduce waiting time for routine treatment and enhance preventive care.
- 4.105 The cleaning contract should be extended to ensure that all clinical areas meet infection control standards.

Housekeeping points

- 4.106 The inpatient day room should be properly furnished to provide therapeutic activity for patients.
- 4.107 Old pharmacy reference books should be discarded in favour of the most recent editions.
- 4.108 There should be separate clinical audits for the main prison and the therapeutic community.
- 4.109 There should be correct disposal arrangements for used barrier protection.
- 4.110 The health services department should liaise with the prison shop to ensure there is no excessive or inappropriate buying of medicines.
- 4.111 Patient information leaflets should be supplied wherever possible. A notice should be prominently displayed to advise patients of the availability of leaflets on request.
- 4.112 Medicine cupboards and medicine trolleys should be maintained in an orderly manner and medicines kept in original packs. Discontinued medication should be discarded via an authorised waste carrier.
- 4.113 Doctors should record diagnoses on the prescription charts to facilitate the pharmacist's clinical checks.
- 4.114 Portable oxygen should be available in the dental surgery.
- 4.115 The amalgam mixer should have an aluminium foil-lined tray.
- 4.116 Clean and dirty areas in the surgery should be signed.
- 4.117 Heavy-duty rubber gloves for cleaning instruments should be available in the dental surgery.
- 4.118 Schemes of maintenance for the compressor and autoclave and contracts for waste disposal should be located in the dental surgery, and the compressor should be drained more frequently in accordance with maintenance instructions.
- 4.119 Dental treatment notes should be entered into the patient's clinical record.

Good practice

- 4.120 *Prisoners waiting to see the primary care mental health team were sent a letter informing them they had been placed on the waiting list and would be seen as soon as possible, which helped to allay any fears that they had been forgotten.*

Section 5: Activities

Learning and skills and work activities

Expected outcomes:

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

- 5.1 Leadership and management of learning and skills provision were satisfactory with good achievement of key skills and qualifications in the industrial workshops and vocational training area. Teaching and learning were generally satisfactory. Education was available full and part time, and included literacy and numeracy classes for prisoners in workshops and on vocational training programmes. The curriculum was insufficient to meet the needs of prisoners, particularly for numeracy. Attendance was good, but punctuality was poor. There was insufficient work available, with over 100 prisoners regularly unemployed. The industrial workshops provided a good range of work with appropriate accreditation, and jobs were also available in the kitchens, gardens and laundry. Library facilities were satisfactory, but were not sufficiently promoted, particularly in education.
- 5.2 The learning and skills manager was responsible for education, training and the management of the prison regime activities. Education was provided in eight subjects, including literacy, numeracy and basic information technology. Vocational training in horticulture, industrial cleaning, painting and decorating, electrical installation and plumbing work was available, as was work in the industrial workshops. There was some evening provision, but this was recreational and often provided by the prisoners themselves. There were 130 places in education attended by prisoners on a part-time or full-time basis, and 260 prisoners took part in industrial workshops and vocational training, which were also full and part time. There were further employment opportunities in the kitchens, gardens laundry and residential wings, but over 100 prisoners were regularly unemployed each day.
- 5.3 Leadership and management of learning and skills were satisfactory. A clear strategy and direction had resulted in an increase in provision since the previous inspection. A three-year development plan clearly identified the direction for learning and skills, but there was insufficient use of appropriate data and meaningful targets to monitor progress. Good links with the three local further education colleges had successfully increased the opportunities for learning and accreditation. This had been particularly effective in the industries workshops, where performing manufacturing operations and warehousing had been successfully introduced. The quality of work in two workshops was particularly high, and the prison's own quality assurance process enabled the goods produced to be sent directly to the retailer.
- 5.4 The adequacy and suitability of staff were satisfactory. Staff were suitably qualified vocationally and many had been prison officers. However, there was insufficient support and guidance for tutors in education. Turnover of staff had been high and many staff were inexperienced in teaching in prisons. There was inadequate guidance on how to cope with resources that were not always suitable for a good learning environment. There was an over-reliance on learning support assistants to cover for staff shortages in education.

- 5.5 Information and guidance on activities at the prison was given during induction, although guidance, particularly for resettlement, was underdeveloped. A new careers tutor had just started a preparation for work course.
- 5.6 Workshop tutors provided clear direction on health and safety, and prisoners had a detailed introduction to safety in workshops. There was high standard well-presented teaching material, and prisoners were assessed on their knowledge and understanding of safe working practices.
- 5.7 Quality monitoring systems had been introduced in the previous two years, particularly the observation of teaching and learning. However, these processes were not standardised, there were no action plans to enable tutors to improve, and quality review meetings did not identify actions to improve performance. Data, particularly about achievement and success, was kept in varying formats, and was insufficiently analysed and used to improve the quality of the provision.
- 5.8 There was insufficient planning of individuals' learning. The prison had introduced an electronic individual learning plan (ILP) to enable the transfer of information from Dovegate to any receiving prison on transfer. Due to delays in inputting information, ILPs were incomplete and not used by learners and tutors. Information gathered at induction was not used to plan learning, and there were insufficient links to sentence planning.
- 5.9 Equality of opportunity was satisfactory, but some classes in education did not reflect the ethnicity of the overall prison population. The prisoner pay structure was satisfactory, and based on progression and ability. Some prisoners were unhappy that they were taken from industrial workshops, where pay was based on output, to complete the preparation for work course at the end of their sentence. Although there was increased provision for vulnerable prisoners, the range of education opportunities was still limited.
- 5.10 Key skills were effectively integrated into workshop and training activities. Prisoners used relevant information based on their activities to complete their key skills studies. Support for learning was good, with 28 learning support assistants (LSAs) to support learners. However, there was an over-reliance on LSAs in education to cover for staff absences, compared with their effective use to support tutors in the industrial workshops. LSAs could achieve a national vocational qualification (NVQ) level two team leader award and a level two in literacy and numeracy. Dyslexia awareness training has been introduced and was planned for all LSAs. Horticultural LSAs and two horticultural learners provided help and assistance to vulnerable prisoners during evening sessions in gardening activities specifically timetabled for them.

Library

- 5.11 The library was on the upper floor of the education department, but was accessible by lift. Stafford County Library supported the service. There were adequate qualified staff, including a full-time library manager, one full-time and one part-time library assistant and one orderly. Prisoners could visit the library at least once a week for 30 minutes. It was open on weekday mornings and afternoons, three evenings, and Saturday mornings. There was a book service to residential wings for prisoners who could not get to the library.
- 5.12 Prisoner views of the library were surveyed and found low use. They could not get to the library easily during the core day unless they were in education, although there was insufficient promotion of the library in education. This had been a problem at the previous inspection and there had been no improvement. In our survey, only 35% of respondents said that they visited the library at least weekly, which was significantly below the comparator of 47%

- 5.13 The library had adequate stock, and included books, magazines, CDs, DVDs, audio books and tapes, and books and newspapers in a range of languages. Legal documents were available. All prisoners were inducted to the library and signed a compact. Three computers were available. Open University students could use the library every day for research and to type up work. There was no stand-alone catalogue for prisoners to search for their own books.
- 5.14 Storybook Dads operated from the library. Since September 2007, 44 prisoners had made 48 CDs, and 17 were in progress.

Recommendations

- 5.15 The management of and support to tutors in the education department should be improved.
- 5.16 Sufficient accommodation and up-to-date resources should be provided to support teaching and learning.
- 5.17 There should be an improvement in prisoners' participation and success in numeracy and literacy courses.
- 5.18 Education data should be analysed and used to improve the quality of provision.
- 5.19 The range of the curriculum should be increased.
- 5.20 The planning of individual learning should be improved.
- 5.21 Prisoners should be able to get to their allocated library sessions.
- 5.22 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.

Physical education and health promotion

Expected outcomes:

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

- 5.23 All prisoners could go to the gym for three sessions a week, with the opportunity to attend further. There were dedicated sessions for the diverse population. Facilities were satisfactory overall, but the weights equipment needed to be relocated. Physical education accredited programmes were limited to get fit for life, football and circuit training courses. The rest of the provision was recreational and remedial.
- 5.24 Physical education was satisfactory, and access to the facilities was good. The gym was open weekdays, five evenings and weekends. All prisoners could attend the gym for three sessions a week, with the opportunity to attend further sessions. There were 55 places available at each session, and the average attendance at each was 47% of the available places. Approximately 66% of the prison population used the gym facilities.

- 5.25 The PE facilities were limited to a small five-a-side AstroTurf pitch, cardiovascular room, classroom and a sports hall, which was partly taken up with the weights equipment. PE staff included a unit manager, PE tutor and six instructors. Gym staff had appropriate specialist qualifications, although only two had received teacher training. There were plans for a further three staff to go on teacher training.
- 5.26 PE accredited programmes were limited to a well-managed get fit for life course, and a football and circuit training course. Much of the provision was recreational and remedial. Promotional materials were displayed in the gym and on wing notice boards, which were updated regularly by PE staff. Since April 2008, gym representatives had had regular meetings with gym staff to raise concerns and discuss solutions. The wing representative names were clearly identified on notice boards in the gym and on the wings.
- 5.27 During their gym induction, all prisoners completed manual handling and Heartstart courses and a health questionnaire, and individuals were recommended suitable PE activities. Vulnerable prisoners were usually inducted on the wing rather than in the gym. They had three sessions a week, two of which were combined with enhanced level prisoners. Gym staff had regular meetings with health staff to discuss their progress. Prisoners on medical referrals, poor copers and those over 55 could attend three specialist PE sessions a week. Prisoners over 40 also had a dedicated weekly session and further opportunities to attend the usual PE sessions.
- 5.28 The PE department had begun a programme to replace sports equipment. There was a contract for the maintenance of sports equipment and a safety certificate in place.
- 5.29 There were no changing rooms or showers in the gym, although prisoners were encouraged to use the facilities on their wing. Prisoners were routinely supplied with PE kit and towels on arrival at the prison and were responsible for washing and maintaining their kit. Accidents were recorded in the daily diary in the instructor's office, and a report was produced for the monthly safety meeting.

Recommendations

- 5.30 The physical education department should introduce more vocationally related courses.
- 5.31 A new location should be found for the weights equipment.

Faith and religious activity

Expected outcomes:

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

- 5.32 There was a small chaplaincy team, including a recently appointed full-time Muslim chaplain. The team appeared under-resourced, and prisoner perceptions of religious services were poor.
- 5.33 The faith team was led by two full-time chaplains, including a recently appointed Muslim chaplain, and supported by part-time and sessional chaplains from other faiths. The team appeared stretched and short of resources. In our survey, only 6% of respondents said that they were seen by a religious leader within their first 24 hours, significantly worse than the

comparator of 42%. Similarly, only 53% thought their religious beliefs were respected and only 58% believed they could speak to a religious leader in private, against the comparators of 58% and 65% respectively.

- 5.34 More than 160 prisoners regularly attended the main religious services, including about 80 of the prison's 122 Muslims and a similar number at the Christian services. Facilities were satisfactory, with a chapel and multi-faith room separated by a flexible divider. There was a programme of Bible study and other faith-based groups. All the main religious festivals were observed, and there appeared to be full prisoner participation in the Eid festival at the time of our inspection. There was limited evidence of chaplaincy involvement in multidisciplinary forums, such as assessment, care in custody and teamwork (ACCT) reviews.
- 5.35 Private access to a religious leader appeared to be a particular concern of Muslim prisoners, as were their perceptions of staff compared with non-Muslim prisoners (see paragraph 3.52). For example, over a third of Muslim respondents felt victimised by staff because of their religious beliefs.

Recommendations

- 5.36 A third full-time chaplain should be appointed.
- 5.37 A faith leader should see all new arrivals within their first 24 hours.
- 5.38 The prison should seek to identify the causes of Muslim prisoners' negative perceptions and concerns.

Time out of cell

Expected outcomes:

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

- 5.39 There were problems with the prison's figures on time out of cell, but access was reasonable and employed prisoners had about 10 hours a day out of cell. Core day routines were generally well managed with little slippage, and prisoners had good access to association and exercise.
- 5.40 There had been little attention to monitoring prisoners' time out of cell. For at least the last 18 months, the prison had reported a figure of 10.9 hours out of cell per day for the prison as a whole. The lack of variation suggested that up-to-date data was not being submitted or analysed. The figure also failed to disaggregate the main prison from the therapeutic community, and so the additional time out of cell available in the latter blurred the records for the main prison. We believed that the actual time out of cell in the main prison averaged nearer 8.4 hours a day. However, a fully employed prisoner could attain over 10 hours out of their cell, which met our expectation of 10 hours. For the 100 unemployed prisoners, time out of cell was more likely to be between five and seven hours per day.
- 5.41 A random roll check during the inspection revealed that 160 prisoners, about a quarter of the population, were locked in their cell during the working part of the day. In addition to the unemployed, the prison's own monitoring recorded that more than 100 prisoners a day did not

attend their planned activity, although good monitoring arrangements were able to test the legitimacy of these absences. The planned working part of the core day exceeded six hours, and there was also plenty of time available for prisoners to access amenities such as phones and showers.

- 5.42** The core day routine was managed properly, with little evidence of slippage. Prisoners had good access to association for at least two hours every night. In our survey, 93% of respondents said that they went on association more than five times per week, which was significantly higher than the comparator of 80%. Exercise was available every morning and in the evening while it was light. The exercise yards were clean but bare. In our survey, 74% of respondents, against the comparator of only 48%, said they had outdoor exercise at least three times per week.

Recommendations

- 5.43** All prisoners should have at least 10 hours out of cell per day.
- 5.44** Furniture and recreational facilities should be provided in the exercise yards.

Section 6: Good order

Security and rules

Expected outcomes:

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

6.1 The security department was busy, with a high number of security information reports. Illicit drugs were a main security concern. Security information was passed on effectively, searching and suspicion drug testing targets were met, and security arrangements did not affect the regime for prisoners disproportionately. There were planned recategorisation boards for determinate-sentenced prisoners, although some were delayed by late reports. Many category C prisoners were awaiting transfer, and could not complete their sentence planning targets because the appropriate offending behaviour courses were not available.

Security

- 6.2 The security committee was chaired by the director, which demonstrated the importance he placed on this area. The committee met monthly and was well attended by representatives from key departments.
- 6.3 The security department was managed by an assistant director, aided by a unit manager, intelligence supervisor, four intelligence officers and three dog handlers. There was a full-time police liaison officer.
- 6.4 The security department was busy, and had received 4,862 security information reports (SIRs) in 2008 to date – an average of around 124 per week. Approximately 80% related to the main prison, and SIRs were submitted by staff from a range of disciplines. Although the level of SIRs appeared high, those we reviewed were relevant and had been processed correctly.
- 6.5 A key area of concern for the security department was illicit drugs; 759 drug-related SIRs had been received from the main prison since the start of 2008. The problem was confirmed in our survey, in which 36% of respondents, significantly higher than the comparator of 27%, said that it was easy to get illegal drugs in the prison. Mobile phones were also a problem, with 25 found in the main prison in the four months to August 2008. There were 17 illicit alcohol (hooch) finds in the same period.
- 6.6 Target searches and reasonable suspicion mandatory drug testing (MDT) prompted by SIRs were completed. The three-monthly target for routine searches was also met. All searches were completed by residential staff, who were given a monthly target. Wing managers made monitoring checks to ensure that the correct procedures were complied with. Prisoners were only required to squat during a strip search where this was supported by security intelligence and approval from an assistant director.

- 6.7 Security information was passed on to managers during morning meetings and effectively cascaded to staff. The security committee agreed and disseminated monthly security objectives for the prison.
- 6.8 There was free-flow prisoner movement to and from activities. Vulnerable prisoners were moved separately, and the house blocks were moved one at a time. These arrangements worked well and did not affect the regime offered to prisoners.
- 6.9 The daily entry search of all staff and visitors included a metal detector portal, a rub-down search and x-raying of all items of property. While excessive for a category B prison, these arrangements did not delay prisoner-related activities.

Rules

- 6.10 Rules of the prison were fully explained on induction and reinforced in compacts.

Categorisation

- 6.11 Staff in the offender management unit (OMU) carried out categorisation and allocation work for prisoners with determinate sentences. Records of new arrivals were checked and their next scheduled review entered in a database. There was an annual categorisation review of determinate prisoners with more than two years to serve, and six-monthly review for those with less than two years to serve.
- 6.12 Categorisation reviews could not take place without contributions received from the prisoner's personal officer, education, work supervisor and security. In September 2008, approximately 50 reviews were overdue because contributions had not been received from the security department. Initial reviews were completed by offender supervisors and their recommendations considered by an assistant director. Prisoners were informed in writing of the decision and had three months to appeal. The director or his deputy considered any appeals; we were shown examples where appeals had been upheld.
- 6.13 There continued to be problems in transferring prisoners to the category C estate because of the lack of suitable places, and because some prisoners wanted to transfer to areas (such as the south east) where there were population pressures. At the time of inspection, the prison held 142 category C – and five category D – prisoners. The prison did not offer the range of offending behaviour courses that many of these prisoners needed to address their offending behaviour. As a result, prisoners were not able to meet their sentence planning targets and progress through their sentence.

Recommendations

- 6.14 Managers should ensure that relevant departments submit their contributions to enable recategorisation boards to take place on time.
- 6.15 Prisoners should have planned progressive moves in accordance with their sentence planning targets.

Discipline

Expected outcomes:

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

6.16 The number of adjudications was not excessive. Hearings were conducted well, charges fully investigated, and full written accounts maintained. Standardisation meetings were held, but punishment tariffs needed to be more widely publicised. The use of force had reduced significantly with a greater emphasis on de-escalation by staff, and the quality of use of force documentation had improved. Use of the special cell had also reduced, and prisoners were removed from this at the earliest opportunity, but they were still subject to a routine strip search without a risk assessment and deprived of their normal clothing. The number held in the care and separation unit had steadily reduced during 2008. Prisoners received a consistent regime and were treated fairly. Wing file entries were poor. Prisoners serving cellular confinement on K wing were not disadvantaged, although there were concerns about the mix of prisoners on the wing.

Disciplinary procedures

- 6.17 Responsibility for conducting adjudications had passed from the controller to the director earlier in 2008, and there had been two adjudication standardisation meetings since then. Punishment tariffs were publicised to prisoners through an information DVD available through the in-cell television system. This information was not available to prisoners without televisions, such as those on the basic level or in the segregation unit. Punishment tariffs had not been publicised in the library or on the residential wings.
- 6.18 There had been 1,394 adjudications in the main prison in 2007 and 922 in the first eight months of 2008, which averaged at approximately 26 per week. These figures were not excessive for the size and population held.
- 6.19 The adjudication room was in the segregation unit, and was well designed with ample natural light, an alarm point and fixed furniture. However, due to building work, the room was only used for prisoners already located on the unit. All other adjudications were held in wing managers' offices. These rooms were reasonably sized, furniture was rearranged as necessary, and the temporary arrangements were satisfactory overall.
- 6.20 Adjudications were staffed by prison custody officers from the segregation unit. Prisoners received a rub-down search before they entered the adjudication room. One of the officers coordinated the hearing, and two others escorted and supervised the prisoner. The reporting officer attended when available. There were no attempts at intimidatory tactics.
- 6.21 The hearings we observed were conducted fairly, and the adjudicator put the prisoner at ease and addressed him respectfully. The prisoner was given every opportunity to challenge what was said and put his version of events. In the event of a charge found proved, the prisoner was given a copy of his punishment and the appeal process.
- 6.22 We reviewed documentation from completed adjudications and found that charges had been fully investigated and records provided a full written account of the proceedings. Any requests for witnesses had been fully considered and dealt with appropriately.

The use of force

- 6.23 The prison exceeded its target for basic control and restraint (C&R) refresher training, with 92% of staff trained against a target of 80% at the end of August 2008, as well as those trained at a higher level, with 42 staff trained to C&R level three against the target of 14.
- 6.24 There had been 228 use of force incidents in the main prison in 2007, compared with just 62 during the first nine months of 2008. This trend represented a significant reduction in use of force, partly attributable to the greater emphasis on de-escalation techniques in staff training.
- 6.25 Governance of use of force was much improved. The director in charge of this area checked the documentation after each incident, and wrote to staff directly with learning points when he identified shortcomings. This attention to quality assurance had led to improvement in the quality of use of force documentation. Written statements from staff were generally good and gave a full account of their involvement in the incident. Injury to inmate (F213) forms were correctly filed with use of force documentation. However, use of force documentation was routinely certified by the supervising officer, instead of a suitable manager not involved in the original incident.
- 6.26 Following the use of C&R, a member of staff from the security department discussed the incident with the prisoner and asked if he considered that he had been treated harshly or unfairly. All prisoners subject to C&R were given a complaint form. The few that had been submitted were fully investigated.
- 6.27 Planned interventions were routinely video recorded. We reviewed three evidence tapes and were assured that the correct methods were used.
- 6.28 There were two special cells in the segregation unit. Although bare, both cells were clean and had sufficient natural light. The special cells had been used only 11 times in 2007 and five occasions since the start of 2008. In only one of the last five occasions was the prisoner held for more than 2.5 hours. In this case, he was held in a special cell overnight but was relocated by 7am the following morning. The standard of documentation for special cells was generally acceptable and monitoring was completed properly. However, authorisation comments showed that prisoners placed in special accommodation were subject to routine strip searches and required to wear strip clothing without this being determined through risk assessment.

Segregation unit

- 6.29 The care and separation (segregation) unit (CSU) catered for prisoners from the main prison and the therapeutic community. Accommodation included 18 normal and two special cells. There were two staff offices, a servery, prisoner showers and the adjudication room, and two small exercise yards. The unit was very clean, except for the in-cell toilets. A painting party was working in the unit at the time of inspection. Cells had been freshly painted and there was no graffiti. All cells were a reasonable size and had good natural light. Normal cells had in-cell power, sanitation units with adequate privacy, reduced potential ligature points and vented windows. Furniture was fixed and moulded, except for a freestanding plastic chair.
- 6.30 There was a published staff selection policy, and the director had authorised a pool of staff to work in the unit. Staff had to be out of their probationary period, have some residential unit experience, be trained in basic C&R techniques, and display the necessary competences for dealing with violent or refractory prisoners. Staff new to the unit were given an induction pack and appointed a mentor. Some CSU staff had attended mental health awareness training and

others were awaiting places for this. The unit manager had been in post for three months. He had a weekly slot on the induction course to explain the role of the CSU.

- 6.31 The number of prisoners held in the CSU had steadily reduced during 2008, from 112 in the first quarter to 78 in the second quarter. We were told that there had been a further reduction in the third quarter. There were two occupants at the time of inspection, both awaiting adjudication. They told us that they had been treated well and received all their entitlements.
- 6.32 All prisoners located into the CSU (except those there for reason of their own protection), were routinely strip searched with no risk assessment and required to change into sterile clothing. They were given a copy of the unit's rules and daily routine. They had daily access to showers, exercise, phone calls and a small selection of library books. A member of staff from the education department also attended the unit weekly to offer prisoners work in cell. Individual in-cell exercise programmes were available from the PE staff on request.
- 6.33 Safety algorithms were completed on prisoners located into the unit and reviews completed as necessary. These reviews were chaired by a governor grade and routinely attended by unit and healthcare staff, and the Independent Monitoring Board (IMB) attended regularly. These reviews took efforts to support reintegration wherever possible. The quality of unit file entries was generally poor. Entries were regular, but were almost entirely observational with little evidence of engagement by staff.
- 6.34 A governor, chaplain and medical professional visited the unit every day, although they did not always confirm this by signing the unit register. A member of the IMB also attended regularly.
- 6.35 Prisoners serving cellular confinement were housed on the upper floor of K wing, the same floor as identified poor copers and prisoners on normal location (see paragraph 3.125). This was avoidable, given the reduced numbers in the CSU. We raised this with the director and were told that this was done to prevent prisoners who completed cellular confinement refusing to return to normal location or forcing a transfer by effectively blocking spaces in the CSU. Prisoners serving cellular confinement told us that they preferred being on K wing as they were allowed to exercise together. We were assured that prisoners serving cellular confinement on K wing received a regime equivalent to that in the CSU, and that the required safeguards of staff observations, monitoring and statutory visits were in place. Wing file entries for prisoners serving cellular confinement on K wing were poor.

Recommendations

- 6.36 Prisoners who are placed in special accommodation should not be routinely strip searched or deprived of normal clothing.
- 6.37 Prisoners who are located on to the care and separation unit (CSU) should not be subject to a routine strip search.
- 6.38 Wing file entries for prisoners in the CSU and those serving cellular confinement on K wing should indicate positive engagement by staff.

Housekeeping points

- 6.39 A copy of the punishment tariffs should be available to prisoners in the library.

- 6.40 Use of force documentation should be certified by an appropriate manager who was not involved in the original incident.
- 6.41 In-cell toilets in the care and separation unit (CSU) should be cleaned.
- 6.42 All visitors to the CSU should sign the unit's register.

Good practice

- 6.43 *Security staff discussed use of force incidents with the prisoners involved, and gave them a complaint form if they felt they had been unfairly treated.*

Incentives and earned privileges

Expected outcomes:

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

- 6.44 The incentives and earned privileges (IEP) scheme was understood by staff and prisoners. There was an effective quality assurance system, but managers did not use the resulting monitoring data to ensure consistent application of the scheme. Managers were aware of prisoner concerns about the lack of differential between regime levels, and were consulting prisoner representatives to review the privileges. Prisoners on the basic level of the scheme had access to a reasonable regime, but were given targets that were unspecific.
- 6.45 There had been some revisions to the incentives and earned privileges (IEP) scheme in September 2008, and the next annual review was due in December 2008. The scheme was understood by staff and prisoners. Written information about the scheme was displayed, but did not appear to be available in languages other than English.
- 6.46 The policy operated on three tiers – basic, standard and enhanced – with movement between the levels based on a pattern of behaviour. This included the prisoner's participation and engagement with his sentence plan, effort and achievement at work, relationships with staff and prisoners, and respect for and adherence to the prison's rules. Proven involvement in specified serious incidents, such as bullying, racism or positive MDTs, resulted in an automatic review of regime level. Prisoners who received negative wing file entries likely to prompt a regime review were given a regime warning signed by the wing manager. Targets to improve behaviour were not set, but an outline of the behaviour that had initiated the warning was provided.
- 6.47 Regime boards were based on written contributions from wing staff, activity supervisors, unit managers and the prisoner, if he did not attend the board. Unit managers were required to record the number of boards held each month and the outcome. Details of the prisoners involved in each board were recorded, but their ethnicity was not. The head of operations made a monthly quality assurance check of 20% of completed boards to ensure practical application of the policy. These checks showed that unit managers were not yet consistently adhering to the published policy, but areas for improvement were identified and there was evidence of feedback to individual managers where appropriate. The senior management team did not collate and monitor this data to ensure consistent application of the scheme across the

prison, and that regime reviews carried out as the result of a single incident did not automatically result in the prisoner's regression.

- 6.48 At the time of the inspection, 67% of prisoners were on the enhanced level of the scheme and 33% on the standard level. New arrivals could retain their enhanced status on arrival. Prisoners were not eligible for consideration for enhanced status until they had spent a minimum of three months on the standard level and had remained adjudication free, and had not received a negative file entry in the two months before their application. There was evidence of some flexibility in the application of these conditions. For example, in one case a prisoner was upgraded to enhanced following an appeal which took into consideration his previous positive behaviour and that a single negative entry should not preclude his upgrade.
- 6.49 Prisoners in our focus groups complained about delays in the processing of applications for enhanced status. In one wing file we examined, entries showed that it took four weeks from receipt of his application for the prisoner to be placed on enhanced level. Prisoners also expressed concern that entries in their wing files only recorded negative behaviour, although in the wing files we examined there were examples of entries that recognised positive behaviour.
- 6.50 The main differentials between the IEP levels were access to visits, private cash and items on the facilities and shop list. Managers were aware of prisoners' views on privileges and were consulting them through the prisoner incentives and activities committee (PIAC). A wing was an enhanced wing. Prisoners on A wing were entitled to a weekly three-hour visit, while enhanced level prisoners located elsewhere received only two hours. Prisoners on A wing were also required to sign a compact stating they agreed to remain drug free. The role of A wing and additional entitlements were not mentioned in the published policy.
- 6.51 Four prisoners were on the basic level at the time of the inspection. They could participate in a reasonable regime, but were not given a copy of their entitlements on the basic level. An initial review was held after seven days, and the wing files we viewed indicated that prisoners could be returned to the standard level at this point. Further reviews took place after 28 days. Prisoners on the basic level were set unspecific targets, such as 'receive no negative entries', that did not help them to address the behaviour that had led to their basic status.

Recommendations

- 6.52 Information about the operation of the incentives and earned privileges (IEP) scheme should be available in a range of appropriate languages.
- 6.53 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.
- 6.54 Applications for the enhanced level should be tracked to ensure they are processed in a timely manner.
- 6.55 Prisoners on the basic level of the scheme should be set meaningful targets and given the necessary support to demonstrate improvement in their behaviour.

Section 7: Services

Catering

Expected outcomes:

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

- 7.1 The food provided was satisfactory, and menus were balanced and catered for a range of dietary needs. A prisoner representative had given training to servery workers to address concerns about the contamination of halal food. Servery areas were clean, but some heated trolleys were not.
- 7.2 Our survey reflected average levels of satisfaction with prison food, but prisoners complained to us about the quality and portion size. The perceptions of black and minority ethnic and Muslim prisoners were more negative. In our survey, only 17% of Muslim respondents, compared with 36% of non-Muslims, said that the food was good.
- 7.3 The prison had a large kitchen, which provided employment for 33 prisoners. Prisoners could undertake a range of qualifications, including national vocational qualifications and food hygiene. All prisoners and staff were appropriately dressed in kitchen whites. The kitchen was clean and well ordered, with designated areas for meat, vegetables, dry, chilled and frozen goods. There were appropriate facilities for the preparation of halal food, and several Muslim prisoners had worked in the kitchen during Ramadan to prepare the meals. The catering manager was working with the race equality manager to incorporate celebration of cultural diversity into the four-week menu cycle. The rota included a range of meals to cater for a broad range of diets. Breakfasts were served each morning. Prisoners could eat their meals communally.
- 7.4 Prisoner race equality representatives had raised concerns from Muslim prisoners about cross-contamination of halal food by other food in heated trolleys and at the servery. One of the representatives had devised a training and awareness package, in conjunction with the catering manager, which had recently been delivered to all servery workers. Separate utensils for halal food were now available. However, staff supervision of the serving of food was low key, and may not have been sufficient to maintain robust observance of standards. While there was no evidence of contamination, the trolleys for vulnerable prisoners on G wing were clearly identifiable. Some of the heated trolleys were not clean.
- 7.5 Consultation arrangements were satisfactory. There was a twice-yearly survey and the results shared through the prisoner incentives and activities committee (PIAC), which the catering manager attended. These meetings were recorded. The catering manager visited wing serveries weekly, and these visits were noted in food comments books, but previous comments made by prisoners were not recorded. On one wing, we were told the food comments book had been removed by staff due to inappropriate entries.

Recommendations

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

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

Prison shop

Expected outcomes:

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

- 7.8 Staff in the prison shop provided a good service. There was an extensive product list, and a good range of items for black and minority ethnic prisoners. New arrivals had early access to the shop. Consultative arrangements were well established, and prisoner views taken into account. The ATM-type facility on A wing was good practice.
- 7.9 The prison shop was run in-house by a manager and four staff, and employed up to seven prisoners from across the prison. New arrivals were offered an advance of £10 to spend on phone credit and a shop order. Orders were completed as part of the reception process, and prioritised by shop staff for next day delivery. Where necessary, a reception smoker's or non-smoker's pack was issued. In our survey, 47% of respondents said that they had access to the shop within their first 24 hours, significantly higher than the comparator of 24%.
- 7.10 Prisoners could place normal orders for the shop twice a week, and could also submit a weekly bakery and fresh fruit order. Orders were placed in sealed polythene bags and delivered to cell doors when prisoners were locked up. Prisoners had to check that their orders were correct before they opened the bag. There were very few errors, and any made were rectified quickly.
- 7.11 There were approximately 400 items on the shop list, which gave prisoners sufficient choice and variation. The list included a good range of black and minority ethnic specific items. The shop manager had also held some themed months to promote further ethnic products, such as items from Africa, the Caribbean and Asia. Any bestsellers from these items replaced the worst sellers on the product list, which was reviewed six monthly. In our survey, 55% of black and minority ethnic respondents, compared with 50% of white respondents, said that the shop sold a wide enough selection of goods to meet their needs. Hobby materials were available on the shop list, and prisoners could buy newspapers and approved magazines.
- 7.12 There were sound consultative arrangements through the PIAC, which the shop manager regularly attended.
- 7.13 An ATM-type machine was being trialled on A wing. Prisoners could access the system with their own personal PIN number, confirmed by an electronic scan of their fingerprint. The facility enabled prisoners to check their account, top up their phone credit, complete their shop orders, and print a mini-statement. Prisoners valued these arrangements, as it gave them responsibility and helped normalise their environment. The facility also reduced the number of minor queries to staff.

Good practice

- 7.14 *The ATM-type facility on A wing helped normalise the environment for prisoners and gave them responsibility, and reduced calls on staff to deal with minor queries.*

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 8.1 There was no detailed resettlement strategy, clear development objectives or needs analysis. Provision through the offender management unit (OMU) was appropriate, but underdeveloped. Quality assurance systems were inadequate. Work with life-sentenced prisoners was reasonable, but there was limited provision to address offending behaviour and the number and range of offending behaviour programmes were inadequate.
- 8.2 The three-year resettlement strategy and development plan, 2008-10, was perfunctory. The document contained only basic information, with very little detail. For example, it referred to the regional reducing reoffending action plan, but gave no indication of how the prison was taking this forward. Key strategic and development goals were also outlined with no indication about how these would be taken forward, allocation of responsibility or any objectives. A director's rule on offender management outlined the role and function of the department, but the document was more like an audit document than a policy, and not all staff were aware of it.
- 8.3 A resettlement research report had been commissioned from the psychology department in May 2008 to identify the resettlement needs of the population. The document drew on the resettlement questionnaires undertaken with prisoners at reception and 12 months before release, but was based on only 76 returns. Nothing had been done with the report, recommendations had not been identified, and the information had not been disseminated to departments involved in resettlement or offender management.
- 8.4 Offending behaviour work was extremely limited, and the only accredited programme was enhanced thinking skills (ETS) – see attitudes, thinking and behaviour section. In August 2007, a psychology department assessment of offending behaviour programme needs concluded that a far wider range of programmes was necessary. These included controlling anger and learning to manage it (CALM), sex offender treatment programme (SOTP), prison addressing substance related offending (P-ASRO) and the healthy relationships programme (HRP). A bid to provide these programmes had so far been unsuccessful (see main recommendation HP53).
- 8.5 There was no overarching resettlement committee. There were informal links between key departments, such as the offender management unit (OMU), probation and the lifer unit, to facilitate developments and links, but these tended to be at either practitioner or management level in isolation from each other. The absence of a resettlement committee compounded the lack of strategic direction, and restricted integration between relevant departments and the potential for development.
- 8.6 Release numbers were relatively low, at 120 in 2007 – an average of between eight and 10 a month. The resettlement coordinator interviewed all new arrivals within a fortnight and assessed their resettlement needs. Where resettlement services were available, for example, drugs and alcohol, a referral could be made immediately, but as most prisoners were likely to

be in custody for some time, referrals to most other pathways were not undertaken. There was no assessment of the need for offending behaviour programmes, as this was believed to be the role of the OMU. Such assessments were not passed to OMU as a matter of course.

- 8.7 Twelve months before their release or potential release, prisoners were interviewed and their resettlement needs reassessed. They were then reviewed at the resettlement monthly meeting (which also considered multi-agency public protection arrangements (MAPPA) cases) at regular points up until release. However, this arrangement depended on the availability of resettlement services. Not all resettlement pathways had identified leads, and resources for some were limited (see section on resettlement pathways). No overarching information about resettlement and available resources was given to prisoners at any point. In our survey, significantly fewer prisoners than at comparator establishments were aware of whom to speak to about resettlement areas such as accommodation, arranging a place at college, accessing health services and finding a job.
- 8.8 There were no exit or release interviews with prisoners to establish the resettlement provision that needed to be developed further to meet the needs of the population.

Recommendations

- 8.9 There should be an annual comprehensive needs analysis to inform the resettlement strategy.
- 8.10 Minuted monthly resettlement meetings should be held based on the resettlement pathways.
- 8.11 All resettlement pathways should have identified leads.
- 8.12 Prisoners in their last 12 months of sentence should be informed of the provision available under each of the resettlement pathways.
- 8.13 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.

Offender management and planning

Expected outcomes:

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

- 8.14 The role of offender supervisors was ill defined. Quality assurance systems were weak, and there was little to indicate that staff had a good knowledge of the prisoners for whom they were responsible. A dedicated lifer unit was well managed, but there was insufficient cover to manage the rising number of prisoners on indeterminate sentence for public protection (IPP). Access to offending behaviour provision was poor, and the psychology department currently offered inadequate one-to-one interventions.

Sentence planning and offender management

- 8.15 The offender management unit (OMU) managed a full caseload of 428 prisoners, including 204 under phase two of offender management and 224 serving sentences in excess of 12 months and subject to sentence planning. Each of the eight offender supervisors, all of whom were officer grades, had caseloads of between 50 and 60. Cases were allocated on the basis of numbers rather than by type, and each offender supervisor had a mix of each type, including high and very high risk of harm cases.
- 8.16 Half the offender management team had been in post less than a year. Training was limited to the four-day offender assessment system (OASys) training and some in-house support, but there was also informal mentoring within the team. Recent staff changes had impacted on the OMU team, and there appeared to be no system of succession planning, with staff leaving and joining the team at very short notice. One member of the team in post for only a fortnight at the time of the inspection already had an allocated caseload of 51, including 23 phase two prisoners.
- 8.17 All new arrivals were initially reviewed at the weekly reception meeting to ensure information sharing across teams and to establish any concerns about risk and risk management. Within two months of reception, all prisoners were subject to an OASys review and sentence plan. At the time of the inspection, only 39 cases managed by OMU were still awaiting OASys assessments. There were reasonable links with community-based offender managers, although their attendance at sentence planning boards was still low. We were told that between 50% and 60% of offender managers either attended or participated in reviews via telephone conferencing.
- 8.18 Sentence planning targets varied considerably in their focus and usefulness. We reviewed a random selection of 50 plans drawn up in the previous six months. Of these, only six referred to the need for further offending behaviour work beyond what was available at Dovegate. Twenty-six included broad institutional targets without clear indications of how they should be achieved, for example, 'to remain on enhanced IEP level'. We saw no examples of individually tailored objectives, and few that were directly oriented to reducing identified risk factors. Offender supervisors were also frustrated at the limited range of offending behaviour programmes available. In our survey, although a significantly higher number of respondents than the comparator, 69% against 58%, said they could achieve some or all of their sentence planning targets at Dovegate, only 38%, against 48%, said there were plans for them to achieve some or all of their targets at another prison.
- 8.19 Beyond sentence planning and OASys reviews, the role of offender supervisors was unclear. Offender contact sheets were maintained, but a random selection of these indicated little evidence of a good knowledge of prisoner needs. Contact was invariably oriented to practical issues, liaising with outside agencies and offering broad encouragement and support. We saw no examples of ongoing risk assessment or evaluation of progress in reducing identified risk factors, even after an offending behaviour programme had been completed. Liaison with personal officers to assess behaviour on wings was rare.
- 8.20 Quality assurance was poor. All OASys were quality controlled by the OMU manager, but beyond this, there was little or no evaluation. There was no system to offer supervision to staff, review progress on their cases or evaluate their level of engagement with prisoners. There were no regular team meetings, either to review cases or consider wider team development.

Public protection

- 8.21 Public protection arrangements were generally appropriate. Monthly multidisciplinary multi-agency public protection arrangements (MAPPA) meetings ensured appropriate information sharing across the prison. Cases were reviewed at least every six months and, if necessary, as frequently as monthly. The MAPPA administrator prepared updated reports for each case reviewed and circulated brief notes to all staff before meetings. A similar model was also used for all public protection cases.
- 8.22 At the time of the inspection, 208 prisoners were subject to some public protection monitoring, although this was mostly random with only between 50 and 60 cases monitored at a time. All prisoners subject to such monitoring were informed and signed a form to confirm this. All mail for prisoners subject to monitoring was censored by OMU staff, which caused some delays in delivery.

Indeterminate-sentenced prisoners

- 8.23 A dedicated lifer unit managed 213 prisoners serving indeterminate sentences, including 153 serving life sentences and 60 on indeterminate sentence for public protection (IPP). The life-sentenced prisoners included 40 who were first stage and 113 second stage. The unit was staffed by a dedicated lifer manager and 3.5 whole-time equivalent main grade staff. A further officer was responsible for IPP cases.
- 8.24 All lifer receptions were reviewed within six weeks of arrival, and initial/interim targets set before lifer sentence planning boards. These boards were generally well attended, and the reports had good quality information. All reports were quality controlled by the lifer manager, and we saw examples where poor quality documents were returned to the author. Reports focused on risk factors, and sentence plan targets addressed these appropriately.
- 8.25 Facilities and support for lifers were generally good. E and F wings were dedicated lifer wings, although some lifers and IPPs were accommodated elsewhere as these wings were full. Weekly lifer surgeries were held on the two wings, and lifers elsewhere could attend these on request. There were two lifer family days a year, and family induction meetings were facilitated when requested. Lifer support groups were run monthly with invited speakers. Three lifer representatives met lifer staff monthly to pursue issues raised by prisoners, although the representatives we spoke to were frustrated about the time it took to resolve issues.
- 8.26 IPPs could access the same range of support as lifers, although they were managed differently. All 60 were allocated to the one dedicated member of staff, which was excessive given the demands of the group.
- 8.27 The main criticism we heard from life-sentenced prisoners and IPPs throughout the inspection was the lack of offending behaviour work available and the limited opportunities for progression. Apart from the programmes available to determinate-sentenced prisoners (see section on attitudes, thinking and behaviour), lifers could also have some one-to-one work with the psychology department. This addressed issues not covered by offending behaviour programmes (at Dovegate or elsewhere) and/or related to assessing risk. At the time of the inspection, there was no longer a chartered psychologist and outstanding work in the department was still not signed off and could not be verified by a replacement. As a consequence, 35 reports, including both end of contact and risk assessment, had not been concluded. Although a reasonable compromise had been agreed to take this work forward,

there were inevitable delays for prisoners. The situation was compounded because some prisoners were not clear about how this impacted directly on them.

- 8.28 Despite limited access to offending behaviour work, 14 lifers had progressed to category C establishments in 2008 to date, and a further four were being considered at the time of the inspection.

Recommendations

- 8.29 There should be an effective quality assurance scheme to cover all work undertaken by the offender management unit (OMU).
- 8.30 Succession planning should be introduced for OMU staff.
- 8.31 Offender supervisors should engage with their prisoners to assess and address identified risk factors, and this should be reflected in records of contact.
- 8.32 There should be further staffing in the lifer unit to manage the high number of prisoners on indeterminate sentence for public protection (IPP).
- 8.33 There should be adequate chartered psychology provision to support the work of the department.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

- 8.34 There was no specialist support for prisoners with accommodation or finance and benefit need, and no formal advice and guidance on their training or employment on release. Release support was adequate for those with physical or mental health needs.

Accommodation

- 8.35 There was no identified pathway lead for accommodation (see recommendation 8.11) and no specialist support. In our survey, only 24% of respondents, against a comparator of 32%, said they knew who to speak to in the prison about help with accommodation on release. Although only three prisoners in the previous year were released with no fixed accommodation, the only support available was from the resettlement coordinator, who had no specialist knowledge or experience and depended on the internet for information.
- 8.36 Of the 120 prisoners released in the previous 12 months, 92 went to live with family or friends, although 80 requested some help with housing during their pre-release support.

Education, training and employment

For further details, see Learning and skills and work activities in Section 5

- 8.37 The provision of education, training and employment activity in the prison broadly reflected the needs of employers in the region, and there was a realistic work environment in the workshops. Prisoners did not have access to formal advice and guidance on finding training or employment, and there were no specialist services for placing prisoners in education, training and viable employment after release. A newly appointed careers adviser had just introduced a 12-week course on career planning for those due to be released within six months.

Finance, benefit and debt

- 8.38 There was no dedicated pathway lead for this pathway (see recommendation 8.11) and very limited provision. The resettlement coordinator offered some broad advice, but not specialist support. In our survey, only 19% of respondents said they knew who to speak to about finance and debt at the prison, compared with the 25% comparator.
- 8.39 Some support and advice was available via the education social and life skills programme, and we were told that prisoners could be helped to open a bank account in the month before release. Although information from the most recent resettlement needs analysis was very limited (see paragraph 8.3), less than 40% of respondents said they had a bank account.

Mental and physical health

- 8.40 All prisoners due for release were given a letter for their GP. If they had no GP, a member of the resettlement staff located one online through their local PCT. They were given information about NHS Direct, and those on medication were given up to five days' supply on their day of release. Health services staff liaised with other relevant departments, such as probation, to ensure that they included healthcare in their release programmes.
- 8.41 Prisoners under the care of the mental health in-reach team were referred to their local community mental health team (CMHT), who were invited into the prison to discuss the prisoner's ongoing clinical management after their release. Prisoners without a GP were referred to the gateway worker in the appropriate CMHT for follow up on release.

Recommendations

- 8.42 Specialist accommodation advice and support should be available for all prisoners in the last 12 months of their sentence.
- 8.43 Specialist finance, benefit and debt advice and support should be available for all prisoners in the last 12 months of their sentence.
- 8.44 There should be greater use of external agencies to provide support on education, training or employment after release.

Drugs and alcohol

- 8.45 The drug strategy lacked an action plan, but frequent information-sharing meetings between clinical and psychosocial service teams showed good prisoner outcomes. The substance use team, although understaffed, provided a good range of interventions, but none was accredited. Staff drug training demonstrated good practice. Voluntary drug testing targets were met, though there were no dedicated testing facilities.
- 8.46 The drug strategy group met monthly with good representation from across the prison. There was a substance misuse strategy, informed by a comprehensive needs analysis carried out in 2007. The results from the analysis had been incorporated into the strategy to demonstrate the needs of drug users. However, the strategy contained few references to alcohol, even though 35% of prisoners had cited alcohol as a problem within the prison. Furthermore, while it detailed many relevant policies and procedures for the reduction of supply and demand for drugs in the prison, it had no development targets or strategic action plan.
- 8.47 The in-house substance misuse team (SMUT) provided a wide range of one-to-one interventions and groups. These included drugs awareness, alcohol awareness, relapse prevention, harm reduction, anxiety awareness, and a special course for drug traffickers and dealers. However, none of these courses was accredited, and many prisoners told us that they were disappointed that their completion could not count as a recognised achievement in their sentence plan or as a factor to lower their OASys risk score.
- 8.48 At full strength, the SMUT had five staff, but was short of two practitioners at the time of our inspection. The caseload was 90 prisoners and, because of the staff shortages, the average wait for new referrals to join in drugs awareness groupwork was four weeks. There had been virtually no waiting list when the full staff team had operated.
- 8.49 The SMUT had established a staff training programme, accredited by the local health trust, to skill selected custody and healthcare officers as substance misuse liaison officers. This enhanced staff drugs awareness to enable them to give basic harm reduction advice to prisoners during their everyday interactions, respond quickly to overdose situations, and facilitate speedy referrals to the prison's drugs services. By the time of the inspection, 11 custody and five healthcare officers had been trained under this scheme. Several prisoners told us that they appreciated the increased levels of understanding, support and information from the officers who had completed the course.
- 8.50 There was a fortnightly meeting of staff from SMUT, healthcare, the mental health team and the psychology team. This shared information and discussed joint care plans. While there were still issues to be resolved over which team took the lead for certain prisoners with complex needs, this regular meeting was making positive steps towards more effective prisoner treatment outcomes.
- 8.51 Voluntary and compliance drug testing were provided. There were 250 voluntary testing compacts in place, and two full-time officers carried out an average of 375 tests per month, which was in line with key performance targets. Mobile testing kits were used as there were no dedicated voluntary drug testing facilities on the wings or elsewhere.

Recommendations

- 8.52 The drug strategy document should be updated, include alcohol services, and contain detailed action plans and performance measures.
- 8.53 The substance misuse team should be adequately staffed to ensure achievement of psychosocial programme completions.
- 8.54 Suitable accredited psychosocial programmes should be introduced to meet the needs of the population.
- 8.55 There should be dedicated facilities for voluntary drug testing on each wing.

Good practice

- 8.56 *The substance misuse liaison officer training course made an important contribution to improving prisoners' health, drug treatment and harm reduction.*

Children and families of offenders

- 8.57 Arrangements for booking visits had improved. Refurbishment work was underway to increase the capacity of social visits, improve privacy in closed visits, and increase the number of official visits booths. There was no identified pathway lead, and no specific strategy or action plan. Family days were held, but only for enhanced level prisoners.
- 8.58 Visits were held on Monday, Wednesday and Friday afternoon between 1.45pm and 4.45pm, and on Saturday and Sunday from 9am to noon and 1pm to 5pm. There were separate visits sessions for vulnerable prisoners. Provision seemed reasonable, and 31% of prisoners in our survey said they received one or more visit a week, which was better than the comparator of 25%. Prisoners on the basic and standard level of the incentives and earned privileges (IEP) scheme had a weekly one-hour visit. Those on the standard level could apply for a monthly two-hour visit. Visits for enhanced level prisoners were two hours a week, or three for those on A wing, and could be taken as separate one-hour visits.
- 8.59 Prisoners said their families experienced difficulties with the visits booking line. We tried the line on two separate occasions and could speak to the booking clerk after only a brief period on hold. Visitors could book a visit on a visit and by email. Visitors we spoke to found staff polite and helpful.
- 8.60 Visitors checked in at the small but clean visitors' centre, which was staffed by the prison. Although staff were helpful, they were not equipped to provide information, advice and support to visitors. The only refreshments available in the visitors' centre and visits room were from vending machines; hot food was not available. The centre displayed a range of information, including information on the assisted prisons visiting scheme. There was a bus service to the prison, and the prison was working with neighbouring prisons to pilot a lottery-funded coach service from local towns.
- 8.61 Prisoners told us that visitors had lengthy delays during the processing and searching procedures, which encroached on their visit time. However, visitors we spoke to said they

received their full visits entitlement. They also said they found staff helpful. The prison had two passive drug dogs. A positive indication by the dog resulted in a closed visit or the visit did not take place.

- 8.62 The visits room could hold 39 open visits and six closed visits. Work was underway to increase the capacity of the visitors' waiting area, install an additional 11 open visits tables, and put partitions in the closed visits booths for greater privacy. The fixed seating in the visits room offered little privacy, and this would be exacerbated by the planned increase in capacity. The room was relaxed and levels of supervision appeared appropriate. The visits unit manager's office was in the visits room and he maintained a visible presence during visits. Despite the use of fingerprint recognition systems for prisoners and visitors, prisoners were still required to wear bibs. The children's play area was small and unsupervised. Visits staff were aware of prisoners subject to public protection or child protection arrangements, and the unit manager attended monthly public protection meetings. We were told that prisoners who wished to use the toilet during a visit had to return to their cell to do so, terminating the visit. Visitors could use the toilets in the visits hall and baby changing facilities were available. Prisoners on closed visits were unable to access refreshments.
- 8.63 Eleven inter-prison visits had taken place in 2008 to date. Prisoners were frustrated about accessing accumulated visits, and the unit manager was also frustrated by the difficulties in attempting to secure places. There were two prisoners on accumulated visits during our inspection.
- 8.64 Several prisoners told us they received few, if any, visits. There was little reference to the role of families in the resettlement strategy, no needs analysis and no specific pathway strategy, pathway lead or action plan. There was little evidence in wing file entries that personal officers and wing staff were supporting and encouraging the maintenance of family contact. Families were invited to attend post-course reviews when a prisoner had completed the enhanced thinking skills course, and a relative attended one such review during our inspection.
- 8.65 Family days were held every three months, and a family day to celebrate Eid was planned for October 2008. These visits were only available to enhanced-level prisoners. There had also been a few extended visits to pass on sensitive family information. The prison did not have a qualified family support worker. Storybook Dads was run through the library (see paragraph 5.14), and the education department ran a family relationships course.

Recommendations

- 8.66 **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.**
- 8.67 **There should be a range of services in the visitors' centre to provide a more supportive and welcoming environment.**
- 8.68 **Arrangements to provide eligible prisoners with accumulated visits should be expedited.**
- 8.69 **Seating in the visits room should not be fixed, and there should be greater privacy for open visits.**

- 8.70 Closed visits should not be authorised solely on the basis of a single dog indication, but supported by additional security intelligence.
- 8.71 Family days should be open to all prisoners.
- 8.72 The prison should employ a qualified family support worker.

Attitudes, thinking and behaviour

- 8.73 Offending behaviour programme work was underdeveloped. The provision of enhanced thinking skills (ETS) was appropriate, but demand outstripped current availability. Other national programmes were not available. Shorter programmes were provided, but did not have the necessary rigour to assess and affect risk.
- 8.74 The only accredited programme was enhanced thinking skills (ETS). The target of 48 completions a year had already been achieved by the time of our inspection. There had been over 90 completions in 2007-08, but this was because extra resources had been brought in to meet the demand. Nonetheless, there remained a waiting list of 110. The management of the waiting list was prioritised appropriately. However, given the demand, it was likely that some prisoners would have to wait two years for a place.
- 8.75 In view of the number of indeterminate prisoners, and that 170 determinate prisoners were classified as high risk (and a further eight as very high risk), this level of provision was inadequate. There had been some attempts to extend the range of accredited programmes (see paragraph 8.4), but to little effect so far. We were told that further accredited programmes were to be provided for the new prison extension, due in September 2009, but it was not clear that these would be extended to the current population (see main recommendation HP53).
- 8.76 Some further offending behaviour programmes were available, but were not delivered with the rigour of ETS. The SMUT offered some non-accredited drug-related programmes (see paragraph 8.47). Three other programmes provided through education were accredited by the Open College Network. These were a 12-session conflict management programme, a six-session stress management programme, and four-session victim awareness programme. In the year to April 2008, there had been 395 starters and 325 completions on these three programmes.
- 8.77 These education-based programmes were a positive initiative, but there were concerns about their delivery and ongoing application. All three courses were delivered by a single tutor, with no back-up for their absence. Programme completers received a report, but these were limited in their assessment and evaluation of engagement. There were no post-programme meetings, and we saw little indication that offender supervisors followed up prisoners who had completed this work to help evaluate risk or the need for further work.

Recommendations

- 8.78 There should be appropriate support staff to help deliver education-based offending behaviour programmes.
- 8.79 Post-programme reports for prisoners completing non-nationally accredited programmes should detail their progress and identify further work, where appropriate.

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

Section 9: Recommendations, housekeeping points and good practice

The following is a listing of recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.

Main recommendation

To NOMS

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

Main recommendations

To the director

-
- 9.2 The prison should rebuild relationships with the local Samaritans in order to establish a full Listener scheme at the earliest opportunity. (HP46)
- 9.3 The prison should develop an action plan, based on its own research, to improve prisoner confidence in the staff group. (HP47)
- 9.4 There should be sufficient appropriately qualified and graded clinical and administrative healthcare staff to meet the needs of prisoners. (HP48)
- 9.5 Cells designed for single use should not be used for shared occupancy. (HP49)
- 9.6 The prison should develop a foreign national strategy, based on a needs analysis, with specific improvement objectives. (HP50)
- 9.7 There should be additional activity places. (HP51)
- 9.8 The prison should develop a resettlement strategy that identifies key priorities and achievement milestones. (HP52)

Recommendations

To the director

First days in custody

- 9.9 There should be more peer support in reception. (1.24)
- 9.10 First night accommodation for new arrivals and prisoners on induction should not be used to accommodate prisoners who cannot be located elsewhere. (1.25)
- 9.11 The planned telephone on H wing should be introduced without delay. (1.26)
- 9.12 New arrivals located on G wing should receive the same induction information as those on normal location. (1.27)

Residential units

- 9.13 Cell toilets should be adequately screened. (2.15)
- 9.14 Prisoners in shared cells should have a secure locker with a key. (2.16)
- 9.15 Managers should investigate prisoner dissatisfaction with the post, and address any identified problems. (2.17)
- 9.16 Cash received in the post without a return address should be held for the designated prisoner. (2.18)

Personal officers

- 9.17 Personal officers should retain responsibility for individual prisoners as long as they are on the wing, rather than by allocation to cells. (2.33)
- 9.18 Personal officers should attend relevant anti-bullying or suicide prevention reviews for their prisoners. (2.34)
- 9.19 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)
- 9.20 The distinction between personal officers and offender supervisors should be clarified, and the two roles should work more closely together. (2.36)

Bullying and violence reduction

- 9.21 CCTV coverage should be provided in the visits waiting room. (3.12)
- 9.22 Senior managers should investigate the negative prisoner perceptions about staff expressed in our survey, particularly those relating to alleged intimidation. (3.13)
- 9.23 All alleged incidents of bullying should be fully investigated. (3.14)
- 9.24 There should be a greater differential between stages one and two of the anti-bullying strategy. (3.15)
- 9.25 There should be interventions for persistent bullies and victims of bullying. (3.16)
- 9.26 Monitoring entries in concern documents should provide evidence of staff engagement and a multidisciplinary approach to the support of victims. (3.17)

Self-harm and suicide

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

- 9.28 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)
- 9.29 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)
- 9.30 Pending the introduction of a Listener scheme, prisoners in crisis should have 24-hour access to peer supporters. (3.34)
- 9.31 A peer supporter should routinely see all new arrivals before they are locked up for their first night. (3.35)
- 9.32 A Listener suite should be available. (3.36)
- 9.33 There should be a suitable facility for prisoners who need constant observation. (3.37)
- 9.34 All prison custody officers should carry personal issue anti-ligature shears. (3.38)

Diversity

- 9.35 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)
- 9.36 Prisoners with disabilities and older prisoners with identified needs should have a care plan that is informed by healthcare and residential staff, and about which they should be consulted. (3.46)
- 9.37 There should be evacuation plans for prisoners with disabilities and older prisoners. (3.47)
- 9.38 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)
- 9.39 Diversity meetings should be attended by key staff responsible for delivering equality of opportunity, including healthcare and activity providers. (3.49)

Race equality

- 9.40 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)
- 9.41 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)
- 9.42 Racist incident complaints should be investigated promptly, and the outcome and resulting action recorded on the log. (3.68)
- 9.43 Racist incident report forms should be subject to external quality checks, with feedback to the race equality action team. (3.69)

- 9.44 There should be interventions to deal with racist behaviour. (3.70)
- 9.45 There should be a regular consultation forum for black and minority ethnic prisoners. (3.71)

Foreign national prisoners

- 9.46 There should be appropriate strategic governance and operational support for the foreign national prisoner caseworker. (3.82)
- 9.47 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)
- 9.48 All new arrivals who are foreign nationals should be able to make their first free international phone call as soon as possible. (3.84)
- 9.49 The foreign national liaison officer should be appropriately trained. (3.85)
- 9.50 There should be a regular consultation forum for foreign national prisoners. (3.86)
- 9.51 Prisoners should be allowed to retain family DVDs in their possession. (3.87)

Applications and complaints

- 9.52 Prisoners should not have to submit multiple applications for the same subject. (3.97)
- 9.53 Prisoner concerns about confidentiality of applications should be addressed through the prisoner incentives and activities committee (PIAC). (3.98)

Legal rights

- 9.54 The legal services officer should receive formal training for the role. (3.106)
- 9.55 There should be sufficient private interview rooms for legal visits. (3.107)
- 9.56 Prisoners should not be inhibited from making phone contact with their legal advisers. (3.108)

Substance use

- 9.57 Clinical services should be extended to offer a more flexible regime incorporating stabilisation, detoxification and maintenance provision, including methadone. (3.116)
- 9.58 Information on drugs and available services should be on display in the mandatory drug testing (MDT) suite, including the holding cell. (3.117)
- 9.59 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)

Vulnerable prisoners

- 9.60 Vulnerable prisoners should be given the same access to the library and time out of cell as those on normal location. (3.126)
- 9.61 G wing prisoners should be given a separate forum to raise their concerns about safety and access to the regime. (3.127)
- 9.62 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)
- 9.63 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)

Health services

- 9.64 The primary care trust should be asked to undertake an infection control audit, and the prison should implement its recommendations. (4.63)
- 9.65 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)
- 9.66 The refurbishment of the health services department should include provision of additional consulting rooms with appropriate accommodation, such as Portakabins. (4.65)
- 9.67 Health policies and procedures should be completed to ensure compliance with the Department of Health regulatory framework. (4.66)
- 9.68 All health staff should have access to clinical supervision. (4.67)
- 9.69 The treatment rooms in healthcare and on the wings should be properly furnished to provide safe custody of all medical items. (4.68)
- 9.70 A clinical patient management IT system should be introduced as a matter of urgency. (4.69)
- 9.71 Policies for the management of older prisoners should be introduced. (4.70)
- 9.72 Resuscitation equipment, including defibrillators, should be centrally sited in each house block. (4.71)
- 9.73 All new arrivals should receive secondary health screening during their induction. (4.72)
- 9.74 Formal documented triage algorithms should be used to ensure consistency and continuity of care and advice to prisoners. (4.73)
- 9.75 The front cover of the clinical record should list the names of health professionals making entries. (4.74)
- 9.76 There should be additional smoking cessation courses to reduce the waiting lists. (4.75)

- 9.77 Prisoners should have access to Patient Advice and Liaison Services or the Independent Complaints Advocacy Service. (4.76)
- 9.78 A senior clinician should have responsibility for promoting health and wellbeing across the prison. (4.77)
- 9.79 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)
- 9.80 Serco Health should define the staff who should respond to complaints about health treatment. (4.79)
- 9.81 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 healthcare of non-attendees. (4.80)
- 9.82 There should be more optician clinics to reduce the waiting list. (4.81)
- 9.83 Nurses should only administer medications to prisoners on their own in exceptional circumstances, and a second person should assist with all administrations. (4.82)
- 9.84 Prisoners on K wing should be able to attend the treatment room hatch to receive their medication. (4.83)
- 9.85 The pharmacist should revise the pharmacy procedures and policies, and these should be formally agreed through the medicines and therapeutics committee. (4.84)
- 9.86 The healthcare assistant responsible for managing the pharmacy should receive appropriate training and support to undertake her duties. (4.85)
- 9.87 The service level agreement with the pharmacy provider should include pharmacy clinics, clinical audit and medication review. (4.86)
- 9.88 The pharmacy should maintain full patient medication records for all prescribed medication, and reconciliation of stock against prescriptions issued. (4.87)
- 9.89 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)
- 9.90 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)
- 9.91 There should be a range of pre-packed medicines for out-of-hours issue. All pre-packs should be dual labelled. (4.90)
- 9.92 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)
- 9.93 Controlled drugs should only be supplied as stock against an original signed requisition, and only after that requisition has been received. (4.92)

- 9.94 Cover should be provided for the dentist's annual leave and any sick leave, and chairside assistance should be consistently provided. (4.93)
- 9.95 The disposal of hazardous waste contract should include dental amalgam and chemical waste. (4.94)
- 9.96 The dental unit should be replaced or repaired; it should incorporate an amalgam separator. (4.95)
- 9.97 There should be greater use of dental triage, and patients informed of their appointment details. (4.96)
- 9.98 The director and the healthcare 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)
- 9.99 Custody officers should receive regular and updated mental health awareness training. (4.98)
- 9.100 The primary mental health team should have access to continuous administrative support. (4.99)
- 9.101 The primary mental health team should be represented at assessment, care in custody and teamwork (ACCT) reviews. (4.100)
- 9.102 Showers in the inpatient area should have privacy screening. (4.101)
- 9.103 The inpatient unit should have portable hoists to accommodate disabled patients. (4.102)
- 9.104 High quality toothbrushes and toothpaste should be available from the prison shop, and oral health education literature should be available to prisoners. (4.103)
- 9.105 There should be a regular oral hygienist session to reduce waiting time for routine treatment and enhance preventive care. (4.104)
- 9.106 The cleaning contract should be extended to ensure that all clinical areas meet infection control standards. (4.105)

Learning and skills and work activities

- 9.107 The management of and support to tutors in the education department should be improved. (5.15)
- 9.108 Sufficient accommodation and up-to-date resources should be provided to support teaching and learning. (5.16)
- 9.109 There should be an improvement in prisoners' participation and success in numeracy and literacy courses. (5.17)
- 9.110 Education data should be analysed and used to improve the quality of provision. (5.18)
- 9.111 The range of the curriculum should be increased. (5.19)
- 9.112 The planning of individual learning should be improved. (5.20)

- 9.113 Prisoners should be able to get to their allocated library sessions. (5.21)
- 9.114 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)

Physical education and health promotion

- 9.115 The physical education department should introduce more vocationally related courses. (5.30)
- 9.116 A new location should be found for the weights equipment. (5.31)

Faith and religious activity

- 9.117 A third full-time chaplain should be appointed. (5.36)
- 9.118 A faith leader should see all new arrivals within their first 24 hours. (5.37)
- 9.119 The prison should seek to identify the causes of Muslim prisoners' negative perceptions and concerns. (5.38)

Time out of cell

- 9.120 All prisoners should have at least 10 hours out of cell per day. (5.43)
- 9.121 Furniture and recreational facilities should be provided in the exercise yards. (5.44)

Security and rules

- 9.122 Managers should ensure that relevant departments should submit their contributions to enable recategorisation boards to take place on time. (6.14)
- 9.123 Prisoners should have planned progressive moves in accordance with their sentence planning targets. (6.15)

Discipline

- 9.124 Prisoners who are placed in special accommodation should not be routinely strip searched or deprived of normal clothing. (6.36)
- 9.125 Prisoners who are located on to the care and separation unit (CSU) should not be subject to a routine strip search. (6.37)
- 9.126 Wing file entries for prisoners in the CSU and those serving cellular confinement on K wing should indicate positive engagement by staff. (6.38)

Incentives and earned privileges

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

- 9.128 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)
- 9.129 Applications for the enhanced level should be tracked to ensure they are processed in a timely manner. (6.54)
- 9.130 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)

Catering

- 9.131 Wing staff should ensure food hygiene standards are maintained through supervision of food service. (7.6)
- 9.132 Food comments books should be available on all wings, and the catering manager should respond to comments. (7.7)

Strategic management of resettlement

- 9.133 There should be an annual comprehensive needs analysis to inform the resettlement strategy. (8.9)
- 9.134 Minuted monthly resettlement meetings should be held based on the resettlement pathways. (8.10)
- 9.135 All resettlement pathways should have identified leads. (8.11)
- 9.136 Prisoners in their last 12 months of sentence should be informed of the provision available under each of the resettlement pathways. (8.12)
- 9.137 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)

Offender management and planning

- 9.138 There should be an effective quality assurance scheme to cover all work undertaken by the offender management unit (OMU). (8.29)
- 9.139 Succession planning should be introduced for OMU staff. (8.30)
- 9.140 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)
- 9.141 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)
- 9.142 There should be adequate chartered psychology provision to support the work of the department. (8.33)

Resettlement pathways

- 9.143 Specialist accommodation advice and support should be available for all prisoners in the last 12 months of their sentence. (8.42)
- 9.144 Specialist finance, benefit and debt advice and support should be available for all prisoners in the last 12 months of their sentence. (8.43)
- 9.145 There should be greater use of external agencies to provide support on education, training or employment after release. (8.44)
- 9.146 The drug strategy document should be updated, include alcohol services, and contain detailed action plans and performance measures. (8.52)
- 9.147 The substance misuse team should be adequately staffed to ensure achievement of psychosocial programme completions. (8.53)
- 9.148 Suitable accredited psychosocial programmes should be introduced to meet the needs of the population. (8.54)
- 9.149 There should be dedicated facilities for voluntary drug testing on each wing. (8.55)
- 9.150 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)
- 9.151 There should be a range of services in the visitors' centre to provide a more supportive and welcoming environment. (8.67)
- 9.152 Arrangements to provide eligible prisoners with accumulated visits should be expedited. (8.68)
- 9.153 Seating in the visits room should not be fixed, and there should be greater privacy for open visits. (8.69)
- 9.154 Closed visits should not be authorised solely on the basis of a single dog indication, but supported by additional security intelligence. (8.70)
- 9.155 Family days should be open to all prisoners. (8.71)
- 9.156 The prison should employ a qualified family support worker. (8.72)
- 9.157 There should be appropriate support staff to help deliver education-based offending behaviour programmes. (8.78)
- 9.158 Post-programme reports for prisoners completing non-nationally accredited programmes should detail their progress and identify further work, where appropriate. (8.79)
- 9.159 Offender supervisors should use post-programme reports to inform further work and assessments of risk. (8.80)

Housekeeping points

Courts, escorts and transfers

- 9.160 The prison should liaise with sending establishments to provide written information to prisoners about the prison before their transfer. (1.5)

First days in custody

- 9.161 Induction material should be supplemented by audio-visual information, where relevant. (1.28)
- 9.162 Prisoners should be given a printed timetable of the induction programme. (1.29)

Residential units

- 9.163 The system for prisoners to obtain clean or replacement sheets should be clarified and explained at induction. (2.19)
- 9.164 Wing showers should be deep cleaned. (2.20)
- 9.165 Prisoners should be issued with a bowl to wash cutlery and crockery. (2.21)

Personal officers

- 9.166 All cell doors should display the names of the allocated personal officer and support officer. (2.37)

Bullying and violence reduction

- 9.167 A representative from the industries department should routinely attend meetings of the safer custody committee. (3.18)

Race equality

- 9.168 Racist incident report forms should be available on all wings. (3.72)

Applications and complaints

- 9.169 Residential managers should check general application books daily. (3.99)

Health services

- 9.170 The inpatient day room should be properly furnished to provide therapeutic activity for patients. (4.106)
- 9.171 Old pharmacy reference books should be discarded in favour of the most recent editions. (4.107)

- 9.172 There should be separate clinical audits for the main prison and the therapeutic community. (4.108)
- 9.173 There should be correct disposal arrangements for used barrier protection. (4.109)
- 9.174 The health services department should liaise with the prison shop to ensure there is no excessive or inappropriate buying of medicines. (4.110)
- 9.175 Patient information leaflets should be supplied wherever possible. A notice should be prominently displayed to advise patients of the availability of leaflets on request. (4.111)
- 9.176 Medicine cupboards and medicine trolleys should be maintained in an orderly manner and medicines kept in original packs. Discontinued medication should be discarded via an authorised waste carrier. (4.112)
- 9.177 Doctors should record diagnoses on the prescription charts to facilitate the pharmacist's clinical checks. (4.113)
- 9.178 Portable oxygen should be available in the dental surgery. (4.114)
- 9.179 The amalgam mixer should have an aluminium foil-lined tray. (4.115)
- 9.180 Clean and dirty areas in the surgery should be signed. (4.116)
- 9.181 Heavy-duty rubber gloves for cleaning instruments should be available in the dental surgery. (4.117)
- 9.182 Schemes of maintenance for the compressor and autoclave and contracts for waste disposal should be located in the dental surgery, and the compressor should be drained more frequently in accordance with maintenance instructions. (4.118)
- 9.183 Dental treatment notes should be entered into the patient's clinical record. (4.119)

Discipline

- 9.184 A copy of the punishment tariffs should be available to prisoners in the library. (6.39)
- 9.185 Use of force documentation should be certified by an appropriate manager who was not involved in the original incident. (6.40)
- 9.186 In-cell toilets in the care and separation unit (CSU) should be cleaned. (6.41)
- 9.187 All visitors to the CSU should sign the unit's register. (6.42)

Examples of good practice

Applications and complaints

- 9.188 The majority of applications were replied to on the same day. (3.100)

Health services

- 9.189 Prisoners waiting to see the primary care mental health team were sent a letter informing them they had been placed on the waiting list and would be seen as soon as possible, which helped to allay any fears that they had been forgotten. (4.120)

Discipline

- 9.190 Security staff discussed use of force incidents with the prisoners involved, and gave them a complaint form if they felt they had been unfairly treated. (6.43)

Prison Shop

- 9.191 The ATM-type facility on A wing helped normalise the environment for prisoners and gave them responsibility, and reduced calls on staff to deal with minor queries. (7.14)

Resettlement Pathways

- 9.192 The substance misuse liaison officer training course made an important contribution to improving prisoners' health, drug treatment and harm reduction. (8.56)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Martin Lomas	Team leader
Hayley Folland	Inspector
Keith McInnis	Inspector
Steve Moffat	Inspector
Andrea Walker	Inspector
Louise Falshaw	Head of research and development
Ellie Davies-Hoare	Research trainee

Specialist inspectors

Bridget McEvilly	Healthcare inspector
Paul Roberts	Substance use inspector
Steve Gascoigne	Pharmacy inspector
Sally Lester	OMI inspector
Jane Robinson	Ofsted team leader
Alan Hatcher	Ofsted inspector
Julie Pomone	Ofsted inspector

Appendix II: Prison population profile

(i) Status	Number of prisoners	%
Sentenced	651	100
Total	651	100

(ii) Sentence	Number of prisoners	%
6 months-less than 12 months	1	0.15
12 months-less than 2 years	1	0.15
2 years-less than 4 years	8	1.2
4 years-less than 10 years	157	24.1
10 years and over (not life)	266	40.9
Life	218	33.5
Total	651	100

(iii) Length of stay	Number of prisoners	%
Less than 1 month	72	11.05
1 month to 3 months	140	21.5
3 months to 6 months	113	17.35
6 months to 1 year	106	16.3
1 year to 2 years	89	13.7
2 years to 4 years	82	12.6
4 years or more	49	7.5
Total	651	100

(iv) Main offence	Number of prisoners	%
Violence against the person	266	40.9
Sexual offences	83	12.7
Burglary	15	2.3
Robbery	124	19
Theft and handling	2	0.3
Fraud and forgery	2	0.3
Drugs offences	123	18.9
Other offences	27	4.1
Offence not recorded/ Holding warrant	9	1.4
Total	651	99.9

(v) Age	Number of prisoners	%
21 years to 29 years	221	33.9
30 years to 39 years	189	29
40 years to 49 years	143	22
50 years to 59 years	61	9.4
60 years to 69 years	32	4.9
70 plus years: <i>maximum age – 70</i>	5	0.8
Total	651	100

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison	30	4.6
Between 50 and 100 miles of the prison	77	11.8
Over 100 miles from the prison	523	80.3
Overseas	6	0.9
No fixed address	15	2.3
Total	651	99.9

(vii) Nationality	Number of prisoners	%
British	548	84.2
Foreign nationals	103	15.8
Total	651	100

(viii) Ethnicity	Number of prisoners	%
<i>White:</i>		
British	379	58.2
Irish	6	0.9
Other White	35	5.4
<i>Mixed:</i>		
White and Black Caribbean	13	2
White and Black African	3	0.5
White and Asian	3	0.5
Other Mixed	8	1.2
<i>Asian or Asian British:</i>		
Indian	5	0.8
Pakistani	21	3.2
Bangladeshi	2	0.3
Other Asian	30	4.6
<i>Black or Black British:</i>		
Caribbean	62	9.5
African	19	2.9
Other Black	59	9
<i>Chinese or other ethnic group:</i>		
Chinese	2	0.3
Other ethnic group	4	0.6
Total	651	99.9

(ix) Religion	Number of prisoners	%
Church of England	159	24.4
Roman Catholic	108	16.6
Other Christian denominations	37	5.7
Muslim	122	18.7
Sikh	2	0.3
Hindu	2	0.3
Buddhist	31	4.8
Jewish	1	0.2
No religion	189	29
Total	651	100

Appendix III: Summary of prisoner questionnaires and interviews

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

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 20 August 2008 the prisoner population at HMP Dovegate was 649. The sample size was 137. Overall, this represented 21% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a LIDS prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Eighteen respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was interviewed.

Methodology

Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- to seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- to seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 116 respondents completed and returned their questionnaires. This represented 18% of the prison population. The response rate was 85%. In addition to the 18 respondents who refused to complete a questionnaire, two questionnaires were not returned and one was returned blank.

Comparisons

The following details the results from the survey. Data from each establishment have been weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current survey responses in 2008 against comparator figures for all prisoners surveyed in trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 26 category B trainer prisons since April 2003.
- The current survey responses in 2008 against the survey responses from HMP Dovegate in 2006.
- A comparison within the 2008 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2008 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2008 survey between Muslim and non-Muslim prisoners.
- A comparison within the 2008 survey between the responses of adults held in the vulnerable prisoner unit and those held in the rest of the prison.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question as well as examples of comments made by prisoners. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'Not sentenced' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data is excluded). The actual numbers will match up as the data is cleaned to be consistent.

Percentages shown in the summary may differ by 1 or 2 % from that shown in the comparison data as the comparator data has been weighted for comparison purposes.

Appendix IV: Summary of prisoner survey results

Section 1: About you

Q1.1	What wing or house block are you currently living on? See front cover	
Q1.2	How old are you?	
	<i>Under 21</i>	0%
	<i>21 - 29</i>	36%
	<i>30 - 39</i>	24%
	<i>40 - 49</i>	28%
	<i>50 - 59</i>	7%
	<i>60 - 69</i>	5%
	<i>70 and over</i>	0%
Q1.3	Are you sentenced?	
	<i>Yes</i>	97%
	<i>Yes - on recall</i>	3%
	<i>No - awaiting trial</i>	0%
	<i>No - awaiting sentence</i>	0%
	<i>No - awaiting deportation</i>	0%
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	0%
	<i>Less than 6 months</i>	1%
	<i>6 months to less than 1 year</i>	0%
	<i>1 year to less than 2 years</i>	0%
	<i>2 years to less than 4 years</i>	4%
	<i>4 years to less than 10 years</i>	29%
	<i>10 years or more</i>	40%
	<i>IPP (Indeterminate Sentence for Public Protection)</i>	6%
	<i>Life</i>	21%
Q1.5	Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?	
	<i>Not sentenced</i>	0%
	<i>6 months or less</i>	16%
	<i>More than 6 months</i>	84%
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	2%
	<i>1 to less than 3 months</i>	7%
	<i>3 to less than 6 months</i>	9%
	<i>6 to less than 12 months</i>	22%
	<i>12 months to less than 2 years</i>	16%
	<i>2 to less than 4 years</i>	23%
	<i>4 years or more</i>	22%
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	<i>Yes</i>	16%
	<i>No</i>	84%

Q1.8	Is English your first language?			
	<i>Yes</i>			88%
	<i>No</i>			12%
Q1.9	What is your ethnic origin?			
	<i>White - British</i>	64%	<i>Asian or Asian British - Bangladeshi</i>	2%
	<i>White - Irish</i>	4%	<i>Asian or Asian British - Other</i>	1%
	<i>White - Other</i>	4%	<i>Mixed Race - White and Black Caribbean</i>	3%
	<i>Black or Black British - Caribbean</i>	8%	<i>Mixed Race - White and Black African</i>	1%
	<i>Black or Black British - African</i>	5%	<i>Mixed Race - White and Asian</i>	0%
	<i>Black or Black British - Other</i>	0%	<i>Mixed Race - Other</i>	0%
	<i>Asian or Asian British - Indian</i>	1%	<i>Chinese</i>	0%
	<i>Asian or Asian British - Pakistani</i>	6%	<i>Other ethnic group</i>	2%
Q1.10	What is your religion?			
	<i>None</i>	19%	<i>Hindu</i>	0%
	<i>Church of England</i>	32%	<i>Jewish</i>	0%
	<i>Catholic</i>	16%	<i>Muslim</i>	16%
	<i>Protestant</i>	1%	<i>Sikh</i>	0%
	<i>Other Christian denomination</i>	6%	<i>Other</i>	3%
	<i>Buddhist</i>	8%		
Q1.11	How would you describe your sexual orientation?			
	<i>Heterosexual/ Straight</i>			98%
	<i>Homosexual/Gay</i>			1%
	<i>Bisexual</i>			1%
	<i>Other</i>			0%
Q1.12	Do you consider yourself to have a disability?			
	<i>Yes</i>			12%
	<i>No</i>			88%
Q1.13	How many times have you been in prison before?			
	<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
	39%	21%	26%	14%
Q1.14	Including this prison, how many prisons have you been in during this sentence/remand time?			
	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>	
	6%	78%	16%	
Q1.15	Do you have any children under the age of 18?			
	<i>Yes</i>			58%
	<i>No</i>			42%

Section 2: Courts, transfers and escorts

Q2.1 We want to know about the most recent journey you have made either to or from court or between prisons? How was ...

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van	4%	42%	21%	20%	8%	4%	0%
Your personal safety during the journey	5%	51%	22%	9%	11%	1%	1%
The comfort of the van	1%	14%	10%	46%	28%	1%	0%
The attention paid to your health needs	2%	20%	28%	23%	14%	2%	11%
The frequency of toilet breaks	0%	5%	14%	27%	34%	3%	17%

Q2.2 How long did you spend in the van?

	<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
	3%	28%	56%	12%	2%

Q2.3 How did you feel you were treated by the escort staff?

	<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
	3%	55%	28%	9%	2%	2%

Q2.4 Please answer the following questions about when you first arrived here:

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	85%	15%	0%
Before you arrived here did you receive any written information about what would happen to you?	5%	94%	1%
When you first arrived here did your property arrive at the same time as you?	88%	11%	1%

Section 3: Reception, first night and induction

Q3.1 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you)

<i>Didn't ask about any of these</i>	25%	<i>Money worries</i>	8%
<i>Loss of property</i>	5%	<i>Feeling depressed or suicidal</i>	33%
<i>Housing problems</i>	3%	<i>Health problems</i>	56%
<i>Contacting employers</i>	3%	<i>Needing protection from other prisoners</i>	13%
<i>Contacting family</i>	42%	<i>Accessing phone numbers</i>	33%
<i>Ensuring dependents were being looked after</i>	4%	<i>Other</i>	1%

Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply)

<i>Didn't have any problems</i>	35%	<i>Money worries</i>	17%
<i>Loss of property</i>	20%	<i>Feeling depressed or suicidal</i>	10%
<i>Housing problems</i>	4%	<i>Health problems</i>	23%

Contacting employers.....	2%	Needing protection from other prisoners.....	11%
Contacting family.....	27%	Accessing phone numbers.....	26%
Ensuring dependents were looked after.....	5%	Other.....	6%

- Q3.3 Please answer the following questions about reception:**
- | | Yes | No | Don't remember |
|---|-----|-----|----------------|
| Were you seen by a member of health services? | 85% | 12% | 3% |
| When you were searched, was this carried out in a respectful way? | 74% | 21% | 5% |
- Q3.4 Overall, how well did you feel you were treated in reception?**
- | | Very well | Well | Neither | Badly | Very badly | Don't remember |
|--|-----------|------|---------|-------|------------|----------------|
| | 10% | 47% | 22% | 13% | 6% | 2% |
- Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply)**
- | | |
|--|-----|
| Information about what was going to happen to you..... | 30% |
| Information about what support was available for people feeling depressed or suicidal..... | 33% |
| Information about how to make routine requests..... | 21% |
| Information about your entitlement to visits..... | 27% |
| Information about health services..... | 40% |
| Information about the chaplaincy..... | 25% |
| Not offered anything | 43% |
- Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply)**
- | | |
|--|-----|
| A smokers/non-smokers pack..... | 33% |
| The opportunity to have a shower..... | 38% |
| The opportunity to make a free telephone call..... | 60% |
| Something to eat..... | 68% |
| Did not receive anything | 13% |
- Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply)**
- | | |
|---|-----|
| Chaplain or religious leader..... | 6% |
| Someone from health services..... | 76% |
| A listener/Samaritans..... | 4% |
| Did not meet any of these people | 23% |
- Q3.8 Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?**
- | | |
|----------|-----|
| Yes..... | 46% |
| No..... | 54% |
- Q3.9 Did you feel safe on your first night here?**
- | | |
|---------------------|-----|
| Yes..... | 81% |
| No..... | 14% |
| Don't remember..... | 5% |
- Q3.10 How soon after your arrival did you go on an induction course?**
- | | |
|---|-----|
| Have not been on an induction course | 16% |
| Within the first week | 53% |

More than a week 29%
 Don't remember 3%

Q3.11 Did the induction course cover everything you needed to know about the prison?
Have not been on an induction course 17%
 Yes 48%
 No 32%
 Don't remember 4%

Section 4: Legal rights and respectful custody

Q4.1 How easy is to?

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
Communicate with your solicitor or legal representative?	11%	35%	17%	12%	18%	7%
Attend legal visits?	9%	44%	16%	13%	5%	13%
Obtain bail information?	1%	9%	15%	7%	4%	64%

Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?
Not had any letters 10%
 Yes 49%
 No 42%

Q4.3 Please answer the following questions about the wing/unit you are currently living on:

	<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>N/A</i>
Are you normally offered enough clean, suitable clothes for the week?	35%	41%	2%	22%
Are you normally able to have a shower every day?	100%	0%	0%	0%
Do you normally receive clean sheets every week?	42%	35%	0%	23%
Do you normally get cell cleaning materials every week?	80%	17%	0%	3%
Is your cell call bell normally answered within five minutes?	12%	78%	6%	4%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	75%	25%	0%	0%
Can you normally get your stored property, if you need to?	31%	50%	14%	4%

Q4.4 What is the food like here?

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	4%	28%	18%	29%	21%

Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?
Have not bought anything yet 2%
 Yes 52%
 No 46%

Q4.6 Is it easy or difficult to get either

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
A complaint form	33%	50%	7%	7%	1%	2%
An application form	27%	52%	8%	5%	7%	1%

Q4.7	Have you made an application? Yes..... 96% No..... 4%					
Q4.8	Please answer the following questions concerning applications (If you have not made an application please tick the 'not made one' option)	<i>Not made one</i>	Yes	No		
	Do you feel <i>applications</i> are dealt with fairly?	5%	40%	56%		
	Do you feel <i>applications</i> are dealt with promptly? (within seven days)	5%	50%	45%		
Q4.9	Have you made a complaint? Yes..... 71% No..... 29%					
Q4.10	Please answer the following questions concerning complaints (If you have not made a complaint please tick the 'not made one' option)	<i>Not made one</i>	Yes	No		
	Do you feel <i>complaints</i> are dealt with fairly?	29%	19%	53%		
	Do you feel <i>complaints</i> are dealt with promptly? (within seven days)	29%	24%	47%		
	Were you given information about how to make an appeal?	20%	20%	61%		
Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison? <i>Not made a complaint</i> 29% Yes..... 23% No..... 49%					
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB) <i>who they are</i> ?	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>
		13%	5%	23%	32%	19%
						8%
Q4.13	Please answer the following questions about your religious beliefs	Yes	No	<i>Don't know/ N/A</i>		
	Do you feel your religious beliefs are respected?	53%	21%	26%		
	Are you able to speak to a religious leader of your faith in private if you want to?	58%	15%	27%		
Q4.14	Can you speak to a listener at any time, if you want to? Yes 40%	No 13%	<i>Don't know</i> 46%			
Q4.15	Please answer the following questions about staff in this prison	Yes	No			
	Is there a member of staff you can turn to for help if you have a problem?	58%	42%			
	Do most staff treat you with respect?	62%	38%			

Section 5: Safety

- Q5.1 Have you ever felt unsafe in this prison?**
 Yes..... 48%
 No..... 52%
- Q5.2 Do you feel unsafe in this prison at the moment?**
 Yes..... 20%
 No..... 80%
- Q5.3 In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply)**
- | | |
|-------------------------------------|---|
| <i>Never felt unsafe</i> 55% | <i>At meal times</i> 9% |
| <i>Everywhere</i> 10% | <i>At health services</i> 7% |
| <i>Segregation unit</i> 11% | <i>Visit's area</i> 13% |
| <i>Association areas</i> 9% | <i>In wing showers</i> 5% |
| <i>Reception area</i> 6% | <i>In gym showers</i> 0% |
| <i>At the gym</i> 10% | <i>In corridors/stairwells</i> 6% |
| <i>In an exercise yard</i> 7% | <i>On your landing/wing</i> 12% |
| <i>At work</i> 12% | <i>In your cell</i> 6% |
| <i>During Movement</i> 11% | <i>At religious services</i> 4% |
| <i>At education</i> 8% | |
- Q5.4 Have you been victimised by another prisoner or group of prisoners here?**
 Yes..... 20%
 No..... 80%
- Q5.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)**
- | | |
|--|--|
| <i>Insulting remarks (about you or your family or friends)</i> 11% | <i>Because you were new here</i> 3% |
| <i>Physical abuse (being hit, kicked or assaulted)</i> 7% | <i>Because of your sexuality</i> 1% |
| <i>Sexual abuse</i> 1% | <i>Because you have a disability</i> 4% |
| <i>Because of your race or ethnic origin</i> 3% | <i>Because of your religion/religious beliefs</i> 4% |
| <i>Because of drugs</i> 2% | <i>Being from a different part of the country than others</i> 5% |
| <i>Having your canteen/property taken</i> 6% | <i>Because of your offence/ crime</i> 4% |
- Q5.6 Have you been victimised by a member of staff or group of staff here?**
 Yes..... 41%
 No..... 59%
- Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)**
- | | |
|--|--|
| <i>Insulting remarks (about you or your family or friends)</i> 20% | <i>Because of your sexuality</i> 1% |
| <i>Physical abuse (being hit, kicked or assaulted)</i> 7% | <i>Because you have a disability</i> 4% |
| <i>Sexual abuse</i> 1% | <i>Because of your religion/religious beliefs</i> 6% |
| <i>Because of your race or ethnic origin</i> 12% | <i>Being from a different part of the country than others</i> 7% |

Because of drugs..... 2% Because of your offence/ crime 4%
 Because you were new here..... 9%

- Q5.8 If you have been victimised by prisoners or staff, did you report it?
Not been victimised..... 55%
 Yes..... 16%
 No..... 29%
- Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?
 Yes..... 26%
 No..... 74%
- Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?
 Yes..... 34%
 No..... 66%
- Q5.11 Is it easy or difficult to get illegal drugs in this prison?
Very easy *Easy* *Neither* *Difficult* *Very difficult* *Don't know*
 26% 10% 9% 5% 4% 47%

Section 6: Health services

- Q6.1 How easy or difficult is it to see the following people:
- | | <i>Don't know</i> | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> |
|--------------|-------------------|------------------|-------------|----------------|------------------|-----------------------|
| The doctor | 6% | 6% | 30% | 19% | 25% | 14% |
| The nurse | 5% | 19% | 51% | 8% | 10% | 7% |
| The dentist | 6% | 3% | 12% | 8% | 39% | 31% |
| The optician | 23% | 2% | 10% | 9% | 30% | 26% |
- Q6.2 Are you able to see a pharmacist?
 Yes..... 44%
 No..... 56%
- Q6.3 What do you think of the quality of the health service from the following people:
- | | <i>Not been</i> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
|--------------|-----------------|------------------|-------------|----------------|------------|-----------------|
| The doctor | 8% | 5% | 20% | 22% | 22% | 23% |
| The nurse | 9% | 10% | 36% | 19% | 14% | 11% |
| The dentist | 21% | 22% | 25% | 13% | 5% | 14% |
| The optician | 43% | 8% | 17% | 14% | 5% | 14% |
- Q6.4 What do you think of the overall quality of the health services here?
Not been *Very good* *Good* *Neither* *Bad* *Very bad*
 4% 4% 20% 28% 23% 21%
- Q6.5 Are you currently taking medication?
 Yes..... 43%
 No..... 57%
- Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?
Not taking medication 58%

	Yes.....	28%		
	No.....	14%		
Q6.7	Do you feel you have any emotional well being/ mental health issues?			
	Yes.....	17%		
	No.....	83%		
Q6.8	Are your emotional well-being/ mental health issues being addressed by any of the following? (Please tick all that apply)			
	<i>Do not have any issues / Not receiving any help</i>	87%		
	<i>Doctor</i>	4%		
	<i>Nurse</i>	6%		
	<i>Psychiatrist</i>	3%		
	<i>Mental Health In Reach team</i>	8%		
	<i>Counsellor</i>	0%		
	<i>Other</i>	1%		
Q6.9	Did you have a problem with either of the following when you came into this prison?			
		<i>Yes</i>	<i>No</i>	
	Drugs	8%	92%	
	Alcohol	6%	94%	
Q6.10	Have you developed a problem with either of the following since you have been in this prison?			
		<i>Yes</i>	<i>No</i>	
	Drugs	11%	89%	
	Alcohol	1%	99%	
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes.....	15%		
	No.....	2%		
	<i>Did not / do not have a drug or alcohol problem</i>	83%		
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison?			
	Yes.....	11%		
	No.....	6%		
	<i>Did not / do not have a drug or alcohol problem</i>	82%		
Q6.13	Was the intervention or help you received, while in this prison, helpful?			
	Yes.....	7%		
	No.....	4%		
	<i>Did not have a problem/Have not received help</i>	89%		
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?			
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Drugs	3%	88%	9%
	Alcohol	2%	92%	6%
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?			
	Yes.....	2%		

No..... 12%
 N/A..... 87%

Section 7: Purposeful activity

Q7.1 Are you currently involved in any of the following activities? (Please tick all that apply)

Prison job.....	75%
Vocational or skills training	14%
Education (including basic skills)	30%
Offending behaviour programmes	25%
<i>Not involved in any of these</i>	6%

Q7.2 If you have been involved in any of the following, while in prison, do you think it will help you on release?

	<i>Not been involved</i>	Yes	No	Don't know
Prison job	4%	34%	47%	15%
Vocational or skills training	15%	48%	28%	10%
Education (including basic skills)	10%	56%	25%	9%
Offending behaviour programmes	12%	53%	26%	9%

Q7.3 How often do you go to the library?

<i>Don't want to go</i>	13%
<i>Never</i>	16%
<i>Less than once a week</i>	32%
<i>About once a week</i>	25%
<i>More than once a week</i>	11%
<i>Don't know</i>	4%

Q7.4 On average how many times do you go to the gym each week?

	0	1	2	3 to 5	More than 5	Don't know
<i>Don't want to go</i>						
	20%	15%	3%	19%	41%	2%

Q7.5 On average how many times do you go outside for exercise each week?

	0	1 to 2	3 to 5	More than 5	Don't know
<i>Don't want to go</i>					
	8%	4%	15%	29%	45%

Q7.6 On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc)

Less than 2 hours	4%
2 to less than 4 hours.....	11%
4 to less than 6 hours.....	16%
6 to less than 8 hours.....	15%
8 to less than 10 hours.....	26%
10 hours or more	19%
<i>Don't know</i>	8%

Q7.7 On average, how many times do you have association each week?

<i>Don't want to go</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>
1%	3%	1%	2%	93%	1%

Q7.8 How often do staff normally speak to you during association time?

<i>Do not go on association</i>	1%
<i>Never</i>	18%
<i>Rarely</i>	23%
<i>Some of the time</i>	34%
<i>Most of the time</i>	16%
<i>All of the time</i>	8%

Section 8: Resettlement

Q8.1 When did you first meet your personal officer?

<i>Still have not met him/her</i>	18%
<i>In the first week</i>	32%
<i>More than a week</i>	26%
<i>Don't remember</i>	24%

Q8.2 How helpful do you think your personal officer is?

<i>Do not have a personal officer</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
18%	13%	26%	16%	16%	10%

Q8.3 Do you have a sentence plan/OASys?

<i>Not sentenced</i>	0%
<i>Yes</i>	86%
<i>No</i>	14%

Q8.4 How involved were you in the development of your sentence plan?

<i>Do not have a sentence plan/OASys</i>	14%
<i>Very involved</i>	22%
<i>Involved</i>	32%
<i>Neither</i>	7%
<i>Not very involved</i>	15%
<i>Not at all involved</i>	11%

Q8.5 Can you achieve all or some of your sentence plan targets in this prison?

<i>Do not have a sentence plan/OASys</i>	14%
<i>Yes</i>	60%
<i>No</i>	27%

Q8.6 Are there plans for you to achieve all/some of your sentence plan targets in another prison?

<i>Do not have a sentence plan/OASys</i>	14%
<i>Yes</i>	33%
<i>No</i>	53%

Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?				
	<i>Not sentenced</i>	0%			
	<i>Yes</i>	28%			
	<i>No</i>	72%			
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?				
	<i>Yes</i>	8%			
	<i>No</i>	92%			
Q8.9	Have you had any problems with sending or receiving mail?				
	<i>Yes</i>	49%			
	<i>No</i>	48%			
	<i>Don't know</i>	3%			
Q8.10	Have you had any problems getting access to the telephones?				
	<i>Yes</i>	26%			
	<i>No</i>	74%			
	<i>Don't know</i>	0%			
Q8.11	Did you have a visit in the first week that you were here?				
	<i>Not been here a week yet</i>	0%			
	<i>Yes</i>	26%			
	<i>No</i>	71%			
	<i>Don't remember</i>	3%			
Q8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)				
	<i>Don't know what my entitlement is</i>	9%			
	<i>Yes</i>	75%			
	<i>No</i>	15%			
Q8.13	How many visits did you receive in the last week?				
	<i>Not been in a week</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 4</i>	<i>5 or more</i>
	0%	69%	31%	0%	0%
Q8.14	Have you been helped to maintain contact with your family/friends while in this prison?				
	<i>Yes</i>	28%			
	<i>No</i>	72%			
Q8.15	Do you know who to contact to get help with the following within this prison: (please tick all that apply)				
	<i>Don't know who to contact</i>	71%	<i>Help with your finances in preparation for release</i>	19%	
	<i>Maintaining good relationships</i>	14%	<i>Claiming benefits on release</i>	19%	
	<i>Avoiding bad relationships</i>	13%	<i>Arranging a place at college/continuing education on release</i>	15%	
	<i>Finding a job on release</i>	19%	<i>Continuity of health services on release</i>	16%	
	<i>Finding accommodation on release</i> ...	24%	<i>Opening a bank account</i>	15%	

Q8.16 Do you think you will have a problem with any of the following on release from prison?
(please tick all that apply)

<i>No problems</i>	50%	<i>Help with your finances in preparation for release</i>	26%
<i>Maintaining good relationships</i>	12%	<i>Claiming benefits on release</i>	20%
<i>Avoiding bad relationships</i>	11%	<i>Arranging a place at college/continuing education on release</i>	16%
<i>Finding a job on release</i>	39%	<i>Continuity of health services on release</i>	17%
<i>Finding accommodation on release</i> ...	28%	<i>Opening a bank account</i>	27%

Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?

<i>Not sentenced</i>	0%
<i>Yes</i>	52%
<i>No</i>	48%

Thank you for completing this survey



Prisoner survey responses HMP Dovegate 2008

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

Key to tables

		HMP Dovegate	Cat B trainer prisons Comparator
	Any percent highlighted in green is significantly better		
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Number of completed questionnaires returned		116	746
SECTION 1: General information			
2	Are you under 21 years of age?	0%	0%
3a	Are you sentenced?	100%	100%
3b	Are you on recall?	3%	2%
4a	Is your sentence less than 12 months?	1%	0%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	6%	9%
5	Do you have six months or less to serve?	17%	10%
6	Have you been in this prison less than a month?	2%	
7	Are you a foreign national?	16%	14%
8	Is English your first language?	88%	90%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	28%	29%
10	Are you Muslim?	16%	15%
11	Are you homosexual/gay or bisexual?	2%	5%
12	Do you consider yourself to have a disability?	12%	22%
13	Is this your first time in prison?	39%	37%
14	Have you been in more than 5 prisons this time?	16%	
15	Do you have any children under the age of 18?	58%	55%
SECTION 2: Transfers and escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	47%	51%
1b	Was your personal safety during the journey good/very good?	57%	63%
1c	Was the comfort of the van good/very good?	15%	19%
1d	Was the attention paid to your health needs good/very good?	22%	36%
1e	Was the frequency of toilet breaks good/very good?	5%	15%
2	Did you spend more than four hours in the van?	12%	18%
3	Were you treated well/very well by the escort staff?	59%	68%
4a	Did you know where you were going when you left court or when transferred from another prison?	85%	87%
4b	Before you arrived here did you receive any written information about what would happen to you?	6%	15%
4c	When you first arrived here did your property arrive at the same time as you?	88%	87%

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SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	5%	
1c	Housing problems?	3%	
1d	Problems contacting employers?	3%	
1e	Problems contacting family?	42%	
1f	Problems ensuring dependants were looked after?	4%	
1g	Money problems?	8%	
1h	Problems of feeling depressed/suicidal?	33%	
1i	Health problems?	57%	
1j	Problems in needing protection from other prisoners?	13%	
1k	Problems accessing phone numbers?	33%	
2	When you first arrived:		
2a	Did you have any problems?	65%	50%
2b	Did you have any problems with loss of property?	20%	13%
2c	Did you have any housing problems?	4%	7%
2d	Did you have any problems contacting employers?	2%	3%
2e	Did you have any problems contacting family?	27%	16%
2f	Did you have any problems ensuring dependants were being looked after?	5%	4%
2g	Did you have any money worries?	17%	16%
2h	Did you have any problems with feeling depressed or suicidal?	10%	11%
2i	Did you have any health problems?	23%	17%
2j	Did you have any problems with needing protection from other prisoners?	11%	4%
2k	Did you have problems accessing phone numbers?	26%	
3a	Were you seen by a member of health services in reception?	85%	79%
3b	When you were searched in reception, was this carried out in a respectful way?	74%	75%
4	Were you treated well/very well in reception?	57%	77%
5	On your day of arrival, were offered any of the following information:		
5a	Information about what was going to happen to you?	30%	47%
5b	Information about what support was available for people feeling depressed or suicidal?	33%	44%
5c	Information about how to make routine requests?	21%	38%
5d	Information about your entitlement to visits?	27%	42%
5e	Information about health services?	40%	
5f	Information about the chaplaincy?	26%	

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SECTION 3: Reception, first night and induction continued			
6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	33%	61%
6b	The opportunity to have a shower?	38%	50%
6c	The opportunity to make a free telephone call?	60%	47%
6d	Something to eat?	68%	73%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	6%	42%
7b	Someone from health services?	76%	68%
7c	A listener/Samaritans?	4%	35%
8	Did you have access to the prison shop/canteen within the first 24 hours?	47%	24%
9	Did you feel safe on your first night here?	81%	85%
10	Have you been on an induction course?	84%	91%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	57%	64%
SECTION 4: Legal rights and respectful custody			
1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	46%	63%
1b	Attend legal visits?	53%	64%
1c	Obtain bail information?	10%	11%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	49%	45%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	35%	65%
3b	Are you normally able to have a shower every day?	100%	97%
3c	Do you normally receive clean sheets every week?	42%	76%
3d	Do you normally get cell cleaning materials every week?	80%	84%
3e	Is your cell call bell normally answered within five minutes?	12%	55%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	75%	74%
3g	Can you normally get your stored property, if you need to?	31%	39%
4	Is the food in this prison good/very good?	32%	36%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	50%
6a	Is it easy/very easy to get a complaints form?	83%	86%
6b	Is it easy/very easy to get an application form?	79%	95%
7	Have you made an application?	96%	91%

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SECTION 4: Legal rights and respectful custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	42%	56%
8b	Do you feel applications are dealt with promptly? (within 7 days)	53%	54%
9	Have you made a complaint?	71%	71%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	26%	34%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	33%	34%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	32%	27%
10c	Were you given information about how to make an appeal?	20%	38%
12	Is it easy/very easy to see the Independent Monitoring Board?	28%	43%
13a	Do you feel your religious beliefs are respected?	53%	58%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	58%	65%
14	Are you able to speak to a Listener at any time, if you want to?	40%	71%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	58%	76%
15b	Do most staff, in this prison, treat you with respect?	62%	80%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	48%	33%
2	Do you feel unsafe in this prison at the moment?	20%	17%
4	Have you been victimised by another prisoner?	20%	24%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	11%	13%
5b	Hit, kicked or assaulted you?	7%	5%
5c	Sexually abused you?	1%	2%
5d	Victimised you because of your race or ethnic origin?	3%	5%
5e	Victimised you because of drugs?	2%	2%
5f	Taken your canteen/property?	6%	4%
5g	Victimised you because you were new here?	3%	3%
5h	Victimised you because of your sexuality?	1%	2%
5i	Victimised you because you have a disability?	4%	3%
5j	Victimised you because of your religion/religious beliefs?	3%	4%
5k	Victimised you because you were from a different part of the country?	5%	5%
5l	Victimised you because of your offence/crime?	4%	

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	Percentages which are not highlighted show there is no significant difference		
SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	41%	22%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	20%	12%
7b	Hit, kicked or assaulted you?	7%	3%
7c	Sexually abused you?	1%	1%
7d	Victimised you because of your race or ethnic origin?	12%	5%
7e	Victimised you because of drugs?	2%	2%
7f	Victimised you because you were new here?	9%	3%
7g	Victimised you because of your sexuality?	1%	1%
7h	Victimised you because you have a disability?	4%	2%
7i	Victimised you because of your religion/religious beliefs?	6%	3%
7j	Victimised you because you were from a different part of the country?	7%	5%
7k	Victimised you because of your offence/crime?	4%	
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	35%	42%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	26%	23%
10	Have you ever felt threatened or intimidated by a member of staff in here?	34%	20%
11	Is it easy/very easy to get illegal drugs in this prison?	36%	27%
SECTION 6: Healthcare			
1a	Is it easy/very easy to see the doctor?	36%	
1b	Is it easy/very easy to see the nurse?	70%	
1c	Is it easy/very easy to see the dentist?	15%	
1d	Is it easy/very easy to see the optician?	12%	
2	Are you able to see a pharmacist?	44%	
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	28%	52%
3b	The nurse?	51%	64%
3c	The dentist?	60%	54%
3d	The optician?	44%	56%
4	The overall quality of health services?	24%	44%

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Healthcare continued			
5	Are you currently taking medication?	44%	44%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	67%	88%
7	Do you feel you have any emotional well being/mental health issues?	17%	
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	0%	
8b	A doctor?	28%	
8c	A nurse?	43%	
8d	A psychiatrist?	22%	
8e	The Mental Health In-Reach Team?	64%	
8f	A counsellor?	100%	
9a	Did you have a drug problem when you came into this prison?	8%	6%
9b	Did you have an alcohol problem when you came into this prison?	7%	3%
10a	Have you developed a drug problem since you have been in this prison?	11%	
10b	Have you developed an alcohol problem since you have been in this prison?	1%	
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	90%	
12	Have you received any help or intervention whilst in this prison?	65%	
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	67%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	12%	12%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	8%	8%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	13%	45%
SECTION 7: Purposeful activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	75%	
1b	Vocational or skills training?	14%	
1c	Education (including basic skills)?	30%	
1d	Offending Behaviour Programmes?	25%	

Key to tables

	Any percent highlighted in green is significantly better	HMP Dovegate	Cat B trainer prisons Comparator
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Purposeful activity continued			
2ai	Have you had a job whilst in prison?	96%	89%
For those who have had a prison job whilst in prison:			
2aii	Do you feel the job will help you on release?	35%	42%
2bi	Have you been involved in vocational or skills training whilst in prison?	85%	79%
For those who have had vocational or skills training whilst in prison:			
2bii	Do you feel the vocational or skills training will help you on release?	56%	60%
2ci	Have you been involved in education whilst in prison?	90%	86%
For those who have been involved in education whilst in prison:			
2cii	Do you feel the education will help you on release?	63%	74%
2di	Have you been involved in offending behaviour programmes whilst in prison?	88%	77%
For those who have been involved in offending behaviour programmes whilst in prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	60%	64%
3	Do you go to the library at least once a week?	35%	47%
4	On average, do you go to the gym at least twice a week?	62%	57%
5	On average, do you go outside for exercise three or more times a week?	74%	48%
6	On average, do you spend ten or more hours out of your cell on a weekday?	19%	19%
7	On average, do you go on association more than five times each week?	93%	80%
8	Do staff normally speak to you most of the time/all of the time during association?	25%	28%
SECTION 8: Resettlement			
1	Do you have a personal officer?	83%	84%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	48%	66%
For those who are sentenced:			
3	Do you have a sentence plan?	86%	78%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	62%	60%
5	Can you achieve some/all of you sentence plan targets in this prison?	69%	58%
6	Are there plans for you to achieve some/all your targets in another prison?	38%	48%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	28%	41%
8	Do you feel that any member of staff has helped you to prepare for release?	8%	13%
9	Have you had any problems with sending or receiving mail?	49%	34%
10	Have you had any problems getting access to the telephones?	26%	15%
11	Did you have a visit in the first week that you were here?	26%	25%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	75%	73%

Key to tables

		HMP Dovegate	Cat B trainer prisons Comparator
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Resettlement continued			
13	Did you receive one or more visits in the last week?	31%	25%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	28%	
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	14%	
15c	Avoiding bad relationships?	13%	
15d	Finding a job on release?	19%	29%
15e	Finding accommodation on release?	24%	32%
15f	With money/finances on release?	19%	25%
15g	Claiming benefits on release?	19%	30%
15h	Arranging a place at college/continuing education on release?	15%	26%
15i	Accessing health services on release?	16%	31%
15j	Opening a bank account on release?	13%	26%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	12%	
16c	Avoiding bad relationships?	11%	
16d	Finding a job?	39%	39%
16e	Finding accommodation?	28%	40%
16f	Money/finances?	26%	39%
16g	Claiming benefits?	20%	31%
16h	Arranging a place at college/continuing education?	16%	28%
16i	Accessing health services?	17%	21%
16j	Opening a bank account?	27%	37%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	52%	65%



Prisoner survey responses: HMP Dovegate 2006 Vs 2008

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

Key to tables

		HMP Dovegate 08	HMP Dovegate 06
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		116	105
SECTION 1: General information			
2	Are you under 21 years of age?	0%	0%
3a	Are you sentenced?	100%	100%
3b	Are you on recall?	3%	13%
4a	Is your sentence less than 12 months?	1%	0%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	6%	0%
5	Do you have six months or less to serve?	17%	9%
6	Have you been in this prison less than a month?	2%	
7	Are you a foreign national?	16%	10%
8	Is English your first language?	88%	87%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	28%	39%
10	Are you Muslim?	16%	20%
11	Are you homosexual/gay or bisexual?	2%	2%
12	Do you consider yourself to have a disability?	12%	11%
13	Is this your first time in prison?	39%	31%
14	Have you been in more than 5 prisons this time?	16%	
15	Do you have any children under the age of 18?	58%	65%
SECTION 2: Transfers and escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	47%	47%
1b	Was your personal safety during the journey good/very good?	57%	66%
1c	Was the comfort of the van good/very good?	15%	13%
1d	Was the attention paid to your health needs good/very good?	22%	33%
1e	Was the frequency of toilet breaks good/very good?	5%	7%
2	Did you spend more than four hours in the van?	12%	17%
3	Were you treated well/very well by the escort staff?	59%	70%
4a	Did you know where you were going when you left court or when transferred from another prison?	85%	89%
4b	Before you arrived here did you receive any written information about what would happen to you?	6%	18%
4c	When you first arrived here did your property arrive at the same time as you?	88%	81%

Key to tables

	Any percent highlighted in green is significantly better	HMP Dovegate 08	HMP Dovegate 06
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	5%	
1c	Housing problems?	3%	
1d	Problems contacting employers?	3%	
1e	Problems contacting family?	42%	
1f	Problems ensuring dependants were looked after?	4%	
1g	Money problems?	8%	
1h	Problems of feeling depressed/suicidal?	33%	
1i	Health problems?	56%	
1j	Problems in needing protection from other prisoners?	13%	
1k	Problems accessing phone numbers?	33%	
2	When you first arrived:		
2a	Did you have any problems?	65%	72%
2b	Did you have any problems with loss of property?	20%	28%
2c	Did you have any housing problems?	4%	6%
2d	Did you have any problems contacting employers?	2%	1%
2e	Did you have any problems contacting family?	27%	23%
2f	Did you have any problems ensuring dependants were being looked after?	5%	6%
2g	Did you have any money worries?	17%	21%
2h	Did you have any problems with feeling depressed or suicidal?	10%	11%
2i	Did you have any health problems?	23%	15%
2j	Did you have any problems with needing protection from other prisoners?	11%	8%
2k	Did you have problems accessing phone numbers?	26%	
3a	Were you seen by a member of health services in reception?	85%	80%
3b	When you were searched in reception, was this carried out in a respectful way?	74%	70%
4	Were you treated well/very well in reception?	57%	62%
5	On your day of arrival, were offered any of the following information:		
5a	Information about what was going to happen to you?	30%	26%
5b	Information about what support was available for people feeling depressed or suicidal?	33%	21%
5c	Information about how to make routine requests?	21%	24%
5d	Information about your entitlement to visits?	27%	23%
5e	Information about health services?	40%	
5f	Information about the chaplaincy?	26%	

Key to tables

	Any percent highlighted in green is significantly better	HMP Dovegate 08	HMP Dovegate 06
	Any percent highlighted in blue is significantly worse		
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	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction continued			
6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	33%	41%
6b	The opportunity to have a shower?	38%	36%
6c	The opportunity to make a free telephone call?	60%	41%
6d	Something to eat?	68%	66%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	6%	24%
7b	Someone from health services?	76%	46%
7c	A listener/Samaritans?	4%	15%
8	Did you have access to the prison shop/canteen within the first 24 hours?	47%	46%
9	Did you feel safe on your first night here?	81%	68%
10	Have you been on an induction course?	84%	84%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	57%	47%
SECTION 4: Legal rights and respectful custody			
1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	46%	67%
1b	Attend legal visits?	53%	71%
1c	Obtain bail information?	10%	10%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	49%	53%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	35%	46%
3b	Are you normally able to have a shower every day?	100%	96%
3c	Do you normally receive clean sheets every week?	42%	53%
3d	Do you normally get cell cleaning materials every week?	80%	67%
3e	Is your cell call bell normally answered within five minutes?	12%	17%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	75%	69%
3g	Can you normally get your stored property, if you need to?	31%	23%
4	Is the food in this prison good/very good?	32%	42%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	55%
6a	Is it easy/very easy to get a complaints form?	83%	75%
6b	Is it easy/very easy to get an application form?	79%	87%
7	Have you made an application?	96%	90%

Key to tables

	Any percent highlighted in green is significantly better	HMP Dovegate 08	HMP Dovegate 06
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 4: Legal rights and respectful custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	42%	33%
8b	Do you feel applications are dealt with promptly? (within 7 days)	53%	21%
9	Have you made a complaint?	71%	75%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	26%	17%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	33%	16%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	32%	26%
10c	Were you given information about how to make an appeal?	20%	36%
12	Is it easy/very easy to see the Independent Monitoring Board?	28%	48%
13a	Do you feel your religious beliefs are respected?	53%	61%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	58%	68%
14	Are you able to speak to a Listener at any time, if you want to?	40%	51%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	58%	60%
15b	Do most staff, in this prison, treat you with respect?	62%	80%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	48%	57%
2	Do you feel unsafe in this prison at the moment?	20%	34%
4	Have you been victimised by another prisoner?	20%	31%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	11%	13%
5b	Hit, kicked or assaulted you?	7%	11%
5c	Sexually abused you?	1%	1%
5d	Victimised you because of your race or ethnic origin?	3%	2%
5e	Victimised you because of drugs?	2%	5%
5f	Taken your canteen/property?	6%	7%
5g	Victimised you because you were new here?	3%	2%
5h	Victimised you because of your sexuality?	1%	0%
5i	Victimised you because you have a disability?	4%	2%
5j	Victimised you because of your religion/religious beliefs?	4%	4%
5k	Victimised you because you were from a different part of the country?	5%	8%
5l	Victimised you because of your offence/crime?	4%	

Key to tables

	Any percent highlighted in green is significantly better	HMP Dovegate 08	HMP Dovegate 06
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	41%	32%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	20%	11%
7b	Hit, kicked or assaulted you?	7%	6%
7c	Sexually abused you?	1%	0%
7d	Victimised you because of your race or ethnic origin?	12%	1%
7e	Victimised you because of drugs?	2%	2%
7f	Victimised you because you were new here?	9%	1%
7g	Victimised you because of your sexuality?	1%	0%
7h	Victimised you because you have a disability?	4%	2%
7i	Victimised you because of your religion/religious beliefs?	6%	2%
7j	Victimised you because you were from a different part of the country?	7%	5%
7k	Victimised you because of your offence/crime?	4%	
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	35%	32%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	26%	43%
10	Have you ever felt threatened or intimidated by a member of staff in here?	34%	25%
11	Is it easy/very easy to get illegal drugs in this prison?	36%	49%
SECTION 6: Healthcare			
1a	Is it easy/very easy to see the doctor?	36%	
1b	Is it easy/very easy to see the nurse?	70%	
1c	Is it easy/very easy to see the dentist?	15%	
1d	Is it easy/very easy to see the optician?	12%	
2	Are you able to see a pharmacist?	44%	
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	28%	38%
3b	The nurse?	51%	41%
3c	The dentist?	60%	59%
3d	The optician?	44%	53%
4	The overall quality of health services?	24%	21%

Key to tables

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	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Healthcare continued			
5	Are you currently taking medication?	44%	38%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	67%	70%
7	Do you feel you have any emotional well being/mental health issues?	17%	
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	0%	
8b	A doctor?	28%	
8c	A nurse?	43%	
8d	A psychiatrist?	22%	
8e	The Mental Health In-Reach Team?	64%	
8f	A counsellor?	0%	
9a	Did you have a drug problem when you came into this prison?	8%	11%
9b	Did you have an alcohol problem when you came into this prison?	7%	1%
10a	Have you developed a drug problem since you have been in this prison?	11%	
10b	Have you developed an alcohol problem since you have been in this prison?	1%	
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	90%	
12	Have you received any help or intervention whilst in this prison?	65%	
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	67%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	12%	17%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	8%	10%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	13%	45%
SECTION 7: Purposeful activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	75%	
1b	Vocational or skills training?	14%	
1c	Education (including basic skills)?	30%	
1d	Offending Behaviour Programmes?	25%	

Key to tables

	Any percent highlighted in green is significantly better	HMP Dovegate 08	HMP Dovegate 06
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Purposeful activity continued			
2ai	Have you had a job whilst in prison?	96%	87%
For those who have had a prison job whilst in prison:			
2aii	Do you feel the job will help you on release?	35%	41%
2bi	Have you been involved in vocational or skills training whilst in prison?	85%	72%
For those who have had vocational or skills training whilst in prison:			
2bii	Do you feel the vocational or skills training will help you on release?	56%	65%
2ci	Have you been involved in education whilst in prison?	90%	82%
For those who have been involved in education whilst in prison:			
2cii	Do you feel the education will help you on release?	63%	80%
2di	Have you been involved in offending behaviour programmes whilst in prison?	88%	73%
For those who have been involved in offending behaviour programmes whilst in prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	60%	77%
3	Do you go to the library at least once a week?	35%	35%
4	On average, do you go to the gym at least twice a week?	62%	59%
5	On average, do you go outside for exercise three or more times a week?	74%	44%
6	On average, do you spend ten or more hours out of your cell on a weekday?	19%	32%
7	On average, do you go on association more than five times each week?	93%	90%
8	Do staff normally speak to you most of the time/all of the time during association?	25%	23%
SECTION 8: Resettlement			
1	Do you have a personal officer?	83%	49%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	48%	51%
For those who are sentenced:			
3	Do you have a sentence plan?	86%	84%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	62%	74%
5	Can you achieve some/all of you sentence plan targets in this prison?	69%	
6	Are there plans for you to achieve some/all your targets in another prison?	38%	
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	28%	
8	Do you feel that any member of staff has helped you to prepare for release?	8%	
9	Have you had any problems with sending or receiving mail?	49%	36%
10	Have you had any problems getting access to the telephones?	26%	13%
11	Did you have a visit in the first week that you were here?	26%	27%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	75%	74%

Key to tables

	Any percent highlighted in green is significantly better	HMP Dovegate 08	HMP Dovegate 06
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Resettlement continued			
13	Did you receive one or more visits in the last week?	31%	28%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	28%	
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	14%	
15c	Avoiding bad relationships?	13%	
15d	Finding a job on release?	19%	29%
15e	Finding accommodation on release?	24%	29%
15f	With money/finances on release?	19%	21%
15g	Claiming benefits on release?	19%	25%
15h	Arranging a place at college/continuing education on release?	15%	24%
15i	Accessing health services on release?	16%	29%
15j	Opening a bank account on release?	15%	32%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	12%	
16c	Avoiding bad relationships?	11%	
16d	Finding a job?	39%	45%
16e	Finding accommodation?	28%	36%
16f	Money/finances?	26%	53%
16g	Claiming benefits?	20%	27%
16h	Arranging a place at college/continuing education?	16%	34%
16i	Accessing health services?	17%	24%
16j	Opening a bank account?	27%	43%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	52%	65%



Key questions (wing analysis) HMP Dovegate 2008

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

Key to tables

		Vulnerable Prisoner Unit	All other wings
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		16	100
3.10	Have you been on an induction course?	65%	86%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	65%	36%
4.3b	Are you normally able to have a shower every day?	100%	100%
4.3c	Do you normally receive clean sheets every week?	35%	43%
4.3d	Do you normally get cell cleaning materials every week?	100%	80%
4.3e	Is your cell call bell normally answered within five minutes?	0%	12%
4.3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	100%	74%
4.4	Is the food in this prison good/very good?	50%	31%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	35%	53%
4.6a	Is it easy/very easy to get a complaints form?	35%	84%
4.6b	Is it easy/very easy to get an application form?	100%	78%
4.9	Have you made a complaint?	100%	70%
4.13a	Do you feel your religious beliefs are respected?	0%	56%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	50%	61%
4.14	Are you able to speak to a Listener at any time, if you want to?	35%	41%
4.15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	35%	60%
4.15b	Do most staff, in this prison, treat you with respect?	65%	64%
5.1	Have you ever felt unsafe in this prison?	65%	48%

Key to tables

	Any percent highlighted in green is significantly better	Vulnerable Prisoner Unit	All other wings
	Any percent highlighted in blue is significantly worse		
	Percentages which are not highlighted show there is no significant difference		
5.2	Do you feel unsafe in this prison at the moment?	35%	20%

Key to tables

	Any percent highlighted in green is significantly better	Vulnerable Prisoner Unit	All other wings
	Any percent highlighted in blue is significantly worse		
	Percentages which are not highlighted show there is no significant difference		
5.4	Have you been victimised by another prisoner?	35%	19%
5.6	Have you been victimised by a member of staff?	35%	39%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	35%	24%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	35%	33%
5.11	Is it easy/very easy to get illegal drugs in this prison?	65%	36%
6.1a	Is it easy/very easy to see the doctor?	65%	35%
6.1b	Is it easy/very easy to see the nurse?	100%	70%
7.3	Do you go to the library at least once a week?	0%	37%
7.4	On average, do you go to the gym at least twice a week?	35%	61%
7.5	On average, do you go outside for exercise three or more times a week?	65%	73%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	0%	21%
7.7	On average, do you go on association more than five times each week?	100%	93%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	0%	25%
8.1	Do you have a personal officer?	35%	85%
8.9	Have you had any problems with sending or receiving mail?	35%	48%
8.10	Have you had any problems getting access to the telephones?	35%	24%
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	100%	75%

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Any percent highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.3e	Is your cell call bell normally answered within five minutes?	11%	13%	13%	12%	6%	13%
4.4	Is the food in this prison good/very good?	20%	37%	28%	30%	17%	36%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	55%	51%	47%	53%	50%	53%
4.6a	Is it easy/very easy to get a complaints form?	81%	83%	81%	83%	78%	83%
4.6b	Is it easy/very easy to get an application form?	77%	81%	74%	80%	72%	80%
4.9	Have you made a complaint?	69%	71%	81%	69%	66%	72%
4.13a	Do you feel your religious beliefs are respected?	57%	53%	62%	52%	55%	53%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	55%	61%	60%	58%	39%	63%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	55%	62%	44%	62%	45%	62%
4.15b	Do most staff, in this prison, treat you with respect?	56%	66%	56%	65%	55%	66%
5.1	Have you ever felt unsafe in this prison?	42%	49%	47%	48%	45%	49%
5.2	Do you feel unsafe in this prison at the moment?	13%	23%	25%	20%	18%	21%
5.4	Have you been victimised by another prisoner?	13%	23%	12%	22%	11%	22%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	2%	6%	2%	0%	3%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	4%	6%	3%	6%	3%
5.6	Have you been victimised by a member of staff?	42%	38%	47%	38%	55%	37%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	29%	4%	30%	7%	34%	7%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	20%	1%	18%	4%	34%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	23%	27%	23%	26%	17%	28%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	42%	28%	41%	31%	55%	28%
5.11	Is it easy/very easy to get illegal drugs in this prison?	13%	46%	30%	38%	11%	42%
6.1a	Is it easy/very easy to see the doctor?	40%	36%	47%	35%	28%	39%
6.1b	Is it easy/ very easy to see the nurse?	73%	69%	71%	71%	61%	72%
6.7	Do you feel you have any emotional well being/mental health issues?	13%	20%	18%	18%	22%	17%
7.1a	Are you currently working in the prison?	68%	80%	59%	79%	78%	75%
7.1b	Are you currently undertaking vocational or skills training?	26%	10%	18%	14%	22%	13%
7.1c	Are you currently in education (including basic skills)?	35%	29%	47%	28%	39%	29%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	26%	25%	12%	28%	39%	23%
7.3	Do you go to the library at least once a week?	50%	31%	50%	33%	39%	35%
7.4	On average, do you go to the gym at least twice a week?	97%	47%	88%	56%	100%	53%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	10%	24%	18%	20%	6%	23%
7.7	On average, do you go on association more than five times each week?	94%	92%	74%	96%	94%	92%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	20%	28%	19%	26%	11%	27%
8.1	Do you have a personal officer?	83%	84%	80%	84%	72%	85%
8.9	Have you had any problems sending or receiving mail?	32%	54%	56%	47%	39%	50%
8.10	Have you had any problems getting access to the telephones?	29%	23%	38%	22%	28%	24%
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	81%	74%	67%	78%	78%	75%